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20/11/2009

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REPORT FOR THE MONTH OF AUGUST 2009

During the month of August 2009 I visited Thane District from 17th to 19th August 2009 which included visits to Thane Regional Mental Hospital, Gram Panchayats, and Police Stations in and around Jawhar Taluka. Two detailed reports are enclosed: one for the Thane Regional Mental Hospital alongwith the formats duly filled in by the Superintendent of the Hospital, and the second report regarding my other visits. Transport, boarding and accommodation were provided by the State Government and as such no expenditure was incurred.

R.K. Bhargava
(R.K. Bhargava) 27/9/09
Special Rapporteur (CZ)

Report on the visit of Thane District between 17th August 2009 and 20th August 2009

17.8. 2009: Meeting in the Collector's office. The Collector and the Chief Executive Officer had to accompany the Dy. Chief Minister of Maharashtra, who was visiting the district. The Addl. Collector, Addl. Chief Executive Officer, District Health Officer and the Dy. Director, Tribal Development Department and the District Supply Officer were present. I explained to them about the general priority of the NHRC and concern of the NHRC about the mal-nutrition of children in the tribal areas. The DHO and the Civil Surgeon, who were also present, indicated that the incidence of mal-nutrition among the children in the tribal areas is going down. As per the figure given by them, the year wise data of malnourished children in Category 3 and 4 is given below:

2005-06: 1808
2006-07: 1406
2007-08: 693
2008-09: 273
2009-10: 290 till July 2009

The other problems faced are that there is a shortage of ambulance and Doctors. Rural BAMS Doctors are paid only Rs.6000 per month which is too low. As regards education in tribal areas there are 42 Ashram shalas having 35,312 children.

After the meeting I visited the Regional Mental Hospital at Thane. The formats prescribed by the NHRC, duly filled in by the Superintendent are attached along with my notes separately.

After visiting the Mental Hospital, I proceeded to Jawhar which is the headquarters to the Addl. Collector and contains the Tribal Talaukas of Thane of Jawhar, Mokhada, Vikramgad, and Wada.

18.8.2009: Visited the Primary Health Centre at Khodala, Tal: Mokhada. The Primary Health Centre has full compliment of staff including 2 medical officers, etc. There are 6 beds in the hospital as per the pattern. Those are 2 female, 2 male and 2 for delivery cases. In all there are 6 beds. The average OPD is 50 to 60 persons and the stock of medicines, including anti-snake bite serum and anti-rabies is there. An Operation theatre is there and is in a good condition. The location of the Primary Health Centre and staff quarters are there. Both the Primary Health Centre and the staff quarters need repair specially the flooring of the Primary Health Centre. I stressed on the staff present about the taking extra care in cases of mal-nutrition and infant mortality.

I was accompanied by the District Health Officer, Addl. Collector, Chairman of the Panchayat Samity, Sarpanch, etc. The patients were satisfied with the services being provided by the Primary Health Centres.

Gram Panchayat, Khodala. The Sarpanch (a lady), Dy. Sarpanch and other members were present. The Grampanchayat consists of 13 Members and the election was held in

2006. The Grampanchayat has a population of 2807. The village has 3 primary schools, ✓ one high school and one Primary Health Centre. The village also has pipe water supply scheme and has a tank of 1 lakh litre capacity. A Filtration Plant has been sanctioned and the work is likely to be taken up shortly. The persons in the Grampanchayat present expressed satisfaction about the quality of food grains. The general complaint was that rains had failed and **employment guarantee work should be started as early as possible.** Payment of wages through Banks and Post Offices gets delayed and it should ✓ be streamlined. These were noted by the Districts Officers present.

Fair Price Shop No. 37 at Khodala. The shop is run by **Khodala Vikas Society** and has 208 Antyodaya cards, 220 BPL cards and 195 APL cards making a total of 623. Food ✓ grains are good quality and being supplied in a routine manner to the villagers in addition to one litre of edible oil. Sugar and kerosene are also being supplied.

Parsunda Ashramshala. This was a surprise visit, as it was not in the itinerary. This school is run directly by the Tribal Development Department and has 661 children, of which 438 are male, 225 are female. Classes from I to XII in Arts and XI in Science are there. Next year class XII in Science will be added. There are 17 teachers and students and teachers ratio is 38.88. For the Science stream, three new posts have been sanctioned and are being filled up. Of the teachers, 3 are female and 14 are male. In addition there are a male superintendent and female superintendent and 13 other staff to take care of administration, kitchen, etc. in the school.

There are 80 students in excess of the sanctioned capacity. However, as a policy the school does not turn away any student and as such admits all who seek admission. The buildings are in a poor shape and there is no dormitory. The children sleep in the class rooms during night and study in day time. This, I believe, was the pattern when the school was set up earlier. However, the State Government is now constructing new buildings in which the deficiency is being rectified. This is being constructed in a phased manner and I was told that this school will also be taken up in its turn. The expenditure ✓ per student is Rs.500 to 600 per month and they are given non-veg. meals twice month. They are also given school uniform, books and stationery. There is adequate space for sports and a play ground is near the school. I feel that the diet is not of required quality ✓ and the children are lacking in supplementary nutrients such as eggs, milk and fruits which are not given to them. The State Government may consider adding some items to the diet as the children from I to XII are now at growing stage and would need extra nutrient for healthy growth. The teachers stay in the premises and 18 staff quarters are there. That satisfies the requirements of the children and staff. A separate cluster of buildings is coming up for training students for an entry in the police constabulary.

Primary Health Centre, Jamsar, Tal. Jawhar. All the posts including two medical ✓ officers are filled up except the post of Pharmacist which is vacant. The stock of medicine including anti snake bite venom and anti-rabies vaccine are available in adequate supply. The Primary Health Centre has 6 beds and the ambulance also is in working condition. The condition of the PHC is good and the staff quarters are also in good shape. The average OPD is 30 to 35 patients per day. The patients were satisfied with the services being rendered by the PHC.

Grampanchayat, Gorthan, Tal. Jawhar. This is a group of gram panchayat and having a population of 3183. The sarpanch and 8 other members were present. The village has pipe water supply scheme and has 5 primary schools in the group. The nearby PHC is in Jawhar and a sub-centre is nearby. The village is neat and clean and there was no complaint regarding food grain supply. The village has won the Nirmal Gram Prize in 2006.

Fair Price Shop at Gorthan. The shop is run by the Women Health Group called Chandini Bachat Gat, Gorthan. It has 141 cards attached to it, of which 40 are of BPL, 78 are of Antyodaya and 23 are of APL. The shop has been allotted to this Group last year and is located in the village itself. The customers are happy that they draw ration within the village and the quality of food grains is also good.

Police Station, Jawhar. Staff consists of 1- PI, 2 - PSI and 64 other ranks, of which 12 are lady constables. The Police Station has staff quarters which are adequate. On an average about 5 FIRs registered in a month. There was one detainee in the lock up who was lodged at Jawhar Police Station because his case is going on in Jawhar court. The offence was committed within the jurisdiction of Vikramgad Police Station, but since the case is being heard in Jawhar he has been lodged there.

19.8.2009: Police Station, Vikramgad. The staff consists of 1-PI, 1-SI, and 34 other ranks, of which 7 are lady constables. The Police Station has a lock up, but it was empty. The Police Station registers around 80 FIRs in a year. Their staff quarters are attached to the Police Station and are adequate. The Police Station has 3 motor cycles and one jeep attached to it. A number of locals also met me and their main complaint was that the staff in the Police Station is not adequate as Vikramgad is a Talauka newly created and both the Police Station and Tahildar Office have not been given proper staff. They have been requesting the Government of Maharashtra to increase the staff and post good officers for the Taluka.

Ashramshala, Kurze, Tal: Vikramgad. This school is also run by the Tribal Development Department. It has 560 children, of which 400 are boarders and 106 are day scholars. Of the boarders, 200 are male and 200 are female, of the day scholars, 60 are male and 40 are female. There are in all 15 teachers, of which 12 are male and 3 are female. The support staff consists of male and female superintendent, kitchen staff, etc. The school has pipe water supply and medical facilities are available in the PHC located in the next door. The school has classes from I to X and the school buildings though old are in good shape. However, here again no dormitory is there for the children which I was told by the Dy. Director of the Tribal Development Department that new buildings are in the process of sanction and will be added soon. The Principal is taking good interest in the school. The average expenditure on the children per head is around Rs.500 to Rs.600 per month and no fruits, milk or eggs are given which should be added to the diet of the children. There are some vegetables grown within the school campus and these are utilized in the meals. There are staff quarters within the school and the staff is staying there. There after I was shown a new primary school building at some distance where

proper facilities have been provided for class rooms temporarily, staff quarters, etc. That building was nearly complete and which is costing about Rs.1.5 crores . That will be the pattern for new school and in cases of old schools initially dormitory will be added for children and subsequently class room will be upgraded.

Fair Price Shop No.81 at Bhopodi. The shop was allotted in 1974 to Shri J. S. Rahane. The shop has a total number of 220 cards, of which 153 are Antyodaya cards and 67 are BPL cards. Food grains were available in the shop and the quality was good. There was no complaint about the non-issuance of food grains in all the Fair Price Shops I visited. The food grains are sold as per the demand of the customers. They can take monthly quota in instalments as per their paying capacity. The food grains are adequately stocked, however, sometime there is delay in the supply due to delay from the side of Food Corporation of India. This leads to delayed supply which creates problems for the District Administration.

Muzam.
27/9/79

General Remarks on the Regional Mental Hospital, Thane.

The hospital was established in 1901. The format has been filled in by the Supdt. which gives the statistical data. As such I will comment more on the general aspects of the hospital. The following deficiencies were noted by me and which needs to be rectified.

1. The buildings are very old and need renovation.
2. There is no workshop for gainful employment of the inmates. There is a proposal for rehabilitation but it has not been taken off as yet.

There is no facility for the relatives of inhabitants to stay when they come to visit them. This is necessary since Thane is an urban and expensive town and most of the relatives come from rural and poor background.

The rate of readmission is 40%, which is high. There is no Rogi Kalyan Samiti which needs to be set up immediately. This at times leads to temporary shortage of medicines which will not be happened once the Samiti is set up.

The inhabitants may be permitted to work in the kitchen, gardening, etc. to keep themselves occupied as otherwise there is no other work to divert their mind for a full day. A note was handed over to me by Dr. Vinayak Mahajan which I am attaching along with this report.

The number of Doctors and staff seem to be adequate and they seem to be doing their best to improve the conditions. However some autonomy needs to be given to the hospital by the State Government as they appear to be de-motivated due to delay in proposals being processed and delay in approval and sanction. The hospital has adequate land and it needs to be upgraded itself to a proper Mental Institution. The food for the inhabitants is cooked in the hospital and is of good quality. There is a laundry with a modern washing machine supplied through Central Grants. A portion of central grant for rehabilitation has not been utilized and there seems to be a delay on the part of the PWD to finalise the drawings and calling for tenders. The work on the building should immediately be expedited and completed.

Mhajan
27/9/09

ANNEXURE-I

Regional Mental Hospital, Thane

Visit of Ravikumar Bhargava, IAS (Retd) Special Repoteur
(Central Zone) National Human Rights Commission

On 6th August 2009

Ravi Kamal

APPENDIX -A

1) BACKGROUND INFORMATION;-

1.1	Name of the Hospital	Regional Mental Hospital, Thane
1.2	Address	Wagale Estate, L.B.S Marg, Thane (West)
	State	Maharashtra
	Pin Code	400607
	Telephone number	25821810
	Fax number	25820728
	Telex number	Nil
	Email	Rmhthane@mtnl.net.in
1.3	Year of establishment	1901
1.4	No. of years of service provision	108 years
1.5	Distance from city centre	Approximate 4 km.
1.6	Detailed History of development of the Hospital	Attached herewith in separate annexure :

1.6 :- Detailed history of development of the Hospital :-
(a to i)

The hospital is located close to the Thane Railway Station. Initially it was considered as an isolated area where people were afraid to walk. However increasing Urban Expansion has resulted in schools, colleges, residential apartments and commercial complexes coming up in the immediate neighbourhood.

The foundation Stone of Mental Hospital was laid on 11th February 1895 by H.E Lord Harris, Governor of Bombay. This Hospital is spread over 72 acres. The construction of this Hospital was completed in 1901 at a cost of s. 3,98,790/-. Out of this an amount of Rs. 88,250/- was donated by Smt. Bai Putalabai. The land was donated by Seth Narottamdas Madhavdas. His son Harkisandas Narottamdas donated an amount of Rs. 28,750/-. The major expenditure of this Hospital was borne by this family, so this hospital was named as Narottamdas Madhavdas Mental Hospital.

Total area of Hospital	:	72 acres
Builtup area	:	28.5 acres
Quarters	:	5.5 acres
Open area	:	38 acres

In the beginning the total bed strength of this Hospital was 200. Civil Surgeon was the Incharge of this Hospital.

In 1947 the bed strength was increased to 600, again in 1954 it was increased to 1191.

In the year 1961 the bedstrength raised to 1765 and now the present Medical Superintendent, Dr(Mrs) S.A.Malve is a senior psychiatrist. The bed strength of the Hospital is 1850 with 800 beds for female.

In the year 1989 the name of this Hospital was changed to Mental Health Institute, later in 1992 it was renamed as Regional Mental Hospital, Thane.

Outdoor Patient Department started since 1983.

Since 1949 Ganesh Utsav is celebrated every year. Golden Jubilee was celebrated in 1999.

The interest generated was to be used to improve the quality of food, clothing and medical care. In addition it was felt that providing activities of amusement and recreation would alleviate, and even cure the suffering of the mentally ill.

All wards are closed ward. There are no open or special ward. There are separate wards for criminal and undertrial patients, patients with epilepsy, Hansen's disease and medically ill.

J) MOU with State Government

K) MOU with other State

2. HOSPITAL INFRASTRUCTURE :

2:1 Architecture of the Hospital :

The Hospital is a complex of several tiled roof buildings spread over 45 acres of land. It is surrounded by a high jail like wall with barbed wire on the top. Many of the old structures are unfit for use. Some of the buildings still in use are in poor condition with problems aggravated in the monsoon season. They require frequent repairs, painting and maintenance work. One feature of this Hospital is the presence of a unit of the PWD in the Hoswpital. This has resuled in their being responsive to the needs of the Hospital. However a new building is urgently required and the old structures can be demolished in a phased manner.

2.2 :

Number	Type of ward	Available	Total no. of wards existing
2.21	Closed ward	Yes	30
2.22	Open wards	No	No
2.23	Paying wards	No	No
2.24	Family ward	No	No
2.25	Children ward	No	No
2.26	Alcohol & Drug	No	No
2.27	Criminal ward	Yes	
2.28	Isolation ward	No	No

2.29	Chronic ward		
2.2.10	Others	Yes	

2.3 : In the general category what are the basic facilities available :-

- Out patient department
- Services of barber are available
- The kitchen is housed in separate building. It is well lit And ventilated
- Laboratory investigations
- Drugs and modified ECT
-
- Recreational facility like television, music and indoor games- There is a temple in the Hospiotal campus. Staff anf patients together celebrate various National Religious festivals.
- There is a post of Yoga teacher and many patients learn Yogas and Pranayam etc.

2.4 : In paying category what are the extra facilities available :

There is no paying category, But maintenance charges are recovered according to Government orders.

2.5

Bed strength	Male	Female	Children	Criminal	Total
1850	1050	800			1850

2.6 Describe the Administrative setup of the Organization :

The Medical Superintendent is the overall in charge. She is assisted by 6, at present 4 post of psychiatrist are vacant., 9 psychiatric social workers and 24 trained psychiatric nurses, at present 10 posts of psychiatric nurses are vacant.. In addition there are 18 Medical Officers, including an anesthetist and 90 nurses. There are 9 Occupational therapist out of them 2 posts are vacant, 16 paramedical staff, 37 office staff, and 485 group D staff. There are at present no clinical psychologist with 2 post lying vacant.

2.7 Are the buildings properly maintained :

The buildings are not properly maintained. They should be repaired, painted and the regular maintenance should be there.

2.8 If not reason for the same :-

Inadequate grants.

2.9 Is it a private or Government building :

It is a Government building.

2.10 Persons responsible for maintenance :

P.W.D Department

2.11 Describe infrastructural inadequacy if any

"Human Resources "

- (i) Post of Psychiatrist, clinical psychologist, and psychiatric nurses should be filled up.
- (j) There should be placement of Post Graduate students of M.D Psychiatry compulsorily for six months i.e one term in Mental Hospital as a part of curriculum of the course.
- (k) **Material and Supplies :-**

i) -Linen :

Adequate supply should be there, as per norms (Norms chart is attached herewith)

ii) Furniture :

Furniture items for e.g cots for every patient, cupboards for keeping medicines and files of patient, racks and trollys etc.

(i) **Buildings:-**

= Almost all wards (buildings) needs regular maintenance, painting, adequate water supply . Regular repair and maintenance of drainage system.

= Need adequate toilet as per norms. One toilet per six patients (1:6) in each ward.

= Almost all residential buildings for Nurses and Attendants should be repaired, painted, regular maintenance should be provided.

(e) **Electric Maintenance :-**

(e) Electric Maintenance :-

Adequate and proper wiring, switch board, fans and tube lights for every ward, office, road light etc. Post of electrician for full time for hospital is needed for regular maintenance.

2) Medicine :-

New psychiatric drugs are provided. Supply of Psychiatric and Non psychiatric medicines should be adequate and regular.

3) Training :-

The same in services training programme should be planned for training of all 4 Mental Hospitals for following category of staff :

Medical Officers
Nurses
Psychiatric social worker
Occupational Therapist
Attendants

Already training is being taken for above category of staff members of this hospital.

Inadequate grants for (i) Material and Supplies (ii) Linen (iii) Maintenance of building and electricity and over all maintenance for various systems (AMC)

2.12 If inadequate, suggest remedial measures :

3) STAFFING PATTERNS

3-1 Staffing pattern :

Sr.No	Designation	Sanctioned post	Post filled in	Post vacant
1)	Medical Superintendent	1	1	-
2)	Deputy Superintendent	1	1	-
3)	Psychiatrist	6	2	4
4)	Anesthetist, Cl.I	1	1	-
5)	Clinical Psychologist	2	2	-
6)	Medical Officers (Out of which 3 are psychiatrist)	18	18	-
7)	Matron	1	1	-
8)	Assistant Matron	2	2	0
9)	Medical Officer, cl.III	1	1	0
10)	Psy. Nurse	24	14	10
11)	Sister Incharge	18	18	0
12)	Staff Nurse	90	89	1
13)	Psychiatric Social Worker	9	8	1
14)	Occupational Therapist	9	7	2
15)	Office staff	37	31	6
16)	Other paramedicals (e.g technicians, pharmacist etc)	16	16	-

17)	Other Group D staff (e.g attendants, barber, cook, and peons)	485	477	8
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3.2 Non psychiatry visiting consultants :

Information is Nil.

3-3 Staff members who stay in the campus of the Institution :

Information is submitted herewith in separate annexure.

3.4 Whether the staff is adequate :

The staff is adequate. Only the post of Psychiatrist, clinical psychologist and psychiatric Nurses should be filled

- 3.6 Working hours of the doctors: 8-30 a.m to 3-00 p.m
- 3.7 Working hours of other staff: 10-00 a.m to 5-45 p.m
- 3.8 Whether the service condition Is reasonable : Yes
- 3.9 Are the staff qualified and Suitable for the job : Yes
- 3.10 Are the members of staff Given any special training : Only departmental training is given
- 3-11 Suggest remedial measures for Improving pattern

4. ADMISSIONS AND DISCHARGE;-

4-1 Describe the admission and discharge process

All admissions are governed by the Mental Health Act 1987 with the admitting authority being the psychiatrist, police and judiciary. However voluntary admissions are very low.

Decertification is done by the board of Visitors and patients discharged with their relatives and with staff member of this Hospital. In some circumstances Male and female both patients are sent with Hospital escort. Discharge problems are mainly due to inadequate family support., families living far away from the Hospital without adequate emergency care closed by and readmission perceived as being difficult. Almost 40 % of the cases are readmitted and this is largely due to drug default or inability to adjust to the home environment. Patients are informed of their rights

4-2 Procedure of admission governed by: Mental Health Act 1987

4-3 Admitting authorities : Psychiatrist, Police and Judiciary

4-4 Are the rights of voluntary patients made known to them at the time of admission : Yes

4-5

Number and type	1992	1993	1994	1995	1996	Total
Voluntary Brought by relatives	310	265	310	176	59	1120
Involuntary brought by court	1080	1022	1083	1157	1157	5499
Discharges	2194	2136	1917	2242	1841	10330
Deaths	91	123	126	68	117	525
Suicide	0	3	1	0	0	4
Homicide	0	0	0	0	0	0
Escape	7	9	4	3	11	34

Number of patients staying in Hospital As on 31-7-2009

	1 year	1-2 year	2-3 year	5-10 year	10-15 years	Above 15 years
Male	370	78	62	49	42	38
Female	192	47	46	68	127	108

- 4-7 Average Duration of stay: 3 months
- 4-8 Proportion of repeat Admission during last year 40 %
- 4-9 Reason for repeat Admission home
- 1) Drug default
 - 2) inability to adjust to the Environment
- 4-10 Decertification done by Board of Visitors
- 4-11 Discharge procedures for undertaking Involuntary admission
- 1) Sent with relatives
 - 2) Sent home with Hospital escort
 - 3) Sent home alone
- 4-12 Problems of discharge support
- 1) Inadequate family
 - 2) Families living far away from Hospital without adequate Emergency care closeby Readmission perceived as Being difficult
- 4-13 Describe the police dept Responsibility in discharge 1) If the address is not traceable than the Police authority of that Particular area requested to trace and Confirm the address
- 2) When patient is discharge through Visitors Committee and if inspite of repeated reminders

charge

Relatives do not come to take

Of patient, than with the help of Police, patient is handed over to Relatives.

4-14 What are the action strategies :1) Repeated letters were sent to to discharge long stay patients relatives to take charge of pt or if the address is not traced than with the help of police the address is traced and pt sent to relatives with the help of staff members and police authorities.

2) Psychiatric social worker Of this Hospital gave frequent Visits to patients relatives and request them to visit this hospital and took patient home.

4-15 Any strategy evolved to trace the address of wandering lunatics :

4-16 In case of grivences do patients Have a right to appeal, if yes Describe the procedure :

4-17 Suggest any remedial measures To improve admission & Discharge procedure

5) **Finance :-**

5-1

Budget	1992	1993	1994	1995	1996	Total
Plan						
Non plan						
Special funds for improvement if any						

5-2

Mode of expenditure	1992	1993	1994	1995	1996	Total
Salaries for staff						
Drugs						
Food for patients						
Linen for patient						
Equipments						
Furniture						
Maintenance						
Others						
Total						

5-3

Maintenance of separate accounts for various funds : Yes

5-4

Donations recived in cash	
1992	Nil
1993	Nil
1994	Nil
1995	Nil
1996	Nil
Total	Nil

5-5

Donations received in kind in the last 5 years, describe :-

Information attached herewith.

5-6

If the budgetary allocation adequate No

5-7

If inadequate suggest remedial
Measures

6) CASULTY AND EMERGENCY SERVICES;-

The Hospital does not have a casualty and emergency services. There is no short stay ward. There is one ambulance on roadworthy condition. Excited patients are admitted directly by the duty doctor. In patients with medical emergencies are transferred in the ambulance to the General Hospital with a nurse or attendant.

7) OUTPATIENT DEPARTMENT

7-1	Out patient services	:	Present
7-2	If present frequently	:	Daily
7-3	Out patient service timing	:	8-30 a.m. to 1-00 p.m.
7-4	No. of cases seen in O.P.D Per day	:	100 to 150
7-5	No. of emergency cases seen In OPD per day	:	Nil
7-6	Number of patients brought Chained/ roped	:	1-2 in a day

7-7 Number of staff posted to OPD in last 5 years :

Designation	1992	1993	1994	1995	1996
Trained psychiatrist	2	2	2	2	2
General Medical Officer	2	2	2	2	2
Clinical Psychologist	0	0	0	0	0
Psychiatric Social Worker	1	1	1	1	1
Trained psychiatric Nurses	1	1	1	1	1
General Nurses	1	1	1	1	1
Technician	0	0	0	0	0
Administrative staff	1	1	1	1	1
Attendants and peons	3	3	3	3	3
Pharmacist	1	1	1	1	1

7-8 Total number of interview rooms in OPD

There is one interview room in O.P.D

7-9 Average time spent on each patient : Approximately 15- 20
Minutes

7-10 Average time allotted to each pt : 1-1/2 hour
On his subsequent visit

7-11 Average waiting time for a patient : 15 to 20 minutes for
new
to be seen by a doctor patient and followup pt
5 to 10 minutes

7-12 Waiting hall for the patient in : There is waiting hall for
OPD patient in OPD

- 7-13 Average no. of persons who : 90 to 100 patients
Could be accommodated in
Waiting hall
- 7-14 Waiting room seating : Present
arrangement
- 7-15 Seating condition : Average
- 7-16 Availability of free drugs : Only State
Government
In the OPD : servant avail this
facility
- 7-17 of deserving patients : 2 to 5 %
Getting the benefit of free
medicines
- 7-18 List of free drugs provided : NA
- 7-19 Duration of free drugs : NA
provision
- 7-20 Ragistration fee if any : Rs.5/-
- 7-21 Charges for other OP services : Rs. 10/- upto 7 days
and
Rs.30/- for more than
7 days.
- 7-22 Are the facilities in out pt :
adequate
- 7-23 If inadequate suggest remedial :
measures

8. Inpatient services

8-1 Description of typical day activities for the patients :-

Recreational facilities are present in the form of television, music indoor and outdoor games and some magazines and newspaper. For recovered patients Yoga therapy, Physical exercise and indoor and outdoor games. occupational therapy is carried out with activities such as screen printing, weaving, carpentering and tailoring. The number of patients utilizing this facilities is very low being largely limited to those who have recovered from the illness. No special inputs are made for the large number of chronic patients. The Occupational Therapists have had no training in dealing with psychiatric condition. The lack of a clinical psychologist for developing intervention modules is acutely felt.

8-2 Cleaning of the inpatient ward :- Daily

8-3 Frequency of bath for in patient :- Daily

8-4 Frequency of dress change :- Daily

8-5 Frequency in linen changing :- Daily

8-6 Plinth area per patient :-

8-7

<u>Availability of</u>	<u>In wards</u>	<u>In stock</u>
Cots	Available	
Mattresses	Available	
Linen	Available	
Pillows	Available	
Warm clothes	Available	
Blankets	Available	
No. of pillow/pt	1 pillow	
No. of blanket/pt	1 blanket	
Instead of sweater	1 bandi	
Woolen bandi is provided		
No. of towels / pt	1 towel	

- 8-8 Are patients allowed to wear their own dress : Yes
- 8-9 If no any specific reason : Nil
- 8-10 Specific uniform for males : Present
- 8-11 Type and colour of the uniform Kurta, Pajama is blue and bandi is black
- 8-12 Specific Uniform for female : Present
- 8-13 Type and colour of uniform Types are Salwar Kurta & frocks and the colours Maroon, blue and pink
- 8-14 No. of uniforms available/pt 4 uniforms for 1 patient
- 8-15 No. of washing platforms
Male ward : 1 platform
- 8-16 Basic facilities in the ward like
- Ratio of toilet/pt : 1:13
- Ratio of fans/pt :
- Ration of cots :
- Ratio of chairs :
- 8:17 Privacy for the patient in ward: Present
- 8-18 provision of recreational Facilities in the ward : Present
- 8-19 If yes provision available Television,radio,newspaper
- 8-20 Facilities for keeping pts Belonging in the ward Lockers are not adequate in number
- 8-21 If present :

8-22	Do the staff maintain the record : Of manstruation	Yes
8-23	Do the staff maintain the record Of each patients weight :	Yes
8-24	Shaving of head for patients : Male Frequency	Yes Once in a month
	Female Frequency delousing	Yes Only when
	inadequate	Measure are
8-25	Hair cut and face shaving for Male patient Frequency of hair cut Frequency of face shave	Once in a month weekly
3-26	Provision of inpatient Emergency car	Present
8-27	Anti lice/bug measures adopted	Present
8-28	If present, frequency	Quarterly
8-29	Anti Mosquito measures	Present
8-30	If present, type	Window attached mosquito Mesh.
8-31	Percentage of paying patients	70%.
8-32	Percentage of non paying pts	30%.

8-34

Declaration

Order through court, Yellow
ration card, or certificate
from Tahasildar of that
Particular area.

- 8-34 Seclusion wards/Single rooms : Absent
- 8-35 If yes number of rooms : NA
- 8-36 Usage of such rooms : NA
- 8-37 Presence of duty room in ward : Yes
- 8-38 If present facilities available : Chair is
their for Patient
- 8-39 Visiting hours
- 8-40 Are the facilities in inpatient : No
Adequate
- 8-41 If inadequate, suggest remedial
measures

"Human Resources "

- (m) Post of Psychiatrist, clinical psychologist, and psychiatric nurses should be filled up.
- (n) There should be placement of Post Graduate students of M.D. Psychiatry compulsorily for six months i.e one term in Mental Hospital as a part of curriculum of the course.
- (o) Material and Supplies :-

i) -Linen :

Adequate supply should be there, as per norms (Norms chart is attached herewith)

ii) Furniture :

Furniture items for e.g cots for every patient, cupboards for keeping medicines and files of patient, racks and trollys etc.

(p) Buildings:-

= Almost all wards (buildings) needs regular maintenance, painting, adequate water supply . Regular repair and maintenance of drainage system.

= Need adequate toilet as per norms. One toilet per six patients (1:6) in each ward.

= Almost all residential buildings for Nurses and Attendants should be repaired, painted, regular maintenance should be provided.

(e) Electric Maintenance :-

Adequate and proper wiring, switch board, fans and tube lights for every ward, office, road light etc. Post of electrician for full time for hospital is needed for regular maintenance.

2) Medicine :-

New psychiatric drugs are provided. Supply of Psychiatric and Non psychiatric medicines should be adequate and regular.

3) Training :-

Already training is being taken for the following category of staff members of this hospital.

Nurses
Psychiatric social worker
Occupational Therapist
Attendants

9. Dietary and pantry facilities:-

9-1 What is the prescription regarding Quantity and quality of food

The kitchen is housed in the separate building. It is well built and ventilated. Food is prepared hygienically and cooked on gas. Female patients help in the making of chapaties as a part of Occupational therapy. Three meals + tea amounting to 2700 calories as per Civil Medical Code at the cost of Rs. 35/- per day are served for each individual. A staff member checks the cooked food every day before it is distributed. Patient carry the food in closed steel container to the wards. The food is served on steel plates and patients sit on the floor either in the verandah inside the ward or weather permitting, on a cemented area outside the ward. Drinking water is available in the wards. Seasonal fruits can be added to the diet.

9-2 What is the budgetary allocation for food for the past 5 years

1992 Rs.
1993 Rs.
1994 Rs.

M. M. M.
Medical Superintendent
Regional Mental Hospital, Thane.

Sr.no	Timing	Food	Carbohydrate(gm)	Protein (gm)	Fat oil	Energy(Kcal)
1	Morning 6.30	Tea(170ml)	28	5.41	6.95	196.4
2	Morning 8.30	Break fast 85gm Bread 30gm sprout 1-Banana 240ml-milk	81.2	8.8	7	406.8
3	Afternoon 1.00	Lunch 100gm-wheat 55gm- rice 1-10 Vegetable 10-Pulses	263	28.4	19.65	878.35
4	Afternoon 4.00	Tea(170ml)	28	5.41	6.95	196.4
5	Evening 7.30	Dinner 100gm-wheat 55gm- rice 1-10 Vegetable 10 Pulses	263	28.4	19.65	878.35
Total			666.2	76.42	60.2	2556.7

On every Wednesday 1 egg per pa.& on every Friday 85gm of chicken which gives

Carbohydrate - 31 gm
Protein - 21.6 gm
Energy - 337.9 gm

9-2 to 9-10
Missing.

9-11 Supply of coffee, tea or milk **Yes**

9-12 Service timings of diet

- Morning tea - 6-30 a.m.
- Breakfast - 8-3 a.m
- Lunch - 1-00 p.m
- Tea --3-30 p.m
- Dinner - 7-00 p.m

9-13 Provisions of drinking water to patients :-

Drinking water is available in the wards-

9-14 Provisions of water cooler **Yes**

9-15 Number od water cooler present

9-16 Food supply **i. Containers carried
By patients
It Hand pulled trolley**

9-17 Food supply provisions **Closed container**

9-18 Number of open container & capacity **NA**

9-19 No. of closed container & Capacity

9-20 Details of diet & diet schedule herewith **Attached**

9-21 Mode of cooking **Gas supply**

9-22 Hygienic condition of the pantry **Very Good**

9-23 Mode of serving **Plates and cups**

10.1 to 10.3
missing
Pg 69-70

6)	X-Ray	30/-
7)	EEG	120/-
8)	HIV screening	-
9)	Hepatitis-B	-

10-4 Charges for assessment

- i) I.Q/ Cognitive functions : Rs. No charges
- ii) Personality assessment :
- iii) Diagnostic psychological test :
- iv) Home visits :
- v) Collateral contacts :

10-5 Timings for various investigations :

Inpatients :

Outpatients

10-6 Timing for issue of the results of investigations :

Inpatient

Outpatient

10-7 Treatment facilities

	Inpatient	Outpatient
Pharmachotherapy		
Direct ECT	No	No
Modified ECT	Yes	Yes

10-8 Treatment facilities

Psychotherapy counseling	Yes	Yes
Behavioral therapy	Yes	Yes
Psycho-education	Yes	Yes
rehabilitation	Yes	Yes

10-9 Control of violent patients :-

10-10 Specific problem in investigatory and treatment facilities

10-11 Suggest remedial measures to improve investigatory and treatment facilities :-

11:- Medical records

- 11-1 Are there separate case file for Each patient Yes
- 11-2 If No reason for the same NA
- 11-3 Average time taken to retrieve the Case files
- 11-4 Total no. of case files maintained About 68500/-
- 11-5 Total number of staff in Medical Record department 2
- 11-6 Maintenance of case files Individual files
- 11-7 Filling of unit wise results of,

Investigations, particulars of patients patients correspondence

Individual patients file

11-8 Retrival of files from Medical Records

11-9 Percentage of papers files non Retrievable

11-10 Assess pf patients record

To all

11-11 Confidentiality of case records

Yes

11-12 Complaints on record maintenance

No

12 Rights of patients :-

12-1 Explanation on the nature of illness, Treatment, prognosis of the patient given to family

Provided to all

12-2 Are family members allow to see the patients in wards

All are allowed

12-3 Are they encourage to take the Patient out and take part in recreation activities

All are encouraged

12-4 Describe any programme for family Intervention

12-5 Do the patient write letters to their home All are allowed

Few points missing Pg. 74

13-3 Drainage facility of the Hospital	Closed drainage
13-4 Water facility in the campus	Adequate
13-5 Current water storage capacity	
13-6 Availability of canteen facilities	There is no canteen In hospital premises
13-7 Telephone facility in the Hospital	Adeuqate
13-8 Library facilities for patient	Present
13-9 If present details # available	Daily news paper
13-10 Library facility for staff and trainees	Absent
13-11 If present details # available	

13-12 Recreational, Social and religious facilities available for the patients :-

Recreational facilities are present in the form of television, music, indoor games and some news paper. There is a temple in the campus. Staff and patients together celebrate various National and religious festivals. The Hospital has been winning the first prize for its stall during the Ganesh Pooja Festivities

14- Board of Visitors/ Management

14-1 Describe the decertification procedure adopted in your Institution

Decertification is done by the Board of Visitors and patients discharged with their relatives.

14-2 Presence of Board of Visitors Yes

14-3	If present detail the composition Of board	The list of members is as follows
	1) Director of Health Services, Bo, bay	
	2) District and Sessions Judge, Thane	
	3) Aayukta Apanga Kalyan or their Representative	
	4) Dr. Dilip Joshi, Psychiatrist	
	5) Dr. V.R.Mahajan, Clinical Psychologist	
	6) Dr. Geeta Joshi, Clinical Psychologist	
	7) Smt. Mona Date, Psychiatric Social Worker	
	8) Ad. Smt. Chaya Haldankar	
	9) Deputy Director of Health Services, Bombay Circle, Thane	
	10) Civil Surgeon, Thane	
	11) Executive Engineer, PWD. Thane	
	12) Superintendent, Central Prison, Thane	
	13) Dr(Mrs) Malve, Superintendent, RMH, Thane	
14-4	Byelaws regarding procedure To be adopted in the board or Other sub committees	As per Government Resolution number
14-5	Frequency of the board of visitors	Once in month
14-6	% of all admissions with Involvement of legal procedures	99% admissions are with legal involvement Only 1 % are on Voluntary basis
14-7	% of all readmissions of legal Involving legal procedures	40 %
14-8	Implementation of Mental Health Act 1987	Fully complied
14-9	Reason for partial or non compliance	NA
14-10	Detail the problem in implementing Mental Health Act 1987	

15: Rehabilitation services:

Present of separate section for rehabilitation and vocational training in the Mental Hospital: Yes

If present enumerate vocational sections: Occupational Therapy department, Tailoring department, Weaving department,

Presence of sheltered workshop : Absent

If present enumerate sheltered workshop- NA

Presence of Occupational Therapy _ Present

If present enumerate occupational therapy programme: Tailoring, Weaving, Library, , Carpentering, Printing etc

Presence of scheduled activity programme : For all

Presence of day care facility Present

Is their regular production No

If present describe the production NA

Rehabilitation ward in the hospital : 1 ward in 1 unit approximate 200 inmates provided with facilities

Describe the half way homes facilities : No

Presence of long stay facility : Yes

If present number of wards,number : one ward in one unit,
Approximate 40 %

Of inmates

Rehabilitation programme : Combined for Male and female

Rehabilitation facilities for mentally ill

Childres:- Nil

Rehabilitation programme for mentally and

Mentally retarded : Combined

15-19 to 15-23 Information is Nil

15-24 Are the patients used for routine Hospital work : Yes as a part of occupational therapy

Are the patients paid incentives No

If so describe the procedure adopted NA

Therapeutic techniques followed : 1) Bahavioural modiciation
in rehabilitation 2) Group
approaches

3) Therapeutic community

4) Family coun selling

Types of volunteers

Voluntary agency personnel

Describe the family role

Planning and training

Facilities for NGO

Present

If present describe the programmes : Diwali. Independence day, Raksha bandhn etc

Type and number of NGO involved : 1) Aniruddha trust

2) Sewadham

3) Rotary club

4) Lions club

5) Innerwheel

15-40 Do you have any difficulty in the area of rehabilitation :

Inadequate staff, inadequate raw material, No sale of production

15-41 Describe any specific inputs needed in the area

There should be rehabilitation centre

16:- Community Services

16-1 Describe the existing community mental Health activities and services carried out by Hospital :

Psychiatrist from this Hospital visit Adahrwadi Jail, Beggars Home, Chembur, Childrens home, Ulhasnagar, and Bhiwandi

16-2 Describe the activities undertaken towards implementation of National Mental Programme :

IPD,OPD,Disacharges, community services, Training of Medical Officer, Day care centre, rehabilitation centre, Occupational therapy etc

16-3 NA

16-4 Are there any teaching activities : Yes

16-5 If present describe : For Psychpology students, for Nurses for MBA students for architecture student

Report on the ongoinh District Mental Health Programme in the State and the involovment of Insitutions :

16-6 Report on the ongoing districts Mental Health Programme in the State and the involvement of the Institution :

The programme is taken place in the District Jalgaon and Alibag and it is proposed in the Districts Nasik, Dhule, Nandurbar

16-7 Any other communityt out reach programmes carried out by the Institution :

Exhibition, Street play during Mental Health weak., Group discussion etc.

16-9 Are there any extension service programme outside the Mental Hospital like consultation visit

Psychiatrist from this Hospital visits Adahrwadi Jail, Beggars Home Chembur, Orphanage of children at Bhiwandi and Ulhasnagar once iun a month.

16-10 Provision of Mental Health Care at General Hospital, Psychiatric units and District Hospital : Present

16_11

16:12 What are the stumbling block in extension of Mental Health Care activities : Inadequate staff

16:13 Suggest remedial measures towards organization of community mental health activies

DNB Course for psychiatrist

DPM for Doctors

DPN for Nurses and Psychiatric Social Workers

Clinical psychologist

17: Staff Training

17-1 Do meeting of the following staff take place

- | | |
|-------------------------|-----|
| 1) Medical staff | Yes |
| 2) Non Medical MH staff | Yes |
| 3) Nurses | Yes |
| 4) Ward Attendent | Yes |
| 5) Class D | Yes |

If so how frequently :-

Once in a month

17-3 Are their in service training programmes for the medical and non medical staff Present

17-4 If so describe

- For Medical staff psychiatric training
- For para medical as per their job chart
- For Nurses psychiatric training and how to Behave with mental patients
- For Attendents, how to handle mental patients

17-5 Percentage of staff burn out
Among the total staff

17-6 What are the main reasons
For a motivation among
The staff of Mental Health
Care activities.

50 % staff stays in nearby area
They get good salary

*Pages missing
pt. 18 to 19*

20- Quality of care for the mentally ill
Human Resources "

- (q) Post of Psychiatrist, clinical psychologist, and psychiatric nurses should be filled up.
- (r) There should be placement of Post Graduate students of M.D Psychiatry compulsorily for six months i.e one term in Mental Hospital as a part of curriculum of the course.
- (s) **Material and Supplies :-**

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= Need adequate toilet as per norms. One toilet per six patients (1:6) in each ward.

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New psychiatric drugs are provided. Supply of Psychiatric and Non psychiatric medicines should be adequate and regular.

3) Training :-

Already training is being taken for following category of staff members of this hospital.

- Medical Officers
- Nurses
- Psychiatric social worker
- Occupational Therapist
- Attendants

CERTIFICATE

Certified that the particulars in respect of REGIONAL MENTAL HOSPITAL, THANE given under serial numbers 1 to 20 of the above questionnaire are true to the best of my knowledge and belief.

Date

M. Mahesh
Medical Superintendent
Regional Mental Hospital, Thane
- Medical Superintendent
Regional Mental Hospital, Thane.

OCCUPATIONAL THERAPY EVALUATION

Name: _____

Diagnosis _____

History of the Patient

Birth & Childhood History FTND Complicated

Educational History : Qualification _____

Attitude to school	Regular	<input type="text"/>	Irregular	<input type="text"/>	
Performance in school	Average	<input type="text"/>	Above Av	<input type="text"/>	Below Av <input type="text"/>
Relationship with teachers	Good	<input type="text"/>	Fair	<input type="text"/>	Poor <input type="text"/>
School Drop out	Yes	<input type="text"/>	No	<input type="text"/>	
Reasons if any	Social	<input type="text"/>	Personal	<input type="text"/>	Psychiatric <input type="text"/>

Occupational History : Age of starting job _____

Type of job : Skilled Unskilled Executive Clerical Farmer Housewife Other _____

H/O frequent change in job Yes No

Social History : Social Asocial

Family History: _____

Hobbies : _____

Habits : _____

Premorbid Personality : _____

Past History : H/o medical illness: H/o mental illness:

Examination

Appearance	Tidy	<input type="text"/>	Untidy	<input type="text"/>	
Attitude	Co-operative	<input type="text"/>	Uncooperative	<input type="text"/>	
Eye Contact	Maintained	<input type="text"/>	Not maintained	<input type="text"/>	
Thought process	Relevant	<input type="text"/>	Irreverent	<input type="text"/>	
Delusions	Present	<input type="text"/>	Absent	<input type="text"/>	
Hallucinations	Yes	<input type="text"/>	No	<input type="text"/>	
Orientation in	Time	<input type="text"/>	Place	<input type="text"/>	Person <input type="text"/>
Status of Memory	Good	<input type="text"/>	Fair	<input type="text"/>	Poor <input type="text"/>
Insight	Present	<input type="text"/>	Partial	<input type="text"/>	Absent <input type="text"/>
Judgment	Present	<input type="text"/>	Impaired	<input type="text"/>	
Behavior	Restless	<input type="text"/>	Muttering /	<input type="text"/>	No Specific <input type="text"/>
			Crying & Laughing	<input type="text"/>	
Psychomotor activity	Normal	<input type="text"/>	Restless	<input type="text"/>	Excited <input type="text"/>

Activities of Daily Living

Self Care & Personal Hygiene	Dependent	<input type="text"/>	Partially Dependent	<input type="text"/>	Independent	<input type="text"/>
Communication	Verbal	<input type="text"/>	Nonverbal	<input type="text"/>		
Travel & Mobility	Dependent	<input type="text"/>	Partially Dependent	<input type="text"/>	Independent	<input type="text"/>

O.T. Rx :- _____

OCCUPATIONAL THERAPIST'S OBSERVATION

	Name			
Sr. No	Performance Skills	Month 1	Month 2	Month 3
	Gradation Poor / Fair / Good			
1	Interest in activity			
2	Interest in completion			
3	Initial Learning			
4	Complexity / organisation			
5	Problem solving			
6	Retention & recall			
7	Speed of performance			
8	Activity neatness			
9	Concentration			
10	Frustration tolerance			
11	Work tolerance			
12	Sociability with therapist			
13	Sociability with patient			

OCCUPATIONAL THERAPIST

प्रादेशिक मानोरुग्णालय, ठाणे येथेसन-२००५-१०या वर्षात देणगी वस्तुस्वरुपात देण्यात आलेल्याची यादी

एन. १००५. १००६

अ.क्र	वस्तुचे प्रकार	सख्या	किमत
१)	सिलींग फॅन	२	१६००
२)	लॅरीगारकोम सेट	२	—
३)	वाकर	२	—
४)	फूड ट्रॉली	१	—
५)	स्टेचर ट्रॉली	१	—
६)	ऑब्रू वॅग सिलेक्शन	३	४३५०
७)	स्टेचर ट्रॉली	५	१९२५०
८)	डायमन्ड बी पी ऑप्रेटर	४	४१००
९)	ई टी टयूब्स	६	१७००
१०)	लीब्रा वेटिंग मशिन	१	५४००
११)	मिक्सर मोठा	१२	३०००
१२)	स्टील वादली	२५	—
१३)	कपडे	१२	—
१४)	रिंग, बॉल, बॅट मिटन	१२	—

सन:- २००६-०७

अ.क्र	वस्तुचे प्रकार	सख्या	किमत
१)	क्रिकेट सेट	१	—
२)	सेलर वाटर हिटर	१	३८३७२
३)	क्लर टि.व्ही., व्हि डी ओ	१	३२००
४)	स्तरजी	६०की ग्र	६०००
५)	वरफूल फ्रीज	१	—
६)	पि वि सी पाइप	२ बंडल	१३००

सन:- २००७-०८

अ.क्र	वस्तुचा प्रकार	सख्या	किमत
१)	इलेक्ट्रीक किचन स्केल	१	१०२
२)	प्लॅस्टीक बॅग सिलींग मशिन	१	८१६
३)	फ्रिज	१	—
४)	वॅब कॅमेरा	१	२०००
५)	यु पी एस ५०० व्हि.अ	१	१९५०
६)	गॅस किट	२	१२०००
७)	स्टॅपिलायटार	३	२३००
८)	यु. पि. एस.	३	६०००
९)	एफ. एम. रेडीओ	३०	प्रत्येकि २०० प्रमाणे
१०)	इलेक्ट्रीक ट्यूब	५०	५२५०
११)	प्लॅस्टीक खुर्च्या	१००	—
१२)	यु. पी. एस.	२	४०००
१३)	पेन ड्रायव्ह	२	१०००
१४)	स्विट तापसी		१००००
१५)	जूना टी.व्ही.	१	—
१६)	डवाची फणी	३६	१८०
१७)	पॅरेशूट तेल वाटर्ली	३५	३५०

सन :- २००८-२००९

अ.क्र.	वस्तुचे प्रकार	सख्या	किमत
१)	अगांचा सावण	३६	२४२
२)	सोनी टि. व्ही१	१	—
३)	इर्मजन्सी लॅम्प	१२	—
४)	विडीयोकोन टि.व्ही.	१	—
५)	पोस्ट कार्ड	४००	८५००
६)	खेळाचे साहित्य	३०	२००
७)	व्हीडीयोकोन टी. व्ही	२	—
८)	अकाई टी. व्ही व सी डी प्लेअर	१	९०००
९)	डिस अँटीना	३	—
१०)	सोफा	१	४५००
११)	सोफा खुर्ची	२	—
१२)	कुशन खुर्ची	१	—
			—

दिनांक :- १०/०५/१०

प्रति,

मा. अतिरिक्त संचालक (मा. आ)
आरोग्य सेवा संचालनालय, मुंबई

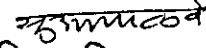
(प्रत व मार्फत :- मा. उपसंचालक, आरोग्य सेवा, मुंबई मंडळ, ठाणे.)

विषय :- हाफ वे होम सेंटर मंजुरी बाबतचा प्रस्ताव.

उपरोक्त विषयान्वये प्रादेशिक मनोरुग्णालय, ठाणे, येथील मनोरुग्णालयातील सुधारलेल्या रुग्णासाठी हाफ वे होम सेंटर कार्यन्वित करणे आवश्यक आहे.

त्या अनुषंगाने प्रादेशिक मनोरुग्णालय, ठाणे येथे हाफ वे होम सेंटर बाबतचा प्रस्ताव या पत्रासोबत सादर करण्यात येत आहे.

हे-केअर सेंटर एप्रिल २००८ मध्ये सुरु झालेला आहे. सोबत जोडलेल्या अडचणीमुळे त्यात सुधारणा होणे अत्यावश्यक आहे



वैद्यकीय अधीक्षक.

प्रादेशिक मनोरुग्णालय, ठाणे.

OLC

आगाऊ प्रत :-

मा. श्री. अतिरिक्त जवळीकर, कक्षा अधिष्ठात्री, सार्वजनिक आरोग्य विभाग, मंत्रालय, मुंबई

प्रत :- मा. संचालक, आरोग्य सेवा, संचालनालय, मुंबई

प्रत :- मा. अतिरिक्त संचालक, (मा. आ) आरोग्य सेवा, मुंबई

MDRP

हाफ- वे- होम व डे-केअर सेंटर

प्रस्तावना :-

उपचारांती घरी परतलेल्या रुग्णांची स्थिती पूर्ववत होते, याचे मुख्य कारण म्हणजे योग्य वेळेस औषधे न घेणे, तसेच नातेवाईकांची रुग्णांची असलेली वर्तणूक रुग्ण रुग्णालयात असतानाच जेव्हा आजारपणातून बाहेर पडून सामान्य परिस्थितीत येतो. व घरी जाण्याइतप्रत बरा झालेला असतो. अशा वेळेस रुग्णांसाठी हाफ वे होम व डे केअर सेंटर उपयुक्त ठरू शकते.

हाफ वे होम

उद्दिष्ट :-

हाफ वे होमचे महत्वाचे उद्दिष्ट आहे की, येथे रुग्णांना आधारयुक्त वातावरणात तसेच त्यांच्यात बाहेरील जगात वावरण्याची व समाजात परत येवून स्वतःच्या पायावर उभे राहण्याची कौशल्ये शिकविण्यास मदत केली जाते.

१) हाफ वे होममधील प्रवेशासाठी नियम/अटी व शर्ती

-रुग्णालयातून डिस्चार्ज मिळालेले

- मानसिक दृष्ट्या स्थिर व पुर्नवसनास योग्य.

२) सेवा- सुविधा

❖ व्यक्तिशः समुपदेशन

❖ लहान गटांचे प्रशिक्षण

❖ सामुदायिक उपक्रम

❖ घरातील कामांचे प्रशिक्षण

❖ गृह भेट

❖ संदर्भ

३) सेवांचा वाव :-

❖ रुग्णाची राहण्याची व खाण्याची सोय

❖ मानसिक आजारांविषयी माहिती देणे व मानसिक आजारांविषयीचे गैरसमज दूर करणे.

❖ दैनंदिन जीवनातील कौशल्ये, सामाजिक संभाषण, घरगुती तसेच समुहजीवनातील, पैशांचा व्यवहार, मनोरंजन व उपलब्ध सामाजिक सोयींचा वापर याबद्दलची कौशल्ये शिकवणे.

❖ नातेवाईकांसोबत संबध सुधारणे

❖ व्यवसायिक समुपदेशन

❖ स्वतंत्र आयुष्य जगण्यासाठी हाफ वे होममधून डिस्चार्ज होण्यास तयार करणे.

अर्ज करण्याची पध्दत :-

- ❖ मनोविकृतीतज्ञ, मनोसामाजिक कार्यकर्ता, मनोविकृती चिकित्सक, व्यवसाय उपचार तज्ञ यांच्या द्वारा.
- ❖ अर्ज मिळाल्यानंतर रुग्णास हाफ वे होम विशेषतज्ञांकडून परीक्षण करून तात्पुरत्या कालावधीसाठी निरीक्षणाखाली ठेवण्यात येईल.
- ❖ यानंतरच अर्जदारास प्रवेशास पात्र असल्यास रीतसर प्रवेश दिला जाईल. सुट्टीसंबंधी नियम :-
- ❖ अर्जदार स्वच्छेने बाहेर जाऊ शकतो.
- ❖ अर्जदार हाफ वे होममध्ये योग्यप्रकारे समायोजित न झाल्यास हाफ वे होममधील विशेषज्ञ अर्जदारास डिस्चार्ज देऊ शकतो हेच विशेषज्ञ अर्जदाराचे पूर्ण परीक्षण करून पाठपुरावा करतील.
- ❖ योग्य ते पुनर्वसन झाल्यावरच अर्जदार समाजात परत जाऊ शकतो.

शुल्क :-

- ❖ दरमहा राहण्याचे व खाण्याचे शुल्क समाजकल्याण विभागाकडून ठरविल्याप्रमाणे आकारण्यात येईल.

राहण्याचा कालावधी :-

- ❖ प्रत्येक व्यक्तीची पुनर्वसनातील गरज व प्रगती यावर राहण्याचा कालावधी अवलंबून आहे. साधारणतः २ वर्षे.
- ❖ हाफ वे होममध्ये पुरविल्या जाणा-या सेवा/कौशल्ये :-

- ❖ वैयक्तिक व परिसर स्वच्छतेविषयी जाणीव :-

या अंतर्गत वैयक्तिक व परिसर स्वच्छतेविषयी जाणीव निर्माण करून स्वतःचा परिसर स्वच्छ करावा म्हणजेच रुग्णास सामान्य अवस्थेत

प्राणण्यास मदत होऊ शकते.

नियमित औषधोपचार :-

- ❖ नियमित औषधोपचाराविषयीची जाणीव करून महत्व पटवून देणे तसेच औषधोपचार न घेतल्यास आजार परत बळावण्याच्या शक्यतेचे हे तोटे सांगून औषधे वेळेवर घ्यायला हवी.

कामाच्या सवयी :-

- ❖ आजार बळावण्याच्या स्थितीत रुग्ण काम करण्याची/अभ्यास करण्याची क्षमता वापरू शकत नाही. पुनर्वसनाद्वारे ही क्षमता पुर्णत्वाने वापरण्याचे शिकवण्यात येते.

फावल्या वेळेचा उपयोग व व्यवहारीक ज्ञान :-

- ❖ लाभार्थीस फावल्या वेळेचा सदुपयोग करून वेळेचे व पैशांचे व्यवस्थापन करण्यास शिकविले जाते.

वैयक्तिक व कौटुंबिक चिकित्सा पध्दती :-

- ❖ या पध्दतीनुसार लाभार्थीच्या प्रशिक्षण कालावधी वैयक्तिक चिकित्सापध्दतीनुसार लाभार्थीस जास्तीत जास्त कामात गुंतवून ठेवले

जाते. या दोन्हीद्वारा लाभार्थीत त्याच्या कुटुंबात परत जाण्यास योग्य प्रकारे समायोजित होण्यास मदत होते.

सामाजिक कौशल्ये :-

❖ लाभार्थीची सामाजिक कौशल्ये जी अशा प्रदीर्घ आजारांमुळे कमी झालेली असतात ती आधारयुक्त व भीतीमुक्त वातावरणात शिकविली जातात.

- व्यक्तिव्यक्तितील संबंध व संवाद कौशल्ये :-

❖ लाभार्थीची संवाद साधण्याची व इतरांशी संपर्क साधण्याची महत्त्वाची बाब या आजारांमुळे कमी झालेली असते. प्रशिक्षित कर्मचारी अशा कमी झालेल्या संबंधाना साधण्यासाठी लाभार्थींना त्याचप्रमाणे कुटुंब व समाजाला संबंध सुधारण्यास मदत करतात. कुटुंबातील जास्त बिघडलेले संबंध सुधारण्याचा प्रयत्न केला जातो.

घरगुती व्यवस्थापन :-

❖ पुनर्वसनाचा मुख्य उद्देश लाभार्थींना घरी पुनरस्थापित करण्याचा असल्यामुळे त्यादृष्टीने चिकित्सापध्दती वापरून पावले उचलली जातात.

❖ रुग्ण संतापलेल्या (उन्मादीत) स्थितीत गेल्यास रुग्णाला हाताळणे पुन्हा आजार टाळणे, योग्य विचार करण्यास चालना इत्यादी बाबी कुटुंबियांना शिकविल्या जातात.

या आजाराचे जास्त तीव्र/प्रदीर्घ होण्याचे कारण मुख्य म्हणजे आजाराविषयी लोकांमधील अज्ञान तसेच गैरसमज व अंधश्रद्धा, तसेच कुटुंबातील आपल्या प्रिय व्यक्तीस असा मानसिक आजार असण्याचा अस्विकार होय. पुनर्वसनाच्या कार्यक्रमांतर्गत आजाराविषयी माहिती, औषधीची गरज उपचाराचा कालावधी व रुग्ण संतापलेल्या स्थितीत गेल्यास व्यवस्थापन करणे हा पुनर्वसनाचा भाग आहे. याची मदत लाभार्थींस व कुटुंबियांस आजाराचा स्विकार करण्यास तसेच दिर्घ व योग्य उपचार घेण्यास व विचारांना योग्य चालना देण्यात होते.

या परिस्थितीची पूर्ण जाणीव या प्रशिक्षणामुळे लाभार्थी व त्यांचे / तिचे कुटुंब यांना मिळालेल्या माहितीमुळे रुग्णास स्विकार करण्याची मनोवृत्ती वाढेल यामुळे मनोरुग्णाची सुधारलेली स्थिती दिर्घकाळ राहिल म्हणजेच पुन्हा आजार बळावण्याची कालमर्यादा वाढेल.

प्रादेशिक मनोरुग्णालय, ठाणेतर्फे खालील बाबी सूचित करण्यात येत आहेत.

- १) जागा:- प्रत्येक युनिटमधील एक कक्ष हाफ वे होममध्ये रूपांतरित करावा. प्रत्येक ६ व्यक्तीमागे एक टॉयलेट व १० व्यक्तीमागे एक बाथरूम अशी सोय करावी. साधारण ५०.-६० रुग्ण प्रत्येक कक्षात असावा.
- २) कामाचा मोबदला:-
प्रत्येक व्यक्तीस (रुग्णास) त्याचा कामाप्रमाणे मोबदला /पैसे देण्यात यावे. उदा.एका व्यक्तीने एक वस्तु तयार केल्यास त्याला प्रत्येक वस्तुमागे पैसे देण्यात यावे.
- ३) एन.जी.ओ.ना हाफ वे होम सुरु करण्यास प्रवृत्त करण्यात यावे.
- ४) जर महाराष्ट्र शासनातर्फे हा प्रकल्प सुरु होणार असल्यास पूर्णवेळ मनोविकृती सामाजिक कार्यकर्ता, व्यवसाय उपचार तज्ञ तसेच पूर्णवेळ /अर्धवेळ २ व्यवसाय उपचार निर्देशक, मानसेवी चिकित्सालयीन मानसशास्त्रज्ञ व मानसेवी मनोविकृतीतज्ञ यांची नियुक्ती व पगार शासनाने ठरवावेत.
- ५) शासनाच्या उपक्रमानुसार जसे महिला बचत गट असतात तीच संकल्पना हाफ वे होमसाठी राबविण्यात यावी.

प्रस्तावना :-

डे - केअर सेंटर

हाफ वे होममधून किंवा मनोरुग्णालयातून डिस्चार्ज झालेल्या व्यक्तींना नवीन वातावरणात राहण्यासाठी तसेच समाजात स्वयंनिर्भर राहण्यासाठी सतत मार्गदर्शन व प्रोत्साहन दिले जाते.

उद्देश :-

- ❖ हाफ वे होममधून किंवा मनोरुग्णालयातून घरी गेल्यानंतर समाजात व स्वताःच्या कार्यक्षेत्रात समायोजन सहकार्य केले जाते.
- ❖ अर्जदारास स्वयंनिर्भर होण्याकरिता तसेच स्वतःची योग्यप्रकारे काळजी घेण्याची कौशल्ये विकसित करण्याकरिता समाजातील उपलब्ध सोयी सुविधांचा लाभ घेण्यास प्रोत्साहन / सहकार्य देणे.

दाखल होण्याचे नियम :-

हाफ वे होममधून पुनर्वसन पूर्ण करून तसेच मनोरुग्णालयातून डिस्चार्ज झालेला व्यक्ती/अर्जदार डे-केअर सेंटरमध्ये अर्ज करण्यास पात्र असतो.

सेवेचे स्वरूप :-

- ❖ लाभार्थींना प्रत्यक्ष भेटीद्वारा
- ❖ वैयक्तिक समुपदेशन सामुहिक उपक्रमांद्वारा सेवा दिल्या जातील.

सेवेचा वाव :-

- ❖ योग्यरितीने हाफ वे होममधून मनोरुग्णालयातून डिस्चार्ज होण्याकरिता लाभार्थीस सहकार्य देणे.
- ❖ लाभार्थीला त्याच्या पुनर्वसनाकरिता सहकार्य देणे व पुनर्वसनातील प्रगतीचे वेळोवेळी परीक्षण करणे.
- ❖ वैयक्तिक व कौटुंबिक समुपदेशन देणे.
- ❖ नियमित औषधोपचाराविषयीचे महत्व पटवून देणे.
- ❖ समाजातील उपलब्ध सोयी-सुविधांचा लाभ घेण्यास प्रोत्साहन देणे.
- ❖ सायकॅट्रिक इमरजेन्सीच्या वेळेस तातडीची मदत देणे.
- ❖ लाभार्थीस सामाजिक सेवा सुविधांचे संदर्भ पुरविणे.

- ❖ मनोविकृती सामाजिक कार्यकर्ता त्याला पूर्वीचे काम मिळवून देण्यास मदत करणे.
- ❖ व्यवसाय उपचार तज्ञ डे-केअर मध्ये काम उपलब्ध करून पैसे मिळविण्यास मदत करतील.

अर्जाची प्रक्रिया :-

- ❖ हाफ वे होममधील व मनोरुग्णालयातील मनोविकृती तज्ञ सामाजिक कार्यकर्ता, मनोविकृती तज्ञ, व्यवसाय उपचार तज्ञ लाभार्थीचे नाव डे-केअर सेंटरला रितसर देतील.
- ❖ त्यानंतर डे-केअर सेंटरमधील मनोविकृती तज्ञ सामाजिक कार्यकर्ता लाभार्थी विस्तृत माहिती नोंदवून त्यास डिस्चार्ज होण्यास मदत करतील.

संस्थेमधून बाहेर पडण्याचे नियम :-

- ❖ लाभार्थी स्वेच्छेने बाहेर जाऊ शकतो जर त्यांना डे-केअर सेंटरमधील सेवा समाधानकारक वाटत नसतील तसेच डे-केअर सेंटरमधील विशेषज्ञ लाभार्थीचा पाठपुरावा करू शकतो.
- ❖ जे लाभार्थी योग्य सहकार्य देत नसेल तसेच औषध घेण्यास टाळाटाळ करत असल्यास सुविधा खंडित केल्या जातील. अश्यावेळी मनोविकृतीतज्ञ सामाजिक कार्यकर्ता रुग्णाचा पाठपुरावा करतील व मनोविकृती तज्ञ उपचार करतील.
- ❖ लाभार्थी पूर्णपणे स्वयंनिर्भर झाल्यावरच तसेच मानसिकदृष्ट्या स्थिर झाल्यावर त्यास डिस्चार्ज करण्यात येईल.

सेवेचा कालावधी :-

प्रत्येक व्यक्तीची गरज व प्रगती यावरच सेवेचा कालावधी अवलंबून असतो. साधारणतः २ वर्षे.

प्रादेशिक मनोरुग्णालय, ठाणे मार्फत खालील बाबी सुचीत करण्यात येत आहे.

- १) डे-केयर सेंटर रुग्णालयाच्या भितीबाहेरील आवारत असलेल्या एका बंगला जागेत सुरु करण्यात आले आहे.
- २) वर्षभरात एकूण ३० सुधारलेले मनोरुग्णांची डे-केयर सेंटर मध्ये नोंदणी करण्यात आलेली आहे. त्यापैकी १० सुधारलेले मनोरुग्ण डे-केयर मध्ये नियमित येतात.

खालील प्रमाणे त्रुटी असल्याने डे-केयर सेंटरला व्यवस्थित प्रतिसाद नाही

- १) कच्चा मालाचा पुरवठा नियमित व व्यवस्थित होत नाही.
- २) रुग्णांना काहीही मांबदला देता येत नाही.
- ३) विक्रीची काही सोय नाही. आसन नियमात बसत नाही.
- ४) अपुरा प्रशिक्षित कर्मचारी वर्ग
- ५) रुग्णांसाठी वहातुक व्यवस्थाचा अभाव.

त्यासाठी खालील सुचना देत आहे. पुर्ण वेळ खालील पदे भरण्यात यावी.

- अ) मनांविकृती सामाजिक कार्यकर्ता
 - ब) व्यवसाय उपचारक.
 - क) व्यवसाय उपचार निर्देशक ३ पदे
 - ड) मानसेवा चिकित्सक/थीन मानसशास्त्रज्ञ
 - इ) मानसेवा मनांविकृती तज्ञ
- आसन निर्णय आवश्यक आहे.

- १) कच्चा मालाचा पुरवठ्यासाठी
- २) रुग्णांसाठी कामाचा मांबदला
- ३) विक्रीची व्यवस्था
- ४) वहातुक व्यवस्था सुधारलेल्या मनोरुग्णांसाठी डे-केयर सेंटर पर्यंत आणण्या व नेण्याची सोय

वरील सर्व गोष्टी पूर्तता होत आवश्यक आहे अन्यथा सदरचे डे-केयर सेंटर एन.जी. ओ सेवाभावी संस्थेस चालविण्यातस यावे.

List of Proposed Electrical Works in Mental Hospital, Thane for the year 2009-10

Sr.No.	Name of work	Amount	Remarks
1	Providing Electrical Installation including mains & switchgears in Male ward No.4,5,6,8 & 9	347010.00	The existing alluminium wirings in the wards are very old and in deteriorated condition. The existing underground main cables of Feeder pillars, Street lights and substation main cables are very old needing urgent replacement. The wirings and cables are very old and are having many joints. The street light fittings, poles mentioned in this list of estimates are very old and completely rusted. All these installation mentioned are all more than 20 years old needing urgent replacement.
2	Providing Electrical Installation including mains & switchgears in Male ward No.10,13 and OPD	341328.00	
3	Providing Electrical Installation including mains & switchgears in Male ward No.23,24,25 and 26	287173.00	
4	Providing Electrical Installation including mains & switchgears in Male ward No.27,28 and 29	234633.00	
5	Providing addition and alteration to EI in Auditorium	246798.00	
6	Replacement of existing old main panel and cable including energy meter at Laundry Deptt.	375060.00	
7	Replacement of Feeder pillars and cables for servants Quarters	268615.00	
8	Providing Renovation of E.I to 35 Quarters out of 75 servants quarters including service cabling	385000.00	
9	Replacing existing old Main Transformer substation panel, cabling complete.	475813.00	
10	Replacing existing old Feeder pillars with cables at Male section, near DDC office, superintendent office & residential officers quarters.	380193.00	
11	Replacing existing old Feeder pillars with cables at Male section, near ward No.7,13 and 17	293187.00	
12	Replacing existing old Feeder pillar and cabling at Female section.	498351.00	
13	Replacement of existing old street light & poles and street light cables near superintendent Bungalow and main entrance road.	379986.00	
14	Replacement of existing old street light & poles and street light cables inside Female section (right side)	251900.00	
15	Replacement of existing old street light & poles and street light cables inside Female section (Left side)	415168.00	
16	Replacement of Existing 250 KVA 11KV/0.43 KV Transformer substation	1000000.00	
17	Replacement of Existing water pump set with EI, starter, cabling etc.	300000.00	
	Total Rs.	6480215.00	
	4% Contingency charges	259208.60	
	2% Computer charges	134788.47	
	8% Centage charges	549936.97	
	Total Rs.	7424149.04	
	Say Rs.	7424149.00	

Deputy Engineer,
Thane Electrical Sub Div.

Executive Engineer,
Thane Electrical Division



SESSION CHECKLIST

NAME OF THE TEACHER: Arijana Blangava SIGN: Arijana Blangava
SUBJECT: Geog SECTION: SSC/CAMBRIDGE CLASS & DIV/S.: 4 A, B, D, E (STATE CLASS & ALL DIVS.)
1.TOPIC: The Great Plains TOTAL NO.OF SESSIONS TO COVER THIS TOPIC 3
THIS SESSION NUMBER: 192 DATE OF THIS SESSION: 9/9/08 - 12/9/08

2. HIGHLIGHTS OF THIS SESSION:

(MAIN LEARNING OBJECTIVE)

3. THE RESOURCES I WILL BE USING OTHER THAN THE TEXT BOOK :-

- | | |
|---|--|
| <input type="checkbox"/> BOOKS FROM THE LIBRARY/OTHER SOURCES | <input type="checkbox"/> COMPUTER SOFTWARE |
| <input checked="" type="checkbox"/> PICTURES/ OBJECTS / CHARTS/VISUAL AIDS/ GRAPHIS / | <input type="checkbox"/> T.V/VIDEOS/DVDS |
| <input type="checkbox"/> SCIENTIFIC APPARATUS | <input type="checkbox"/> OHP |
| <input type="checkbox"/> FLASH CARDS | <input type="checkbox"/> AUDIO-MATERIALS |
| <input type="checkbox"/> HANDOUTS / WORKSHEETS | <input type="checkbox"/> SMART BOARD |
| <input type="checkbox"/> ANY OTHER: _____ | |

4. TEACHING -LEARNING STRATEGY THAT I WILL BE USING:

- | | |
|--|---|
| <input checked="" type="checkbox"/> EXPLANATION | <input type="checkbox"/> ROLE PLAY |
| <input checked="" type="checkbox"/> NARRATION | <input type="checkbox"/> DRAMATISATION |
| <input type="checkbox"/> DISCUSSION IN PAIRS/ GROUPS/OR THE WHOLE CLASS | <input type="checkbox"/> DEMONSTRATION |
| <input type="checkbox"/> DIDACTIC APPROACHES | <input type="checkbox"/> EXPERIMENTATION |
| <input type="checkbox"/> PRESENTATION BY TEACHER/ STUDENTS | <input type="checkbox"/> SIMULATIONS |
| <input type="checkbox"/> SELF STUDY USING SQ3R METHOD | <input type="checkbox"/> GAMES / QUIZZING |
| <input type="checkbox"/> RESOURCE BASED ACTIVITIES INVOLVING USE OF VISUAL STIMULI | <input type="checkbox"/> FIELD STUDY |
| <input type="checkbox"/> LEARNING BY DOING/ HANDS ON EXPERIENCE | <input type="checkbox"/> GUEST LECTURE |
| <input type="checkbox"/> ANY OTHER: _____ | |

5. THE NATURE OF EVALUATION/ASSESSMENT I WILL BE CONDUCTING:

FORMATIVE ASSESSMENT

- | | |
|---|---|
| <input type="checkbox"/> OBSERVATION OF WORK BEING CARRIED OUT IN CLASS | <input type="checkbox"/> THROUGH ORAL QUESTIONING |
| <input checked="" type="checkbox"/> RECAPITULATION OF PREVIOUS KNOWLEDGE | <input type="checkbox"/> SHORT PERIODIC TESTS |
| <input checked="" type="checkbox"/> SUMMERISING THE TOPIC WITH THE HELP OF STUDENTS | <input type="checkbox"/> END OF CHAPTER TEST |
| <input type="checkbox"/> WRITTEN FEEDBACK COMMENTS ON STUDENT WORK | <input type="checkbox"/> DEMONSTRATION ON THE B.B BY STUDENTS |
| <input type="checkbox"/> ANY OTHER: _____ | <input type="checkbox"/> WRITTEN SELF ASSESSMENT BY STUDENTS |

6. H.W/ASSIGNMENTS I WILL BE GIVING:

(NUMERALS IN THE BOX TO INDICATE, HOW MANY; WHERE APPLICABLE)

- | | |
|---|--|
| <input checked="" type="checkbox"/> QUESTION AND ANSWERS | DURATION OF H.W/ ASSIGNMENT |
| <input type="checkbox"/> EXERCISES | <input type="checkbox"/> 10 MIN |
| <input type="checkbox"/> PROBLEM SOLVING | <input type="checkbox"/> 30 MINS |
| <input type="checkbox"/> DATA COLLECTION / DATA HANDLING | <input type="checkbox"/> 1 HOUR |
| <input type="checkbox"/> PROJECTS | <input type="checkbox"/> 2 HOURS |
| <input type="checkbox"/> RESEARCH WORK | <input type="checkbox"/> MORE THAN 2 HOURS |
| <input checked="" type="checkbox"/> READING WORK/ REVISING WORK DONE IN CLASS | |
| <input type="checkbox"/> ANY OTHER: _____ | |

		REGIONAL MENTAL HOSPITAL THANE				
1		RENOVATION/		Expenditure	Utilisation certificate	Balance
A	CONSTRUCTION OF SHORT STAY/ FAMILY WARD AND OPD BLDG	16925982	268000	YES	16657982	
B	RENOVATION/ OF TIOLET BLOCKS	2781000				
C	RENOVATION OF KITCHEN AND LANUDRY	803355				
D	RENOVATION OF INTERRNEL WALKWAYS	2485867				
E	TOTAL B+C+D	6070222	6072396			
	TOTAL A+E	22996204	6340396		-2174	
2		RECEIVED	Expenditure	Utilisation sartifcat	Balance	TDS AMOUNT
A	PHYSICAL ASSET & EQUIPMENTS	AMOUNT				
A	LAUNDRY MACHINE	1533796	1532508	YES	1288	
B	IRON COTS	1500000	1499880	YES	120	
C	COIR MATTRESS	1500000	1498798	YES	1202	32974
D	GENERATORS	200000	199620	YES	380	
E	INTERCOM	1000000	994275	YES	5725	19886
F	BOYLES APPARATUS	270000	269216	YES	784	
G	COMPUTERS	300000	299015	YES	985	
H	SEWING MACHINES	50000	47700	YES	2300	
I	MICROSCOPE	20000	19019	YES	981	
J	FAX MACHINES	30000	26000	YES	4000	
K	PHYSIOTHERAPY SETUP	50000	47950	YES	2050	
	TOTAL	6453796	6433981	YES	19815	52860

SR. NO	GRANT FOR	GRANT AMOUNT	Expenditure	Balance
	RENOVATION			
	EXPENSES		6340396	

Stock Position Drugs & Medicine Regional Mental Hospital, Thane

Month : August 2009

Sr. No.	Name of Drug /Medicine	Opening Balance on 01.08.09	Quantity Received During Month	Quantity Issued During Month	Closing Balance On 17.08.2009
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PSYCHIATRIC

1	Tab. Amitriptylline 25 mg	39300	0	3300	36000
2	Tab. Chlprpromazine 50 mg	645000	0	37000	608000
3	Tab. Carbamazepine 200 mg	84550	0	32450	52100
4	Tab: Diazepam 5 mg	173200	0	27100	146100
5	Tab. Haloperidol 5 mg	0	8400	8400	0
6	Tab. Haloperidol 10 mg	32600	0	6900	25700
7	Tab. Imipramine 25 mg	81850	0	5400	76450
8	Tab. Lithium Carbonate 300 mg	103800	0	6200	97600
9	Tab. Lorazepam 2 mg.	0	0	0	0
10	Tab: Nitrazepam 5 mg	0	0	0	0
11	Tab. Pimozide 4 mg	0	0	0	0
12	Tab. Phenobarbitone 30 mg	0	0	0	0
13	Tab. Phenobarbitone 60 mg	166700	0	1800	164900
14	Tab. Phenytoin Sodium 100 mg	18800	0	2300	16500
15	Tab. Thioridazine 25 mg	0	0	0	0
16	Tab. Trifluoperazine 5 mg + Tab. Trihexyphenidyl 2 mg	190000	0	10000	180000
17	Tab. Trihexyphenidyl 2 mg	252600	8900	55400	206100
18	Tab. Stablon 12.5 mg	52360	0	5260	47100
19	Inj. Haloperidol 5 mg	805	0	80	725
20	Inj. Sodium Pentathol 0.5 gm	191	0	25	166
21	Inj. Scoline	7	0	4	3
22	Inj. Phenargan	0	200	200	0
23	Inj. Diazepam	3070	0	10	3060
24	Inj. Haloperidol Deconate	0	0	0	0
25	Inj. Eptoin	23	0	0	23
26	Inj. Lorazepam	410	0	0	410

NEWER ANTIPSHIATRIC

1	Tab. Donepezil 5 mg	0	0	0	0
2	Tab. Quetiapine 50 mg	0	0	0	0
3	Tab. Divalproex Sodium 250 mg	0	0	0	0
4	Tab. Oxcarbamazepine 150 mg	0	25000	12200	12800
5	Tab. Alprazolam 0.25 mg	6550	0	2200	4350

Sr. No.	Name of Drug /Medicine	Opening Balance on 01.08.09	Quantity Received During Month	Quantity Issued During Month	Closing Balance On 17.08.2009
6	Tab. Resperidone 2 mg	106400	0	38600	67800
7	Tab. Clozapine 50 mg	0	0	0	0
8	Tab. Olanzapine 5 mg	0	0	0	0
9	Tab. Olanzapine 10 mg	0	0	0	0
10	Tab. Olanzapine 20 mg	15100	0	6900	8200
11	Tab. Sertraline 50 mg	0	0	0	0
12	Tab. Sertraline 100 mg	0	0	0	0
13	Tab. Escitalopram 10 mg	11800	0	5400	6400
14	Tab. Trivastal L.A.	350	0	200	150
15	Inj. Olanzapine 10 mg	0	0	0	0
NON PSYCHIATRIC DRUGS					
1	Cap. Ampicillin 250 mg	180	0	100	80
2	Tab. Vit. C	0	0	0	0
3	Tab. Antacid(Gellucil)	1100	0	400	700
4	Tab. Aspirin	0	0	0	0
5	Tab. Amlodepine 5/10 mg	5640	0	520	5120
6	Tab. Aten 50 mg	378	0	378	0
7	Cap. Amoxycilline 250 mg	19700	0	700	19000
8	Tab. Acyclovir	0	0	0	0
9	Tab. Aldactone 100 mg	0	0	0	0
10	Tab. Albendazole 400 mg	0	0	0	0
11	Tab. B-Complex	0	0	0	0
12	Cap. Multivitamin with zinc	0	0	0	0
13	Tab. Dulcolax	0	0	0	0
14	Tab. Ciprofloxacin 250/500 mg	1550	0	750	800
15	Tab. Calcium Lactate	750	2000	300	2450
16	Tab. Clanoxy 1000 mg	1550	0	0	1550
17	Tab. CPM	6200	0	500	5700
18	Cap. Cefalexin 500 mg	1000	0	0	1000
19	Tab. Choroquine 150 mg	1250	0	400	850
20	Tab. Metformin 500 mg	0	0	0	0
	Tab. Ciplar	280	0	0	280
21	Tab. Cetrizine	2300	0	0	2300
22	Tab. Chymoral Forte.	0	0	0	0
23	Tab. Diclofenac 50 mg	0	0	0	0
24	Cap. Depine 5 mg	0	0	0	0
25	Tab. Dicyclomine	900	0	700	200
26	Tab. Doxycycline 100 mg	1200	0	0	1200

8/17/2009 2:28 PM MAHESH

STOCK POSITION

Sr. No.	Name of Drug /Medicine	Opening Balance on 01.08.09	Quantity Received During Month	Quantity Issued During Month	Closing Balance On 17.08.2009
27	Tab. Deriphylline	1450	0	300	1150
28	Tab. Erythromycin 250/500 mg	0	0	0	0
29	Cap. Folron	38600	0	12200	26400
30	Tab. Furazolidine 100 mg	3800	0	1000	2800
31	Tab. Fluconazole 150 mg	200	0	100	100
32	Tab. Glibenclamide 5 mg	2320	0	200	2120
33	Tab. Grisofovin 125 mg	0	1000	400	600
34	Tab. Hetrazan 100 mg	0	0	0	0
35	Tab. Ibuprofen 400 mg	0	0	0	0
36	Tab. Ibu + Para(Combiflam)	400	0	350	50
37	Tab. Liv. 52	400	0	200	200
38	Tab. Lasix 400 mg	120	0	0	120
39	Tab. Metronidazole 200/400 mg	3000	0	0	3000
40	Tab. Mebendazole 100 mg	10700	0	0	10700
41	Tab. Norflox 400 mg + Tinidazole 600 mg	800	0	100	700
42	Tab. Tinidazole 400 mg	0	0	0	0
43	Cap. Omeprazole 20 mg	400	0	100	300
44	Tab. Polyvitamin	589500	0	25500	564000
45	Tab. Paracetamol	10400	0	1000	9400
46	Tab. Methyl Prednisolone 4 mg	700	0	0	700
47	Tab. Pefloxacin 400 mg	0	0	0	0
48	Tab. Primaquine	0	1000	700	300
49	Tab. Ranitidine 150 mg	9700	0	1200	8500
50	Tab. Salbutamol 4 mg	1400	0	300	1100
51	Tab. Septran SS	0	0	0	0
52	Tab. Septran DS	2100	0	600	1500
53	Tab. Metaclorpromide	1100	0	0	1100
54	Tab. Sorbitrate 5/10 mg	2300	0	100	2200
55	Tab. Arcalion	20300	0	1000	19300
56	Cap. Tetracycline 250 mg	2800	0	100	2700
57	Tab. Ethamsylate 500 mg	100	0	0	100
	Tab. Canate	20700	0	0	20700
58	Tab. Daflon 500 mg	0	0	0	0
INJECTIONS					
1	Inj. Ampicillin	0	0	0	0
2	Inj. Adrenaline	0	0	0	0
3	Inj. Atropine Sulphate	3425	0	150	3275

Sr. No.	Name of Drug /Medicine	Opening Balance on 01.08.09	Quantity Received During Month	Quantity Issued During Month	Closing Balance On 17.08.2009
4	Inj. Avil	34	0	1	33
5	Inj. Aminophylline	33	0	0	33
6	Inj. B-Complex	86	0	17	69
7	Inj. Calcium Gluconate	28	0	0	28
8	Inj. Cefasul 1000	300	0	0	300
9	Inj. Cyclopam	40	0	0	40
10	Inj. Ciprofloxacin 100 ml	920	0	10	910
11	Inj. Coramine	0	0	0	0
12	Inj. Cefotaxim 1 gm	1735	0	40	1695
13	Inj. Dexamethasone	121	0	15	106
14	Inj. Deriphylline	112	0	0	112
15	Inj. Diclofenac	45	0	0	45
16	I.V. Dextrose 25%	53	0	5	48
17	I.V. DNS	632	0	0	632
18	I.V. Dextrose 5%	495	0	0	495
19	Inj. Ethamsylate	20	0	0	20
20	Inj. Lasix	15	0	0	15
21	Inj. Flupenazine Deconate	3	0	0	3
22	Inj. Gentamycin	45	100	70	75
23	Inj. Hydrocortisone	0	10	8	2
24	Inj. Iron & Dextran	880	0	25	855
25	Inj. Mephentine	4	0	0	4
26	I.V. Manitol 20%	13	0	0	13
27	Inj. Metronidazole 100 ml	430	0	0	430
28	I.V. Normal Saline	269	0	2	267
29	Inj. Paracetamol	45	0	0	45
30	Inj. Perinorm	13	0	0	13
31	Inj. Potassium Chloride	0	0	0	0
32	Inj. Ranitidine	220	0	20	200
33	I.V. Ringer Lactate	751	0	48	703
34	Inj. Sodium Bicarbonate	50	0	0	50
35	Inj. Stadren	0	0	0	0
36	Inj. Tetanus Toxide	70	0	8	62
37	Water For Injection	100	0	100	0
38	Inj. Xylocaine 2%	0	0	0	0
39	Inj. Menadion Bisulphate (Vit. K3)	13	0	0	13
40	Inj. Cynocobalamine	800	0	0	800
41	Inj. Amino Acid	0	0	0	0

Ravi Kamal

ANNEXURE-II

Regional Mental Hospital, Thane

Visit of Ravikumar Bhargava, IAS (Retd) Special Repoteur
(Central Zone) National Human Rights Commission

On 6th August 2009

Appendix : 1

Background Information:-

Name of the Hospital	Regional Mental Hospital, Thane
Address	Wagale Estate, L.B.S Marg, Thane (West)
State	Maharashtra
Telephone number	25821810
Fax number	25820728
Email	Rmhthane@mtnl.net.in

HOSPITAL INFRASTRUCTURE:-

Have there been any new changes in the out patient and inpatient department after 1996 (Mention in details)

Out Patient Department :

All facilities are exist in Out Patient Department of this Hospital before 1996. Only the EEG machine is introduced after 1996 and all indoor as well as out door patients can avail of the EEG facilities in the hospital, as well as separate counters were started i.e for case paper, medicine etc in Out Patient Department.

In patient Department:

STAFFING PATERN :

Sr.N o	Designation	Sanctioned post	Post filled in	Post vacant
1)	Medical Superintendent	1	1	-
2)	Deputy Superintendent	1	1	-
3)	Psychiatrist	6	2	4
4)	Anesthetist, Cl.I	1	1	-
5)	Clinical Psychologist	2	2 (N)	-
6)	Medical Officers (Out of which 3 are psychiatrist)	18	18	-
7)	Matron	1	1	-
8)	Assistant Matron	2	2	0
9)	Medical Officer, cl.III	1	1	0
10)	Psy. Nurse	24	14	10
11)	Sister Incharge	18	18	0
12)	Staff Nurse	90	89	1
13)	Psychiatric Social Worker	9	8	1
14)	Occupational Therapist	9	7	2
15)	Office staff	37	31	6
16)	Other paramedicals (e.g technicians, pharmacist etc)	16	16	-
17)	Other Group D staff (e.g attendants, barber, cook, and peons)	485	477	8

Availability of non-psychiatry Consultants :

Non psychiatric consultants are available for e.g Gynaecologist, E.N.T specialist etc.

Staff who stay in the Hospital campus

Separate list submitted herewith

Adequacy of staff strength

Staff is adequate, only the posts of clinical psychologist and psychiatric nurses post are to be filled

Suggest remedial measures in staffing pattern

Any changes in the following areas after 1996

Medical record

Medical record section is available. Medical Statistical Officer, clerk needs training in Medical Statistics.

Rehabilitation

Day care Centre for recovered patients is started. Inadequate staff and no transport facilities.

Medication available:

Newer antipsychotic drugs are provided. (List attached)
Supply of psychiatric and Non psychiatric medicine should be adequate and regular.

Diet :

The diet is given to the patient as per Civil Medical Code 1976. (Zerox copy attached herewith) Non vegetarian and Vegeterian diet is given to the patient.(Chart attached). Total calories for vegetarian patients are 2400 and for non vegetarian patients are 2700 .

Power supply

Power supply is regular. Seperate sub station power unit is available.

Canteen :-

There is no canteen facility for staff members.

Library :-

Medical library and Library is there for patients

Telephone :-

Telephone and intercom facility is available in Hospital

Finance :-
For 2007-2008

	Grants sanction	Expnéditure
Plan	6858	6029
Non Plan	12081 - ?	110834
Total	126939	116863

For 2008- 2009

	Grants sanction	Expnéditure
Plan	1459500	1408500
Non Plan	6236	6184
Total	1465736	1414684

Special funds if available:

Central Government funds of Rs. 2,94,50,000/- released in. List attached.

Quality of care for the mentally ill :

INFRASTRUCTURE :-

"Human Resources "

- (e) Post clinical psychologist, should be filled up. @ *Page 29*
- (f) There should be placement of Post Graduate students of M.D Psychiatry compulsorily for six months i.e one term in Mental Hospital as a part of curriculum of the course.

(g) Material and Supplies :-

i) -Linen :

Adequate supply should be there, as per norms (Norms chart is attached herewith)

ii) Furniture :

Furniture items for e.g cots for every patient, cupboards for keeping medicines and files of patient, racks and trollys etc.

(h) Buildings:-

= Almost all wards (buildings) needs regular maintenance. painting, adequate water supply . Regular repair and maintenance of drainage system.

= Need adequate toilet as per norms. One toilet per six patients (1:6) in each ward.

= Almost all residential buildings for Nurses and Attendants should be repaired, painted, regular maintenance should be provided.

(e) Electric Maintenance :-

Adequate Regular repair and maintenance of proper wiring, switch board, fans and tube lights for every ward, office, road light etc. Post of electrician for full time for hospital is needed for regular maintenance.

2) Medicine :-

Newer antipsychotic drugs are provided. Supply of Psychiatric and Non psychiatric medicine is adequate and regular.

3) Training :-

Already training is being taken for following category of staff members of this hospital

Medical Officers
Nurses
Psychiatric social worker
Occupational Therapist
Attendants

' Inadequate grants for (i) Material and Supplies (ii) Linen (iii) Maintenance of building and electricity and over all maintenance for various systems (AMC)

Signature of the
Mental Health Authority

Amal
Signature of the
Medical Superintendent
Medical Superintendent
Regional Mental Hospital, Thane.

APPENDIX-II

Supplementary proforma- Information pertaining to current structure and functioning of psychiatric facilities :

Name of the Hospital: Regional Mental Hospital, Thane

Funding :

Please provide details seperately	Plan (Amount in rupees	Yearwise list attached seperately	
	Non plan (amount in rupees)	Yes	No
	Other sources of funding	Information is Nil	
Infrastructure	Separate outpatient block constructed	Yes	No
Out patient	Dedicated emergency service For 24 hours		No
	Facilities for relatives to stay		No
	Waiting hall for patients	Yes	
	Toilets for patients /relatives	Yes	
	Drinking water	Yes	
	Canteen service		No
	OPD lab service	Yes	
	List of free medicines available for O.P dispensing	List attached	
	OPD rehabilitation facilities available		No
	Specialized children services		No
	Special geriatric service		No
	Specialised forensic service	Yes	
	Specialised Deaddiction services	Yes	
	Separate medical record section	Yes	
	Educational material for patients	Yes	
	Total number of O.P new registration between 1 st	2117	

March 2007 to 31 st March 2008		
Total number of O.P followup registration between 1 st March 2007 to 31 st March 2008	28831	

In-patient services		Male	Female	Total
Overall number of allotted beds		1050	800	1850
No. of beds occupied as on 1.4.2008				
No. of beds occupied as on 1.4.2009		631	619	1250
Any cells still existing				
No. of closed wards		15	15	30
No. of closed ward beds				
No. of admissions to closed wards between 1.3.2007 to 31.3.2008				
No. of admissions to closed wards between 1.3.2008 to 31.3.2009				
No of open wards (patient staying with family members) in an unrestricted setting		Nil		
Total no of open ward beds		Nil		
No. of admission to open ward wards between 1 st March 2007 to 31.March 2008		Nil		
No. of paid ward beds (Special wards)		Nil		

	Total number of discharges between 1 st March 2007 to 31 st March 2008	1149	588	1737
	Total number of discharges between 1 st March 2008 to 31 st March 2009	1027	516	1543
	Total no. of inpatients with stay duration more than one year			
	2007- 2008			
	2008-2009	504	270	774
	No. of recovered patients who are destitute(No families who will accept them			
	2007-2008			
	2008-2009	113	321	434
	No of deaths			
	2007-2008	53	41	94
	2008-2009	35	13	48
	No. of suicides			
	2007-2008	Nil		
	2008-2009	Nil		
	Patient toilet ratio	1:13		

		Yes	No
	24 hours running water		छक्
	Fans/coolers available	Yes	
	Budget allocation for food/per patient/day in rupees	Rs. 35/- per day	
	If calculated as per caloric requirement,	For vegeterial patient 2400 calorie per day	

	please mention calorie provided per patient per day	provided and for non vegeterial patient 2700 calorie per patient is provided as per Civil Medical Code.	
		Yes	No
Please provide if availalbe	Separate dining facilities available		No
	Compulsary uniforms for closed ward patient	Yes	
	Disposable syringes used throughout the hospital	Yes	Yes
	Shaving blades reused in any part of the Hospital		No
	During last year any outbreak of infectious disease, provide details		No
	Budget allocation for food/per patient/day in rupees	Rs. 35/- per patient	
	List of investigations available within the Hospital	Attached herewith	
	List of free medicines	Attached herewith	
Treatment services	ECT services available	Yes	
	No. of patients receiving ECT between 1 st March 2007 to 31 st March 2008	1697	
	No. of patients receiving ECT between 1 st March 2008 to 31.3.2009	1745	
	Anesthetist availability for all ECTs	All the time	
	Any patients received unmodified ECTs during the last year	No	
	Separate children ward	No	

	If yes no. of beds	Nil
	Separate geriatric ward	Nil
	If yes no. of beds	Nil
	Separate forensic service	Yes
	If yes no. of beds	
	Separate deaddiction services	
	If yes no of beds	
	In patient rehabilitation services available	Yes
	No. of inpatients referred to rehabilitation between 1 st April 2007 to 31 st March 2008 & April 2008 to March 2009	
Community outreach	Whether outreach services present	Yes
	Number of community outreach activity per month	5
	No. of patient covered through outreach	Approximate 40 per month
Post graduate training provided	Any post graduate training provided	No
Administrative issues	Whether the Medical Superintendent of Hospital is a psychiatrist	Yes
	No. of visits by NHRC and SHRC during the last 10 years	No
	Any litigation against hospital with regard to human rights infringement	No
	Display of humans in the Hospital	No
	Functioning Board of Visitors	Yes
	No. of visits made between 1.3.2007 to 31.3.2008	12
	No. of visits made between 1.3.2008 to	12

	31.3.2009	
	Board for disability certificate	No
	No. of certificates issued between 1-3-2007 to 31-3-2008 and 1.4.2008 to 31-3-2009	No
Action taken on NHRC recommendation		

Certified that the particulars provided in proforma 1 and 2 are true and to the best of my knowledge and belief-

Date
seal

Amaly
Signature of competent authority and
Medical Superintendent
Regional Mental Hospital, Thane.

**NATIONAL
HUMAN RIGHTS COMMISSION**

**MAHARASHTRA STATE
REGIONAL MENTAL HOSPITAL
THANE
2009**

DR. VINAYAK MAHAJAN

FELLOW, SOCIETY FOR ADVANCE STUDIES IN MEDICAL SCIENCES (PSY.MED.), DIP. MED. PSY (AIOMH),
C. BEH. THERAPY (NIMHANS), DIP. BEH. MED (U.S.), DC. PSY. MED., M.A. APPLIED PSY. I.L.B.
HUMAN RIGHTS AND MENTAL HEALTH CONSULTANT & ADVOCATE
CHAIRMAN, SOCIETY FOR HUMAN RIGHTS AND DIGNITY OF MENTALLY DISABLED,
[DIV. OF JAYASHREE CHARITABLE TRUST, THANE, REG. NO. E-776]
EX CHAIRPERSON, MENTAL HEALTH EXPERT COMMITTEE, HIGH COURT OF BOMBAY,
MEMBER, SPECIAL VISITORS COMMITTEE, REGIONAL MENTAL HOSPITAL, THANE,
A/10, MANAS, M.G.ROAD, NAUPADA, THANE, 400602, TEL.: -022- 25408138, MOB.: - 9324087915.

17-08-2009

To,

The Honourable Chairman,
National Human Rights Commission,
Delhi.

Subject: - Violation of Human Rights and Dignity of Mentally Disabled in Mental Hospitals of Maharashtra State.

Respected Sir,

Your honour, I understand that the members of National Human Rights Commission are visiting Regional Mental Hospital, Thane, and next week.

Your Honour, I am a Mental Health Specialist having more than 45 years of experience in the field and I am also an Advocate. In the Sue Motu Writ Petition No.5760 of 1988, under my Chairmanship, a Committee was appointed by the High Court of Bombay, to look in to the affairs of Regional Mental Hospital, Pune, and give recommendations for the improvement of the Mental Hospital Pune. The report is well known as "Mahajan Committee Report". It was accepted by the High Court and the High Court directed the Government to implement the recommendations in all the Mental Hospitals in Maharashtra State. (As usual the Government did not bother to implement the same).

Your Honour, At present, I am appointed as a member of Special Visitors Committee, formed under the chairmanship of Honorable Principal District and Sessions Judge, as per the directions of the High Court of Bombay, to look in to working of Regional Mental Hospital, Thane and offer the directions for the improvement of the working of the Regional Mental Hospital, Thane.

Your Honour, if your Honour permits, I would like to throw some light on the working of Regional Mental Hospital, Thane. **The conditions of the inmates of the Regional Mental Hospital, Thane, are not better than the animals dumped in the animal house.** They are not properly cared for. They are kept locked in the Wards. They are not allowed to move out. They are not provided with proper beds or water to drink. They are not provided with proper lighting and fans. They are compelled to work in the Mental Hospital as menial workers. **They are compelled to do the work, which should be performed by the hospital attendants and even the sweepers.**

Your Honour, the Hospital buildings meant for the patients are occupied by the various outside offices and the staff. They are not directly connected with the working of the Mental Hospital. The land outside the walls is not properly protected and utilized for the use of the hospital and its patient though it is donated for the use of mental hospital only.

Your Honour, the patients are not provided with the under garments. Hospital lacks the stock of sanitary towels for the use of female patients. The patients are provided with thick and course clothing not better than for the "Jail Birds". The cloth purchased at a very high price compared to its quality and quantity. The clothing and the bed sheets are not washed regularly and the patients are compelled to use soiled and dirty cloths. Many a times, the stock of medicine is not available. The recreation facilities are meager.

Your Honour, Even though, the mentally retarded and epileptics are not to be admitted and kept in the Mental Hospital, they are kept in the mental hospital for years together without proper treatment and training.

Many patients though improved are not cared or released from the hospital. The improved persons who are recommended by the Visitors Committee as fit for discharged are not sent to their homes for days together even though it is already known that they are likely to be declared fit for discharge. As per the directions of the Supreme Court, those who cannot go home should be kept in a separate ward with a home like atmosphere and should be rehabilitated outside. No action is taken in that direction even after repeated suggestions.

Your Honour, the Government failed to establish a Rehabilitation Centre, though the High Court has directed the same 20 years back. The Day Care Centre presently run by the Mental Hospital is a great farce. There is no planning, no funds, no proper staff, no proper training for the staff working there. It is nothing but a mockery and eye wash. Your Honour, after your visit your honour will be able to assess the real condition of the mental patients and the mental hospital.

Your Honour, reasons for deterioration of the conditions of Mental Hospitals and Mental Health Services is mainly is mainly lack of knowledge and interest in the human community at large. If your permit I would like to put forth few suggestions for the improvement, for your consideration.

1. I, as a Consultant in Human Rights and Mental Health humbly, request your Honour permission to put forth my few suggestions regarding the improvement in Mental Health Department and Mental Hospitals.
2. I, say that, there is nothing like a Mental Disease. Actually, so called mental illness is a Psychological (Mental) Disorder. There is no change in blood or any physical symptoms in mental disorder. It is purely a PSYCHO- SOCIAL DISORDER which shows itself in changes in behaviour, thinking, perception, emotions. It may lead to maladjustment with self or/and society etc.
3. I, say that, though the drugs do give some relief, the main role in permanent prevention, treatment, management, rehabilitation is of Medical/Clinical Psychologist, Psychiatric Social Worker, Psychiatric Nurse, Occupational /therapist, Rehabilitation worker etc. Therefore members of all categories of Mental Specialist should be appointed on the special Visitors Committee to cheque the working of Mental Hospitals and Mental Health Department
4. As per U.N. directives and Mental Health Act of 1987, all the mental patients have right to be treated without discrimination and with dignity.
5. I further say that, **there should be independent Directorate of Mental Health headed by a Mental Specialist.** As per Mental Health Act of 1987, only Mental Specialist is qualified to have a licence for Mental Hospital/Psychiatric Home (Psychiatrist and /or Clinical Psychologist having post graduate, full time training, from Institution with Mental Hospital setting) is qualified in the field of Mental Health. No Medical Specialist of any other branch is qualified or competent or authorised to undertake any work in the field of Mental Health. Only Psychiatrist can hold the post of Superintendent of Mental Hospital in Maharashtra State.

Your Honour, Mr. Dandeker, who is mentally well for years together, is wrongfully detained in the mental hospital and the Superintendent is reluctant to release him nor has done anything concrete to release him, for the reasons best known to the Superintendent. Patients are not examined by the psychiatrists, for days together.

About eight Psychiatric Social Workers are dumped in a small shade which is like a "black hole", where all of them are supposed to interview, counsel the relatives and patients at a time, whereas, the mental hospital is spread on 35 acres of land, inside the wall and many of the building are either used by the other offices or left vacant. Many posts of Psychiatrists and Psychologist are not filled in.

Your Honour, the Supreme Court has directed that the Mental Hospitals Should be developed on the lines of National Institute of Mental Health and Neuro Science, but the person in charge of the hospital prefers to maintain the institution as asylum and not even a mental hospital. Though the name is changed the conditions and the attitude of the in charge remained the same.

Your Honour, I understand that the central Government has issued a big grant for the development of the hospital but the authorities are reluctant to utilize the same for the reasons best known to them.

Your Honour, I have to add that the Superintend has avoided showing the reports of previous visits of Human Rights Commission as well as the report of the visit of Chief Judicial Magistrate, even when requested by the member of visitors committee for the reasons best known to the Superintendent.

The Superintendent is careless and does not bother to implement the suggestions made by the Special Visitors Committee, appointed by the High Court of Bombay.

Your Honour, I request your honour to direct the Superintendent to produce all the copies of observations and recommendations of Special Visitors Committee and the copies of judgments of Writ Petitions No. 5760/88 and 133/2005. These documents will through some light on the working of the Mental Hospitals and Mental Health Services in Maharashtra State. For your information, little items are implemented by the Superintendent and The Director of Health Services.

All the Government Hospitals having the Psychiatric beds need not apply for licence. At the same the Mental Health Authority is responsible for the good working of the Hospitals/Clinics and welfare of the Mental Patients. So the Visitors Committee attached to the Regional should regularly visit such Government Hospitals having Psychiatric beds and see that it has all the facilities as per the Mental Health Act of 1987.

- 7) The Members of Mental Health Authority Committee, and also all members of State, Regional and Hospital Visitors Committee should have full time training from an Institution with a Mental hospital setting of its own(as NIMHANS) while undergoing post graduate qualifications.
- 8) Qualification of Member of all the Committees including The Mental Health Authority:-Only person who has received full time training from an Institution with Mental Hospital (like NIMHANS) and also have at least 10 years of full time experience of working in Mental Hospital is qualified to hold the post.
- 9) Those Members of Mental Health Authority or Visitors Committee who are only academicians and not having full time training from an institution having Hospital and also less than 10 years experience of working at Mental Hospital should not continue as Members of Mental Health Authority or Visitors Committee.
- 10) Those persons who have financial involvement and/or suppliers of drugs and other equipment to the Health Department/Hospitals should not be appointed as a Member of Mental Health Authority or Visitors Committee
- 11) All the Mental Health Committees should have members from all the Specialities of Mental Health i.e. like Psychiatrist, Clinical Psychologist, Psychiatric Social Worker, Psychiatric Nurse and Occupational Therapist etc as its member.
- 12) The Mental Health Act requires the Mental Health Authority to examine the facilities in the Mental Hospitals/ Psychiatric Clinics and award licences for establishing the Clinic. As per the Mental Health Act all the Hospitals and Clinic admitting Mental Patients must get the licence. Even General Hospital/Clinic admitting mental Patients should have a licence. So each and every Hospital/Clinic admitting mental Patients should apply for the licence and get the licence. On its own the Mental Health Authority should visit the all the Hospitals/ Clinics where ever mental Patients are admitted and regulate the Hospitals as per Mental Health Act. It should give surprise visits to any Hospital and check if Mental Patients are admitted in the Hospitals/Clinics etc.
- 13) All the Government Hospitals having the Psychiatric beds need not apply for licence. At the same the Mental Health Authority is responsible for the good working of the Hospitals/Clinics and welfare of the Mental Patients. So the Visitors Committee attached to the Regional should regularly visit such Government Hospitals having Psychiatric beds and see that it has all the facilities and cater proper care and treatment of Mental Patients, like the Visitors Committee is regulating the Working of Regional Mental Hospitals.
- 14) The Mental Health institutions should give more emphasis on Psycho-Social management, treatment and rehabilitation.

6. In Maharashtra State, biggest paradox is that, in the Directorate of Health, no person is qualified, trained or competent in the field of Mental Health.
7. Also STATE MENTAL HEALTH AUTHORITY is headed by a person qualified in a branch of medicine other than Mental Health and he is not a Mental Specialist. How can such Directorate and Mental Health Authority can control, supervise and decide policies for the Mental Health Department?
8. I suggest that, **MAHARASHTRA STATE SHOULD HAVE INDEPENDENT MENTAL HEALTH DIRECTORATE HEADED BY QUALIFIED AND EXPERIENCED MENTAL SPECIALIST- PSYCHIATRIST/ CLINICAL PSYCHOLOGIST.**

(9) Regarding few provisions of MENTAL HEALTH ACT 1987 I suggest that,

Maharashtra State Mental Health Authority should be headed by qualified and experienced Mental Specialist.

- 1) The Members of Mental Health Authority Committee, and also all members of State, Regional and Hospital Visitors Committee should have full time training from an Institution with a Mental hospital setting of its own(as NIMHANS) while undergoing post graduate qualifications.
- 2) Qualification of Member of all Committees:-Only person who has received full time training from an Institution with Mental Hospital (like NIMHANS) and should also have at least 10 years of full time experience of working in Mental Hospital.
- 3) At present few Members of Mental Health Authority or Visitors Committee are only academicians and not having full time training from an institution having Hospital and also less than 10 years experience of working at Mental Hospital should not continue as Members of Mental Health Authority or Visitors Committee.
- 4) Those persons who have financial involvement and/or suppliers of drugs and other equipment to the Health Department/Hospitals should not be appointed as a Member of Mental Health Authority or Visitors Committee
- 5) The Mental Health Committees should have members from all the Specialities of Mental Health i.e. like Psychiatrist, Clinical Psychologist, Psychiatric Social Worker, Psychiatric Nurse and Occupational Therapist etc as its member.
- 6) The Mental Health Act requires the Mental Health Authority to examine the facilities in the Mental Hospitals/ Psychiatric Clinics and award licences for establishing the Clinic. As per the Mental Health Act all the Hospitals and Clinic admitting Mental Patients must get the licence. Even General Hospital/Clinic admitting mental Patients should have a licence. So each and every Hospital/Clinic admitting mental Patients should apply for the licence and get the licence. On its own the Mental Health Authority should visit the all the Hospitals/ Clinics where ever mental Patients are admitted and regulate the Hospitals as per Mental Health Act. It should give surprise visits to any Hospital and check if Mental Patients are admitted in the Hospitals/Clinics etc.

- 32) The Orders given by the High Court regarding Mental Hospital and Staff in the writ Petition No. 5760 of 1987 and other cases should be implemented with immediate effect. The highest authority in the Health Department in charge of Mental Health should be responsible for implementing the orders of High Court.
- 33) **Mental Patients should be treated and cared with dignity as human beings.**
- 34) One person with legal back ground should be appointed as a member of all the Mental Health Committees.
- 35) More and More relatives and N.G.O.s should be en to visit the patients and Mental Hospital.
- 36) Regional Mental Hospital Thane has started, because of generous donation of piece of land and big amount by Navarottumdas Madhavdas. This Hospital was named after him. His name was deleted without any reason. It is a duty of the Government to revive donors name and pay the respect to Navarottumdas Madhavdas.(N.M. Mental Hospital, Thane)
- 37) Mental Hospital is not a jail or asylum. It is established for treating and caring the unfortunate human beings. This hospital cares the persons suffering from mental illness and coming from Nandurbar to Mumbai. The Hospital has also O.P.D. for patients living in the society. This hospital should not be shifted to any other place and no land belonging to mental hospital should be transferred for any other purpose.
- 38) At least twice a week physical and mental examination of the patient should be done.
- 39) **The patients should not be made to use clothing's which are drab and obnoxious and look like cloths of criminals.** The present uniform of clothing should be immediately changed. All the patients should be provided clothing of the type generally used in society made of good quality cloth and not of the cloth made in jails.
- 40) Ladies and males should be provided with inner ware. Female patients should provide with sanitary towels.
- 41) Patients should be provided dining tables and chairs.
- 42) Land situated inside and outside belonging to mental hospital should be protected. The encroachment should be removed immediately. The officer of P.W.D. attached to the Mental Hospital and the Officer in Charge of the Mental Hospital should be made responsible for the further encroachments.
- 43) Land belonging to hospital should be used for agriculture and therapeutic use thus preventing encroachments and it can be used for occupational/industrial therapy.
- 44) The quarters inside and outside the compound of mental hospital should be used only by the hospital staff. Other staff should not stay in hospital quarters.
- 45) In service training for the staff should be conducted frequently.
- 46) The staff i.e. Occupational Therapist, Psychiatrist, Psychiatric social workers, Psychiatric Nurses etc should be deputed to particular ward and they should remain there and conduct therapeutic Activity.
- 47) One responsible officer should be entrusted all the work of visitors committee. He should be directly responsible to Visitors Committee and for the welfare of mental patients.
- 48) **Today's show of the Mental Hospital is nothing but a face lifting. Actual picture of the working Hospital is grave.**

- 15) Additional posts of Clinical Psychologist, Psychiatric Social Worker, Occupational Therapist, Rehabilitation Experts etc. should be created and filled in.
- 16) All the Vacant Posts should be filled in.
- 17) Separate Staff and Funds should be allotted to various departments like Clinical Psychology, Occupation Therapy, and Rehabilitation etc.
- 18) Matron should be qualified Psychiatric Nurse only.
- 19) Male Psychiatric Nurses should be appointed as Matron. No sex discrimination should be observed.
- 20) CLINICAL PSYCHOLOGIST: - The post of Clinical Psychologist Class I is not filled in since 1992.
- 21) As per THE PROJECT REPORT ON MAHARASHTRA STATE INSTITUTE OF MENTAL HEALTH AN RESEARCH, PUNE, PAGE 8, CHAPTER 2,2.3 (B) CLINICAL PSYCHOLOGIST), those who are not trained in hospital Setting for the entire period of their course are qualitatively inferior personnel and they fail to deliver the services expected. They only create a false sense of adequacy of man power.
- 22) This condition of full time training in hospital setting applies to all the categories of Mental Health personal.
- 23) The Maharashtra State Health Department even after knowing this, downgraded the basic qualification of Clinical Psychologist from D.M. & S.P. to M.A. Clinical Psychology. Persons holding M.A. qualification lack the necessary knowledge and training required for the Post of Clinical Psychologist and created false sense of adequacy of man power.
- 24) All the post of Clinical Psychologist Class II with M.A. qualification should be converted to Clinical Psychologist Class. I and all those holding posts of Clinical Psychologist must have D.M. & S.P. from NIMHANS, or other similar qualifications from any other institution. They should have full time training in an institution having a hospital setting for the entire period of their course after M.A. in Clinical Psychology.
- 25) The attitude of the staff working in the Mental Hospitals and other officers responsible for Mental Health Department should such that they give loving care and affection to the mentally ill persons. They should not think and behave like in charge of a jail meant for harden Criminals.
- 26) Each and every patient should be provided with cot and mattresses. Also fans and lights without exception.
- 27) Each ward should have ample recreational facility and loving staff all ways present in the ward.
- 28) The entire wards for mentally ill persons should be kept open and they should be allowed to move out in the premises.
- 29) Sufficient funds should be allotted to each Hospital kept at the disposal of Superintendent.
- 30) Persons declared fit for discharged through Visitors' Committee should be sent to their home the very next day. This responsibility of reaching patients should be fixed and strictly followed.
- 31) **PATIENTS SHOULD NOT BE ASKED TO DO ANY MENIAL WORK** which is expected to be done by hospital staff, under the pretext of Occupation Therapy.

- 49) The actual inside environment of the Mental Hospital is not pleasing where one can live with dignity as human being.
- 50) As per the Statement of Superintendent, though 18 years have passed O.P.D. and Family Ward is not constructed.
- 51) The Superintendent has avoided saying as to whether the bathrooms and lavatories are clean and odder free.
- 52) Number of bathrooms and lavatories are insufficient.
- 53) Till today water supply is insufficient.
- 54) Though the human rights all the Mental Patients are same, as per U.N. and The Mental Health Act of 1987, wilful discrimination is made between civil and criminal patients. Lights and fans are not provided in Criminal Wards in spite of the directions of Human Rights Commissions directives. Criminal Mental Patients are not allowed to move even in a protected compound.
- 55) The Mentally disturbed who come for the treatment and pay the Government for their care and treatment are compelled to work as bounded labour. The inmates are compelled to do the manual work like, cleaning of toilets, bathrooms, utensils, carrying food etc. This work is to be done by the hospital staff for which they are paid for. To justify the work done by the mental patients, like a bounded labourers, the hospital authorities do not heisted to say that, this is just a part of an Occupation Therapy Treatment. The patients are not paid for the Work done by them.
- 56) The Clothing is same and is far below the dignity of mentally disturbed as human being. There is no change. The colour, pattern and the cloth is same.
- 57) Many patients are still without mattress and cots.
- 58) Soap and towels, tooth brush and paste are not provided to each patient. No mirror and comb is made available to the patients.
- 59) Mental Patients who are admitted in the Mental Hospital have right to proper treatment. They are deprived of that. The Psychiatrist examines these patients once in a month. The Mental Hospital Officials feel that they are justified in doing so.
- 60) The High Court has never directed the Government to depute insufficient Staff. The Government cannot give such lame excuse as staffs are insufficient.
- 61) Meal is not sufficient and is of poor quality. The food is not offered as per the type of requirement for the illness and patients own requirement.
- 62) The Mental Hospital Staff from top to bottom is not given any training as suggested by the High Court.
- 63) Staffs are not performing their duty properly. Most of the work is carried out by the patients. Staffs do not get involved in the patients. They avoid staying and doing therapeutic activity in the wards. Psychiatrist examines patients once in a month (though due to lack of number of Psychiatrist).
- 64) Pest Control is a responsibility of Hospital though the Hospital does not think it is their responsibility. The Corporation does only the job of controlling Mosquitoes.

The Hospital appears to be satisfied with it. Probably they are not aware of other pests and their responsibility to control them.

- 65) Though U.V. water purifiers are kept in many wards, the staffs is unaware of correct functioning of it. Ultimately patients are deprived of pure water.
- 66) No individual Treatment plan is thought and followed.
- 67) No Modern Methods of Psychiatric treatment is adopted. Only drugs and E.C.T. is administered.
- 68) There are various types of modern therapeutic treatments are in use all over the world. Few of them to mention to be as Psychotherapy- Group and Individual, Counselling, Play and recreation Therapy, Music Therapy, Religious Therapy, Pet Therapy, Industrial Therapy, Ayurveda Therapy etc is not adopted.
- 69) In 1987/88 in this hospital, Group Music Therapy was conducted and nearly 400 patients along with staff used to participate. Now it is discontinued for the reasoned best known to the Hospital Authorities. Audio Visual System was there for the Patients, by the Patients, of the Patients. It was thrown in to scrap. Several Pets were there for the Patients now they are vanished. I do not understand why good activities are not continued?
- 70) Mental patients are treated as inmates of Dog House. They are not given proper love and care. Most of the time, they are kept under Lock and Key. They are denied human treatment, as well as proper Modern Therapeutic treatment.
- 71) No emphasis is given on Rehabilitation even though the High court and Supreme Court has directed to rehabilitate the Mentally Ill.

The Health Department further downgraded the post of Clinical Psychologist to Class II with a pay scale equal to that of Medical Officer Class III.

They have also lower down the qualifications of Clinical Psychologist to M.A. in Clinical Psychology which is totally wrong. They do not have the proper knowledge and full time training from an Institution with hospital setting as mentioned in the Project Report of Maharashtra State Mental Health Institute Pune (an Institution run by the Government of Maharashtra under the Director Medical Education and Research).

- a) Occupational Therapists contribute little i.e. less than 5% patients attend Occupational Therapy. The Occupational Therapists fail to go to patient and do real therapeutic work.
- b) Other members of Psychiatric Team i.e. Psychiatric Social Workers, Clinical Psychologist, Psychiatrists etc contribute little in treatment plan and actual treatment. Thus Modern Psychotherapeutic Treatment is denied to the unfortunate mentally Ill.
- c) Mental Patients are kept under lock and key most of the time. The NURSING STAFF sit somewhere out far away from them. They do not really contribute in

iv) Old patients should be kept in separate ward. Special care and treatment should be given to them.

There are more ideas regarding improvement of Mental Hospital and proper loving care of mentally ill Persons if the person takes it to their heart.

Your Honour, it is further recommended that, mental hospitals should be centres of specialised health care offering variety of diagnostics and therapeutic services. They should be trained professionals from a variety of disciplines all working with a common goal of providing better quality of care for the mentally ill. These services should be accessible and affordable.

At present, it is observed the living conditions in the Mental Hospitals in Maharashtra State are deplorable and they violate an individual's right to be treated humanely and live a life of dignity.

IDEAS FOR A BETTER MENTAL HOSPITAL WHERE PATIENTS WILL HAVE MORE OF HUMAN RIGHTS AND DIGNITY,

OUTPATIENT SERVICES: - It should have separate block. It should operate from 9 am to 34 pm daily. It should have reception counter and general inquiry facility. It should have a large waiting hall, 6 consulting rooms for individual examination. Basic amenities should be provided. It should have registration counter. Adequate staff including Psychiatrist, Clinical Psychologist, Psychiatric Social Worker, Psychiatric Nurse, Accountant etc. The Psychiatrist should have authority to admit and discharge the patient. All forms of modern treatments should be made available. Laboratory should be there. Medical record with trained person should be posted. Telephone, ambulance should be available. Separate dispensing counter and a medical store with subsidised rate should open for 24 hours. Provision outside should be available for short stay of relatives.

CASUALTY AND EMERGENCY services should be made available 24 hours. Separate staff should be appointed. All amenities should be provided.
SHORT STAY WARD with 10 beds should be available. The treatment should be for not more than two to three days.

INPATIENT SERVICES: - There should be open wards where the relatives can stay with patient. The wards should be small with accommodation for 10 patients in each ward, It should have good amenities for the patients and relatives. It should have canteen facility. Closed wards should be limited for unmanageable

- treatment except distributing drugs. They do not communicate with the patient. They do not conduct therapeutic activities. They do not care to know the problems of patients. They do not help them to come out of their problems and recover as early as possible. It is observed that because of this, patients languish in the hospital and because of this the relative also lose their interest in the patient.
- d) Due to lack of proper number of Psychiatrist, existing Psychiatrist examine the patient once in a month. They have no time for the contributing in real psychotherapeutic activity
- e) **PSYCHIATRIC SOCIAL WORKERS** do not bother to conduct any Psychotherapeutic work. I have observed that, they are totally unaware of the patients, their illness or their where about. They do not care to go to ward and see that the patients are fit to go home or not. They do not care to see that whether patients discharged are sent home the next day. Patients declared fit remain in the hospital for days together. Patients are compelled to do the menial work in the hospital.
- f) Even though the High Court has directed to change the Clothing- quality of cloth, pattern of dress, colour of dress, No action is taken. Even inner ware is not provided to male and female patients. Whether sanitary towels are provided to female patients or not and how much amount is spent on it? If they are really prepared in the hospital how much extra amount is spent on buying the raw material for it?
- g) Additional Staff recommended by the High Court is not appointed. 1) Dietician, 2) Senior Administrative Officer (at present Resident Medical Officer does the work), 3) Catering Officer, 4) Personnel Officer, 5) Security Officer, 6) House Keeper, 7) Dy. Superintendent, 8) Clinical Psychologist M.M. & H.S. Class I etc are not yet appointed.
- h) The Mentally Retarded Persons should be shifted to Home for the Mentally Retarded.
- i) If few persons suffering from **MENTAL RETARDATION** are admitted in the Mental Hospital they should be special training and kept in separate wards. Special staff should be appointed for their training.
- j) Person suffering from EPILEPSY is a responsibility of Neuro physician and not of Mental Health Specialist. They should be transferred to the Hospital treating Medical and Neurological cases. If Epileptic Patients are kept in the Mental Hospital, they should be kept in separate Ward. Neuro Physician should be appointed on the staff of Mental Hospital. **SEPARATE HOMES FOR EPILEPTIC PERSONS** should be established in the state.
- iii) **CHILDREN** should be kept in separate Ward. Special care for the illness should be taken. They should be given training and education as per requirement.

O.P.D. All the stationery and printed forms should be kept there. File revival system should be computerised. Current records and the old record should be kept separately. The records of discharged and /or dead patients should be kept separately for the research purpose only.

WEAST DISPOSAL: - Medical west should be disposed off regularly incinerated. Biodegradable west, west food should be converted in to compost.

CENTRAL STERLIZATION AND SUPPLY DEPARTMENT: - It should be managed by a qualified staff. It should consist of (a) Decontamination, (b) Washing, (c) Assembly and (d) Autoclave.

LIASION SERVICES: - Liaison with general hospital and N.G.O. should be maintained. Panel of specialist should visit the hospital regularly. Liaison with N.G.O. and other voluntary services should be utilised for discharge, rehabilitation and recreational facilities of patient.

LEGAL AID DEPARTMENT: - should function daily. It should take care of maintaining the rights and dignity of patients.

GENERAL GUIDLINE FOR THE HOSPITAL ADMINISTRETION: - There should be good communication system for internal as well as external communication. There should be good lighting system with at least two centralised backup generators.. There should be overhead water tanks and centralised water filter system with a backed. Water conservation should be followed. Computer system should be available in each ward and each department. Good approach roads should be maintained. Transport system should be made available. There should at least two ambulances should be there. Two staff cars and a bus for the outing of patients and staff should be there.

HOSPITAL ADMINISTRETION: - The Hospital should be headed by a Mental Specialist with post graduate degree. He should have full administrative/financial and legal powers to ensure proper functioning of the hospital. He should be assisted by Deputy Superintendent and R.M.O. who should have postgraduate degree in Mental Health. Specific duties and administration should be de centralised. The Mental Health Specialist should head the unit. He should have full powers of admission, discharge and routine clinical decisions. There should be regular weekly and monthly clinical and administrative management meeting with all technical and administrative staff. Hospital Administrative Committee should be formed consisted of all the heads of each department. The Superintendent should have powers up to Rs. 10000/-for purchases. The Superintend should be a member of central purchase committee. The material purchased should be of good quality and of competitive price. NO purchase should be made at a higher cost and inferior quality from a government specified agency. ALL the 'D' category staff including overseer should come under

patient for a short period. The wards should be small with all the amenities. 90% of the in patients should be on voluntary basis kept in open ward where as only 10% should be kept in closed ward. One Bath rooms, toilets should be provided for six persons. Fans lights, locker, dressing table and a generator should be provided.

Patients should be encouraged to wear their own cloths. Hospital clothing should be culturally appropriate. Delousing and debugging must be done before patient is admitted. Facilities for barber and a dressing table should be provided in each ward.

There should be nursing station in each ward. Nurses should record daily observations. Activities of each ward should be stretched and throughout the day. Occupational therapy, recreation therapy should be conducted. The entire mental specialist should see each patient at least twice daily.

There should be separate in patient facility for the patients with criminal record. There should be separate dining hall with dining table and chairs where patient can eat with dignity. Special provision should be made for those who do not eat themselves.

There should be Nursing home like special wards for the paying patients, with better facilities.

There should be separate INTENSIVE CARE UNIT, with all types of medical facilities.

KITCHEN AND DIETARY Services: - There should be a qualified caterer and dietician. Cooking should be in stainless steel vessels. Kooks should be trained. Kitchen should be clean. All the staff should undergo periodic check up and antihelmatics should be prescribed when necessary. The food should be transported by t5he help of electric horse in a closed container. The timing for the serving food should be spread throughout the day. At present food is served as per the timing of staff. That should be stopped. The duties should be adjusted as per the schedule of food timings ant according to the duty timings of the staff. Well balanced food containing at least 3000 calories should be provided. Vigilance should be placed in a Kitchen and store to stop pilferage.

LONDRY: - fresh, clean and disinfected linen is a must. Daily washed clothing should be supplied to the patients.

MEDICAL STORES: - the three months stock of medicine should be maintained without fail.

MEDICAL RECORD: -It should be maintained by a qualified trained medical record keeper. It should be computerised and the record should be indexed by patients name, disease and date wise. The record room should be attached to the

control of Matron with immediate effect. Security agency should be appointed for the security of Hospital property. (The list is still big).

REHABILITATION SERVICES: - IT should be started in the ward. The whole psychiatric team should be involved in it. Structured activity of all patients with emphasis on training in activities of daily living skill, including personal care and grooming must be ensured. Facilities for recreation and socialization should be provided in ward.

There should be separate rehabilitation ward. All type of creative activities should be thought and carried out. Marketing should be done. The patients should be paid for the work. The help from small Scale Industries, Cottage Industries, Khadi and village industries and other industries should be solicited. Separate staff, finance and administrative pattern should be established.

DAY CARE CENTRE: - It should be located within the campus of hospital. Transport facility should be provided by the hospital. It should have trained specialised staff including mental health specialists. There should be facilities for all type of Medical, Psychosocial type of treatment facility. Occupational therapist should take care of the patients. It should conduct structured activity. Cash incentive should be offered to the patients.

SATELITE CENTRES: - should be organised. The help from N.G.O. should be taken.

HUMAN RESOURCE DEVELOPMENT AND TRAINING: - Higher Training institute should be established. It should impart training to psychiatrist, Clinical Psychologist, psychiatric social workers, psychiatric nurses, medical officers and all other staff. In service training should be conducted. It should also conduct training program to the judiciary, police, prison staff etc.

ESTATE DEPARTMENT: - It should have estate department who should look after movable and non movable property. IT should have maintenance department.

UTILIZATION OF VACANT LAND: - the vacant land should be utilized for the development of hospital and training purpose. Encroachment should be removed and further encroachment should be stopped. Agricultural activity should be conducted. Essential staff quarters should be built. O.P.D., Day care centre, Day Care Centre, Training Centre etc should be established.

FINANCE: - State and Central Government should contribute. International agencies should be approached. Vacant land occupied by the encroachment should be sold out and the finances should be raised.

IN SHORT, THE MENTAL HOSPITALS IN TH MAHARASHTRA STATE TOTALLY DENY HUMAN RIGHTS AND DIGNITY TO MENTALLY DISABLED PERSONS.

Your Honour, It is further recommended that,

- (a) There should be independent directorate of mental health under mental health specialist.
- (b) The present superintendents of all the mental hospitals should be shifted to some other post.
- (c) Mental health specialist with fresh mind and those who care for the human rights and dignity of mentally disabled should take their responsibility.
- (d) The mental health authority and its members should be mental health experts with a post gradual degree after a full time training from an institution like, NIMHANS, with a mental hospital and 10 years experience of working in the mental hospital.
- (e) There should be drastic and immediate change in the whole working pattern of mental hospitals.

Honourable Sir, myself being a mental health and human rights law consultant, I would like to offer my services of the noble cause of service to humanity, their human rights and dignity which you are doing. I request your Honour, to give me an opportunity to work for National Human Rights Commission, under your guidance.

Thanking you,

Yours Faithfully,



DR. VINAYAK MAHAJAN.

Human Rights and Mental Health Consultant and Advocate,
Thane, 17-08-2009.

MALNUTRITION STATEMENT

महिला व बालकल्याण विभाग जिल्हा परिषद ठाणे.
श्रेणी ३ व श्रेणी ४ च्या लाभार्थीची महिना निहाय मागिल पांच वर्षाची माहिती.

अ.क्र	महिला	२००५-२००६			२००६-२००७			२००७-२००८			२००८-२००९			२००९-२०१०		
		श्रेणी ३	श्रेणी ४	एकुण	श्रेणी ३	श्रेणी ४	एकुण	श्रेणी ३	श्रेणी ४	एकुण	श्रेणी ३	श्रेणी ४	एकुण	श्रेणी ३	श्रेणी ४	एकुण
१	२	६	७	८	९	१०	११	१२	१३	१४	१५	१६	१७	१८	१९	२०
१	एप्रिल	१६००	२०८	१८०८	१२५०	१५६	१४०६	६०८	८५	६९३	२१९	५४	२७३	१७३	३३	२०६
२	मे	१५५२	१९७	१७४९	१२३६	१६२	१३९८	६२५	८९	७१४	२०९	४१	२५०	१६३	२६	१८९
३	जून	१६०९	२२१	१८३०	१३७३	१९६	१५६९	६८७	१०३	७९०	२४७	५२	२९९	१६८	३५	२०३
४	जुलै	१५६९	२११	१७८०	१३३५	१८४	१५१९	७३०	१११	८४१	२९३	५१	३४४	१८०	३०	२१०
५	ऑगस्ट	१५४९	२२९	१७७८	१२२२	१६३	१३८५	६९२	१०६	७९८	३०४	५९	३६३			०
६	सप्टेंबर	१५०५	१९१	१६९६	११००	१३४	१२३४	६६७	९३	७६०	२८२	६०	३४२			०
७	ऑक्टोबर	१५७६	२११	१७८७	१४४	११९	१०६३	६२०	९०	७१०	२५९	४९	३०८			०
८	नोव्हेंबर	१४४८	१८५	१६३३	८०२	८६	८८८	५४६	७९	६२५	२३६	४२	२७८			०
९	डिसेंबर	१३६५	१६८	१५३३	७९१	९१	८८२	५२८	१०२	६३०	२०८	४५	२५३			०
१०	जानेवारी	१३२८	१५९	१४८७	६५६	८९	७४५	४३२	९०	५२२	२२६	४२	२६८			०
११	फेब्रुवारी	१३०८	१६९	१४७७	५९२	८६	६७८	३१८	७२	३९०	१९७	४१	२३८			०
१२	मार्च	१२७८	१५९	१४३७	५६४	८३	६४७	२७१	७४	३४५	१८६	३४	२२०			०

महिला व बालकल्याण विभाग जिल्हा परिषद ठाणे.
सर्वसाधारण, श्रेणी १ व श्रेणी २ च्या लाभार्थींची महिना निहाय मागिल पुस्त वर्षाची माहिती.
लीन

अ.क्र	महिला	२००६-२००७						२००७-२००८						२००८-२००९							
		एकूण वजन घेतलेली मुले	सर्वसाधारण श्रेणी	टक्के वारी	श्रेणी १	टक्के वारी	श्रेणी २	टक्के वारी	एकूण वजन घेतलेली मुले	सर्वसाधारण श्रेणी	टक्के वारी	श्रेणी १	श्रेणी २	टक्के वारी	एकूण वजन घेतलेली मुले	सर्वसाधारण श्रेणी	टक्के वारी	श्रेणी १	टक्के वारी	श्रेणी २	टक्के वारी
१	एप्रिल	३६९०९७	१५०८७०	४१	१५०३६४	४१	६६४५७	१८	३७७०८२	१६६१५०	४४	१५४९७९	५५२६०	१५	३७७०५७	१८४७९३	४९	१५१८१६	४०	४०१७५	११
२	मे	३६९४५८	१५०९६८	४१	१५०७४५	४१	६६३४७	१८	३७८२१३	१७२१८७	४६	१५३९९७	५२११५	१४	३७४४५५	१८४४८७	४९	१५०६४३	४०	३९०७५	१०
३	जून	३७४८००	१४९३०१	४०	१५४४९८	४१	६९४३२	१९	३८१२९२	१६७१९५	४४	१५७६२०	५५६८७	१५	३७७६९७	१८४७८४	४९	१५१५२८	४०	४१०८६	११
४	जुलै	३७४३३२	१४८२१६	४०	१५२६८९	४१	७१९०८	१९	३८०६६२	१६७९७८	४४	१५५४९५	५६३४८	१५	३७६७३३	१८५६९३	४९	१५०३२५	४०	४०३७९	११
५	ऑगस्ट	३८२५२९	१५३०१६	४०	१५४६७०	४०	७३४२८	१९	३८२३४१	१६८४९८	४४	१५८०११	५५०३४	१४	३८२५६८	१९१०५१	५०	१५२८३३	४०	३८३२१	१०
६	सप्टेंबर	३८५६५८	१५६०८३	४०	१५३३१८	४०	७२०२३	१९	३८५९२०	१७४६८६	४५	१५६८१३	५३६६१	१४	३८४५९१	१९७५७९	५१	१५०६३०	३९	३६०४०	९
७	ऑक्टोबर	३८५०६५	१६०६२३	४२	१५६३४०	४१	६७०३९	१७	३८७७४६	१७६१४४	४५	१५७३१५	५३५७७	१४	३८९०९२	२०८९१६	५४	१४५५५६	३७	३४३१२	९
८	नोव्हेंबर	३८१३२५	१६०३७८	४२	१५४७७३	४१	६५२८६	१७	३८३४७४	१७४७६७	४६	१५५४२३	५२६५९	१४	३८७९१३	२१३२०६	५५	१४१७५६	३७	३२६७३	८
९	डिसेंबर	३७८९७८	१६१७३५	४३	१५३१३८	४०	६३२२३	१७	३७६३७३	१७६२३६	४७	१५२३१८	४७१८९	१३	३८७३७५	२१७४८१	५६	१३८३६५	३६	३१२७६	८
१०	जानेवारी	३७८३८५	१६२२५१	४३	१५५८६२	४१	५९५२७	१६	३७७३८२	१७८७६१	४७	१५२१७८	४५९२१	१२	३९४७५३	२२६१४९	५७	१३७९०८	३५	३०४२८	८
११	फेब्रुवारी	३७८३२१	१६३४१९	४३	१५८०७४	४२	५६१५०	१५	३७८०१४	१८२३०५	४८	१५१७१३	४३६०६	१२	३९७२९५	२३१९७५	५८	१३५८५७	३४	२९२२५	७
१२	मार्च	३७६१८८	१६५०८१	४४	१५७१४५	४२	५३३१५	१४	३७८९००	१८६१३१	४९	१५१७९९	४०६२५	११	३९११७१	२३३६८४	५९	१३६५८४	३४	२८६८३	७