



# CIP BULLETIN-2021



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The views and opinions expressed in this volume of the CIP Bulletin are those of the authors and do not necessarily reflect the opinions of the editorial team.

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## Message from the Director



The Foundation Day of an institute is a momentous day when everyone unites and reunites with each other in the spirit of fellowship and fraternity. The Foundation Day is when all dive in reminiscence while making a promise to strive for collaboration, commitment, and opulence in future. In parallel the Institute appraises its accomplishments across its capacities and prioritizes what is to be attained in future. The 104<sup>th</sup> Foundation Day of CIP this year is different.

The whole world including our country and countrymen are currently going through a ravaging COVID-19 pandemic. It has drastically altered and claimed millions of people's lives and is continuing to do so. Those who could escape the end of life have been impacted in multiple spheres of their lives. The uncertainties and fears associated with the COVID-19 outbreak, along with mass lockdowns and economic recession are having consequences in one's physical and psychosocial health in the aftermath. Multiple folds increase in rate of emergence of psychiatric symptoms have been observed in the general population making mental health during COVID-19 pandemic a public health concern. To name a few are depression, anxiety, stress disorder, loneliness, substance use disorder and suicide. To avoid a future mental illness pandemic, a comprehensive mental health care delivery system including active community mental health care approaches will be crucial.

Keeping this in mind the Continuing Medical Education (CME) programme of Foundation Day celebration this year aptly focuses on 'Mental Health during Pandemic'. The speakers have been chosen with considerable care which ensures that they have grip in the area. I believe the CME will enrich our understanding of this enormously important aspect of mental health.

Indeed, any institution's alumni are vital to its growth. Our alumni are also no exception. They are proponents of this Institute. An appreciable number of them are serving and delivering their professional expertise across the world both by leading and collaborating. I empathize for those who could not attend due to this difficult time and will be looking forward to welcome in future. I extend a hearty welcome to the alumni attending the 104<sup>th</sup> Foundation Day celebrations this year. I hope that the entire celebrations prove to be indelible and to propel us in this difficult time.

Prof. B. Das  
Director





## Message from Prof. D. Ram



The foundation day of Central Institute of Psychiatry is indeed the most prestigious and anticipated event to each and every alumnus of the institute. We are celebrating 104th foundation day this year which is a moment of joy, festivity with great pride. It is also an occasion to reiterate our pledge and dedication towards our institute. We are currently going through unprecedented times, due to the ongoing COVID-19 pandemic. Despite the testing times entwined with uncertainty, challenge and stress; I am immensely happy for the commendable resilience, motivation and positivity by being in touch with our alumni and celebrating this grand event in a hybrid mode with the help of digital advancements. I am sure we will overcome this situation and emerge triumphant against all odds that the pandemic has forced on us. I also wish the foundation day celebrations would return to its fullest legacy and revel exuberantly with our alumni visiting their alma-mater in person in the forthcoming years.

Prof. D. Ram  
Director Professor of Psychiatry &  
Ex Director  
CIP, Ranchi



## Message from the Chief Guest



I find Privilege an incomplete word to express my feelings, it cannot fully express what it means to be here, a place where I served for three decades; only gratitude is the predominant state I feel.

I very well know that the Institute has been functioning, looking after its patients, during this pandemic. Everyone in the Institute has been working through health risks, physical and mental both. Among you, many have been taken ill, your families and friends have suffered; I also realize that had it not been for this pandemic, some of us might have been still here. I pay my heartfelt condolences to their families and friends. I feel satisfied in realizing that The Institute and its workforce have been true to its values in these testing times. I feel humbled as one of the members of Central Institute of Psychiatry (CIP) family.

I am pleased to know, in the truest of its academic tradition CIP has taken on to organize this CME. The theme “Mental health during the pandemic” is an apt one, considering the social catastrophe we are witnessing for the last 15 months. I sincerely hope that the deliberations by the esteemed speakers shall enhance our knowledge and widen our scope of understanding of mental health in pandemics.

Stay safe and best wishes.

Dr. (Prof.) Vinod K. Sinha  
Consultant Psychiatrist  
Davis Institute of Neuro Psychiatry  
Ranchi



## Message from the Editor's Desk



The CIP Bulletin is a periodical dedicated to the alumni, staff, residents, students, and other well-wishers of the institute. It brings an opportunity for all to share their cherished thoughts about the institute including its legacy, its mission, its objectives, its campus life and functioning and reflect upon their enduring images, memories, and emotions for the institute. The bulletin also provides a space for the members of CIP family to present their accomplishments, and creativity - portraits, chatty cheerful articles, and poetry.

We are more than 16 months into a devastating global pandemic. We have been faced with unending challenges, disruptions, and concerns. Last year we could not release the bulletin due to the nationwide lockdown during the first wave of COVID-19 pandemic and this year with more disastrous second wave, the decision to release the bulletin was not easy. I am indebted to the Director for being instrumental in bringing out this bulletin. I hope that the pieces of work in this bulletin that we received from our alumni, staff, residents, and students in rather short notice, will have the appeal for both serious and light entertaining reading. The Annual Report 2020 of CIP features, in addition to the diverse academic and extracurricular activities, some good strategic initiatives taken up by the institute to provide mental health and psychosocial support for people affected by the pandemic. Last year during the first wave, we lost our most beloved and respected teacher Professor C. R. J. Khess who was the editor of CIP Bulletin for past many years. The editorial team offers a tribute to Khess Sir for shaping our professional and personal life. A special message from Dr. Vinay Lakra who will take over as President of The Royal Australian and New Zealand College of Psychiatrist is truly heartening and shows his reverence for the institute. 'The Trainee and Trainer' is a candid reflection of the PG training program. 'The Bus of CIP' remains an enthralling past of CIP. Mental Health Impact of COVID-19 and COVID Hypocrisy aptly cover the major issues in brief without any ambiguity. All the poetry and other pieces in this bulletin depicts the different moods of the poets and introduce us to feelings and ways of being in the world. We pay our tribute to all the members of CIP family and their relatives who have succumbed to the ravaging pandemic. Amid all this, protecting our mental health and that of others including our patients is even more important.

I am grateful to all the alumni, staff, faculty, students, and residents who have contributed their piece of creativity and writings in this bulletin. I am also thankful to all my editorial team members who have extended their full cooperation right from the beginning.

Long live CIP!

Dr. Sanjay Kumar Munda  
Associate Professor of Psychiatry &  
I/c SS Raju Centre for Addiction Psychiatry  
CIP, Ranchi



## Message from the President Elect of Royal Australian & New Zealand College of Psychiatrists



It is with great pleasure and humility I write this column for our CIP Bulletin. A lot has happened in the last 12 months with the COVID pandemic impacting our lives in ways never seen. Hence the theme of the foundation day CME is quite relevant. Mental health has been a significant focus during the pandemic in most countries around the world. We have seen increasing rates of presentation associated with a range of factors including loneliness, job losses and economic hardships. The pandemic has also highlighted the inequities in the society for those who are most vulnerable adding to the burden on social determinants of mental health.

Despite the challenges we are facing there is work to be done. I will take over as President of the Royal Australian and New Zealand College of Psychiatrists from 19 May 2021 for a two year term. During the last two years I served as President Elect of the College. This is an occasion of great significance to us as I am the first person of Indian background to be the President of our College. I feel very humbled by the responsibility put on me by my colleagues and peers.

Whilst I write this from the comforts of being in a country which has managed the pandemic very well, my thoughts are with everyone in India where the pandemic continues to wreak havoc. Many of my colleagues here have struggled to support their family members in India during this difficult and challenging time. It is important to remember that despite the adversity we face, we will overcome these challenges as seen elsewhere. It is also time to acknowledge the efforts of many in our profession who continue to support others with their unwavering commitment.

Our beloved institute remains a key source of whatever little I have achieved. The training and support I received created a solid foundation for me. The guidance from our teachers, colleagues and other staff ensured an excellent ground for development of my leadership skills. I left India in 2004 to gain some additional experience in a different country. I left from one very supportive environment to another equally supportive atmosphere which helped me flourish further. Sometimes there are opportunities ahead of us but there are other times when things just happen. Things happened with me as well and I took on those as opportunities.

Despite the sad situation created by the current pandemic, it has also provided us many reflections. It has helped us understand the meaning of 'gratitude' lot more than what we knew. It has made us realise of our 'resilience' and opened up opportunities to connect and contact using virtual means. It has also reminded us that our welfare is dependent on others' welfare. These are not my words and although I have thought about these things I picked them from someone else. There is always an opportunity to learn from others.

There are many CIPians outside India and we all still remember and talk about CIP very fondly. A common thing which invariably comes up for discussion is how to 'give back'. Previously there were challenges of travel, but now we have discovered the magic of 'webinars' and other virtual meetings. Suddenly the



world is a bit closer and we can think of contributing positively to a place and country which gave us so much. The concepts of 'brain drain' and 'brain gain' can be substituted by 'brain circulation'. The idea that we can continue to work in different places and utilise our expertise to share knowledge and skills with others elsewhere, has a lot of merit. We can truly be a global village. I am confident that under the leadership of our dear Basudeb we can explore opportunities to collaborate and contribute back to our alma mater fulfilling that long desire amongst many of us.

The Royal Australian and New Zealand College of Psychiatrists is committed to develop partnership with our colleagues in Asia and Pacific. Recently it was very heartening to see two young psychiatrists from India to receive a travelling grant offered by the College. There are other opportunities ahead of us, with a large number of our fellows from India, many of whom are keen to offer their expertise and support to various programs. These include opportunities for further training, support for continuing professional development and research. These partnerships can help us address the challenges we face in this highly connected world.

Lastly I offer my gratitude to our teachers and colleagues for their guidance and support. A lot of people have helped me reach here in my journey and there is still a long way to go. I would also like to pay my tribute to Dr Khess, a loss which impacted many of us and are still grieving. I hope the situation regarding the pandemic improves soon so that we can again meet face to face and visit and support our families and colleagues. We are only safe when everyone is safe. Best wishes and stay safe.

DR. Vinay Lakra  
Director Clinical Services,  
North West Area Mental Health Service  
Clinical Associate Professor, Department of Psychiatry,  
The University of Melbourne

# ANNUAL REPORT 2020

(January 2020–December 2020)

## CENTRAL INSTITUTE OF PSYCHIATRY, RANCHI

### About the Institute

Central Institute of Psychiatry (CIP) is a premier institution for mental health in India. The British established this hospital on 17<sup>th</sup> May, 1918 with the name of Ranchi European Lunatic Asylum. A century-old institution with a rich history, the Institute continues to provide quality clinical services as well as being at the forefront of cutting edge research in mental health along with training professionals in the field of mental health.

Spread across 211 acres in the picturesque city of Ranchi, CIP offers the latest medical advances in an environment that promotes mental health and enhances a sense of wellbeing. Initially, the total bed capacity was 174 (92 males, 82 females). In 1922, the management was entrusted to a Board of Trustees which comprised various participating state governments and the hospital was renamed as European Mental Hospital. In the same year, the hospital was affiliated to the University of London for the Diploma in Psychological Medicine examination, earning it the distinction of being the first institute to impart post-graduate training in psychiatry in India. The name of the hospital was again changed to Inter-Provincial Mental Hospital (in 1948) after India achieved independence, only to be changed yet again to Hospital for Mental Diseases in 1952. The Board of Trustees was disbanded in 1954, with the management being taken up by the Ministry of Health and Family Welfare, Government of India. In 1977 the hospital was given the status of an institute and was consequently given its present name, i.e., Central Institute of Psychiatry.

Departments like occupational therapy department, medical library, patients' library,

Centre for cognitive neurosciences, neuroimaging and radiology department, clinical psychology laboratory, psychosocial unit, pathology and biochemistry laboratory and teaching block for postgraduate students and residents are all housed in a mixture of colonial and modern era buildings, giving a unique flavour to the Institute. Currently, the Institute functions under the administrative control of Directorate General of Health Services and the Ministry of Health and Family Welfare, New Delhi. The main objectives of CIP have been patient care, manpower development and research.

There are many firsts to its credit, for e.g. the country's first Occupational Therapy Department in 1922, electro-convulsive therapy (ECT) in 1943, psychosurgery and neurosurgery in 1947, clinical psychology and Electroencephalography (EEG) departments in 1948, a full-fledged neuropathology section in 1952, the first use of Lithium in 1952 and chlorpromazine in 1953. A very modern radiology department with facility for sophisticated cerebral angiography, pneumoencephalography, air ventriculography, myelography, etc., was established in 1954. Few other landmarks include starting a child guidance clinic in 1950, rural mental health clinic at Mandar in 1967, rehabilitation centre and sheltered workshop in 1967, and industrial psychiatry unit at Heavy Engineering Corporation (HEC), Ranchi in 1973. It may also be noted that the Indian Psychiatric Society was established in 1948 because of the efforts of this Institute and it was registered in Patna. The first draft of the Bill that subsequently became the Mental Health Act of India (1987) was written at CIP, Ranchi in 1949 by Dr R B Davis, the then Medical Superintendent, Dr S A Hasib, from Indian Mental Hospital, Ranchi and Dr J Roy, from Mental Hospital, Gwalior.

The Institute has a current capacity of 643 beds. There are 15 wards (nine male wards and six female wards), an emergency ward and a family unit. Each ward is at a suitable distance to other wards and surrounded by manicured lawns and well-laid roads. Patients are not kept confined and can walk about within the hospital. Drug therapies form only part of the treatment along with various psychotherapies, behavioural therapy, group therapy and family therapy. A milieu therapy approach is practiced – patients are actively involved in the functioning and various activities carried out in the ward. Along with mental health, physical fitness is emphasized too – patients take part in regular physical exercises, yoga, outdoor as well as indoor games to keep themselves physically fit.

Currently, CIP has been accredited as one of the very few eco-friendly “Green” infrastructures in Ranchi. The entire campus spanning 211 acres is full of vegetation with less than 10% of the total area being used for capital development. Numerous trees dot the campus, some of them being more than 100 years old. Lawns have been recently developed and a number of garden benches are provided at regular distance for the convenience of staff and patients. The Institute uses solar energy for lighting, water pumps and geysers. There is a dedicated power supply feeder for regular electricity and apart from that DG sets are available round-the-clock for power backup. The entire mechanical and computerized infrastructure is linked to a dedicated UPS supply.

#### Service Utilisation Update (January-December 2020)

The Institute provides services to acutely ill psychiatric patients, including those requiring care for concurrent medical disorders. In the year 2020, 2203 patients (1811 males and 392 females) were admitted. The average bed occupancy during the specified period was 50.9%. This is the moderate occupancy rate despite lock down since March 2020 and COVID-19 pandemic.

Centre for Child and Adolescent Psychiatry has 24 functional beds for inpatient management.

This unit imparts training to resident doctors and postgraduate students in the field of child and adolescent mental health. It caters to the needs of children with psychosis, developmental disorders and intellectual disability. Patients are required to stay with their guardians for the duration of the treatment. During the period under report, 5249 patients (3559 males and 1690 females) attended the outpatient department (OPD) for treatment. There were a total of 180 admissions during the specified period.

..... Centre for Addiction Psychiatry with a capacity of 60 beds for the treatment of persons suffering from alcohol and drug related problems. It is also the nodal centre in eastern India for manpower training and research in the field of alcohol and drug abuse. The number of patients seen in the De-addiction Clinic OPD during the period under report were 812; 416 patients were admitted at S S Raju Centre for Addiction Psychiatry.

In the year 2020, till 31<sup>st</sup> December the number of cases seen on outpatient basis were 58,601 (20,777 new cases and 37,824 follow-up cases) [including all psychiatry cases (Adult and Child), Staff OPD, Extension Clinics, Skin & Sex Clinic and Psycho-social OPD]. The total number of new psychiatry cases seen during the specified period were 11533 (7608 males and 3925 females) while 36265 psychiatry follow-up cases were seen during this period (24394 males and 11871 females).

The Institute runs Extension Clinics which include the General Psychiatry Clinic at West Bokaro, Hazaribagh, Chandankiyari, Bokaro, School Mental Health Programme at Holy Cross School, West Bokaro & St. Xavier’s School Hazaribagh; Deepshikha and Aastha Cell Deepatoli Cantonment, Ranchi and Military Hospital, Deepatoli Cantonment. Regular camps, awareness programmes, workshops with teachers and parents are also conducted at these extension clinics. The case-load in the extension clinics for the period under report was 939.

A number of special clinics are being run in the Institute, namely, Chronic Schizophrenia Clinic, Epilepsy Clinic, Geriatric Clinic, Headache Clinic, Mood Clinic, Neurology Clinic, Obsessive-Compulsive Disorder (OCD) Clinic, Skin and Sex Clinic, Sleep Clinic, and Staff OPD. In the year under report, the total attendance of patients in special clinics was 14929.

The Clinical Psychology department at the Institute is the oldest independent department in India. In 1962, teaching course in Clinical Psychology – Diploma in Medical and Social Psychology was begun (this course is now known as M.Phil. in Clinical Psychology). The course of Ph.D. in Clinical Psychology commenced in 1972. At present, there are 16 seats in M. Phil. (Clinical Psychology) and four seats in Ph.D. (Clinical Psychology). The departmental faculty includes one associate professor, six assistant professors, one clinical psychologist, two assistant psychologists, five clinical psychology tutors and one laboratory assistant.

There is a separate outpatient unit of the department which is called the Psycho-Social Unit (PSU). The PSU either gets referrals from the general OPD of the Institute or else individuals can come directly to the PSU and seek help for their psychological problems. The PSU caters to the needs of those patients who suffer from minor psychological problems and who can be managed exclusively by psychological methods such as counseling, psychotherapy, behaviour therapy, biofeedback, relaxation therapy, etc. During the specified period, 740 patients were assessed and 2073 therapies were carried out by the department. The clinical psychology laboratory is equipped with various psychological tests, rating scales, instruments and apparatus which aid in the diagnosis and assessment of patients.

Teams from CIP visited St. Joseph's School to provide psycho-social support to migrant labourers during COVID-19. A total of 74 migrant labourers attended sessions on psycho- social support.

The Department of Psychiatric Social Work came into existence in 1950s, although family

psychiatry can be dated back to 1922 at the Institute. The course of Diploma in Psychiatric Social Work (DPSW) started in the year 1970. In 1985, this course was upgraded to M.Phil. Psychiatric Social Work. Currently, 12 seats are available for M.Phil. trainees. The department is actively engaged in academic and research activities in the field of psychiatric social work and allied fields. The departmental faculty includes one associate professor, three assistant professors, one senior psychiatric social worker, six psychiatric social work tutors and one junior psychiatric social worker. During the specified period, 3507 therapies and 4049 other clinical activities were carried out by the department.

The Department of Psychiatric Social Work, CIP had started Psychosocial Help Desk: COVID-19 from 26<sup>th</sup> June 2020 onwards at the Psychosocial Unit of the Institute. Department of Psychiatric Social Work, CIP developed pamphlets in Hindi and English, which were distributed to 750 caregivers in OPD. A total of 210 caregivers received psychosocial counselling support services during the period under report.

The Department of Psychiatric Social Work had organised Information, Education & Communication Programmes for school going adolescents on various facets of psychoactive substance addiction. For this purpose, five schools were selected. This programme was organised with the collaboration of NISD, Ministry of Social Justice and Empowerment, New Delhi. Total number of students who participated were 390.

The Department of Nursing Education provides quality nursing care to inpatients as well as outpatients. This department of the Institute is responsible for training nurses to obtain the Diploma in Psychiatric Nursing (DPN) and giving clinical nursing experience to visiting nurses. The number of visiting nurses who received training during the period under report is as follows:

- M.Sc. in Psychiatric Nursing – 53
- General Nursing & Midwifery (GNM)/ANM – 98
- B.Sc. Nursing – 179



The Institute currently offers Occupational Therapy (OT) services to adults as well as child and adolescent inpatients with either acute psychiatric illnesses or severe and enduring mental health problems. Inpatients use OT services daily in both the pre- and post-lunch sessions. They are allocated work in the various sections according to their abilities and aptitude. About 30 male patients and 28 female patients use OT services daily. The department also has a well-equipped and modern physiotherapy unit. The OT department is also involved in training medical as well as non-medical professionals such as psychiatry residents, clinical psychologists, psychiatric social workers and psychiatric nurses in various aspects of occupational therapy and rehabilitation.

The Centre for Cognitive Neurosciences was originally established in 1948, when it was known as the Electroencephalography (EEG) and Clinical Neurophysiology Department. It is now called Centre for Cognitive Neurosciences. At present, the Centre has two sections – a clinical section and a research section. The clinical section possesses two 32 channel quantitative electro-encephalogram systems and a 40 channel video electro-encephalogram as well as equipment for recording an electromyogram (EMG), nerve conduction velocity (NCV), brainstem auditory evoked response (BAER) and the galvanic skin response (GSR). The research section possesses Dense Array EEG acquisition systems (64, 128, 192 and 256 channels), Evoked Response Potential (ERP) acquisition units (40 channels), a 40 channel polysomnography (PSG) unit, functional Near Infra-Red Spectroscopy (fNIRS) and a full-fledged Neuromodulation Department which has facility for Transcranial Magnetic Stimulation (rTMS), Transcranial Direct Current Stimulation (tDCS), HD-tDCS, Quadripulse Stimulation, BiStim System, and Transcranial Alternating Current Stimulation (tACS) unit which has the most advanced technology in the country with neuro-navigation and robotized coil positioning system. The Centre has advanced signal processing software such as Advanced Source Analysis (ASA), Brain Electrical Source Analysis (BESA) MUSIC, LORETA, E-Prime,

etc. During the specified period, the total number of tests done were 4528.

The Department of Pathology and Biochemistry is equipped to perform tests of clinical pathology, microbiology, bacteriology, biochemistry, serology and immunology. The Centre performs these tests for both clinical as well as research purposes. During the specified period, the total number of investigations done were 1,77,831.

The Department of fMRI, Neuroimaging and Radiology has 16 slice CT scanner, 300 MA Digital X-ray, Cranial Doppler and Ultrasound Machine. The department possesses a state-of-the-art 3 Tesla functional MRI unit (fMRI) which has started functioning. It is the first establishment in the country to have an fMRI integrated with Transcranial Magnetic Stimulation, High Resolution EEG and eye tracking system. CIP is the first and only exclusive Mental Health Institution in the country to have an fMRI facility with hybrid facilities. During the period under report, the total number of investigations done by this department were 2990.

A 24 hours emergency service is available in the OPD of the Institute. The bed strength of the Emergency Ward is 16 (8 males and 8 females). A total of 2280 patients availed emergency services in 2020.

The Institute has been running a toll-free telephone counseling service – the CIP Helpline – since 2001. The Institute also provides an e-counseling service. During the period under report, 4233 general helpline calls, and 282 e-mails were received and attended.

Mental Health Helpline facility was started for the citizens during COVID 19 through 24x7 Mobile nos. 9334915046, 9334915047, 9334915048, 9334915049, 9334915050, 9334915051, 9334915052, 9334915053, 9334915054, 9334915056, 9334915057, 9334915058, 9334915060, 9334915062, 9334915063. Total 2634 calls were received.

Case Conferences, Seminars, Journal Clubs are held regularly. Twenty two seminars, 17 case conferences and 17 journal clubs were held during the period under report.

CIP Digital Academy: Service Utilisation in CIP Digital Academy: 44 CIP Digital Academy Live Sessions, 20 Online Exams Viva/Interviews, 186 Video Consultancy/ Telecommunication, 78 Webinars/Sessions with UNICEF, 87 Online Lectures, 26 Online Therapy Sessions, 40 Academic Sessions/Seminars/Case Conference.

Centre for Tele-mental Health: Tele-consultations have been provided to patients since March, 2020. To coordinate tele-mental health services effectively, the Centre for Tele-mental Health was set up in June, 2020 and has been operational since then. Tele-mental health services have been provided to a total of 593 patients during the period under report.

#### Achievements during the period

1. 7<sup>th</sup> Continuing Nursing Education Programme (CNE) was organised by nursing education department on "Geriatric Psychiatric Nursing" from 20<sup>th</sup>–26<sup>th</sup> January 2020.
2. Annual Sports 2020 was held on 04<sup>th</sup>–05<sup>th</sup> February 2020.
3. One award was won at 7<sup>th</sup> Annual National Conference of All India Association of Medical Social Work Professionals on 06<sup>th</sup>–07<sup>th</sup> February 2020 at RIMS, Imphal.
4. Annual National Conference of Indian Society of Professional Social Work was organized from 28<sup>th</sup> February–1<sup>st</sup> March 2020, CIP, Ranchi.
5. RCI recognised, Two Day Workshop on Exner's Comprehensive System of Rorschach was organized from 16<sup>th</sup>–17<sup>th</sup> March, 2020.
6. The Department of Psychiatric Social Work, CIP organised Information, Education & Communication Programmes for school going adolescents on various facets of psychoactive substance addiction. For this purpose, five schools were selected. This programme was organised with the collaboration of NISD, Ministry of Social Justice and Empowerment,

New Delhi. Total number of students who participated were 390.

7. The Department of Psychiatric Social Work, CIP had started Psychosocial Help Desk: COVID-19 from 26<sup>th</sup> June 2020 onwards at Psychosocial Unit of the Institute. Department of Psychiatric Social Work, CIP developed pamphlet in Hindi and English, which were distributed to 750 caregivers in OPD. Total 210 caregivers received psychosocial counselling support services during the period under report.
8. 8<sup>th</sup> Continuing Nursing Education Programme (CNE) was organized by nursing education department on "Nursing Management of Mental Disorders" from 2<sup>nd</sup>–8<sup>th</sup> March 2020.
9. Mental Health Helpline facility was started for the citizens during COVID-19 through 24x7 mobile nos.: 9334915046, 9334915047, 9334915048, 9334915049, 9334915050, 9334915051, 9334915052, 9334915053, 9334915054, 9334915056, 9334915057, 9334915058, 9334915060, 9334915062, 9334915063. Total 2634 calls were received.
10. Teams from CIP visited St. Joseph's School to provide psycho-social support to migrant labourers during COVID-19. Total 74 migrant labourers attended sessions on psycho- social support.
11. Sadbhavna Diwas was celebrated on 20<sup>th</sup> August 2020.
12. Sixty six admissions took place in various courses run at this Institute during the academic year 2020–2021.
13. "Hindi Pakhwara" has been celebrated by the Rajbhasha Karyanvayan Samiti of the Institute from 1<sup>st</sup>–14<sup>th</sup> September 2020.
14. 150<sup>th</sup> Birth Anniversary of Mahatma Gandhi was celebrated on 2<sup>nd</sup> October 2020.
15. World Mental Health Day was celebrated on 10<sup>th</sup> October 2020.
16. National Unity Day (Rashtriya Ekta Diwas) was celebrated on 31<sup>st</sup> October 2020.
17. Sixty seven national and international research papers were presented and published till 31<sup>st</sup> December 2020.
18. Tele-consultations have been provided to patients since March, 2020. To coordinate tele-

mental health services effectively, the Centre for Tele-mental Health was set up in June, 2020 and has been operational since then. Tele-mental health services have been provided to a total of 593 patients during the period under report.

19. Service Utilisation in CIP Digital Academy:

- a) 44 CIP Digital Academy Live Sessions,
- b) 20 Online Exams Viva/Interviews,
- c) 186 Video Consultancy/ Telecommunication,
- d) 78 Webinar/Sessions with UNICEF,
- e) 87 Online Lectures,
- f) 26 Online Therapy Sessions,
- g) 40 Academic Sessions/Seminars/Case Conference.

20. The following machines/equipment were acquired and installed in the Institute in 2020:

- a) Neuroplasticity Study Lab at Centre for Cognitive Neurosciences
- b) Integrated 32-Channel Neuro Biofeedback System for Neuroplasticity Lab at CCN
- c) 64 Channel EEG for Ambulatory Studies at Neuroplasticity Lab at CCN
- d) fNIRS Compatible HD tDCS for Neuroplasticity Lab at CCN
- e) Furnishing, supply, installation, testing & commissioning of video conferencing system at Room no. 18, Conference Hall, CCN

- f) Upgradation & Augmentation of MATLAB Software License
- g) Ultra-Brief Pulse ECT Machine
- h) Electronic OPD Management and Queuing System & Integration with HIMS
- i) Workstation
- j) Furniture items required to develop 10 bedded emergency unit at Centre for Addiction Psychiatry (S S Raju Ward)
- k) Effluent Treatment Plant 10 KLD FRP (Make: Mitra Aqua) Packaged for waste water of this Institute
- l) Various machinery and equipment required to develop 10 bedded emergency unit at Centre for Addiction Psychiatry (S. S. Raju Ward) of this Institute
- m) Various items required for development of one Conference Room for Centre for Addiction Psychiatry at S.S. Raju Ward of this Institute
- n) Various items required for development of Neuro-Stimulation Laboratory at Centre for Addiction Psychiatry at S.S. Raju Ward of this Institute
- o) 500 KVA DG set
- p) Side Loading Washing Machine (Cap: 50 Kg & 35Kg) & Hydro extractor (Cap: 35 Kg) installed at Mechanized laundry of this Institute.

BUDGETARY PROVISION FOR APRIL 2020–DECEMBER 2020

(Rupees in thousands)

Financial Year		Budget Estimates	Revised Estimates	Expenditure
2019-20	Revenue	851000	889600	882210
	Capital	224000	294000	293973
	Total	1075000	1183600	1176183
2020-21 up to December 2020	Revenue	919600	899113	697499
	Capital	92900	282400	92171
	Total	1012500	1181513	789670

(Dr. B. Das)  
Director  
Central Institute of Psychiatry,  
Kanke, Ranchi, India

## TRIBUTE TO KHESS SIR FROM THE EDITORIAL TEAM

I probably won't get another mentor in both of my personal and professional life, but the one I did have, offered his wholesome guidance and deliberate wisdom with the implicit expectation that I find my own way to make up the leeway and march ahead in life. The lessons I have gleaned from my mentor, all along the way, are now part of me. Now how short or long the runway is, I have to straighten up and fly right.

For me, his mentorship does not end with his demise. I do have the opportunity to reflect on what he has given me.

So, I will not say good-bye to him. The important conversations he slipped into my head will never leave.

Dr. Sanjay Kumar Munda

Gone too soon, much too soon Sir. Gentleman extraordinaire. Grace personified. It feels impossible to think of CIP without you in it. You were loved and respected immeasurably by the staff, student and residents because of your pleasant disposition. There was not a trace of malice or ill-will in your being. People picked up on this and responded to you with love and respect, every bit of which you deserved. We will miss the stories about your time at CMC, Ludhiana and at Nur Manzil, Lucknow. Most of all, I will miss your stories about your student life at St. Xavier's School, Ranchi. We shared an implicit understanding of each other, I believe, in a large extent, to the ethos and world-view that we imbibed during our formative years in the same school. Life is cruel. You deserved to helm the institute and mould it in your own image. I was lucky I interacted with you on your final day. I know many of your loved ones did not get that opportunity. Thanks you for advising me work-related matters during the few days. Farewell my Sir, you have left an indelible mark on my life. May you now rest in peace.

Dr Avinash Sharma



For a very long time that night, I kept on reading "Train of Nostalgia" -a collection of poems and paintings by Khess Sir- how I fondly addressed, and now remember him as -that I had kept on reminding myself to look up for years, and that I had ordered, capriciously a week before that fateful night, receiving it on the very day of his untimely departure, upon which I had planned to get his autograph on the morrow, too many years too late, and all these years- that I have been associated- he kept on cherishing each day as if there was no tomorrow, not planning but doing things; he kept on living till his last breath; I was whizzing past dreamland on the "Train of Nostalgia," half asleep, half awake, dreaming doing than dreaming that night.

Dr. Roshan V Khanande

It's just yesterday we were talking beside your 'Gurkha'! No, it is not! The calendar says eleven months have passed since you have left us desolated. To say you were a mentor would be an understatement while finding a perfect word would be difficult for me. Which started since I met you in consultant round in Conolly ward continued to be greatest learning experience guiding me every single day I try to heal someone in my little capacity. Your stature as a benignant man and a brilliant psychiatrist cannot surpass your memory of possessing a dazzling personality. I miss my perceptive moments when I was around you. You are with all of us through the service we offer to our patients, the shapes of our thoughts, the ways we look at the sky! You remain as a symbol of eminence. Your zeal for life makes us determined to take pursuit of self actualization. Wherever you are, you are here with us.

Dr. Sourav Khanra



A pristine soul with an unconditional heart,  
Astonishing, Immaculate, and charismatic,  
Always a class apart.....

A passion to teach, and a love to drive

A perfect blend of rainbow colours,

An artist of pride....

A small tribute to the son of the soil

A heavenly man, a just guide

A place to reach, we shall toil.....

Dr. Umesh S.

It is indeed a very difficult as well as an emotional moment for me to pen down something for a person whom I idolize, learned many things not just necessarily related to academics but life as well. Wish, I shall not have to write this one for Khess Sir, a person with unfathomable skills, abilities, and versatilities, I don't think I have achieved that scale to write about Khess Sir, but, I can share something about my mentor, my guru who enabled me to be a relatively better mental health professional with his knowledge and wisdom. My first posting in CIP during my studentship was in Conolly Ward and I had thoroughly enjoyed his association during academic discourses and other interactions. He was a special person, who could make a conversation enjoyable, informative and at the same time he was such a person who would not let you feel that you are a 'junior person' or 'you should maintain a distance' rather his presence in the group itself was good enough to let feel you that you are very much welcome in the group. I

always felt that he was the rarest person in CIP, who could talk with anybody at ease and who has the supreme quality to let you feel easy and interact with others freely. I always revered him for not just his knowledge, clinical skills but many other shades, e.g., his literary skills, his artistic or aesthetic mind, knowledge of Indian and World politics, social areas, issues affecting human relations, so on, most importantly all his sense of humor is unparalleled. With his sudden demise, I lost my mentor, my idol, and a very important person in my life. I pray almighty to give him eternal peace.

Dr. Deepanjan Bhattacharjee

Director Professor Dr. C.R.J. Khess Sir left for his heavenly abode on 23<sup>rd</sup> July 2020. It is hard to accept that he is no more and nobody can fill that vacuum but he is and will always be alive in our heart. It is indeed a great loss for CIP and for all of us. He was kept in high esteem and equally liked by his patients, colleagues, students of all streams and staff members. May God grant peace to his soul in heaven and I believe he is always there to guide us on the right path just like guiding star.

Dr. Priyanka Lenka

"A gentleman and a great teacher with a never-ending spirit towards life. Your teachings, witty jokes, charming presents at the parties, and the way you lived your life will never be forgotten. Your departure from this earth will never truly leave us, you will still be alive in our hearts."

Dr. James J W



## THE BUS OF CIP AND ITS INAUGURAL TOUR

The memories are still fresh in my mind. It was the Winter of January 1995. Dibyendu and I were just back to CIP after finishing our Neurology training at PGI Chandigarh. We both were out of touch with CIP for few months. I came to know that the Director Prof Raju purchased a brand-new luxury bus for CIP. But nobody was clear about the purpose of that bus in CIP. For whom was it?

After a few days, the ANCIPS was to be held in Patna. It was decided that CIP would send a big delegation to the ANCIPS as it was being organised in the Eastern part of India and CIP was the biggest institute in this region. An offer was given to the residents and students to go with scientific papers and present them there. Paid leave for fun and a picnic was really rewarding. Dr. PN Suresh Kumar, Dr. Dhruba Bagchi and Dr. Subas Pradhan all three scientific study writing experts took active roles at that time. I was given a study to present at the ANCIPS. It was decided to travel to Patna all together on the new bus.

The bus didn't even get the registration number then, only AF (applied for) was written on the number plate. But it was ready for its inaugural tour. In the morning, the day before the ANCIPS, the bus was parked near the CIP gate with a banner placed on the front side of the bus. It read 'Delegates from CIP, Ranchi to ANCIPS, Patna'. It was full of delegates consisting of residents, students, teachers along with Prof Raju's family. Prof Raju himself wanted to travel later, but Prof LN Sharma, Prof D Ram and Prof Khess accompanied us. As the bus started the tour from CIP, it appeared like a picnic of the CIP family, an emotional moment for all of us. It was overwhelming to see that students and teachers could come so close and that was the student-teacher relationship during that time. We started antakshari, debate, jokes, sher and shayeri and whatever we could contribute. The whole journey was fun. Around noon we stopped at a roadside dhaba for our lunch.

After that, we travelled for a few hours and reached a beautiful spot, the Tilaiya Dam. Everyone wanted to enjoy the scenic beauty of the place, so we had a halt there. It was a serene place with many small green hills half merged in the waterbody with their green coloured reflections on the water. Everybody was mesmerized by the beauty of the place. I decided to come back again to this place and stay among the hills and calm water. We could not feel when the sunlight changed its colour with reducing intensity altering the whole scenery. We all got on the bus again, most of us had a nap and reached Patna at night. We were tired by then and checked into a hotel already booked for us.

The next morning, we got up early as it was the inaugural day of ANCIPS. It was the first exposure of ANCIPS to me with so many attractions like CMEs, pharmaceutical companies' stalls, lunch and dinners with various choices of food items. Prof Raju joined us on the same day and was delighted about the performances from CIP. It was, as a whole, a new experience along with 3-4 persons sharing a hotel room and preparing for presentations together. On the 3rd evening, the whole CIP family had a group photo with Prof Raju and his family at the poolside of the venue. At the banquet dinner of the last night, we enjoyed a lot along with other delegates.

On the last day, while coming back from Patna, Prof Raju accompanied us on the bus with all our teachers. On the way, we visited the ruins of ancient Nalanda University. The Director was delighted to describe the various features of the University. Then we all visited Jal Mahal. We were tired by then, gradually it became dark outside and the light was also made dim inside the bus. The bus had a good audio system installed already. The driver Mr. Vishwakarma didn't forget to pick up a collection of old classic Hindi songs of Lata, Kishore, Rafi & Mukesh. He started playing them nonstop throughout the journey. We couldn't perceive time and reached Ranchi late at night.



Thereafter, we used the CIP bus many times for picnics and arranging freshers' welcome at various falls of Ranchi. The bus certainly added colours and joy to the boring life of Kanke during that time.

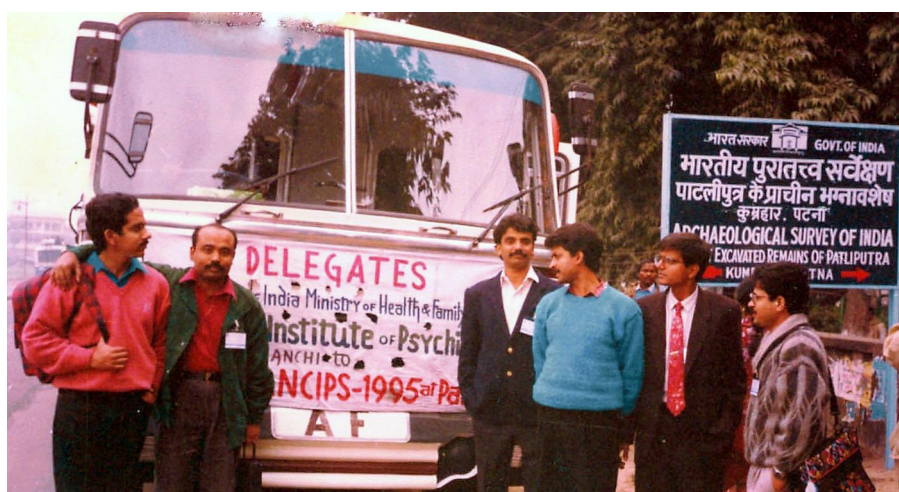
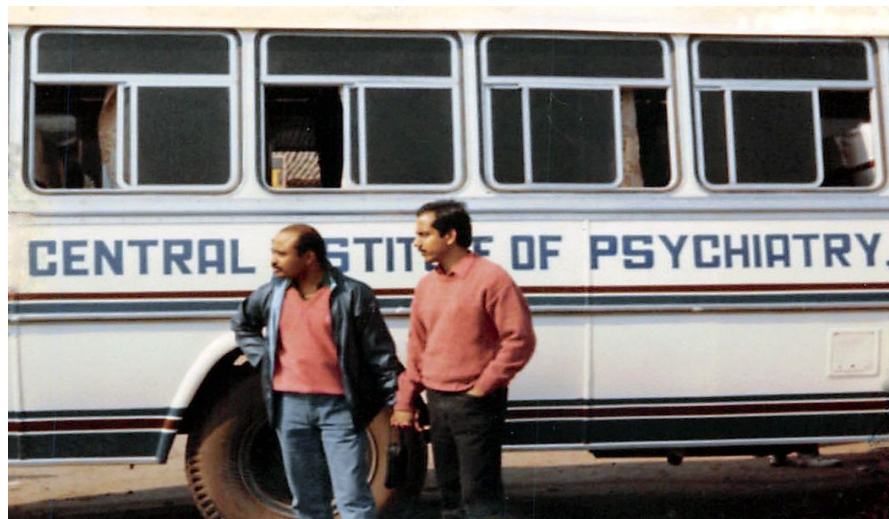
Dr Jnanamay Das  
DPM (1993-1995), MD (1995-1998)

Description of the photographs:

Image1: The bus of CIP

Image2: Coming back from Patna ANCIPS with delegates

Image3: At Nalanda University with the Director Prof Raju, teachers and students.



## THE TRAINEE & TRAINER

As a resident and now as a faculty, one gets to observe and reflect upon the day-to-day affairs of the Institute. One such constituent are its conspicuous academics. From time immemorial, there have been three weekly academic programs (seminars, case conferences, clubs), the expediency of which has been rarely looked into. The psychiatry trainees spend set times in various pre-determined clinical rotations for three years of their training. The postgraduate program has some oversight from the faculty of the respective units with the overall pass rate for residents attempting university examinations as above 90%. Yet, can we prove that post graduating residents have acquired the competencies needed to manage all aspects of independent practice? Unfortunately, no.

Knowledge alone is not enough to be competent; behaviors and attitudes are also needed. Traditional testing methods fail to detect deficiencies in these skills, behaviors, and attitudes. The complex skills, soft skills related to communication, doctor–patient relationship, ethics, and professionalism are not assessed at all. As such, the current academic program has been unable to identify learners in difficulty until late in their training, when it becomes more difficult to remediate their gaps and support their needs. Apprehensive faculty often withhold negative comments on a learner’s clinical performance, leading to a system where we are “failing to fail” those that should not progress.<sup>1</sup> Thus, there is a necessity for an innovative approach to assessment, one where learners are measured against a series of pre-determined competencies which should be required for independent practice in their specialty.

In 1949, educational psychologist Ralph Tyler posed four powerful questions any education institution should address:<sup>2</sup>

1. What purposes should a school seek to attain?
2. What educational experiences can be provided to attain these purposes?
3. How can these be organized?
4. How can one determine whether these purposes are being attained?

Competency-based medical education (CBME) has been suggested and tried to tackle these concerns. Competency is defined as “the ability to do something successfully and efficiently,” and CBME is an approach to ensure that the trainees develop the competencies required to fulfill the patients’ needs in the society. It de-emphasizes time-based training and promises greater accountability, flexibility, and learner-centeredness.<sup>3</sup> This means that teaching–learning and assessment would focus on the development of competencies and would continue till the desired competency is achieved. The training would continue not for a fixed duration, but till the time the standard of desired competency is attained. Assessments would be frequent and formative in nature, and feedback would be inbuilt in the process of training. Furthermore, each student would be assessed by a measurable standard which is objective and independent of the performance of other students. Thus, it is an approach in which the focus of teaching–learning and assessment is on real-life medical practice. In addition to defining the standard for competence, success with CBME also requires regular feedback to learners for deliberate practice, adequate access to the clinical environments deemed necessary for competence and sufficient resources to carry out assessments and evaluation of progression. The CBME framework endeavors to create an environment where faculty and resident are engaging in better feedback conversations. To support such an environment, competence-based medical education makes use of multiple formats for

assessments of learners, with workplace-based assessments (WBAs) taking a lead role.

WBAs shift assessments from a controlled setting, such as an examination, to an observation in an authentic clinical scenario for assessment of the achievement of competencies and independent accomplishment of tasks. Valid and reliable assessment WBA tools should provide quantitative and qualitative information to enable residents to identify their achievements, and to recognize their gaps and modify learning plans accordingly. In aggregate, these tools should also enable educators to identify underperforming learners earlier and provide the support required for success.<sup>4</sup>

### The road ahead

Patients wish to ensure they are receiving safe, high-quality, and reliable healthcare. They want to trust that their physicians are medically competent, effective communicators, compassionate, highly professional, and adaptable to changes in healthcare needs. The post graduate trainees would like to be able to ensure they acquire the skills, knowledge, and behaviors needed for independent practice, and achieve their specialty degree in a timely manner. They also want clear, higher standards for training experiences and assessments, and to complete their training in a positive and effective learning environment. The Institute can design a hybrid model of training with predetermined outcomes, described as competencies and tasks, that need to be achieved in order to be promoted to the next stage of training. Clearly stating required competencies and tasks has 2 purposes: (1) they provide residents with clear expectations of skills and abilities that must be developed at each stage; (2) they guide supervisors in identifying a resident's strengths and areas that are still in progress.

Ginni Rometty, the first female CEO of IBM has said "growth and comfort do not coexist". There is no reason that curriculum change to be this uncomfortable. It is widely believed that faculty development is a key aspect of implementing

change. The Medical Council of India (MCI) has specified roles for the graduate, which include clinician, communicator, leader and member of a team, life-long learner and professional.<sup>5</sup> The postgraduate training system lacks a centralized accreditation body, a willingness to define a standard of competence, and to develop the process to do so, could confirm the Institute the seat of a leader in the field of medical education.

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## MENTAL HEALTH IMPACT OF COVID-19 PANDEMIC

The ongoing COVID-19 pandemic has not exempted anyone from its ill-effects and is claiming millions of deaths over the last one and half years. Though several preventive and therapeutic measures have been taken and implemented both from government and private sectors, the pandemic is still spreading and far from control. Along with physical health the COVID-19 pandemic has taken a toll on mental health too. Below is an attempt to discuss and remember essential mental health and illness aspects of COVID-19 which will be of concern till this is over and beyond.

### Q: Why is COVID-19 affecting mental health?

A: It is normal and understandable to feel anxious and stressed when any situation causes significant changes in our lives. This depends on mostly three features of that situation 1) how predictable it is, 2) how much can we control it, and 3) how important is it. If we look into the current pandemic, we see that there is no definite end of it and no single step can prevent its occurrence. If not treated it has caused deaths around us. Thus, the COVID-19 pandemic is causing significant anxiety and distress among ourselves.

### Q: What are the psychological reactions during COVID-19 pandemic?

A: Most relevant psychological reactions are non-specific and uncontrolled fears related to infection, pervasive anxiety, frustration and boredom, loneliness.

In non-specific and uncontrolled fears related to infection, one who was exposed to risk of infection can develop worries about their health, doubts to infect others as well as family members. If we experience symptoms which might be related to infection, develop excessive fear and worries.

Social isolation, restrictions and lockdown measures have harsh effects on us. One can develop fear of new and unknown infective agents and uncertainty for the future which increases

- Lockdown reduced social and physical contact with others, caused disruption from daily activities, interrupted our social necessities, impacted our social networking activities.
- Social isolation has resulted in boredom and loneliness which have damaging effect on both physical as well as mental health. It has led to harmful outcome such as increased depression and suicidal behaviour.

### Q: What are the mental health ill-effects of COVID-19 pandemic?

A: The ill-effects of COVID-19 pandemic on mental health are exhaustive. While range of ill-effects is still evolving, reports and research have identified following mental health ill-effects –

■ Impact of lockdown- This pandemic, unlike others where no lockdown is required, is having an additional burden on our mental health. When lockdown is enforced, one can experience infection fears, frustration, boredom, inadequate supplies, inadequate information, financial loss. All of these both alone and together cause ill-effects on our mental health. The current COVID-19 pandemic had a similar impact in the general population.

■ Depression – During pandemic upto 48 in every 100 persons suffer from depression. Women than men were more likely to suffer from it. One is said to suffer from a depressive mood episode when he/she experiences sadness throughout the day, loss of interest, fatigue. In addition, he/she may experience lack of appetite or overeating, insomnia or hypersomnia, fatigue, low confidence, poor concentration, and feeling of hopelessness. Multiple factors like living in urban areas, poor self-rated health, high loneliness, being divorced/widowed, being single, lower household income, quarantine status, worry about being infected, unemployment, a past history of mental stress or medical problems, having an acquaintance infected with COVID-19, perceived risks of

unemployment, exposure to COVID-19 related news, higher perceived vulnerability, the presence of chronic diseases, and the presence of specific physical symptoms have been associated with depression during this pandemic.

■ Anxiety- Upto 50 in every 100 persons were found to be suffering from anxiety symptoms. Often it coexists with depression. Similar association with other factors as mentioned in depression are also associated with anxiety. To remember and note is association of social media exposure or frequent exposure to news/information concerning COVID-19 which has been significantly associated with symptoms of anxiety.

■ Traumatic stress reaction- COVID-19 pandemic has thrown us multiple stressors in our lives. There are threats to our personal safety and security, significant life disruption, loss of loved ones and of financial resources, and disruption and erosion of our support systems, exposure to medically related traumatic events, near death experience etc. Acute stress reaction and post-traumatic stress disorder have been observed across the globe to affect the general population. These have been reported in upto 54 in 100 individuals during this pandemic.

■ Substance use disorder- Individuals with substance use disorders may be at increased risk for COVID-19 illness severity and even death. Few specific stressors can be associated with increased substance use during this pandemic. These were loss of job and financial strain, anxiety, and boredom due to extended lockdown. Those who were in the recovery process and on supervised treatment programs faced increased social isolation and difficulties in accessing treatment leading to their relapse.

■ Suicide - Those with histories of depressive symptoms, self-injury, prior suicidality, maltreatment, post-traumatic stress disorder, substance use, and disruptive behavior disorders are especially at risk for increased suicidal thoughts and behaviors for all the stress-related reasons.

Maladaptive coping styles in an individual with few opportunities to escape or distract during lockdown may increase risk for suicide. Reports of increased isolation, loneliness, interpersonal loss, and limited interpersonal contact thus present a uniquely high-risk period for suicide within the general population as well.

■ Psychosis and Other Severe Mental Disorders – Stress can affect schizophrenia, bipolar affective disorder, and other severe mental illnesses. Stress is often a key factor in the emergence of psychotic illnesses.

■ Persons with mental illness – Individuals with pre-existing mental illness are at additional risk to face impact of COVID-19 pandemic. In addition to pandemic related factors mentioned above, multiple other issues did affect their mental health. Few of them were likely delays in delivery of psychotropic medications, lack of access to primary care or outpatient clinics, financial difficulty, concern of contracting COVID-19, long duration of staying at home, difficult living conditions due to shortage of supplies. These led to feelings of hopelessness and increased suicidal ideation among persons with mental illness. They were significantly more likely to endorse higher levels of post-traumatic stress disorder, depression, anxiety, stress, and insomnia.

■ Sleep disorder – Another significant ill-effect on mental health during this pandemic is insomnia which is difficulty in sleep at the beginning or in the middle or early awakening in the morning. In general population upto 35 in 100 individuals suffer from sleep problems while it was upto 74 in each 100 COVID-19 affected individuals.

Q: How is COVID-19 pandemic affecting children and adolescents?

A: The COVID-19 pandemic has resulted in governments implementing disease containment measures such as school closures, social distancing, and home quarantine. Children and

adolescents are experiencing a prolonged state of physical isolation from their peers, teachers, extended families, and community networks. They are having many questions about the outbreak and are looking toward their parents or caregivers to get the answer. They can experience anxiety, distress, social isolation, and an abusive environment that can have short or long term effects on their mental health. It has also been noted that a significant number of children who were quarantined were prone to experience post-traumatic stress disorder. Some common changes in children's behavior can be

- Excessive crying and annoying behavior
- Increased sadness, depression, or worry
- Difficulties with concentration and attention
- Changes in, or avoiding, activities that they enjoyed in the past
- Unexpected headaches and pain throughout their bodies
- Changes in eating habits

Thus, the pandemic is having a significant impact on the mental health of children and adolescents too.

Q: What should be done to take care of our mental health during COVID-19 pandemic?

A: As this pandemic is far from control, we must maintain our mental health and adopt changes and activities which enable us to do so. Some of these routine or daily activities and changes are taking deep breaths, stretching, eating healthy, exercising regularly, getting plenty of sleep, avoiding excessive alcohol, tobacco, and other substance use. One should take breaks from watching, reading, or listening to news stories. We must try to do something which we enjoy. We may connect with others. We should help others to cope. Overall, these would help one to cope with stress which COVID-19 pandemic keeps throwing at us in multiple ways.

Dr. Sourav Khanra, MD, DNB  
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## COVID HYPOCRISY

People are busy in buying oxygen concentrators, but not interested in wearing Mask. For them Remdesivir,O2,ICU is the ultimate not keen on preventive measures like steaming or gargling. Because practicing prevention is a low profile affair. They talk about COVID positives with an attitude as if it will never happen to them by forgetting the fact that third wave is not so far away. Even getting admitted in a high profile hospital is a big thing for some. Another group is not at all worried because they got both the doses of vaccine. But do they know the virus is undergoing mutation. You have a washbasin at home/office to spit, but spitting in public places is more comfortable like urinating in public. Wearing designer mask gives a brand look to you than surgical masks. You criticize for people roaming in public malls during COVID at the same time forgetting the fact that you are commenting about this by doing shopping in the same mall at the same time .Why this kolavari kolavari Di? You share your tea or coffee while speaking about social distance. There is a list of Hypocrisy in this world, COVID HYPOCRISY is just one incident in this unjust world.

Written by another hypo.....

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## MEMORIES OF CIP

DPM BATCH- 2009 - 2011

Dr.Sathish Kumar S V



MBBS करने के टाइम में मुझे मेरा दोस्त ने बताया था कि रांची करके एक शहर में साइकाइट्री हॉस्पिटल है और उदार अच्छा ट्रेनिंग मिलती है.

मुझे भी Psychiatry में interest थी और Ranchi में पीजी seat मिल गया था अच्छा होगा करके में सोचके रखा था.

बादमें CIP के बारे में पता चला, और एंट्रेंस एग्जाम लिखने के लिए मेरा पुराना दोस्त श्रीराज के साथ ranchi आ गए और एक्सांम्स भी लिखा ।

मुझे यकीन नहीं था की CIP एंट्रेंस में मेरा रैंक आएगा करके. मेरा तो रैंक वेटिंग लिस्ट में थी और दो-तीन बार रांची आना पड़ा एडमिशन से पहले. और अंता में मेरा एडमिशन होगया ।

जब एडमिशन के लिए एडमिशन section में गया, उदार राजिव रंजन सर ने कहा, आप जाके डी.राम , बी. दास, या वि.के.सिन्हा सर से अपने डाक्यूमेंट्स चेक करवा के आवो ।



मैं टीचिंग बलकक में वि.के.सिन्हा सर से मिला और डाक्यूमेंट्स चेक करनेके बाद, सर ने पुछा

“How good your Hindi is”??

मैं ने कहा “Sir I will try to learn”

सरने “All the Best” बोला और बेज दिया।

---

जब admission के लिए रेलवे स्टेशन के सामने रुके थे और आटोवालो से पूछा, हम CIP जाना हे करके, लेकिन आटोवाला ने नहीं समजा और पूछा कहा जाना है ? मैंने पीर से भोला मानसिक आस्पताल जाना हे.

वो समाज गया और कहा , 'वो पागलकाना '.

मेने सोचा , लोगो के मन में मानसिक आस्पताल का मतलब 'पागल लोग रहने का जगह हे।

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### **BEGAN WITH PARTY and SORROW**

डीपीएम कोर्स शुरू ओने से पहले हमारा सीनियर्स का फेयरवेल पार्टी थी और सीनियर्स बहुत मस्ती किया थे , ये सब मेरे लिए नया था .

CIP में पहला दिन मेरा पोस्टिंग ट्युक वार्ड में थी और सेल्वा सर सीनियर रेजिडेंट थे.

और परतो रास्ती बिस्वास यूनिट ५ में थे।

पहला दिन ट्युक वार्ड में एक मरीज का Physical examination करने के लिए selva सरने बोला , उस मरीज का नाम थी , निशा शर्मा और वो शायद lithium toxicity की मरीज थी।

उसी दिन उनकी हालत बिगड़ गयी और रिम्स अस्पताल को refer करना पड़ा .

दुसरे दिन जब मैं ने वार्ड गया थे, मुझे पता चला उस मरीज की डेथ होगयी।

मुझे थो बहुत बुरा लग गया ,वो मेरा पहला मरीज थी CIP मे .

Selva सरने बार बार बोलते थे , हम First Physician है और बाद में Psychiatrist है ।

Psychiatry में General Physical condition and organicity को पहला महत्व देना है करके मुझे सीखने का मौका मिला .

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उसी समय परतो सरती बिस्वास सर ट्युक वार्ड में जुनियोर रेजिडेंट थे, और मुझे उनके साथ काम करने का और Basics of Psychiatry सीखने का मौका मिला।  
परतो सर बहुत शान्ति से हिस्ट्री पूछते थे और मरीज के साथ rapport अच्छे तारीखे से बनातेथे .

First time, catatonia की मरीज kaise रहते है, वो मुझे सरने दिखाया और examination बी सिखाया।

OPD मे उसी समय Dr.Deepak ने प्र पूछा था.

Who coined the term Catatonia ?

मैने बोला Khalbaum, और सर कुश होगया और appreciate भी किया ।

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हम को थो शुरू शुरू में हिंदी नहीं आते थे, इसलिए केस लेने का मौका नहीं मिलता था.  
दसबारह दिन के बाद मुझे और सैम पॉल को केस लेने का मौका मिला, और उस मरीज का नाम थी \*\*\*\*\* देवी और वो Psychosis का केस थी ।

वो मरीज एडमिट हुआ और इलाज के बाद ठीक होगया, और Follow ups में अच्छी हो हो गी [ho gayi] थी.

ये हमारे लिए खुशी ता [ka] विचार था, क्यु की वो हमारा First case थी ।

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ट्युक वार्ड में एक दिन शाम को एक मरीज का हिस्ट्री ले रहा था ,प्रीती और शिल्पी भी ट्युक वार्ड में posted थी.

और वो मुजसे पुछा ,सतीश 'what is the difference between girl friends and Friends who are girls' ?

मुझे थो उत्तर पता नहि था और में कुछ नहीं बोला,

अभी भी मुझे उत्तर पता नहीं,

एक चीज थो सही हे वो दोनों लड़की होती हे ।

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एक दिन रास्ते में अनामिका मिली और अपने को अनामिका कर के introduce की

मैंने तो ऐसा नाम पहली बार सुन रहा था , और मुझे आश्चर्य हुआ ,

मैंने सोचा, बिना नाम का बी कोई नाम कैसे हो सकता है ?

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जब हम Join किये थे उस समय रांची में ब हुत गर्मी थी

और कभी कभी लगता था उतना गर्मी में हम नहीं रह पाएंगे और course discontinue करने का भी विचार मन में आता था .

तीन महीने के बाद Honda Activa खरीदा और उसके बाद थोड़ा सा आराम लगा

गाड़ी को लेके एक बार ट्यूक वाई गया और उदार आलम लकरा sister थी, और वो मुझे बहुत पसंद करिथी, और उन्होंने बोली Dr.सतीश आप थो नया गाड़ी थो खरीदली, और अभी आपके गाड़ी के पीछे किसको बैठा के घुमाएंगे ?? मे तो उत्तर नहीं दे पाया। लेकिन किसीको बैठाने का मौका थो मुझे नहीं मिला

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CIP कभी भी मुझे unfamiliar नहीं लगा क्यूं कि कुछ दिन के बाद श्रीराज और उमेश आ गया.

श्रीराज मेरा PUC classmate थे.

बेंकी और संदीप भी अगल बगल में रहते थे. हमारा सीनियर्स साई कृष्णा और मंजुनाथ sir भी एक ही हॉस्टल में रहते थे ।

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माई 17 का फाउंडेशन डे हो, फ्रेशर पार्टी हो, थैंक्स गिविंग पार्टी हो हर फंक्शन बडिया रहता था.

हम ट्रिप के लिए हुंडरू फाल्स गए थे, और उदर सबका रैगिंग हुआ , मस्ती किया, दीपकजी मेस का खाना खाया , और ये सब घटना अभी बी बहुत मेमोरेबल है

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### FTD

एक मरीज के बारे में लिखना बहुत जरूरी है। एडमिट हुआ एक औरत मरीज की सीरियल MSE करने का समाया मे , वो मरीज क्या बोलती थी मुझे **samaj mai** नहीं आता था और लगता था की उनको "फॉर्मल ताट डिसऑर्डर" है।

राउंड्स में बी "फॉर्मल टाट डिसऑर्डर" के बारे में ही डिसकस होती थी।  
लेकिन एक महीने के बाद मरीज की पिता जी आया और हम उन से मरीज की स्पीच के बारे में पुछा ,  
उनकी पिताजी ने बोला ,साब मेरी बेटी जोबोल रही है , वो सब सही है, और उस में कोई गलत बात नहीं है.  
मुझे आश्चर्य हुआ, अगर ये सब सही बोल रही है थो मुझे इन की बात क्यू नहीं समाज आ रही है ??  
तब इन की पिताजी ने कहा,  
साब वो हिंदी में नहीं देहाती भाषा में आप से बात कर रही थी।  
तब मुझे समाज में आया ,साइकाइट्री में भाषा सीखना कितना महत्व है।

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### पच्चीस -पछास

हिंदी सीखने का जरूरत के बारे में, एक कहानी मैं ने सुनाथा  
हमारे एक सीनियर ने रांची रेलवे स्टेशन से CIP तक आने के लिए एक आटोवालो से दाम पूछा।  
आटोवाला ने पच्चीस रूपए बोला .  
हमारा सीनियर को पच्चीस रूपए ज्यादा लगा और उनसे बार्गेन करने लगा.  
सीनियरने बोला, देखो भाई , पच्चीस रूपय, CIP तक जाने के लिए बहुत ज्यादा होगा,  
और मैं इतना पैसा नहीं दे सका [saktha] हूँ।  
अगर तुम पचास रूपय में आना है तो आज़ाबो, नहीं तो मैं दूसरा आटो पकड़ूंगा।  
लेकिन उनको मालुम नहीं था की ,पचास रूपय , पच्चीस रूपय से ज्यादा है।



अभी भी कभी, कभी डेढ और अढ़ाई रुपय मे भी कन्प्यूशन रहता है।

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देकते, देकते CIP मे एक साल बीत गया.

Busy OPD's हो, गर्मी या ठंड का मौसम हो, seminar और case conference हो, Friend's Birthday हो, होली की मस्ती हो, अभी भी nostalgic feelings देता है ।

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Second year मे मेरा MBBS का क्लास मेट बाला join किया. उनके साथ रवि, संजयराज, विजय, निजाम, आशा, और विद्या, कर्णाटक के, बहुतसारे लोग जाइन किया.

बाला के बारे मे, मै सोचता था की, ये बंदा कुछन कुछ डंका करेगा और वो कर भी दिया।

उनके बैच मेटस बाला के बारे मे बहुत बोल ते थे की वो लाइब्रेरी मे बहुत पढ़ाई करते हे , फुटबाल स्टेडियम जैसा घर मे ब्लाक चौक में रहता है, etc, etc, ।

आज कल व्हाट्सप्प ग्रुप मे कोई भी किताब, किसी ने भी माँगता हो, तो उसका सॉफ्ट कॉपी बाला के पास रहता है।

ये देकते हुए लगता हे , बाला ने लाइब्रेरी मे कितना मेहनत किया होगा ये सब मेटिरियल कलेक्ट करने के लिए ??

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### सूखा हुआ घास

क्रेप्लिन वार्ड में एक बाइपोलर का मरीज था, और वो बहुत मस्ती मे रहता था , घाना घाके, नाचके, हसी मजाक करते रहता था.

रोज सुबह मुझे विश करने के लिए दौड़के आता tha और मुझे देख के बोलता था,

"सतिस सर आपको देख के मुझे ऐसा क्यों लगता है की , जैसे सूखा हुआ घास हरा हो गया" ।

शुरू शुरू मे मुझे ये बात समाज मे नहीं आता था , और बाद में समजने के बाद, मै भी मरीज के साथ हस्ता था ।

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### CM का बेटी से शादी

जब कनोली वार्ड में थे, एक बाइपोलर मरीज हमेशा बोलता था , "मै CM का बेटी से शादी करना चाहता हूँ " ये इनका delusion of grandiosity था.

एडमिशन के दो-तीन सप्ताह के बाद भी वही बात बोलता था .और हर सप्ताह इनका Lithium, और Antipsychotic का डोस बाड जाता था.

एडमिशन के एक महीने के बाद , मै परेशान होगया और इनका 'Delusion of Grandiosity' कम नहीं हुआ.

एक दिन मै इनको बुलाके कहा, देखो भाई ,अगर तुम ऐसे ही 'CM का बेटी से शादी करेंगे करके बोले[bolte] रहोगे, तुम्हारा डिस्चार्ज नहीं होगा.

CM का बेटी छोड दो, आगे किसी से भी तुम्हारा शादी नहीं होगा.

ये बात सुनके वो डर गया और उस दिन से CM का बेटी से शादी करने का बात बंद किया.

Grandiosity भी ख़तम हो गया।

एक-दो बार Follow ups में मिला और फिरसे CM का बेटी से शादी करने का बात करने लगा।

मैं ने बोला अगर तुम ऐसे बोलते रहोगे तो फिरसे तुम्हारा एडमिट करना पड़ेगा। वो, ये बात बोलना बंद किया।

इस घटना से 'Delusion' handle करने का एक तरीका भी मुझे पता चला ।

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### रिश्तेदार छोड़ के चले गए

एक बार, एक औरत मरीज को OPD के इमरजेंसी वार्ड में उन के फेमिली लोग छोड़ के चले गए, और घर का एड्रेस गलत दिए थे।

बाद में उनको टाइफाइड हुआ कर के diagnose किया और सेक्युरिटी के वजह से ट्यूक वार्ड में शिफ्ट किया।

दो-तीन महीने के बाद वो मरीज ठीक होगया, लेकिन उनकी रिश्तेदार उनको लेने के लिए कोई नहीं आया।

उस मरीज ने अपना घर की एड्रेस लिख के और वो अस्पताल में रही है कर के चिट्ठी में लिख के, दूसरा मरीज जो डिस्चार्ज हो रही थी, उनके हाथ में दिया और पोस्ट करने के लिए बोला

दूसरा मरीज बाहर जाके उस चिट्ठी को पोस्ट किया। Luckily वो लेटर बिना स्टाम्प से मरीज का पिताजी को पहुँच गया।

एक रविवार के दिन जब मेरा OPD था, उस दिन मरीज का पिताजी आके मुझसे अपना बेटी के बारे में me पूछा।

मुझे मरीज के बारे में ये घटना मालूम था. मैं तुरंत डॉ. शशिरंजन को फ़ोन करके inform किया. शशिरंजन सर ने कुंठ आके उस मरीज को रविवार का दिन ही डिस्चार्ज किया. ये मरीज की डिस्चार्ज होने की ख़बर मुझे तो बहुत कुश किया. साइकाइट्री में किसी को भी एडमिशन करने से पहले सही पता पूछके डॉक्युमेंट करना और responsible रिश्तेदार का बी डिटेल्स लेना बहुत जरूरी है।

### अलग माता, अलग पिता

हमारा बेच का प्यारा लड़का मे तलाइवा बी एक था, और उनका लुंगी वाला तलाइवा डांस बहुत फेमस हुआ था।

शुरू, शुरू में उनको भी हिंदी ठीक से नहीं आत था और OPD में केस लेने के टाइम में गडबड हो गया था।

एक बहुत कॉम्प्लिकेटेड हिस्ट्री वाला केस उनको मिला था, उस केस में मरीज का माता दूसरा शादी की थी। और वो माँ ने अपनी बेटे को लेके इलाज करने के लिए CIP आयी थी.

जब हमारा तलाइवा ने हिस्ट्री पूछने लगा, मरीज का माँ ने बोली,

साब, ये मेरा बेटा है, उनको थोड़ासा मानसिक परिशानी है, इसलिए धिकाने के लिए आयी हूँ।

मेरे साथ ये जो आया है, वो मेरा पति है, लेकिन वो मेरा बेटे का पिताजी नहीं है. तलाइवा ने थोड़ा थोड़ा समज गया और उस लड़के से हिस्ट्री पूछना शुरू किया. उस लड़का ने बोला ,सर, ये मेरा माताजी है, और वो दोनो पति और पत्नी है। लेकिन उस आदमी मेरा पिताजी नहीं है।

ये सुन के तलाइवा ने थोड़ासा कनप्युज होग या।  
और उस आदमी से पूछताछ करने लगा  
उस आदमी ने बोला ,ये मेरा पत्नी है , मे इनकी पति हूँ, लेकिन ये लड़का मेरा बेटा नहीं है।

ये सुन के तलाइवा ने उस लड़के का माता पिता के बारे मे पूरा कनप्युज हो गया।  
अब तलाइवा ने सावधानी से उसलड़ का को पुछा  
"जी आप को कितना पिताजी है" ??

इस बात को सुनके ,मरीज का माँ ने गुस्सा होग यी और जगडा करने लगी।  
बादमे कोई सीनियर आके शांत करना पड़ा।  
इस घटना से पता चलता है, साइकाइट्री मे bhasha सीखना कितना महत्व है।

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### World cup भी देखा, Exams भी लिखा

हमारा बेच का एक्साम्स [DPM Final year] और वर्ल्ड कप २०११ क्रिकेट मैचस साथ साथ मे था।

फाइनल्स के दो दिन के बाद हमारा थियरी एक्साम्स शुरू होने वाला था.

इंडियन टीम कप्तान रांची का धोनी था , और हम भी रांची मे पढ़ाई करते थे और क्रिकेट का फेन भी थे।

वर्ल्ड कप देखने के लिए और क्या कारण चाहिए था।

लेकिन एक्साम्स भी था, इसलिए थोड़ासा डर भी था

जब हमारा सीनियर्स , vacate कर रहे थे, मै अमृत सर से उनका बिगटीवी सेटटॉप बॉक्स और मॉनिटर ले के आया था। उसको मेरे रूम में लगा के मैचस देखते थे।



स्टडी हॉलीडेज के टाइम में बीच बीच में मेरा रूम में सब मिल के क्रिकेट देखते थे , उस के बाद पढ़ाई भी करते थे .

जब फाइनल्स में थे तब वरुण ने सब arrangements करके हॉस्टल के ऊपर सब में देखने का इंतज़ाम किया।

उस दिन इंडिया वर्ल्ड कप जीत गया।

हम बहुत खुशी में थे और उसी खुशी में एक्सांम्स भी लिखा और DPM का एक्सांम्स भी पास किया।

ये जो घटना मुझे बहुत मेमोरेबल है, और हमेशा इस का याद रहेगा

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### Swimming pool Solution

L.P. वर्मा वार्ड में एक OCD का मरीज एडमिट हुई थी.

उसको predominantly washing behavior थी. इलाज के बाद और therapy के बाद भी उनकी washing behaviour काम नहीं हुआ।

बहुत बार वार्ड का पूरा पानी कतम करती थी, दूसरा मरीज को पानी नहीं बचता था.

ये सब देख के मुझे कभी कभी crazy ideas आता था , जैसे

OCD मरीज के घर में एक "Swimming pool" क्यों नहीं हो सकता है?

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## ठीक होगया

जब मैं हिंदी धीरे धीरे से बोलना सीखने लगा, कुछ कुछ शब्द को मैं गलत pronounce करते थे.

एक ऐसा शब्द था 'teek' [eg - मैं teek हूँ, ऐसा करना teek नहीं है]

एकदिन OPD में डा. अविनाश शर्मा सर ने मुझे समझाया, सतीश जो तुम 'teek' बोलते हो, उसका pronunciation 'teek' करके नहीं और उसको "theek" [ठीक] pronounce करना है।

मैं समझ गया, और उस दिन ke बाद 'मेरा 'teek', ठीकहोगया।

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## हवा – पानी और धोखा

हर साल होने वाला 'annual sports', CIP में हमको बडिया entertainment थे।

हम 100mtr, 200mtr, 4\*100mtr रिले, marathathon में participate karte थे।

पहला साल marathon में शकील 1<sup>st</sup> आये थे, और मैं 2<sup>nd</sup> आया था।

दूसरा साल हम 4\*100mtr रिले में participate करने का तैयारी कर रहे थे।

शकील शुरू, शुरू में हमारा team में था, लेकिन बाद में हम हारेंगे करके, दूसरा team में शामिल होगया।

शकील को सब लोग हवा कर के बुलाते थे, और वो हवा में ही दौड़ते थे।

4\*100mtr रिले मे शकील का team second आया, और हमारा team 1st आया।

मै शकील को छेड़ने के लिए बोला, हवा तुम हमारा team को छोड़ के दूसरा team चले गये और हम को धोखा दिया और हार गया।

येतो "हवा, पानी और धोखा" होगया।

उसी समय 'LSD' सिनेमा भी आयी थी

## PHOTOS



## MY LOVE GROWS FOR YOU...

Central Institute of Psychiatry (CIP),

My Love for you is a journey.

Ten years back I joined this institute

And the journey continues...

During this decade, sometimes I stay near you

And sometimes far away,

But you always remain close to my heart the least I can say.

The connection got established the very moment

I entered the Iron Gate,

And the journey begins starting at forever

And ending at never simply to say.

I am glad for getting the opportunity to serve you.

I am and will always be grateful to you.

The journey is indeed a roller coaster ride

And waiting to experience much more adventure on the way with pride.

On the occasion of Mother's day my son gave me a handmade card

depicting a tree with leaves of heart, stating my love for you grows every day.

It reminds me of you C.I.P., my Almamater, my love for you grows each passing day.

Commitment, Intimate and Passion components in that of

Robert Strenberg's theory of love give rise to Consummate love

Which I remember through you, mnemonic –'CIP'.

I love you now and I'll love you even more tomorrow.

My love for you grows stronger day by day.



Dr Priyanka Lenka  
Assistant Professor in Clinical Psychology,  
Central Institute of Psychiatry, Ranchi.

Batch 2010-2013 (Ph.D in Clinical Psychology)  
Batch 2016-2018 (M.Phil in Clinical Psychology)

## I WILL.....WILL I ?

There is no real solution to the tie  
Pain is inevitable  
So is the courage to pass by  
Endorsing possibilities is hard  
So is it to hide the inner cry  
Walking against the wind is tiresome  
So is standing by  
Not sure if I could solve the unsolvable  
Continuing to walk is something I am going to try  
Sitting on the shoulders of hope  
Let see how far I fly !!

Dr. Vandana Choudhary  
Batch 2011-13  
Clinical Psychologist  
Department of Psychiatry  
All India Institute of Medical Sciences (AIIMS)  
Ansari Nagar, New Delhi

## THE STRUGGLES OF A THERAPIST

"Greeting those unsettling realisations,  
With an instilled hope,  
To pamper the initial unfaithfulness,  
We often welcome the unknown,  
With an empathic knowingness...  
  
It comes as a responsible mystery, and  
Takes you over day passeth day,  
As you unfold the history...  
The cathartic moments,  
Giving you an upsurge of experiences...  
The inevitable momentary gaps.  
Are where all the workable puddles resting in...

Giving in all your efforts,  
Skillfully hushing away,  
Your own emotions  
Chiming in and out,  
It may or may not turn out well,  
Is what's the scariest of all!"

Ms. Kaur Mandeep  
M.Phil. Clinical Psychology  
Batch 2019-2021



## THE WORLD OUTSIDE MY WINDOW

My world, exceptionally unique yet beautiful. One of the many reasons why I felt so lucky was my grandma living around the next block. I even though did not share any blood relation with her, we were still inseparable. It was probably what made our bonding worth celebrating.

Every early morning I would wake up to her treat with roses. I've always been fascinated by its disturbingly matchless fragrance. She knew it well enough and how madly I loved roses. Getting such a treat was the best experience ever. She often would lose track of what she did and said due to ageing. It looked so innocently adorable to me at least.

This went on for years and I felt so lucky to be pampered with such unconditional love and care until one day when she didn't show up. At first I thought she might have been feeling indisposed but it didn't add up to me. This went on for a couple of days and thinking of it would drive me crazy. I went restless and worried. I missed her terribly. Everything seemed so odd. Later on I got to know that she had taken refuge in loneliness. I would wait for her sitting on my window. This went on for days until one day I finally saw someone roaming with a lantern in hand in the garden from where grandma would bring roses for me. It was a smoky evening so I couldn't really figure out who that appeared to be my grandma was. I followed that shadow very closely as it moved and there she was in her room. She seemed a bit off though. I couldn't take my eyes off from her for next few moments. She could be seen talking to someone who didn't even was there. She would laugh on and off and cried bitterly with a weird smile too. It was so disturbing to see her in such a state.

I couldn't hold myself now. I ran down the staircase to my father where he was glued to

television. Before I even uttered a single word I heard a voice over the television saying that there had to be a complete lockdown for next fifteen days. I sat in his lap and shared him how things had changed between her and grandma during last few days. I told him how she was seen talking to someone who didn't even exist. I tried to convince him to allow me to go and get all the answers by myself. Nothing seemed to make any difference. He credited all of it as sings of a psycho instead. He even warned me against meeting her and paying visits whatsoever. He also told me how it's obvious when one has to live all alone. She had live half of her life without her family members. All of this explanation from my father was enough to contain my emotions from next few days only. I kept myself busy with the projects I was supposed to complete before the lockdown got over. I would sit next to my window waiting to see her. Suddenly I heard knocking on the door. I thought it was grandma but to my disappointment she wasn't. It was one of the gardeners working in the garden instead. I looked around and I saw her pondering over something really hard. She was looking at two kids playing right under her nose. Before I could call out to her, papa asked me to get inside. I could see mom laughing over this and saying there would be greenery everywhere now that everything was shut down. My mother also believed that my grandma would get back into her normal conditions too. The lockdown was followed by people from cities returning to their hometown. This made me wonder if her sons and daughters would return too.

I shared my mom everything and requested if she could ask father to allow me to visit grandma. She insisted my father and he finally agreed to take me to grandma. I was over the moon and super excited to see her. I saw her son talking to her for the first time in a long time. She didn't say anything

back. She was silently hearing everything. I called out to her and she looked at me with a smile. I went close to her and she hugged me.

Days into lockdown, everything seemed to be getting back into their real shape. Plants who almost had died could breathe again. Grandma was finally taken good care. Seeing all this I pretended to be ok but I wasn't. I was mad at her for not bringing roses for me. I wish it could happen all over again. I returned back to my place with a pinch of salt. I still sat on my window looking at how two kids played all day and grandma sat next to them like a statue. I so much wanted to go and sit next to her but I was not allowed.

This went on for days and everyday my father would see me looking out of the window towards the area where grandma watched kids play. One day while I was busy looking out of the window father called me. I got scared thinking he might scold me for unnecessarily doing so. I ran to him and waited for him to say something. He asked me to see if there were new flowers coming out of the plants that my father once had been gifted by grandma. He also asked me to pluck one and

gift to grandma. I happily ran out of the house and pluck a newly blossomed rose. I took it to grandma and gave it to her. I even played with her grandsons that day. I was finally around her and maybe she could bring roses for me like she did once.

(Mental illness needs proper support, care, love, protection and positive environment. Depression in older person in this pandemic correlated with low socio-economic status, loss of spouse or children, physical illness, staying alone/loneliness' or Social isolation. Mental illnesses are treatable. People with mental illness deserve respect, care, love, support and protection. The Fear of PANDEMIC COVID-19 is somewhere positive as under pressure of lockdown people are staying at their home and giving time to their peoples looking into to the matters they had never paid attention to. Elder people who were feeling abandoned or lonely are experiencing the pleasure of finding their family again.)

Ms. Chinmayee Khatua

## THE BUTTERFLY EFFECT

The butterfly effect or we call it as "Chaos theory" which means it is an idea that state a small change and can result into large differences in later state.

To begin with, I feel extremely privileged for the opportunity given to pen down some of my precious experiences in C.I.P. The journey was not like the bed of roses; indeed it was full of wax and wane. But it helped me to make my mind more stronger, brighter and to fight everyday to gain confidence. I feel no harm to admit the hectic days of OPD, rigorous academic, viva's and dissertation was a tough job here. But with this tough jobs I gain my resilience and I felt accepted and understood for who I am and what my capabilities are, by my wonderful faculties from my Department of Psychiatric Social Work, who had always supported me. They knew it very well how to bring out the best in me and how to acknowledge my cons and help me to rectify them. The approach to the BIO-PSYCHO-SOCIAL AND CULTURAL is the best way to learn and gain knowledge, which one cannot experience from anywhere. With this holistic approach where one can achieve a bundle of knowledge, experience which leads to a great educational system, the methods of practical teaching in the wards, in the all patients round, the consultant rounds, the group meetings and individual therapy with the patients, the innovative workshops in female section and the interaction with the patients by connecting with them in an empathetic manner to resolve their

psychosocial problems. The Case conference, the Seminar and the Journal club was filled with knowledge, intellectual interactions, healthy debates and Q and A's between the panel and the audiences was a unique approach in C.I.P. This gave me an exposure to be more confident and which I will cherish throughout my life.

Apart from the professional life, behind the scenes of C.I.P was the hostel life where I learned to be self-reliant, I learned about different cultures, languages and their different dishes and never get bored of the sizzling parties through by RDSA. With this wax and wane of my journey I met few friends who gave me a shoulder to cry, held me in my times of low also celebrated with me in my small moments of joy for which I will be grateful to them forever.

Lastly, this whole journey helped me in managing and letting go of all the unpleasant memories, and expressing what needed to be shout out loud (metaphorically). I will carry these beautiful memories as my souvenir. And indeed, C.I.P was my butterfly effect.

Monaspika Das,  
Psychiatric Social Worker  
Batch-2019-2021.

## NATURE'S CALL OR IT'S WRATH?

Since the eons of time, the world has witnessed the demolition of mankind in myriad ways, which I feel is necessary at a point because we, human beings, tend to underestimate the power of Nature's wrath and take everything for granted. As the whole of the civilization is presently facing a deadly pandemic that has only brought about tons of carnage and destruction, we must question ourselves how our supremacy is currently fetching us the leverage, for the "virus" has ostensibly reduced us to nothing but ashes.

It feels like a kind of abreaction from the Nature's part where it has held the embitterment for a long, long time and now the steam is blowing off. Are we capable enough to hold this indignation? Sadly, the answer is no. No amount of power, wealth, money or religiosity is helping us to withstand and combat. As the day unfolds, the number of death news pile up. There is insurmountable pain and agony as we are losing out our loved ones, or a random soul, as a matter of fact, to this "virus" who perchance will not stop unless it has engulfed everything.

Still, if we measure out humanity and egocentricity, it is pretty discernible that which one will weigh more on the beam balance. Why is it that we are so blinded with our pride that nothing as dangerous as the pandemic can bring about the very essence of our existence? Why are we still being hungry to obtain the greatest power and maximum wealth, even if that means our very own people getting trampled under the weight of that greed?

Looking at the pervading self-serving behaviour, the anger boils inside the head so much so that it sometimes trickle down in the form of tears but still the questions remain unanswerable. We are living each day in fear, not caring about our own health probably, but because we do not want our close ones to perish just like that. And it scares us even more because deep down we know that it is very much possible and can happen at anywhere and anytime.

It is becoming an everyday struggle to hold the resilience with all the might because the surrounding wailing is so deafening and agonizing that it breaks off all the sanity, making us baffled- as if we are running and running, frantically towards an escapism, becoming breathless and ultimately succumbing to "The Devil" who is actually not evil but punishes the evil and obviously who are more evil than us. Even the Devil gives us a wry smile and mocks at our grandiosity before dragging us to the hellhole.

So, when all of these ends and if we get lucky to survive, I hope it would be of great reminders to us that no blind faith has aided in the battle and it was only fought in a way where we, together as a race, has pulled each other out of the devastation, built hope, created faith to wait and see the next day's sunrise. I hope the planet will breathe fresh air again and we will not take things for granted where will be blessed with the shelter of Mother Nature and she will provide us with her lap where we would be able to sleep again peacefully, devoid of any nightmare or affliction.

MANASWITA  
M. Phil Trainee,  
Clinical Psychology,  
CIP, Ranchi.

## FAILURE OF A COUNTRY

When a Man failed,  
The country is failing!  
A country with 130 crores of people,  
And without any people!  
Had it not failed already?  
A country with sleeping men...  
A country with a disrespect to it's working force...  
A country with 1 million miles of distance—  
Between you and me!  
The powered and poor!  
The illiterate and the educated!  
A country with big expectations from the Bigs,  
And a country with no expectations at all!  
Only to live in peace.  
When we all are busy  
Only for us,  
And no one else we care for!  
How can a country win?  
Peace will be there...  
Oh sleeping men!  
Dancing ghosts will bring it for you....

Dr. Nirmalya Mukherjee, M.D.

Batch 2013-16



## TALES OF A TRAINEE

### 1. Title: Sanity in Insanity

In the past few months of my residency, here, in a mental health facility, I developed this habit of observing the patients waiting patiently in lines for their meals. It is a satisfying sight to see the discipline in the patients who were apparently a threat for the society, outside the walls of this Institute, and now, how calmly they wait for their turns without even breaking lines.

On one such moment, a patient from the line came to me and said, "Sir, look how the most insane ones are behaving better than the sane world."

I nodded in agreement with a smile and he kept speaking, "Sir, all of us had an illness which the world labelled and made us insane, we are perfect in the care of each other and as soon as we get to go out of these boundaries, most of us will go 'crazy' again. We might have an illness but the world labelled us insane and will always do, including our closest friends and family."

//We had an illness but the world labelled us crazy//

From the diary of a psychiatry resident.

### 2. Title: God's Worker

It was around 2'o clock in the night. They brought a young woman to labour room, crying in pain. She gave birth to a baby boy with no signs of life, I gathered all my knowledge, experience and strength and gave my best to resuscitate him. After 2 or 3 minutes of vigorous efforts he showed some signs of life. I monitored him till he became stable enough to be handed over to his family.

"Doc, you did a great job tonight" my assistant nurse appreciated my efforts, "Every moment that he will live, will be a gift by you to him. They may not realise it but it doesn't mean your efforts are not worthy."

"Life is a god's gift to us, as this is it to this baby boy" I replied, "I just assisted in what god had planned for this boy."

"Then you must be a god's worker." Nurse said.

//We all are god's worker, Aren't we? – From An intern's diary//

### 3. Title: Little Lives

It was around 2 years back when I was doing fellowship in palliative care unit in a cancer hospital.

It was very usual to hear prayers wishing death for themselves in that ward. I had joined around 7 days back and I witnessed around 20 deaths and to be true I felt happy for them. Death, end of suffering, end of burden, end of life.

But then something unusual happened. A five or six year old boy got admitted, stage four neuroblastoma, no hope for treatment. He was too young for death. First time in that ward, there was wish for life in a patient's eyes. He was crying in pain, crying for help but he didn't want to give up on life.

That day, first time a death in that ward broke my heart. I wish I could have saved that one life, one little life. First time I cursed god that "either you doesn't exist or you are unimaginably cruel.

I came home very late that night. I drank after a long time, don't exactly remember how much. I kissed goodnight to my four year old boy and fell asleep, half tired, half drunk.

//From diary of a palliative care and pain management clinician//

Gulesh Suthar

Junior Resident (2020-2023)

## THE RUIN OF AN ANOPHELINE QUEEN'S BEST LAID PLANS

She danced around, her belly full after feasting on a few scrumptious red blood cells soaked in plasma gravy- similar to the croutons in tomato soup that humans enjoy so much.

"Yes", she thought to herself. "Tonight, I am going to give birth to a new generation, a generation that is stronger and more vicious, a generation resistant to our longstanding nemesis- the pyrethroids."

As these ideas of building an invincible army of blood-suckers ran through her dreamy, tittle-sized brain, she did not realise that her previous hypoglycaemic, restless waltz had eased into a slow, lazy hover. The extravagant RBC meal had certainly stimulated her satiety centre while

inhibiting her rapid movements, rendering her not as elusive to the patiently waiting and overly vigilant enemy who had been observing her.

It was time. Two palms formed a perimeter around the oblivious mosquito and bam! The Anopheline queen was sandwiched between the crushing forces, lying ironically in the very pool of blood that was going to create new life.

As a victorious finger flicked her away; she fell on the floor lifeless, taking along with her the diabolical ambition to annihilate the human race by a line of a powerful, bloodthirsty mosquito species.

Dr. Dhanvi Mesvani, D.P.M.

Batch 2019-2021

## THE TEN BAITS OF THE PANDEMIC

We are all just prisoners of life waiting for the death sentence.

People that were once bright-eyed and zealous are now on the brink, gasping for air, frantically fighting for a second chance at life.

But when one has taken the bait and been pierced with the hook of death, one can only wriggle and wriggle like a pathetic fish emerging defeated from the river of life.

But why, you ask, did they take the bait?

Because Pride struck a few of them, for they proclaimed they could not be struck by Death.

Ignorance for many, was not bliss, but a serpent ready to attack without its warning hiss.

Selfishness reared its ugly head, for there were those who were strong but to others they could spread.

Because Sloth was the trait of the ones in command, lawmakers of the nation who were not yet alarmed.

Because Greed consumed some, for they were hungry for wealth and did not think Death would come.

Lust filled the hearts of those insatiable for power, turning a blind eye to the lives that were being devoured.

Deceit was the craft of the cunning class, who sold empty promises and lies in vials to the mass.

Gluttony licked his lips to tantalise those amongst us, who misused the Oxygen, feasting on it with utmost unjust.

Wrath hath inanely ignited itself in those who lost someone, they brandished their barbarism at the Doctor for the "deed" done.

And finally, Envy injected herself into the veins of the Doctor, for he yearned to be safe like them, than be a numbed spectator.

And slowly, the fish stops wriggling and goes limp. Cold and lifeless like a winter stillness; like everything else in the world today.

And yet, you think to yourself, but why, why should I stop taking the bait?

And hence, we remain prisoners of life waiting for the death sentence.

Dr. Dhanvi Mesvani, D.P.M.

Batch 2019-2021

## आज़ाद आँखें

अस्पताल के तीसरे तल पर  
200 स्क्वायर फीट के  
एक खाली कमरे में  
किनारे एक पलंग थी  
और आज़ाद खयालों वाली  
आँखों के लिए एक आधी खुली खिड़की  
जिसमें जंगले लगे हुए थे।  
जब भी आज़ाद आँखें खिड़की से बाहर नीचे की ओर झांकने की कोशिश करते,  
दूर के वो टीलों पर बूढ़े हुए उन पेड़ों की  
सबसे ऊपरी नई जन्म लेती हुई पत्तियाँ दिखतीं।  
आज़ाद आँखों ने बच्चों की जन्म लेते तो नहीं देखा,  
पर रोज़ देखा करती थी वो पत्तियाँ,  
जो जन्म भी लेती, पलती-बढ़ती  
और एक दिन बूढ़ी होकर झर जातीं।  
उस आधी खुली खिड़की से  
टोल के पीछे वाला सूरज भी रोज़ शाम को एक रंगीन मोटनी सा दिखता  
पर उसके जाने के बाद, न पत्तियाँ दिखतीं  
और रंगीनी तो बिल्कुल नहीं।  
रात बड़ी ही बेसुरी और लंबी थी  
उस 200 स्क्वायर फीट वाले कमरे में काटने के लिए।  
पर शायद किसी की म्यूज़िक का बड़ा शौक था।  
देखा था उन आज़ाद आँखों ने की  
आधी खुली खिड़की से हर दूसरे दिन  
कोई न कोई सुर झरता था  
उसमें साथ देते थे वो पते, और छोटें मारतीं  
खिड़की से अंदर आतीं वो बूढ़ें।  
रात कट जाया करती थी  
और आज़ाद आँखें सुरीली हो जाया करती थीं।

-मृणालिनी

M.Phil. PSW  
BATCH 2019-21

## बचपन

दरवाज़े के पीछे  
मरा मा का बनाया हुआ  
गुदड़ी का एक  
तीन पाकट वाला यला मला या  
उसके सबसे निचले वाले पाकट में  
हाथ डालने से  
बचपन का पटारा खुला  
और कुछ रंगीनी हाथ लगी थी  
जैसे टाइटानिक का वा नालम  
हाथ लगा हो।  
फिर दुनिया भर के ज़रूरी काम छोड़कर  
उन जमा किये कुछ  
मामूली क टुकड़े, कुछ रबर,  
टूटे हुए पुराने साखिया के  
कुछ मोती  
आर स्कूल से चुराए हुए  
रंगीन चॉक  
मैं हा मरा सारा दुनिया समा गई  
अगले तीन घंटे बाद  
एक फ़ोन का घंटा बजने से  
एहसास हुआ कि अब तो बड़े हो गए हैं हम।  
काश ऐसा होता कि उस यल के  
दूसरे पाकट के  
पेशकश ऐसी होती  
जिसमें बारिश में कागज़ के नाव चलाने के बहाने  
खूब भीगत आर फिर  
पटाई खाते  
पर शायद फिर से मागत  
आर ये बचपन यूँ ही चलता रहता..!

-मृणालिनी

M.Phil. PSW  
BATCH 2019-21

## आदमी के अंदर का एक गाँव

हर आदमी के अंदर एक गाँव होता है, जो शहर नहीं होना चाहता, बाहर का भागता हुआ शहर अंदर के गाँव को बेढंगी से छूता रहता है, जैसे उसने कभी गाँव देखा ही नहीं, शहर हो चुका आदमी, गाँव को कभी भूलता नहीं है, बस किसी से कह नहीं पाता कि, उसका गाँव बहुत दूर होता चला गया है उससे, उसको साँसों पर अब गाँव की धूल नहीं, शहरों की कारखानों का धुआँ ससरता है, उसके कानों में अब मवेशियों के गले की घोटियाँ नहीं तितगड़म भरी गाड़ियों की आवारा चिल्ल-पीरेंगी हैं,

हर आदमी जिसका गाँव शहर हो चुका है, उसका गाँव बीना होता चला जाएगा, अपने बाँटों को मिटाते हुए, अहातों में किवाड़े लगाते हुए, चौक पर पहरदार बिठाते हुए,

शहर को चिढ़ लगी रहती है कि, गाँव रुका हुआ है वह बार-बार जाकर उसको टोकता है, खँगालता है खोदता है उसके रुके हुए पर अफ़सोस प्रकट करता है, अपना बुशटे झाड़ता है, आँखों पर एक काला पदो चढ़ाता है, और दुरदुराते हुए निकल जाता है,

हर आदमी जो गाँव लिए शहर होने चला आया है, वह नहीं जानता, शहरों की तराई की ऊटपटाँग भाषा और आवाज़ों की उलझने कि यहाँ कम बोलना होता है कम खाना होता है कम ओढ़ना होता है, कम सोना होता है,

धीरे बोलनी होती है, अपनी गवड़े बोलों की धीरे धीरे खिसकानों होती हैं, थालों की धीरे फटकनी होती है, चादर धीरे से माँगनी होती है नींद

ज़्यादा करनी होती है चापलूसी, ज़्यादा देना होता है धक्का भीड़ की, ज़्यादा बरतनी होती है औपचारिकता ज़्यादा बघारनी होती है शेखी ज़्यादा बजाने होते हैं गाल ज़्यादा खचे करनी होती है जीविका,

हर आदमी जिसका गाँव किराए पर बिताता है जीवन शहर में एक सपना किस्ती में देखता है कि किस्ते बरामद कर दूँद लगा गाँव तक जानेवाली सड़क

हर आदमी के अंदर का गाँव, लौटना चाहता है जहाँ से वह आया था या उसे आना पड़ा था आदमी भले लौटे न लौटे गाँव लौटना चाहता है शहर को वैसा ही छोड़कर, जो वह होना नहीं चाहता।

आशीष कुमार यादव  
एम.फिल.(पी.एस.डबल्यू)



कर्म कर

कर्म कर, कर्म कर  
कर्म करने से तू न डर  
दौड़ जा अन्जानी राहों पर  
गिरने से तू न डर  
माना कि कठिन है डगर  
पर आसान रास्तों से  
मंजिल कहां मिलती है  
जरा-सा तो हिम्मत कर

कर्म कर, कर्म कर  
कर्म करने से तू न डर

वीर बन, गंभीर बन जरा न  
तू अधीर बन सफलता तेरी  
कदम चूमेंगी अपने इरादों  
को मजबूत कर मंजिल पर  
रख नजर  
मंजिल पाने की जिद कर  
खुद पर भरोसा कर  
सफर अपनी तय कर

कर्म कर, कर्म कर  
कर्म करने से तू न डर

“कोरोना काल में”

पल-पल डर के साये में  
जी रहें हैं लोग  
अपने आँसू आप ही  
पी रहें हैं लोग  
खुशियों की चादर फटती जा रही  
उम्मीद के धागों से  
सी रहें हैं लोग

आँखें खोलकर आजकल  
सो रहें हैं लोग  
हर अपने बेगानों को  
खो रहें हैं लोग

फिर खिलेंगी खुशियों के बाग शायद  
आशाओं के पौधों को  
बो रहे हैं लोग

कोरोना मुक्त रहने को नित नये  
प्रयोग कर रहें हैं लोग  
मास्क पहनना, काढ़ा पीना  
योग कर रहें हैं लोग  
कोरोना के कहर को कम करने को  
हाथों को ‘सेनिटाईज’ कर खुद को  
निरोग कर रहें हैं लोग

हमेशा एक दूसरे का हाल-चाल  
ले रहें हैं लोग  
सहम-सहम कर जीवन नैया  
खे रहें हैं लोग  
सभी लोग सुरक्षित रहें,  
यही दुआएँ हर दिन  
दे रहें हैं लोग

“कोरोना काल का रूटीन”

जिनके कदम घर से हमेशा  
होते थे एक दो तीन  
आज घर में बैठे-बैठे वो  
बजा रहें हैं बीन  
खुद ही सपेरा, खुद ही सॉप है  
नाच रहें हैं ता-ता धीन-धीन  
देख रहें हैं मोबाइल टीवी पे  
बैठे-बैठे फिल्मों के सीन  
कोस रहे हैं लॉकडाउन को  
गिन-गिन रोज दिन  
दोस्तों का साथ छुटा  
छुट गया बियर पार्टी  
चैट, एसएमएस, विडीयो कॉलिंग को ही  
बनाना पड़ा रूटीन

कृष्णा विश्वकर्मा “बादल”  
पत्राचार शाखा, सी.आई.पी.

## HOMAGE TO THE DEPARTED SOULS

The times have been hard on everyone during this pandemic, and it would be the hardest of times for a family who has lost a loved one. Our souls are hardened of pain on hearing of the unfair disappearance, we knew, appreciated, and admired. CIP family offers sincere condolences to the families grieving the immeasurable loss they suffered in this COVID-19 Pandemic.

Some of the souls from the CIP family who have lost their lives Mrs. Radha Devi and her son, Mr. Prakash Ram, Mrs. Shakuntala Kujur, Mrs. Margarita Tirkey, Mr. Kanhaiya Ram, Mrs. Mariam Minz and her son, Mr. Londhia Kerketta. Some of the immediate family members who have lost their lives during pandemic Mrs. Supriya Chakravarthi mother of Mr. Nirmalya Chakravarthi, Mr. Sashi husband of Mrs. Jyanti Kumari, Mr. Jultan Dilip Kachhap husband of Mrs. Manonit Kachhap, Mr. Prakash Khess husband of Mrs. Mary Stella Ekka, Mr. John Khalkho husband of Mrs. Anita Kujur, Mr. Franklin Khalkho husband of Mrs. Elizabeth Khalkho, mother Mrs Suraj Devi and brother Mr. Kaushal Prasad of Mr. Vipin P D, husband of Mrs. Sunita Mahto, husband and grandson of Mrs. Mary Tigga, wife of Kurban Ansari, mother of Mrs. Sumita Masih, and mother of Dr. Sapna Kumari.

Acc. No.	Author	Title	Year	Guide	Co- Guide	Joint Guidance	Course
D1641	Kardam, Kampila	The impact of rumination on cognitive functions in depression: a comparative study	2020	Dr. D. Ram	Dr. Varun S. Mehta		DPM
D1643	Rathod, Bindu	Mitochondrial dysfunction in depression	2020	Dr. D. Ram	Dr. Mahesh Kumar	Dr. K.K. Kshitiz	DPM
D1645	Prasad, Jyoti	Gluten- free diet in patients with schizophrenia: a comparative study	2020	Dr. D. Ram	Dr. Sunil Kumar Suryavanshi	Dr. K.K. Kshitiz	DPM
D1647	Bhakta, Shalini	A study of oxytocin , BDNF, IL-6 and TNF - as trait markers in mania	2020	Dr. C. R. J. Khess	Dr. Avinash Sharma	Dr. K.K. Kshitiz	DPM
D1649	Dey, Aheli	Vitamin D and calcium metabolism, craving, impulsivity and aggression in alcohol dependence syndrome: an hospital based prospective study.	2020	Dr. C. R. J. Khess	Dr. Saurav Khanra	Dr. K.K. Kshitiz	DPM
D1651	Sha M. P., Lukeman	The association of acylated ghrelin with alcohol craving in early abstinent alcohol dependent individuals	2020	Dr. C. R. J. Khess	Dr. Panjal Dey	Dr. K.K. Kshitiz	DPM
D1653	Patidar, Rahul	Serum vitamin D levels and disease activity in mania	2020	Dr. Basudeb Das	Dr. Alok Pratap	Dr. K.K. Kshitiz	DPM
D1655	Gudipati, Neharika	Plasma vascular endothelial growth factor levels in patients with schizophrenia	2020	Dr. Basudeb Das	Dr. Surendra Paliwal	Dr. K.K. Kshitiz	DPM
D1657	Hermani, Prathamesh	Religious delusions in mania: an outcome study.	2020	Dr. Basudeb Das	Dr. Roshan V. Khanande		DPM
D1659	Desai, Khyati	Serum oxytocin levels in children with autism and first degree relatives of individuals with autism: a cross sectional study.	2020	Dr. Sanjay Kumar Munda	Dr. Roshan V. Khanande	Dr. K.K. Kshitiz	DPM
D1661	Gupta, Ashok Kumar	Serum zinc as a potential biomarker in recurrent depressive disorder: an endophenotype study.	2020	Dr. Sanjay Kumar Munda	Dr. Avinash Sharma	Dr. K.K. Kshitiz	DPM
D1663	Yadav, Ashutosh Kumar	Level of serum heat shock protein in patients of bipolar disorders having hypothalamic pituitary adrenal axis dysfunction and its relation with symptom severity and response to treatment	2020	Dr. Sanjay Kumar Munda	Dr. Surendra Paliwal	Dr. K.K. Kshitiz	DPM
D1665	Kumari, Megha	Neurometabolic profile in patients with manic episode and its change in response to lithium: A 1H-MRS study.	2020	Dr. Sanjay Kumar Munda	Dr. Saurav Khanra		DPM
D1667	Charkhe, Pranav Dinkar	Efficacy of adjunctive extended robotized neuronavigated continuous theta burst stimulation over the left superior temporal cortex on auditory hallucinations in schizophrenia : a randomized sham controlled study.	2020	Dr. Nishant Goyal	Dr. Mahesh Kumar		DPM
D1669	Krishna A., Guruvamsee	Biochemical and hormonal correlates of irritability in adolescents with disruptive mood dysregulation disorder: an exploratory study.	2020	Dr. Nishant Goyal	Dr. Anjanik Kumar Ranjan	Dr. K.K. Kshitiz	DPM
D1671	M, Veenakumari	Serum glial cell derived neurotrophic factor (GDNF) as a predictor of response to HD-tDCS in bipolar affective disorder.	2020	Dr. Nishant Goyal	Dr. Mahesh Kumar	Dr. K.K. Kshitiz	DPM
D1673	Kumre, Pramod Kumar	Efficacy of adjunctive extended neuronavigated theta burst stimulation in patients with obsessive compulsive disorder: a sham controlled study.	2020	Dr. Nishant Goyal	Dr. Aniruddha Mukherjee		DPM
D1675	Ramesh C., Shilpa	Psychosocial correlates of sexual dysfunction in patients with opioid dependence	2020	Dr. D. Ram	Dr. Madhumita Bhattacharya		M.phil CP
D1677	S., Gayathri	Sensation seeking, escapism, reflective functioning and readiness to change among patients with alcohol dependence syndrome: an exploratory study	2020	Dr. Sanjay Kumar Munda	Dr. Madhumita Bhattacharya		M.phil CP
D1679	Bhattacharya, Shreya	Prospective memory and trait impulsivity in patients with opioid dependence syndrome and healthy control: a comparative study	2020	Dr. C. R. J. Khess	Dr. Preeti Gupta		M.phil CP
D1681	Verma, Aparna	Distal and proximal correlates in patients with suicidal ideation and suicidal attempts in substance dependence: a comparative study	2020	Dr. C. R. J. Khess, Dr. Preeti Gupta			M.phil CP
D1683	Daniel, Liza Thankam	Perceived parenting, attachment style, alexithymia and emotional intelligence in people with alcohol dependence: a comparative study	2020	Dr. C. R. J. Khess	Dr. Neha Sayeed		M.phil CP
D1685	K, Anjana	Magical ideation as sociated with social cognition in patients with schizophrenia :a comparative study	2020	Dr. Basudeb Das	Dr. Neha Sayeed		M.phil CP
D1687	A. Ambily	Wais - IV profile, spirituality, benefit finding in patients having temporal lobe epilepsy with or without secondary generalization: a comparative study	2020	Dr. Basudeb Das	Dr. Neha Sayeed		M.phil CP

Acc. No	Author	Title	Year	Guide	Co- Guide	Joint Guiding	Course
D1689	Zutshi, Kritika	Gratitude, hope, guilt, shame and psychological well-being in alcohol dependent patients with or without abstinence: a comparative study	2020	Dr. Basudeb Das	Mrs. Prakriti Sinha		M.phil CP
D1691	Shamsudeen, Sheeba	Autobiographical memory specificity, emotional dysregulation and childhood maltreatment in adults with dissociative disorders	2020	Dr. Nishant Goyal	Mrs. Prakriti Sinha		M.phil CP
D1693	Nag, Ritwika	Attachment styles and information processing biases in adolescents with dissociative disorders	2020	Dr. Nishant Goyal	Dr. Madhumita Bhattacharya		M.phil CP
D1695	Sahoo, Sidhanta Kumar	Effectiveness of combination of motivational enhancement therapy & task centred case work in alcohol dependent patients with frequent relapses: a comparative study	2020	Dr. C. R. J. Khess	Dr. Dipanjan Bhattacharjee		PSW
D1697	Das, Prioma	Attitude towards psychotropic medication among patients with schizophrenia and their caregivers in relation with treatment outcome	2020	Dr. C. R. J. Khess	Mrs. Mttu Muthu Varghese		PSW
D1699	Das, Anu K.	Work engagement & occupational stress, job burnout, family-work & work-family conflict of married & single women working in government sector: a comparative study.	2020	Dr. Nishant Goyal	Dr. Dipanjan Bhattacharjee		PSW
D1701	Sebastian, Soniya	Abuse and neglect, perceived burden and quality of life of elders seeking treatment for mental disorders and elders residing in institutional care: a comparative study.	2020	Dr. Nishant Goyal	Mr. J. W. James		PSW
D1703	Digal, Deepak Kumar	Insight into the illness, family functioning and caregivers burden in schizophrenia and bipolar affective disorder: a comparative study.	2020	Dr. Avinash Sharma	Dr. Dipanjan Bhattacharjee		PSW
D1705	Pradhan, Pravina Kumar	Attitude and stigma towards mental illness and HIV/ AIDS in university students of Ranchi city	2020	Dr. Dipanjan Bhattacharjee	Dr. B. Das		PSW
D1707	Ubale, Pooja Ganpat	Caregivers' stigma & attitude towards illness help seeking behaviour treatment adherence cost of treatment & its relationship with subjective well being & feelings of persons with epilepsy	2020	Dr. Dipanjan Bhattacharjee	Dr. D. Ram		PSW
D1709	James, Sini	Parental stress, family burden, psychological wellbeing, family resilience and positive caregiving experience in primary caregivers of children with autism spectrum disorder: a comparative study	2020	Mrs. Mttu Muthu Varghese	Dr. Sanjay Kumar Munda		PSW
D1712	Arul, S. Rosina	Family relations, marital satisfaction and domestic violence among female patients with mood disorders: a comparative study	2020	Mrs. Mttu Muthu Varghese	Dr. B. Das		PSW
D1714	Shukla, Mohit	Cost of care, burnout and quality of life among caregivers of individuals with chronic schizophrenia.	2020	Dr. Sanjay Kumar Munda	Mr. J. W. James		PSW
D1715	Minz, Deepika Lina	Determinants of psychological distress in mothers of children with autism spectrum disorder and intellectual disability: a comparative study.	2020	Mr. J. W. James	Dr. Varun S. Mehta		PSW



