PREFACE

When we took our vows as library professionals, we were taught to place the information-seekers to the priority position. In fact, users are like our god whom we should serve ethically, religiously, meticulously, and efficiently. Let there be papyrus or paper, printing or electronic technology, our first and foremost priority always remains the same- the users. The jargons taken apart, our basic premise is very simple: 1. To know our users’ personality and needs; 2. To know the strength and weakness of our library & information resources available; 3. To design suitable systems and services matching the two; 4. Offering the services with friendliness and promptitude; 5. Taking comments and criticisms of users’ as feedback; 6. Redesign the system accordingly and the whole process rolls again.

This is the reason behind my taking up user study as a subject even though it is a bit un-fashionable nowadays when most everyone finds favour to take up some aspect concerned with information technology and digital library as their thesis topic. On the other hand, as a student of two-year-long Digital Library Management course under Jadavpur University, I was overjoyed to find that ‘Usability studies’ - which is nothing but a kind of ‘user study’ with users using web interfaces while our non-digital users use card
catalogue and such-like mechanisms - find a place of honour even there.

Being a mental health activist since my teen-age, I was already interested in medical informatics even as a student of library & information science. Many mental health professionals used to bombard me questions regarding the state of availability of different information and services thereof and I always tried to answer to the best of my knowledge. It was at that time that I developed an inquisitiveness to assess the scenario of what information the psychiatrists want and what do they do with that information. This early inquest later bloomed into a full-fledged topic where these basic questions were placed against the backdrop of present days’ IT (Information Technology) scenario and the availability of infrastructure facilities and how these changes have affected our protagonists.

Besides the preliminary pages like dedication, abstract, preface, acknowledgement, etc.; the main body of the thesis is subdivided into five chapters:

**Chapter 1** is the introductory chapter that covers some basic areas on psychiatry and the psychiatrists that seem relevant to this work. It includes definition, etymology, history of psychiatry, classification schemes and subject heading lists associated,
government statistics on mental health and also important NGO activities in the relevant sphere.

Chapter 2 covers the literature survey of the available literature on Indian and international studies conducted on bio-med persons in general and on Mental Health professionals in particular.

Chapter 3 contains research methodology where the purpose, scope, coverage, time, quantity, and objective of this study have been delineated.

In the previous phase data have been collected from psychiatrists through different modes. So at the start of this phase of my research work I have considerable amount of data in my hand gathered at first hand source.

Chapter 4 deals with results & discussion. Different tables and numerical results were formulated and our hypotheses were tested one by one. Some had passed the test and the rest few were rejected as unsuitable. Diagrams and discussions followed along with limitations in the study and scope for further research have been dealt with.

Chapter 5 offers recommendations for a more effective library and information service better suited to the needs and necessities of our user group. This chapter also recommends the possible and probable initiatives needed by information providers in this sector to
bridge the gap between the demand and supply of the mental healthcare information. These initiatives –if adopted- may respond better to the emerging challenges of the new mental healthcare scenario.

Some useful and relevant appendices and indices are added at the end. A list includes those references that are not included in the footnote section.