Status of Implementation

of the

Mental Healthcare Act, 2017



सर्वे
भवन्तु सुखिनः

National Human Rights Commission, India

2023

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Bharat Lal
Secretary General
NHRC, New Delhi

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FOREWORD

In recent years, our understanding of mental health has undergone a profound transformation. The recognition and acknowledgment of mental health as an essential aspect of overall well-being have gained significant traction, leading to increased efforts to break down the stigmas attached to mental illness. The urgency to address mental health issues has become paramount, as the global burden of mental disorders continues to rise.

As we move forward, it is important to recognize the significant impact mental well-being has on individuals and their families, communities, and societies as a whole. Also, significant institutional shortcomings are faced by mental health facilities and institutions. This report is focused on mental health and serves as a comprehensive guide, shedding light on the multifaceted aspects of mental health and offering insights into the challenges faced by individuals living with mental health disorders. It is a culmination of extensive research, thoughtful analysis, and the expertise of numerous professionals working tirelessly in the field of mental health.

One of the primary objectives of this report is to dispel the misconceptions and stereotypes surrounding mental health. This report endeavors to offer practical recommendations and evidence-based strategies to guide interventions at different levels, whether it is at the individual level through self-care and support, at the community level through awareness campaigns and accessible resources, or at the policy level through the implementation of comprehensive mental health systems.

We must also acknowledge the significant progress that has been made in recent years. The growing recognition of mental health as a global priority has spurred innovative research, increased funding, and the development of new treatment modalities. However, much work remains to be done. We must continue to advocate for greater investment in mental health, increased access to quality care, and the elimination of barriers that prevent individuals from seeking help.

In conclusion, this report is a testament to our collective commitment to advancing the understanding and treatment of mental health. It is a call to action for individuals, communities, and policymakers to prioritize mental health as an integral part of our well-being. Together, let us strive to create a world that fosters mental wellness, supports those affected by mental health disorders, and embrace the fundamental principle that mental health is a fundamental human right.



[Bharat Lal]

New Delhi
19.07.2023

Acknowledgement

This Report on the Status of Implementation of the Mental Healthcare Act, 2017 is the culmination of the National Human Rights Commission's (NHRC) commitment to regularly evaluate and monitor the functioning of the Mental Health Establishments/ Institutes. This report is based on the visit of NHRC Delegations to the four institutes, namely, Gwalior Mansik Arogyashala, Gwalior, Madhya Pradesh; Institute of Mental Health and Hospital, Agra, Uttar Pradesh; Central Institute of Psychiatry, Ranchi, Jharkhand; and Ranchi Institute of Neuro-Psychiatry and Allied Sciences, Ranchi, Jharkhand, and visits by the Special Rapporteurs to forty-three other Mental Health Establishments across the Nation.

I would like to express my sincere gratitude to Mr Justice Arun Mishra, Hon'ble Chairperson, for always motivating and advancing the efforts. Without his compassionate leadership, it would not have been possible to come this far. I would also like to place on record my sincere gratitude to Dr Dnyaneshwar M. Mulay, Hon'ble Member, NHRC; Mr Rajiv Jain, Hon'ble Member, NHRC; and Mr Bharat Lal, Secretary General, NHRC, for their consistent encouragement and motivation. I also want to extend my heartfelt gratitude to Mr Justice M.M Kumar, former Member of NHRC, for his ongoing support and inspiration. I would like to thank Mr Devendra Kumar Singh, former Secretary General, NHRC, for his persistent advice and reassurance. I would also like to sincerely thank Mr Manoj Yadava, Director General (Investigation), for his endless support during the visits.

I would like to thank all the dignitaries who accompanied the NHRC Delegates team to visit the four Mental Health Institutions in Gwalior, Agra and Ranchi, including Mr Santosh Kumar Satpati, Acting Chairperson, Jharkhand State Human Rights Commission; Mr Prem Narayan Singh, Principal District & Sessions Judge, Gwalior; Mr Vivek Sangal, District and Sessions Judge, Agra; Mr Sarvjeet Kumar Singh, Additional District & Session Judge, Agra; Mr A.K. Rai, Judicial Commissioner, Ranchi; Mr Mohammed Suleman, IAS, Additional Chief Secretary, Department of Health Education; Mr Prateek Hajela, IAS, Additional Chief Secretary, Social Welfare and Disabled Welfare Department, Government of Madhya Pradesh; Mr Arun Kumar Singh, Additional Chief Secretary, Department of Health Government of Jharkhand; Prof. (Dr) Atul Goel, Director General Health Services; Mr Sunil Kumar, Additional Director General of Health Services, Government of India; Mr Himanshu Kumar, IAS, Principal Secretary, Department of Social Welfare; Government of Uttar Pradesh; Mr Pranjal Yadav, IAS, Special Secretary, Department of Medical Health & Family Welfare, Government of Uttar Pradesh; Prof. Pratima Murthy, Director, National Institute of Mental Health and Neuro Sciences; and Dr Rajesh Sagar, Department of Psychiatry, AIIMS, Delhi.

I would like to express my sincere gratitude to all the Special Rapporteurs, Mr M. Madan Gopal, Mr Umesh Kumar, Dr Rajinder Malik, Mr Mahesh Singla, Mr P.N Dixit, Mr Akhil Kumar Shukla, Dr Ashok Kumar Verma, Mr Ashit Mohan Prasad, Mr Hari Sena Verma, Mr Madan Lal Meena, and Mr Ranjan Dwivedi, who made efforts to gather first-hand data on behalf of the Commission.

This groundbreaking report examines numerous facets of Mental Health Establishments, particularly in light of the Mental Healthcare Act, 2017. The report, which is a significant project of the National Human Rights Commission, India would not have been feasible without the cooperation of the Directors/ Superintendents of the 47 Mental Health Establishments. I would like to express my deepest gratitude to all these Establishments/Institutes' officers and staff.

Furthermore, I would like to acknowledge and compliment the NHRC Internal Team, consisting of Lt Col. Virender Singh, Director; Mr Sudesh Kumar, Senior Research Officer; Mr Deepak Kumar, Section Officer; Ms Aakanksha Sharma, Junior Research Consultant; Ms Architi Batra, Junior Research Consultant; and Ms Shrija Singh, Junior Research Consultant, for their prompt assistance and unwavering efforts.

Lastly, I would like to thank everyone who contributed their time, effort, and dedication to the report's publishing. This publication would not have been accomplished without their determination.



(Devendra Kumar Nim)
Joint Secretary, NHRC

TIMELINE

1 — 11 November, 1997

Order by Hon'ble Supreme Court

Writ Petition (C) Nos. 339 of 1986, in the matter of Rakesh Chandra Narayan and Others vs. State of Bihar & Ors. requested the National Human Rights Commission (NHRC) to be involved in the supervision of the functioning of the Agra Protective Home.

2 — 2004

Second Order by Hon'ble Supreme Court

This exercise was also extended to Gwalior and Ranchi Mental Asylums.

3 — 15 March, 2022

D.O. letter by Hon'ble Chairperson to the Chief Justice of Allahabad, Jharkhand and Madhya Pradesh High Court

To advise the District Judges of Agra, Ranchi and Gwalior to monitor the functioning of the Mental Health Institutions/ hospitals and send quarterly reports to NHRC.

4 — 15 March, 2022

D.O letter by the Joint Secretary NHRC to the District Judges of Agra, Gwalior and Ranchi

The report for the quarter ending 31 March 2022 was requested to be submitted to the Commission.

April - June, 2022

5

Analyses of the visit reports submitted by District Judges

The dire state of all four Mental Health Institutions (MHIs) came to light. The Commission took immediate action and scheduled visits to four MHIs of Gwalior, Agra and Ranchi to have first-hand knowledge of the condition and functioning of the Institutes to conduct workshops discussing the key challenges and formulate a plan for their efficient functioning.

6

July- August, 2022

Visits and Workshops conducted in 4 Mental Health Institutions

A team from the National Human Rights Commission, headed by Mr. Justice Arun Mishra, Hon'ble Chairperson, NHRC visited:

- Gwalior Mansik Arogyashala (GMA), Gwalior - 12th July 2022
- Institute of Mental Health and Hospital (IMHH), Agra - 27th July 2022
- Ranchi Institute of Neuro-Psychiatry and Allied Sciences (RINPAS), and Central Institute of Psychiatry (CIP), Ranchi – 17th and 18th August 2022

9 September, 2022

7

DO Letter to State Health Secretaries

State Health Secretaries were requested to provide information on the current factual status of the implementation of the Mental Healthcare Act 2017 in their States and Union Territories (UTs) including, the constitution of State Mental Health Authority and State Mental Health Review Boards, and the notifications of their Rules and Regulations.

8

12 September, 2022

DO Letter to NHRC Special Rapporteurs

Special Rapporteurs were requested to inspect and collect information on the Government Mental Health Establishments located in their assigned zones/ states and prepare a report on the general functioning of these establishments along with recommendations to remove shortcomings, if any, noticed during the inspection.

September, 2022 onwards

9

Data collection and analysis

Data analysis and study of the reports submissions and replies to DO Letters by NHRC Research Team.

10

5 January, 2023

Suo Moto Cognizance by the Commission

The observations from the reports of MHIs prompted the Commission to take suo-moto cognizance. Notices were issued to the Secretary, Health & Family Welfare, Govt of India; Director General of Health Services; Chief Secretaries and Principal Secretaries, Health; Director General of Police and Commissioner of Police in the metropolitan cities of all the State Governments as well as Union Territories; Directors of the Mental Health Institutions across the country calling for specific reports and detailed action taken reports.

11

10 January, 2023

D.O letter by Secretary General, NHRC to the Ministry of Health and Family Welfare, Govt. of India

The letter highlighted the pending approvals of State and Union Territories from the Central Government for State Statutory Requirements in context of Mental Healthcare Act 2017.

12

17 February, 2023

D.O. letter by Hon'ble Chairperson to the Hon'ble Home Minister, Health Minister and Delhi Lt Governor

To comply with the directions of the Hon'ble Supreme Court in a Public Interest Litigation (PIL) W.P. No. 1777-78 and 2848 of 1983 wherein it is directed that the Institute of Human Behaviour and Allied Sciences (IHBAS) be developed on the patterns of National Institute of Mental Health and Neurosciences (NIMHANS) and requisite funds be provided by the Central and State Government for the same.

13

1 March, 2023

D.O letter to the Directors of all Mental Health Institutions

To furnish additional information on their functioning, especially with respect to the status of recovered patients who continue to stay in the Mental Health Institutions after recovery and their rehabilitation status.

14 **March, 2023 onwards**

Draft Preparation of the Report

On the study and analysis of all the collected original information and data, this draft report is prepared by NHRC.

July, 2023 **15**

Publication

Report on the Status of Implementation of Mental Healthcare Act, 2017

Introduction

The Mental Healthcare Act of 2017 defines "**mental illness**" as a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs.

The motive of this Act is to provide mental healthcare and services for persons with mental illness and to protect, promote and fulfil the rights of such persons while delivering mental healthcare and services. The Act aims to provide mental healthcare and services for persons with mental illness and ensure these persons have the right to live a life with dignity.

The Hon'ble Supreme Court by an Order dated November 11th, 1997, in Writ Petition (C) Nos. 339 of 1986, in the matter of Rakesh Chandra Narayan and Others vs State of Bihar & Ors. inter-alia directed as below:

"We have today made an order in Upendra Baxi (Dr.) v. State of U.P. requesting the National Human Rights Commission to be involved in the supervision of the functioning of the Agra Protective Home in the manner indicated in the order. We are of the opinion that the same kind of order needs to be made in this matter, also relating to Agra, Ranchi and Gwalior asylums. Accordingly, we request the National Human Rights Commission to perform this exercise in the same manner. The general directions given in our order by Dr Upendra Baxi would also be equally applicable in the present case. A copy of this order, together with a copy of the order in Dr Upendra Baxi and other relevant orders and papers of this matter indicated by Mr Muralidhar, be sent by the Registry to the National Human Rights Commission".

The Hon'ble Supreme Court, in the said order, directed the District Judge of Agra to continue to monitor the affairs of the Agra Mental Asylum and give the necessary directions from time to time, as may be required for this purpose and send periodic reports to the National Human Rights Commission (NHRC) with a copy of the Registry of the Hon'ble Supreme Court. The Hon'ble Supreme Court passed another order in 2004, stating that this exercise would also be extended to Gwalior and Ranchi mental asylums, and all other general directions mentioned in the order of Agra Protective Home would be equally applicable to these two States.



As per the D.O. (D.O No. R-18/3/2022-PRPP (RU-3)) dated March 15th, 2022, written by the Hon'ble Chairperson to the Chief Justice of Allahabad, Jharkhand and Madhya Pradesh High Court, a request was made to advise the District Judges of Agra, Ranchi and Gwalior to monitor the functioning of the mental health institutions/ hospitals and send quarterly reports to NHRC with a copy to the Registry of the Hon'ble Supreme Court. A similar D.O. (D.O No. R-18/3/2022-PRPP (RU-3)) dated 15th March 2022 by the Joint Secretary to the District Judges of Agra, Gwalior and Ranchi was also issued.

Upon analysing the visit reports submitted to the Commission by the District Judges of Gwalior, Agra and Ranchi, the difficult state of all the four Mental Health Institutions (MHIs), namely, Gwalior Mansik Arogyashala (GMA), Gwalior; Institute of Mental Health and Hospital (IMHH), Agra; Ranchi Institute of Neuro-Psychiatry and Allied Sciences (RINPAS), and Central Institute of Psychiatry (CIP), Ranchi, came to light.

The Commission took immediate action and scheduled visits to all four MHIs to have first-hand knowledge of their condition and functioning and also to conduct workshops in each institute to discuss the key challenges and issues and formulate a plan for their efficient functioning. The visit of the NHRC delegation to these four institutes accentuated the challenges, shortcomings and status of mental health institutions in the country. Thus, the Commission promptly directed its Special Rapporteurs to visit all other 43 Government Mental Health Institutes/ hospitals, pan India, to inspect and submit a detailed report to the Commission.

The Special Rapporteurs of the National Human Rights Commission, Mr M. Madan Gopal, Mr Umesh Kumar, Dr Rajinder Malik, Mr Mahesh Singla, Mr P.N Dixit, Mr Akhil Kumar Shukla, Dr Ashok Kumar Verma, Mr Ashit Mohan Prasad, Mr Hari Sena Verma, Mr Madan Lal Meena, and Mr Ranjan Dwivedi, visited 43 Government Mental Health Establishments (Institutions/ Hospitals) all over the country (list attached in ***Annexure I***). A detailed proforma was filled (proforma in ***Annexure IV***), and detailed observation/ inspection reports were prepared by the Special Rapporteurs and submitted to the Commission.

The analysis of these reports and data collected is presented in this publication along with the recommendations of the Commission for improved functioning of the Mental Health Establishments in the Country and thus is titled, **'The Status of Implementation of the Mental Healthcare Act, 2017'.**



Executive Summary Highlights

*(Data available for reference in **Annexure II**)*

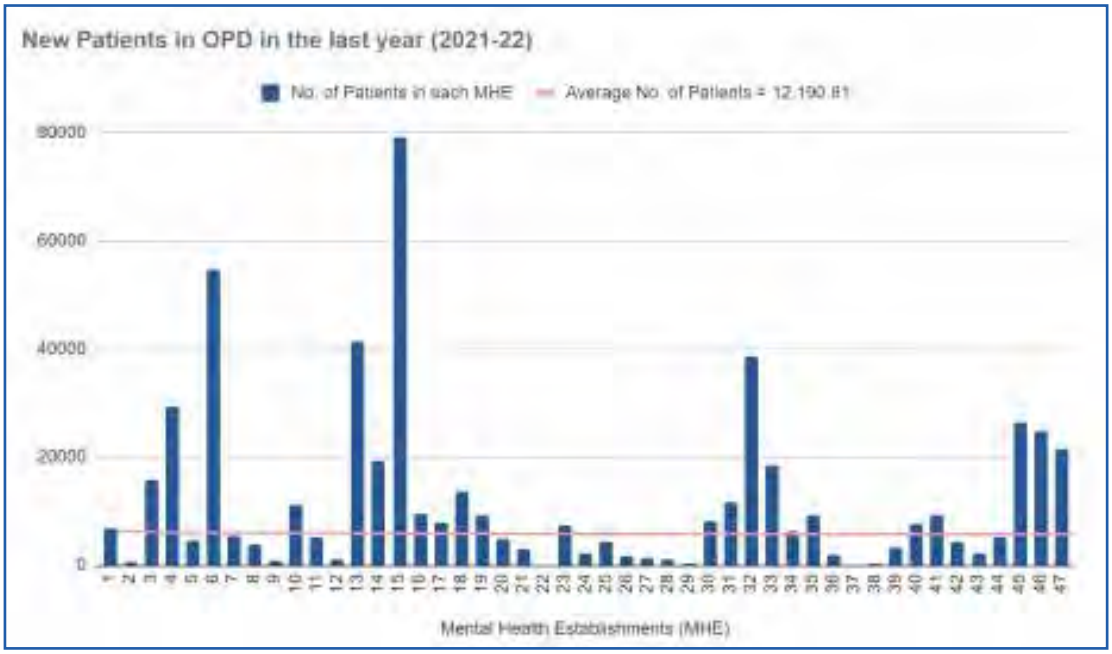
Mental Health Establishments* were established with the aim and objective of:

1. Providing premier tertiary mental healthcare and services in mental health and neurosciences to the citizens of the country with equity to all needy and the vulnerable sections of the society.
2. Ensuring the strengthening of the clinical services, faculties, human resources training and quality research, thereby encouraging all the departments for their overall developments and excellence in their field of activities.
3. Expanding tertiary mental healthcare facilities and neurosciences by strengthening existing infrastructure and establishing new infrastructure for capacity building.
4. Providing skill development through workforce training in mental healthcare and neurosciences to meet the requirements of national programmes in the area of mental health.
5. Developing an active research program in the field of mental health and neurosciences and allied disciplines and entering into collaboration with national and international bodies.

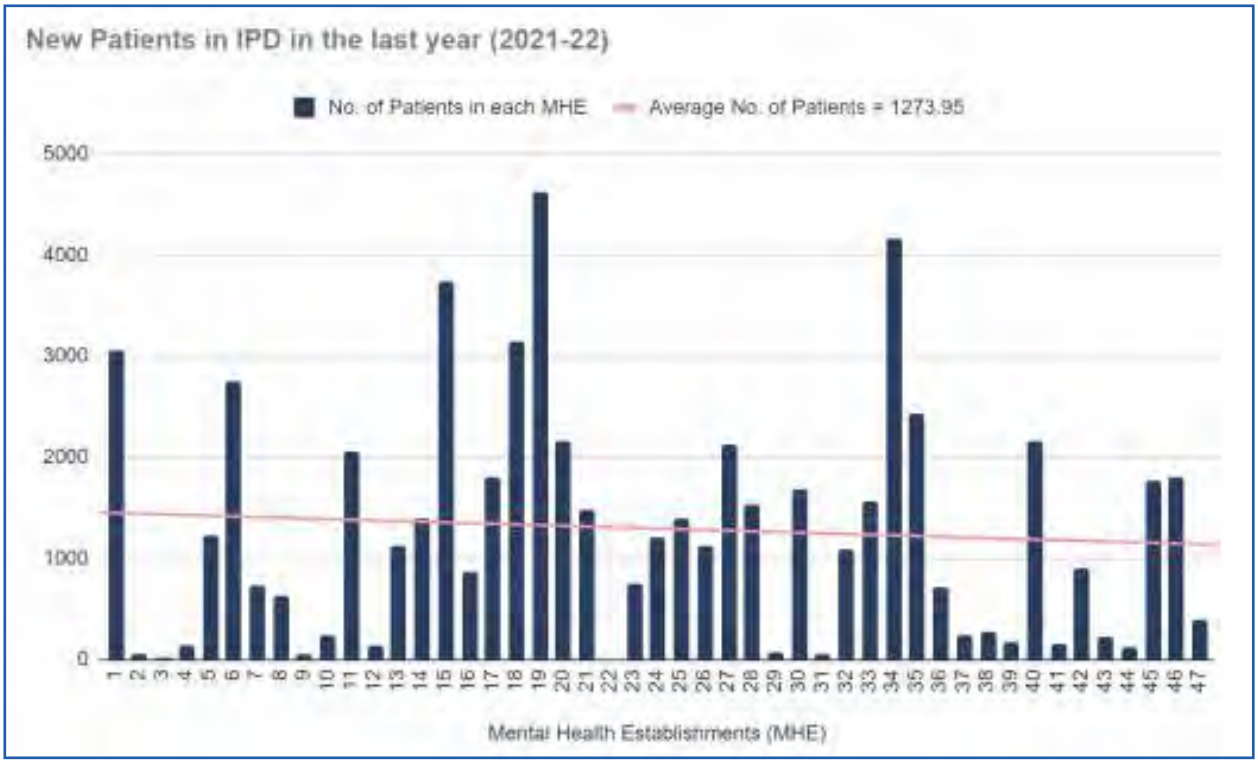
Mental Health Establishments (MHE) consist of Mental Health Institutions (MHI) and Mental Hospitals, and the three are used interchangeably for the purpose of this report.

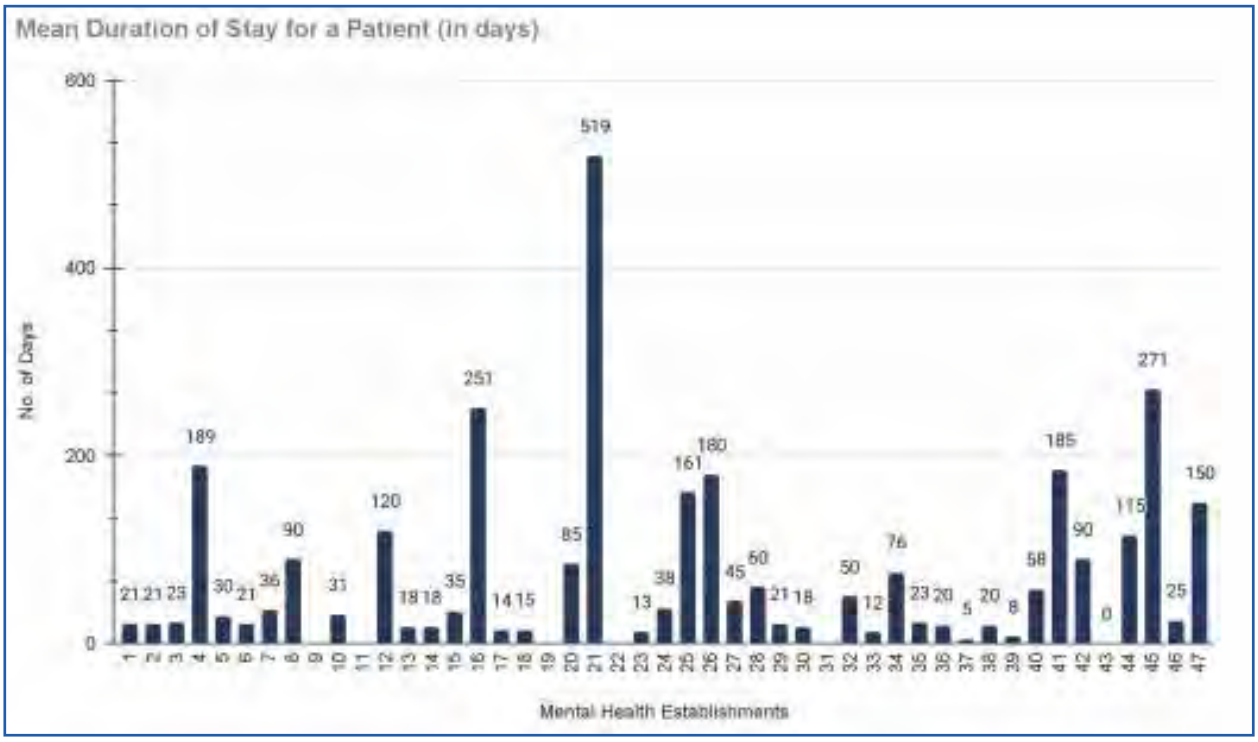
On the basis of our primary study of the forty-seven Mental Health Establishments (MHE) in the country, the following results have been uncovered-

The chart below shows the high number of patients visiting the Outpatient Department on an Annual Basis in each Mental Health Establishment. With an average of 12,190 patients in a country with a population of 140.76 Crores, the low number is due to stigmatisation around mental health issues and the lack of awareness towards approaching healthcare professionals for their help. The Indian population still lacks acceptance towards seeking help for their mental health issues.



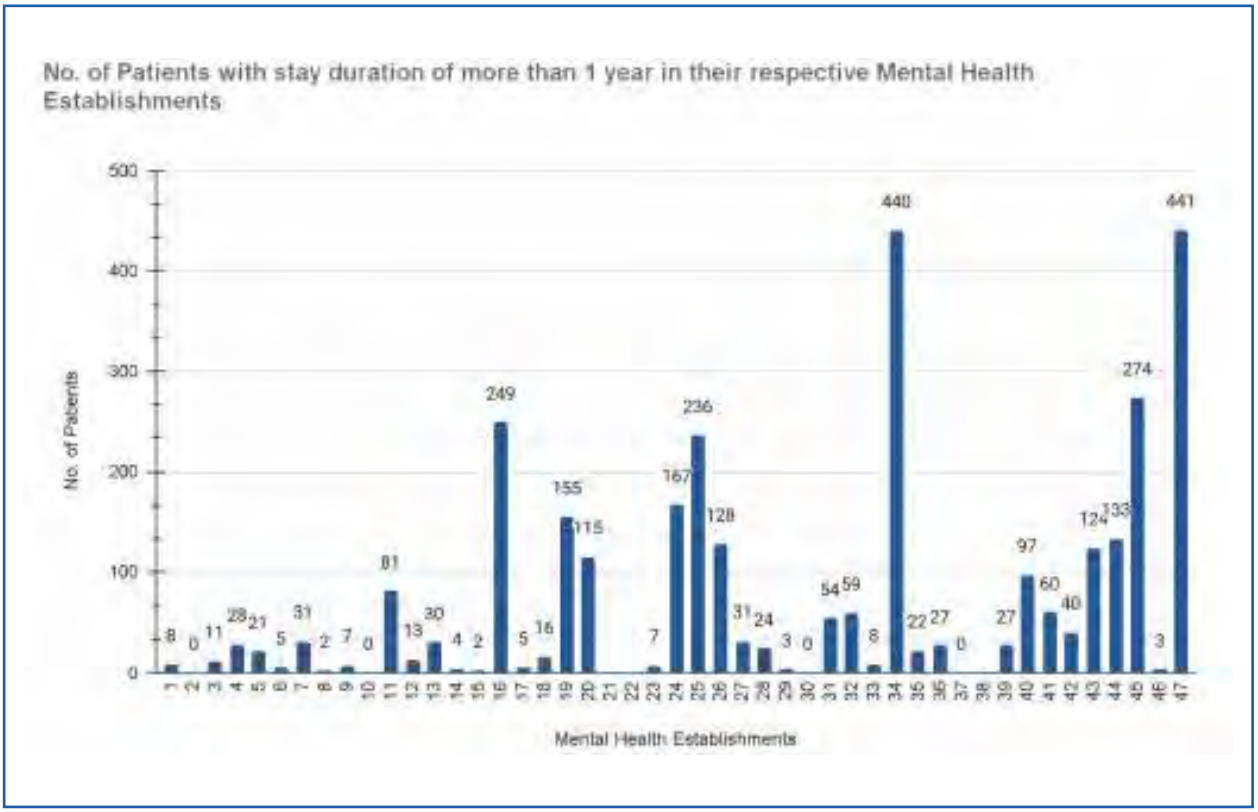
The graph below depicts the patients admitted in the last year in each Mental Health Establishment. With the average number of patients crossing only 1000 new patients admitted, it is to say that the Mental Health Establishments in the country are not meeting their potential and strengths when catering to the problems of people in their areas and afar. People are still not accepting of the fact that they or someone they know may be suffering from mental illness, nor do they acknowledge the presence of mental health issues worthy of treatment at a Healthcare Establishment. Moreover, the turnover rate of admission of patients is much less than the actual number of patients that need help.



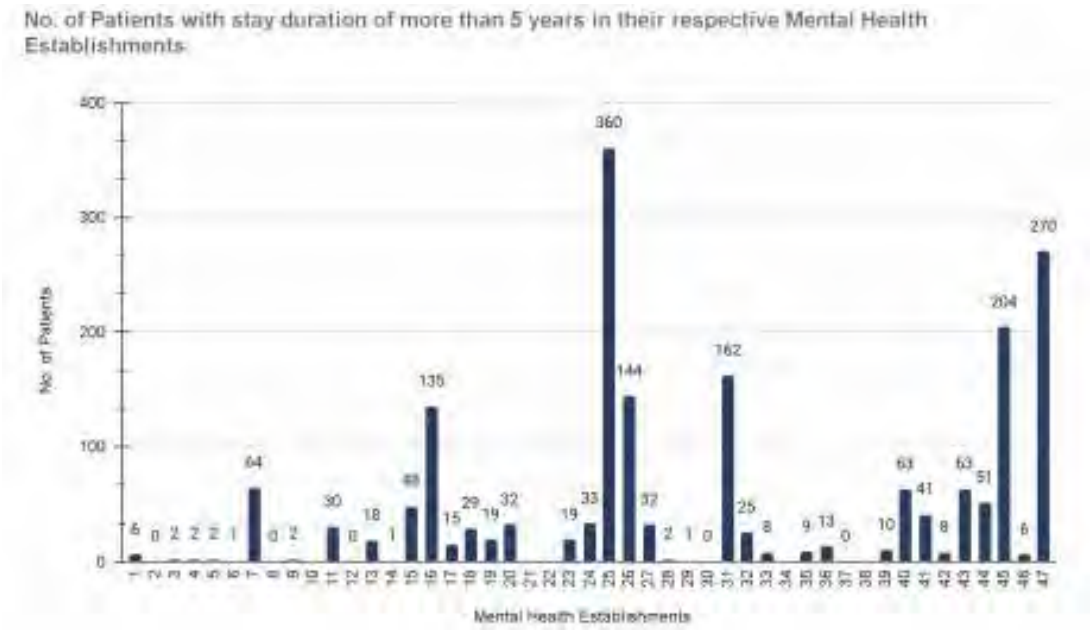


The previous chart stands as evidence of the fact that there is a gap in the services and recovery of the patients. The patients spend longer durations in mental health facilities due to various reasons, which may be reflective of the inadequacies in the healthcare services. The current gaps in the inadequacies are yet to be addressed, which will, thereby, help speed up the recovery rate of patients. At present, patients are staying for a mean duration of as high as 270 to 519 days.

In the below-depicted graph, it is quite evident that more than a handful of patients have a stay duration of more than a year admitted in the last year at the mental health establishment. Although there are various underlying reasons for the same, it has to be brought to light because such extended stays in the facilities might be more detrimental to the patient's overall health, both mental and physical. The efficacy of the institutions treating the patients must be taken into due consideration for checks and gaps. Such gaps should be duly resolved at the earliest.

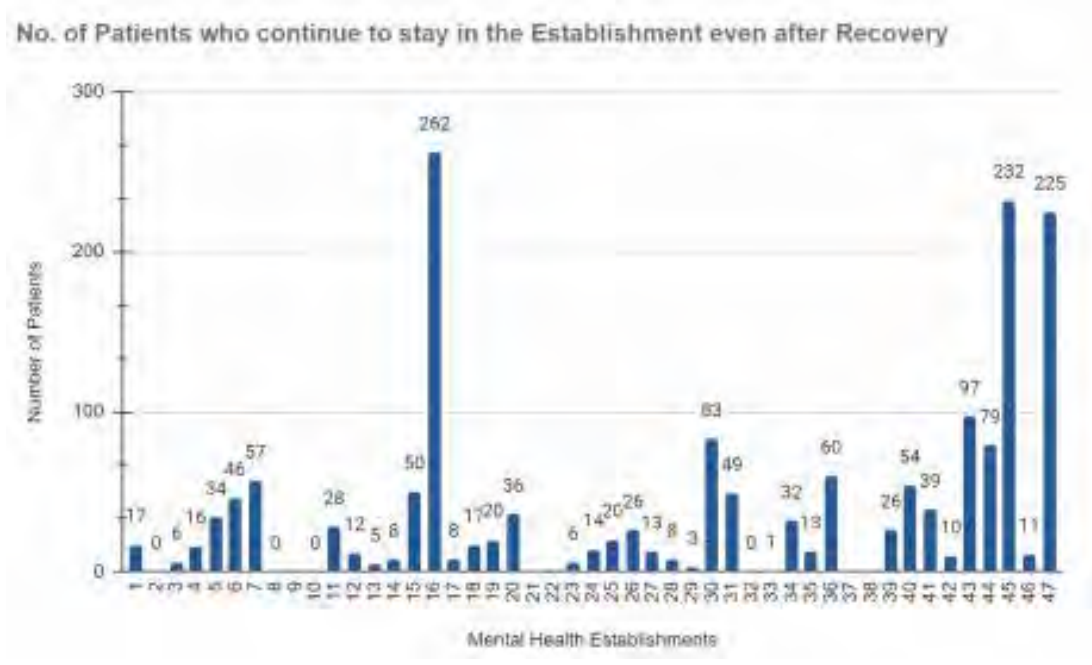


The shocking number of patients who have had a duration of stay at the mental health establishment for more than half a decade is appalling. The many reasons underlying this current situation are primarily the deplorable socio-economic background to which the patients belong, the apathy and refusal of the patients' families to accept them back into the family or the unavailability of background information. There are a number of patients who are yet to recover properly enough to sustain their lives without external care.



Reasons for Longer Durations of Stay for Patients

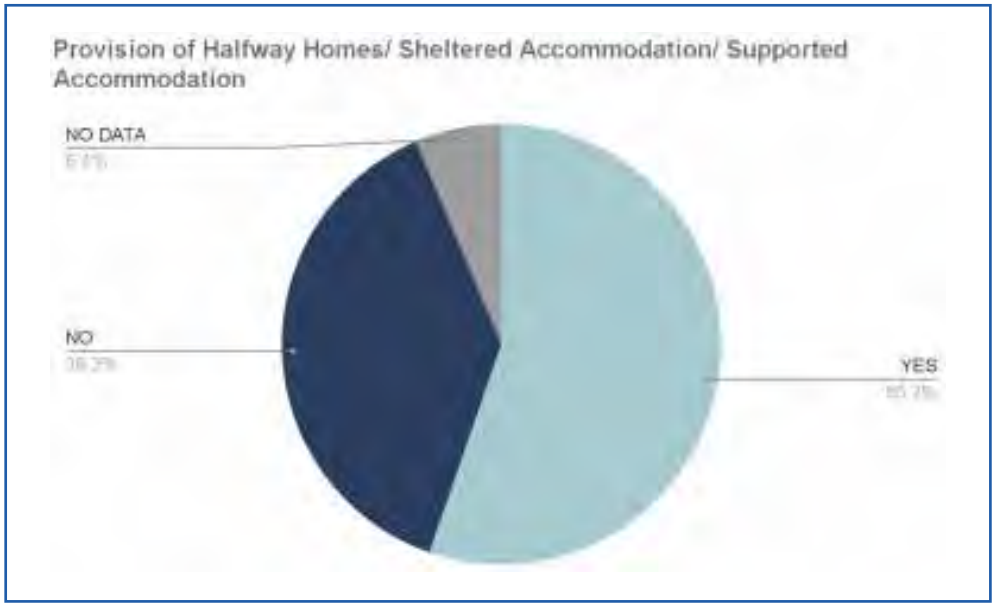
- Poor Family and Social Support
- Poor Economic Conditions
- Address not Traceable
- Not recovered enough to be able to sustain their life without the care of a Health Professional
- Death of Blood Relatives
- Families refusing to accept them back
- Intellectual and Physical Disabilities
- Language Barrier resulting in Misinformed Communication



An innovative Community-based Rehabilitation Program for people recovering from severe mental disorders requires more than medication. These services are scanty and confined to a few institutes and expensive private settings. It envisages the use of resources to provide services at places where persons with mental illness reside. Both the Mental Healthcare Act, 2017 and the Rights of Persons with Disabilities Act, 2016 mandate such services.

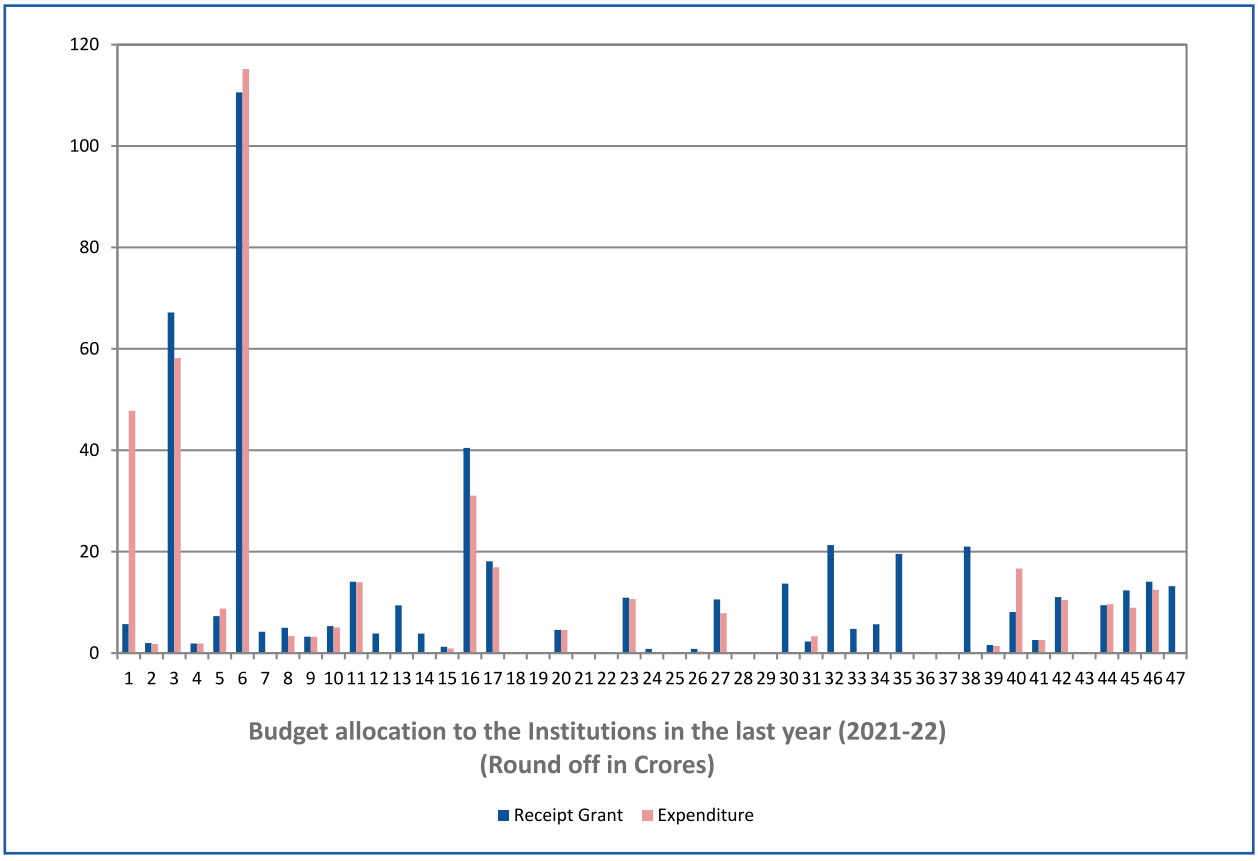


- Halfway homes are homes for former psychiatric patients who stay at these places for transit purposes. Halfway homes serve as a place where they learn how to live outside the mental health facilities.
- Sheltered Accommodations are places where recovered patients are given basic amenities like food, clothing, and shelter.
- Supported Accommodations are places where external assistance and services are provided for the patients for ease of living.



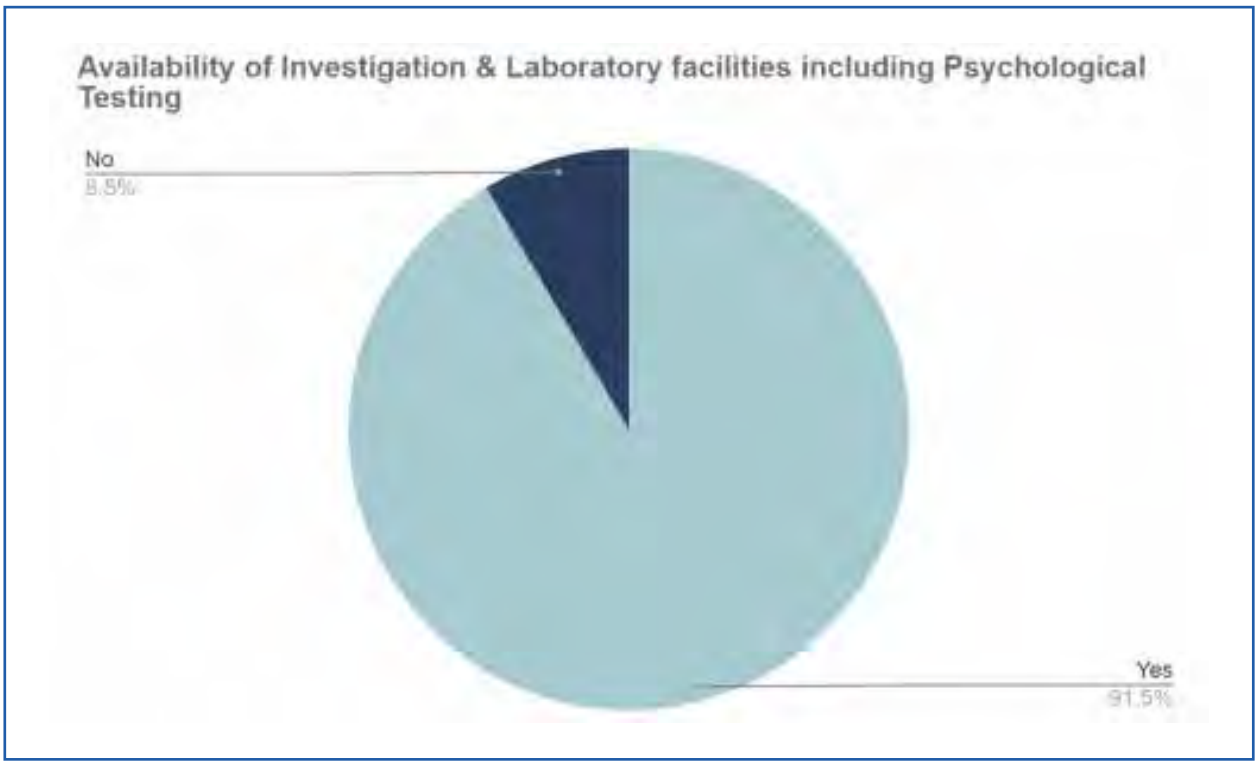


Mental Health Institutions are spread across a range regarding the minimum amount and maximum amount spent on the food of patients daily. As per the reports of Mental Health Institutions, the spending are as less as Rs. 48.60/- and Rs. 56.00/- daily on the food for the patients. On the other hand, quite a few Institutions spend almost Rs. Rs. 130.00/- to Rs. 300/- daily on patient food.

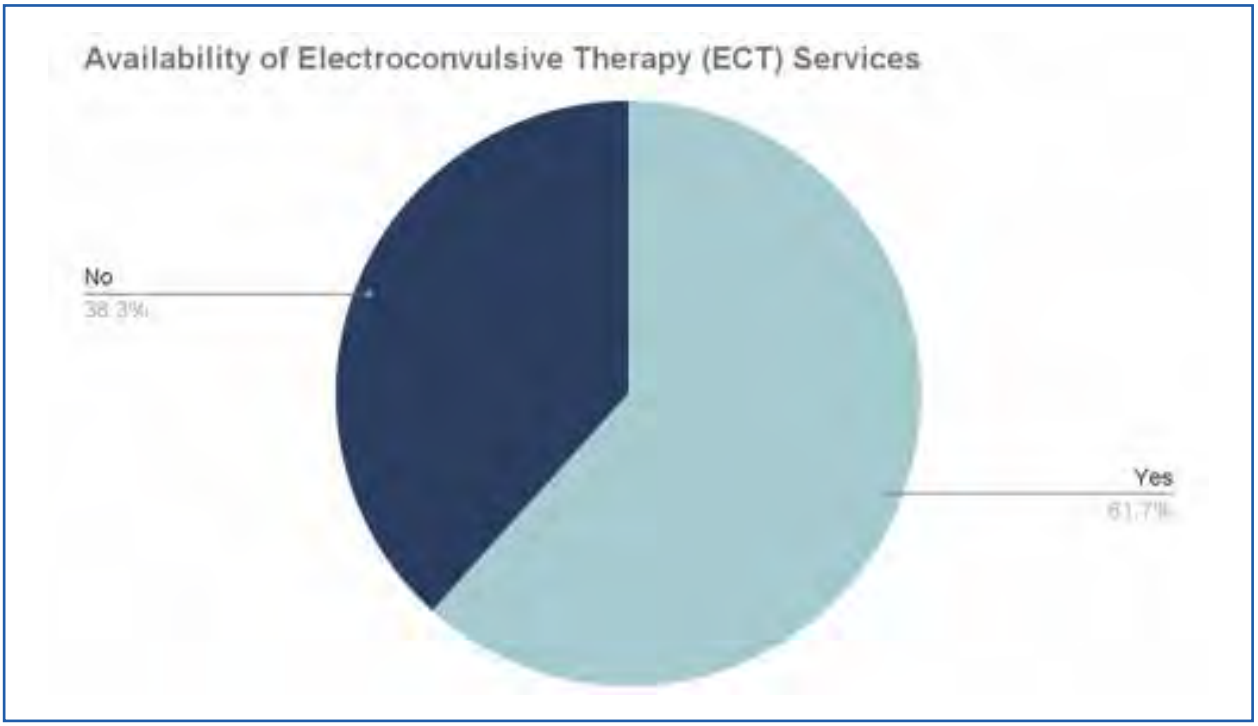


Note: Data not Available for MHIs with Budget Allocation and Expenditure not depicted in the Graph

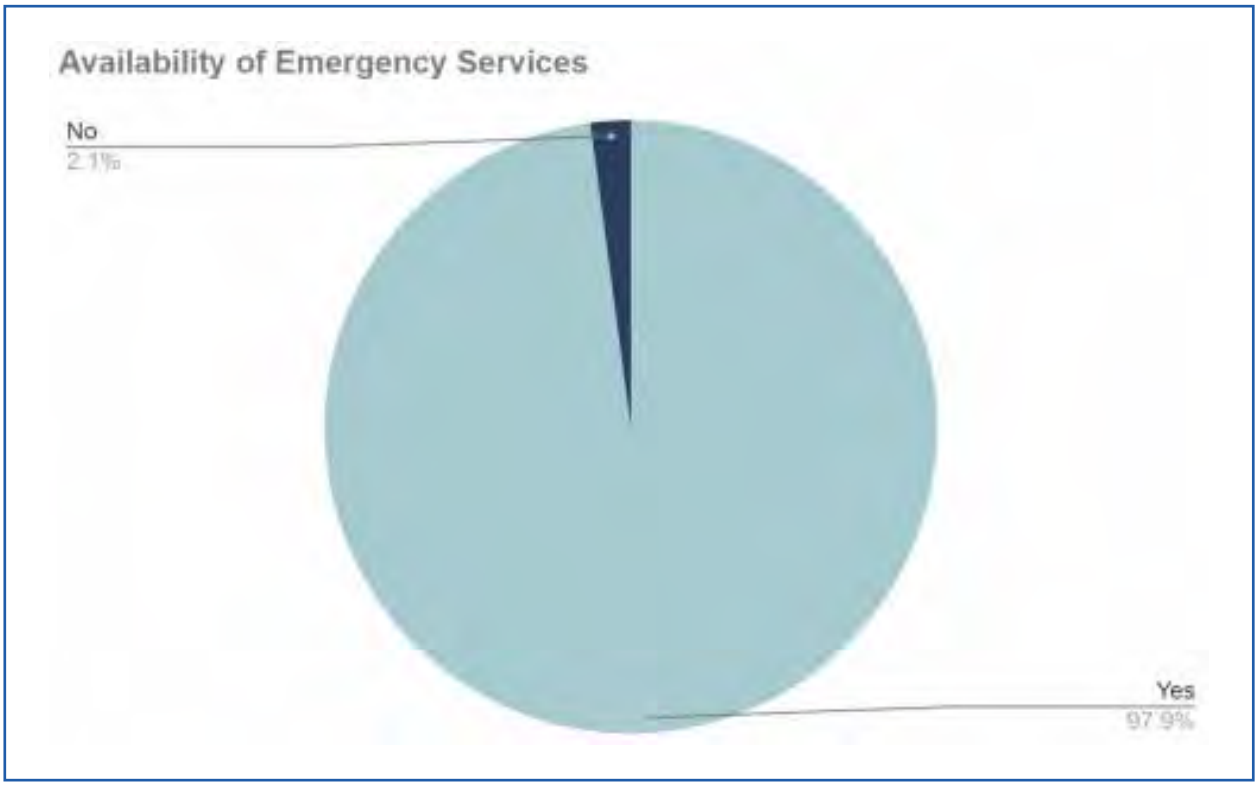
The most basic means necessary to run any facility is adequate funds. The funds are not being disbursed in a favourable manner, equitably to all the Institutions, which in turn leads to substandard services, not meeting their needs. The gap, thereby, increases, which then leads to inadequate services and infrastructure, insufficient number of health and mental health professionals, inadequate basic amenities for patients, etc. The disbursement of funds is one of the primary reasons for the deplorable conditions of mental health facilities in our country, as observed in the reports.

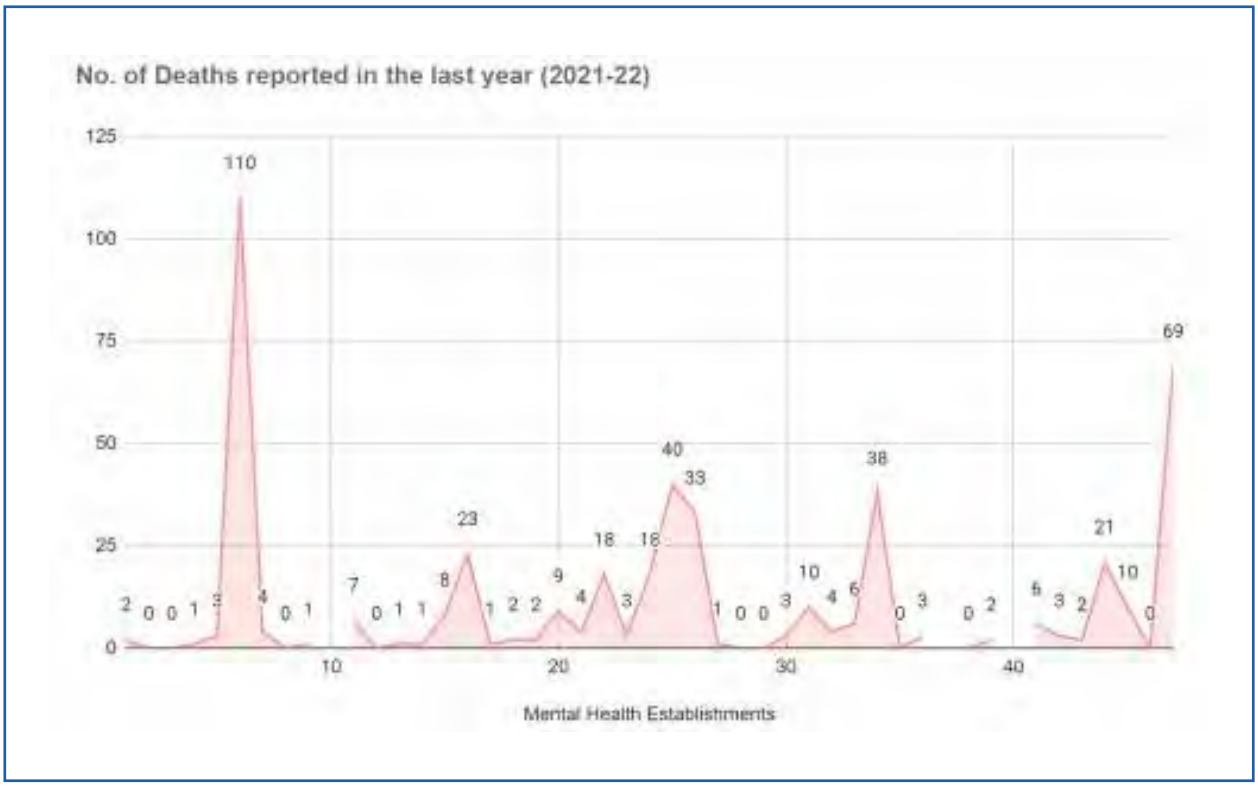


It is not possible to diagnose the patients rightfully without the presence of fully functioning machines in the laboratory. The availability of investigation and laboratory facilities, including psychological testing, MRIs, Electroconvulsive Therapy (ECT) and other services, is vital to the right diagnosis and course of treatment for the eventual betterment of mental health patients.



Emergency services are one of the most important pillars of any health facility. They are first responders to any given situation or mishap. Almost 98% of mental health institutions have emergency services. The rest 2% must also follow suit to take into consideration so as to act as the first responders to mental health ailments or any other medical emergency of their patients.





A few institutes have reported a higher number of deaths in their facilities than the rest. As much as the numbers might be appalling, it must be considered that the sizes of mental health institutions differ. A few institutes can accommodate way more patients than others. While the graphs might show shocking numbers, it must be pointed out that they may be proportionate to their patient admission capacity. Hence, the high number of deaths reported.

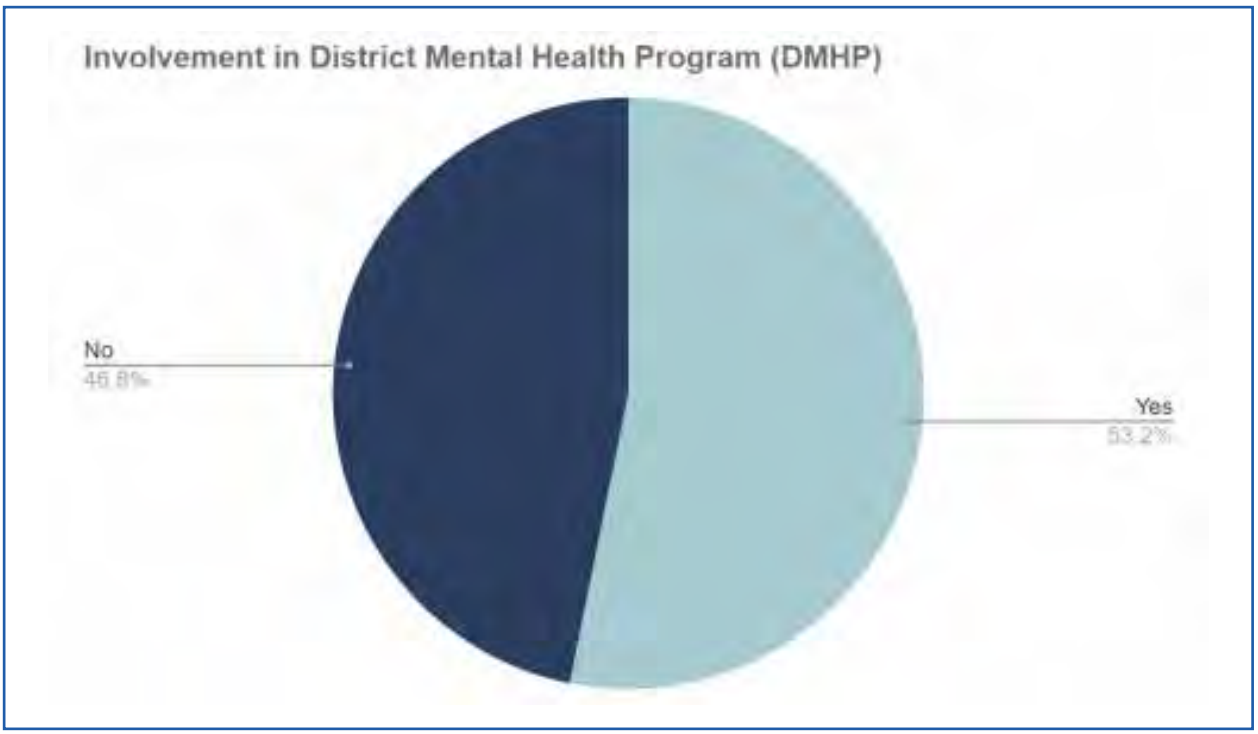
It is a sorry state to see a person dying by suicide when they are housed in a mental health facility meant to help them escape from taking such steps. The gap between the patient suffering from any mental illness and the necessary help needed is quite large.



The **National Mental Health Programme (NMHP)** was introduced in 1982 on the World Health Organisation (WHO) recommendations to deliver mental health services to the people under the framework of a general healthcare system. NMHP has undergone many strategic revisions, such as developing and strengthening Primary Health Centres (PHCs) and Community Health Centres (CHCs) for mental health service delivery under NMHP and setting the district as the unit for program implementation under the **District Mental Health Programme** (DMHP in 1996).

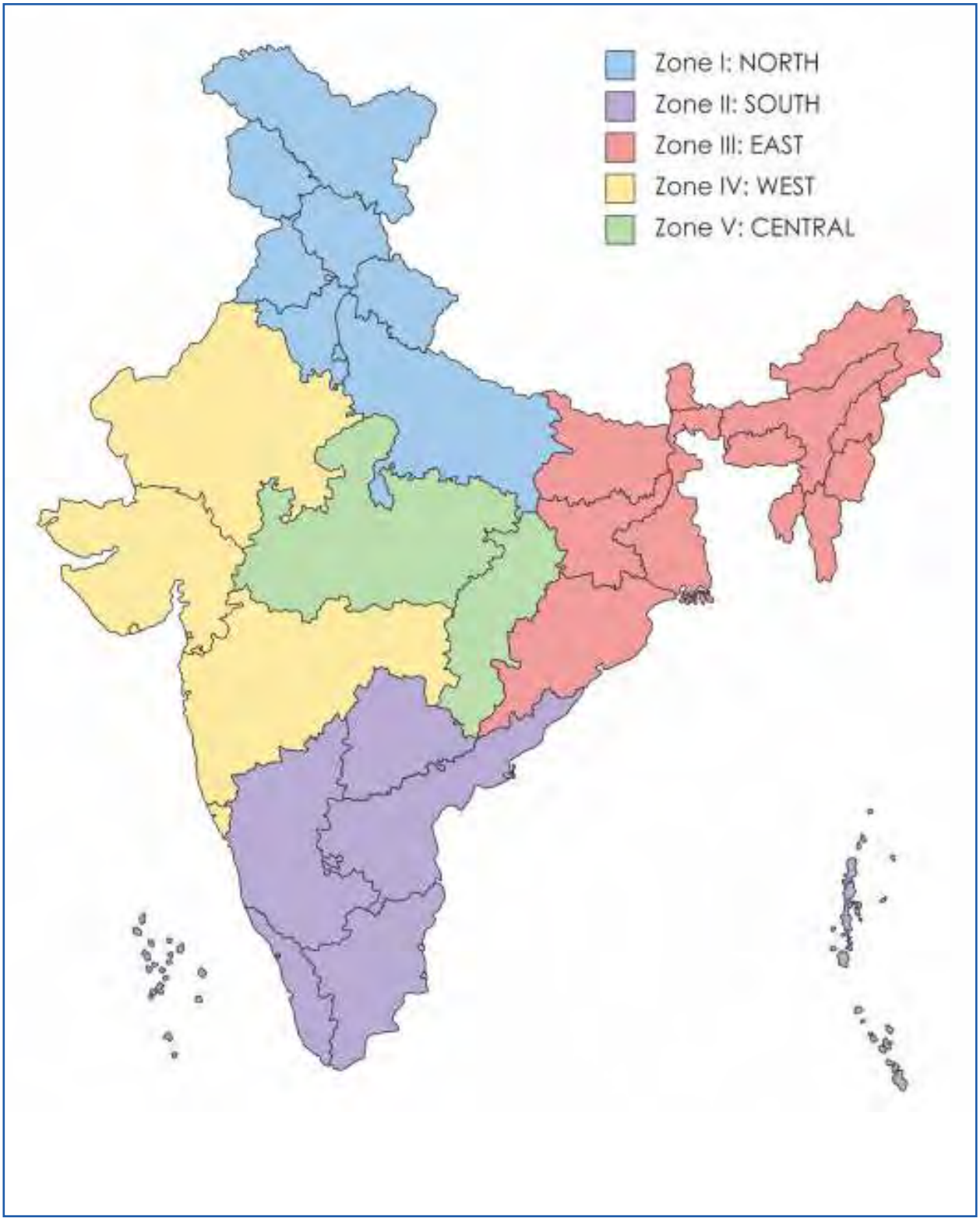
It incorporates DMHP with National Rural Health Mission (NRHM) for better program implementation, regular budgetary increments, and periodic evaluation. Objectives of DMHP were to develop and implement a decentralised training program in mental health, to provide a range of essential drugs, to monitor the effect of service of the mental health programs, to provide treatment and rehabilitation to patients within the community etc. DMHP was conceptualised to expand the mental health services of NMHP through specific service provisions, training programs, public education on mental health issues, human resource building, and facility improvement.

A review study conducted in 2003 by the National Institute of Mental Health and Neurosciences (NIMHANS) recommended a need for effective central support and monitoring, development of an operational manual for effective implementation of DMHP, revamping of the training of the PHC personnel in terms of its content, curriculum and method with continuous support (on-the-job training after initial training); a review of the priority mental health conditions covered under DMHP, and incorporation of preventive and promotive mental health services.



As per our study, of the 47 Institutions visited, only 53.2% participate in the DMHP Program, and 46.8% of the institutions still do not partake in the Program. In addition to institutional mental healthcare, hospitals must also focus on community healthcare to bring it closer to people.

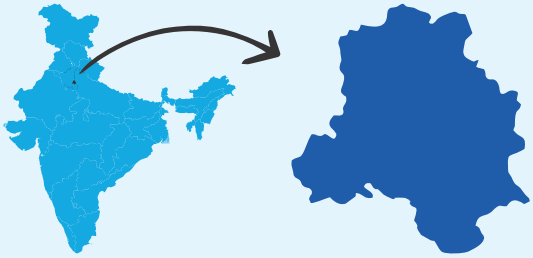
For the reader's understanding, this report is divided into 05 Zones as per the geographical location of the States and the Mental Health Establishments visited;



Zone I: North

State/ Union Territory	Mental Health Establishment (MHE) visited for the purpose of this Study	Status of Implementation of Mental Healthcare Act, 2017				
		As per the information submitted on	State Mental Health Authority	State Mental Health Review Board	State Mental Healthcare Rules	State Mental Healthcare Regulation
Delhi	Institute of Human Behavior & Allied Sciences (IHBAS), Delhi	30/09/2022	Under Process	Under Process	Under Process	Under Process
Haryana	-	No response received from the State	-	-	-	-
Himachal Pradesh	Himachal Hospital of Mental Health & Rehabilitation, Shimla, Himachal Pradesh	No response received from the State	-	-	-	-
Jammu & Kashmir	Government Hospital for Psychiatric Diseases, Srinagar, Jammu and Kashmir Psychiatric Diseases Hospital, General Medical College, Jammu	No response received from the State	-	-	-	-
Leh Ladakh	-	No response received from the State	-	-	-	-
Punjab	Dr Vidyasagar Punjab Mental Hospital, Amritsar, Punjab	No response received from the State	-	-	-	-
Uttarakhand	State Mental Health Institute, Selaqui, Dehradun, Uttarakhand	1/10/2022	Formulated	Formulated	Draft approval pending from the State Govt.	Draft approval pending from the State Govt.

State/ Union Territory	Mental Health Establishment (MHE) visited for the purpose of this Study	Status of Implementation of Mental Healthcare Act, 2017				
		As per the information submitted on	State Mental Health Authority	State Mental Health Review Board	State Mental Healthcare Rules	State Mental Healthcare Regulation
Uttar Pradesh	Institute of Mental Health & Hospital, Agra, Uttar Pradesh Mental Hospital, Bareilly, Uttar Pradesh Mental Hospital, Varanasi, Uttar Pradesh	No response received from the State	-	-	-	-



Institute of Human Behavior & Allied Sciences (IHBAS) **Delhi**

The Institute of Human Behavior & Allied Sciences (IHBAS), a National Accreditation Board for Hospitals & Healthcare Providers (NABH) accredited Mental Health Institution established in 1993, has traversed the journey from a custodial care setting (Mental Hospital) to a modern Psychiatric Institution. It provides comprehensive clinical and laboratory services for mental health problems, neurological illnesses, emergency services, and critical care.

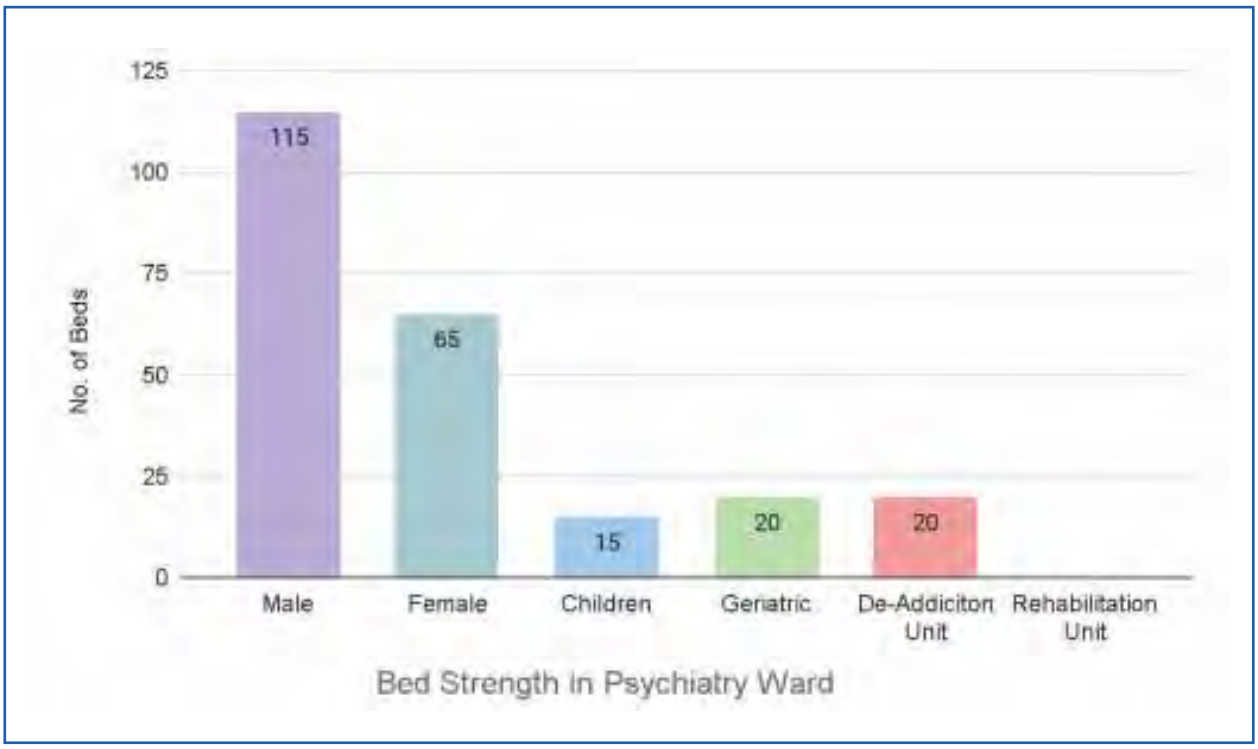
It provides OPD, Inpatient and 24x7 Emergency services. It also runs speciality clinics like Child and Adolescent Psychiatry, Mental Retardation, Tobacco Cessation, Epilepsy, Marital and Psychosexual, Neuro - behaviour clinic, Drug Abuse treatment clinic, etc. Courses offered at IHBAS include MD in Psychiatry, DM in Neurology and MPhil in Clinical Psychology.

Mr Mahesh Singla, Special Rapporteur, NHRC, visited IHBAS on **September 29th, 2022**. In his report, he has highlighted various challenges the institution faces. There is a lack of coordination among the National Rural Health Mission (NRHM), National Mental Health Program (NMHP) and District Mental Health Program (DMHP). Since the DMHP needs to be expanded to all the districts of the country; therefore, the project needs to cover all the remaining six districts of Delhi.

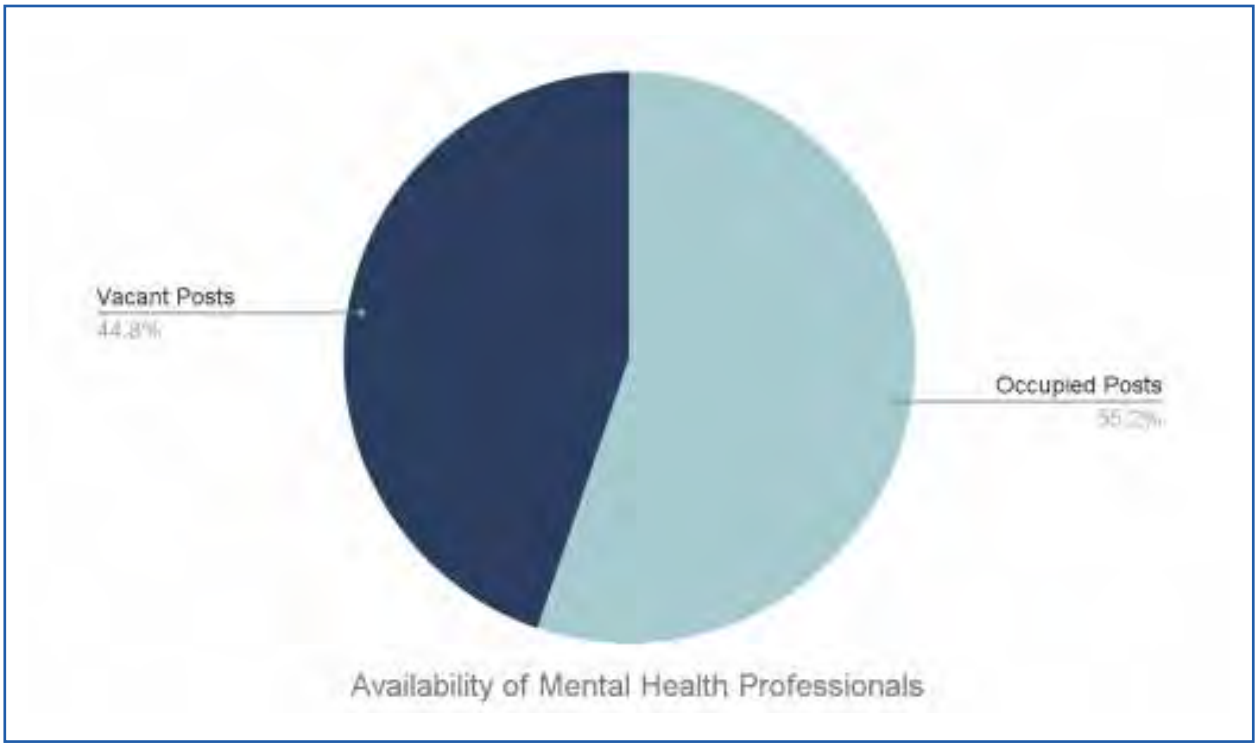
There still are administrative hurdles in developing IHBAS on the pattern of the National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore, as per Supreme court directions in a PIL disposed of in 1991.

A D.O. Letter No. (R-18/3/2022-PRPP) (RU-3) dated February 17th, 2023, was issued by the Hon'ble Chairperson, NHRC, to the Hon'ble Home Minister, Hon'ble Minister of Health and Hon'ble Lt. Governor of Delhi, with respect to the directions of the Hon'ble Supreme Court in a PIL WP1777-78 and 2848 of 1983, wherein directions were issued that IHBAS is to be developed on the pattern of NIMHANS and appropriate steps for its requisite funds be taken by the Central Government.

Regarding the infrastructure, nearly 50% of lifts were non-functional, and 11 fire incidents were reported last year. Potable water samples from many areas in the hospital have a high level of biological contamination, which is being reviewed by the hospital committee regularly. There is an inadequate supply of sanitation material, and patients are required to get their own daily-use items like soap, hair oil, shampoo, sanitary pads etc. There is poor ventilation, and air conditioning and coolers are unavailable for patients, even in Delhi's extreme summers.



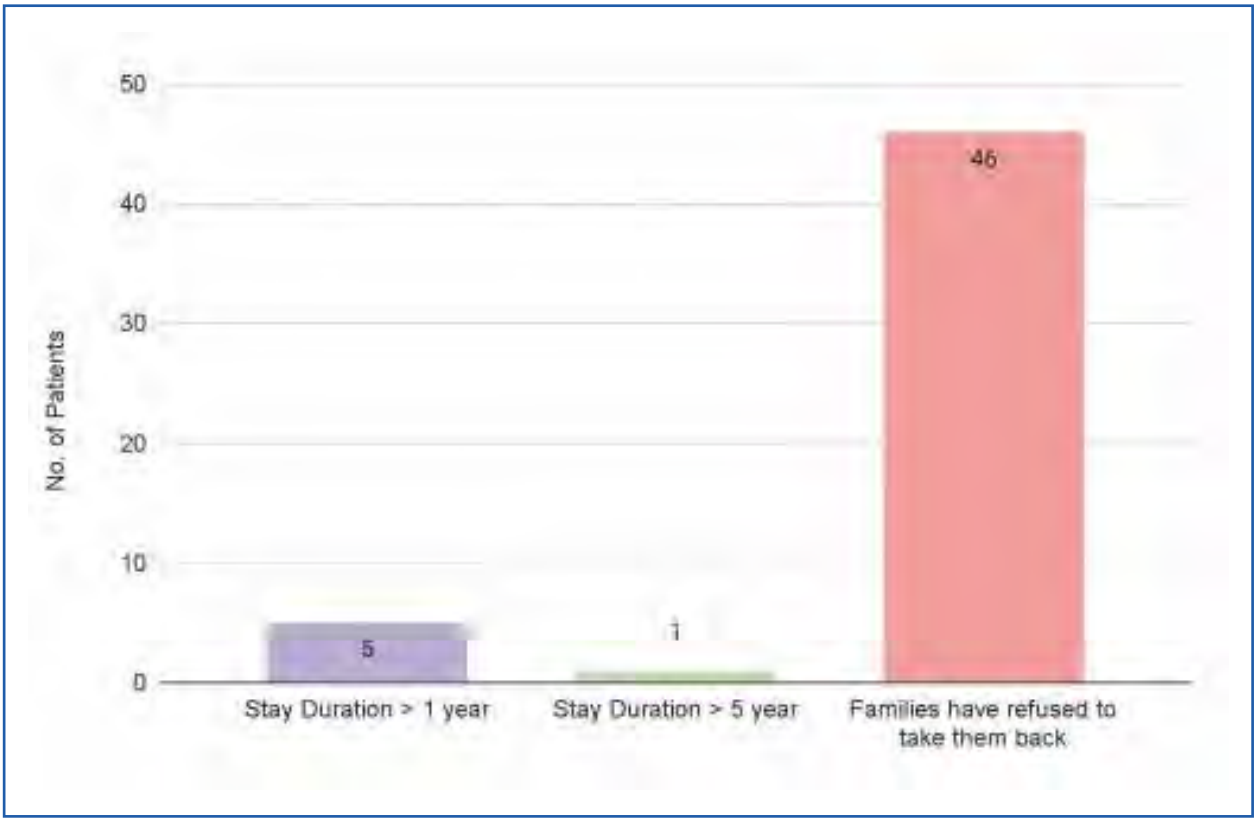
It was also reported that there were two medication errors in 2021 in OPD, ascribed to the wrong medication and dosage dispensed. Hence, underreporting events related to medication errors and adverse drug reactions from other areas might be possible. In addition, there were 16 events related to the escape and absconding of the patients and 116 events related to violent acts in the past year.



The graph shows that almost 45% of the posts are vacant in the hospital.

Despite being a huge Institute with a footfall of almost 2000-2200 patients daily in the OPD, the Institute lacks trained professionals, as nearly **45% of the posts are vacant**. The radiology labs are also ill-equipped; there is no MRI Machine, and is only made available on contract basis whenever required.

The number of deaths in 2021 is high i.e., around 110. As per the observations of the Special Rapporteur, the implementation of the Mental Healthcare Act, 2017 still needs to be carried out effectively.



The graph reflects 05 patients who have been in the hospital for more than a year, 01 who has been staying for more than five years and 46 patients who are staying in the hospital because their families have refused to accept them back.

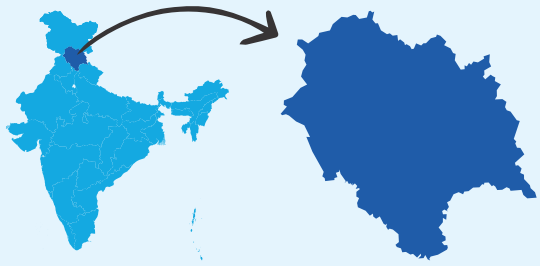
Despite the current issues and deficiencies in the institute, IHBAS is working proactively in terms of its outreach work, Legal Aid Services, patient-friendly registration system, and halfway homes, amongst others. IHBAS is the nodal agency for implementing the District Mental Health Program (DMHP) in Delhi under the National Mental Health Program (NMHP). IHBAS is running clinics in 05 districts (South, South-West, North, North-West and West) under the DMHP project.

Kayakalap Program by IHBAS, an initiative for cleanliness and infection control, has received an award among hospitals in Delhi. The institute makes efforts to reach the general public through several programs like Mental Health Awareness Week (October), Camps and IEC material dissemi-

nation, World No-Tobacco Day (May 31st), World Suicide Day & World Schizophrenic Day, Nasha Mukt Shahdara Campaign with District Administration for sensitisation of public against substance abuse and its ill effects, Kala Shakti Program with District Administration for persons with neurological and psychiatric disabilities etc.

All the medicines prescribed are provided free of cost. Clinics of Homeopathy, Ayurveda and Unani are also available through the Ministry of AYUSH, and it has a network of Mobile Mental Health Units (MMHU). IHBAS also has provisions for Legal Aid Services for mentally ill patients through the District Legal Services Authority (DLSA). It has a patient-friendly registration system with six separate machines for token distribution for patient registration at the OPD complex. Services like the display of token numbers at the window of the pharmacy counters, easy communication across the window through an audio system etc., are also available. Adequate security guards have been posted for crowd management. There are separate counters for new and old registration, senior citizens and people with disabilities. Vocational training is also provided at the daycare centre, which includes activities like tailoring, stitching, embroidery, envelope making and candle making.

Under the SAKSHAM scheme, there are halfway homes/ long-stay homes within the IHBAS premises. Accommodation in *Dharamshalas* for outstation family members or relatives of patients is also available at a nominal cost of Rs 50 per day.



Himachal Hospital of Mental Health & Rehabilitation, Shimla

Himachal Pradesh

Himachal Hospital of Mental Health & Rehabilitation was established in the year 2002. The hospital was inaugurated on October 2nd, 2004.

Dr Ashok Kumar Verma, Special Rapporteur, NHRC, visited Himachal Hospital of Mental Health & Rehabilitation on **September 23rd, 2022**. In his report, he has highlighted various challenges the institution faces. The hospital is not involved in the District Mental Health Program (DMHP).

The approach to treatment is solely based on the uses of psychopharmacological agents, owing to the unavailability of alternate methodologies such as Psychotherapy or Counseling.

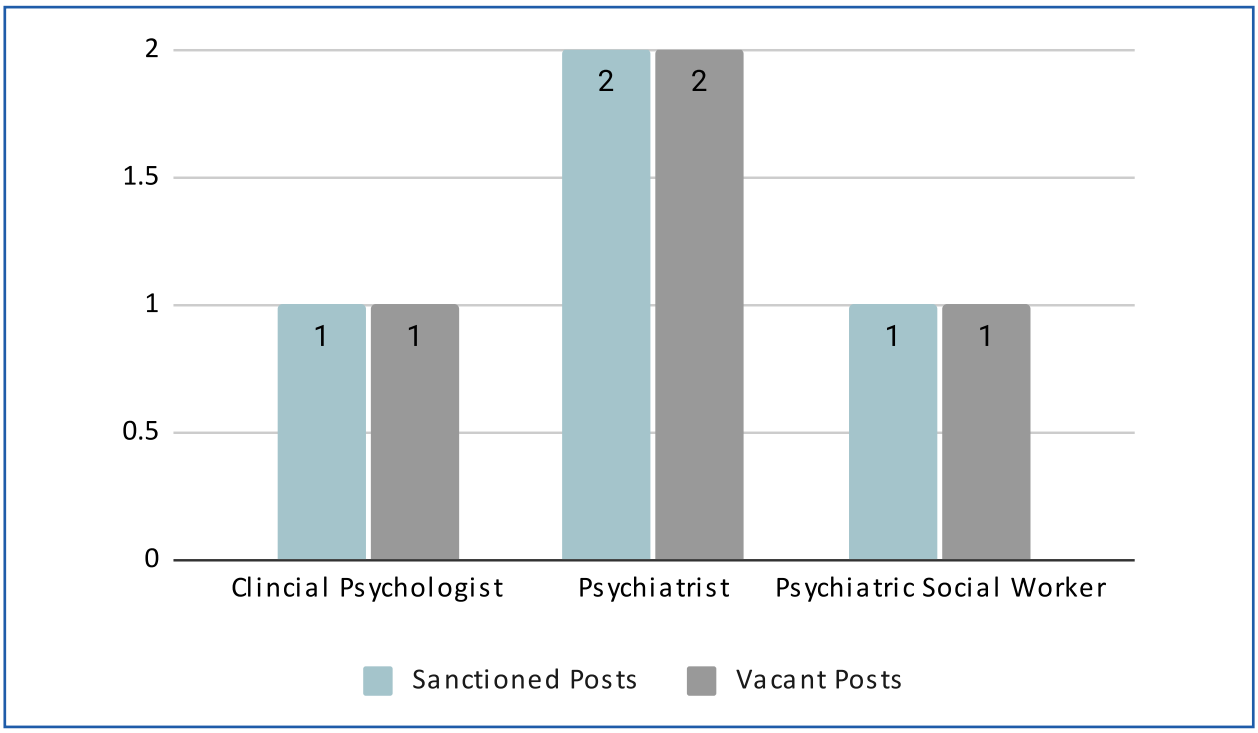
The wards in the hospital are open wards, i.e., family members/ attendants can stay with the patients, but on the day of the visit, no attendants could be seen.

The hospital provides only institutional healthcare and does not conduct any outreach services or community awareness generation activities.

Advanced equipment like ECT, EEG and rTMS are unavailable in the hospital. Radiological examinations and lab-related work are entirely outsourced.

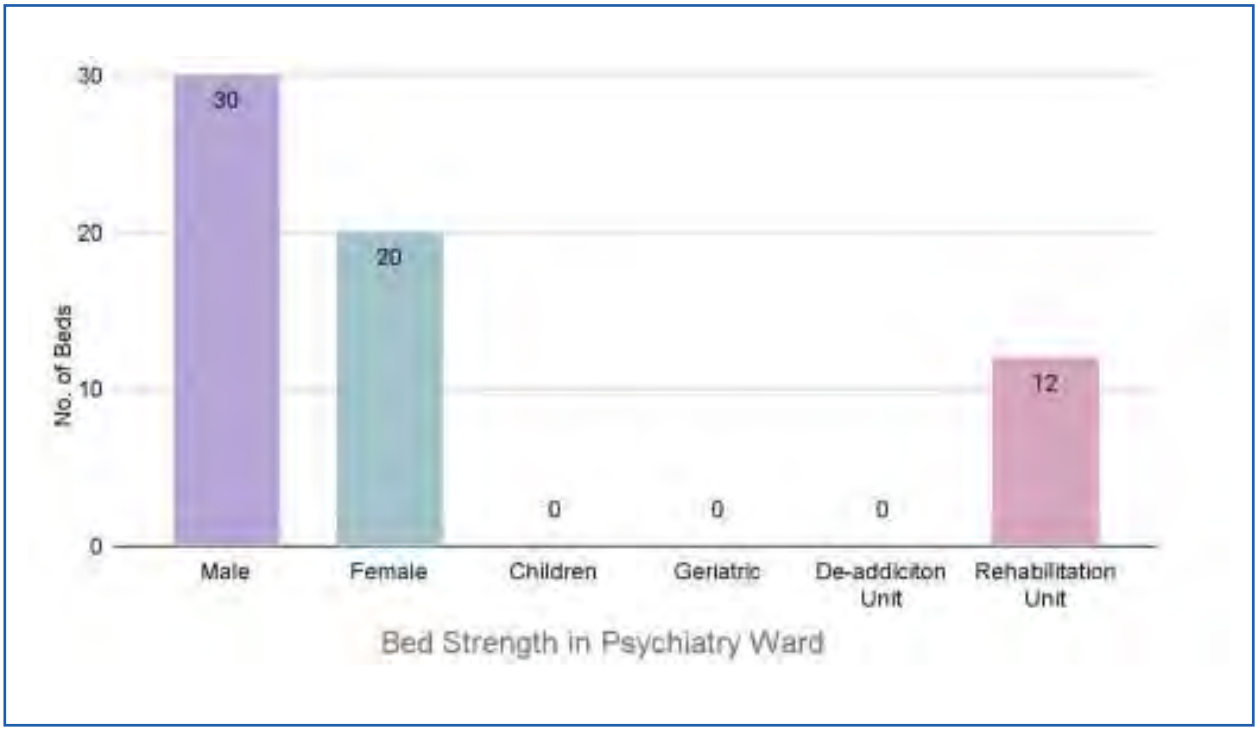
There is no provision for vocational training, daycare centre, continuing residential care or long-term residential continuing care centre. General maintenance and upkeep, such as bedding, availability of linen to patients, lack of proper ventilation etc., needs immediate attention.

The OPD is not working optimally, as no professionals are available in the hospital. The daily average for OPD patients is only 7. There are **no Psychiatrists, Clinical Psychologists, Psychiatric Nurses and Psychiatric Social Workers in the hospital**, though sanctioned posts (4) are there. Psychiatrists come only on weekly visits from Indira Gandhi Medical College and Hospital, Shimla.

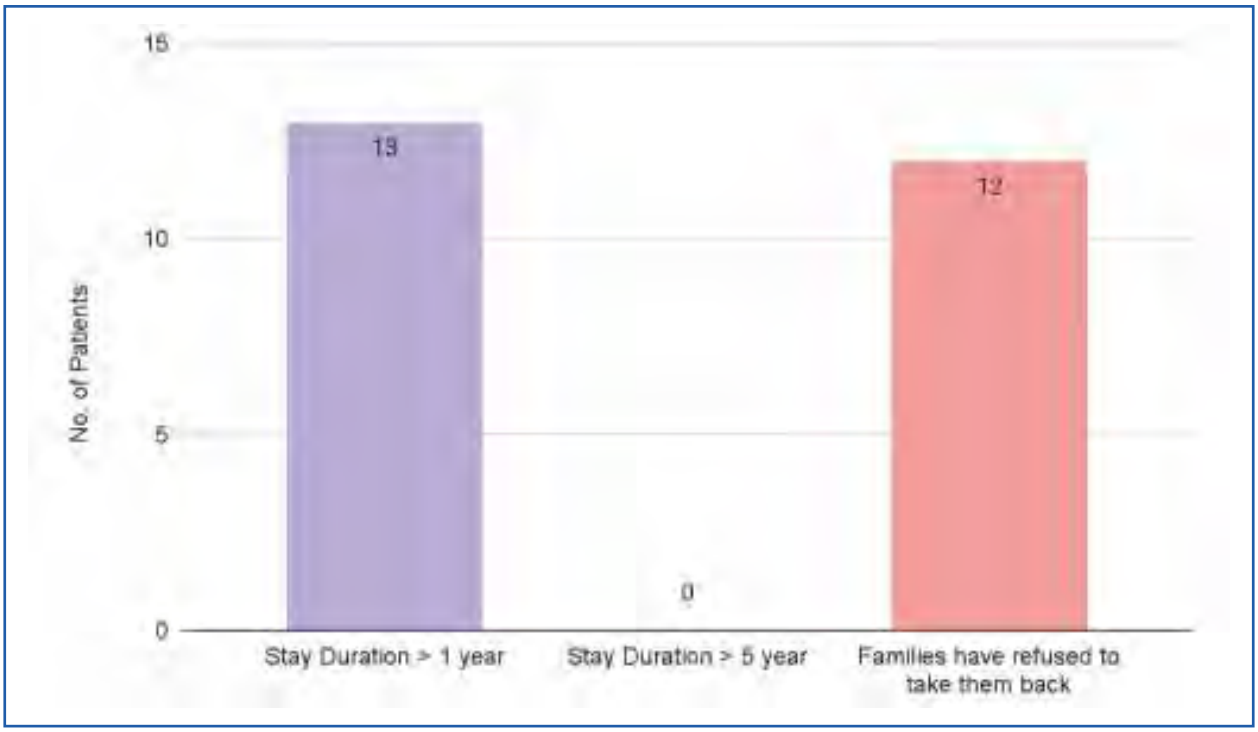


The graphs reflect the number of sanctioned posts against vacant posts of Mental Health Professionals in the Hospital.

There are no separate beds/ units for children, geriatric or de-addition units. Although there is a separate rehabilitation ward of 12 beds, it is just next to the other wards. The purpose of rehabilitation is to prepare mental health patients for social living.

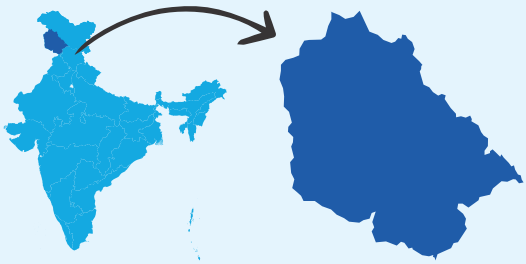


Therefore, rehabilitation needs to be away from the regular wards. Halfway Home, in collaboration with the Shraddha Foundation, provides support in the discharge of patients with continuing community care. Fifty patients have been reunited with their families since August 2019.



The graph shows that there are 13 patients staying in the hospital for more than one year, and 12 patients still stay in the hospital even after recovery because their families have refused to accept them back.

A proposal has been sent to the Government for constructing a De-Addiction Unit in the Hospital. The Mental Hospital at Shimla is being run with minimal resources. It needs a total upgradation and revamp.



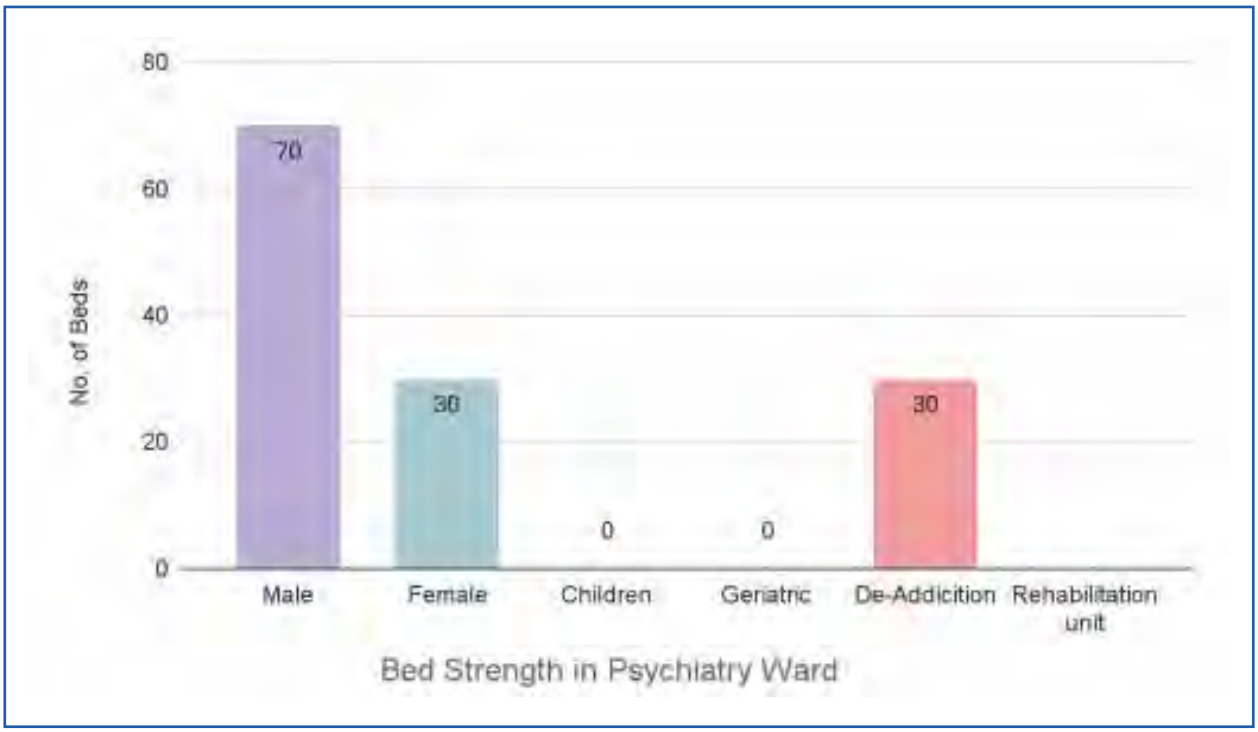
Government Psychiatric Diseases Hospital, Srinagar

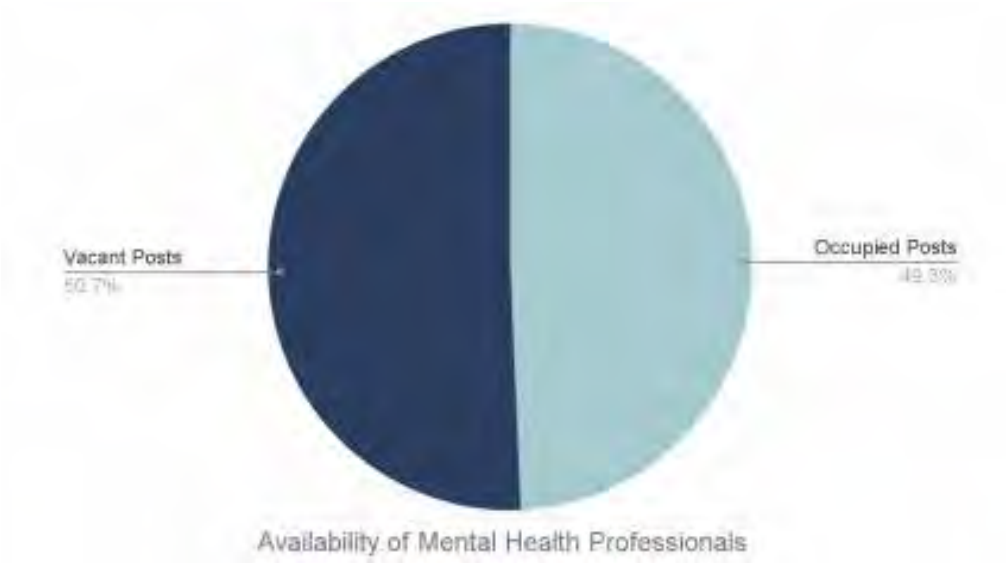
Jammu & Kashmir

The Government Medical College in Srinagar created a Department of Psychiatry in the 1970s. This was later transformed into the **Government Psychiatric Diseases Hospita**l, a partner hospital of the Government Medical College in Srinagar. 2009 the hospital was upgraded to the Institute of Mental Health & Neurosciences (IMHANS) under the National Mental Health Program (NMHP). The Government Psychiatric Diseases Hospital in Srinagar now consists of two parts: A 30-bed "Community General Hospital Unit" within the grounds of Shri Maharaja Hari Singh (SMHS) and a 100-bed "Institute of Mental Health & Neurosciences (IMHANS)" at Rainawari, Srinagar.

Dr Ashok Kumar Verma, Special Rapporteur, NHRC, visited The Government Psychiatric Diseases Hospital on **September 27th, 2022**. In his report, he has highlighted various challenges the institution faces. The hospital is not involved in the District Mental Health Program (DMHP). The hospital has no full-time Director, and currently, a Medical Superintendent is heading it.

There are 130 beds in the Psychiatry Ward for males, females and de-addiction patients. However, no separate beds/ wards or units exist for children and geriatric. There are many vacancies at all levels, including professionals like Psychiatric Social Workers and Psychiatric Nurses.





The graph shows that almost 50% of the posts are vacant in the hospital.

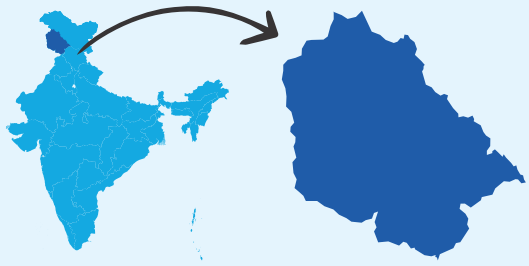
There is no provision for halfway homes/ sheltered accommodation/ supported accommodation/ or a Rehabilitation unit. There are no home-based rehabilitation facilities, support for the patient's family or vocational training facilities. There is no daycare centre, continuing residential centre (for six months) or long-term residential continuing care centre (long stay). The Hospital is housed in an old, dilapidated building. Therefore, the structure and wards require urgent upgradation and maintenance.



The graph shows that there are 30 patients staying in the hospital for more than a year, 18 patients staying for more than five years, and 05 patients staying even after their recovery because their families have refused to accept them back.

There is **no institutional mechanism to reintegrate** cured patients into mainstream society.

The institute caters to many mentally ill prisoners in the OPD and provides services in the Jail. The hospital also provides outreach services every month.



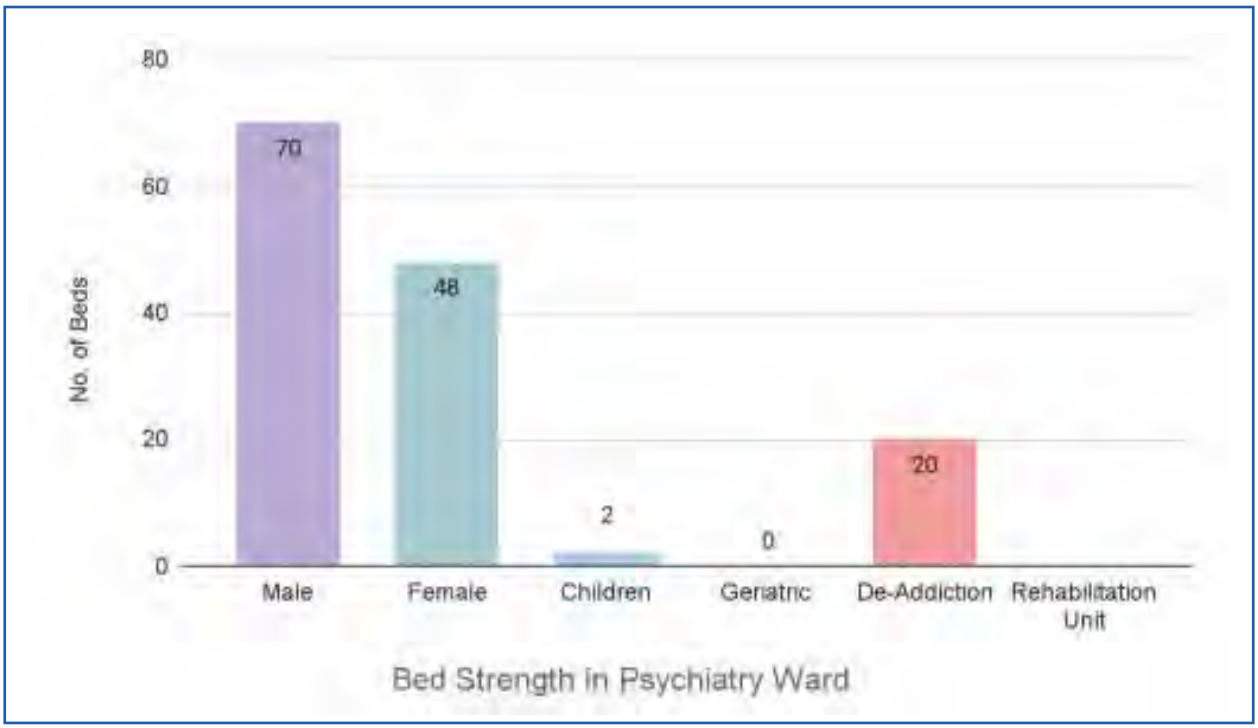
Psychiatric Diseases Hospital, Government Medical College, Jammu

Jammu & Kasmir

Psychiatric Diseases Hospital, Jammu, is a tertiary care Psychiatric Hospital that provides psychiatric services to all patients. The hospital currently has 140 beds. Preventive, curative, and rehabilitative mental health treatments are the main goals of the hospital. It offers distinct open wards for both male and female patients.

Dr Ashok Kumar Verma, Special Rapporteur, NHRC, visited the Psychiatric Diseases Hospital, Jammu, on **September 30th, 2022**. In his report, he has highlighted various challenges and other observations about the hospital.

The hospital has no full-time Director, and currently, a Medical Superintendent is heading it. There are separate beds/ wards for males, females and a separate unit for de-addiction. However, for children, the number of bed strength is only two. There are also no separate beds for geriatric.



The hospital does not have EEG, rTMS (Repetitive Transcranial Magnetic Stimulation) or ECT facilities and is dependent on Government Medical College for radiological examinations and laboratory tests.

There are only eleven sanctioned posts for the professions/ clinicians in the hospital, of which four are vacant. Security, sanitation/ housekeeping workers and other staff are outsourced.

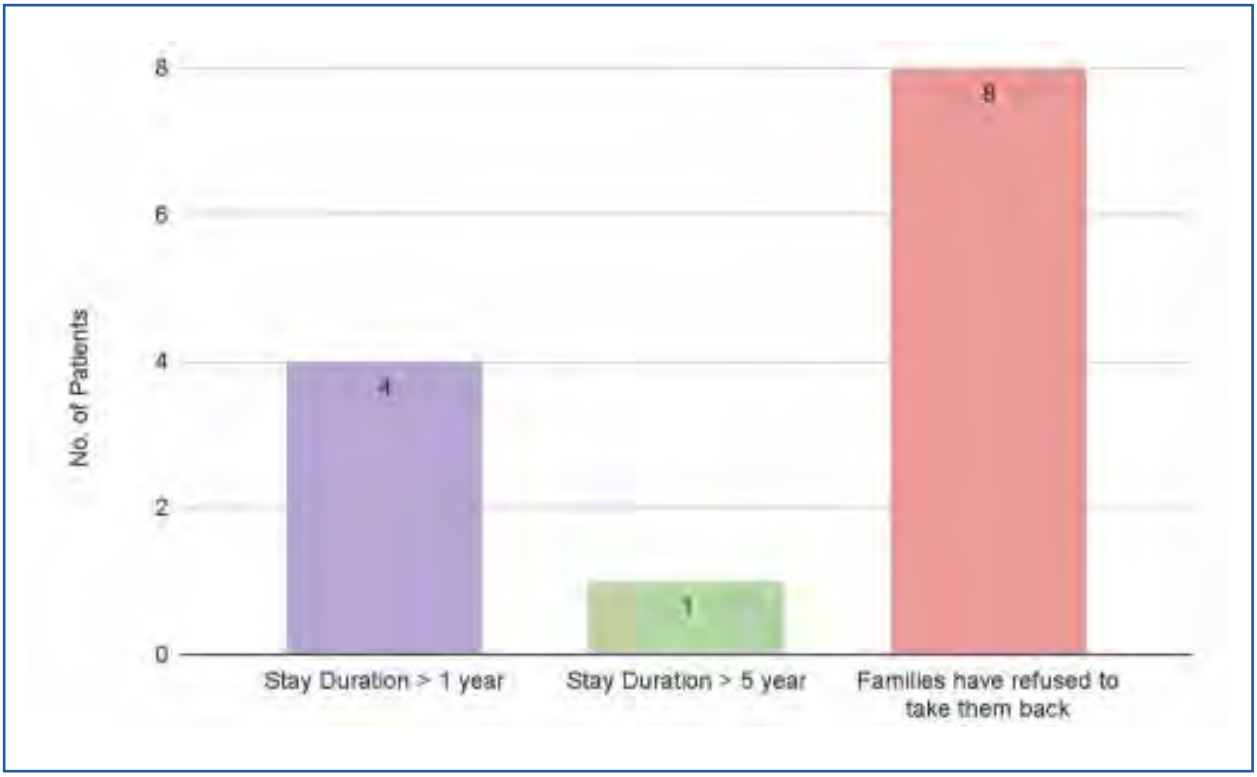
The **lack of professionals** in the hospital is alarming since the average number of patients in the OPD daily is around a hundred and twenty-five. Also, there is no sanctioned Psychiatry Social Worker or Psychiatry Nursing post.



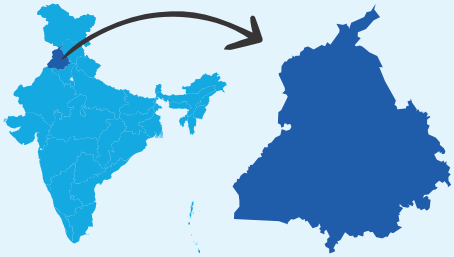
The pie chart shows that more than 36% of posts are vacant in the hospital

One of the most severe issues in the Jammu region is the absence of rehabilitation facilities, halfway homes, etc. The Social Welfare Department started a small rehabilitation centre in a rented flat in the city with four inmates. However, there are no halfway homes/ shelter homes/ rehabilitation centres for cured patients.

As per the Special Rapporteur's report, there is a recreation hall with a television and a music system. Regular yoga sessions are also being conducted for the patients. The hospital also regularly conducts primary outreach-based awareness programmes at the school/college level and various de-addiction awareness programmes. The hospital also provides services for Medico-Legal Cases every Tuesday. Training of medical officers under the District Mental Health Programme (DMHP), training in de-addiction and nurses training programme is regularly conducted by the hospital.



The graph above shows that there are 04 patients staying in the hospital for more than a year, 01 patient staying for more than five years, and 08 patients staying even after their recovery because their families have refused to accept them back.



Dr Vidyasagar Government Mental Hospital, Amritsar
Punjab

Dr Vidyasagar Government Mental Hospital, also known as the Institute of Mental Health, Amritsar, is a government-run mental health service facility in Amritsar, Punjab. The hospital was established in Lahore in 1900 and shifted to Amritsar in 1947 after the partition. A new building for a 450-bed hospital with all the amenities was officially opened in 2003.

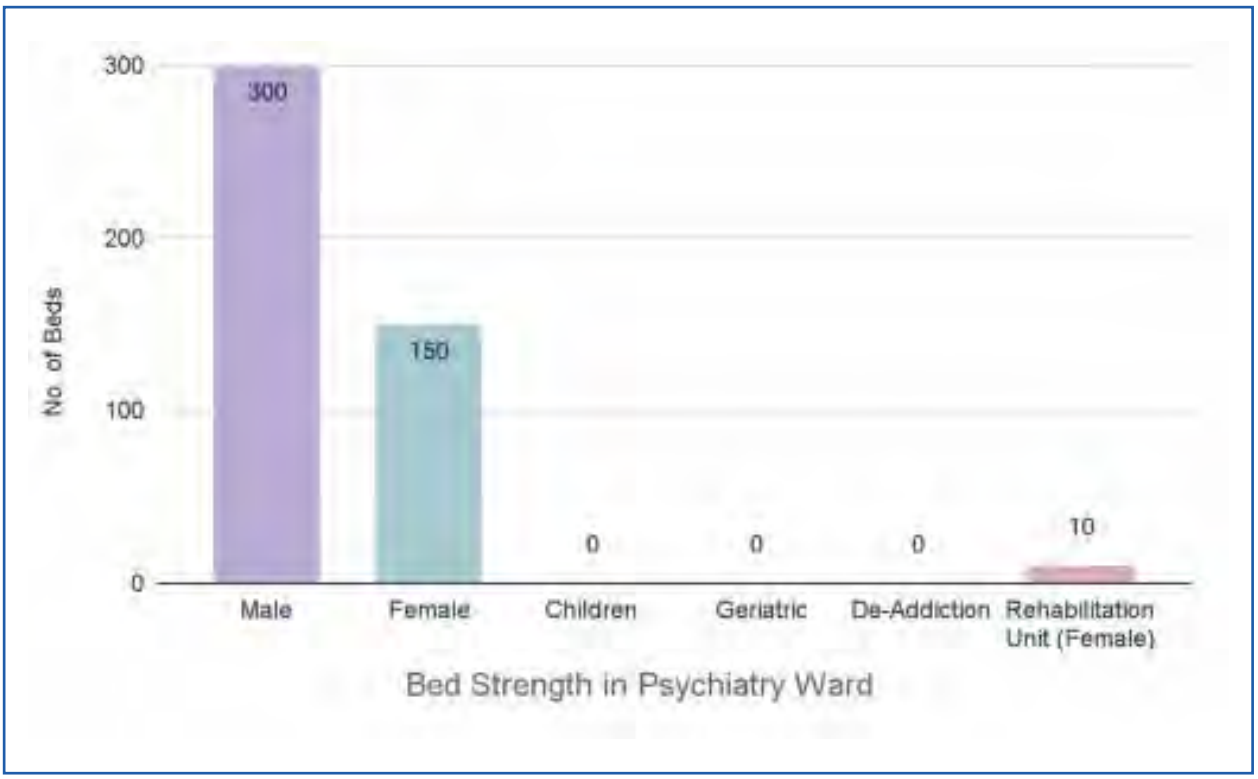
The hospital is now known as the **Institute of Mental Health (Government Mental Hospital)** Amritsar. The hospital comes under the administrative control of the Punjab Health Systems Corporation and the Director of Health and Family Welfare. It serves the mental health requirements of Punjab, Haryana, Himachal Pradesh, and Chandigarh Union Territory and is now stretched across 60 Acres.

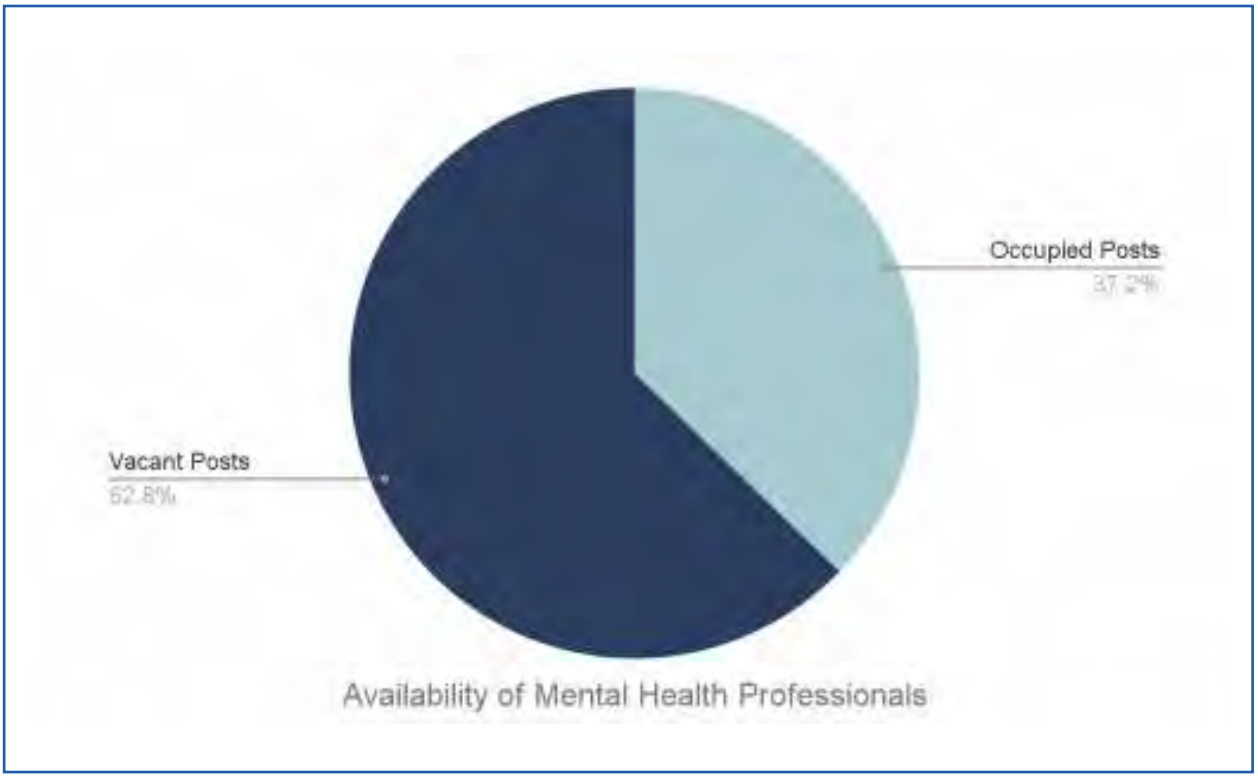
Mr Mahesh Singla, Special Rapporteur, NHRC, visited Dr Vidyasagar Government Mental Hospital, Amritsar, Punjab, on **October 12th, 2022**. In his report, he has highlighted various challenges and other observations about the hospital.

Mr Singla noted that the total area of the hospital is underutilised, as the build-up area is only 210600 sq. ft. of the total area of 1900000 sq. ft., which also leads to non-maintenance of the vacant area in the premises.

The annual **infrastructural maintenance** had not been carried out for many years except at a few places.

There are no separate beds/wards/units for children, geriatric and deaddiction. However, 10 beds for rehabilitation are provided, but only for female patients. The OPD block is well-ventilated and spacious. The waiting hall is extensive, hence crowding does not occur in the block. There are only 05 full-term psychiatrists and one contractual psychiatrist in the hospital. Clinical Psychologists and Psychiatric Social Workers are appointed only on a contract basis.





The graph shows that almost 63% of the posts are vacant in the hospital.

There is no sheltered or assisted accommodation provision, and no institutional system is in place to help recovered people reintegrate into society. There are no facilities for home-based rehabilitation. However, a halfway home has been constructed inside the campus.



The graph shows that there are 54 patients staying in the hospital for more than a year, 162 patients staying for more than five years, and 49 patients staying even after their recovery because their families have refused to accept them back.

Various rehabilitation activities, like stitching, knitting, flower making, soft toy making, and painting, are taught to female patients. Apart from this, the patients are also involved in the celebrations like Diwali, Lohri, Independence Day, etc. Their help is also taken in the laundry and kitchen. The hospital also regularly conducts Disability Assessment Camps in collaboration with the Department of Social Security for patients suffering from intellectual disabilities and other chronic mental illnesses.

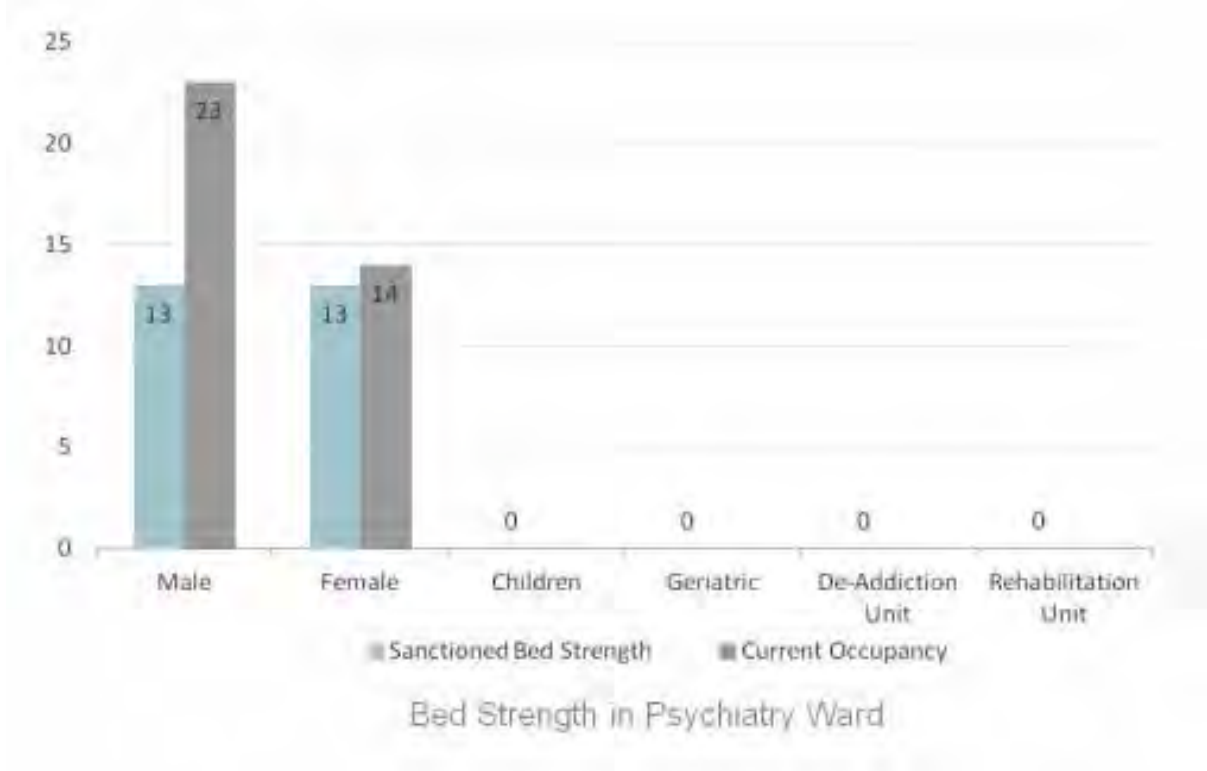
Nine patients from Chandigarh, five from Haryana, and one from Jammu were currently admitted for a long duration. Efforts were made to transfer them to their respective State hospitals, but a response is yet to be received from the three states, as reported by the Special Rapporteur in his report.



State Mental Health Institute, Dehradun
Uttarakhand

Located in **Uttarakhand, State Mental Health Institute** is a non-teaching institute for mental health. It offers care to patients from Uttarakhand and other states like Himachal Pradesh and Uttar Pradesh. The institute was established in 2008. The institute has no full-time Director and is headed by the Chief Medical Superintendent.

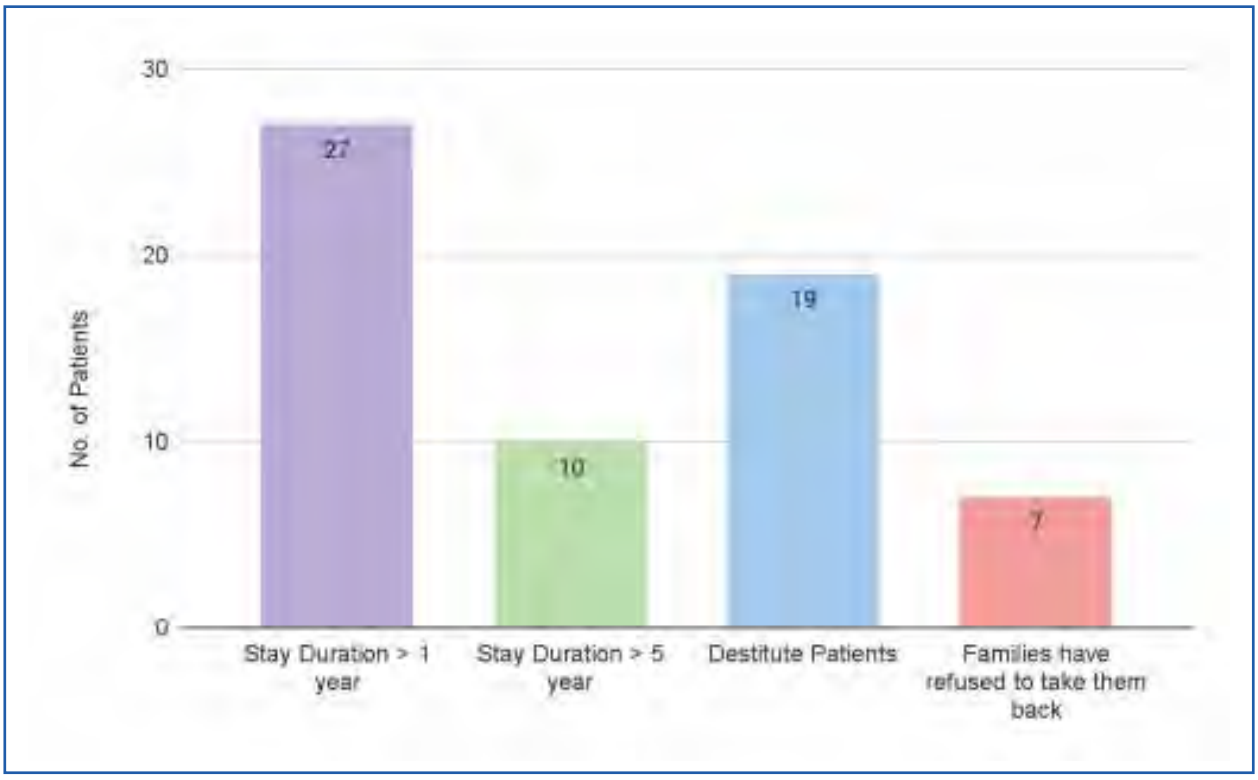
Dr Ashok Kumar Verma, Special Rapporteur, NHRC, visited the State Mental Health Institute, Dehradun, Uttarakhand, on **December 12th, 2022**. In his report, he highlighted that there are only twenty-six beds in the institute, 13 each for males and females. There are no separate beds for children, geriatric, rehabilitation, or de-addiction. The occupancy is more than available, i.e., more patients are admitted to the institute than the number of sanctioned beds.



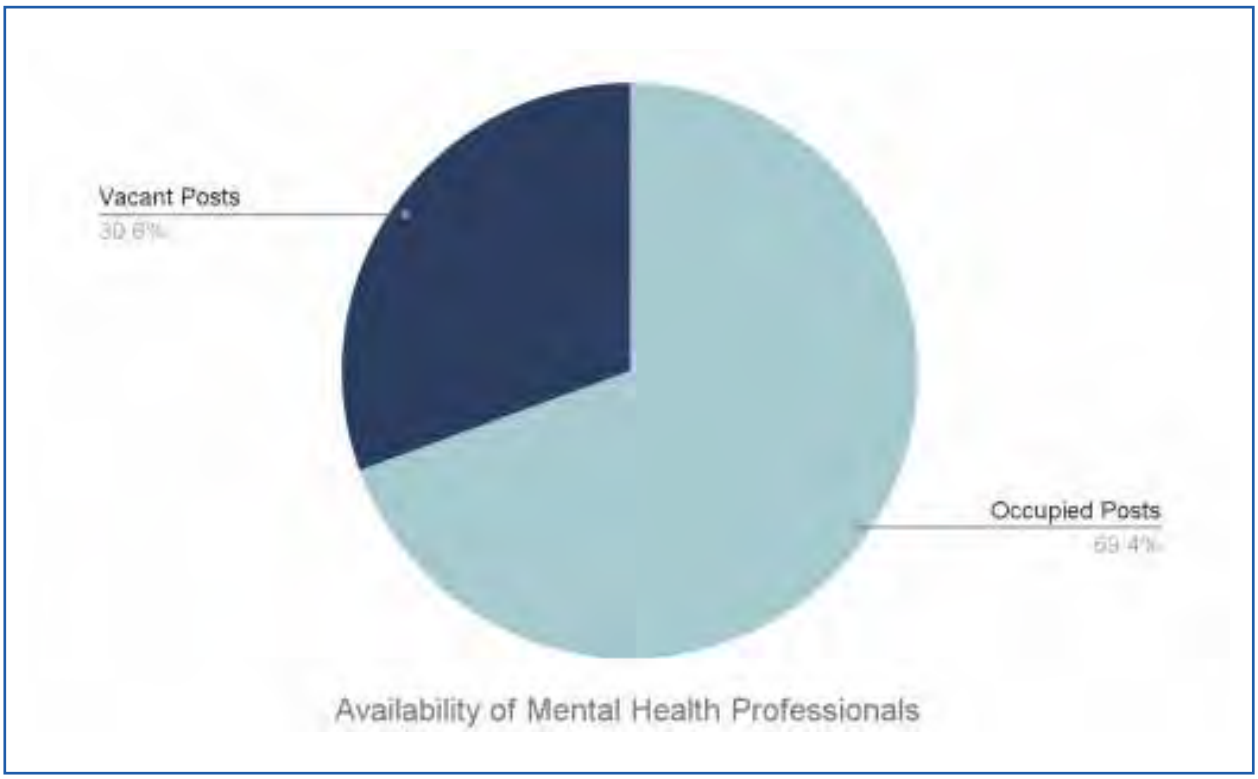
There is a need for mental health professionals in the institute and advanced equipment such as ECT, EEG, and rTMS, which are also unavailable.

There are **no sanctioned posts** for Clinical Psychologists, Psychiatric Social Workers or Psychiatry Nurses. The Attendants working in the institute are all contractual.

There is no provision for halfway home, shelter homes or rehabilitation facilities. The institute is also not involved in any community/ outreach work. There is no provision of mental health services to the families of patients with mental illness or home-based rehabilitation.



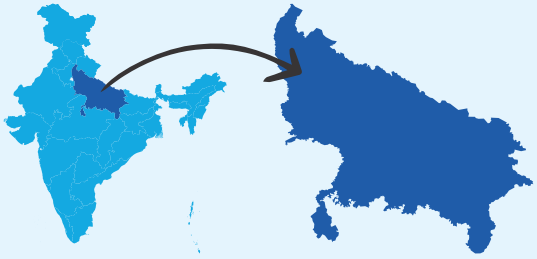
The graph shows that there are 27 patients staying in the hospital for more than a year, 10 patients staying for more than five years, and 07 patients staying even after their recovery because their families have refused to accept them back. There are another 19 destitute patients.



The graph shows that almost 31% of the posts are vacant in the hospital.

However, the Institute liaisons with NGOs for transporting medicines to patients staying long distances and with other NGOs, like Hans Foundation, to work towards reuniting the patients with their families by searching for their addresses. Uttarakhand is working effectively on human resource capacity building in Mental Healthcare. MBBS doctors are being trained to handle Psychiatric patients with the help of one year Diploma course at NIMHANS, Bengaluru. Besides, they are also running a short capsule course in Psychiatry with the help of All India Insitute of Medical Sciences (AIIMS), Rishikesh, to sensitise MBBS doctors to help them diagnose Psychiatric illnesses and act as first responders at field-level hospitals. The shortage of Psychiatrists is also a common problem elsewhere, so this can be suggested as a stopgap arrangement. A new building has been constructed within the premises of the existing State Mental Health Institute, which will upgrade it to a 100-bed hospital from the current 30-bed hospital.

It has also been reported that a **Policy on the Rehabilitation of Persons with Mental Illness** is being drafted and notified soon for implementation and publication by the **State Mental Health and Family Welfare Department of Uttarakhand**.



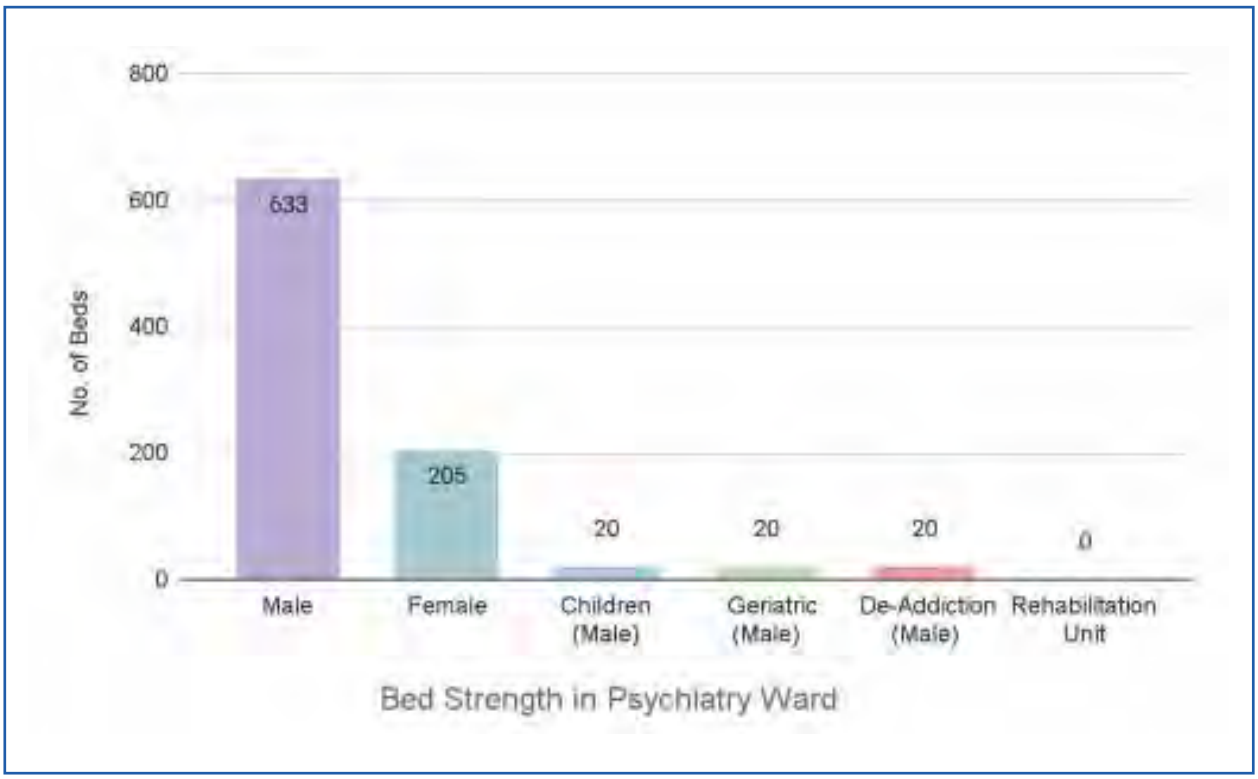
The Institute of Mental Health and Hospital, Agra
Uttar Pradesh

The Institute of Mental Health and Hospital, Agra, then known as Agra Lunatic Asylum, was established in September 1859 and is governed by the State of Uttar Pradesh. The institute was renamed Mental Hospital, Agra, in 1925.

It was managed under the provisions of the Indian Lunacy Act 1912 till 1993. In compliance with the order of the Hon'ble Supreme Court, the U.P Government declared Mental Hospital, Agra, as an autonomous institution on 31.01.1995. Given the objectives laid down by the Hon'ble Court, it was renamed the Institute of Mental Health and Hospital in February 2001. The institute is registered under the Society Registration Act and spread over 172.8 acres of land.

A National Human Rights Commission team headed by **Mr Justice Arun Kumar**, Hon'ble Chairperson, NHRC, visited the Institute of Mental Health and Hospital, Agra, on **July 27th, 2022**. The first thing that came to our notice during the visit was that the hospital is occupied more than its capacity. The premises is enormous and has many abandoned buildings (almost twenty). The wards are not appropriately maintained and had foul odour everywhere. There also are encroachments, like small temples.





The bed strength in the institute is adequate for the number of patients admitted. However, for Children and Geriatric patients, the institute only has a bed strength for male patients and not female. Similarly there is no de-addiction centre for female patients. However, there is a Rehabilitation Unit for both Males and Female patients.

Lighting and ventilation were insufficient, and drinking water pipelines, sewage lines, and drainage systems required maintenance. However, the entire strategy to restore and sustain the institution has been put on hold due to a lack of necessary funding.

In both male and female wards, there was poor ventilation and lighting, and many fans and the television were nonfunctional. The condition was that the beds and bedding were poor and unhygienic. The toilets were broken and unclean, and there was a foul odour in the bathrooms and the entire ward. The overall condition of both wards was far from satisfactory. As the Director of the Institute reported, there is no separate budget for food. The expenditure is almost Rs. 75 - Rs. 80 per day per patient, which is significantly less. Basics like milk and fruits are not made available to the patients due to a paucity of funds. Complaints have also been received from patients regarding food quality. There is a massive shortage of workforce in the institute, including doctors, paramedical staff and other administrative staff/ workers. Almost 32 out of 276 posts were vacant at the time of the visit.

As reported by the Director of the Institute, a major burden on the hospital is of **insufficient budget** and finances for salaries of the employees and also the shortage of manpower.



The graph shows that almost 11.6% of the posts are vacant in the hospital.

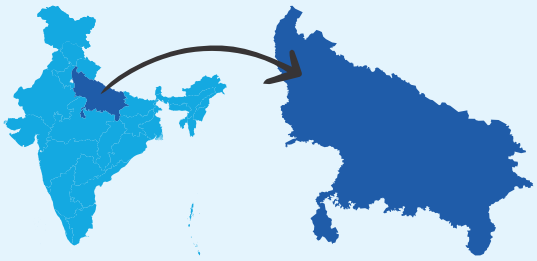


The graph shows that 97 patients are staying in the hospital for more than a year, 63 patients staying for more than five years, and 54 patient staying even after their recovery because their families have refused to accept them back.



Around 15 people were provided skill training, mostly stitching and making sarees. They were also given Rs. 10 per day as token money. The hospital authorities also put all these handicraft materials for sale in *melas*. Both Outreach and PHC-based outreach services are conducted by the Mental Health Institution and at least 1 visit is made every month. They also conducted awareness generation activities (IEC).

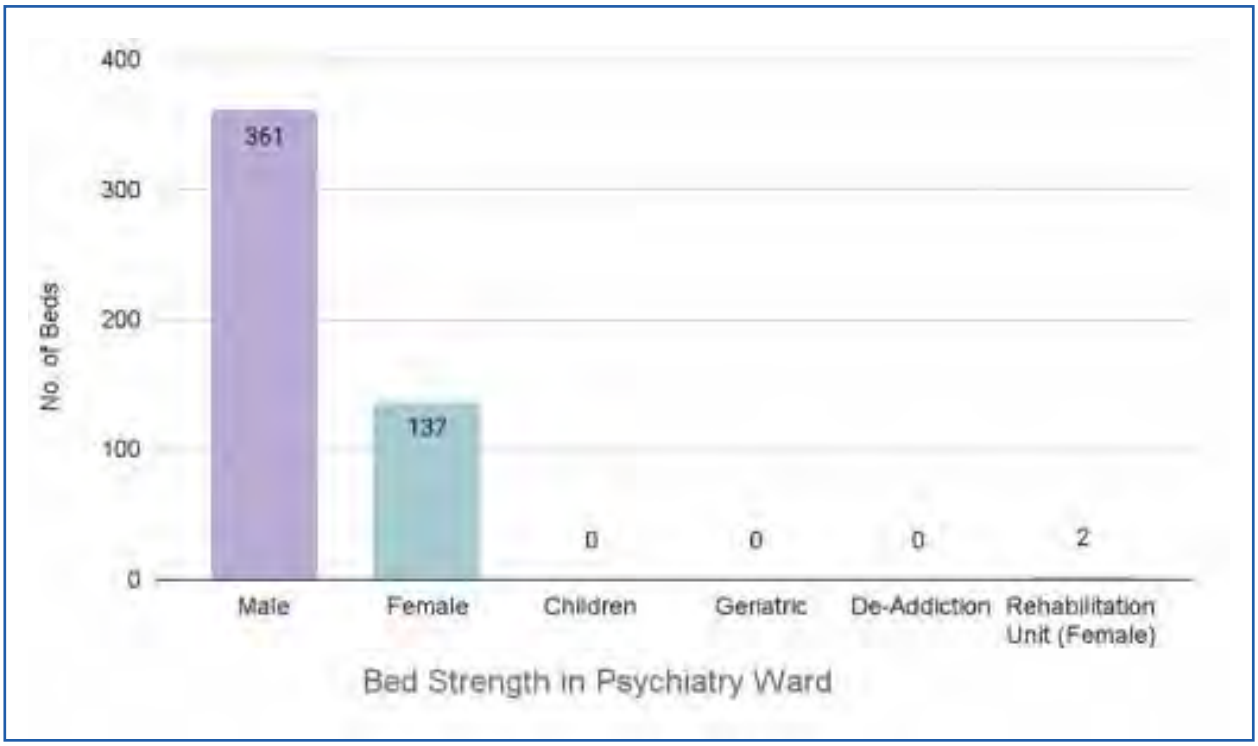




Mental Hospital, Bareily
Uttar Pradesh

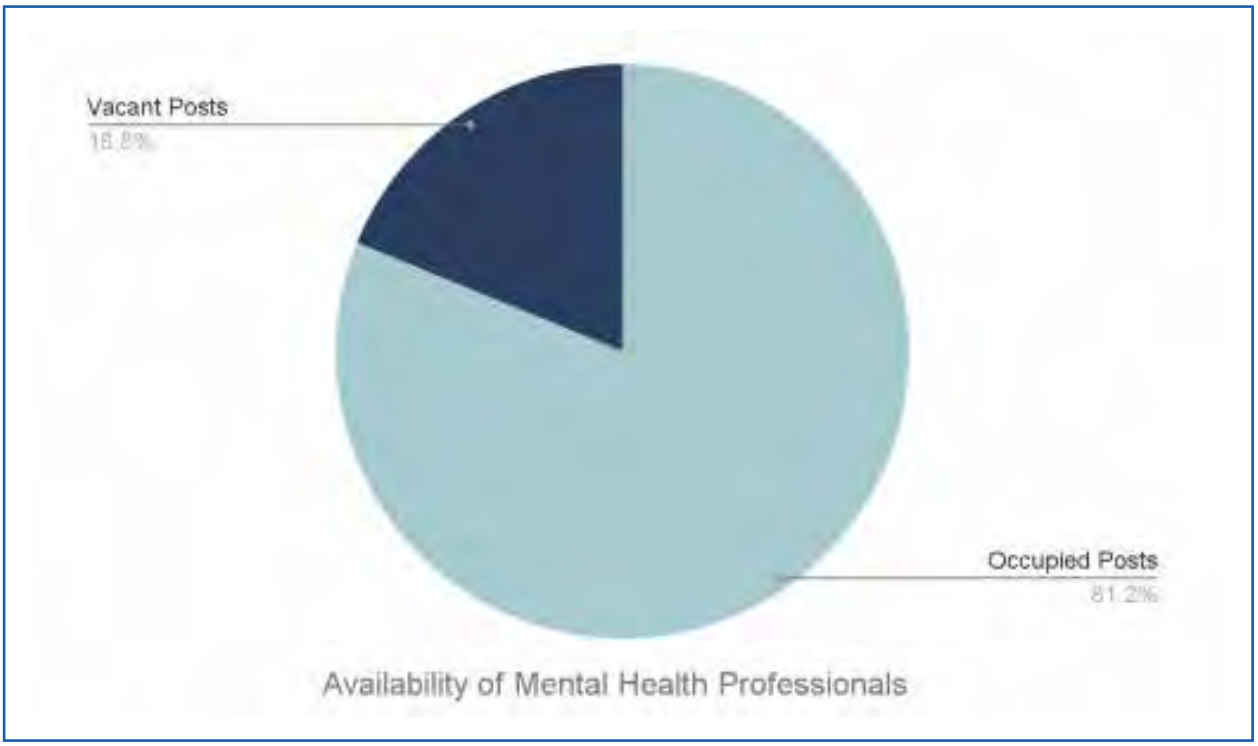
Mr Ranjan Dwivedi, Special Rapporteur, NHRC, visited the **Mental Hospital, Bareily**, on **October 4th, 2022**. In his report, he highlighted various shortcomings of the hospital.

The hospital's buildings are very old; thus, around 30 buildings have been condemned. The roads in the hospital premises, and the male and female wards, are all in poor condition. The ambulance in the hospital is almost fifteen years old and thus requires immediate replacement. There are a total of 498 beds in the psychiatry ward for males and females. However, there are no separate beds for children, geriatric, deaddiction or rehabilitation.



There are a total of eighty-five sanctioned posts in the hospital, out of which sixteen are vacant. There are no investigation and laboratory facilities, including psychological testing facilities. The report also shows that more than 50% of the female attendants and about 20% of the male attendant's posts are lying vacant. However, the hospital has been permitted to appoint 12 female and 04 male attendants on an outsourcing basis only.

No sanctioned posts exist for Medical Officers, Staff Nurses, Clinical Psychologist and Psychiatric Social Workers. Besides the posts for mental health professionals, manpower for other posts like pathologist, anaesthetist, Lab Technician, X-Ray Technician, Dietician, and Computer Operator are also unavailable. There are **no psychologists or counselling services available.**

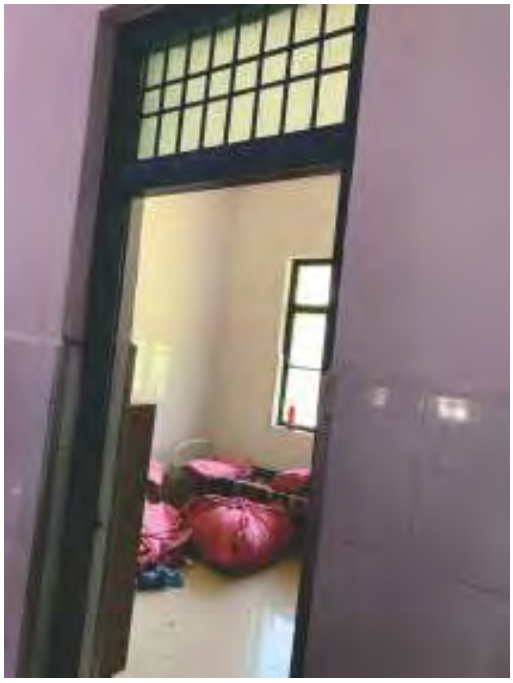


The graph shows that almost 19% of the posts are vacant in the hospital.

The report also mentioned that there had been more than 150 oral complaints in the year 2021-22 received by the authorities related to cleanliness, availability of investigation facilities and availability of medicines.

The report also shares that as per GO No. 1089 /paanch-1-2009-2(3) /96 dated 03-06-2009, specific hospitals were allowed a 40% medicine budget for local purchases, which has now been reduced to 20%. Mental Hospital Bareilly is a specific hospital for psychiatric patients. Many medicines were not available from Medical Supplies Corporation, which supplies the medication in hospitals and thus had to surrender 60% of the budget at their end. That is why the hospital has a shortage and unavailability of medicines.





There are no halfway homes or sheltered accommodation provisions. There is also no provision of mental health services to support families of persons with mental illness or home-based rehabilitation.

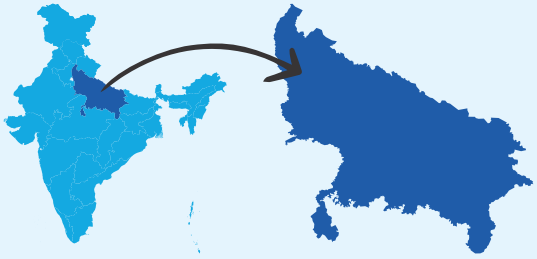






The graph shows that there are 60 patients staying in the hospital for more than a year, 41 patients staying for more than five years, and 39 patients staying even after their recovery because their families have refused to accept them back.

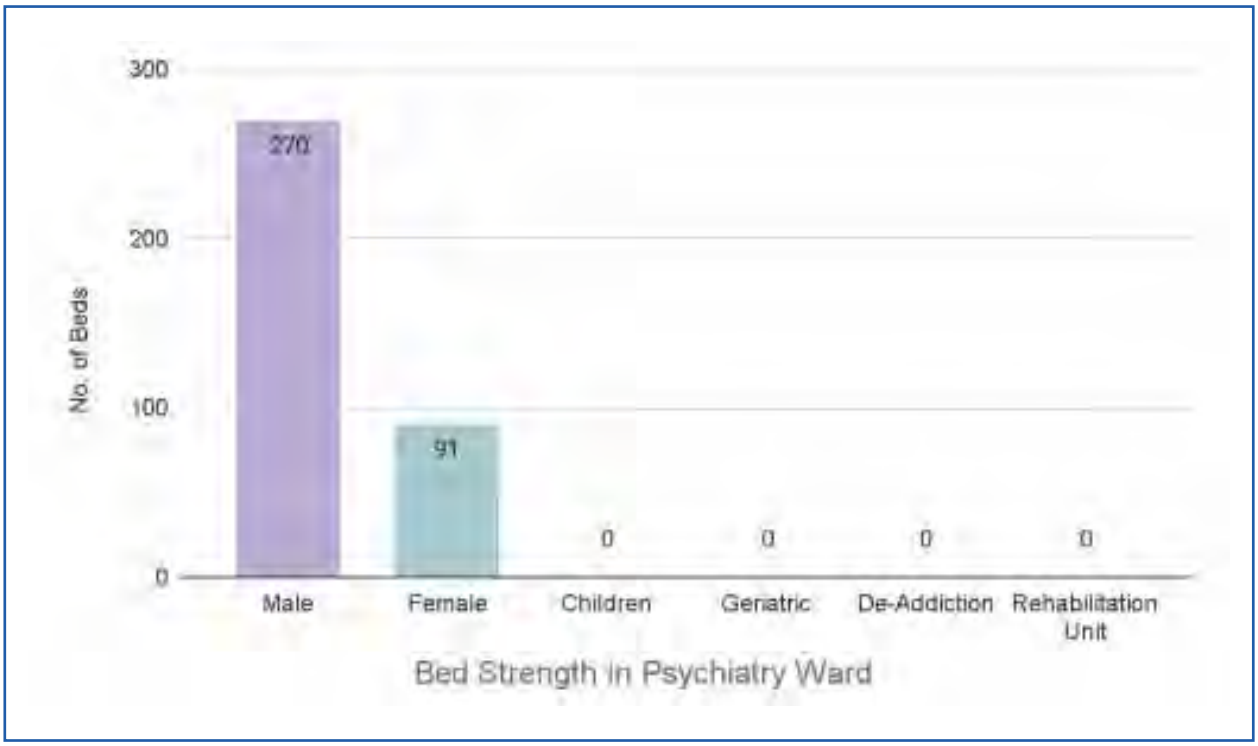
The hospital conducts outreach activities to promote mental health and create awareness of the patient's legal rights. The hospital also conducts short-term training for medical officers, counsellors, pharmacists and nursing staff. A canteen for patients and their relatives is being constructed in the OPD Complex, and a library is being constructed for Doctors and Staff of the hospital.



Mental Hospital, Varanasi

Uttar Pradesh

Mr Ranjan Dwivedi, Special Rapporteur, NHRC, visited the **Mental Hospital, Varanasi**, on **September 30th, 2022**. The hospital was established in 1809 and has a bed strength of 361 beds. In the report, the Special Rapporteur has highlighted various shortcomings of the hospital. The hospital's buildings are very old, and the wards are in poor condition. There are a total of 361 beds in the psychiatry ward, including beds for males and females. There are, however, no separate beds for children, geriatric or deaddiction. There is also no rehabilitation unit in the hospital.



The **number of vacancies in the hospital is more than the occupied posts**. Out of 86 sanctioned posts, there are only 33 in place. There are no psychologists and no counselling facility in the hospital.

Investigation and Laboratory facilities and psychological testing have been established recently.

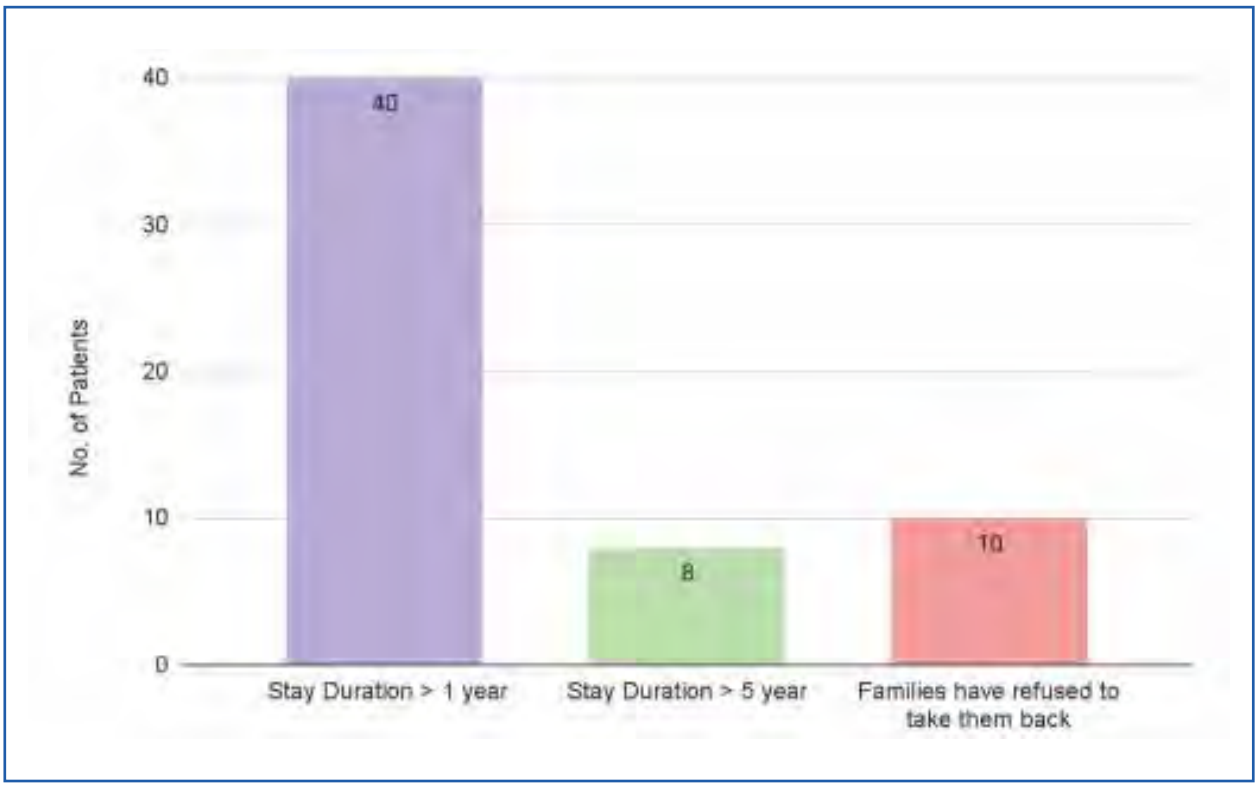


The graph shows that almost 62% of the posts are vacant in the hospital.





There are no provisions for halfway homes or sheltered accommodation. There are also no mental health services to support families of persons with mental illness or home-based rehabilitation. No kind of vocational training is imparted to the patients.



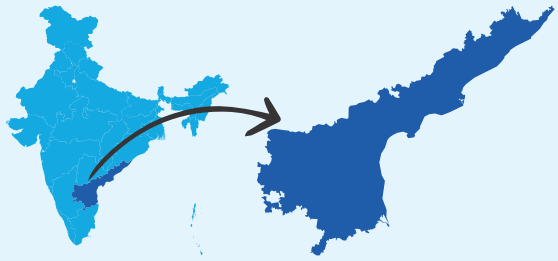
The graph shows that there are 40 patients staying in the hospital for more than a year, 08 patients staying for more than five years, and 10 patients staying even after their recovery because their families have refused to accept them back.

The hospital, however, regularly visits the central jail hospital, district jail hospital and shelter homes. The hospital also participates in disability camps organised by the District Administration/CMO.

Zone II: South

State/ Union Territory	Mental Health Establishment (MHE) visited for the purpose of this Study	Status of Implementation of Mental Healthcare Act, 2017				
		As per the information submitted on	State Mental Health Authority	State Mental Health Review Board	State Mental Healthcare Rules	State Mental Healthcare Regulation
Andhra Pradesh	Government Hospital for Mental Care, Visakhapatnam, Andhra Pradesh	No response received from the State	-	-	-	-
Karnataka	Dharwad Institute of Mental Health and Neuro Sciences, Dharwad, Karnataka National Institute of Mental Health and Neuro Sciences, Bengaluru, Karnataka	20/09/2023	Formulated	Formulated	Notified	Under Process
Kerala	Mental Health Centre, Oolampara, Thiruvananthapuram, Kerala Government Mental Health Centre, Kuthiravattom, Kozhikode, Kerala Government Mental Health Centre, Poothole, Thrissur, Kerala	12/01/2023	Formulated	Formulated	Not Processed	Notified
Tamil Nadu	Institute of Mental Health, Kilpauk, Chennai, Tamil Nadu	17/09/2022	Formulated	Formulated	Under Process	Under Process

State/ Union Territory	Mental Health Establishment (MHE) visited for the purpose of this Study	Status of Implementation of Mental Healthcare Act, 2017				
		As per the information submitted on	State Mental Health Authority	State Mental Health Review Board	State Mental Healthcare Rules	State Mental Healthcare Regulation
Telangana	Institute of Mental Health, Erragadda, Hyderabad, Telangana	15/11/2022	Formulated	Formulated	Submitted for approval vide letter no. 2547/D/2019, dated 19.10.2022 to Central Govt.	Under Process

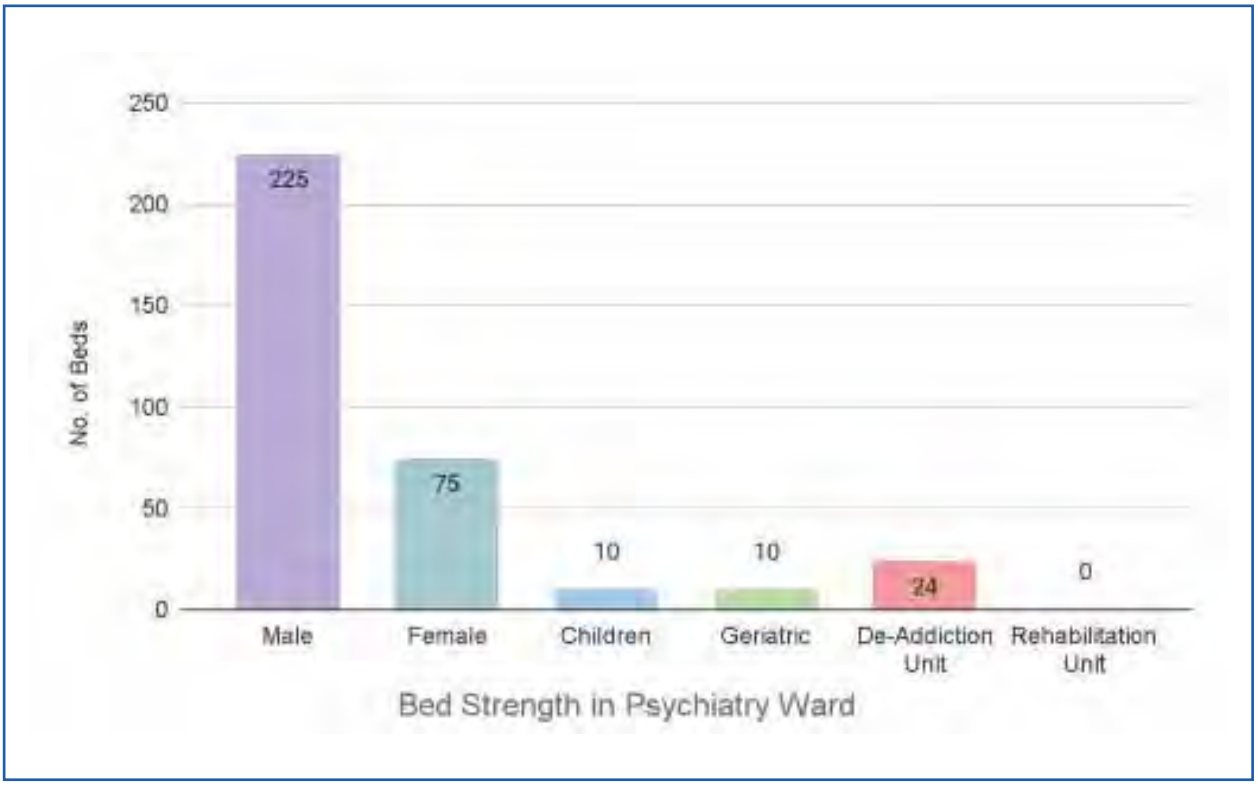


Government Hospital for Mental Care, Visakhapatnam

Andhra Pradesh

The Government Hospital for Mental Care, Visakhapatnam, was established in 1863 with 94 beds as a Lunatic Asylum in British India. Renamed in 1977, the hospital's outpatient facility registers over 70,000 patients annually and treats about 4000 patients in its 300 bedded inpatient facility. It serves Andhra Pradesh's neighbouring states of Odisha, Madhya Pradesh, Chhattisgarh, and Telangana in addition to being the only specialised psychiatric facility in the whole State of Andhra Pradesh. The hospital was declared as the Centre for Excellence in 2017 and ISO 9001:2015 certified in 2021.

Mr M. Madan Gopal, Special Rapporteur, NHRC, visited the hospital on **November 18th, 2022**. The report highlights various issues that the hospital is facing. There is currently no Director of the hospital and currently is headed by a Superintendent.

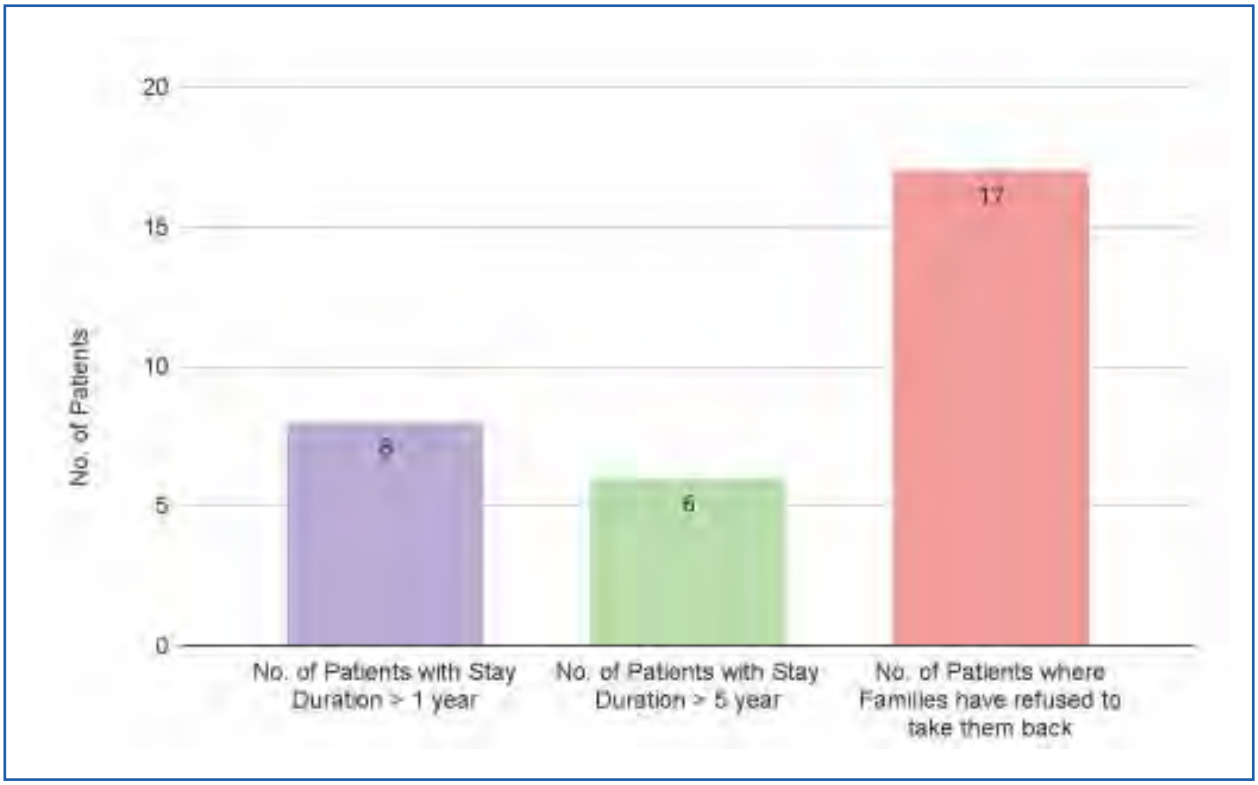


There are a total of 300 beds, out of which some are exclusive for children, geriatric and de-addiction patients. The hospital also provides psychiatry services to Juvenile Justice Board as required.

There are various vacancies posts in the hospital, including posts for clinical psychologists, dieticians, and psychiatric social workers.



The graph shows that almost 22% of the posts are vacant in the hospital.



The graph shows that there are 08 patients staying in the hospital for more than a year, 06 patients staying for more than five years, and 17 patients staying even after their recovery because their families have refused to accept them back.

The daily allowance for food is very low, i.e. at **Rs. 58 per patient per day** only.

There is also a provision of mental health services to support families of persons with mental illness or home-based rehabilitation. Rehabilitation activities were stopped in 2020 due to the COVID-19 pandemic. However, NGOs like The Banyan, Indian Red Cross Society Shelter Home, Manobandhu in association with Association for Urban and Tribal Development, provide the hospital with halfway homes. As an upgradation, construction of new wards and other renovations are under process.







KARNATAKA

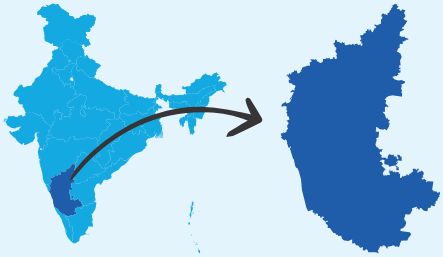
- **E-manas portal:** For the purpose of implementing the Mental Healthcare Act, of 2017. Tele Counseling is also provided in the State.
- Since establishing District Mental Health Program (DMHP) in Bengaluru in 2016, **Primary Healthcare doctors** are being trained to identify mental illnesses. Awareness is also being created among adolescents about common mental illnesses.
- DMHP has been implemented in all 30 districts and Bengaluru Municipal Corporation areas in Karnataka.
- **Taluka Mental Health Program:** In 10 Taluks, training is imparted to Medical Officers, Para Medical Workers, Teachers, Counselors, Police/Prison Staff, elected representatives, ASHA workers etc.
- **Super Tuesday:** Every Tuesday, Psychiatrists from DMHP/ District Hospital/ Medical College/ Private Practitioners provide specialist services to persons with mental illness at Taluk-level Hospitals.
- The clinical services of DMHP have organised **outreach camps** and **home visits**. Beneficiaries of these services include people in colleges, workplaces, and urban slums.
- **Community Mental Health Day Care Center Programme:** Day Care Centre/ Rehabilitation Centre for all the recovered mentally ill patients recognised by NGOs, which is functional in 11 districts of the State. is funded by the State Government.
- **Care at Door Step (CAD):** Multidisciplinary teams visit patients at their homes, especially those who drop out after registering at DMHP.

- **Web-based Mental Health Program Management Information System (MHP-MIS)**: Under the National Health Mission (NHM), Artificial Intelligence (AI) techniques have been used to analyse data from DMHP and health services across 31 DMHP since 2017.

- **Karnataka State Holistic Empowerment Program for Mental Ailments (KSHEMA)**: Social Workers in 10 taluks have been recruited to provide rehabilitation services for about 300 persons. About 800 beneficiaries are offered services at different levels addressing health, education, livelihood, social relationships & empowerment needs.

- **Brain Health Initiative (Ka-BHI):** A pilot project started in three districts of Karnataka as a collaborative endeavour between the Government of Karnataka, the National Institute of Mental Health and Neuro Sciences (NIMHANS), Bruhat Bengaluru Mahanagara Palike (BBMP). This initiative intends to facilitate early diagnosis, reducing the treatment gap and disability due to neurological diseases in the community. It provides a public health model of care for common Brain diseases for implementation across India.

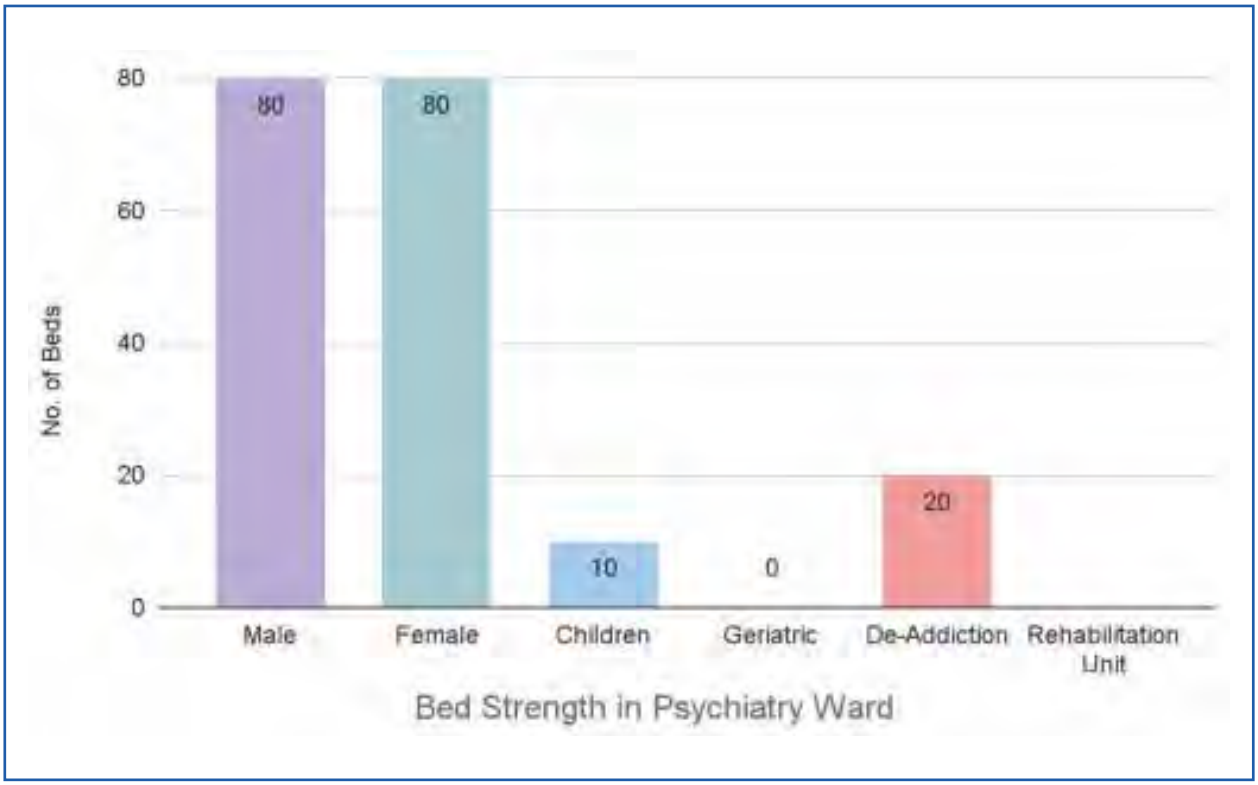
- **Matru-Chaitanya:** A Maternal Mental Health (MMH) program has also been initiated for early identification, brief intervention and timely referral to appropriate mental health resources. This involves screening all pregnant and postpartum mothers for mental health issues and training Doctors/Health staff in better management of maternal mental health concerns.



Dharwad Institute of Mental Health and Neurosciences **Karnataka**

This institute was started as a "Lunatic asylum" in 1845 by the British Government on the premises attached to the jail. In the year 1922, British Government declared the asylum a "Government Mental Hospital". Thus, this hospital is the second oldest hospital in South India. In 1993, with the intention to reduce stigma, the name of the hospital was changed from "Mental Hospital" to "Karnataka Institute of Mental Health (KIMH)" and handed over to the medical education department. On 15 Oct 2006, Shri V S Acharya, minister for medical education, inaugurated the new building and recommended that KIMH become an autonomous Postgraduate teaching centre of Northern Karnataka. The institute was converted into an autonomous post-graduation training institute and renamed **Dharwad Institute of Mental Health and Neurosciences (DIMHANS)** in 2009. The institute has a multidisciplinary approach with teaching faculty in Psychiatry, Clinical Psychology, Psychiatric social work, and Psychiatric Nursing. The institute caters to nearly 400 -450 patients daily, visiting from the majority districts of North Karnataka, Andhra Pradesh, Goa, and Maharashtra.

Mr Ashit Mohan Prasad, Special Rapporteur, NHRC, visited the institute on **September 29th, 2022**. In his report, he has highlighted various issues with the Institute and its best practices.



220 beds cater to females, males, children and de-addiction patients. There are no separate beds/ units for geriatrics. However, the psychiatry ward has separate bed strength dedicated to forensic patients and prisoners. The overall condition of the building is okay. However, efforts must be put to change its gloomy look.

The institute has many vacant posts, including Professor, Associate Professor, Assistant Professor of Psychiatry, Clinical Psychology, and Psychiatric Social Work. Other posts in the non-teaching specialists are also vacant for Clinical Psychologists, Psychiatric Social Workers, Staff Nurses, Medical Officers, and Attendants.



The graph shows that almost 18% of the posts are vacant in the hospital

The institute also has a Mercy Home, where there is **no appointment of a full-time psychiatrist**. There are other **vacant posts** of Medical officers, Clinical Psychologist and Psychiatric Social Workers. **No full-time qualified psychiatrist is available as all posts are vacant**. The attendant-patient ratio is 1:2 even though six vacancies exist, and the doctor-patient ratio is 1:10 with five vacancies.

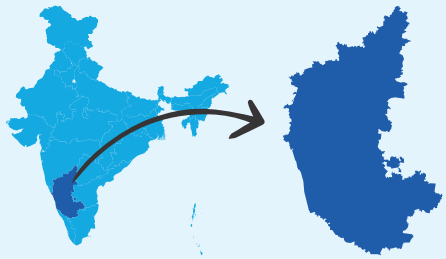
No outside trips are organised for long-term patients. Provision of facilities for halfway homes, sheltered accommodation, and home-based rehabilitation is not available. There is no facility for long-term continuing care centres or long-term continuing care centres.

The graph below shows that there are 05 patients staying in the hospital for more than a year, 15 patients staying for more than five years, and 08 patients staying even after their recovery because their families have refused to accept them back.



As mentioned in the report, recreational and rehabilitation facilities are available in the institute. Rs. 70 is paid per day to the patients for doing work of economic value. The music therapy programme for staff/patients is conducted weekly on Thursdays by chanting spiritual songs/ *bhajans*.

The institute conducts Community Awareness Programmes through weekly visits to Primary Health Centres (PHCs)/ Community Health Centres (CHCs) and Mental Health Camps. The institute also engages in outreach services throughout the year. The institute also conducts programs on mental health topics for nursing professionals, adolescents, police personnel, parents of children with Learning Disabilities, children studying in government schools, and government primary/secondary school teachers.

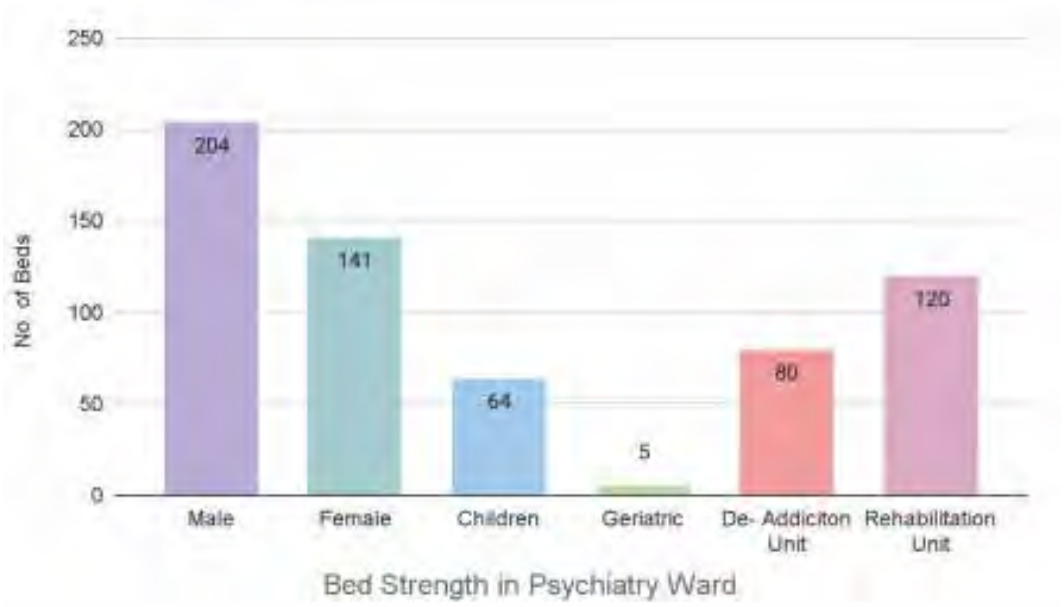


The National Institute of Mental Health and Neuro Sciences, Bengaluru

Karnataka

The National Institute of Mental Health and Neuro Sciences (NIMHANS) is an Institute of National Importance governed by the act of Parliament titled NIMHANS Act, 2012. The Central Government declared it a 'Deemed University' in 1994. In 2012, NIMHANS was conferred the status of an 'Institute of National Importance'. It is a multidisciplinary institute for patient care and academic pursuit in mental health and neurosciences.

Mr Ashit Mohan Prasad, Special Rapporteur, NHRC, visited the institute on **September 27th, 2022**. In his report, he has highlighted various issues and the best practices of the Institute.



Outpatient services for non-emergency cases run on all days except Sundays. On average, about 150 new and old patients in all three specialities of Neurology, Neurosurgery and Psychiatry are seen daily in these services. In all open wards, patients are guarded by security staff, nursing staff round the clock and doctors available on call. The high-risk priority wards have a dedicated Resident Doctor, namely ASIST (Applied Suicide Intervention Support and Treatment in cases of high risk to self) and SAFER (Safety and Facilitate Early Recovery in cases of High risk to others). There are separate beds for males, females, children, geriatric, deaddiction and rehabilitation. It was also observed that the caregivers of the psychiatric patients admitted in the open wards are provided with additional bedding, and their basic needs are addressed.



The graph shows that almost 11% of the posts are vacant in the hospital.



The graph shows that 16 patients are staying in the hospital for more than a year, 29 patients staying for more than five years, and 17 patients staying even after their recovery because their families have refused to accept them back.

In-patient services of the institute include a Mother Baby ward, a Psychiatry short-stay ward, Intensive Care Unit, Priority wards for patients with high risk to self or others, a Geriatric psychiatry ward, a Center for addiction wards including a separate female patients ward, and Family Psychiatry Centre.

NIMHANS also run various other services like the Center for Addiction Medicine (CAM), with an 80-bed facility; Digital Evaluation System and e-prescription; Drug Toxicology Laboratory; and Psychiatry Social Work Services, under the Manochaitanya Program, launched by the Government of Karnataka.

It also provides Forensic Psychiatry Services for both outpatients and inpatients. Legal Aid Clinic Services at NIMHANS functions every Tuesday and Friday in association with Karnataka State Legal Services Authority (KSLSA). A panel of lawyers deputed by KSLSA with the support of a District Judge form a legal team, sit on issues related to property, divorce, and marital discord in psychiatric patients, domestic violence, legal rights of people with psychiatric issues, pension, and employment-related issues.

Almost **11% of the posts are vacant** in the institute, i.e. 207 posts against 1907 sanctioned posts, including Professor, Assistant Prof., Associate Prof., Lecturer, etc., in Psychiatry, Clinical Psychology, Psychiatry Social Work Departments. Other posts of Psychiatry Nursing, Non-Teaching Specialists, and Medical Officers are also vacant. **There are 43 vacancies in the Mercy Home as well.**

NIMHANS has been involved in monitoring, reviewing and strengthening the DMHP. The institute has been leveraging technology for mental health training in collaboration with the Indian Space Research Organisation (ISRO) and the





Government of Karnataka by enabling linkages between speciality hospitals in urban cities with 25 districts. The Virtual Knowledge Network (VKN), established with Project Extension of Community Healthcare Outcome (ECHO), University of New Mexico (UNM) Health Sciences Centre, USA, has been involved in training, telemonitoring and handholding. It has helped to build capacity for addiction and mental health.

Psychiatric Rehabilitation Services (PRS) at NIMHANS include candle making, bakery, printing, library, café, green skill, tailoring, computer, leather work, craft, weaving, plastic moulding, data entry operation training etc. Moreover, PRS has collaborated with several NGOs to facilitate quality training and better vocational placement for recovered patients. Further, there is a PRS Sales counter that serves as the commercial outlet for the products prepared by the patients in the PRS Section. For work of economic value, the patients are paid Rs. 1000 on a monthly basis. Each pavilion in the institute has a *pooja* room where the patients are encouraged to perform religious activities.

The institute also conducts outreach programs in the PHCs and CHCs. Halfway homes, sheltered, and supported accommodations are available in the institute. NIMHANS has created a new accommodation campus named 'Sakalwara', which has basic facilities, food, water and open patient spaces. The outpatient services done by the institute are also done thrice a week, and the nursing staff conducts home visits to reach out to chronically ill patients in the nearby areas. The inpatients are also taken on regular outdoor activities, like picnics.

The Rehabilitation Center, run by NIMHANS, has many NGOs involved to ensure quality services. The NGOs provide the patients housing, financial support, employment and skill upgradation. The institute also provides facilities for yoga and Ayurveda treatment (panchakarma). The Attendants are allotted patients on a Stay basis which helps to develop sensitivity and emotional attachment, ensuring no rough handling. The Supervisory nursing staff is available round the clock to ensure guidance, counseling, and medication at regular intervals. The dedicated staff ensures individual therapies, group counseling, family therapy, and psychological work, which come under the ambit of Behaviour Therapy.

There are various Patient & Caregiver Education Programs on subjects like the Management of Stress, Government Schemes for people with mental illness, menstrual hygiene, sleep hygiene, benefits of exercise, effects of negative thoughts, meditation, relapse prevention, the importance of medication compliance, and building self-esteem, etc.

Mr Devendra Kumar Nim, Joint Secretary of the National Human Rights Commission, also visited NIMHANS on **June 13th, 2023.**

The Joint secretary visited the Brain Museum, developed and maintained by the Department of Neuropathology, and reviewed the activities of the museum. The museum assists in the dissemination of promotive, preventive and curative knowledge of Neurosciences not only to the students of the institute but also to the students of health sciences of other institutes and schools and colleges and the public in general.

Amongst the various activities and facilities observed, it is pertinent to mention that the dietary section is housed in a dedicated building with modern facilities and is well-equipped to prepare, store, transport and distribute the meals to all the patients admitted to the hospital, including the specific diets and feeds for patients with special needs such as ICU patients, patients with chronic medical conditions, etc. The SOP concerning the calorie and protein needs of the patients are being followed.



KERALA

- The Mental Health Review Boards have been constituted in five districts of the State, the members have been appointed, but they are yet to take up their tasks.
- There are **33 Psycho-Social Centres** in various parts of Kerala registered with the Kerala Mental Health Authority (KMHA) that impart psychiatric/mental health treatment for patients in outlying areas.
- Earlier, the KMHA had divided the State into various Zones, with one Psychiatrist in each Zone entrusted with **periodic inspection** of the centres within that Zone. Presently no such system of Zones and Inspections are in place.
- There is an acute and urgent need for activating the Mental Health Boards in Kerala and to strengthen the functioning of the State Mental Health Authority such that the **directions of the Honourable Kerala High Court vide its order dated 13-8-2021 vide para 13 (V)** are complied with.



Mental Health Centre Oolampara, Thiruvananthapuram **Kerala**

The Honorary Royal King of Travancore founded the Mental Hospital back in 1870 with the primary goal of providing compassionate care to patients struggling with epilepsy, mental retardation, and psychiatric disorders. In 1985, the Institution underwent a name change and is now known as the **Mental Health Centre (MHC)**. However, a proposal has been sent to the respective government for renaming the Institute as 'Mental Health Research Centre'.

The Institution functions in six units, with an average of three to four Psychiatrists in each unit and supporting staff. Five units belong to the MHC, wherein each unit looks after the outpatients one day a week from Sunday to Thursday, besides supervising the in-patient wards on other days. The sixth one is led by the Government Medical College, Thiruvananthapuram Psychiatry Department, looking after the outpatients on Fridays. Diplomates of National Board (DNB) in Psychiatry Courses are held in this Institution. There are six faculty members among the Psychiatrists posted in the Institution that doubles as teachers. Three of them are authorised for guiding research also. In addition, there are interns of BSc Nursing (120), Clinical Psychology (17) and Master of Social Work (2) getting trained in this Institution for a duration of one to one and a half months.

Mr Hari Sena Verma, Special Rapporteur, NHRC, visited the aforementioned hospital on **November 11th, 2022**. In his report, he has highlighted the multiple challenges and the best practices adopted by the Centre.

As per the directions given by former Acting Chairperson of NHRC Justice Cyriac Joseph when he visited the Institute on 28/01/2016, only the construction of a female ward has taken place, and none of the other directions, such as the creation of a permanent post of a physician, diploma course in psychiatric nursing, amongst others has not been complied with. Further, the Institute does not conduct any short-term training programs besides the PG training. As per the observations of Special Rapporteur, M Phil. course in clinical psychology can also be started in this Institute as the only Institute that offers the same is the Institute of Mental Health and Neurosciences (IMHANS) Calicut.

In terms of vacancies, no nurses who have graduated with a Psychiatry B.Sc. have been posted at the Centre. Nine vacancies are out of 38 sanctioned Grade I Nursing Officer posts in the Institution. The sanctioned strengths of both Grade I and Grade II Nursing Officers need to be revised, considering the increased workload of the Institution. There are neither Physicians posted nor have been deputed from other hospitals for weekly visits. Further, there are three male forensic wards within a single compound. However, only two constables have been posted to guard the forensic ward, even though three names are mentioned in the In-Out book.

Furthermore, there is no post of a cook as all such posts in hospitals have been abolished by the Health Department of Kerala, and Grade II Hospital Attendants work as cooks on 'arrangement'. The

quality of the food is not up to the mark as mentioned in the visit report. In addition to this, no technician has been posted to operate the ECG machine, and there is no occupational therapist posted in the Centre. It is also observed that the allowance paid to hospital attendants and nursing assistants, which is Rs. 100, has been reduced to Rs. 50, whereas the nursing staff receives Rs. 110. Additionally, the allowance paid to the lower level employees is meagre. There is a need to restructure this and the risk allowance paid to lower-level employees who also handle risky, aggressive patients.

The institute also has serious **infrastructural issues:**

- The number of in-patients is much more than the capacity
- There are no academic blocks and classes are held in the Verandah
- The drainage system is old and blockages are very common
- Machines at the centre are old and non-functioning
- Does not provide basic amenities to the patients - pillows, mattresses or sheets
- No shelves for keeping paper records and no facility of maintaining e-records

Concerning facilities, the Centre lacks a hostel facility for the students. Aside from this, there is no stock availability of antipsychotic or anxiolytic/ hypnotic drugs.

The Centre has a separate de-addiction ward with 26 beds, and the plan to construct a separate de-addiction ICU may be resumed. Although, there is no provision of a separate geriatric unit or mental health services to support families of persons with mental illness or home-based rehabilitation or halfway homes set up in the state.

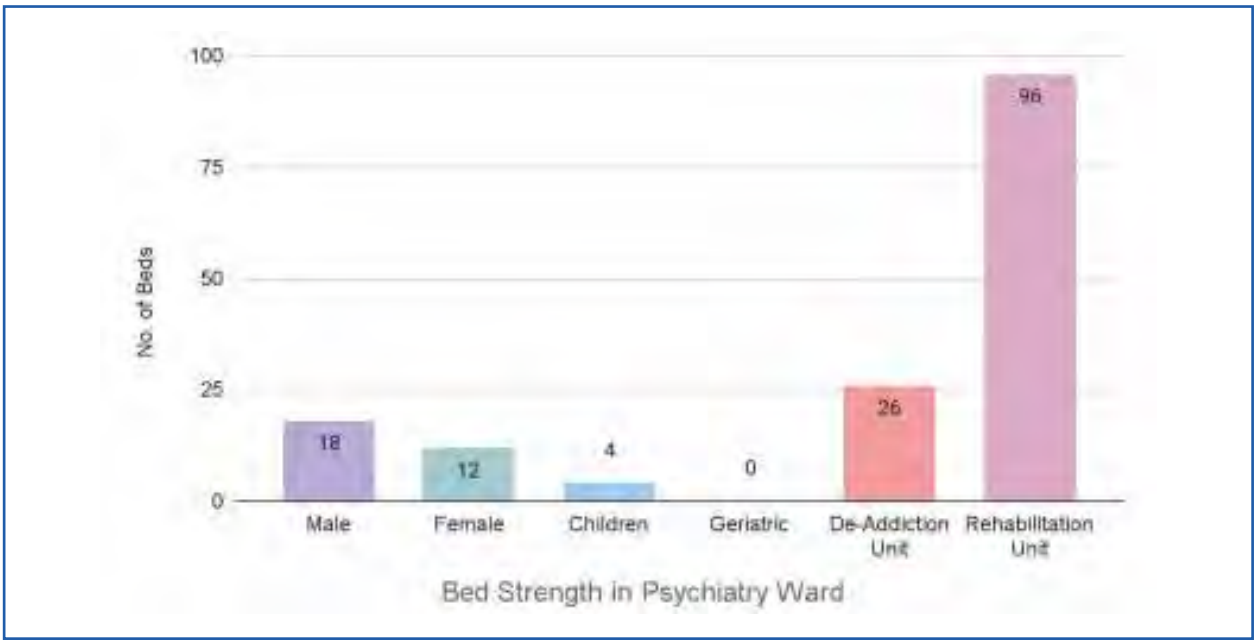
However, the district has two Pakal Veedu (Day Care Centres). The Centre faces difficulty procuring Aadhar cards and opening bank accounts for the patients of the MHC. These make them vulnerable and unable to exercise their voting rights. On an unrelated note, there are three ambulances in MHC, and only one is currently in use. However, only one post of a driver and three persons from Hospital Attendant Grade II or Nursing Assistant whosoever has a driving license drive the vehicles. Further, the library is not modernised and has a space crunch. The outpatient Wing has very little space, so the counseling facilities are not there.

There are 16 institutions other than Asha Bhavan in Thiruvananthapuram district registered with the Social Justice Department. The rehabilitation work under Pratyasha Project from MHC, Perurkada, was endorsed to the NGO Gandhi Bhavan by the Social Justice Department for 2022-23. The endorsed NGO is responsible for taking the patients to their homes or suitable rehabilitation centres in case families refuse to accept them and supervising their integrated rehabilitation. However, the NGO has not taken any steps for the rehabilitation even though the MHC has written letters to rehabilitate 50 patients who are fit for rehabilitation and has followed up on the matter. This must be resolved expeditiously as 108 patients are fit for discharge as of the visit date, and around 20 recovered patients whose families have refused to accept them back.



The graph shows that 155 patients are staying in the hospital for more than a year, 19 patients staying for more than five years, and 20 patients staying even after their recovery because their families have refused to accept them back.

The occupational therapy units require an all-around revamping. There is an immediate need for more maintenance of the roads on the campus since they are in a deplorable condition and have led to the loss of mechanised food trolleys, which needs to be restored as well. Concerning the de-addiction unit, the ward was conceived to have a 50-bed capacity. However, later, only 26 beds were sanctioned. This has led to a bed crunch, and the patient has to be admitted to another ward until the bed in the de-addiction unit becomes vacant. The most concerning aspect of this scarcity is that some patients must be discharged before they are fully fit to discharge. In addition, MHC sent a proposal for establishing a police aid post on the campus in 2016.



The Centre has employed 14 security staff, out of which nine are male and five are female, along with good coverage of the CCTV network (35 cameras on the campus) to ensure safety and security. Since 2019, the Institute has provided the nursing staff, doctors and all security personnel with walkie-talkies for instant communication and quick help. There have been no reported adverse incidents related to assault, injury and abuse involving the patients. However, 22 adverse incidents with the staff due to the patients were reported, and 02 suicides were recorded in the Institute. Besides, the patient's complaints are not recorded and are only received verbally. Around 03 patient complaints were received and reported against the Institution regarding human rights infringement. However, the process of digitalisation of records is in process, and MHC has sent a proposal for modern shelves for keeping the record.



However, a District Legal Service Authority (DLSA) - assigned advocate comes to MHC and takes classes for all staff ranks on the Mental Healthcare Act, 2017 and the patient's rights. A sub-judge leads the Authority and meets once a week to help the patients in a room earmarked for them in the Institution.

The Centre has received funds for making permanent boundary walls in the places where the boundary was closed through makeshift ways. Further, the Directorate of Health Services (DHS) has sanctioned the proposals for a new ward and modern psychiatric ward, and the funds are expected to be received in the 2022-23 financial year. Furthermore, MHC has submitted proposals for a separate ward in the Medical College Hospital for patients to avoid the drain of staff strength of MHC, but this is currently pending.

The capacity of the Institution is 531 beds; however, 720 beds are in place, and hence the number of in-patients is much more than the capacity. This anomaly must be resolved with required infrastructure development and additional staff postings, such as the post of Deputy Superintendent, dietician and clinical psychologist, amongst others, at the earliest. Likewise, the Grade II Hospital Attendants need to be posted as per the number of male and female patients. Since, despite having more male patients, the female Grade II Hospital Attendants are much more prominent in number compared to their male counterparts.

The hospital has not engaged in any mental health outreach services. However, the daycare home, Palak Veedu, has provided Hindustan Latex Limited (HLL) with a unit for expired condom peeling. On average, 15 patients do the work and are paid Rs 150 per day through the MHC. Although, there is a need to raise the amount owing to the inflation and the expenditure incurred by the patients who stay outside of MHC in transit.

Additionally, MHC has a weaving unit wherein bedsheets, towels and door mats are made, and five women patients do the work. As per the observations, the production of weaving units may be expanded for supplying to patients and attendants. Moreover, there are also the Binding unit, Candle Making unit and Envelope Making unit. Around 10-12 female in-patients work in the unit wherein charkhas are used for making a thread, and trained hospital attendants, look after the unit. The patients earn Rs 800 per month as per the points system. The Centre also has a soap, lotion, craft, and bread-making unit. The Psychiatric Social Workers of MHC supervise these units.

Furthermore, the psychiatrists of MHC are associated with several schemes of the Health Department like AMMA MANAS under DMHP for checking for mental illness in females between the age of 19 to 45 years; THALIR to identify the teenagers most prone to psychological problems, etc. Moreover, USB Global, a company in Techno Park, conducts

music therapy in MHC as part of its Corporate Social Responsibility (CSR) activity. It also assists in tracing patients' families and facilitates rehabilitation as the company's staff visits places with translators.

MHC has constantly tried improvising their methods to deliver the best possible treatment and services. For instance, newly admitted patients are kept in Ward No. 1 (Behavior ICU) for 12 to 24 hours for observation and normalisation. Post observation, the patients are shifted to family or closed wards, and those who need isolation continue in Behavior ICU. This Ward also has a facility to accommodate symptomatic patients.

The staff of MHC accompanies self-discharged persons to their houses and oversees the reunion of these persons with their families to ensure the person does not go missing. This practice helps the Centre take the patients back to MHC if their family does not accept them. Charity homes/institutions, both Government and private, belonging to Thiruvananthapuram and Kollam districts, collect free medicines from medical stores of MHC regularly to provide for the patients under their care.

MHC has signed a contract with IMAGE, an organisation authorised by the Indian Medical Association (IMA) to collect and dispose of Biomedical waste from the Institution. A segregation room is being made on the campus, and a Biogas plant is being constructed near the kitchen.



Government Mental Health Centre, Kuthiravattom, Kozhikode

Kerala

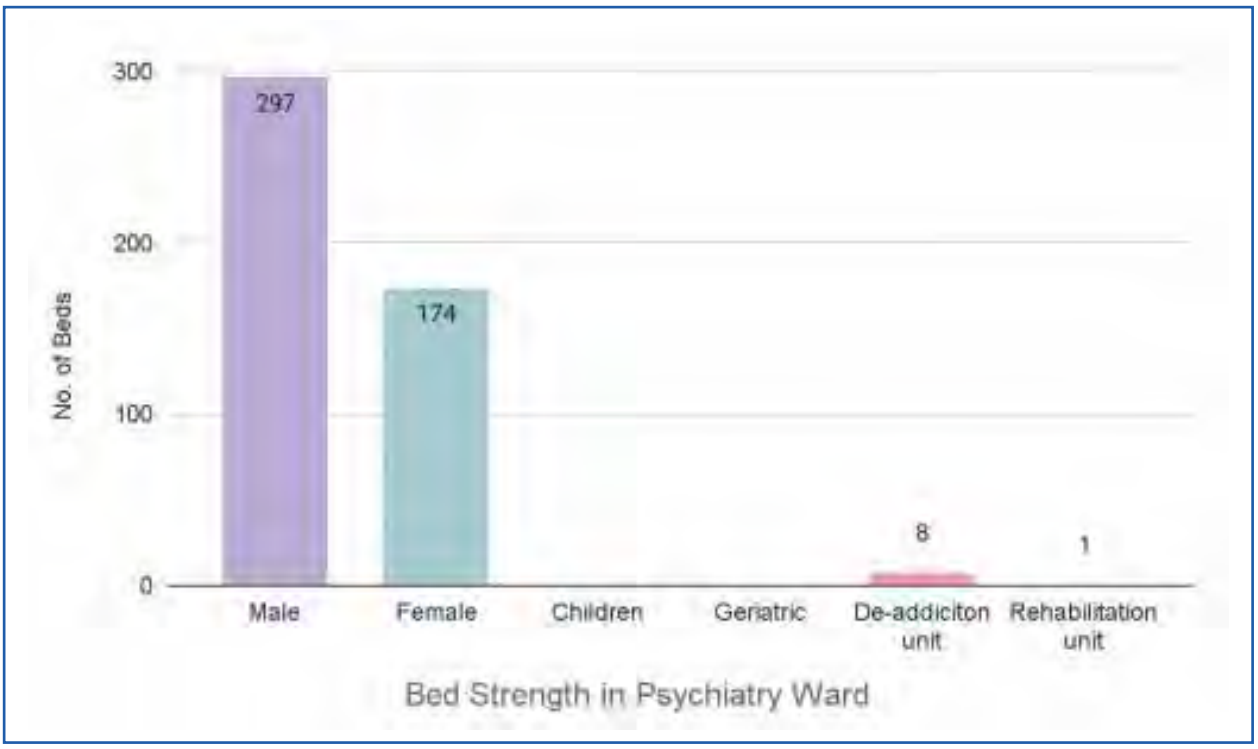
The erstwhile Madras Presidency established the **Government Mental Health Centre** in Kuthiravattom, Kozhikode 1872. It was then known as the Calicut Lunatic Asylum. The hospital is located in the heart of Kozhikode City at Kuthiravattom and is accessible by road and rail. The campus is set across 22 acres of land. It houses 09 wards, a paying ward, a de-addiction ward, an administration building and other infrastructural amenities, and sufficient space for patients to engage in outdoor activities.

The hospital has a multidisciplinary team of Psychiatrists, doctors from other specialities, Clinical Psychologists, Psychiatric Social Workers, and nursing staff, as well as other support staff, who provide patients with treatment facilities such as Modified ECT, Oral Ketamine Therapy, Biofeedback Therapy, Play Therapy amongst others. The hospital is involved with the District Mental Health Programme (DMHP), which provides mental health services to the community. The GMHC is affiliated with the National Board of Examinations and administers the DNB Programme in Psychiatry as well as academic training for students of medicine, nursing, clinical psychology, social work, and pharmacy.

The hospital collaborates closely with the District Administration, the Social Justice Department of the Government Medical College, IMHANS, the District Legal Services Authority, various psychosocial rehabilitation centres, volunteers, and well-wishers to treat and promote mental health. The institution also has a Hospital Development Committee consisting of local citizens.

Mr Hari Sena Verma, Special Rapporteur, NHRC, visited the aforementioned hospital on **September 30th, 2022**. He outlined numerous issues and the hospital's best practices in his report.

The compounds of the institution comprise old-fashioned blocks and cells with grill doors and windows. Since the construction dates back to the British period, the walls are made of mud and Surki, allowing its easy breaking. Many buildings, mostly wards, are semi-dilapidated, being very old. The hospital has 10 wards in which patients are admitted. The rooms in the pay ward are used like cells in other wards to avoid damage to the room by very violent patients. Of the remaining wards, two are forensic wards, one male and the other female. Although, the compound in the female forensic ward needs to be tiled and needs better boundary walls. The two other wards are family wards, one for each gender, where a family member can stay with the patient. The remaining wards, either male or female, have patients with no attendants with them. Besides this, there is a separate Out Patient Department (OPD), pharmacy, office, security and other units. However, there is an urgent need to refashion the OP wing with suitable additional partitions to provide privacy and confidentiality for counseling and consultation. Further, it is pertinent to note that the drainage of toilets is poor, along with poor plumbing in most wards. The hygiene of the washrooms is not maintained, and cleaning is not done regularly. Apart from this, the number of bathrooms is less per certain wards' requirements.



Patients below the age of 18 years are being kept in the wards, along with adult patients violating the Mental Healthcare Act, 2017. Further, the centre has no separate ward for the geriatric or children. Furthermore, the de-addiction centre has bed strength in the ratio of 1:8 in the psychiatric ward but not as a separate unit.

The campus has scattered buildings, and the land is covered with shrubs and other unplanned vegetation. The jungle-like thick growth in places allows for hiding spaces for the escaping patients. The stations of the nurses and other staff in each ward are far away from the blocks and the cells, thereby making it difficult for supervision. The height of the boundary walls must be raised all around the Institution so that the patients can get an opportunity to move around freely within the campus. A master plan for infrastructure development, with a requirement of Rs.100 crores for the first phase, had been prepared and sent to District Medical Officer (DMO) by the Superintendent (3.8.2022) under the Pradhan Mantri Jan Vikas Karyakram (PMJVK).

The hospital is facing serious staff shortages in many sectors of the institution. Considering the onerous duties to be performed by the staff in the sprawling campus, there is a need for revisiting the sanctioned strength in each sector. There is no full-time Director in the institute currently. Posts of an occupational therapist and other vocational trainers like weaving master and bunoi instructors are lying vacant, against which there is a need to post staff who can impart skills to the patients for rehabilitation. Additionally, a post for a Master in Social Work (MSW) remains vacant.

The institution conducts DNB course, with the institution's doctors doubling as teaching staff. There are regular intake of interns for MSW and MSc Nursing as well as House Surgeons in this Centre already.

Patient's rights are **not** displayed in the ward.

The **number of male nurses and nursing assistants is inadequate**, which sometimes **pushes the female staff to bathe the male patients**, and they are often unable to restrain aggressive male patients.

Psychiatric social work wing, with the view of many patients who should be rehabilitated and continue their treatment in a home environment, must be strengthened. The sanctioned strength of psychiatrists is 12, which may be increased considering the presence of 470 patients and a large number of people coming for the treatment. In addition, several patients experience physical conditions such as diabetes, high blood pressure, and venereal diseases. Faroke Hospital or Beach Hospital Physician visits this institution twice a week, while a dermatologist visits once every two weeks. Therefore, to minimise the need to transport patients to hospitals, it is recommended to have a General Medicine post-graduate qualified physician available in the Centre.

The digitalisation of medical records is necessary to improve efficiency and accessibility. Furthermore, the centre lacks forensic services and provision of halfway homes, sheltered accommodation, supported accommodation or mental health services to support families of persons with mental illness or home-based rehabilitation.

In terms of the functioning of the hospital, there is a need for augmenting the advanced psychological counseling and treatment methods in this Centre. The current focus on keeping violent and uncontrollable patients and treating them primarily with medicines should gradually change with more psycho-social treatment. The psychologists also suggested setting up a separate Psychology Wing under the Superintendent of the hospital.

Remand Prisoners (RP) from jails with mental health issues are kept in the Male Forensic Ward. There is a police party consisting of one head constable and three constables around the clock for guard duty, but they are replaced every day by a new team that is not conducive to efficient performance, considering the need to understand the different natures of different patients and the challenges of the duty. In this ward, Criminal Miscellaneous Petition (CMP) patients are also admitted on orders of the Judicial Magistrate from public places. Since they do not have any criminal case against them, putting them up with RPs having criminal antecedents may not be a conducive arrangement for their treatment. Therefore, it is recommended that a separate ward be made for CMP patients.

According to the Special Rapporteur's observations, the mental health centre deals with significant security concerns. There are 10 wards, and there is a need for at least two security persons per ward in addition to those patrolling the premises and guarding the main gates. Around 155 adverse events like assault, injury, and abuse were reported last year.

Moreover, 63 patients have escaped the Institution since 2018. It must be ensured that photos and biometrics of all patients are taken and preserved along with all available details about the person, which aids in tracing when both remand prisoners and other psychiatric patients are found missing/escaped from the Institution.

Apart from this, there were 47 cases of unnatural deaths in the Institution from 2017 to 2022.

There are CCTVs installed in the male and female forensic wards. However, there is a need to enhance the number of CCTVs to cover these wards and others. A proper monitoring system with dedicated observers is required in male and female wards. The present period of retention of CCTV records is only two weeks, which needs to be made at least six months, which could help investigate significant incidents in the Institution. Therefore,

installing the Centre Pan, Tilt and Zoom-type CCTVs instead of the old ones is recommended to ensure security and leave no blind spots.

Regarding security personnel, it was observed that when prisoners from jails exhibiting psychiatric disorders are brought to the Institution, they are not frisked by the police on duty in the forensic wards. It is reported that the prisoners smuggle narcotic substances into the cells and block them by hiding them in their bodies. Out of 40 CCTVs in forensic wards, 19 are not working as per the reports.

The police in both male and female forensic science wards must be briefed and trained for their exact duties so that they are more proactive and work more cooperatively with the staff of the Institution.



The graph shows that there are 115 patients staying in the hospital for more than a year, 32 patients staying for more than five years, and 36 patients staying even after their recovery because their families have refused to accept them back.

Further, the abandoned park in this institution can be developed as a facility for games, sports and other activities for patients under supervision. This will benefit the all-round development of the patients. Also, the patients who are fit for rehabilitation in family and society, such as the 36 destitute recovered patients, may be kept in a separate ward with the freedom to move around, assist the staff in their chores, and engage in productive skill work.

There is a Rehabilitation Centre in the institution. Earlier income-generating activities like notebook making were done with suitable patients as part of treatment. But in the recent past, these activities have been stopped. There is a Play Therapy room, a Bio Feedback room, and a room for music therapy. There is a programme for treating social media addiction as well. There are four institutions in Kozhikkode Institutions for rehabilitation if family integration fails.

There are also facilities for recreation for the patients, such as televisions in wards and small-scale cultural events with volunteers from outside. In addition, a local volunteer conducts yoga and other physical activities in the institution. THANAL, an organisation which looks after children with autism spectrum disorder and developmentally disabled children, visits the Centre for outings and

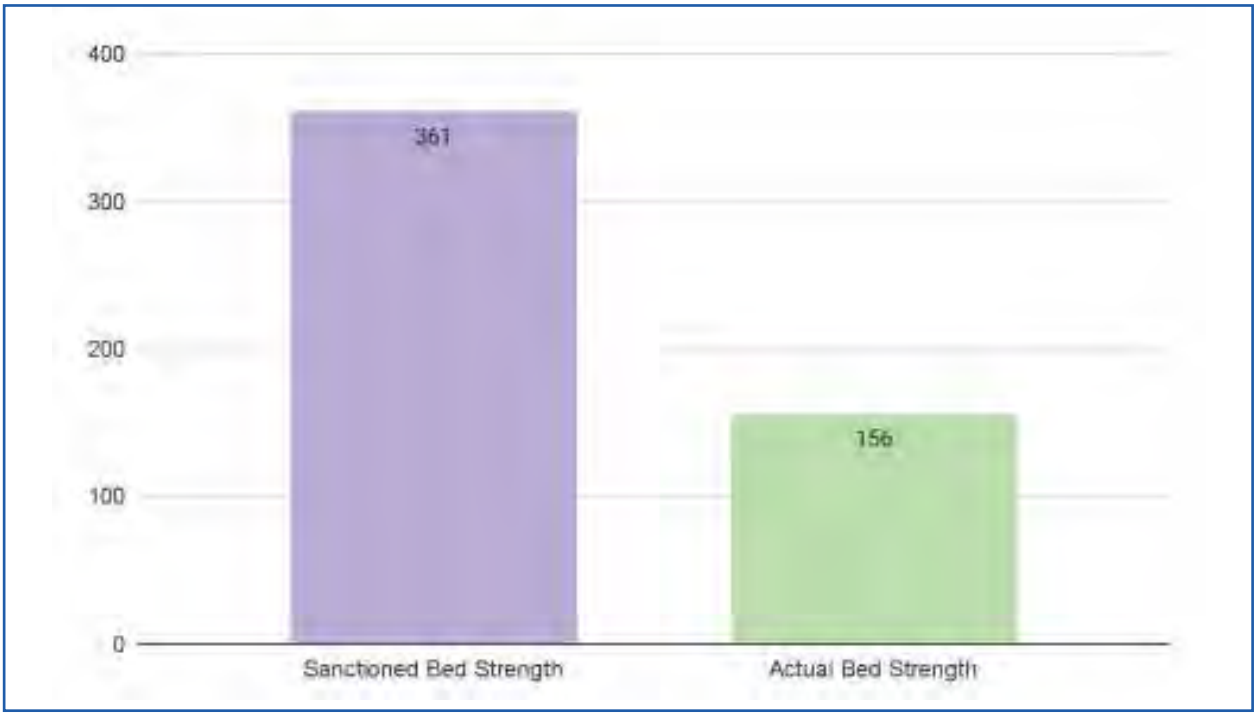
tree planting. It is recommended that volunteers from NGOs knowing different languages be brought in and utilised to discover the details of the patients without identity proof. The Kuthiravattam Centre conducts several camps, one day each month, in far-flung areas of the district as part of the DMHP. Some of the locations of the camps are near tribal a colony, which allows marginalised people to get help concerning mental health. It also acts as an opportunity for the Centre's staff to interact with the local public, educate them about mental health, and get their cooperation in rehabilitation efforts. As suggested by the Superintendent, it is advisable to create a post of a Public Relations Officer exclusively for the Centre to explain the institution to the media and the general public. The Superintendent and senior staff members can periodically address the print, electronic and social media to explain the institution's functioning, constraints and positive efforts.



Government Mental Health Centre, Thrissur

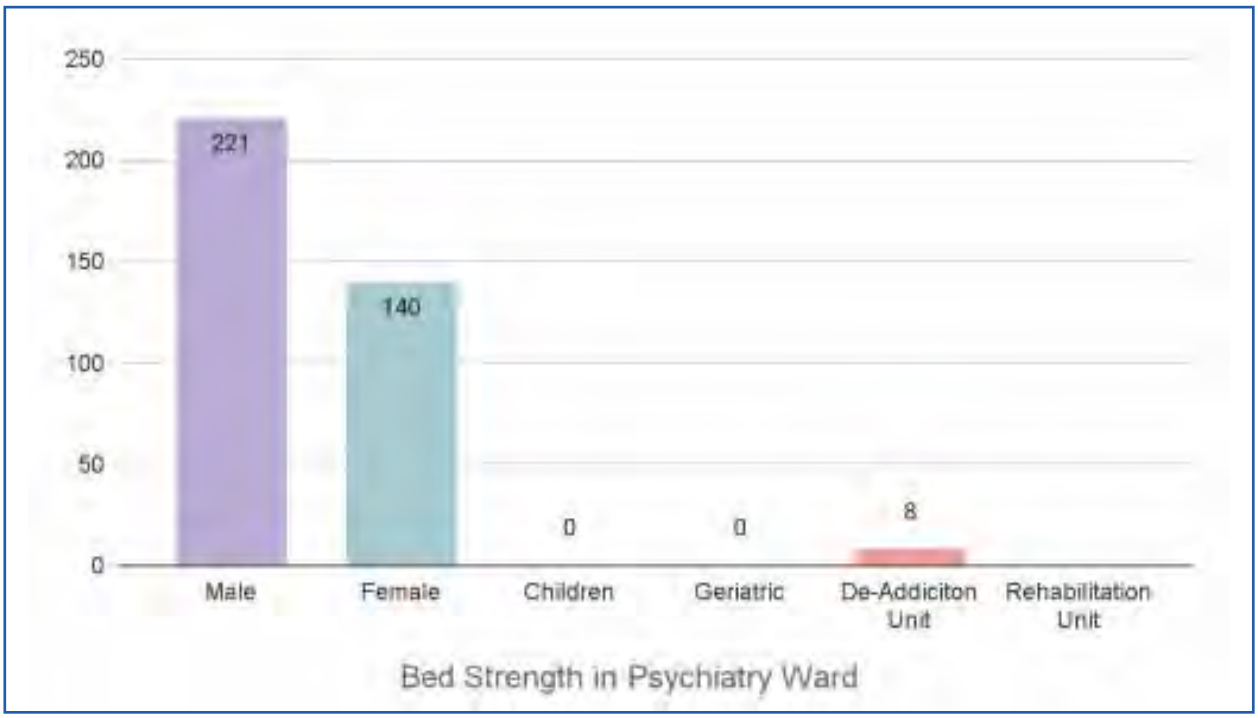
Kerala

The **Government Mental Health Centre** was founded in 1889 by the Maharaja of Cochin and is located in a 14-acre area donated by a local philanthropist. Patients of Palakkad, Thrissur, Ernakulam, Kottayam, Kollam, and Idukki districts of Kerala and Pollachi, Madurai and Tiruppur districts of Tamil Nadu are coming here as inpatients /outpatients. On **October 7th, 2022**, the NHRC's Special Rapporteur, **Mr Hari Sena Verma**, visited the hospital. His report has given detailed, comprehensive information on the hospital's best practices and issues.



The graph reflects that only 156 available beds are currently available against the sanctioned number of 361 beds.

Recently, the Superintendent and staff have made efforts to rehabilitate recovered patients. The centre has a well-equipped OPD that serves the local community for psychiatric and non-psychiatric ailments. This is done to help bridge the gap between the public and the institution and reduce the negativity associated with psychiatric treatment. However, the centre lacks ECT services. Additionally, an MD-qualified physician from the Government Hospital in Vadakkaanchery visits the Institution once a week to treat the patients and the Assistant Surgeons already in place to provide non-psychiatric treatment.



The mean duration of stay in the Centre is very high, i.e., 519 days. There were 10 patients fit for discharge on the visit date but were still retained in the hospital. Therefore, it is pertinent for every mental health establishment to have facilities to support patients who are fit to return to society to enable them to be self-reliant. However, the institute does not provide mental health services to support families of persons with mental illness and lacks halfway homes, sheltered accommodation or supported accommodation.

Further, the institute has not fixed a particular amount of pay for doing work of economic value for the patients. The centre lacks a separate geriatric or child mental healthcare unit. However, the institute has a separate de-addiction centre with a capacity of 08 beds, but it is not in very good condition. Moreover, the institute claims to have rehabilitative services but lacks ties with rehabilitation centres willing to accept intellectually disabled patients.

Many patients with no identity cards are brought to the Hospital on judicial orders as CMP patients vide Section 102 of the Mental Healthcare Act, 2017. Despite the Court order, a cured, acquitted prisoner continued to stay in jail and then in the institute for the last five years.

Regarding security, CCTV cameras in the three wards are not functional. The Superintendent has also made a proposal for security personnel, including women, to facilitate effective CCTV monitoring and provide better security to the patients and staff. Additionally, constructing a compound wall is ongoing. Further, to ensure the security of patients with suicidal tendencies, the dress (which is not a uniform) is made of weak fabric until their stay so that it gives way if used for hanging. There were a total of 04 deaths in the year 2021-22.

There are two sanctioned posts of Sergeants and two security staff, but all four are vacant. Considering the institute's rush, the clinical psychologist and psychiatric social worker posts seemed inadequate.

6 posts of cooks in the institute were abolished, and Grade II hospital attendants are working as cooks. Besides this, **two posts of sweepers are lying vacant**, and the duties of sweepers are being performed by Grade I & II Hospital Attendants partly.

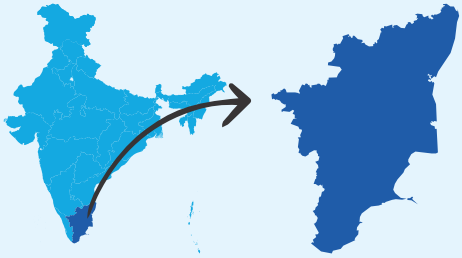
The number of staff members at the two day-care centres is unsatisfactory as each centre has only one Staff Nurse and one Attendant for 20 patients. Additionally, as per the visit report of the Special Rapporteur, it was observed that the post of psychologists and psychiatric social workers needs to be increased.

Nursing assistants from Poothole Institution work as attendants for patients at Government Medical College. The staff from Poothole Institution do not get access to washrooms and have no place to sit, even in the wards.

Psychiatric Social Workers verify the home address of patients fit for rehabilitation through local police, and subsequently, with the permission of the Court, the patient is shifted to his address with the help of NGOs such as Marvalah Dayra and Baniyan. The funds for shifting patients to NGOs are provided under Pratyasha Project.

One occupational therapist and two other employees assist in the Occupational Therapy unit. There are tailoring, bookbinding, soap-making and bread-making units, of which book-binding has sub-units in various wards. The finished products are sold in the market, especially during the world-famous 'Thrissur Pooram Festival' when a stall is allotted to Poothole Institution in the Exhibition connected to the Festival. In addition, the two Palak Veedu system (day-care centres), as part of the District Mental Health Programme (DMHP), has one designated for each male and female. Patients already discharged from the Poothole Institution come to these centres daily from 10 am to 3:00 pm for medicines and treatment. They are provided breakfast, lunch and tea, and there are cots to relax during their stay in the Centre. Each Centre has a vehicle which picks up and drops off the patients daily. There are 18 patients in these two centres, and the capacity of each centre is 20 patients. The team from DMHP examines the patients and suggests treatment plans. Earlier, the Occupational Therapists were also posted in Pakal Veedu Centres, which helped the patients make handicrafts/cosmetics such as soap, ornamental paper, flowers, mats and envelopes for medicines. Notably, a master plan of Rs 100 crores has been approved, and the entire amount has been sanctioned recently. Under this plan, 11 existing buildings will be demolished, and new modern buildings will be constructed. In addition, this plan includes the construction of quarters for staff.

The psychologists from the Poothole Hospital visit the High-Security prison once a month for the 'reformation of prisoners' held in National Investigation Agency cases and to deal with the juvenile patients sent to the institute by Child Welfare Committees. In 2021-2022, about 3000 students sought an assessment of disability in the district of Thrissur and around 400 were assessed by the Clinical Psychologist of Poothole Institution. For the rest of the students, camps were organised by the State Education Department at the end of the school year, utilising private psychologists (as part of a board consisting of a psychiatrist, clinical psychologist, a paediatrician, as well as other experts), and certificates were provided. However, it was noticed that the present system of issuance of certificates of learning disability needs to be revamped, which includes streamlining the identification process, the opportunity for rectification, and training to ensure better supervision and safeguards against fraudulence. Furthermore, the Monitoring Committee, which meets once in two months, oversees the functioning of the hospital and is chaired by the District Judge and has two nominees from the Kerala High Court and representatives of the State Public Welfare Department.



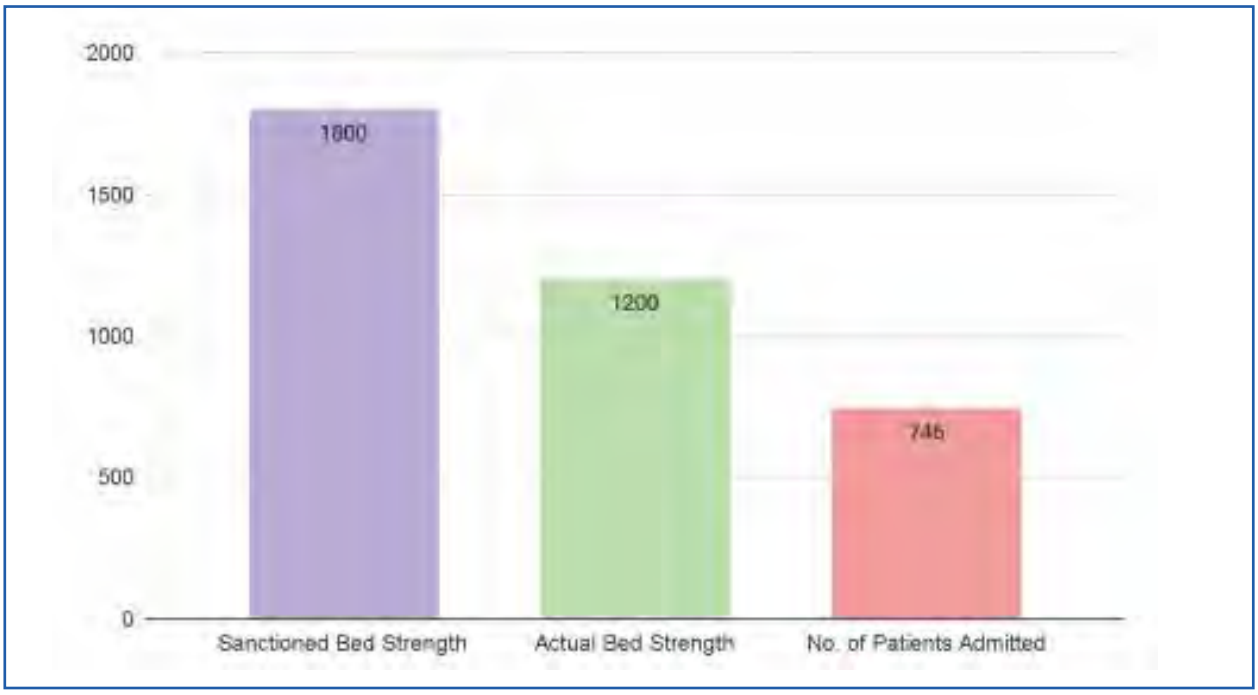
Institute of Mental Health Kilpauk, Chennai

Tamil Nadu

Institute of Mental Health Kilpauk, Chennai, is the only state Mental Health Establishment in Tamil Nadu and was established in 1794. The Mental Health Review Board (MHRB), having jurisdiction over Chennai and Thiruvallur districts, is located within the Institute of Mental Health (IMH) Kilpauk, Chennai campus.

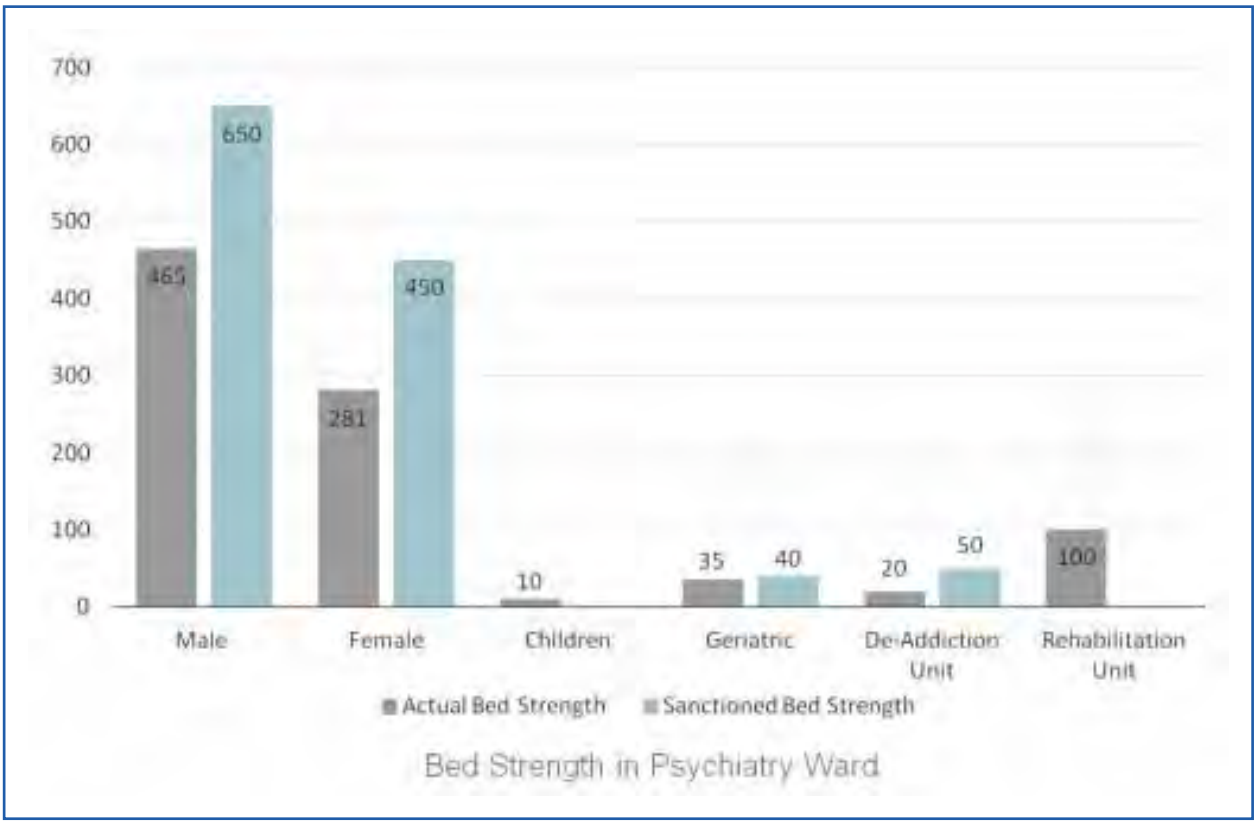
The institute has speciality clinics, including an Autism Clinic - functioning with one speech therapist and one Occupational Therapist (both under contractual employment), a Drugs De-addiction Centre, Bio-Feedback Room, Opiod Substitutional Therapy Unit, Electro-Convulsive Therapy, Repetitive Transcranial Magnetic Stimulation (rTMS) Therapy, Art Therapy through painting and dancing with a volunteering artist, Computed Radiography Unit - A digital xray unit where the treating psychiatrist can see the results real-time on his mobile, Yoga Unit with one Yoga teacher, Rehabilitation Unit, and Geriatric Clinic. The OPD cater to, on average, 400 to 500 cases daily, including follow-up cases. In addition, there is a separate New Case OP which caters to 20-30 new patients daily.

On **November 2nd, 2022**, the NHRC's Special Rapporteur, **Mr Hari Sena Verma**, visited the above mentioned hospital. In his report, he underlined the hospital's strengths and areas for improvement in the report.



The graph reflects that there are currently only 1200 available beds against the sanctioned number of 1800 beds, and the number of patients admitted is 746.

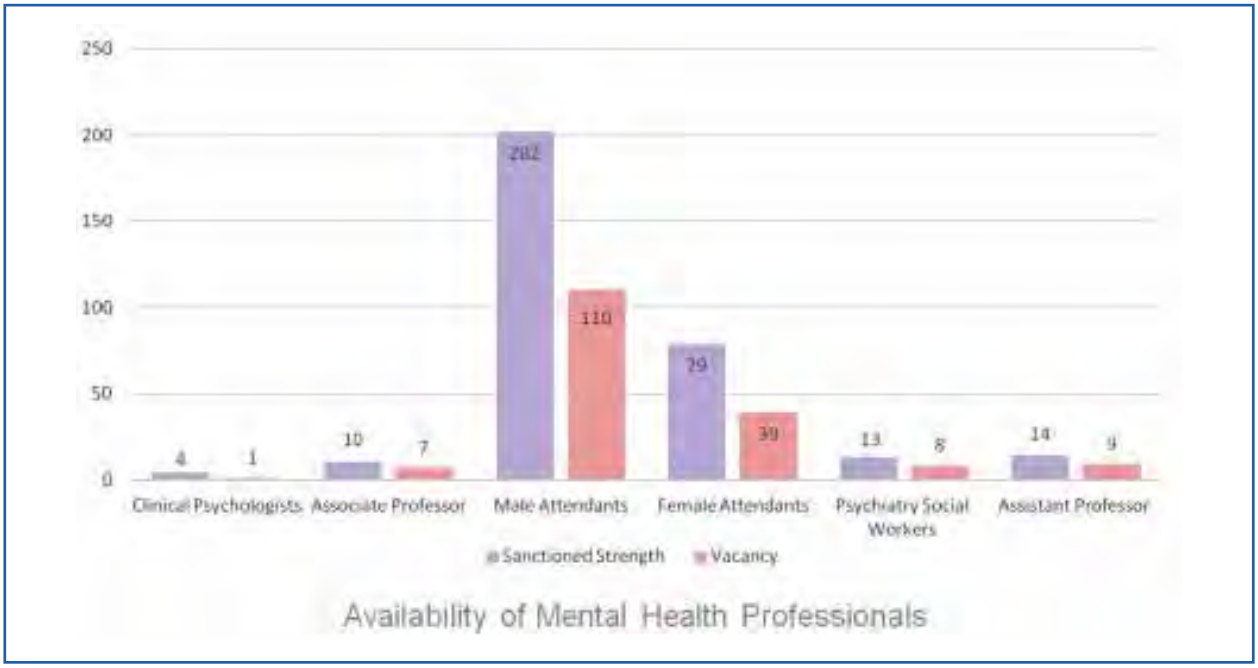
There are a total number of 20 wards, and each ward has two staff nurses per shift. A Day Care Centre also functions from the campus. The State Government has sanctioned Rs. 40 Crores for infrastructure upliftment of IMH which may be utilised for planned development and renovation of the old buildings. There is also scope for making parts of this vast campus into playgrounds and courts for games, including indoor games and parks which will further promote sports and games and enhance the relaxation of patients and the staff. This will have a therapeutic effect on the patients and generate camaraderie and bonhomie.



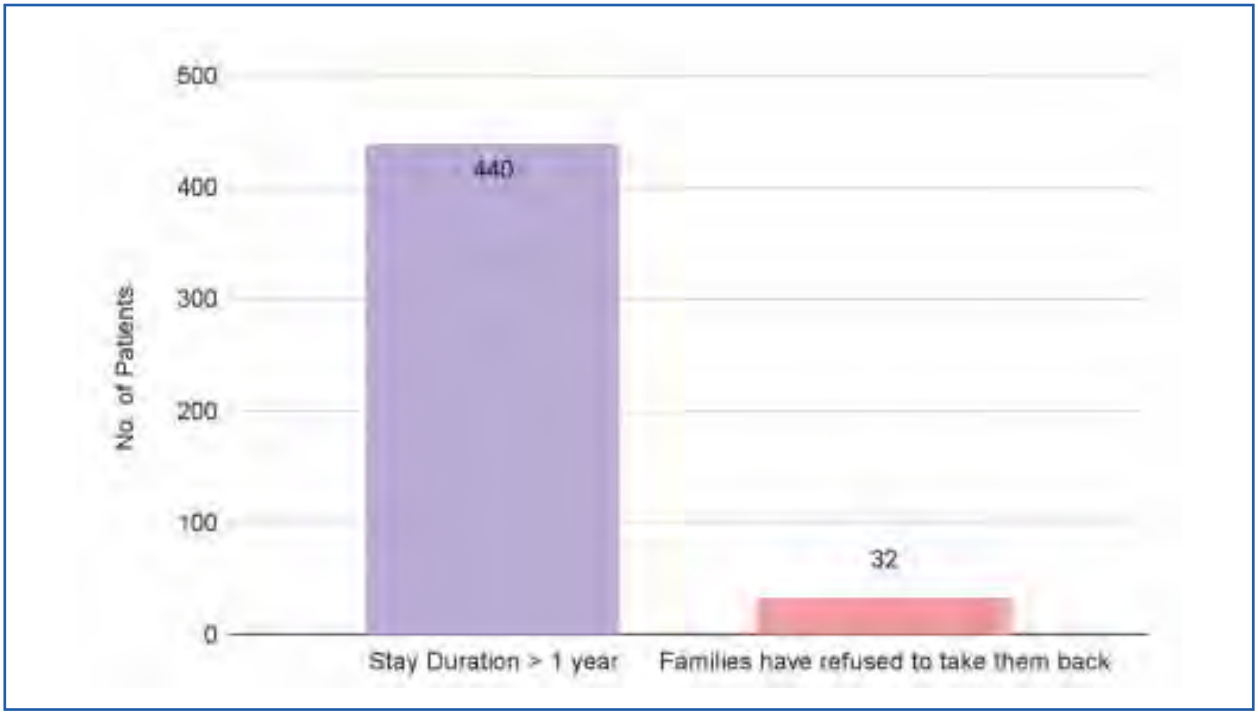
This institute is also a teaching institute with PG seats for MD Psychiatry, MPhil Clinical Psychology and Diploma in Nursing. However, it is noted that for such a highly functioning institute with 6170 out-patients in the last year and 4163 admitted patients, the number of sanctioned posts is marginally less. There are vacancies in posts for Psychiatrists, Clinical Psychologists, and Psychiatry Social Workers. There are no sanctioned/ permanent posts of Occupational Therapists; they are only contract appointees.

The Insitute lacks the facility to maintain e-records of patients. There is an urgent need to expedite the process of digitalisation. Apart from this, advanced storage needs to be improved.

The hospital has a significant number of **vacancies** which they have not managed to fill including that of the posts of Psychiatrist, Clinical Psychologist, and Psychiatry Social Workers. There is a **severe lack of** adequate number of **male and female attendants** against their sanctioned posts.



It was observed that 440 patients have been staying at the institute for over a year. These patients cannot be sent to any homes as they have severe mental and co-morbid physical conditions that make them not fit for relocation. However, treatment and reassessments are continuing such that when any of these patients become fit and rehabilitation arrangements are in place, they are discharged accordingly. A seven-seater van was allotted by an NGO to the Institution many years ago. This is used to send the discharged patient to their home. There are 32 recovered patients whose families refused to take them.



The graph reflects 440 patients who have been in the hospital for more than a year, and 32 patients are staying there because their families have refused to accept them back.

BANYAN, an NGO which runs a project called 'Home Again', consists of a group of female patients who are not accepted by their families, living together in a house with the help of the NGO. Halfway homes, sheltered, and supported accommodations are available in the institute.

Wandering mentally ill patients in Chennai are brought at any hour of the day to IMH by any of the 34 NGOs/Government agencies and are admitted directly without needing a Magistrate's permission. The Mental Health Review Board approves the admission of these patients post facto. A similar programme called Emergency Care and Recovery Centre (ECRC) is carried out in Tamil Nadu as part of the District Mental Health Programme (DMHP), of which the Director, IMH, is the State Nodal Officer. Under DMHP, 13 districts have these centres which cater to the wandering mentally ill patients. The IMH has one such centre functioning within it.

The Special Rapporteur observed that the staff of IMH works collectively to get the patients rehabilitated. The staff, not only the Psychiatric Social Workers but also the Doctors, Nursing and other staff, are involved in interviewing the patients with unknown identities or families, tracing the leads and finally reuniting them with their families.

There have been 38 deaths recorded in the last year, along with 01 case of death by suicide. Besides this, a case of dog menace on the campus has been recorded.

Amongst it all, the institute has implemented commendable practices that can serve as a model for other institutions:

The Institution succeeded in providing 900 Unique Disability ID cards to the patients with the help of the State Government. As a next step, the IMH arranged for an Aadhar Card for the patients and opened bank accounts. For the first time, 156 patients of IMH voted in an election in 2019 (for the Lok Sabha). The IMH took steps to issue voter id cards to the largely cured patients and arranged for an auxiliary polling booth within the campus. They also give monthly salaries to patients for doing work of economic value. This economic work can be a part of the numerous projects at IMH:

- Production of sanitary napkins by patients was started in 2019 after getting a sanitary pad-making machine from a US-based company. This effort meets the pads required for the patients, and IMH also supplies the pads to the State Government.
- Organic farming is done in some parts of the campus involving the cured and volunteering patients, and the products are sold to the public.
- NIZHAL, an environmental NGO, advises IMH on indigenous trees and sustaining kitchen gardens on campus.
- People for People, an NGO, helps the IMH by stitching clothes, supplying plates etc. They celebrate Independence Day with the patients by arranging a yearly party in the IMH. They also gave masks to the patients during Covid-19. The NGO has been helping the IMH for the last 40 years.
- There is one Dietician and 29 Cooks to provide food to the patients. Moreover, the cured patients are employed as assistants to cooks.
- Outstanding Bakery - Recently, the half-a-century-old bakery of IMH was modernised and has employed improved patients who are professional bakers trained. The bakery maintains a high standard and has an excellent public clientele.
- They have a handicraft unit that produces handmade bags and other items of good quality.

The Institution has sufficient security arrangements with 80 security personnel who are contract workers. For every ward, they are deployed in three shifts, in addition to other duties on campus, and about 20 of them are rehabilitated patients.

The patients and the Para Coaches in the Institution have bagged six and three medals, respectively, in Paralympics for Intellectually Challenged in the Tamil Nadu State Paralympics Meet, 2022 and got the Runner Up trophy. This year in the Chennai

district Sports Meet for the differently abled, IMH bagged 27 medals. IMH also participated in State-level Special Olympics selection, held once in two years. Cash rewards are given to all the staff on Independence and Republic Days.

The IMH is actively involved in mental health outreach services:

1. Specialised Counseling - Two times a week

The NIRBHAYA scheme is specialised counseling for women and children. This is an Initiative of Chennai City Police in which the Commissioner of Police signed an MOU with IMH in September 2022. This involves IMH supporting the victims referred by the Nirbhaya Special Counseling Centre by giving Mental Health Services. IMH is also to provide Mental Health Literacy to families/ caregivers/ spouses of the victims. The Scheme also envisages the IMH to prepare a Study Report on the Mental Health Screening of the persons counselled through this Scheme.

2. PARAVAI (Personality Assisted Reformation Assistance Venture Affirming Identity) PROJECT - Once a week

The Institution carries it out with the help of the State Police Department. This is meant for first-time offenders of petty crimes only, lodged in Saidapet Sub Jail in Chennai. Psychiatrists from IMH visit the Jail once a week. The prisoners are either registered as outpatients in IMH or admitted in cases where long-term treatment is needed.

3. Central prison - Four times a week

The Juvenile Justice Board of Tamil Nadu sends juveniles from various parts of the State involved in heinous crimes to the IMH for making psychological and psychiatric assessments, concerning their mental and physical capability, by experienced Psychologists and Psychiatrists.

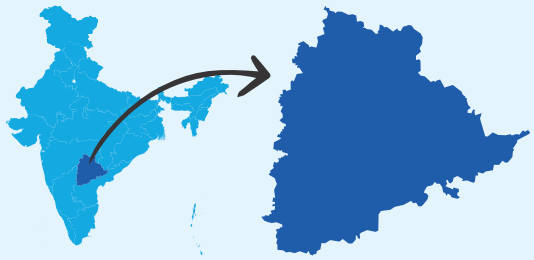
4. Scheme for children with drug addiction

The institute has a scheme to identify children with drug addiction - A drug Abuse Survey is planned to be done in four districts of Tamil Nadu by the IMH in partnership with the Schizophrenia Research Foundation (SCARF) and with the help of the Home Department, Government of Tamil Nadu. This involves screening all schools, sports hostels etc., to identify children with drug addiction. At present, the Scheme is initially conceived merely for identification. Further, it may make a valuable source for investigation and rehabilitation and prevent the further spread of the drug menace.

Tamil Nadu Health System Reforms Programme (TNHSRP) has also granted a research proposal to IMH on suicides, along with the DMHPs. SCARF, Chennai, will assist IMH in academic and research studies on Suicide Prevention and Implementation Programme under the TNHSRP under an MOU signed between them. IIT Madras monitors the Programme.

To treat occupational mental health, under the State Nodal Centre for Occupational Health and Safety of Unorganised Workers, IMH has established an Occupational Mental Health Outpatient Department, which caters to the treatment of mental health issues and substance abuse among fisher folk in Chennai.

There is a police station functioning within the campus with exclusive jurisdiction for the campus only. This sole police station is called up for help only in rare situations, and the day-to-day security is managed exclusively by the security wing of the Institution. The robust security system allows the patients to move freely within the premises of their respective wards and within the campus.

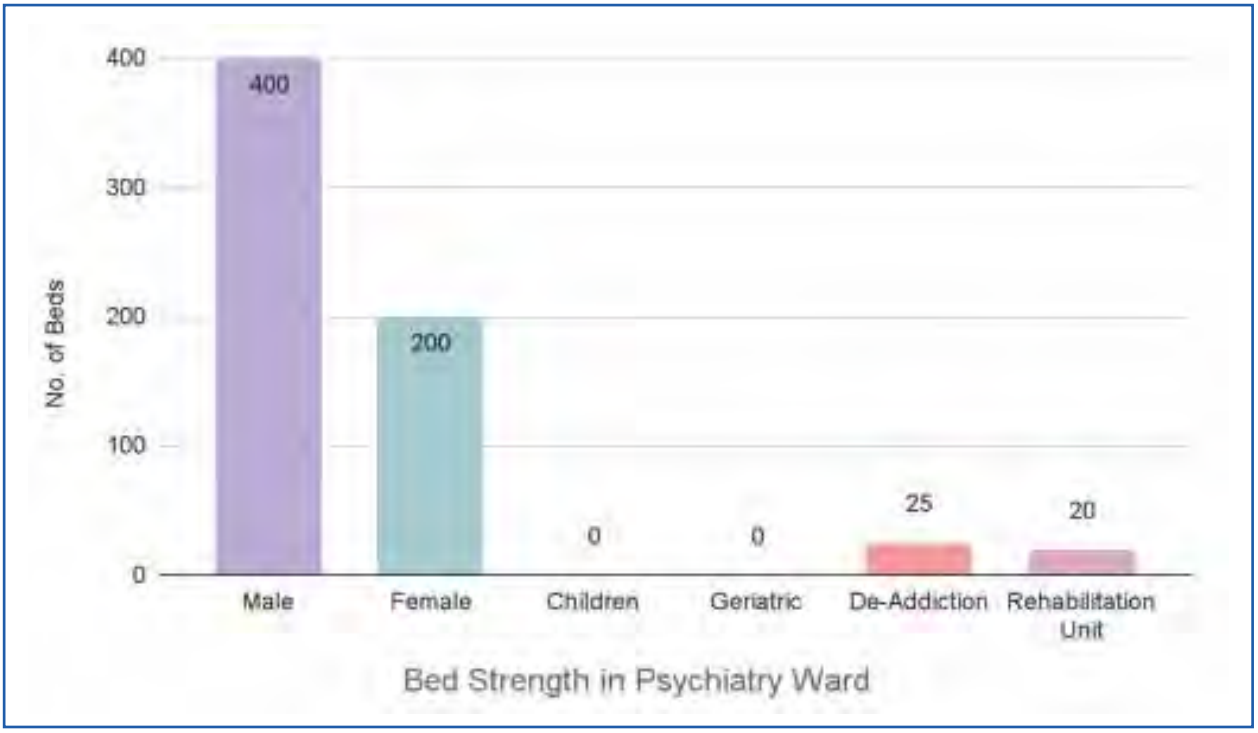


Institute of Mental Health, Erragadda
Telangana

This Government Hospital for Mental Health at Hyderabad was established in 1953, 70 years ago, and renamed the **Institute of Mental Health** in 1989.

It works under the administration of Gandhi Medical College and is located on a sprawling campus of 60 acres with a total 600-bed capacity, 400 for male patients including Forensic Ward and 200 for female patients. Average bed occupancy is around 60%. As the premises are in 60 acres area, the facilities like OPD, Inpatient wards for males, and females, forensics and family are located at different places within the campus but at a walkable distance. However, no separate beds for children and geriatric.

Special Rapporteur, NHRC, **Mr M. Madan Gopal** visited the institution on **November 29th, 2022** and shared a detailed report.

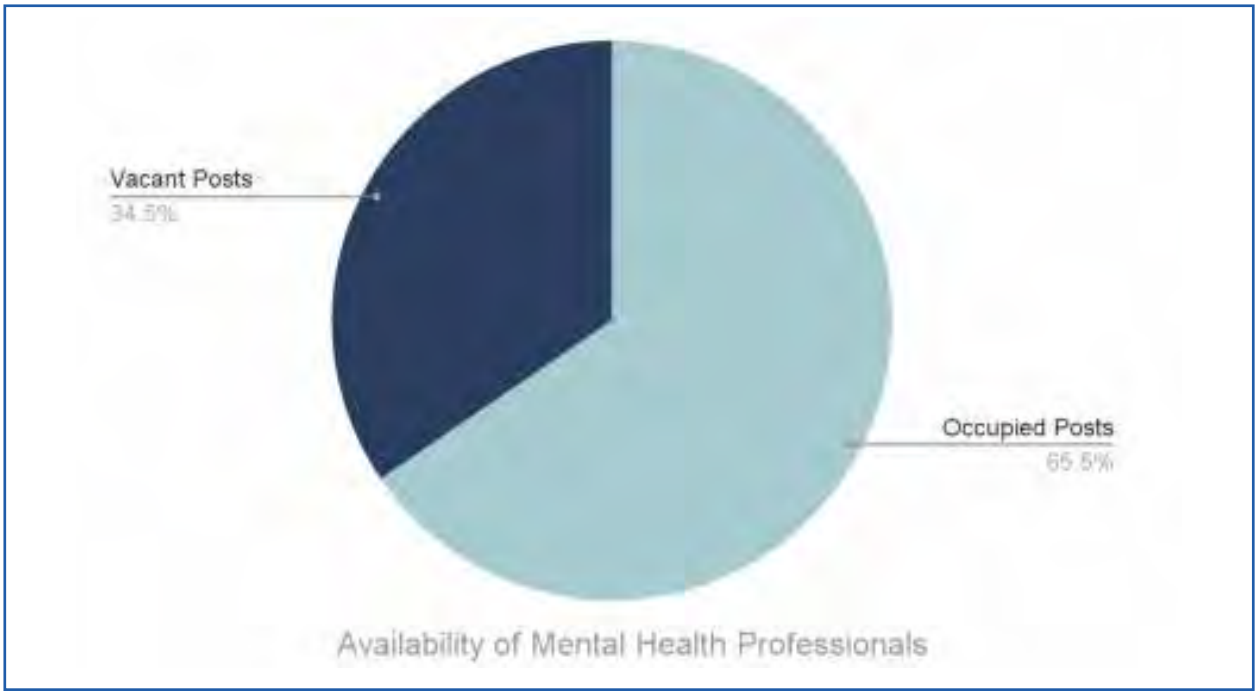


Ministry of Health and Family Welfare, Government of India recognised this Hospital as a Centre of Excellence way back in 2009 and out of the earmarked funds of Rs.30 crore, only Rs.5.28 crore has been utilized so far that include Rs.3 crore capital expenditure.

There is a severe shortage of well-trained Medical Officers and Para-Medical staff at every level including Clinical Psychologists. Out of sanctioned strength of 312 in total - medical, para-medical, non-technical and ministerial; 141 posts are vacant. To elaborate further, 09 posts of Assistant

Professors out of 15, 16 posts of staff nurses out of 41, 03 posts of pharmacists out of 04, 06 posts of junior assistants out of 10, 05 posts of health assistants out of 05, 38 posts of nursing orderly out of 80 are vacant. Even one post of Radiographer, one post of Assistant Professor (Nursing), and one post of EEG Assistant are vacant.

There is only one post of Clinical Psychologist which is inadequate, and one person is working on a contract basis for the past 16 years. Two posts of Lab Technician are vacant. Keeping in view, the considerable load of patients in OPD, including the old cases (on an average 60 to 75 new cases and 450 to 500 old cases every day), and 60% of bed occupancy in IPD, there is an urgent need to increase the sanctioned strength of all cadres, particularly, medical and para-medical, in addition to immediate filling up the existing vacancies on war-footing.



The graph shows that almost 35% of the posts are vacant in the hospital.

No posts have been created for **Clinical Psychologists** at the institute. There is also a dearth of trained medical officers and para medical staff.

Recreational and rehabilitative facilities for inpatients and cured patients, such as Yoga, Meditation and Indoor Games, need to be organised in a better manner by involving dedicated institutions and organisations. There is no involvement of NGOs and Civil Society Organizations in the planning, implementing, and coordinating of Mental Healthcare Programs. There are, however, linkages with other institutions to provide discharged patients with continuing community care - Kasturba Gandhi Memorial Trust, Home for Disabled, Bansilal Pet, and Sayodhya Home for Need. Outreach services and Primary Healthcare-based services are also given by the institution to deliver mental health services at an average of about 06 outreach visits in a month, and the Tele-Manas service is operational. However, there are still patients fit for discharge but staying in the hospital for longer durations than required and there is no provision for halfway homes or sheltered or supported accommodation.



The graph shows that there are 22 patients staying in the hospital for more than a year, 09 patients staying for more than five years, and 13 patients staying even after their recovery because their families have refused to accept them back.

ISKON supplies food to the families of the patients every day. The post of Dietician to supervise the kitchen and supply food to inpatients is vacant. For the supply of food to inpatients (outsourced to a private agency), the rate per patient per day has recently increased from Rs.56 to Rs.112. This is a progressive move, and the State Government deserves appreciation for such a timely decision. However, considering the increased prices of food grains, cereals and vegetables, this can be further expanded to Rs.150 per patient per day and automatically increased by 10% annually.

The services such as housekeeping, security, and maintenance are outsourced by engaging private agencies. These employees of private agencies are not trained to handle the cases of mentally ill patients and their families with the required sensitivity and adequate patience. It is necessary to sensitize these employees with effective training modules developed by in-house experts.

Another issue is that decades of medical records in the hospital are piled up in different rooms and the maintenance of these records along with new records of fresh cases is a herculean task. As the technology is readily available and also as a part of the Digital Health Mission, it is advisable to develop E-Health Records (E-HR), gradually converting old records into E-form and introducing E-Health Records for new cases.

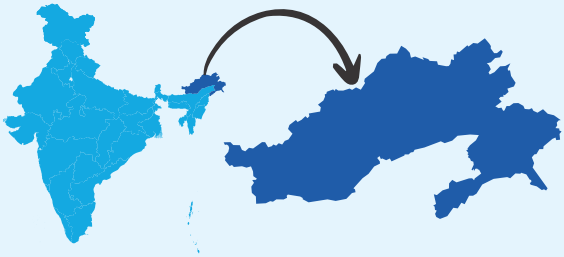
It is necessary to develop a master plan with a blueprint by engaging the services of an eminent, experienced Architect so that a state of art Mental Healthcare Institution with all the facilities can come up in a phased manner within the time frame of 5 to 7 years. Once well executed, this will emerge as a real Centre of Excellence and can be a model for the rest of the country. The Hospital is allotted 22 M.D. (14 existing and 22 seats from 2022-23 onwards) Psychiatry seats and it is necessary to ensure adequate infrastructure like smart Class-rooms and clean and safe Hostels. These facilities can be built on the same premises as part of a master plan to be included in the Centre of Excellence.

Telangana has made great strides in implementing the Tele-Manas Services. However, there is still room for improvement in mental healthcare facilities' availability, access, affordability, and quality. By increasing financial and human resources, especially at primary and secondary healthcare institutions, the overall reach and effectiveness of mental healthcare services can be significantly enhanced.

Zone III: East

State/ Union Territory	Mental Health Establishment (MHE) visited for the purpose of this Study	Status of Implementation of Mental Healthcare Act, 2017				
		As per the information submitted on	State Mental Health Authority	State Mental Health Review Board	State Mental Healthcare Rules	State Mental Healthcare Regulation
Arunachal Pradesh	Regional Mental Hospital, Papum Pare District, Arunachal Pradesh	15/12/2022	Formulated	Formulated	Notified	Notified
Assam	Lokopriya Gopinath Bordoloi Institute of Mental Health, Tezpur, Assam	No response received from the state	-	-	-	-
Bihar	Bihar Institute of Mental Health and Allied Sciences, Koilwar, Bhojpur, Bihar	No response received from the state	-	-	-	-
Jharkhand	Central Institute of Psychiatry, Kanke, Ranchi, Jharkhand Ranchi Institute of Neuro-Psychiatry and Allied Science, Kanke, Ranchi, Jharkhand	11/10/2022	Formulated	Draft approval pending from State Govt.	Under Process	Draft approval pending from Finance Dept. of the State Govt.
Meghalaya	Meghalaya Institute of Mental Health & Neuro Sciences, Shillong, Meghalaya	29/11/2022	Formulated	Formulated for 3 out of 12 Districts	Under Process	Under Process
Nagaland	State Mental Health Institute, Kohima, Nagaland	No response received from the state	-	-	-	-

State/ Union Territory	Mental Health Establishment (MHE) visited for the purpose of this Study	Status of Implementation of Mental Healthcare Act, 2017				
		As per the information submitted on	State Mental Health Authority	State Mental Health Review Board	State Mental Healthcare Rules	State Mental Healthcare Regulation
Odisha	Mental Health Institute, S.C.B. Medical College, Manglabag, Cuttack, Odisha	23/09/2022	Formulated	Draft submitted for approval on 26.03.2021 to the Central Govt.	Submitted for approval vide letter no. 21021 dated 21.08.2019 and letter no. 2804 dated 14.02.2022 to the Central Govt.	Not processed
Tripura	Modern Psychiatric Hospital, Agartala, Tripura Medical College & Dr B.R. Ambedkar Teaching Hospital, Hapania, Tripura Department of Psychiatry, Agartala Medical College & GB Pant Hospital, Agartala, Tripura	28/09/2022	Formulated	Formulated	Submitted for approval vide letter no. F.1(4)/SMHA/MPH/2020-229, dated 22.08.2022 to Central Govt.	Not processed
West Bengal	Lumbini Park Mental Hospital, Kolkata, West Bengal Institute for Mental Care, Purulia, West Bengal Berhampore Mental Hospital, Murshidabad, West Bengal Institute of Psychiatry, Kolkata, West Bengal Calcutta Pavlov Hospital, Kolkata, West Bengal	26/09/2022	Formulated	Under Process	Submitted for approval to Central Govt.	Submitted for approval to Central Govt.

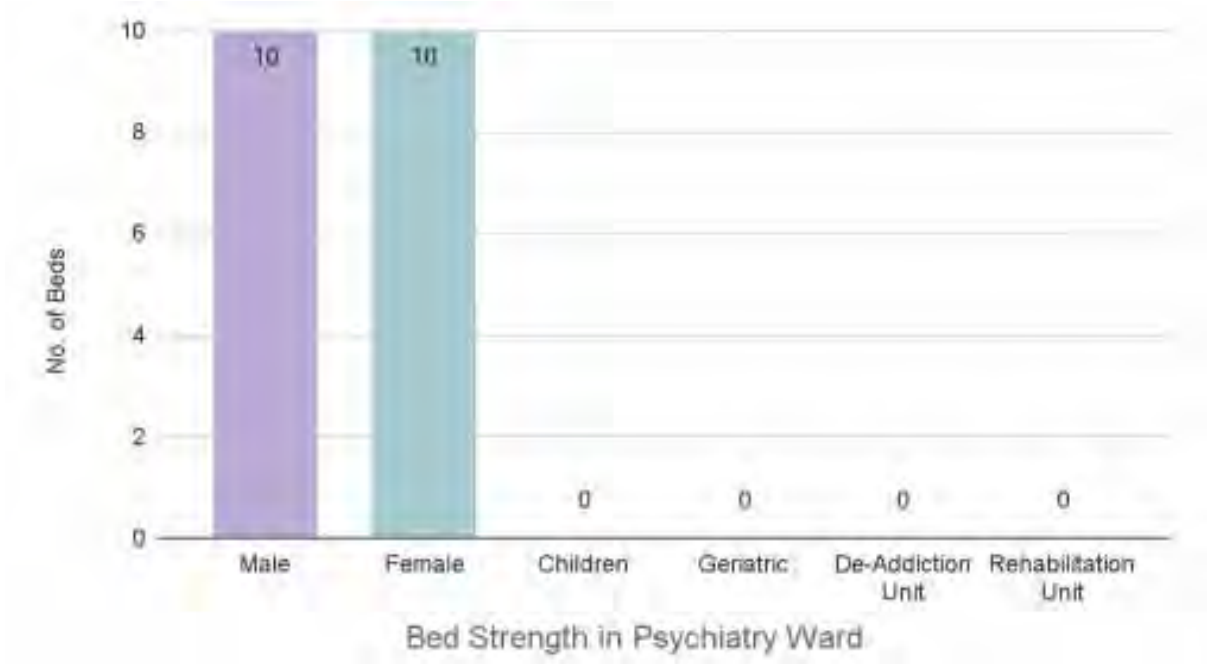


Regional Mental Hospital, Papum Pare

Arunachal Pradesh

The Regional Mental Hospital building was sanctioned in 1989 and was completed and handed over to the Health Department in 2014. At the initiative of the then Chief Minister, Late Kalikho Pul, the facility started to function in 2016.

As per the data submitted by the hospital, dated **January 27th, 2023**, currently, there is no full-time Director in the hospital. There are 20 beds available in the institute, where 10 each have been divided for males and females, respectively. No beds have been allotted to children, geriatric, deaddiction or rehabilitation. Along with the current renovations of IPD, no patients are admitted to the hospital at the moment.



There are **no facilities** available for the **rehabilitation** and recreation of the patients.

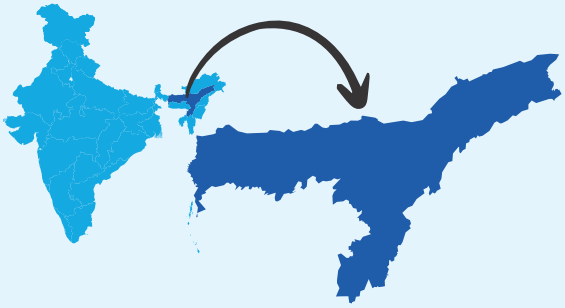




There is a lack of vocational training for the patients, which makes the development process an issue in the long run. After being discharged, patients are left with nothing to help them earn a living. There is also no facility available for a de-addiction centre which is a vital prerequisite given the state of affairs.

The lack of forensic and ECT services further adds to patients being excluded from benefitting through the hospital facilities. Furthermore, there is no facility to provide for the families of people with mental illnesses or home-based rehabilitation. Patients who have been refused by their families have been shifted to registered halfway homes.

However, the hospital conducts outreach activities and training on a regular basis. The hospital also collaborates with religious prayer centres and halfway homes.



Lokpriya Gopinath Bordoloi Regional Institute of Mental Health, Tezpur

Assam

The Lokpriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH) was set up in 1876 as Tezpur Lunatic Asylum. Post-independence, the Government of Assam took the institute under itself. Late Dr N.C. Bordoloi was appointed as the hospital's Superintendent and later became the first psychiatrist in India to receive a Padma Shree Award from the Government of India. The hospital was handed over to the North Eastern Council in 1999 while being upgraded to a regional institute. The Ministry of Health and Family Welfare, Government of India, took it over in June 2007.

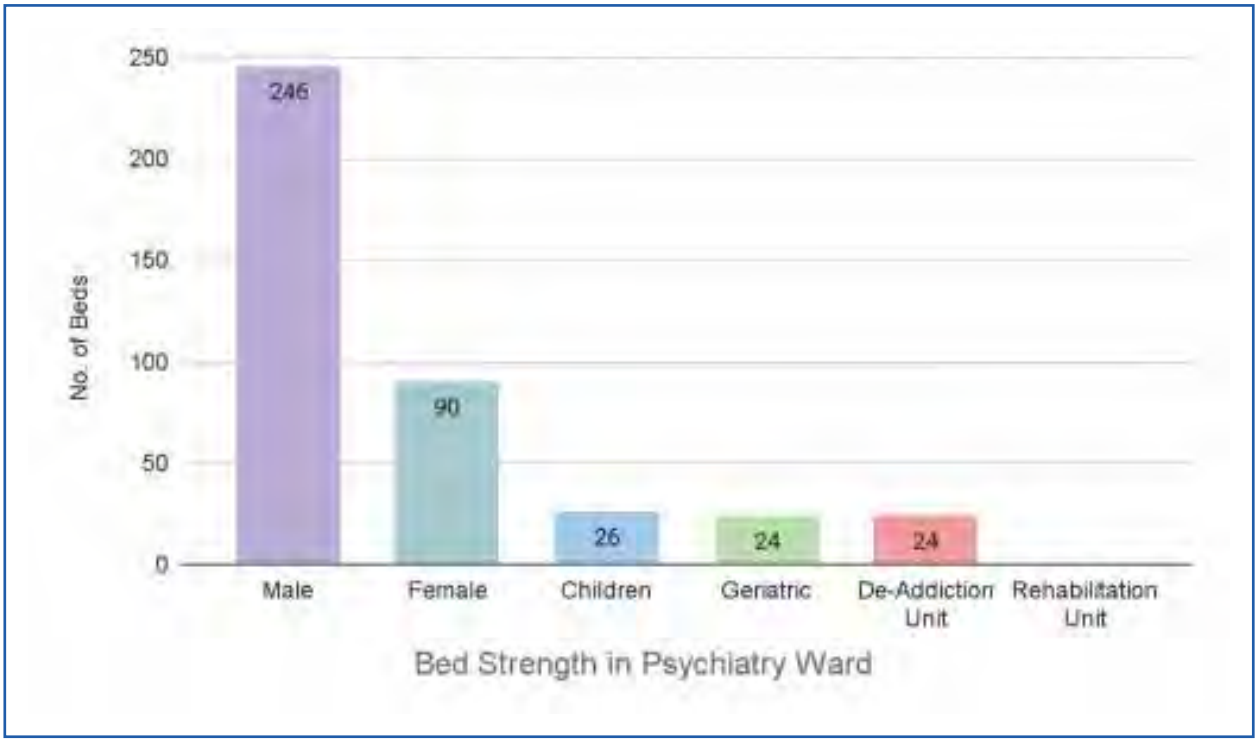
Special Rapporteur of NHRC, **Mr Umesh Kumar**, visited the institute on **August 29th, 2022**.

A few of the patients are also from the neighbouring country Bangladesh. This transnational issue is one of the major setbacks in the due discharge of recovered patients, for which there is an urgent need for intervention from the district administration, state administration, police, and concerned Ministry. In total, 336 beds are available for males, females, children and geriatrics in the hospital. There is also a Rehabilitation Unit.

There is a **lack of patients' details**, such as their home addresses or relatives' names, which hinders discharging them from the facility.





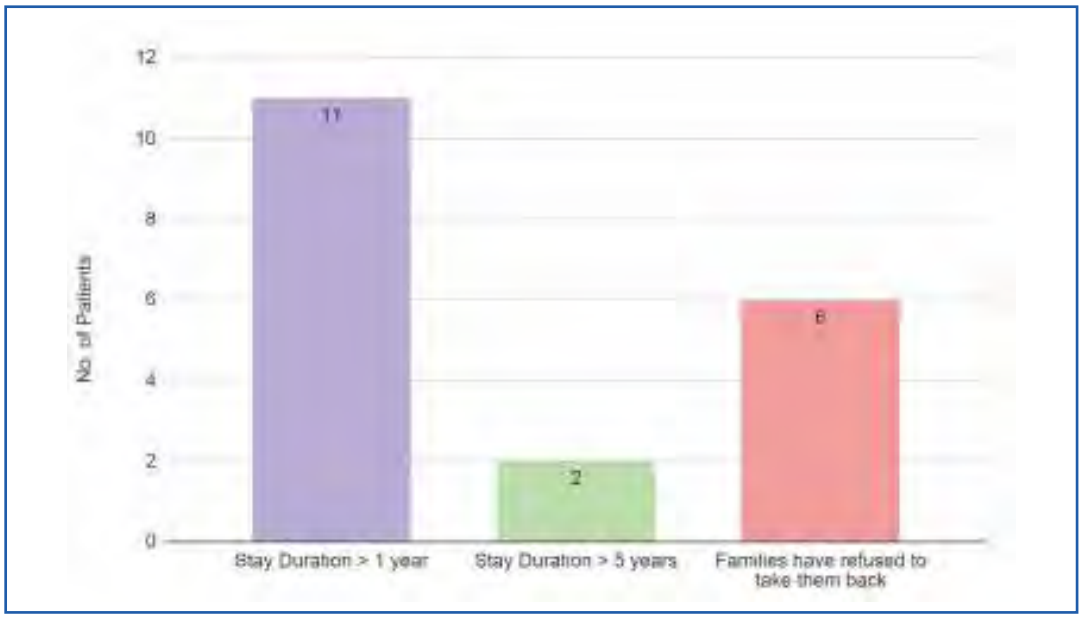


The institute has sufficient strength in sanctioned posts of health professionals. However, a few posts remain vacant in the Institute, such as of Assistant Professors, Attendants, and Teaching Professors of Clinical Psychology and Psychiatry Social Work.



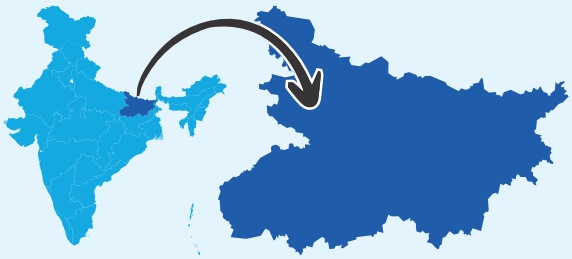
The graph shows that almost 15% of the posts are vacant in the hospital.

Destitute homes being run by the local NGOs stated their need for financial support from the government for continuance in smooth functioning and ensuring the uninterrupted, long-term care of homeless people with mental illness. Also, the skill development of the patients for their successful rehabilitation is a challenge without dedicated support. There is also no provision for rehabilitating patients in Halfway Homes or Sheltered or Supported Accommodation.



The graph shows that there are 11 patients staying in the hospital for more than a year, 02 patients staying for more than five years, and 06 patients staying even after their recovery because their families have refused to accept them back.

The diet chart for patients does not include milk and fruits, thereby cutting out a major chunk of nutrients from the plate of the patients. Despite the shortcomings, LGBRIMH houses a functional gym with physiotherapy facilities along with a good rehab centre. The registration process has also been digitalised for the ease of access to information for both OPD and IPD patients.



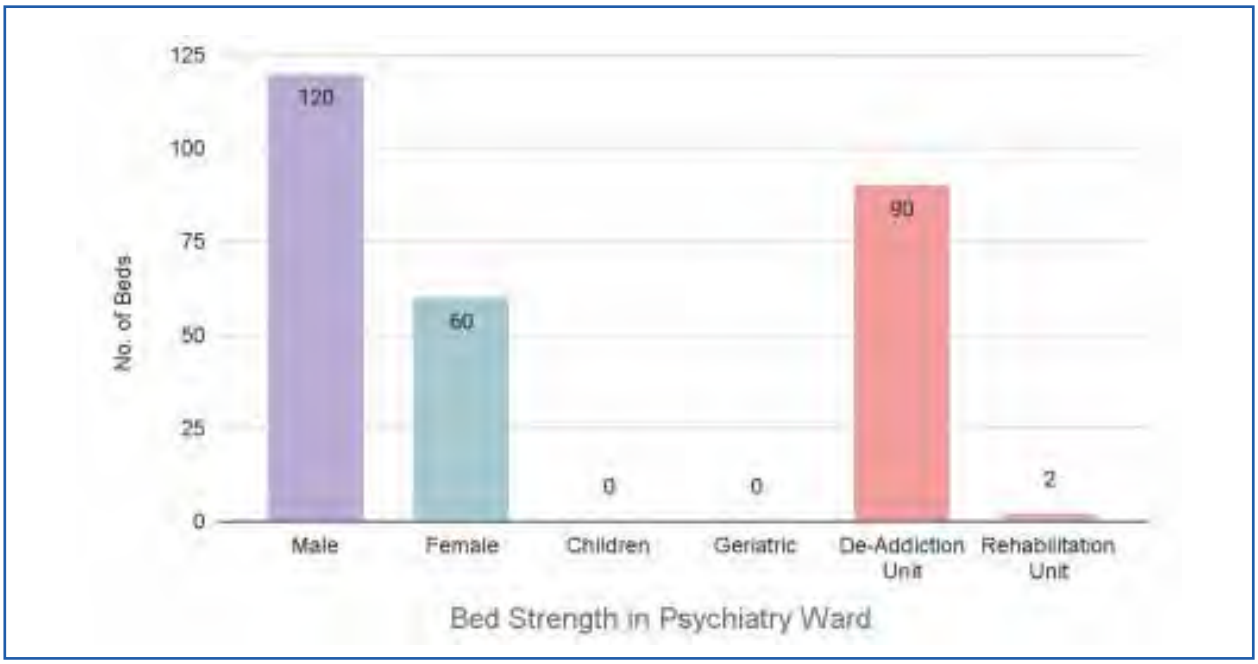
Bihar Institute of Mental Health and Allied Sciences, Koilwar, Bhojpur

Bihar

Bihar Institute of Mental Health and Allied Sciences (BIMHAS) was notified in 2005 as the partition of Bihar into Bihar and Jharkhand left the State of Bihar with no mental health hospital. Earlier, BIMHAS used to function from the administrative block of the hospital at Koilwar.

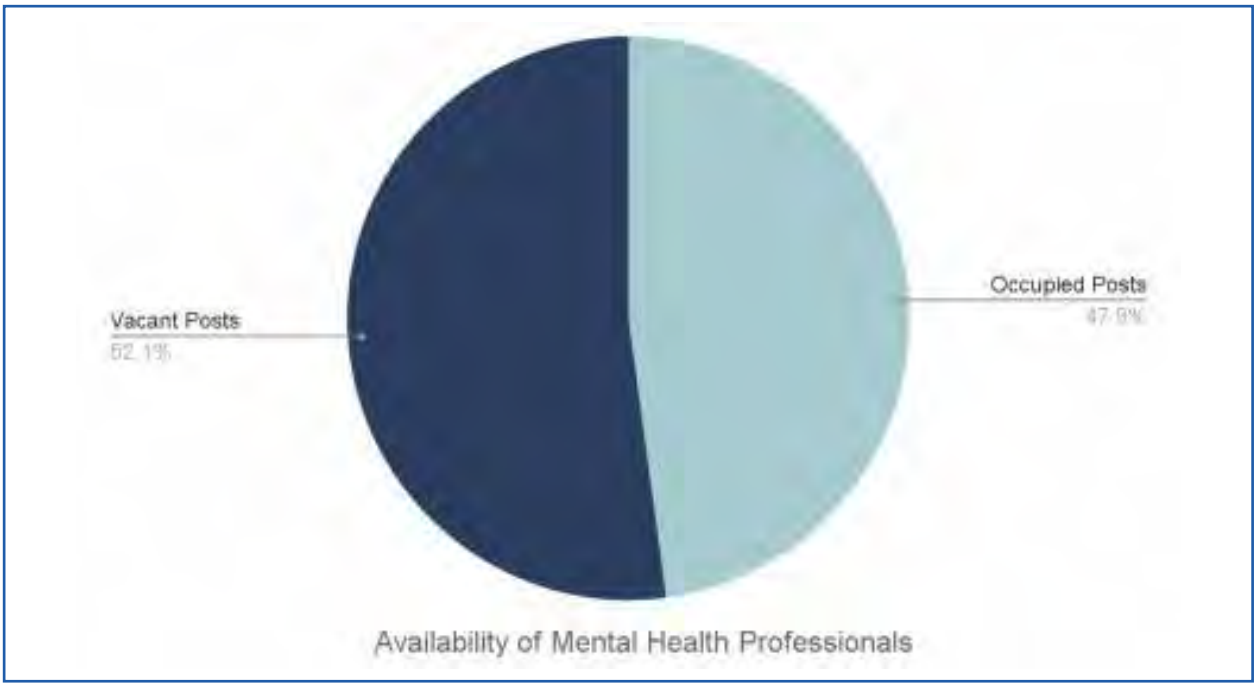
Dr Rajinder Malik, Special Rapporteur, NHRC, visited BIMHAS on **September 28th, 2022**. The challenges faced by the institute were duly highlighted in his report with respect to the lack of outreach activities, the mean duration of patients spanning more than six months, and a dearth of applications to fill up for the vacant positions of mental health professionals, psychiatric social worker, and mental health nurse.

BIMHAS has sanctioned bed strength of 272 with a bifurcated number of beds for males and females, with only 120 beds functional for patients. There are, however, no separate beds available for children and geriatric. There are 90 beds available in the de-addiction ward as well.

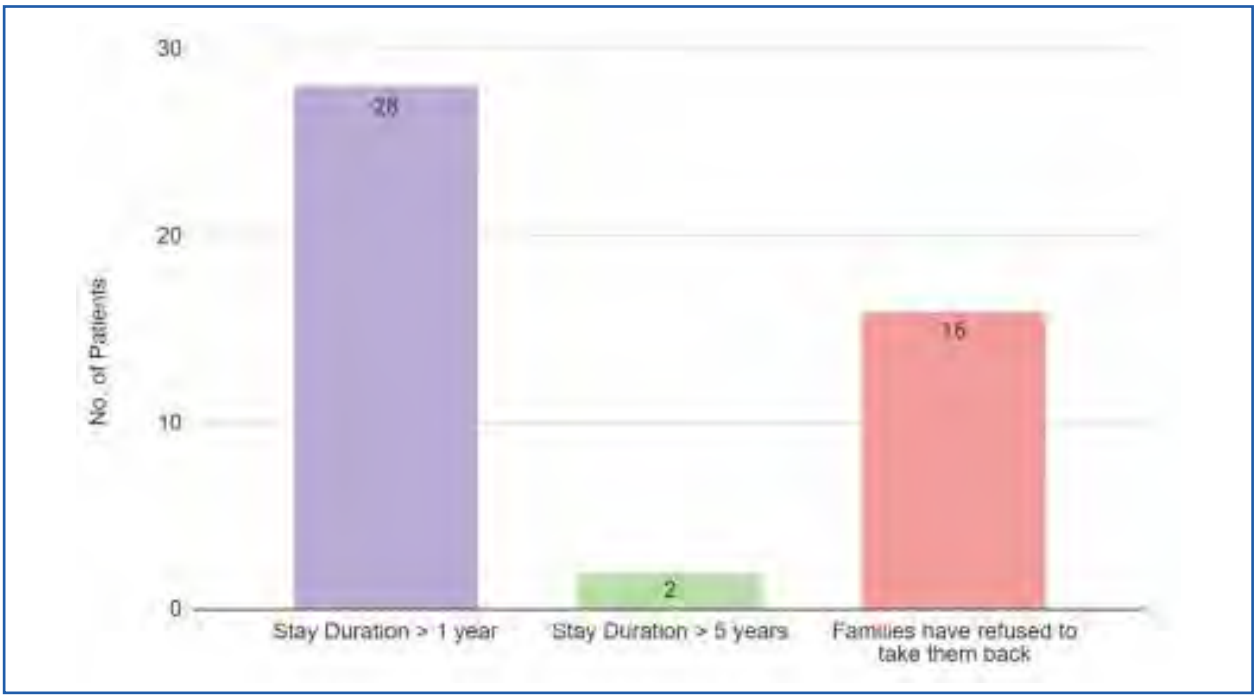


More than 50% of the posts are lying **vacant** in the institute.

Although there have been reported issues filling them up despite multiple advertisements. On the other hand, even the non-official members have been selected through the mandated screening process. BIMHAS has also started laying the foundation for recruiting a teaching cadre for a fully functioning four-stream prescribed PG course.



The graph shows that 52% of the posts are vacant in the hospital.

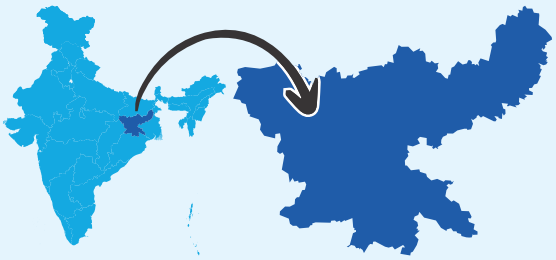


The graph shows that there are 28 patients staying in the hospital for more than a year, 02 patients staying for more than five years, and 16 patients staying even after their recovery because their families have refused to accept them back.

More than two dozen patients were fit for discharge on the day the Special Rapporteur visited the facility, yet they were retained. The patient's mean duration of stay is over six months (189 days). More than a dozen patients were destitute or without an accepting family. There is availability of halfway homes, sheltered accommodation or supported accommodation for patients.

Despite the current state of the institute, emergency services are readily available. BIMHANS has excellent amenities. The State of Art canteen service run by 'DidikiRasoi' (Jeevika) is an example to be emulated by other states. Similar efforts are being made for laundering.

Mr Devendra Kumar Singh, Secretary General of the National Human Rights Commission, also visited BIMHAS in **January 2023**, where he met with the Health Secretary, Bihar, the Director of the institute, along with other senior officials. During the meeting, the Health Secretary prepared a presentation deck, elucidating the various details of how the Mental Healthcare Act, 2017 was being enacted. He stated that BIMHAS has OPD, IPD, Laboratory services, Pharmacy, ECT, Counseling Services (Vocational and Family), Occupational Therapy, and Tele MANAS facilities. To further add, he discussed in detail the MoU signed with Bihar Rural Livelihood Promotion Society (BRLPS), under the Department of Rural Development, to provide for the canteen services, housekeeping services (inclusive of laundry), and installation of a stitching unit at BIMHAS.



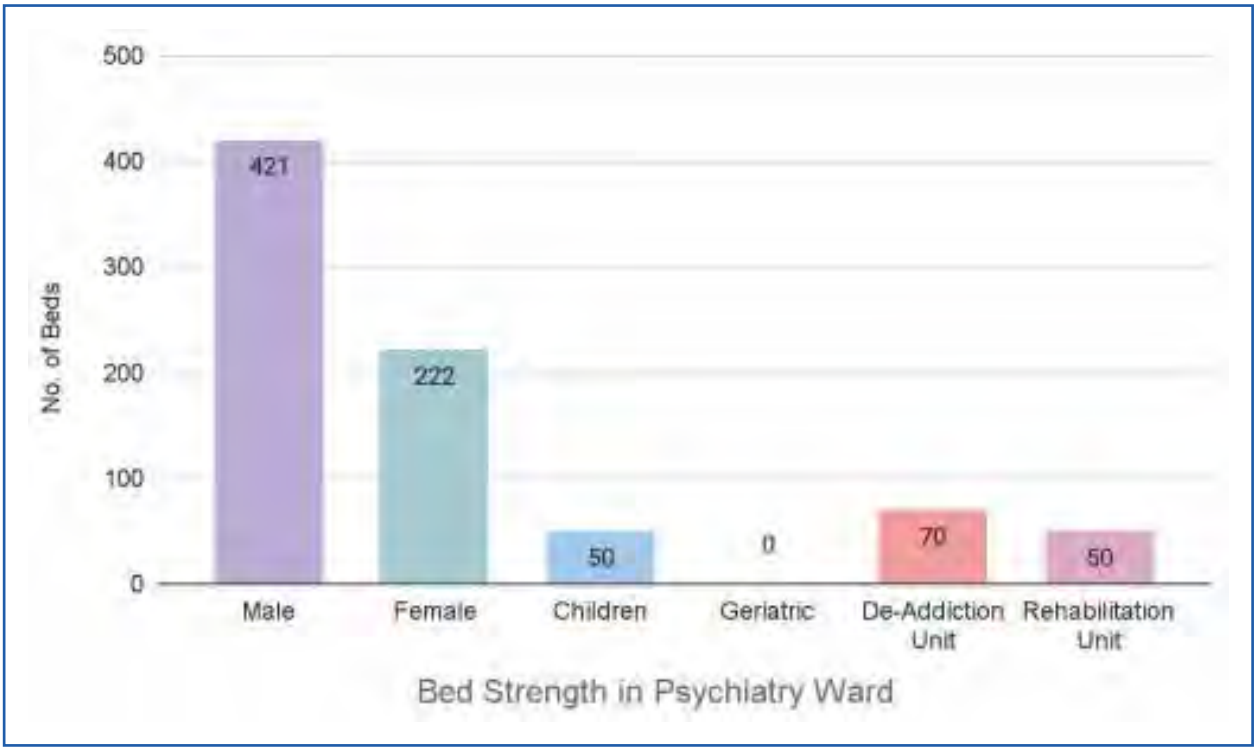
Central Institute of Psychiatry, Kanke, Ranchi

Jharkhand

Central Institute of Psychiatry (CIP) was established by the British in 1918 as Ranchi European Lunatic Asylum. CIP, Ranchi is spread across 211 acres, and the buildings are over 100 years old. Currently, there are 17 Wards; 07 wards for male patients and 06 for female patients, one ward for the Centre for Child & Adolescent Psychiatry, one ward for the Center for addiction psychiatry, one Family Unit and one Emergency Ward.

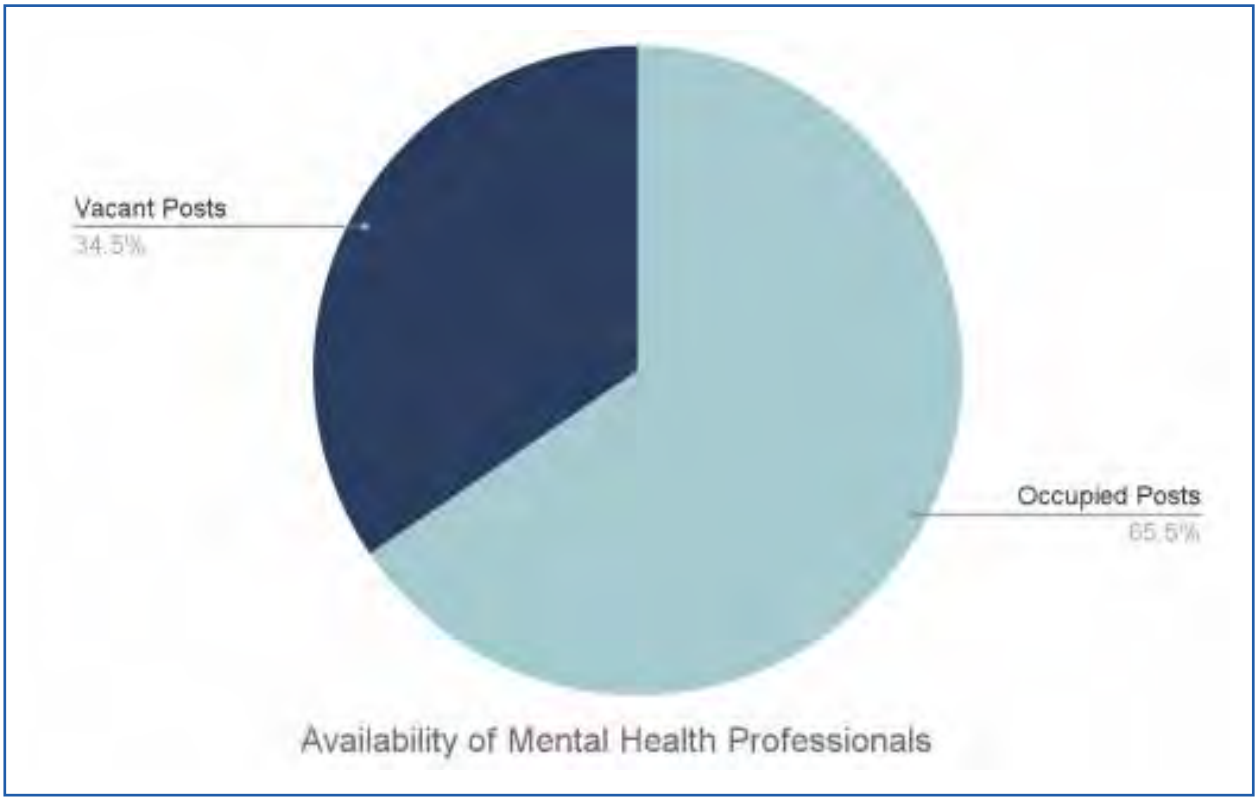
The number of beds for females, males, and children is 222, 421 and 50, respectively. There are separate beds for deaddiction (70) and rehabilitation (50). However, there are no separate beds for geriatrics. There are 16 emergency beds, fully equipped with 24-hour emergency services, with average daily visits of 12-15 cases.

A **National Human Rights Commission** team, headed by **Mr Justice Arun Mishra, Hon'ble Chairperson**, NHRC, visited the Central Institute of Psychiatry on **August 17th, 2022**. The visit was followed by a workshop on August 18th, 2022 to sensitise all the stakeholders about various challenges relating to mental health and formulate a plan for the effective functioning of the institutes. It was observed that the high boundary walls of the buildings give a sense of confinement and imprisonment.



> The **infrastructure** of the Institute is in a very sorry state.

The buildings are over 100 years old, and many lights and fans in the institute are non-functional. Therefore, there is a severe need for repair and renovation work. In the deaddiction centre, there were no curtains on windows, the glasses were broken, and the washrooms were unhygienic and smelly. In the mandsely ward, no pillows or mosquito nets are provided, which is a requirement in this area. There is a lack of washrooms on the floors, and most are locked. There is only 01 washroom on the first floor, and the tiles are broken. There was seepage in rooms, and there was a shortage of beds in the emergency ward. Fans and tube lights are not working. There are no separate beds for the geriatric population. Overall it seemed that proper lighting, ventilation, cleanliness, hygiene, and sanitation were not maintained by the institute.



The graph shows that almost 35% of the posts are vacant in the hospital.

There is an acute shortage of mental health professionals and hospital staff. There are 275 posts lying vacant in the institute. There are no shelter homes/ rehabilitation homes in the state, an urgent requirement for homeless and mentally ill recovered patients. It is also unfortunate that 8 deaths were reported in the Institute in the last year.

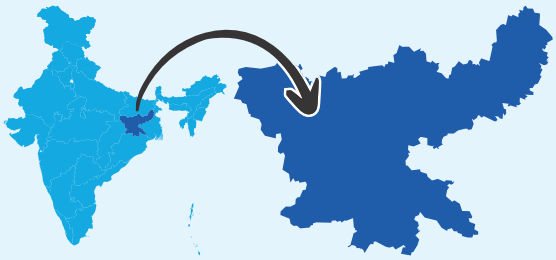


The graph shows that there are 02 patients staying in the hospital for more than a year, 48 patients staying for more than five years, and 50 patients staying even after their recovery because their families have refused to accept them back.

Rehabilitation and Occupational therapy services are provided to adults as well as children and adolescent patients with either acute psychiatric illness or severe and enduring mental health problems. Training in carpentry, tailoring, weaving, blacksmith, etc., is provided to male patients and tailoring, knitting, and croatia work is provided to female patients. There is a library in the institute for recreational purposes, and an annual sports day is organised apart from regular movie screenings and other religious exercises. The institute also conducts outreach services via camps organised in the community for mental health consultation.

Outreach-based camps are organised for consultation services to patients in the community in the field of Psychiatry and other mental health-related disorders. On average, 05 outreach visits are made in a month.

CIP hosts a legal aid cell in the OPD premises, run by Jharkhand State Legal Services Authority (JHALSA). The institute has also received a grant-in-aid from the Government of India under the Drug De-addiction Project. The institute has also proposed to set up a sanitary pad manufacturing unit in collaboration with UNICEF.



Ranchi Institute of Neuro-Psychiatry and Allied Science, Kanke, Ranchi

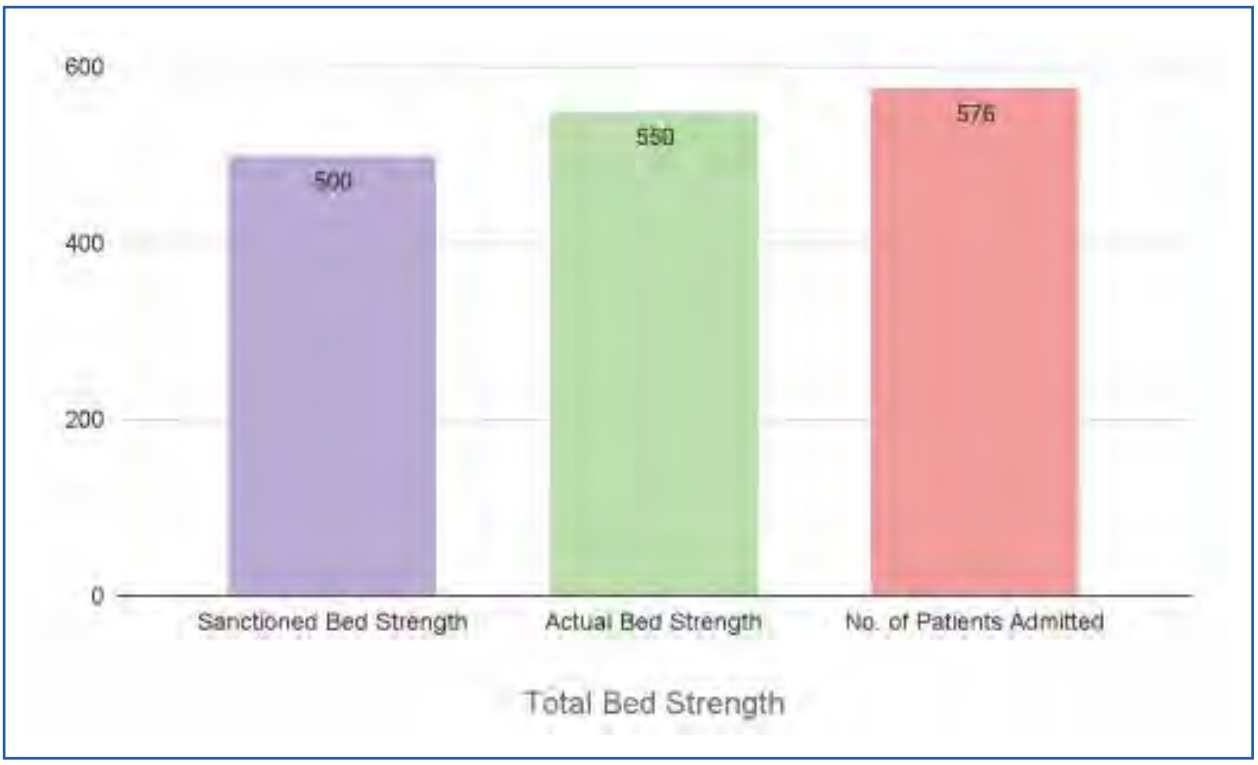
Jharkhand

The history of **Ranchi Institute of Neuro-Psychiatry & Allied Science (RINPAS)** dates back to 1795 A.D. when the Lunatic Asylum was established in Munghyr near the court premises south of the Ganges River. It was shifted to Patna in November 1821 and was located at Patna Collegiate School. Subsequently, the Lunatic Asylum was shifted to its present location at Kanke, Ranchi, in the last week of April 1925. The nomenclature of Lunatic Asylum was changed to Indian Mental Hospital (IMH). After Independence, this hospital came under the State Government of Bihar, and on 30th August 1958, the name of IMH was changed to Ranchi Mansik Arogyashala (RMA). Patients from the states of Eastern India, e.g. Bihar, West Bengal, Orissa, Manipur, Mizoram, and Tripura, were kept here, and sanctioned bed strength was 1620.

A Public Interest Litigation (PIL) was filed in Supreme Court by Mr Rakesh Chandra Narayan on behalf of people with a mental health condition regarding the condition of patients of RMA. The Supreme Court took note of PIL and, in its order dated 8 September 1994, directed the Government of Bihar to notify RMA as an autonomous institute. The Hon'ble Supreme Court also framed the RMA rules and constituted the Management Committee for the administrative and financial management of RMA. The Supreme Court, Vide its order dated 11-11-1997, entrusted the National Human Rights Commission (NHRC) to monitor and supervise the functioning of RMA. On 10th January 1998, the name of RMA was changed to Ranchi Institute of Neuro-Psychiatry & Allied Sciences (RINPAS).

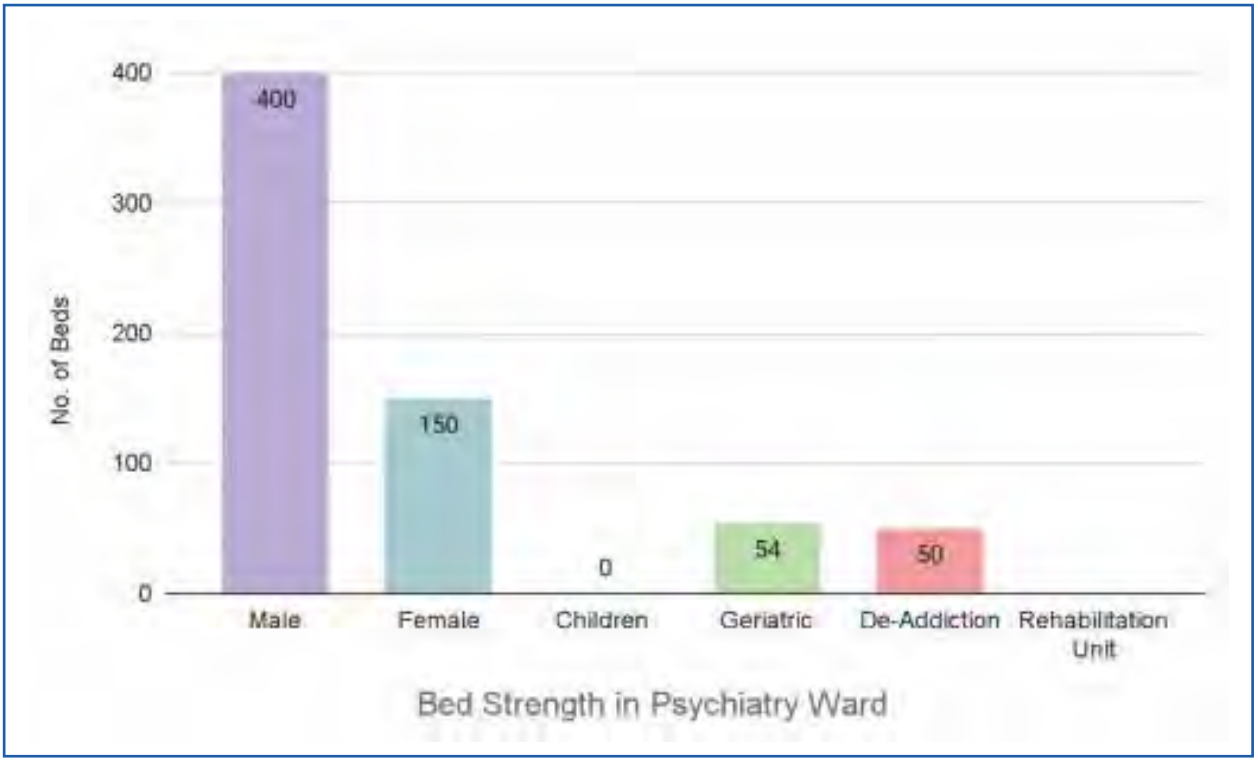
A **National Human Rights Commission team** headed by **Mr Justice Arun Mishra**, Hon'ble Chairperson, NHRC, visited the Ranchi Institute of Neuro-Psychiatry & Allied Sciences on **August 17th, 2022**. A workshop on **August 18th, 2022** followed the visit to sensitise all the stakeholders about various challenges relating to mental health and formulate a plan for the effective functioning of the institutes.

There are a total of 550 beds for males, females, geriatric and de-addiction. However, at the time of inspection, it was noted that the hospital was functioning at more than its capacity, i.e., the patients admitted were more than the sanctioned number of beds. Due to this, many patients were sleeping on the floor, and 02 beds were joined to accommodate 03 patients. This was not only ethically incorrect and inhuman but also very difficult to manage for the patients.



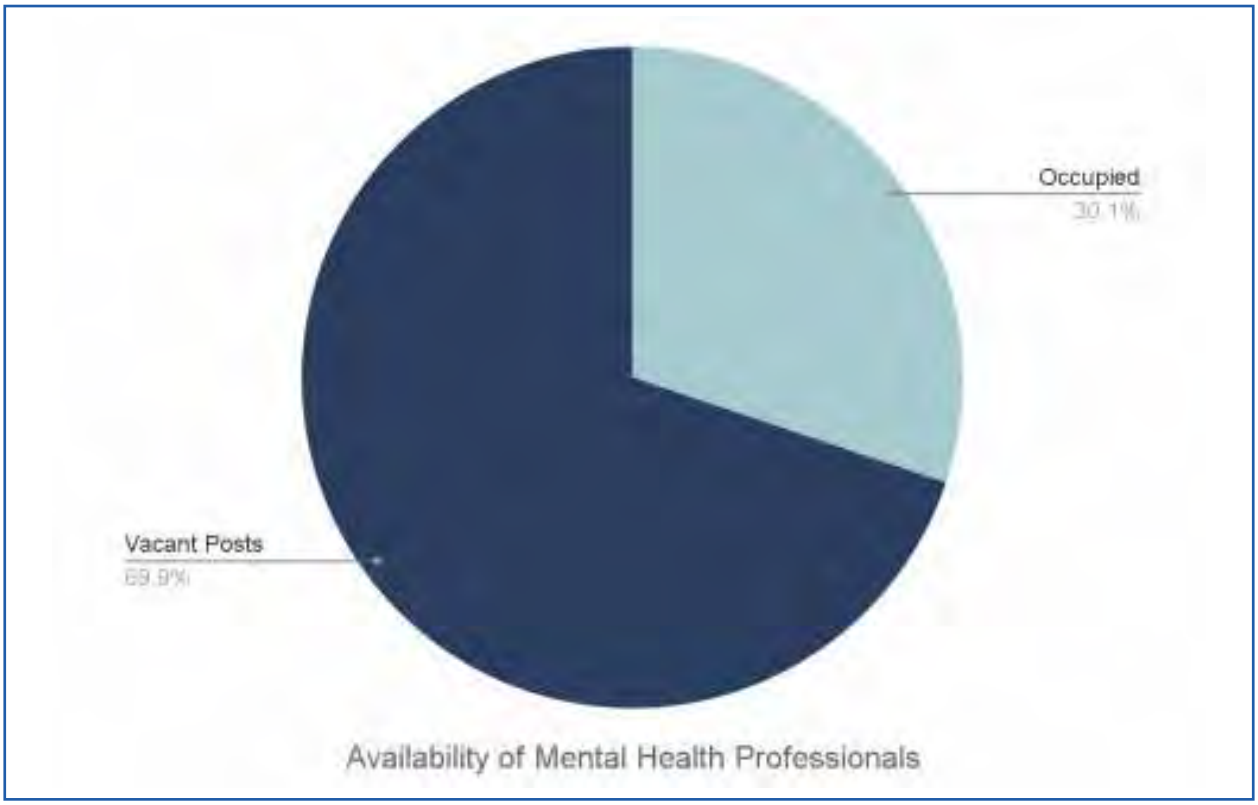
This graph shows that the total sanctioned bed strength is 500 against the admitted 576 patients.

The buildings are very old, and many lights and fans in the institute are non-functional. The wards are torn, unrepaired and need whitewashing. The most geriatric patient has been admitted since 1975 to the institute. The biomedical waste incinerator is not functional and needs a new laundry machine. There is no separate ward for child patients.



There is an **acute staff shortage**, **almost 70%**, in the institute, including mental health professionals and other paramedical staff.

There is a shortage of both teaching and non-teaching officers and staff and the teachers' pay scale, including the Director, has been downgraded w.e.f. Notification no. 83 (2) dated 28/08/2020. The Institute has been running with a Director-in-charge since 2007. There is also no Anaethesist available to provide ECT facilities.



The graph shows that almost 70% of the posts are vacant in the hospital.

More than two hundred and fifty patients were ready for discharge, but no one in their families was taking them back. Many families were not traceable, especially in cases where police brought the patients to the hospital for treatment. As reported by the institute, they tried sending 19 long-standing patients back to their homes. However, many patients' addresses were not traceable. The institute also faces severe challenges in discharging destitute/ homeless patients. There is also no provision for accommodation through a sheltered accommodation, halfway home or supported accommodation for patients. The mean duration of stay in the institution is relatively high, i.e., 250 days. An alarmingly high number of deaths (23) were recorded in the last year. The institute is facing severe challenges in the process of discharging 178 homeless certified boarders.

Certified boarders without addresses must be smoothly transitioned to old age homes/ nari niketan, NGOs etc., in the State. Such centres have been marked, and the process has been initiated.

The oldest patient has been admitted to the institute since 1975.

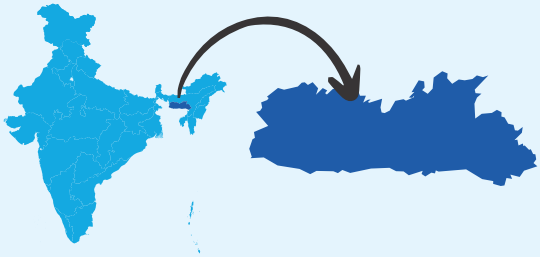


The graph shows that there are 249 patients staying in the hospital for more than a year, 135 patients staying for more than five years, and 262 patients staying even after their recovery because their families have refused to accept them back.

Currently, no outreach services are conducted by the Institute. However, they were previously running 04 satellite clinics.

The institute provides a few rehabilitation activities, such as agriculture, poultry and dairy.

Four Solar panels were installed in the institute 05 years ago. The institute has one mineral water plant having a capacity of 1000 litres per hour. Mineral water is distributed to the wards in sealed containers.



Meghalaya Institute of Mental Health & Neurosciences, Shillong

Meghalaya

Meghalaya Institute of Mental Health & Neurosciences (MIMHANS) is a State-run mental health institute. It is a 150 bedded-hospital functioning since 2009.

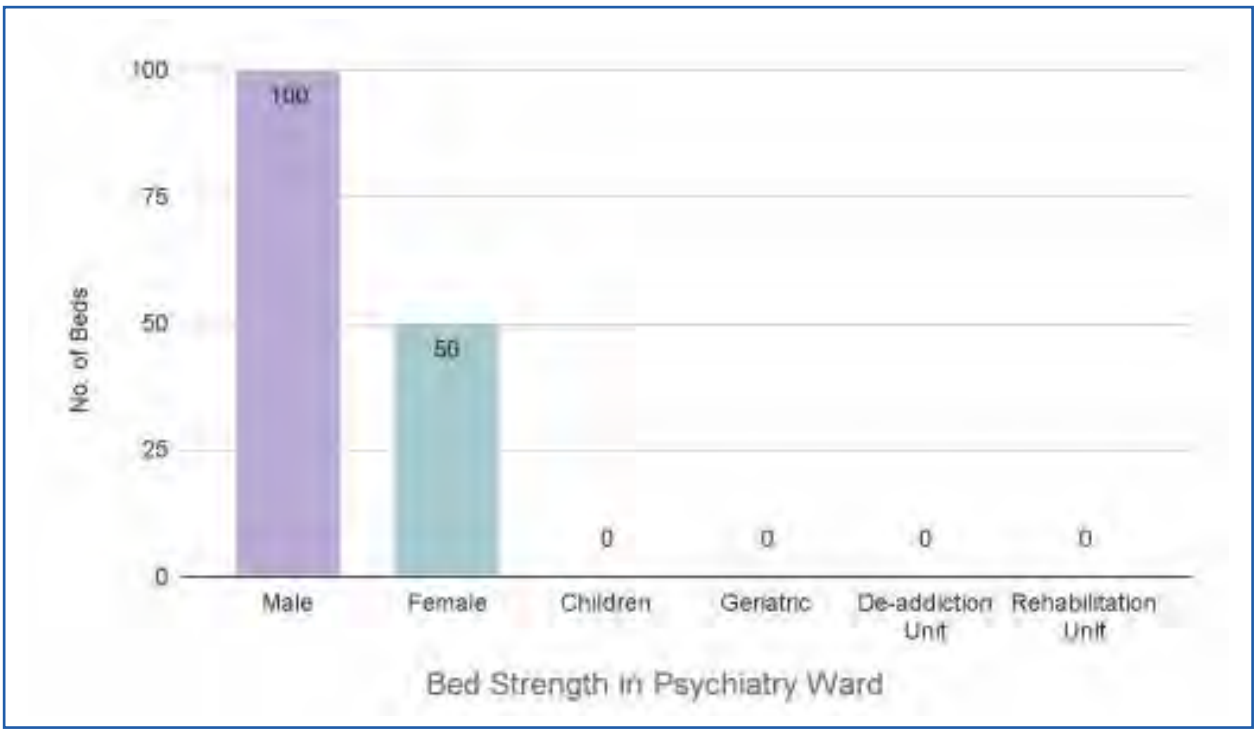
Shri Umesh Kumar, Special Rapporteur, NHRC, visited on **October 8th, 2022**. In his report, he has outlined the various issues the hospital faces.

The post of the Director of the hospital is vacant. The hospital has claimed that they conduct a psychological assessment and provide counseling services. Although, there are no sanctioned posts of clinical psychologists, amongst others.

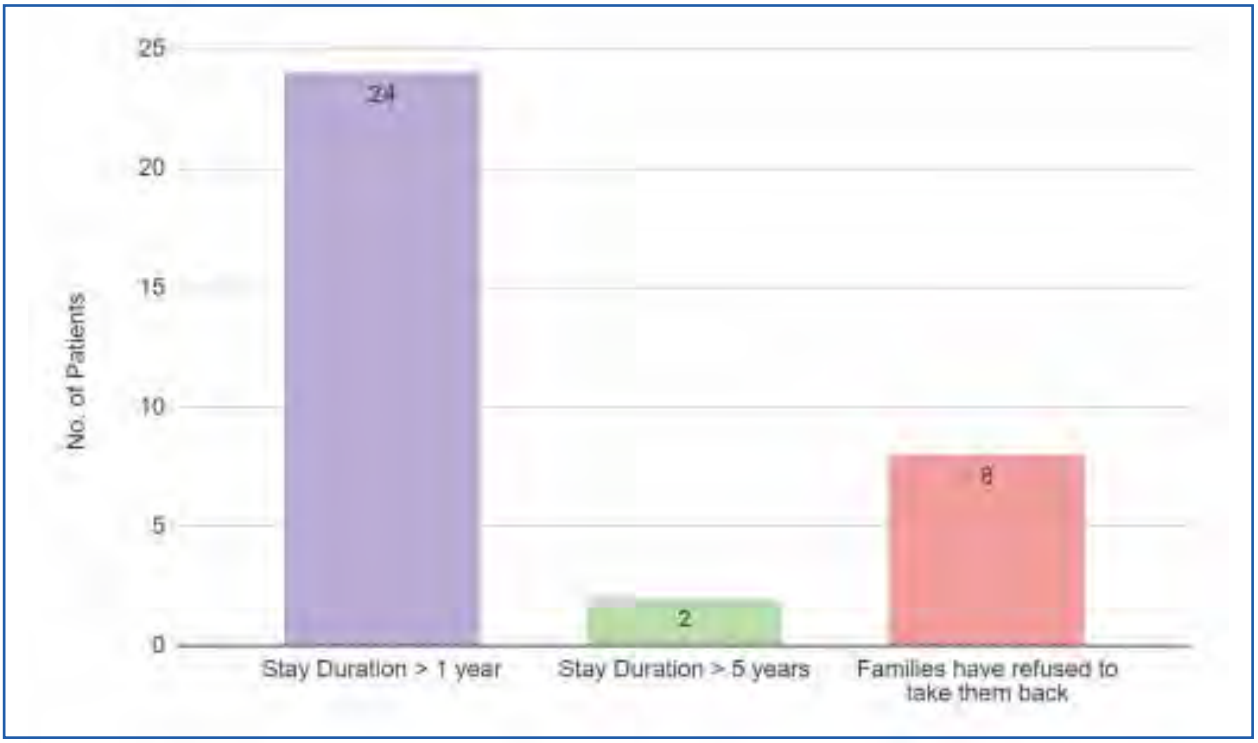


It does not have an ECT facility, which constitutes a vital component in treating mentally ill patients. Further, the hospital lacks a separate medical record section, and the records of the patients are maintained manually since there is no facility for e-records maintenance.

The hospital faces a **shortage of medicines**.



Additionally, the hospital has no collaboration with any NGO to facilitate outreach services or awareness campaigns. They have no provision for halfway home or sheltered or supported accommodation. Moreover, the hospital lacks CCTVs on the premises to ensure security and timely action. Only a few facilities are available for investigation, including psychological testing.

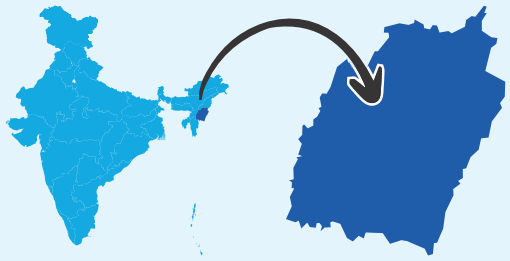


The graph shows that there are 24 patients staying in the hospital for more than a year, 02 patients staying for more than five years, and 08 patients staying even after their recovery because their families have refused to accept them back.

The mean duration of stay of patients is 60 days. The hospital lacks an academic block and vocational training facilities. The hospital does not have rehabilitation facilities and does not give the patients any work of monetary value.

The hospital has tie-ups with 03 halfway homes under the State Welfare Department, availability of 24×7 emergency services and is involved with the District Mental Health Programme (DMHP).





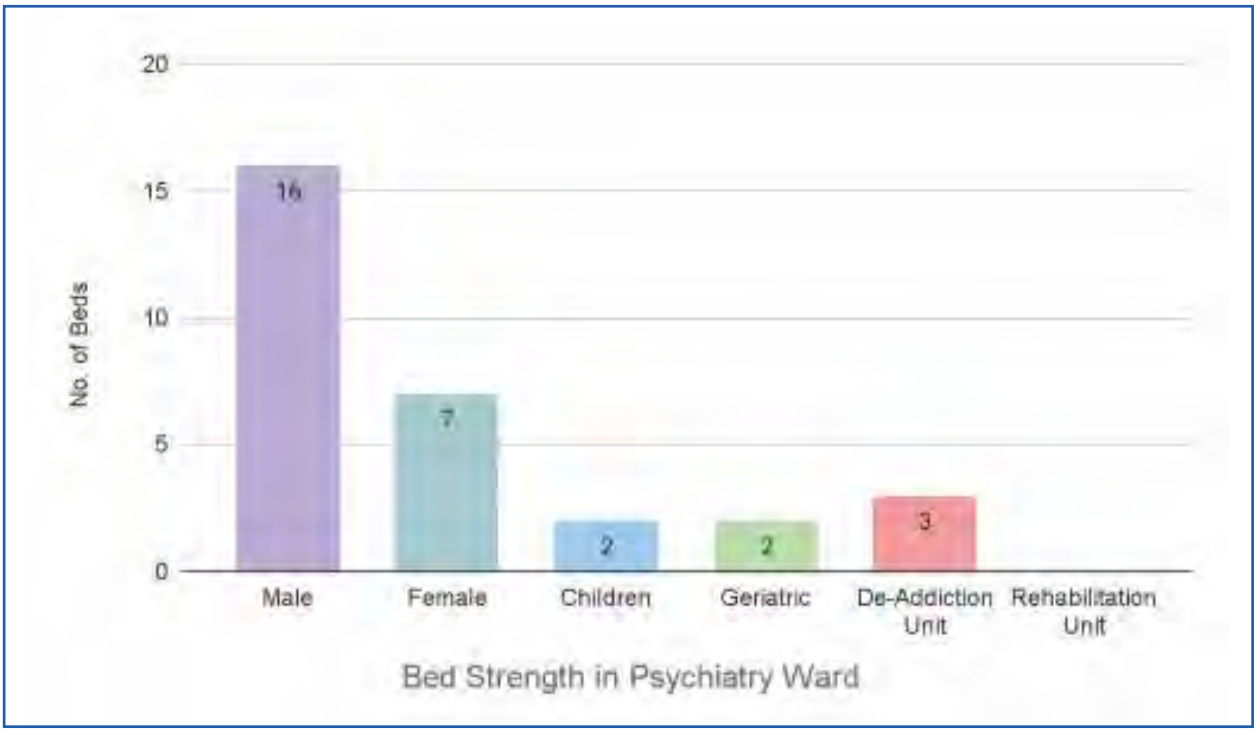
State Mental Health Institute Kohima (SMHIK)

Nagaland

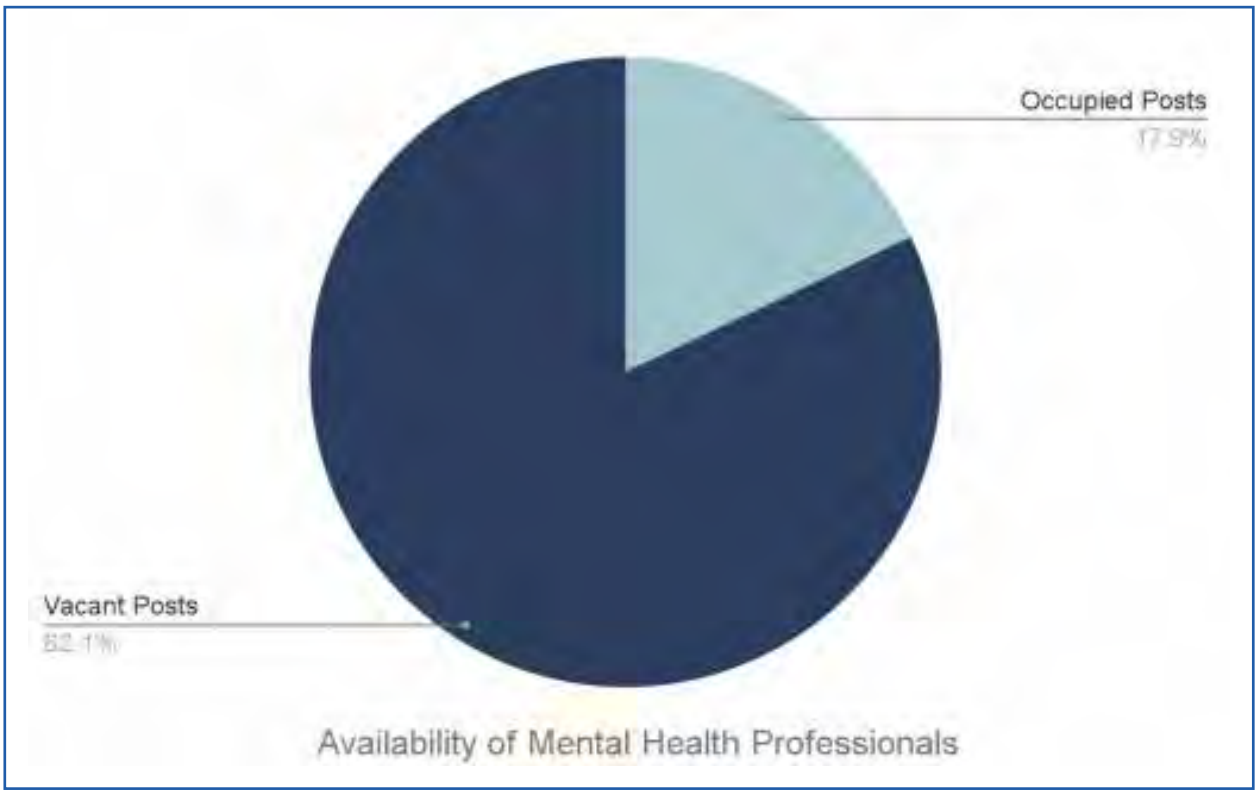
SMHIK, the **State Mental Health Institute Kohima,** previously called Mental Health Hospital Kohima, was renamed to aid in eliminating the stigma attached surrounding the term 'Mental Hospital'.

The Institute was established in 1970. Apart from regular OPD, IPD, MLC and Emergency Services, the Institute also conducts regular academic teaching classes for the nursing students from Naga Hospital Authority Kohima, Christian Institute of Health Sciences and Research (CIHSR) Dimapur and Dr Imkonglika Memorial District Hospital (IMDH) Mokokchung.

Mr Akhil Kumar Shukla, Special Rapporteur, NHRC, visited the SMHIK on **November 1st, 2022**. In his report, he has highlighted various challenges faced by the Institute.



The Institute is located on a steep hill which may not be very disabled-friendly. The Institute lacks staff quarters as there is only one staff quarter on campus. To ensure safety, it is crucial to replace the staff bus on priority as it is over twelve years old. A pathological lab with technicians must also be established in the Institute on priority.



The graph shows that more than 80% of the posts are vacant in the hospital.

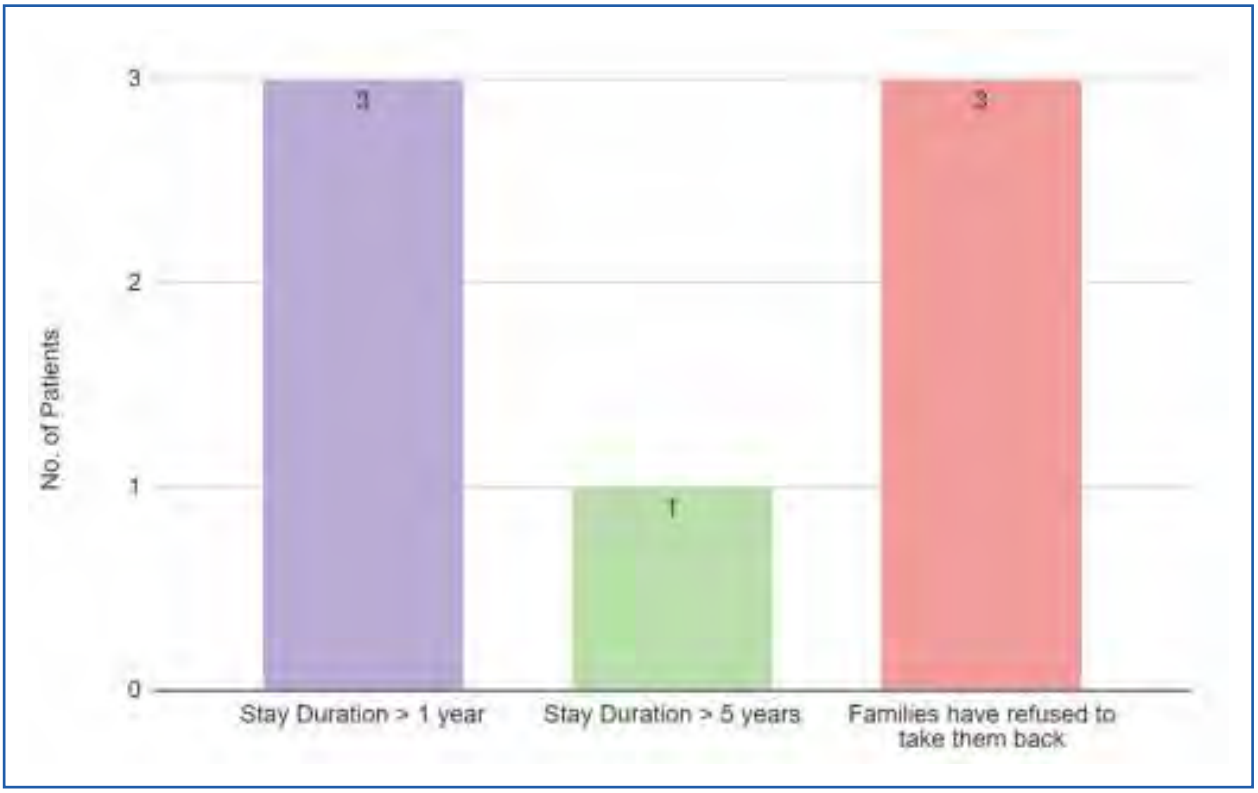
The Institute **requires more funds** and resources to expand and maintain its infrastructure and services.

Currently, 32 posts out of 39 are vacant, including essential posts such as that of Psychiatrists and Clinical Psychologists.

ECT facilities are available at the Institute, but there is no anesthetist to administer the same. In addition to this, no forensic services are available at the Institute. The Institute further lacks any provision of mental health services to support families of persons with mental illness or home-based rehabilitation. The Institute is not involved with the DMHP (District Mental Health Programme). Furthermore, the Institute did not organise any visits or trips for the patients outside the premises in 2022. Although there is the availability of 24×7 emergency services, the Institute does not have an ambulance for transporting patients with other complications to concerned hospitals.

As per the Special Rapporteur's observations, the meal rates should be raised from Rs. 90 to Rs. 150 per day to provide the patients with a nutrition-rich diet.



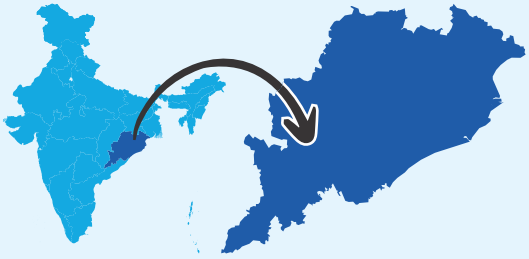


The graph shows that there are 03 patients staying in the hospital for more than a year, 01 patient staying for more than five years, and 03 patients staying even after their recovery because their families have refused to accept them back.

The Institute lacks vocational training facilities and rehabilitation facilities. It is imperative to develop the skills of patients in certain occupations to help them sustain themselves after recuperation. However, the Institute has not undertaken any steps to assist patients in enhancing their expertise/ skills. Similarly, economic work assigned to the patients would help them hone their skills to carry a profession. However, the hospital has not fixed the amount paid per day for the monetary work done by the patients. Additionally, the hospital has very little collaboration with civil society organisations to facilitate outreach services or awareness campaigns.

The doctors of the Institute conduct outreach programs through talks on Doordarshan, All India Radio and in colleges. The Institute has had an informal tie-up with Gracious Life Foundation (Shared home), an NGO based at Dimapur, since the last year for the stay of recovered patients, if not taken back by their families.





Mental Health Institute, Sriram Chandra Bhanja (S.C.B.) Medical College, Manglabag, Cuttack

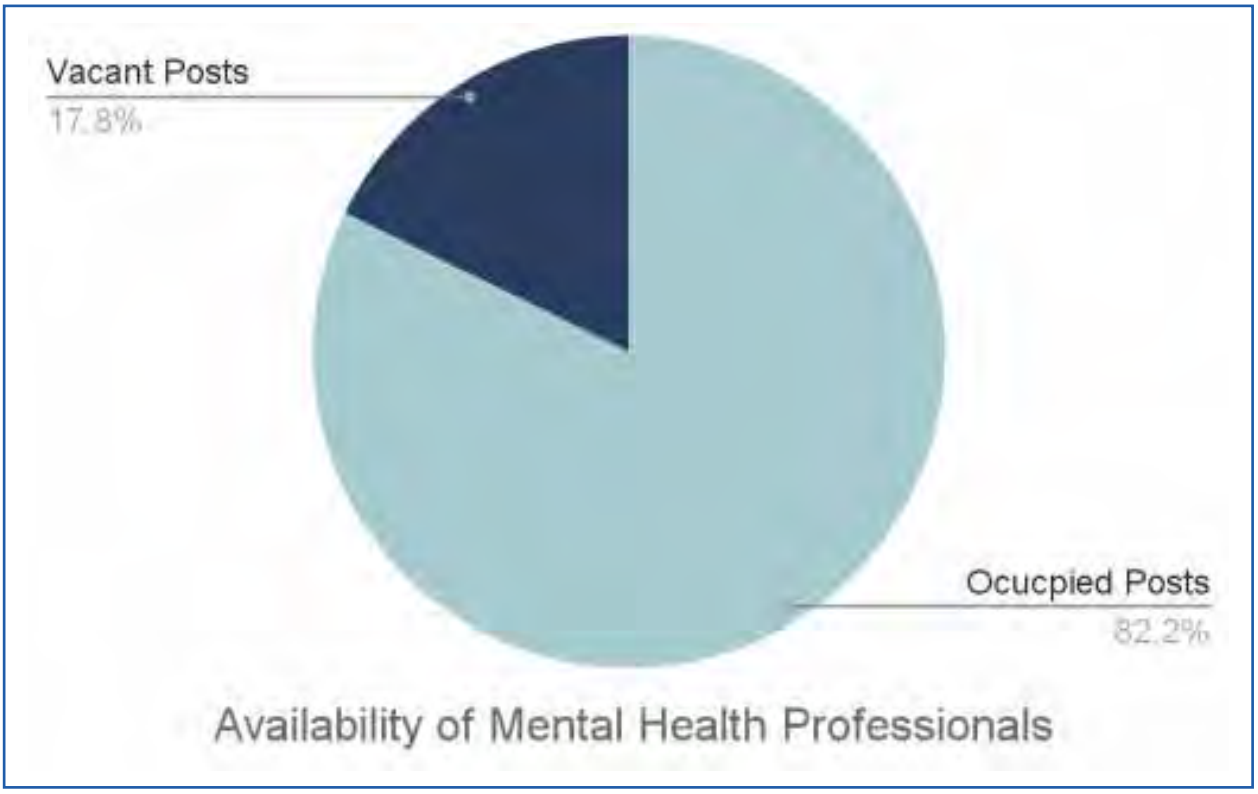
Odisha

Sriram Chandra Bhanja (S.C.B.) Medical College and Hospital is currently running its 63rd year of operation. It was established in pre-independent India.

Dr Rajinder Kumar Malik, Special Rapporteur, NHRC, visited the Institute on **September 27th and 28th, 2022**. In his report, he has underlined the various challenges faced by the Institute.

The Institute lacks a sanctioned full-time Director. Though, the Institute comes under the control of SCB Medical College and the HOD of Psychiatry is allowed to work as an ex-Officio Medical Superintendent.

There are 19 vacancies, including the essential posts of clinical psychologists and psychiatric social workers. The institute also lacks a geriatric ward.



The graph shows that almost 18% of the posts are vacant in the hospital.

The mean duration of stay of patients is 18 days. Regardless, 83 cured patients stay in the hospital because their families refuse to accept them. Per the Special Rapporteur's visit report, 03 deaths were reported in 2022. There is a provision for halfway homes, sheltered or supported accommodation.

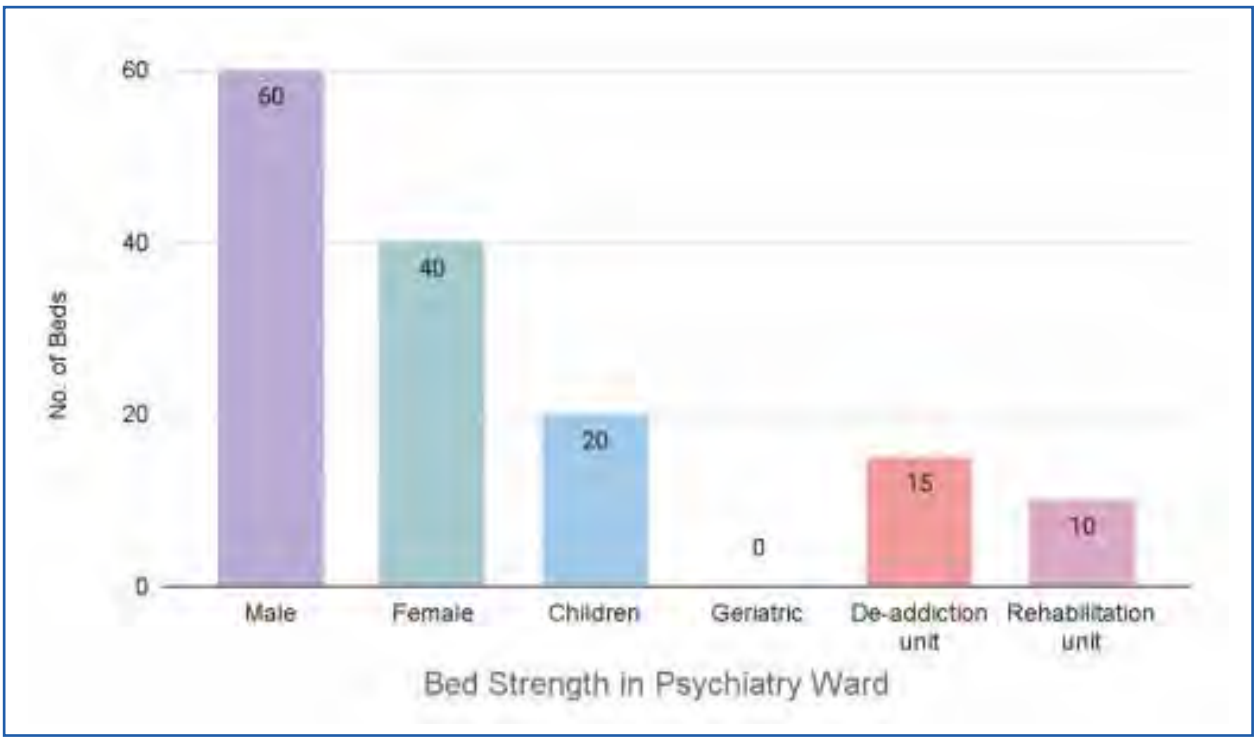
The Institute has **no vocational training facilities** for the up-skilling of the patients.

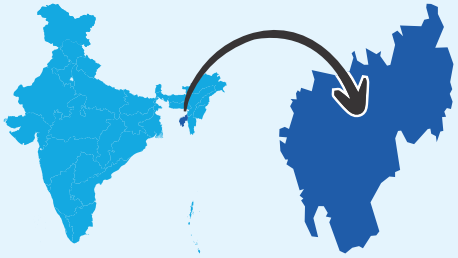


The graph below shows the availability of hostel accommodation for students at the institute.

Three outreach visits are made each month to provide mental health services to the public. The Institute has 03 rehabilitation units: Sakhi One Stop Centre, Virtual Knowledge Networking and OST (Opioid Substitution Therapy) Centre. Moreover, the development of a de-addiction centre with a bed strength of 30 beds is underway.

The Institute is running up-skilling programs with Centres such as NIMHANS (National Institute of Mental Health and Neuro Sciences), AIIMS (All India Institute of Medical Science) & NDDTC (National Drug Dependence Treatment Centre).


60
40
20
0
No. of Beds
60
40
20
0
15
10
Male
Female
Children
Geriatric
De-addiction unit
Rehabilitation unit
Bed Strength in Psychiatry Ward



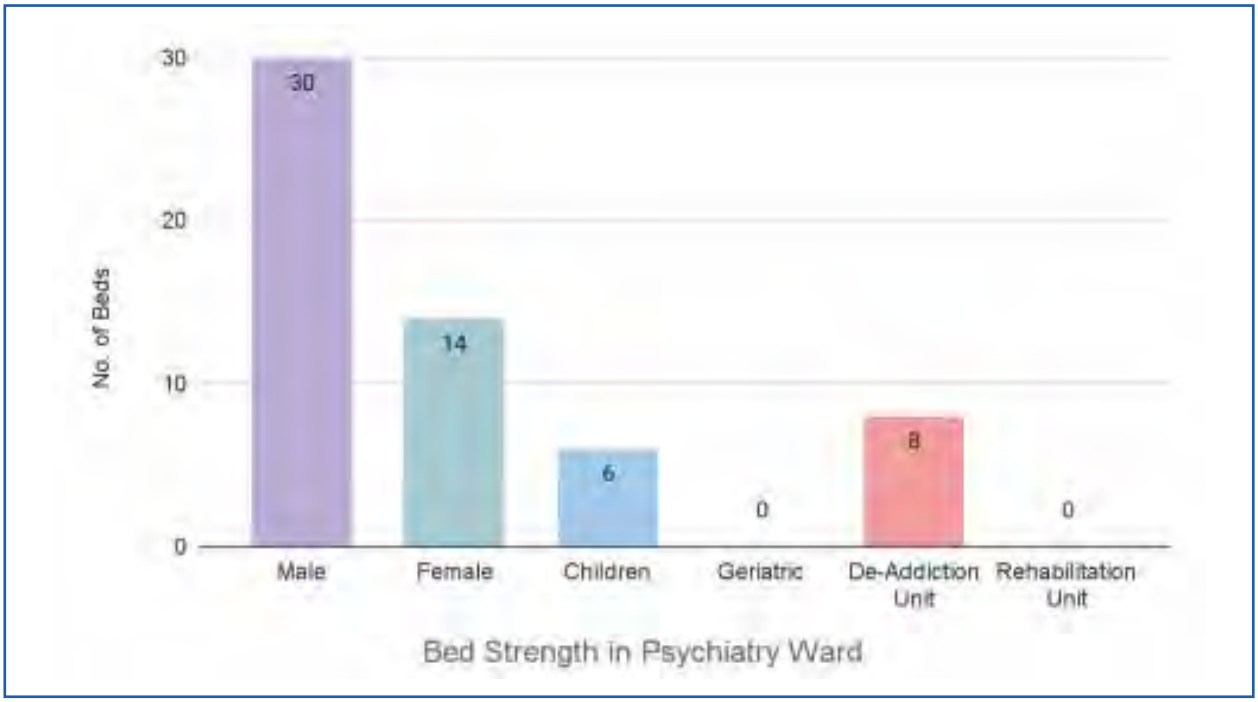
Modern Psychiatric Hospital, Agartala
Tripura

The Modern Psychiatric Hospital (MPH) was established in 2007. It has 5.2 acres of land with trees and greenery. It has an administrative building, a separate in-patient ward for males and females, an OPD building, Drug Treatment Centre (DTC), an Additional Treatment Facility (ATF)/ De-Addiction Centre and 08 staff quarters. It is the 2nd largest such facility in the entire Northeast. Separately, an 8-bed sanctioned indoor facility has been started for de-addiction since 2018.

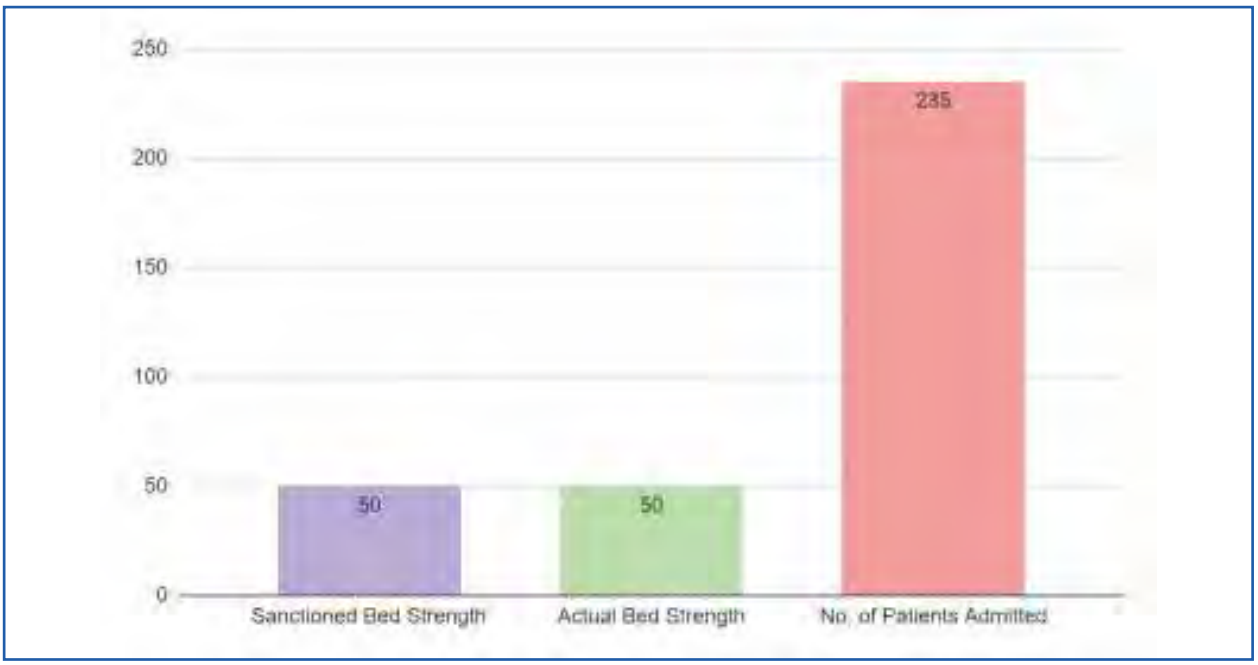
It moved to its present location with 50 beds (Males - 30, Females - 14, and Children - 6) facility in 2012.

Approximately 17- more beds have been provided under the Corporate Social Responsibility (CSR) Scheme by Tripura Natural Gas Company Ltd. (TNGCL) to accommodate the growing number of patients in the wards.

Mr Akhil Kumar Shukla, Special Rapporteur, NHRC, visited the hospital on **November 15th, 2022**. In his report, he has outlined the various challenges the Institute faces.

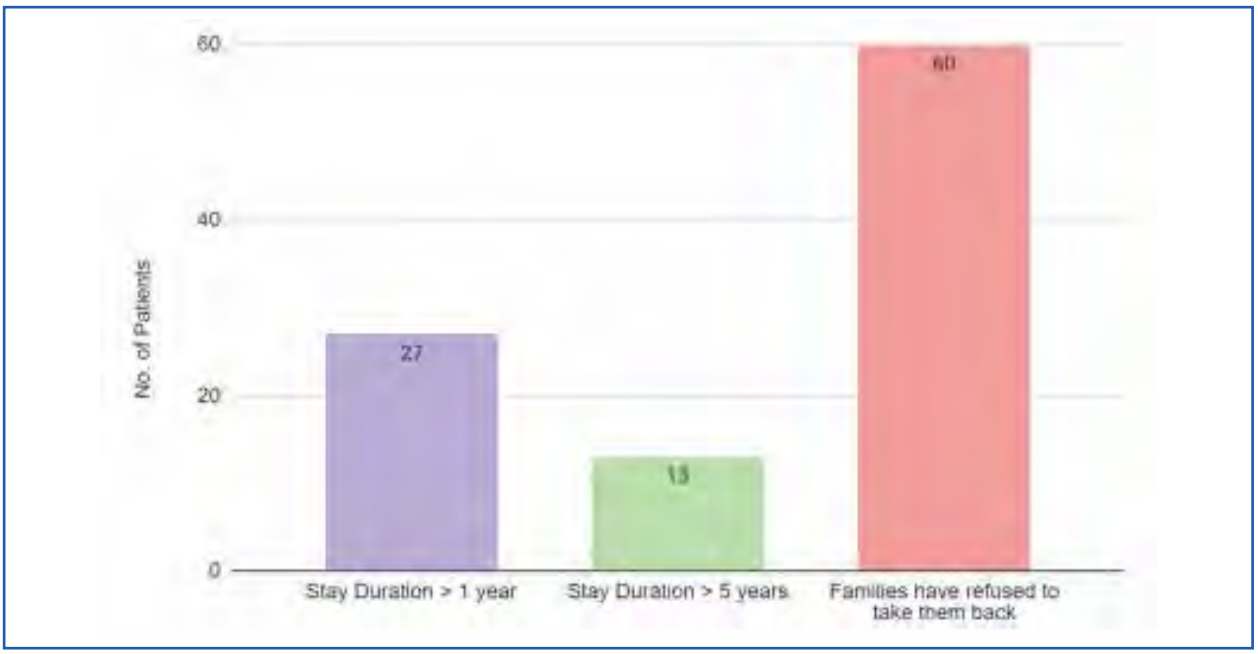


The total bed strength of the psychiatric ward is 50. However, as per the report, the number of patients on the day of the visit was 235, wherein male patients accounted for 122 and female patients were 113. On the other hand, it was observed that the bed strength of the de-addiction unit needs to be raised to cater to the growing number of patients.



This graph shows that the sanctioned and actual bed strength is 50 against the total number of 235 admitted patients.

The hospital faces an **acute shortage** of **in-patient accommodation.**



The graph shows that 27 patients are staying in the hospital for more than a year, 13 patients staying for more than five years, and 60 patients staying even after their recovery because their families have refused to accept them back.

The mean duration of stay of patients is 20 days. However, there are 60 patients whose families have declined to take them back.



The graph shows that almost 65% of the posts are vacant in the hospital.

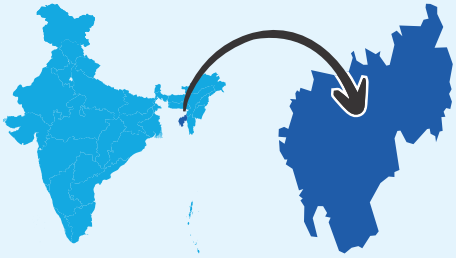
It is necessary to fill the huge number of vacant posts and revise the sanctioned strength of posts of psychiatrists and clinical psychologists to attend to many patients.

Unfortunately, as per the observations, the housing arrangement for indoor psychiatric patients resembles police lockups. Further, the patient's movements are restricted to three big halls without access to sunshine and an open sky. The OPD lacks waiting rooms for patients and their attendants, as most usually sit on the ground for their turn.

There are neither ECT facilities nor an anaesthetist. Further, there is no separate medical record centre.

In addition, there is a shortage of available halfway homes, sheltered and supported accommodation. There is no provision of daycare centres, residential continuing care centres (stay up to six months) and long-term residential continuing care centres (long stay). The hospital lacks a recreation/rehabilitation unit for patients' entertainment.

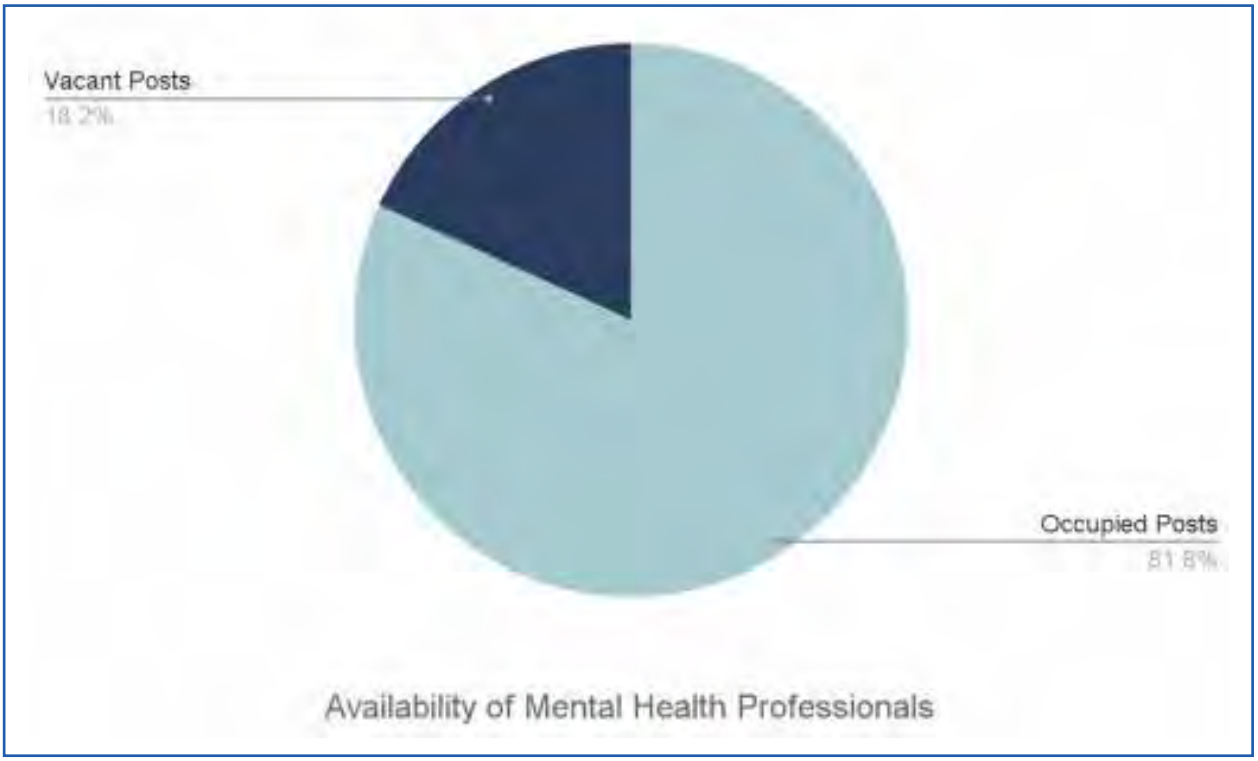
On the other hand, a halfway home facility named 'Shantineer', built by the Social Welfare Department has been inaugurated but is yet to become operational.



Department of Psychiatry, Tripura Medical College & Dr B. R. Ambedkar Teaching Hospital, Hapania, **Tripura**

Tripura Medical College and **Dr B. R. Ambedkar Teaching Hospita**l is an autonomous Medical College and Hospital managed entirely by the Society for Tripura Medical College and Dr B. R. Ambedkar Memorial (BRAM) Teaching Hospital under the Society Registration Act of 1860. It is affiliated with Tripura University, a Central University, and serves as a tertiary care hub for Tripura and the adjacent northeastern States and also to Bangladesh. It was established in 2005.

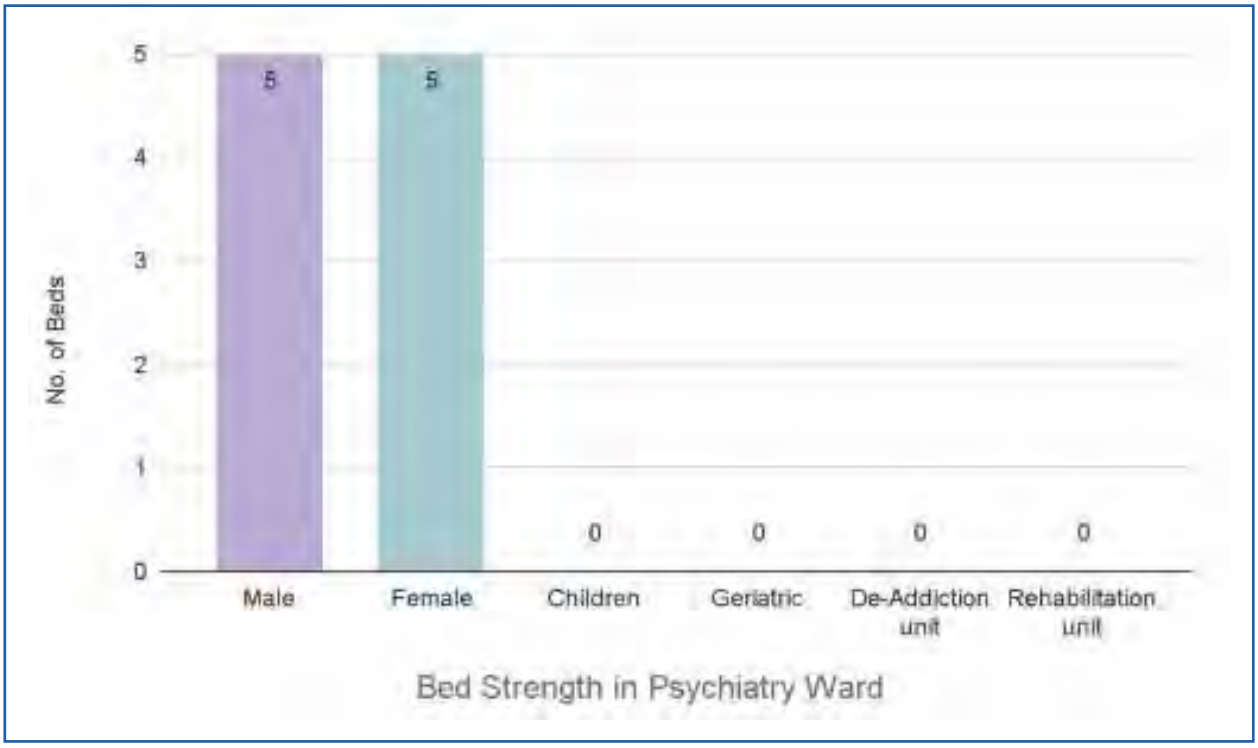
Mr Akhil Kumar Shukla, Special Rapporteur, NHRC, visited the hospital on **November 16th, 2022**. In his report, he has highlighted the various challenges faced by the Institute.



The graph shows that more than 18% of the posts are vacant in the hospital.

Currently, there is no full-time Director in place; and there are 04 positions vacant against 16 sanctioned posts.

In the psychiatric ward, the hospital lacks separate beds for children, geriatric and a de-addiction centre. There is an urgent need to create a separate de-addiction centre. Further, the patients do not have any access to natural surroundings and fresh air due to a lack of ventilation,

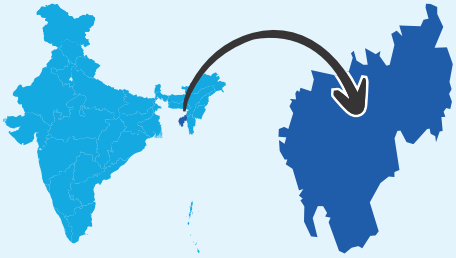


The hospital **does not** take any steps for the **recreation** and **rehabilitation** of patients.

Rehabilitation is crucial in ensuring complete recuperation and preparing the patient to return to the community. There is no provision for a Halfway Home, Sheltered or Supported Accommodation. Further, the hospital is not involved with the District Mental Health Programme (DMHP), which would have assisted the hospital in service provision, capacity building and awareness generation.

Moreover, the hospital does not conduct regular outreach programs/ camps.

Despite the shortcomings, the attendants are well aware of the patient's condition, and the patients are treated with sensitivity, as observed by the Rapporteur.

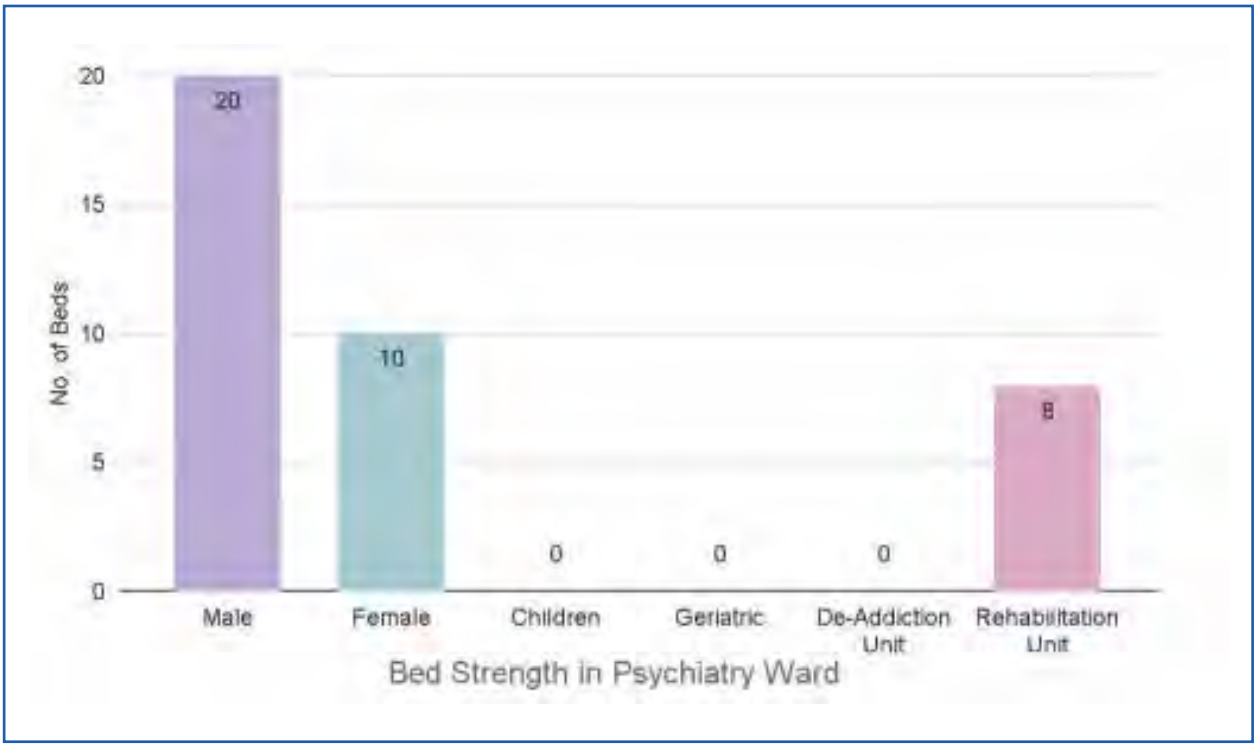


Department of Psychiatry, Agartala Medical College & G.B. Pant Hospital, Agartala, **Tripura**

Agartala Medical College at the **G.B. Pant Hospital**, Agartala, is a State Government Medical College and the biggest government hospital in Tripura. The Medical College has a Department of Psychiatry with three PG seats.

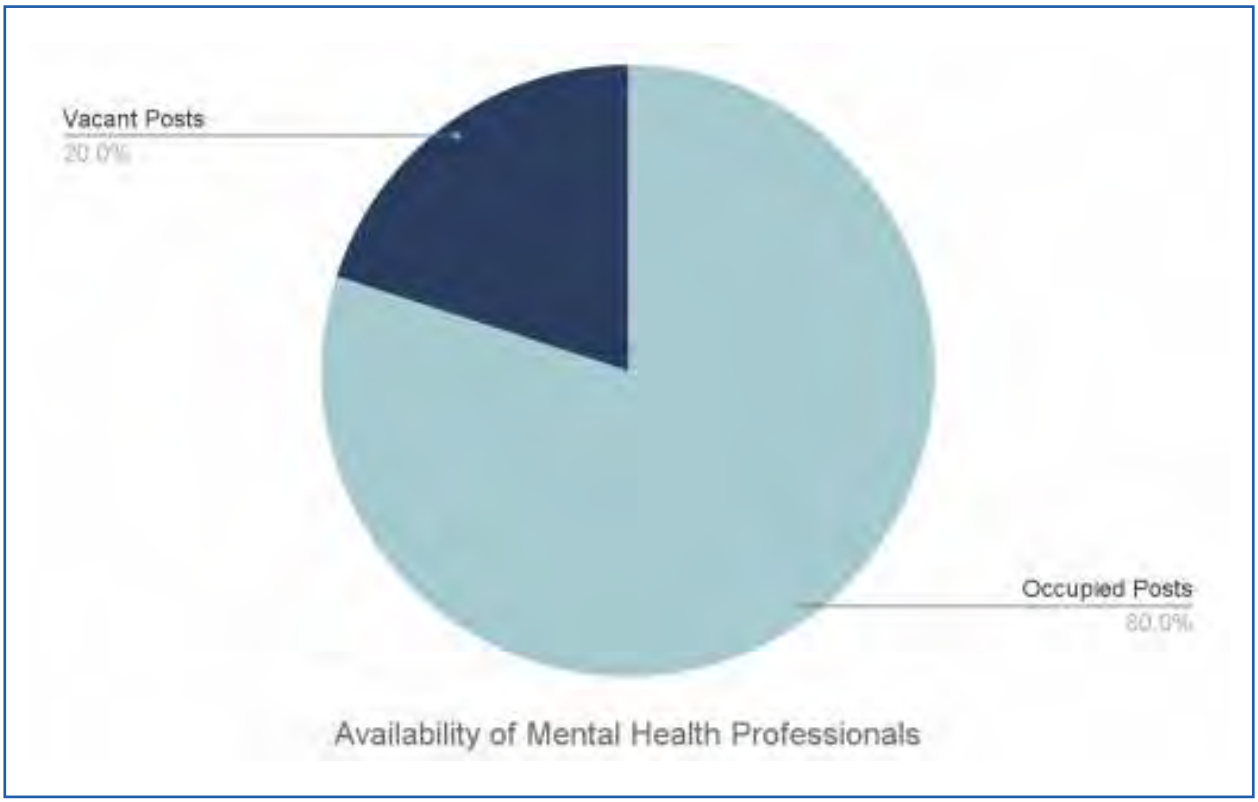
It has 30 in-patient/ indoor bed psychiatry wards for Males (20 beds) and females (10 beds). It was established in 1996.

Mr Akhil Kumar Shukla, Special Rapporteur, NHRC, visited the hospital on **November 16th, 2022**. In his report, he outlined the challenges faced by the Institute.



Patient's rights are **not** displayed in the ward.

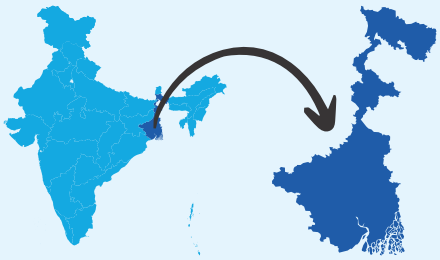
The male and female wards are separate but in the same wing. In addition, attendants are present with patients in the wards to take care of them. However, the hospital does not have separate beds for children and geriatric in the Psychiatry Ward. Further, the hospital lacks separate drug de - addiction centre units. In addition, it does not have facilities for daycare centres, residential continuing care centres (stay up to six months) and long-term residential continuing care centres (long stay). However, it was observed by the Special Rapporteur that proper hygiene and cleanliness are maintained in the in-patient facility. In addition, given the increasing number of patients with mental illnesses, the capacity of the in-patient department facility needs to be expanded. Moreover, as mandated under the Mental Healthcare Act of 2017, it is imperative to display the rights of the patients in the wards. However, the hospital still needs to comply with the same.



The graph shows that almost 20% of the posts are vacant in the hospital.

The Medical Superintendent/ Director of the Institution is not a psychiatrist, and the posts of Professor, 02 Assistant Professors, and 01 Lecturer/ SR in the department are lying vacant. However, per the Special Rapporteur report, the department's environment was cordial vis-à-vis in-patients and is carefully managed and maintained. There is no anaesthetist for ECTs. The hospital does not have forensic services available. Additionally, there is no provision of mental health services to support the family of persons with mental illness or home-based rehabilitation.

There is also no provision for a Halfway Home, Sheltered or Supported Accommodation. The hospital lacks vocational training facilities for the patient. The hospital has not conducted any trips or visits outside in 2022. Moreover, the hospital has not organised any outreach programs/ camps or conducted any outreach services. It is pertinent to note that the hospital is not involved with the District Mental Health Programme (DMHP), which would have aided the hospital specifically in service provision and awareness generation.

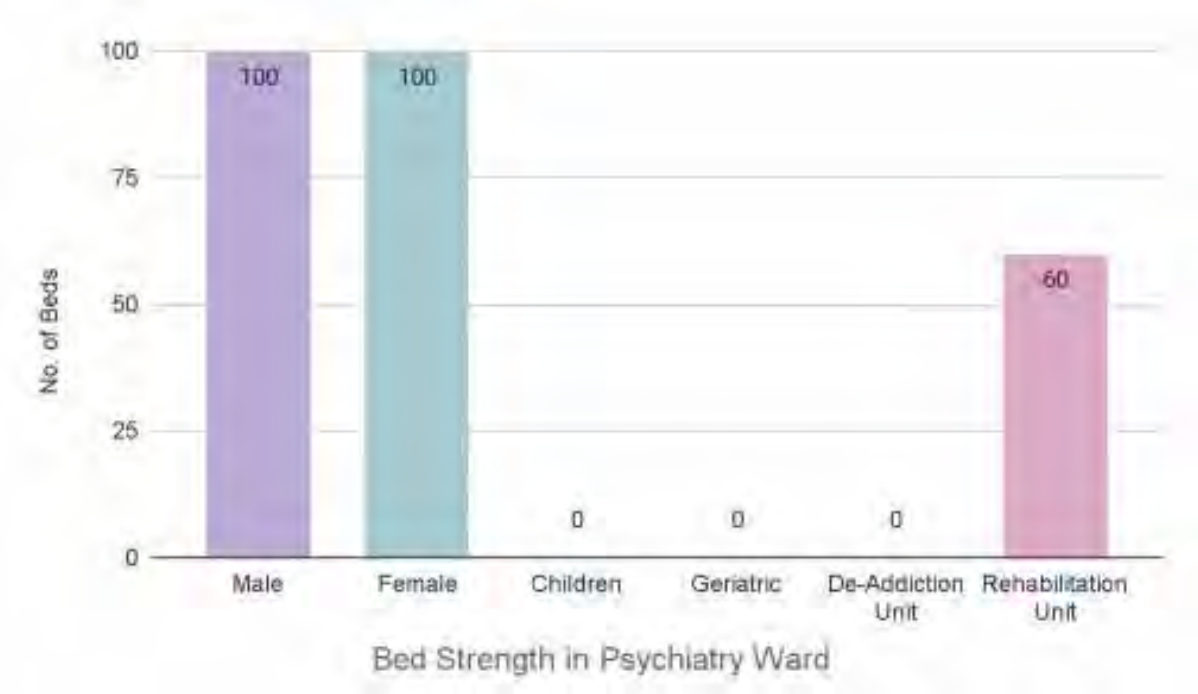


Institute of Mental Health (IMH), Lumbini Park Mental Hospital, Kolkata

West Bengal

This six-storied hospital, the **Institute of Mental Health (IMH),** was set up by Dr G.S. Bose in 1940 - India's First Psychoanalyst who was in correspondence with Sigmund Freud for 20 years.

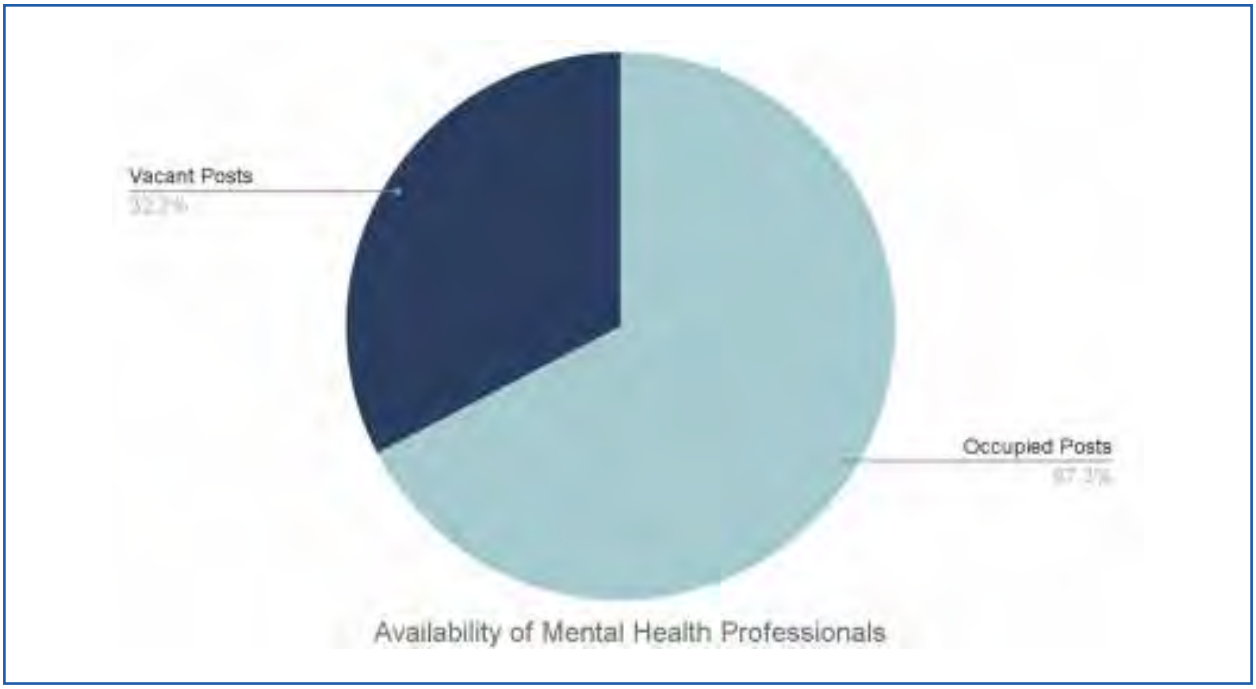
This hospital started as a 03-bedded hospital and was taken over by the State Government in 1984. It has 04 male wards, 04 female wards, and 02 isolation wards, with speciality units for Rehabilitation, Residential Continuing Care, Vocational Training, and Day Care. While 200 beds are sanctioned, it currently has 257 beds due to a high number of patients. The Institute also has investigation, laboratory, and psychological testing facilities for the patients. However, there are no hostel facilities, a separate geriatric ward or a de-addiction centre in the Institute.



Special Rapporteur, NHRC, **Dr Rajinder Kumar Malik**, visited the institution on **November 4th, 2022**. He highlighted several critical issues with respect to the workings of this hospital. It has been highlighted that the Medical Superintendent/Director of the hospital is not a Psychiatrist. The Institute conducts no outreach services to deliver mental health services, but they have tie-ups with NGOs to provide community service.



Toilets for nursing staff are located far away from the wards leaving the patients unattended and unmonitored for those durations. ECT services are unavailable in the hospital. The hospital also only spends Rs. 72.96 per day on food for one patient.



The graph shows that almost 33% of the posts are vacant in the hospital.

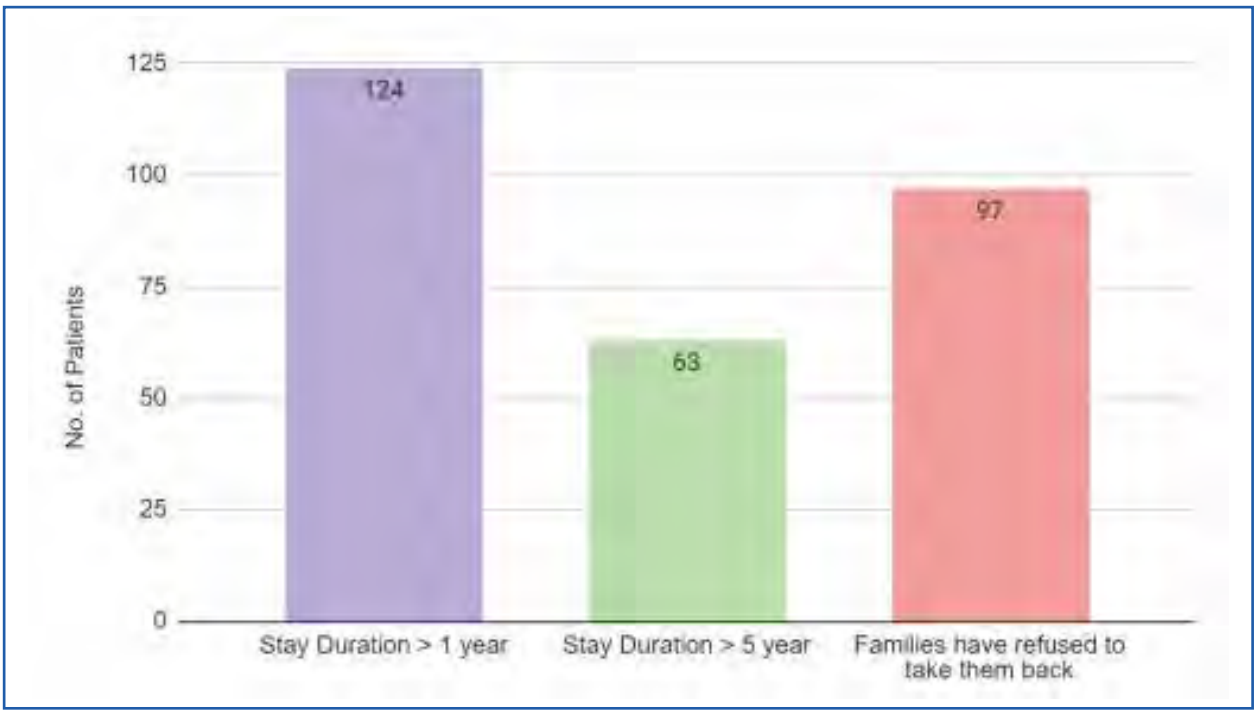
The dressing material of patients is **not sterilised** properly and patients are **left unattended** intermittently.



The hospital has a very high number of vacancies, wherein 48 posts are unfilled against the sanctioned number of 147 seats, including the position of Attendants. The advertisement to invite applications for 'Care- Givers' also remains to be issued.

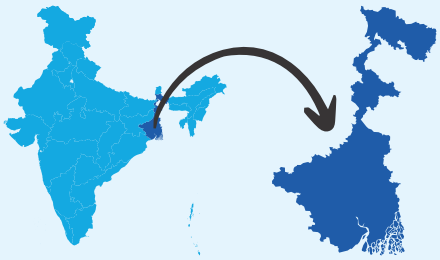
To rehabilitate patients, the hospital has tie-ups with the Half-Way Home 'Pratyay' run by - Anjali – NGO Kolkata. Recovered patients are involved in gardening, and vegetable growing food canteen services, which adds to their economy and nutrition.

There are 97 recovered patients in the hospital whose families have refused to take them back, and measures for their rehabilitation into society must be taken. The mean duration of stay for a patient in the hospital is also very high at 216 days. Additionally, there were 02 recorded deaths in 2021-22.



The graph shows that there are 124 patients staying in the hospital for more than a year, 63 patients staying for more than five years, and 97 patients staying even after their recovery because their families have refused to accept them back.

The hospital has taken many transformational initiatives regarding skill development. The initiatives and programmes also cover therapeutic communication, counseling, usage of calming strategies, etc. It has indeed brought improvements for the patients admitted to the hospital, as mentioned in the reports.



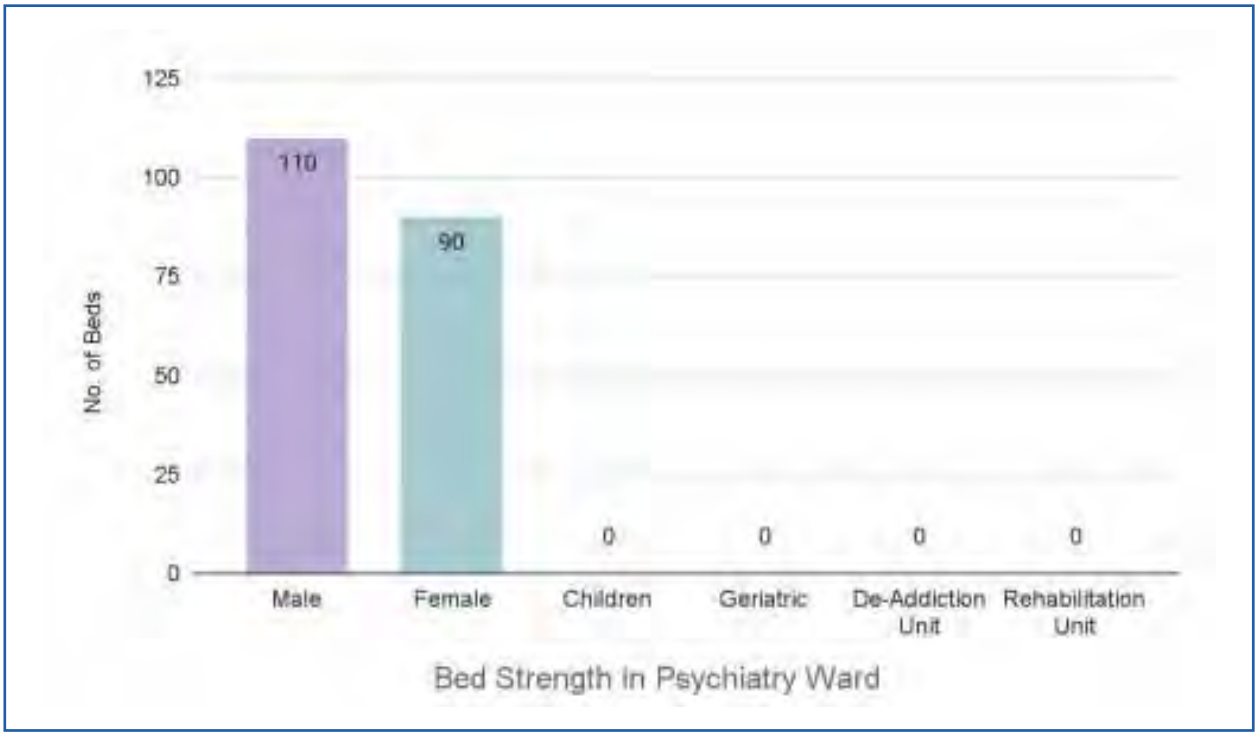
Institute of Mental Care, Purulia

West Bengal

The Institute of Mental Care, Purulia is a Government run Mental Care Institute in West Bengal and was established in 1994.

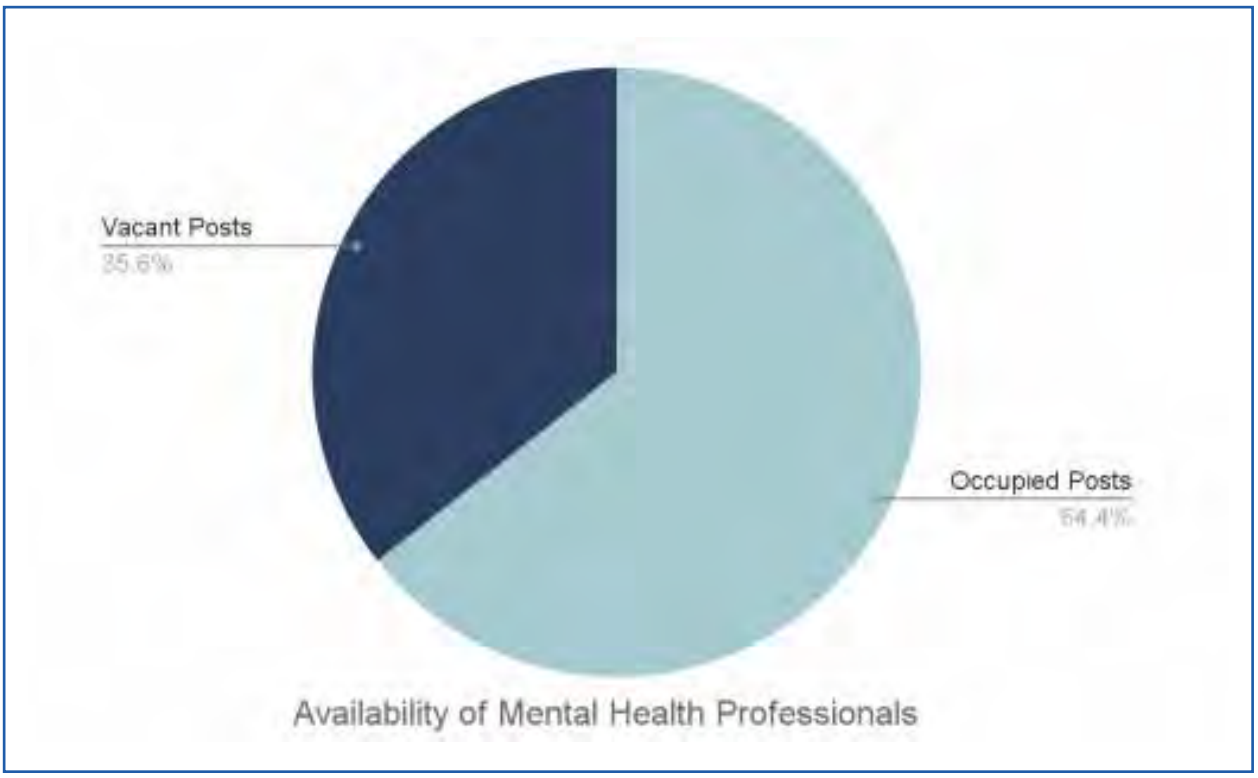
Special Rapporteur, NHRC, **Dr Rajinder Kumar Malik,** visited the institute for an inspection on **November 17th, 2023**. The institute primarily receives patients in OPD that are Bengalis, whereas 30-40 out of 234 patients on a monthly basis are non-Bengalis. Around 03-04, staff members can communicate in Hindi to handle such patients. Currently, there is no full-time director in place.

The **number of beds sanctioned** in the institute is 200, but 234 **patients** were **admitted** to the institute on the day of the visit.



The geriatric patients are staying here in the same general ward in the institute. The institute also lacks a separate ward for child patients, a de-addiction centre and a rehabilitation unit.

The Institute has 52 vacancies for professionals against the sanctioned number of 146 posts, including the position of D.N.S and Psychiatrists.



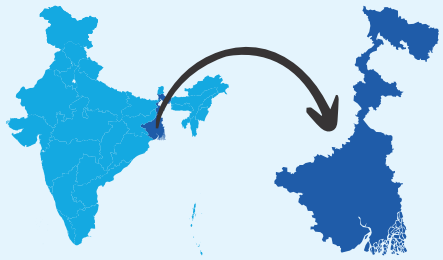
The graph shows that almost 36% of the posts are vacant in the hospital.



The graph shows that there are 133 patients staying in the hospital for more than a year, 51 patients staying for more than five years, and 79 patients staying even after their recovery because their families have refused to accept them back.

In the year 2022, the institute has seen an alarmingly high number of deaths. It is alarming that the institute has no provision of halfway homes, sheltered or supported accommodation, and no outreach services or community awareness generation activities (information, education and communication) are conducted by the hospital to deliver mental health services. Additionally, the institute does not have ECT or forensic services available.

The institute has been making efforts by organising visits/ trips organised outside the hospital for the patients, providing vocational training facilities through an NGO and providing mental health services to support the families of persons with mental illness or home-based rehabilitation through NGOs.

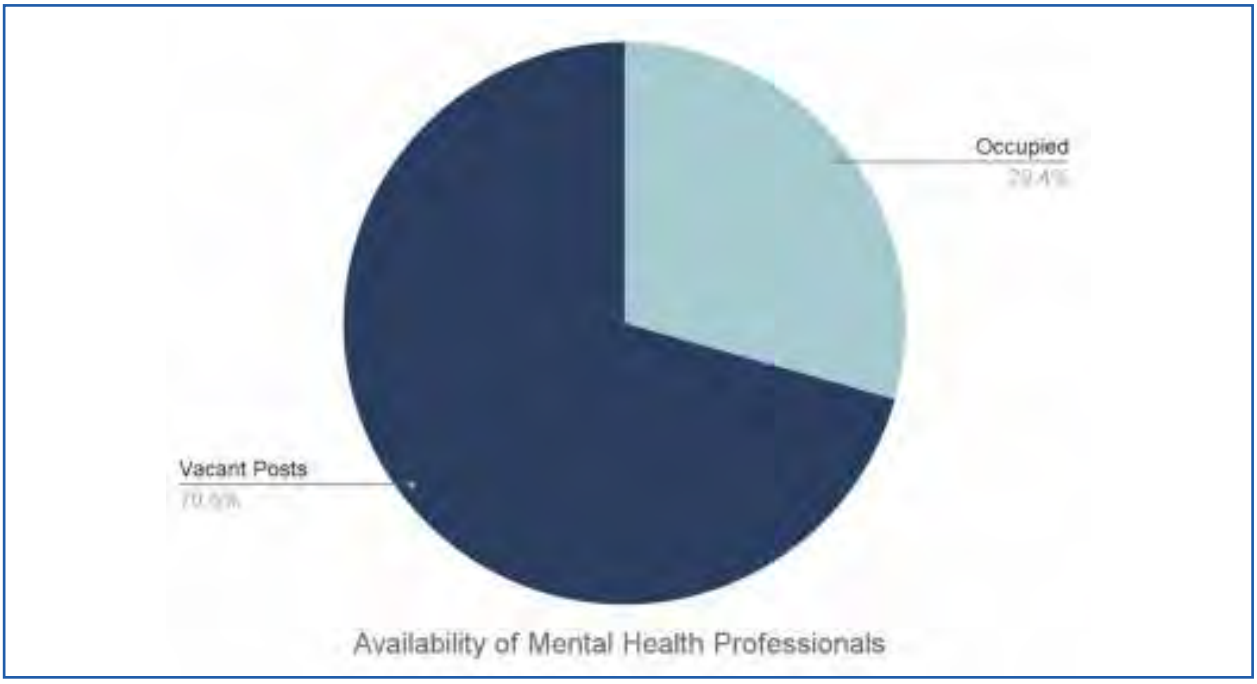


Berhampore Mental Hospital, Murshidabad

West Bengal

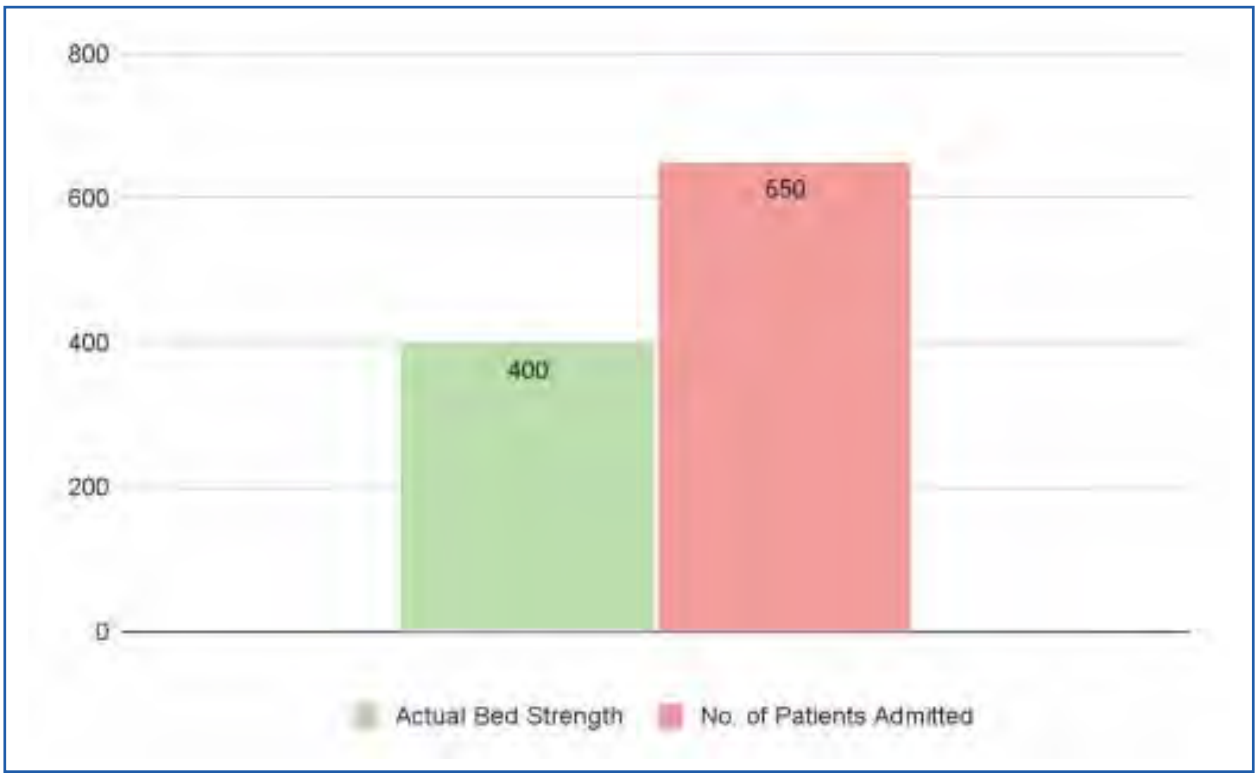
The Berhampore Mental Hospital in Murshidabad was established on June 12th, 1980, for mentally ill patients across a land area of 11 acres.

It was inspected by Special Rapporteur NHRC, **Dr Rajinder Kumar Malik,** on **November 16th, 2023**. The hospital has a full-time Superintendent, Deputy Superintendent and Assistant Superintendent (Non-Medical) and all posts of Psychiatrist are filled up. However, three posts of Clinical Psychologist are vacant at present, which must be filled up on priority. There is also no post for a Psychiatric Social Worker. Currently, the Patient Nurse ratio is 10:1, and the Patient Attendant ratio is 19:1, which is significantly low.



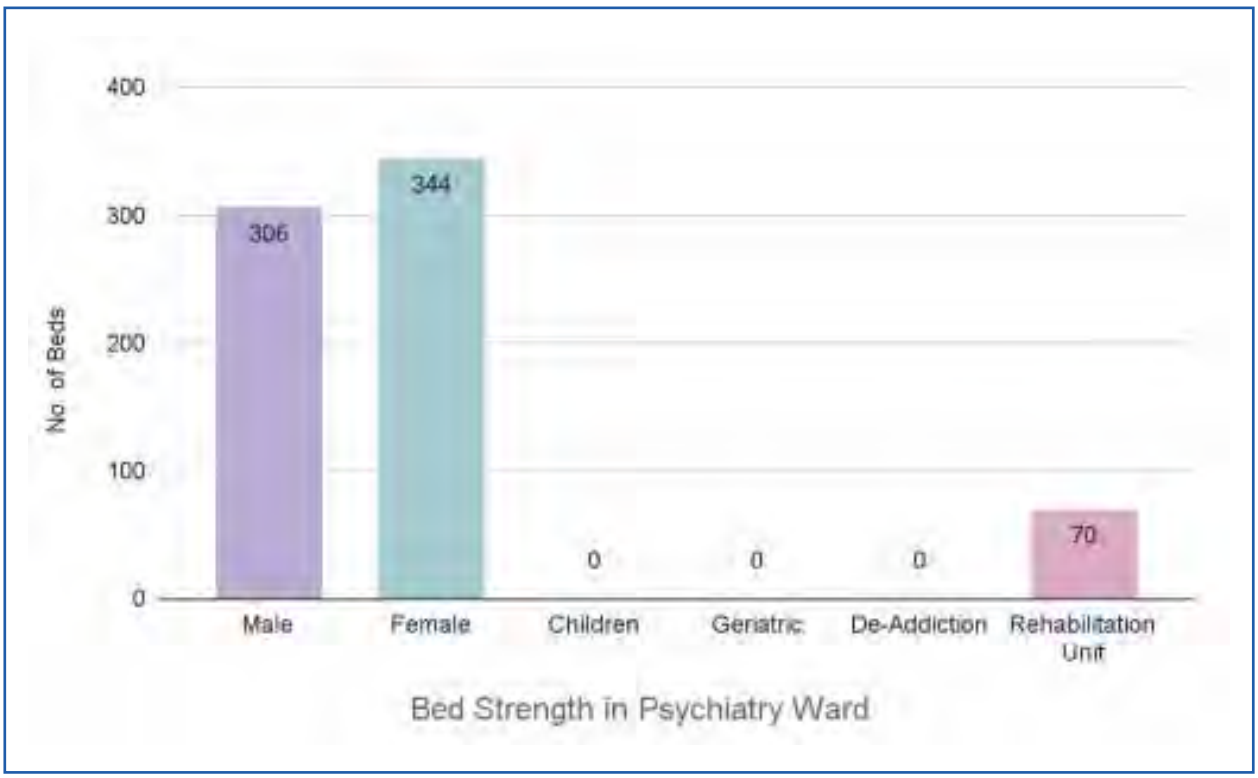
The graph shows that almost 71% of the posts are vacant in the hospital.

The **number of vacancies in the hospital is more than the occupied posts**. The 279 vacancies against the sanctioned number of posts which is 395, is an alarmingly high number.



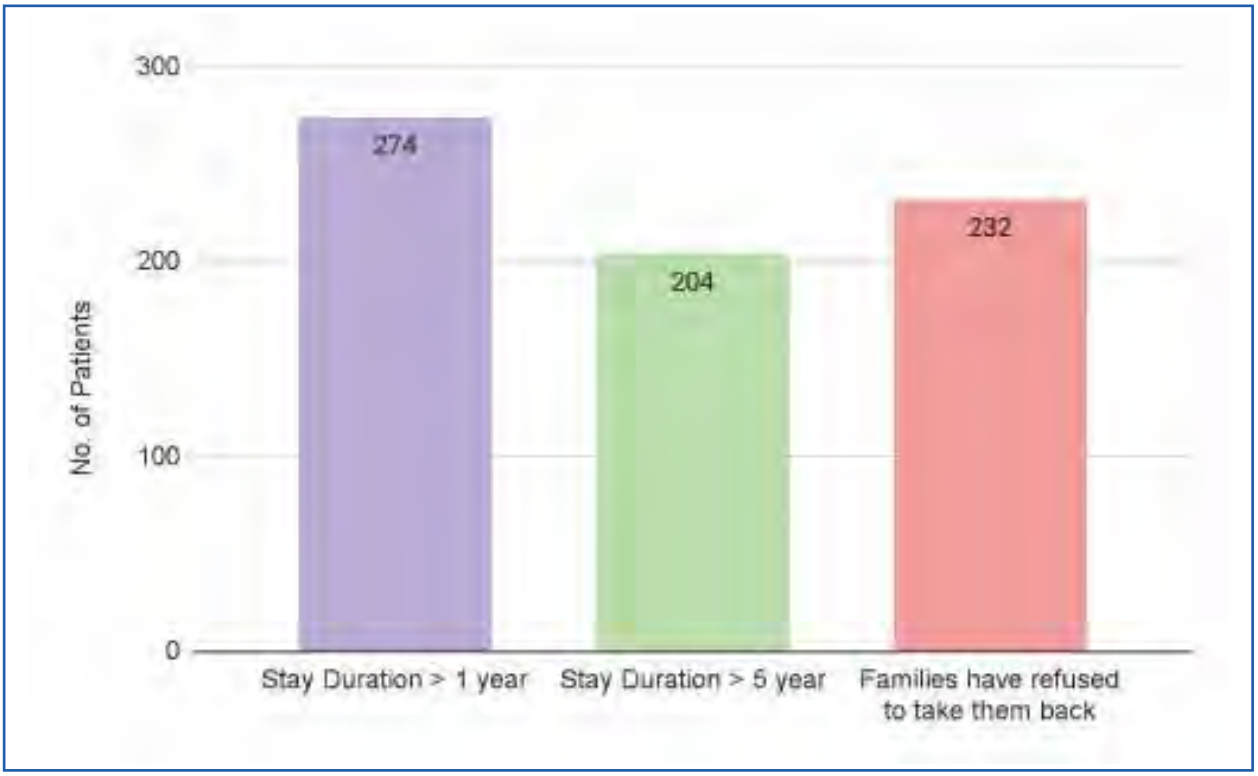
This graph shows that the actual bed strength is 400 while 650 patients were admitted on the day of visit.

The total number of sanctioned beds is 400, but the number of patients admitted was 650 on the day of the visit. There is also the absence of a separate ward for children, geriatric patients and a de-addiction centre. However, there is a separate rehabilitation unit with 70-bed units.



The premises and hospital wards are kept neat & clean. Still, there is insufficient space for passage in wards, and there are no cooler facilities for patients. Food with 2300-2600 calories per patient daily is being given, and the fund flow is adequate.

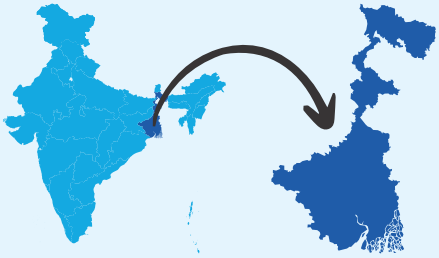
The number of long-stay patients discharged in the past year is 89, which is a positive sign. However, the mean duration for a patient's stay is still very high at 271 days on average. There are 402 patients fit for discharge in this hospital, but the reintegration process for these patients is not in place. There is also provision for halfway home/ sheltered or supported accommodation.



The graph shows that there are 274 patients staying in the hospital for more than a year, 204 patients staying for more than five years, and 232 patients staying even after their recovery because their families have refused to accept them back.

Mental health services – Investigation and laboratory facilities, including Psychological testing, are available in the hospital and vocational training facilities are being given in association with an NGO. However, the hospital lacks ECT services. Besides this, visits/ trips are organised outside the hospital for the patients, mainly during Durga Puja. A telemedicine service has also been launched by the Insitute (1800 323 444 222).

Anjali, a Kolkata-based NGO, is doing remarkable work in Beharampur Mental Hospital. Their professional team and able leadership have recognition to their credit for maintaining standards of service. A new halfway home named *Pratyay* has also been assigned by the State Government.

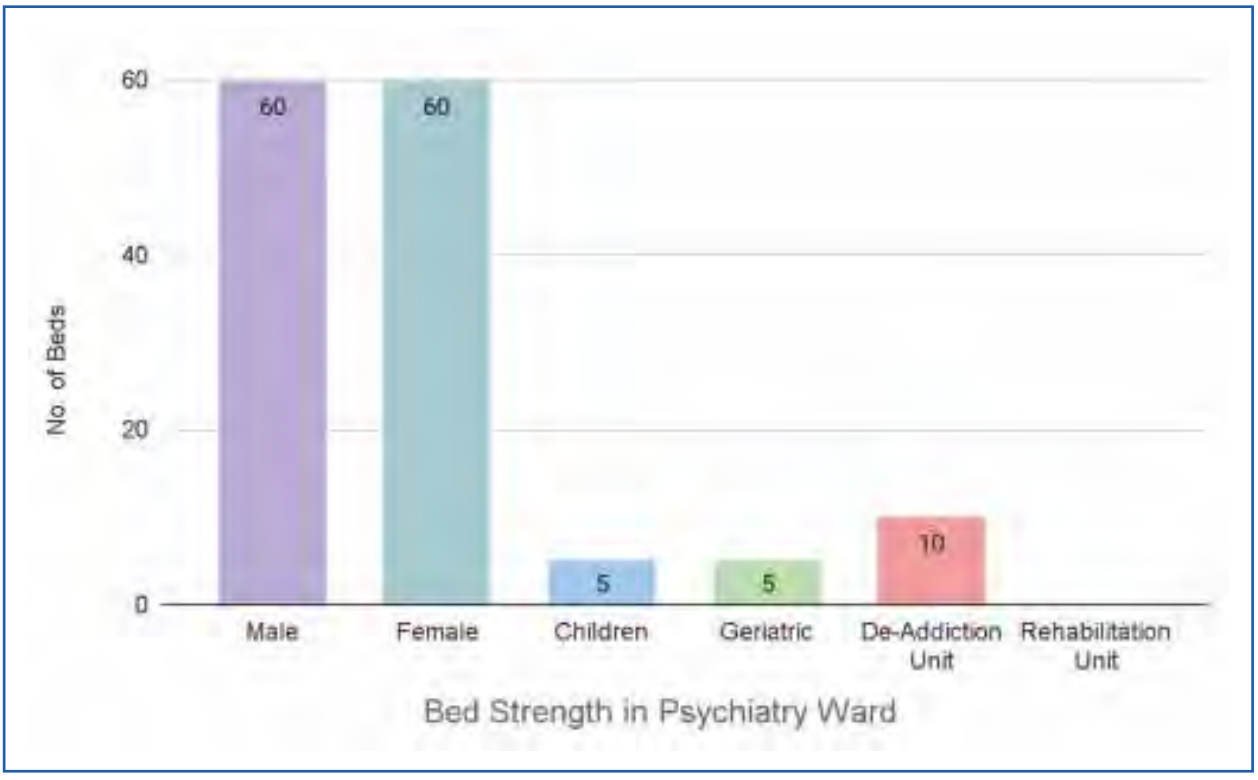


The Institute of Psychiatry, Kolkata
West Bengal

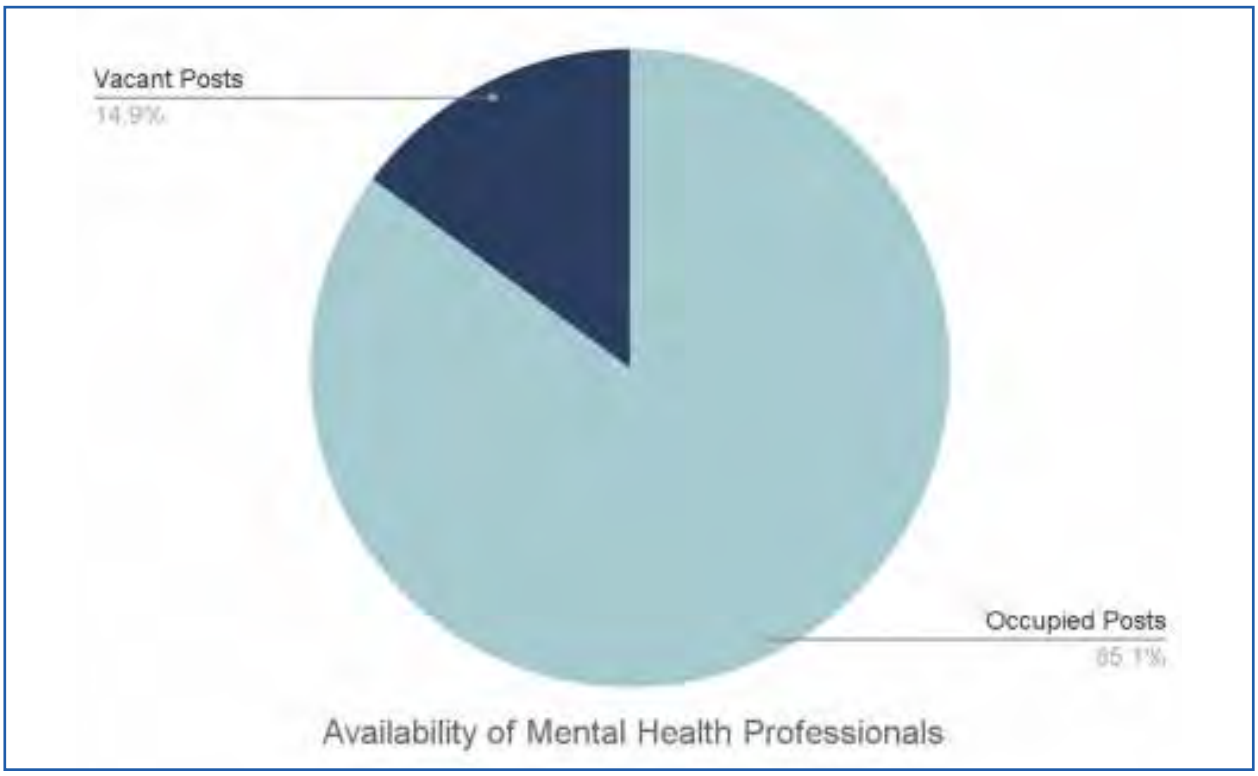
The Institute of Psychiatry is a 200-year-old government hospital, which was granted the status of Centre of Excellence in 2008.

This hospital which receives 800 patients on an average daily, was visited by Special Rapporteur NHRC, **Dr Rajinder Kumar Malik,** on **November 5th, 2023**.

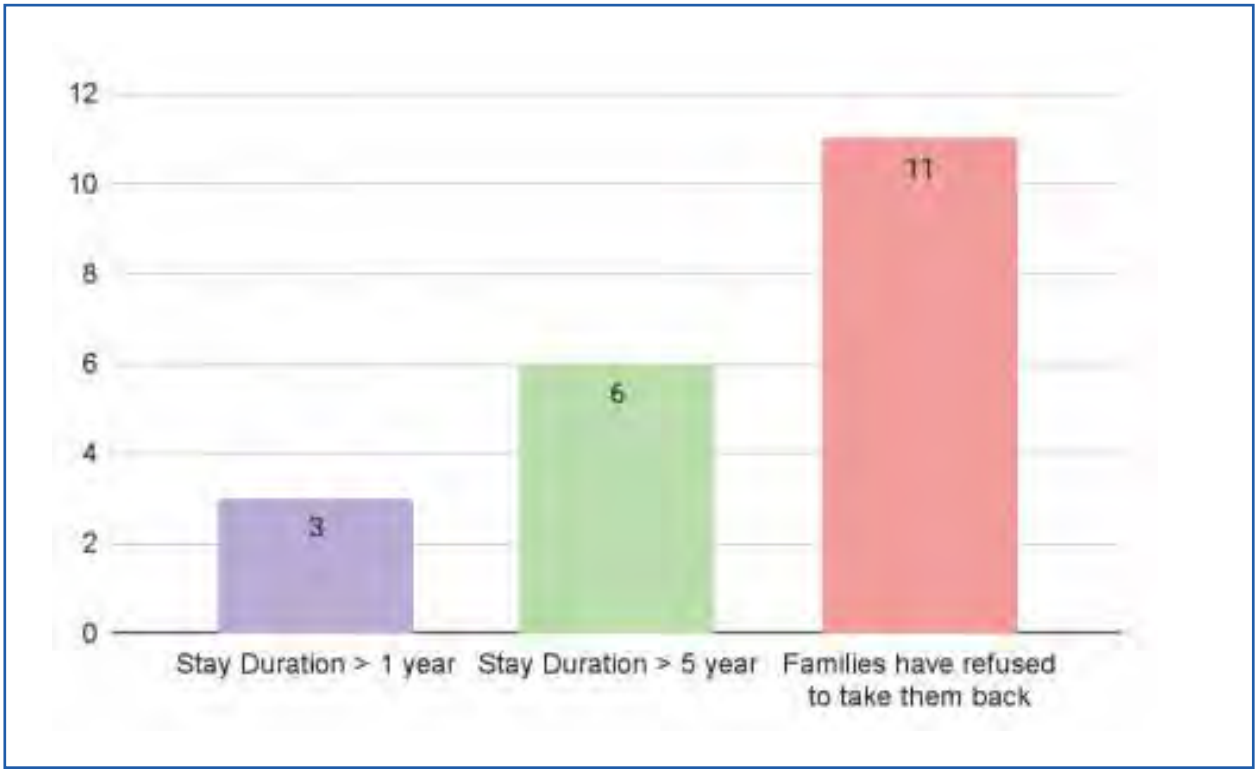
The Institute runs PG Courses in MP Psychiatry, MPhil in Clinical Psychology, MPhil in Psychiatric Social Work, and DPN and MSc in Psychiatry Nursing. The Institute has the potential to be a world-class institute in post-doctoral studies and may encourage to open doors for faculties and students for foreign institutes and programmes to associate with the Institution. The institute has Specialty Units with Geriatric Unit, a De – Addiction Center, ECT Facilities, Advanced Diagnostic Lab, a Biochemistry Lab, Psychometry Lab, a Museum, a Departmental Library, and E-Library.



However, there is a need to increase the number of seats in the institution. There is a vacancy of 34 against the sanctioned number of 220 posts.



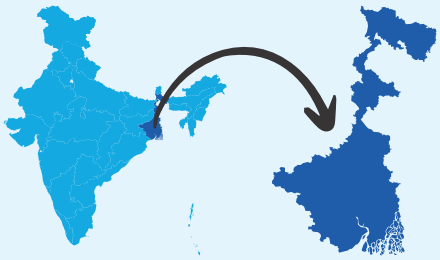
The graph shows that almost 15% of the posts are vacant in the hospital.



The graph shows that there are 03 patients staying in the hospital for more than a year, 06 patients staying for more than five years, and 11 patients staying even after their recovery because their families have refused to accept them back.

The **daily allowance for food is very low**, i.e. at Rs. 72 per patient per day only.

The institute provides free legal aid services to its patients and has a legal medical board present. It conducts outreach services to deliver mental health services and also through Primary Healthcare Centres (PHCs). On average, up to 06 visits are conducted monthly for outreach services. It also has Recreational/ Rehabilitation facilities for its patients, which includes activities like - Meditation, Handicrafts, Singing, Painting, Dancing, Recitation, TV, Newspaper, Radio, Ludo, Music System, Chinese Checker, Carrom Board, Chess etc. They also have tie-ups with the Half Way Home 'Pratyay'.

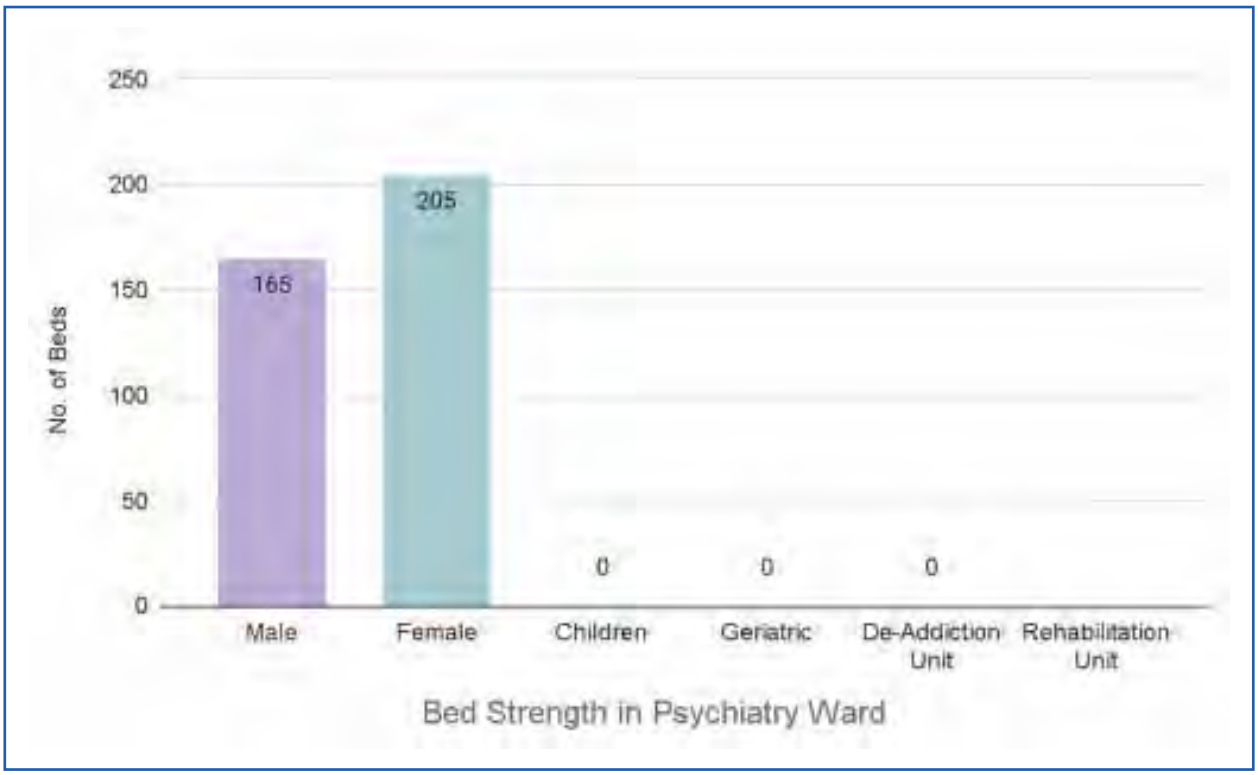


Calcutta Pavlov Hospital, Kolkata

West Bengal

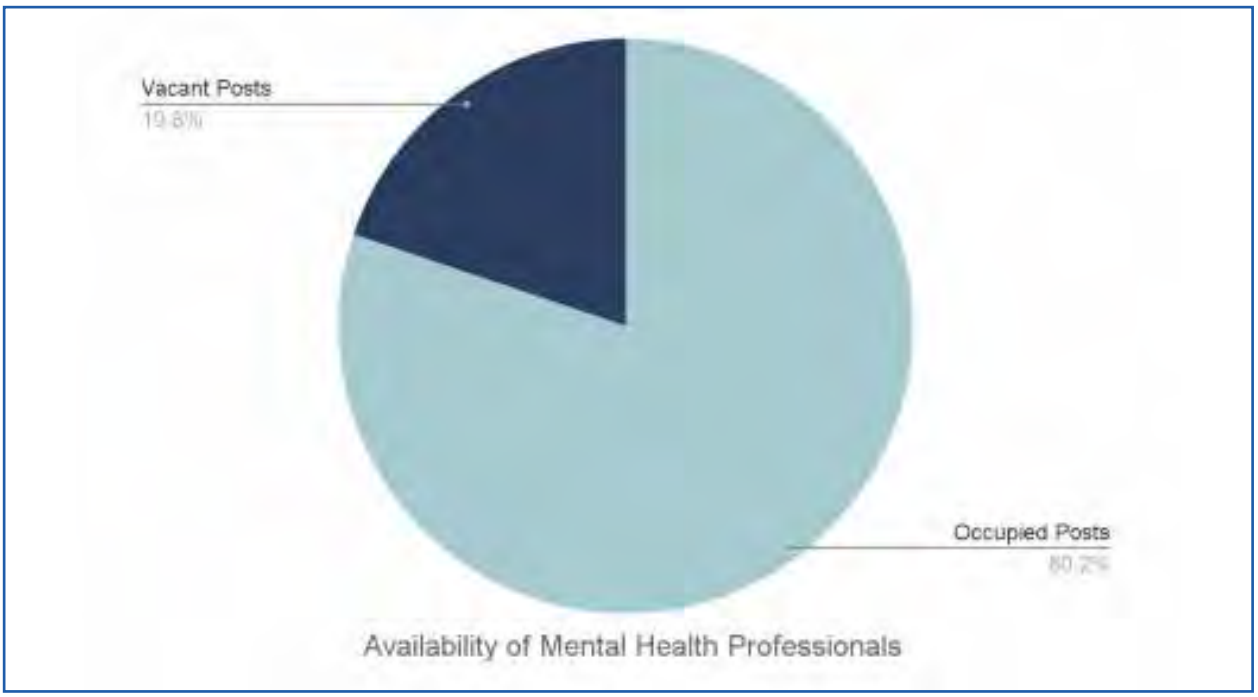
Established in 1966 and initially known as the Hospital of Mental Health Gobra, the **Calcutta Pavlov Hospital** is a Centre of Excellence with 530 beds. Academically, it currently runs only one course, MD Psychiatry and proposes to run the other streams soon.

The institute is spacious and works efficiently with the Rogi Kalyan Samiti for the social dignity of mentally ill patients. The premises are equipped with state-of-the-art facilities operated by female staff and a dedicated nursing staff that receives appreciation from the patients and their families, as observed. The hospital has a speciality unit includes a Rehabilitation Unit, Half Way Home, Day Care Centre, Emergency Services, Investigation & Laboratory Facility, Counseling Facility, and Vocational Training Facility. However, there is an absence of separate children, geriatric or a de-addiction and Rehabilitation Unit.



On **November 9th, 2022**, the Special Rapporteur NHRC, **Dr Rajinder Kumar Malik**, visited the hospital and highlighted the following issues;

The Director of the hospital is not a Psychiatrist, and there are 46 vacant posts in the Institution against the sanctioned number of 232 posts.



The graph shows that almost 20% of the posts are vacant in the hospital.

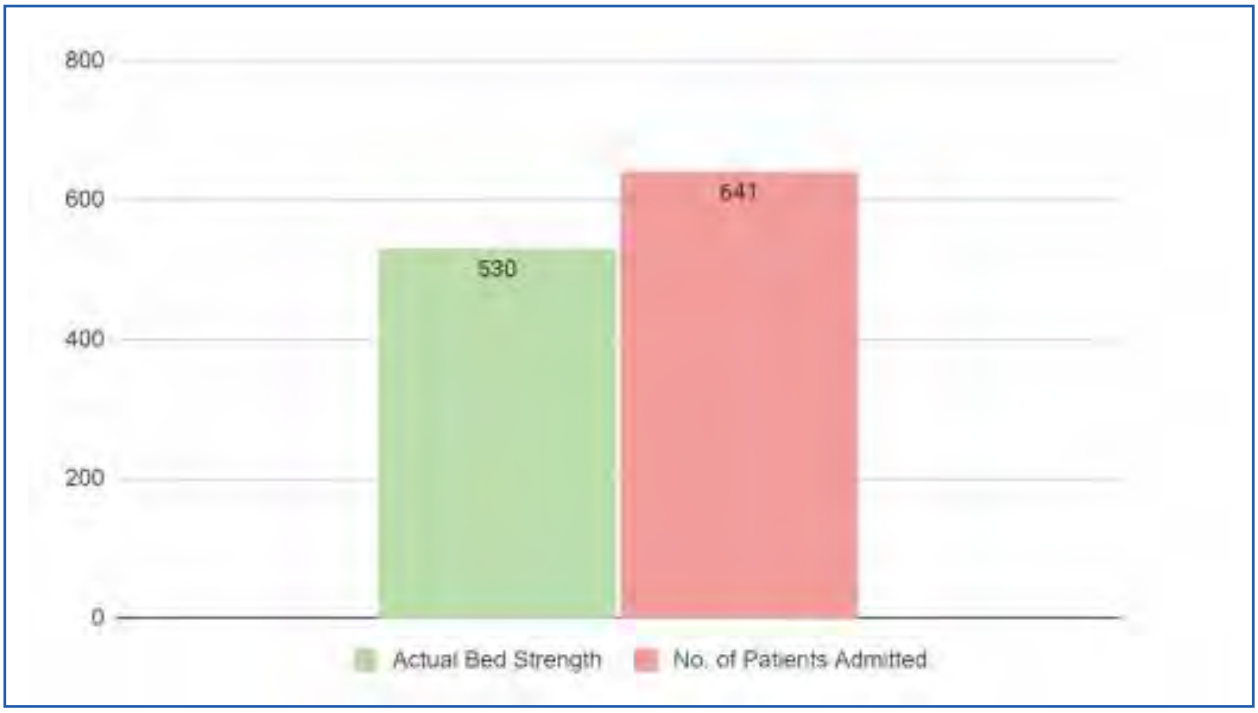
Linked with institutions 'Pratay' and 'Paripurnata' to provide discharged patients with continuing community care, the hospital also conducts outreach services to deliver mental health services. The Institution has a halfway home/ sheltered/ supported accommodation. However, there are many patients whose families have refused to take them back, but they are fit for discharge. Additionally, a patient's mean duration of stay is high at 120-180 days.



The graph shows that there are 441 patients staying in the hospital for more than a year, 270 patients staying for more than five years, and 225 patients staying even after their recovery because their families have refused to accept them back.

More than 50 deaths were recorded in the year 2022 in the hospital. Additionally, 22 incidents of violent patients fighting with each other were recorded.

Complaints were received from patients for the **monotonous diet** given to them as the hospital has also only been **spending a very nominal amount** of Rs. 72.96 for diet for one day per patient.



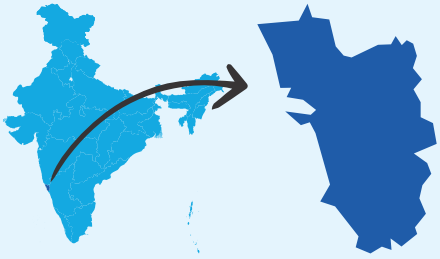
This graph shows that the actual bed strength is 530, while 641 patients were admitted.

On a positive note, the programmes run by Anjali NGO in the hospital is self-sustaining. The premises are also equipped with the Manas helpline, operated by female staff.

Zone IV: West

State/ Union Territory	Mental Health Establishment (MHE) visited for the purpose of this Study	Status of Implementation of Mental Healthcare Act, 2017				
		As per the information submitted on	State Mental Health Authority	State Mental Health Review Board	State Mental Healthcare Rules	State Mental Healthcare Regulation
Dadra and Nagar Haveli and Daman and Diu		No response received from the state	-	-	-	-
Goa	Institute of Psychiatry & Human Behavior, Panaji, Goa	3/10/2022	Formulated	Formulated	Not processed	Not processed
Gujarat	Hospital for Mental Health, Bhuj, Gujarat Hospital for Mental Health, Jamnagar, Gujarat Hospital for Mental Health, Ahmedabad, Gujarat Hospital for Mental Health, Vadodara, Gujarat	12/11/2022	Formulated	Formulated	Notified	Under Process
Maharashtra	Regional Mental Hospital, Nagpur, Maharashtra Regional Mental Hospital, Yerwada, Pune, Maharashtra Regional Mental Hospital, Thane (W), Maharashtra Regional Mental Hospital, Ratnagiri, Maharashtra	17/11/2022	Formulated	Formulated	Submitted for approval on 06.09.2021 to Central Govt	Submitted for approval on 06.09.2021 to Central Govt

State/ Union Territory	Mental Health Establishment (MHE) visited for the purpose of this Study	Status of Implementation of Mental Healthcare Act, 2017				
		As per the information submitted on	State Mental Health Authority	State Mental Health Review Board	State Mental Healthcare Rules	State Mental Healthcare Regulation
Rajasthan	Mental Hospital (Psychiatric Centre), Jaipur, Rajasthan Mental Hospital, (Psychiatric Center), Jodhpur, Rajasthan	13/12/2022	Under Process	Under Process	Under Process	Under Process



The Institute of Psychiatry & Human Behaviour (IPHB), Panaji

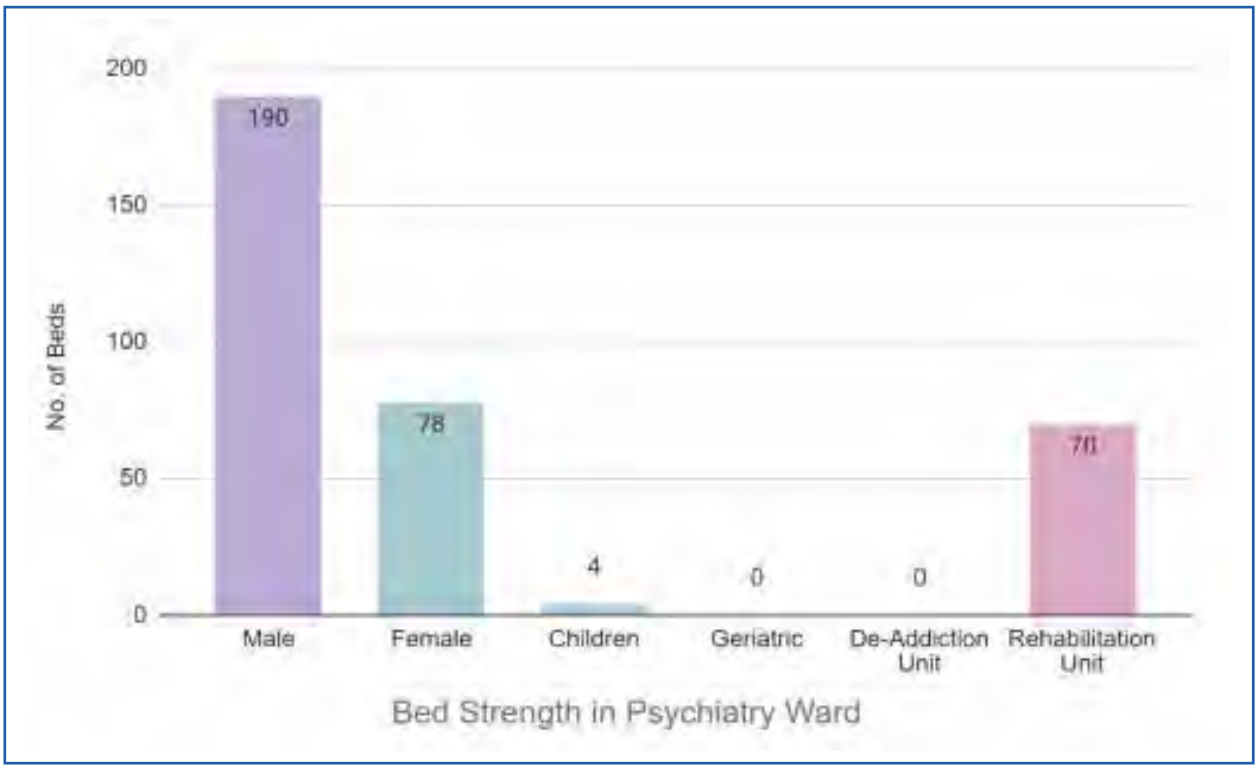
Goa

The Institute of Psychiatry and Human Behaviour (IPHB) was founded on December 8th, 1980, following the merger of the Mental Hospital, which had been operating under the Directorate of Health Services since July 1957, and the Department of Psychiatry of the Goa Medical College, which had been in operation since 1968. On May 28th, 2001, the IPHB moved from Altinho, Panaji, to a newly constructed location measuring 27.6 hectares of land next to the tertiary care hospital and college, Goa Medical College, in Bambolim, Goa.

Mr P. N. Dixit, Special Rapporteur, NHRC, visited the institute on **December 1st, 2022**. In his report, he has underlined various challenges facing the institution. The institute lacks a geriatric and de-addiction unit. However, child clinics are conducted twice a week. Additionally, there is a separate adolescent ward for in-patient care. Further, disability certification for conditions like Autism Spectrum Disorders, Intellectual Disability, and Specific Learning Disorders is carried out in liaison with schools across the State.

IPHB caters to many foreign patients from countries such as Russia, Italy, Kazakhstan, the United States, and Japan. The families and embassies of the patient's respective nations are notified in time for necessary actions. Given the frequency with which foreigners are admitted to the institute, it may be recommended that the Professor and HOD meet with Foreign Regional Registration Offices (FRRO), Goa, once a month to evaluate the cases of foreigners.





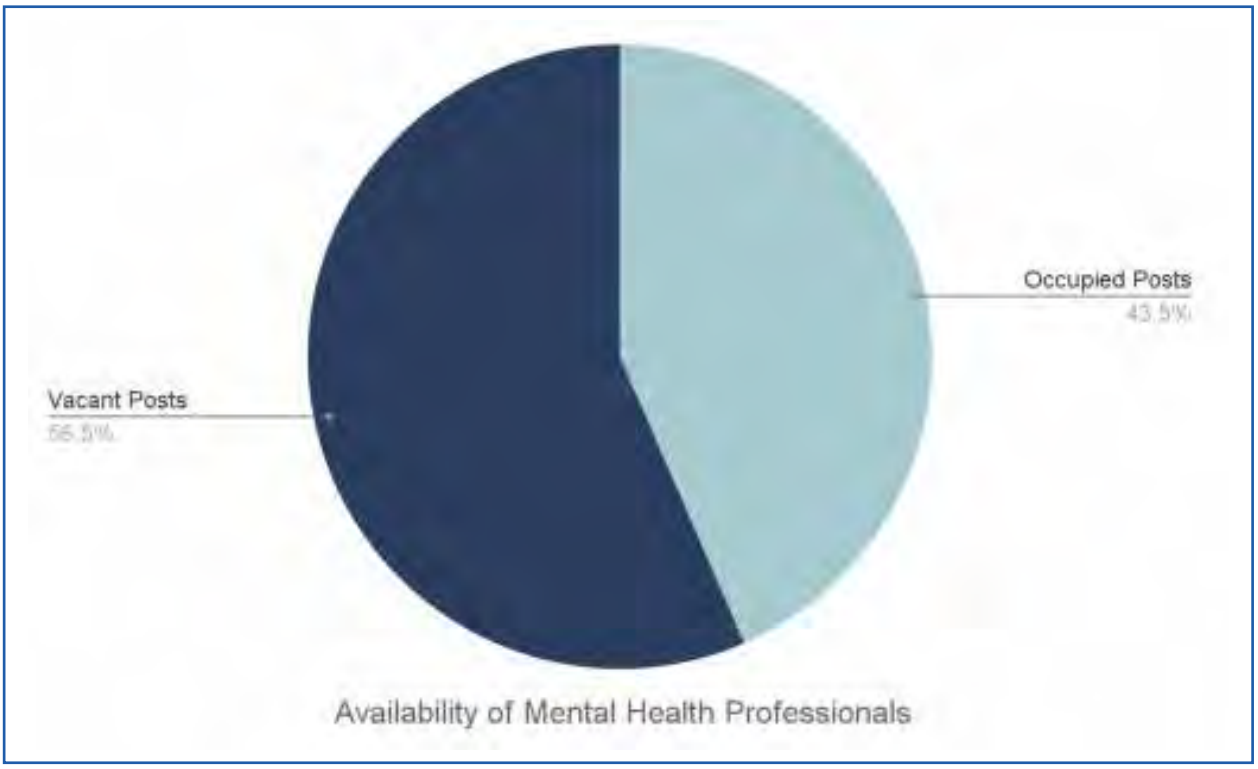
The number of patients fit to discharge on the day of the visit was 57. Besides this, there were 04 recorded deaths in 2021-22.



The graph shows that there are 31 patients staying in the hospital for more than a year, 64 patients staying for more than five years, and 57 patients staying even after their recovery because their families have refused to accept them back.

Despite the workload, especially in clinical/ medico-legal/ disability evaluation, mental health professionals are severely lacking.

Although, proposals for filling up the posts of Clinical Psychologists on a regular and contractual basis have been sent to the Government. Similarly, proposals have been sent for filling the posts of Lecturers and Faculty for M. Phil in Clinical Psychology courses on a regular and contractual basis. In summation, there are around 13 vacant positions against 23 sanctioned posts at the Institute.



The graph shows that almost 57% of the posts are vacant in the hospital.

Besides this, patients are provided clean linen and essentials such as undergarments, hygiene items, etc. Patients are given meals five times daily, and variations are made under the dietitian's supervision. Likewise, the Aadhaar cards of patients are made through periodic camps.

The Institute provides free medicines to all admitted patients and access to essential medicines to the out-patients. In addition to this, IPHB takes care of the patients who seek physical healthcare, including dental services from the affiliated Medical and Dental College, on a daily basis. Those needing admission are accompanied and cared for by IPHB staff during their stay at the medical college. Also, the institute has the facility of ECT, and an in-house anaesthetist is available to provide the same to the patients. However, the institute is not affiliated with the District Mental Health Programme (DMHP), which would have assisted the hospital in various ways, particularly in augmenting institutional capacity, raising

There is a severe **lack of** clinical psychologists and other **mental health professionals**. The institute is functioning without a full-time Director.

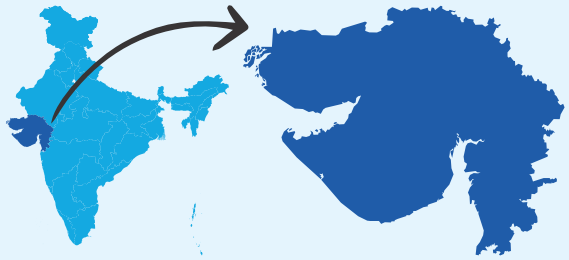
community awareness, and integrating mental health into other relevant programmes.

Moreover, the District Legal Aid Services makes free legal aid services available. Despite the institute's current deficiencies, IPHB is making efforts at community awareness, such as organising talks at Primary Healthcare Centres (PHCs), panchayats, and schools. In addition, many patients have been rehabilitated at the Provedoria Center under the Government of Goa, which has been set up as a halfway and nursing home. Recovered patients are shifted to these centres periodically. So far, 66 patients have been shifted into their care. The institute employs a multi-disciplinary team approach to ensure that the patients receive comprehensive care and support that extends to their respective families. Further, the Institute facilitates visits to the patient's homes to ensure a smooth rehabilitation of the patients.

It has also been reported that the institute plans to complete a 100-bed project by the fiscal year 2023-24, which will include two general wards (male and female), two geriatric wards (male and female), two wards for children (male and female), a psychiatric ICU for acute suicidal cases, two wards for mentally ill prisoners (male and female), and two ECT wards as well as Lecture Halls and offices for M. Phil in Clinical Psychology, M. Phil in Psychiatric Social Work and Post Basic Diploma in Psychiatric Nursing.

Furthermore, the daycare centre project, which will house various recreational activities for psychiatric patients, is under construction at IPHB and will be ready by the fiscal year 2023-24.

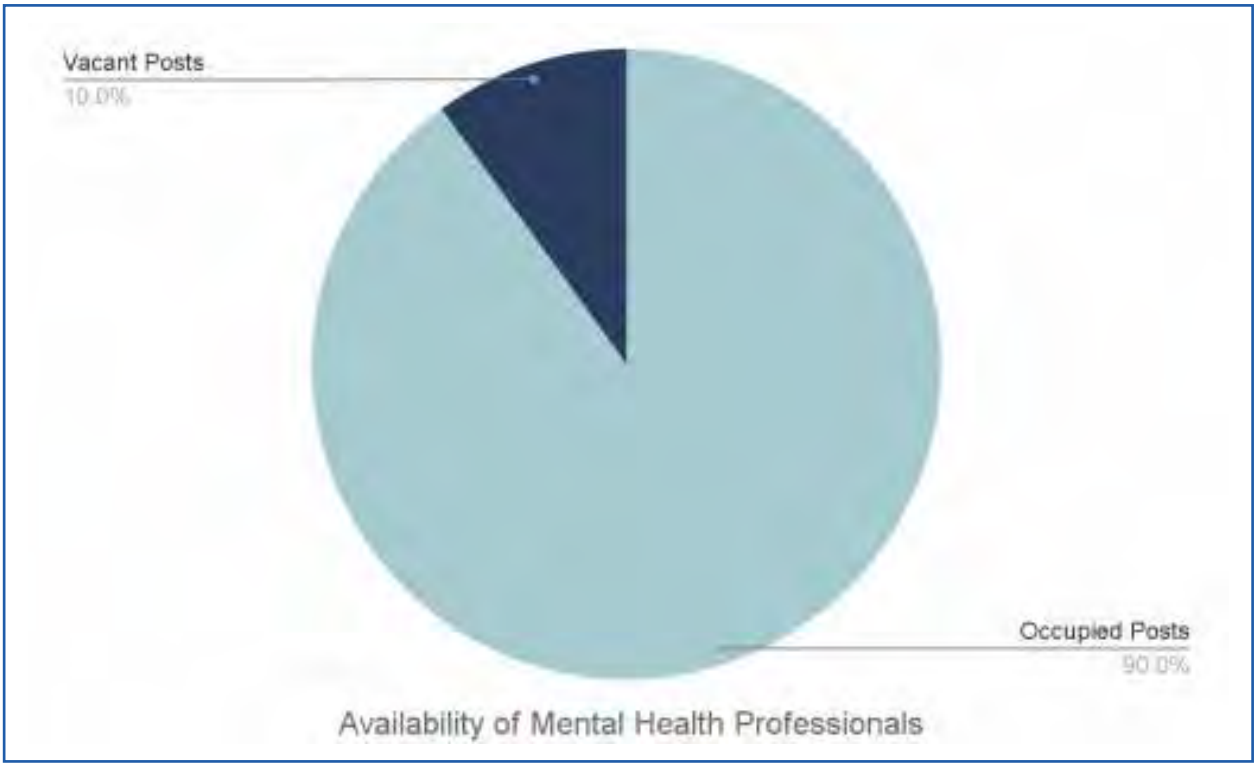
Additionally, a sewage treatment plant for the upcoming infrastructure projects in IPHB, which is in the completion stage, has been approved by the Government. The Government has also approved an 11 KVA Electric Sub-Station to power all infrastructure projects in IPHB, and the same is also scheduled to be completed by the fiscal year 2023-24.



The Hospital for Mental Health, Bhuj
Gujarat

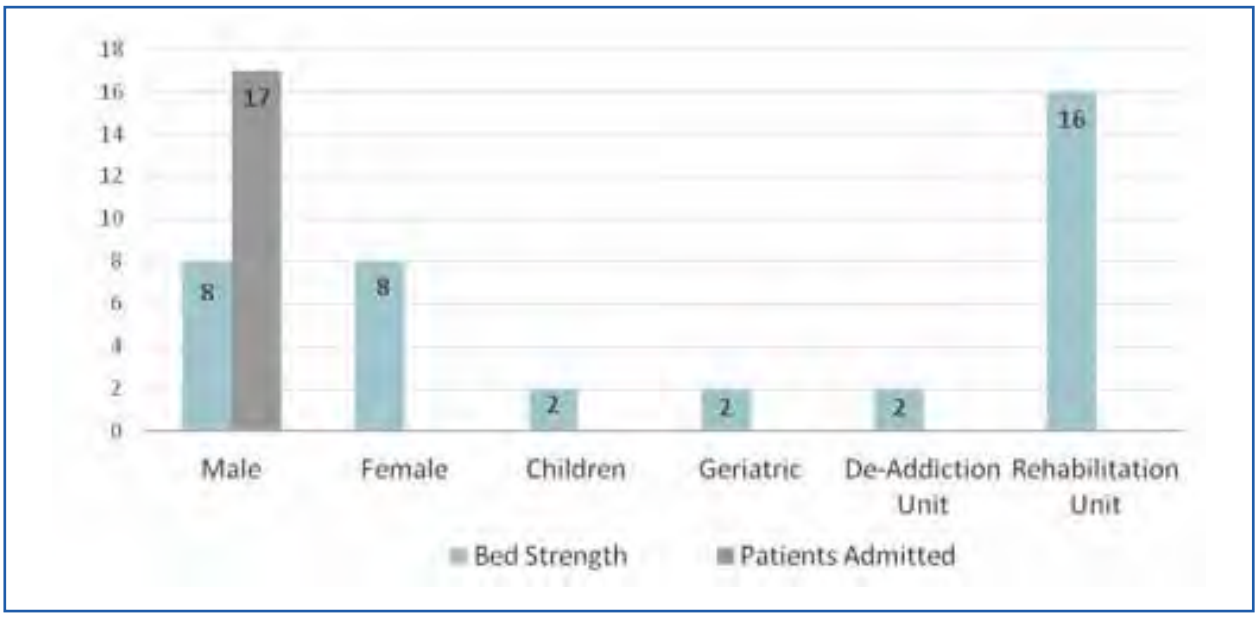
The Hospital for Mental Health, Bhuj, is a Government Hospital located in the heart of Bhuj City. It is housed in a newly constructed three-storeyed building on a plot of 4,800 sq. mt. It moved to the current location on May 1st, 2023. This new building has been built with a view to the future expansion plan of the in-patient department.

Mr Akhil Kumar Shukla, Special Rapporteur, NHRC, visited the hospital on **December 19th, 2022**. In the report, he has underlined the challenges faced by the hospital.



The graph shows that almost 10% of the posts are vacant in the hospital.

There are 40 sanctioned positions and 36 occupied positions. The only vacant positions involve two guards and two nurses. However, the hospital is operating at an adequate level of staff capacity, including a sufficient number of psychiatrists, medical officers, clinical psychologists, and attendants.

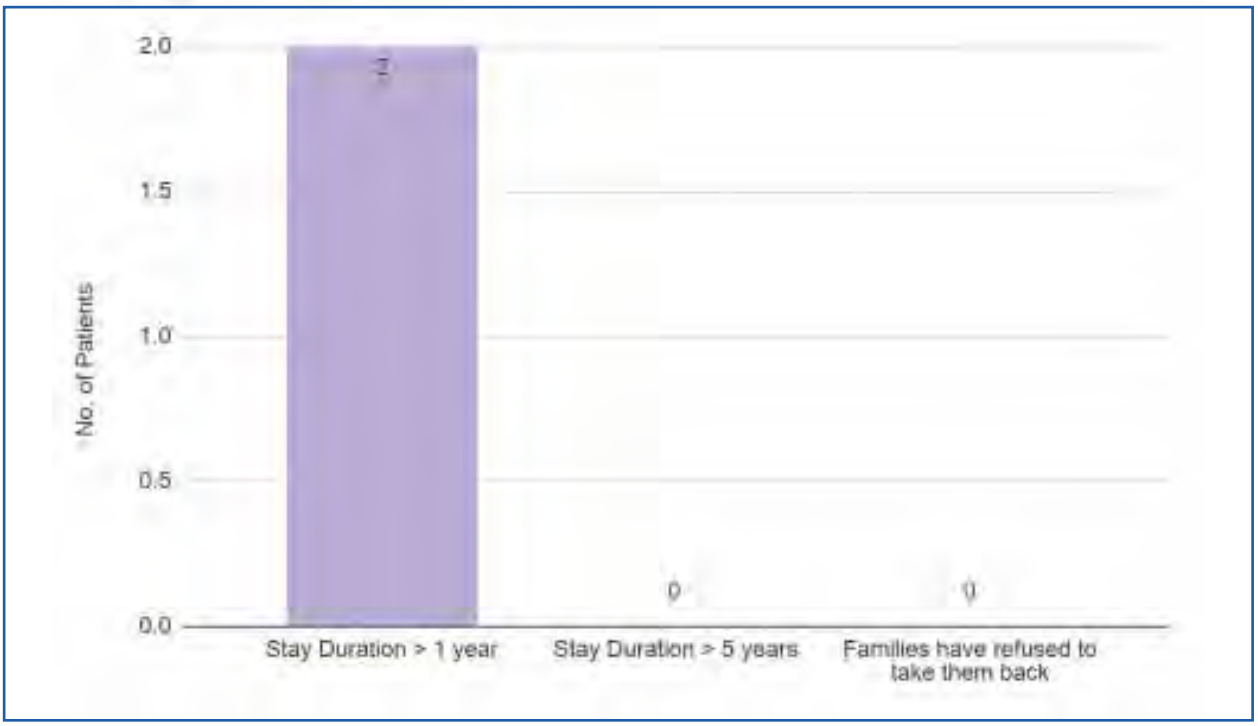




As per the observations of the Special Rapporteur, the hospital frequently faces overcrowding, especially in the male wards, due to the scarcity of beds. The bed strength of the male ward is 08, and the number of patients admitted is 17. The patients' rights were not displayed in the wards, as mandated by the Mental Healthcare Act, 2017.

In terms of facilities, the hospital has ECT services. However, it does not have an anaesthetist available for administration. Further, the institute has emergency services and investigation & laboratory facilities, including psychological testing. The mean duration of stay for a patient is 90 days.

The hospital frequently faces **overcrowding** and **scarcity of beds**.

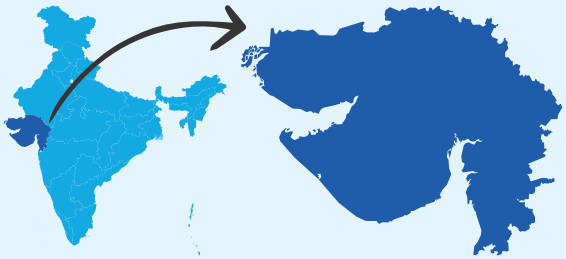


The graph shows that there are 02 patients staying in the hospital for more than a year, 0 patients staying for more than five years, and 0 patients staying even after their recovery because their families have refused to accept them back.

The hospital is not involved with the District Mental Health Programme (DMHP), which would have assisted the hospital in conducting awareness-related activities to reduce the stigma related to mental health problems. However, there is provision for rehabilitating patients through halfway homes or sheltered and supported accommodations.







Hospital for Mental Health, Jamnagar
Gujarat

The **Hospital for Mental Health, Jamnagar,** was inaugurated in 1959. In 1984, a new structure was the structure of the hospital was constructed at its current location.

Mr Akhil Kumar Shukla, Special Rapporteur, NHRC, visited the aforementioned hospital on **December 21st, 2022**. In his report, he has outlined the various challenges facing the institution. Currently, the Director/ Medical Superintendent of the hospital is not a Psychiatrist.

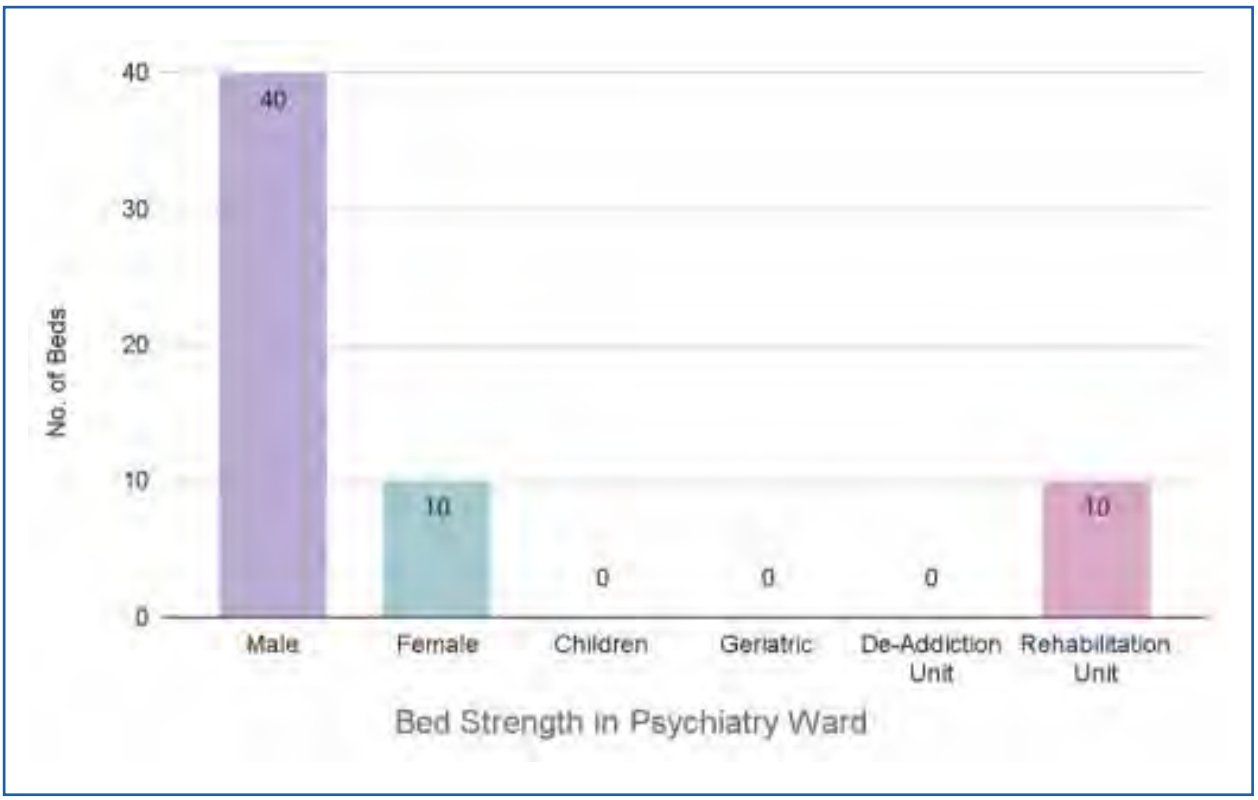
The hospital's building is approximately thirty-eight years old, yet the architectural structure allows sufficient sunlight and ventilation. It contributes to the patient's quick recuperation by providing fresh air and positivity.

The amount spent on providing meals to the patients is Rs. 48.6, which is inadequate to ensure a nutritious and balanced diet.

In terms of bed strength capacity, the hospital does not have separate beds for the geriatric and children in the psychiatry ward, and there is no availability of halfway homes and sheltered accommodation. However, new rooms are being constructed in the hospital to increase the intake of patients.



The hospital was designed to accommodate 300 beds, but has **only been authorised 50 beds** in the patient department. The hospital requires a greater capacity for accommodations as it is currently **overwhelmed**.

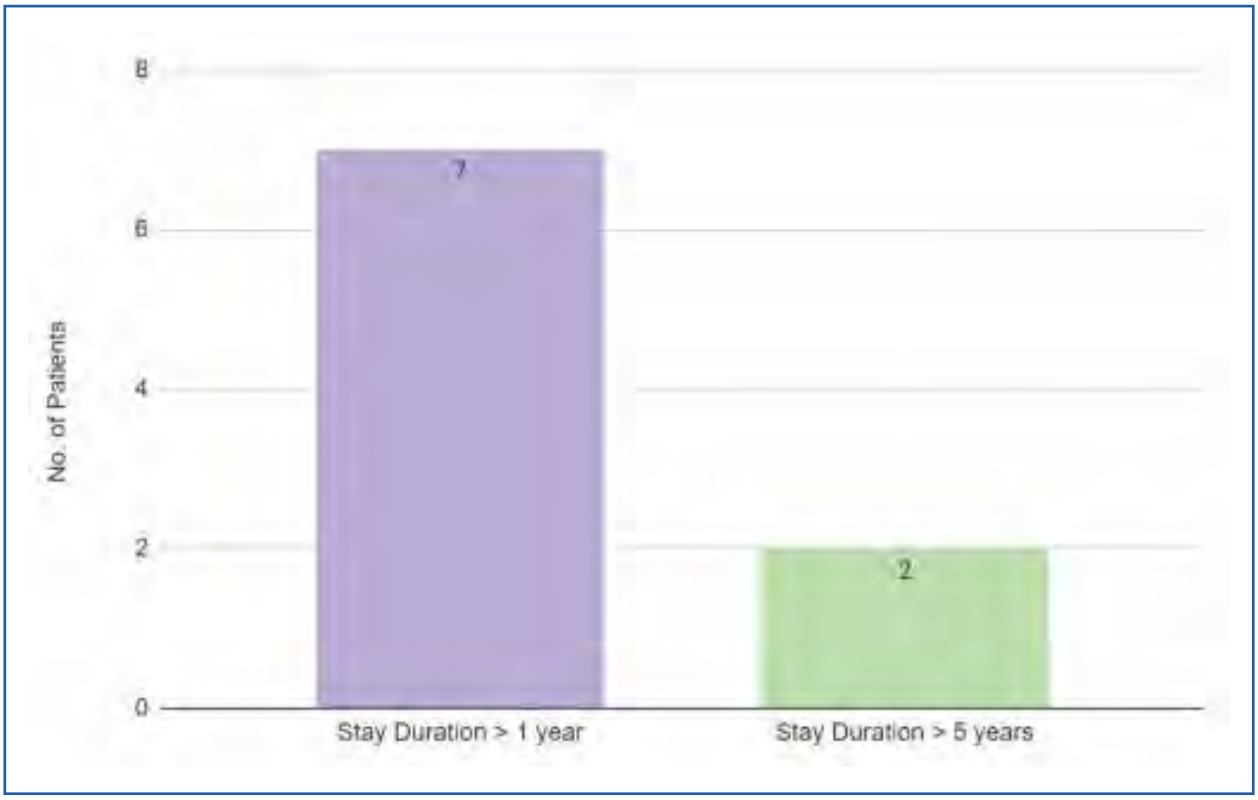




There are vacancies of 05 posts out of the sanctioned 44 posts. As per the report by the Special Rapporteur, there is no permanent staff for the posts of psychiatrist and medical officers. In light of the overcrowding that the hospital frequently experiences, it was noted that the strength of the psychiatrists engaged in the hospital needs to be raised. In addition, the hospital's kitchen is not functional due to the lack of engagement of any cook, leading to the outsourcing of meals and a lack of access to nutritious and healthy food for the patients. Additionally, the posts of Resident Medical Officer (RMO) and Administrative Officer, remain vacant.



The graph shows that almost 12% of the posts are vacant in the hospital.



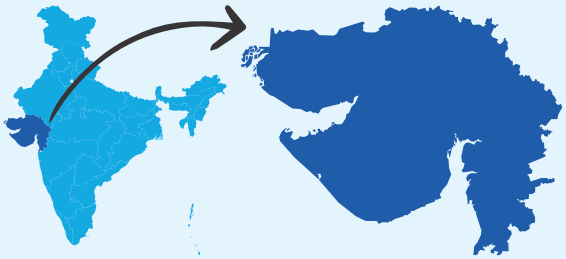
The graph shows that there are 07 patients staying in the hospital for more than a year and 02 patients staying for more than five years.

Concerning mental health services, the hospital currently does not provide any mental health services to support families of persons with mental illness. Further, the hospital has not conducted any mental health outreach services.

The hospital has been very active in running community awareness generation programmes and closely coordinated with 09 NGOs and 02 hospitals. Moreover, the hospital has identified certain community support groups as caregivers for effective rehabilitation and resettlement of persons with mental illness. Additionally, a Rehabilitation Centre was established at the hospital in 2004, but no Occupational Therapist has been engaged since 2007, and a Psychiatry Social Worker has been taking care of the Centre. However, it was observed that the activities conducted at the Centre had seen a setback since the pandemic and need to return to their former pace.

The hospital has been making sincere efforts to ensure that the patients have a vibrant and happy environment. The doctors and the staff are very involved in organising recreational activities, including cultural programs conducted in an 80-seat auditorium. Festivals such as Diwali, and Raksha Bandhan, amongst others, are celebrated in the hospital. Sports activities are also conducted for the patients at the hospital. The patients have also been taken to participate in sports day celebrations at mental health hospitals in Ahmedabad and Baroda. For the entertainment of the patients, the hospital also has TV, stereos, home theatres and other musical instruments to contribute to a friendly and lively environment at the hospital and aid in the speedy recovery of the patients.

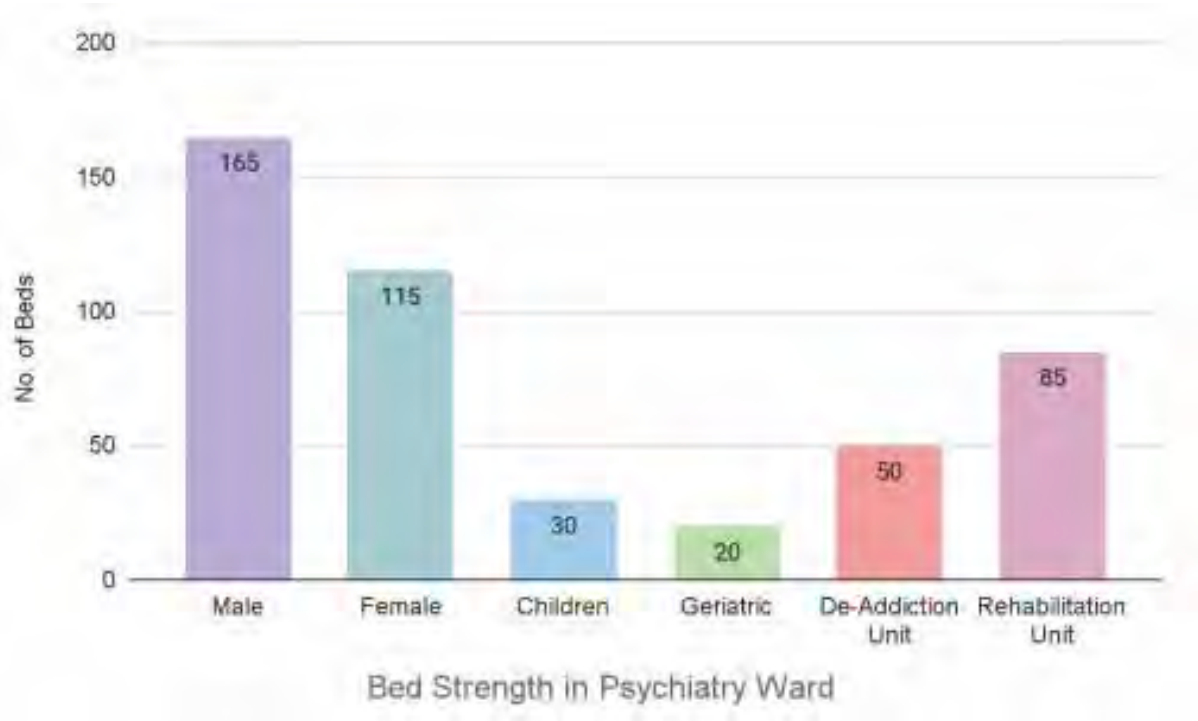




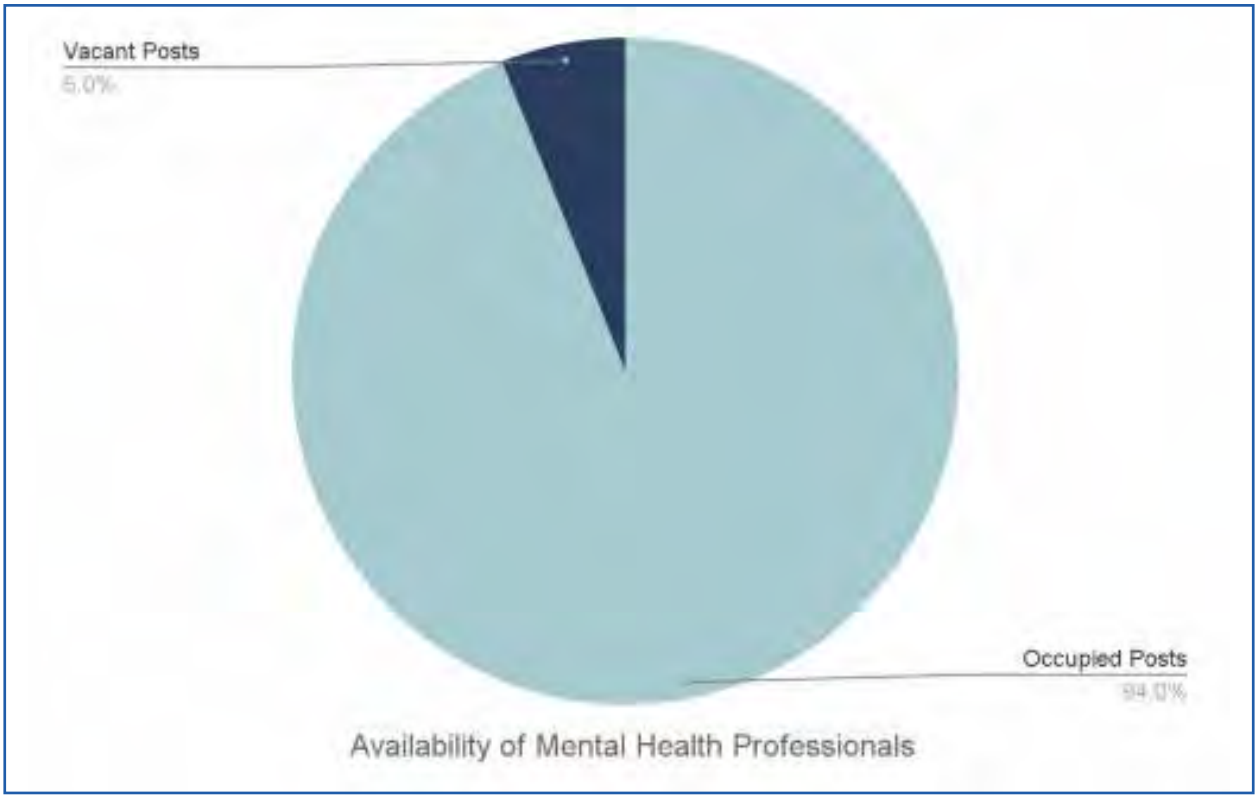
Hospital for Mental Health, Ahmedabad
Gujarat

It was the first mental health hospital the British Government set up and inaugurated on January 6th 1863. National Accreditation Board for Hospitals & Healthcare Providers (NABH) has also recognised and certified the **Hospital for Mental Health, Ahmedabad**. Three departments function at the Institute - the Department of Psychiatry, the Department of Clinical Psychology, and the Department of Psychiatric Social Work.

Mr Mahesh Singla, Special Rapporteur, NHRC, visited the hospital on **December 17th, 2022**. In his report, he has outlined several issues and the hospital's best practices.



The hospital does not fall short in terms of its availability of separate units for various departments and treatments. There is a separate rehabilitation unit with a capacity for 85 patients. There is a designated room for psychological testing. Likewise, there is even a family ward that is functional within the premises where the family members of the patients are allowed to stay with the patient. Besides this, the hospital also has a separate ward for occupational therapy which gives the patients the required help to identify their skills or likes and dislikes in terms of activities which may later become their source of livelihood. Additionally, every ward of the hospital has a



The graph shows that almost 6% of the posts are vacant in the hospital.

There is **no boundary wall** around the campus to prevent the patients from escaping

separate room equipped with an oxygen cylinder, a suction machine, a crash cart with emergency medicines for emergency medical treatment, and 24×7 available emergency services. A new mother and child care ward with a 30-bed capacity and a de-addiction centre ward with a 50-bed capacity has become functional from February 2023. Although the building requires annual maintenance, it is awaited since the proposal is pending sanction.

The hospital lacks an appointed radiologist and radiologists from medical colleges are consulted virtually to prepare CT scan reports.

Lab tests such as medical, psychiatric and psychological treatments are conducted free of cost. Facilities for routine blood tests, EEG and routine clinical tests are available on campus. All the tests are carried out in the NABL (National Accreditation Board for Testing and Calibration Laboratories) accredited lab with which the hospital has an MoU (Memorandum of Understanding). The hospital is disabled-friendly, with wheelchairs, stretchers and OPD blocks for disabled patients.

In terms of hygiene, overhead tanks and a sump of water are cleaned every month. The water is examined for portability and bacteriological testing at the district laboratory of Gujarat water supply and sewage board, Ahmadabad. The inspection committee checks the food prepared for cleanliness, hygiene and the required nutritional value on a regular basis. It was awarded the Kayakalap Award for sanitation and hygiene services for four consecutive years.

The hospital has implemented the National Tele-Mental Health Programme in compliance with the relevant rules and government schemes. The OPD

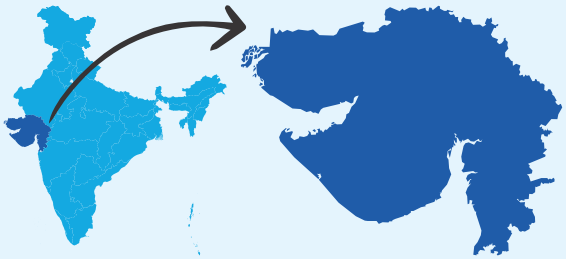


has a helpline for wandering mentally ill patients and receives 09 to 10 calls on average. Proper advertising by distributing the helpline facility's pamphlets has helped bring mentally ill patients a step closer to proper treatment and care. For HIV tests, the hospital sends the patients, after proper counseling per the National AIDS Control Organization (NACO) guidelines, to the civil hospital in Ahmedabad. Although, the hospital faces a scarcity of funds to ensure the smooth functioning of all initiatives and programs and daily activities.

The hospital is active in conducting regular awareness and outreach activities. Awareness programs conducted by the hospital include exhibitions, health *melas*, Information Education and Communication materials, psycho-education, awareness camps, roleplay, short films, community camps, psycho-education and videos. The hospital has collaborated with NGOs to work with patients with multiple disabilities and implemented a project for mental disorders in Community-Based Rehabilitation Model.

The hospital is currently running the Aadhar Helpline for wandering mentally ill patients, Home Again Project (housing with supportive services for people with mental illness requiring long-term admission or care), Peer Support Volunteers (interaction between recovered patients and patients admitted to the hospital), Quality Rights Project, SATHI (self-help group of family caregivers) and Maitri Group. In collaboration with NGO, the hospital works actively with patients with multiple disabilities and implemented a project for Mental Disorders in Community-Based Rehabilitation Model. It also provides training to its workers regarding mental health issues, creates awareness, creates support groups, and vocational and occupational training for indoor patients. This model has collaborated with the Blind People Association in 04 districts with 05 blocks to organise camps after screening by trained field workers. After their diagnosis and certification, various NGOs have contributed to the continual community care integrated with the Hospital. The hospital has also contacted some companies to take the products made by mentally ill patients to ensure earnings for the rehabilitated patients.

The hospital has developed the concept of '*Dava and Dua*' to link ancient Indian beliefs that Dava *(Medicine)* & Dua *(Prayers)* together cure problems faster. '*Dava & Dua*' is a unique concept of providing current scientific mental health services and traditional faith healing (safeguarding their religious faith) to the people visiting the Shrines for solutions to psychological and behavioural problems. This effort has assisted people in overcoming the stigma associated with mental health issues by integrating them into traditional religious beliefs. This notion has encouraged people to seek treatment, particularly in the hospital's proximity, and has helped grow a positive discourse concerning mental health issues.

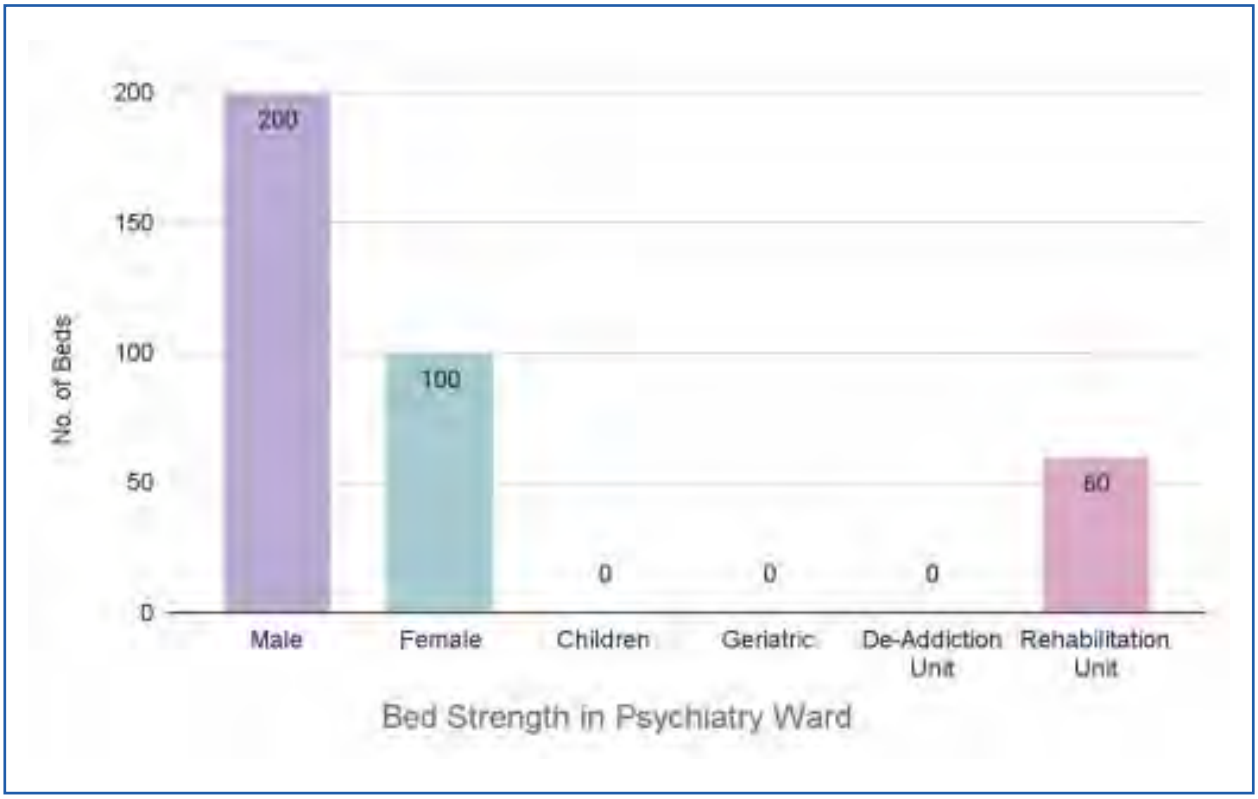


Hospital for Mental Health, Vadodara
Gujarat

The Hospital for Mental Health was inaugurated in 1960. Four departments are functioning at the hospital: the Department of Psychiatry, the Department of Clinical Psychology, the Department of Psychiatric Social Work and the Department of Occupational Therapy & Rehabilitation.

Mr Mahesh Singla, Special Rapporteur, NHRC, visited the hospital on **December 20th, 2022**. His report has outlined several issues and the hospital's best practices.

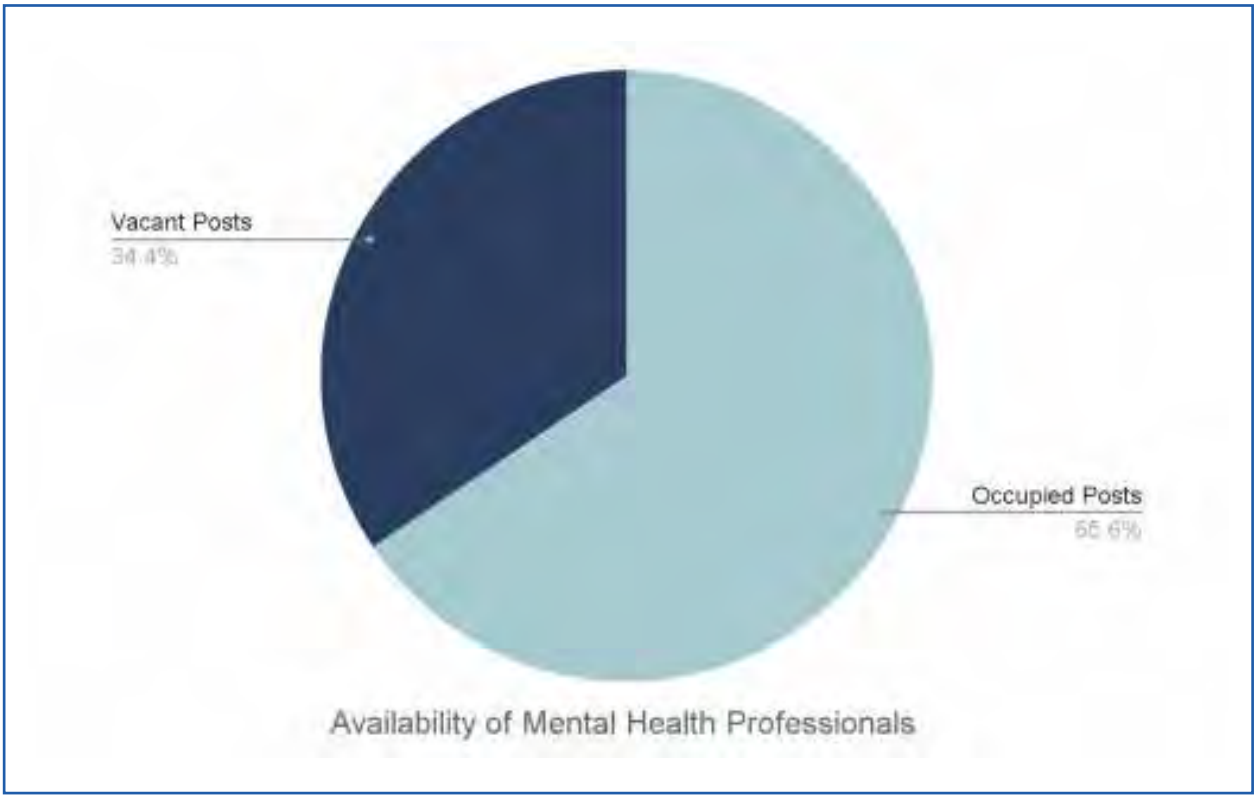
The building is old and is in a dilapidated condition. The wards are of old construction and do not have proper ventilation and lighting. The rooms of the wards give a gloomy look due to the lack of lighting and proper whitewashing. Overall, the building requires immediate maintenance. Some of the rooms have iron grills in addition to the door, which gives the feeling of a jail cell that is not conducive to the patient's mental health.



Amongst other things, some rooms do not have proper beds, and there is an insufficient facility of fans, coolers, drinking water, toilets and dining facilities. The hospital lacks separate wards for geriatric and child patients and a de-addiction unit; such patients are treated in the open ward. In light of the lack of separate wards for geriatric patients, a proposal has been sent to the Government through Project Implementation Unit (PIU) to construct a Geriatric ward in the Hospital. Additionally, the hospital has a family ward wherein the family members can stay with the patients. The hospital has no provision for halfway- homes, sheltered or supported accommodation. However, the hospital has a separate rehabilitation unit which has a capacity of 60 patients.

The hospital faces an acute problem of maintenance due to **scarcity of funds**.

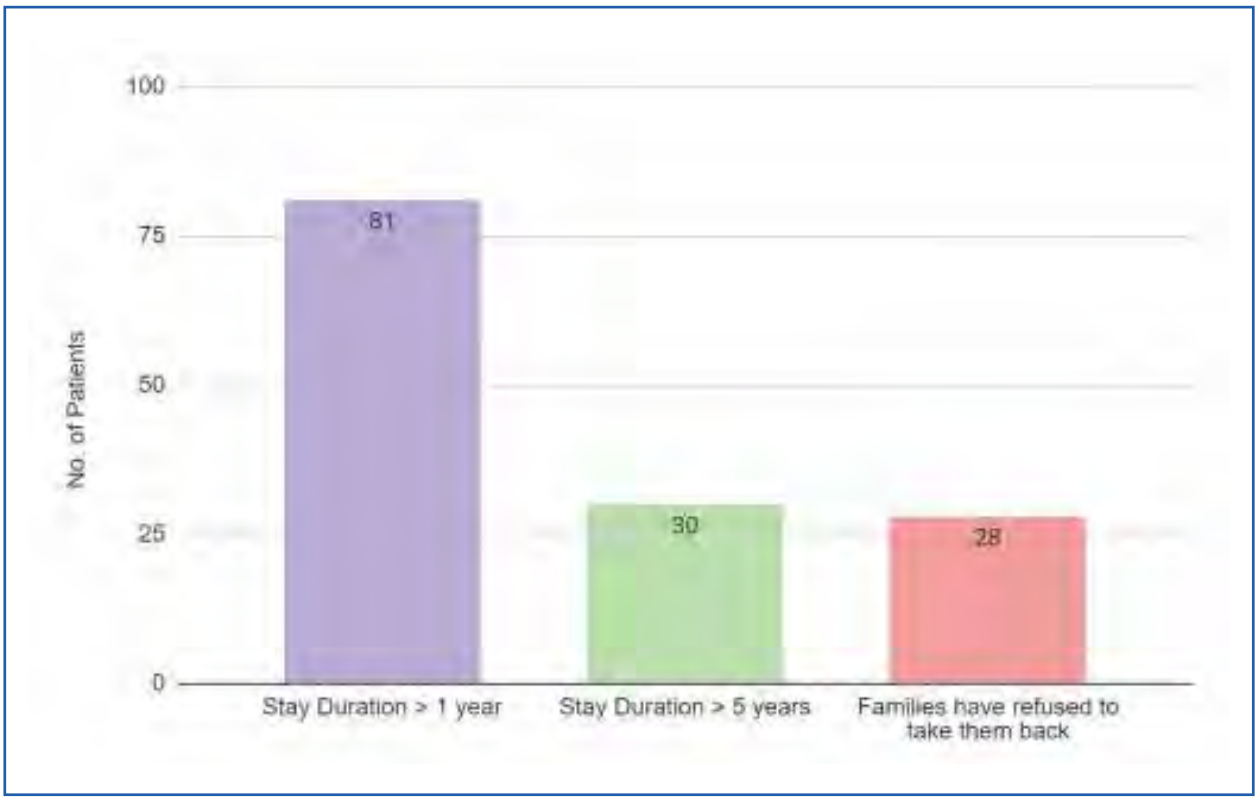
The hospital has 52 vacant positions against the sanctioned 151 posts.



The graph shows that almost 35% of the posts are vacant in the hospital.

On the other hand, the hospital gives a nominal amount of Rs. 5 per hour for doing work of economic value.

There were many adverse incidents with the patients, like assault, injury and abuse in the hospital, and 07 deaths of patients were reported in 2022. Further, National Tele-Mental Health Programme has been implemented but is ineffective due to a lack of publicity. Furthermore, there is no provision for long stays of patients in the district. The hospital is also facing problems integrating mental healthcare with Taluk (Community Health Centre & Integrated Cooperative Development Project), as mentioned in DMHP.

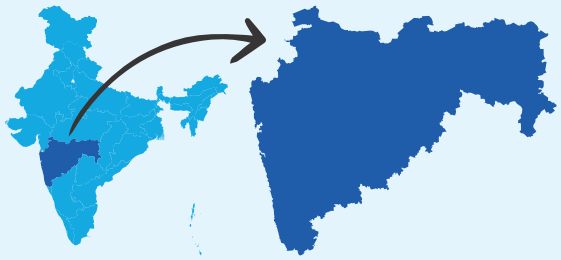


The graph shows that 81 patients are staying in the hospital for more than a year, 30 patients staying for more than five years, and 28 patients staying even after their recovery because their families have refused to accept them back.

The hospital has a separate ward for occupational therapy, and female attendants accompany the female patients till they are in occupational therapy. 24x7 emergency services are available at the hospital, and the latest medicines are provided free of cost to patients & are available throughout the year. The hospital runs programs such as the Aadhar Program for wandering mentally ill patients and Peer Support Volunteers (interaction between rehabilitated patients and patients admitted to the hospital). The hospital has also collaborated with NGO Altruist, which provides accommodation for recovered patients with no families. The hospital regularly conducts disability assessment camps with the Department of Social Security for patients suffering from mental retardation and other chronic illnesses. Residents of the DNB Psychiatry are given an opportunity to work and create awareness through research studies.

The hospital attempts to involve patients in celebrating festivals and activities such as gardening and plantation with the help of male and female patients to help speedy recuperation.

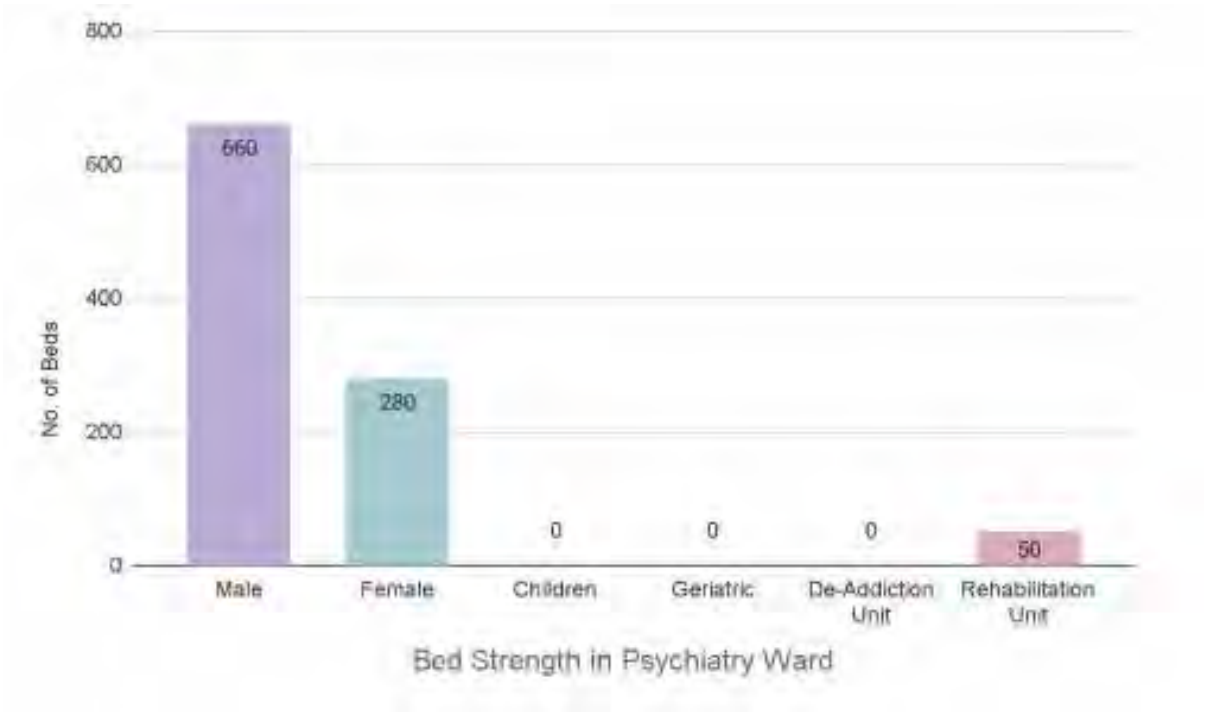
In terms of hygiene, overhead tanks and a sump of water are cleaned every six months. The water is examined for portability and bacteriological testing at the district laboratory of Gujarat. Every ward has a water cooler with intact R.O. systems for drinking water facilities. The inspection committee daily checks the food prepared in the hospital. The kitchen complex meets the standards of hygiene and uses gas as fuel. The patients are provided with three meals of the day, namely, breakfast, lunch and dinner, along with bed tea and evening tea. The food scale has been standardised to ensure wholesome food of the required nutritional value.



Regional Mental Hospital, Nagpur
Maharashtra

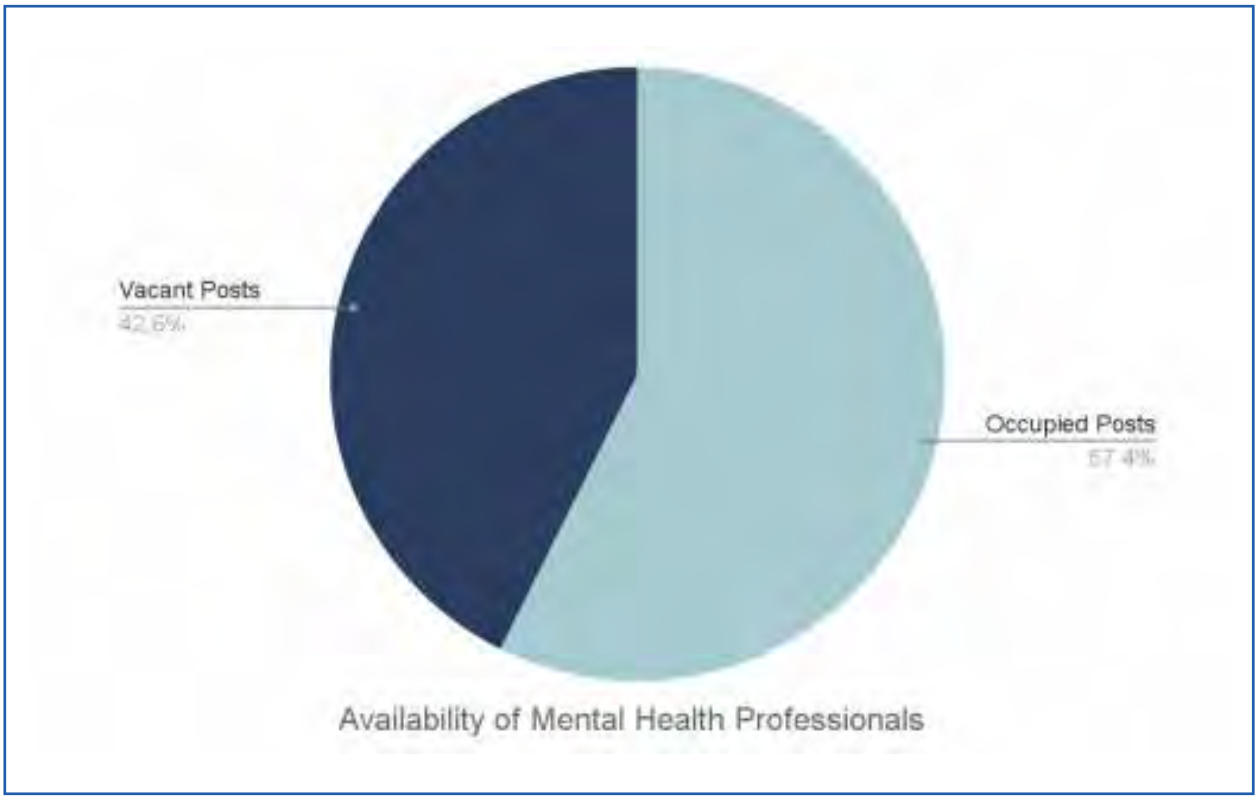
The Regional Mental Hospital in Nagpur was established in 1904. It was one of the oldest mental hospitals, started in 1884 but was then functioning under the pejorative name of 'lunatic asylum'. The hospital slowly transformed with time as an outpatient department was introduced in 1959 and subsequently renamed Nagpur Regional Mental Hospital (RMH). This hospital is now accessed by 50,000 people a year from eight districts of Vidarbha. However, currently, the hospital has no full-time Director.

Mr P. N. Dixit, Special Rapporteur, NHRC, visited the hospital on **December 8th, 2022**. In his report, he has highlighted several issues pertaining to the hospital.



In addition, separate wards for de-addiction centres, children and geriatric patients are required in the hospital. However, the hospital does have a separate rehabilitation unit whose bed strength is 50 beds. Also, in collaboration with RMH private body, namely, the Udan program under Tata Trust, the hospital operates a halfway home at the RMH campus. Here, the patients are provided with a skill-based programme enabling them to become socially and economically self-reliable. On the board's recommendation, these patients are rehabilitated at the community centre. Accordingly, 20 patients have been rehabilitated to date with the help of NGOs and the social welfare department with the permission of the Mental Health Review Board (MHRB). Furthermore, RMH has the facility of legal aid assistance to cater to needy patients.

The **structure of the hospital** is more than a hundred years old and requires renovation on a priority basis.



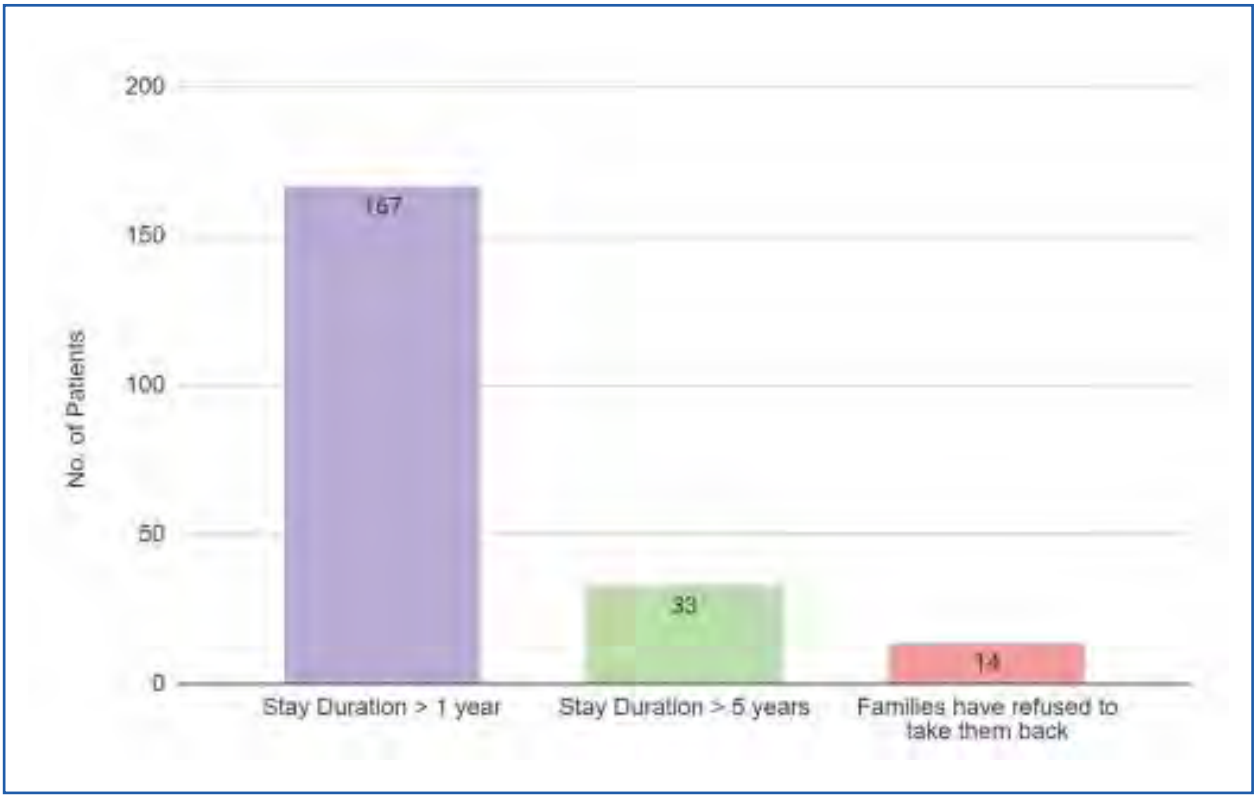
The graph shows that almost 43% of the posts are vacant in the hospital.

The mental health professionals and caregiving staff are given human rights training through the UDAN program of Tata Trust. Essential posts such as that of psychiatrists, medical officers, attendants, nurses, matrons and clinical psychologists are vacant. However, 02 Psychiatry (Doctors of Podiatric Medicine/Doctor of Medicine /Diploma in Neurological Medicine) seats and Psychiatric Social Work (Master of Philosophy/Doctor of Philosophy) seats are under process.

There were 18 recorded deaths in the year 2021-22. Additionally, 18 incidents (adverse events like assault, injury, abuse etc.) were recorded in the

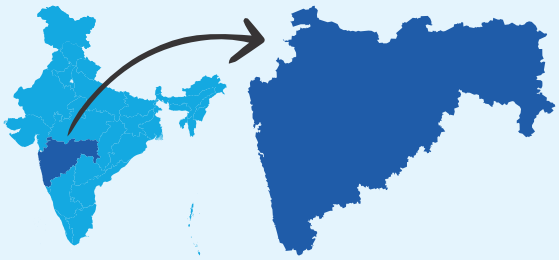
same year. Some patients face a language barrier which obstructs them from receiving few services from the hospital.

Around 29 patients have an intellectual disability but are not having significant behavioural disturbances. The hospital's Medical Superintendent needs to bring these patients to the attention of the Director of the Health Department and other concerned authorities so that they can organise appropriate arrangements with the NGO or shelter home. With the help of KOSHISH NGO, 41 patients were reintegrated with their families and 20 patients were rehabilitated at the community centre in the past year.



The graph shows that 167 patients are staying in the hospital for more than a year, 33 patients staying for more than five years, and 14 patients staying even after their recovery because their families have refused to accept them back.

The hospital celebrates all religious and national festivals and sports events with the patients in the recreational centre to decrease the gap between the patients, their families and society. In addition, the facility of a hair salon for male patients and a beauty parlour for female patients are provided to give them the space to groom themselves. On average, 13 outreach visits were made in a month, including both camp based and at the primary healthcare level. The hospital also organises a camp for AADHAAR registration of patients with no identity proof.



Regional Mental Hospital, Yerawada, Pune

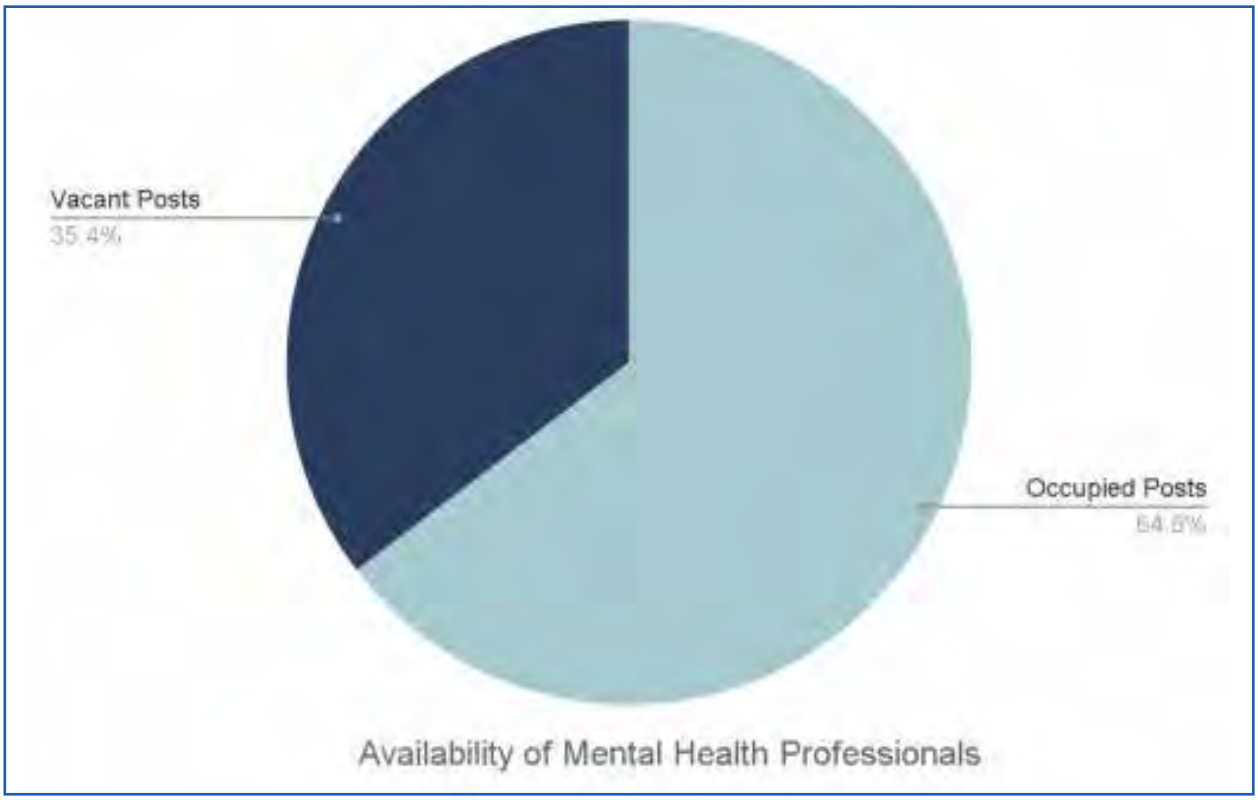
Maharashtra

The Regional Mental Hospital in Pune was established in 1907. Also known as Yerawada Mental Hospital, it is a psychiatric hospital in the Indian state of Maharashtra. It is one of the largest mental hospitals in Asia.

This well-known establishment is a one-stop destination providing services to local patients and from other parts of Maharashtra.

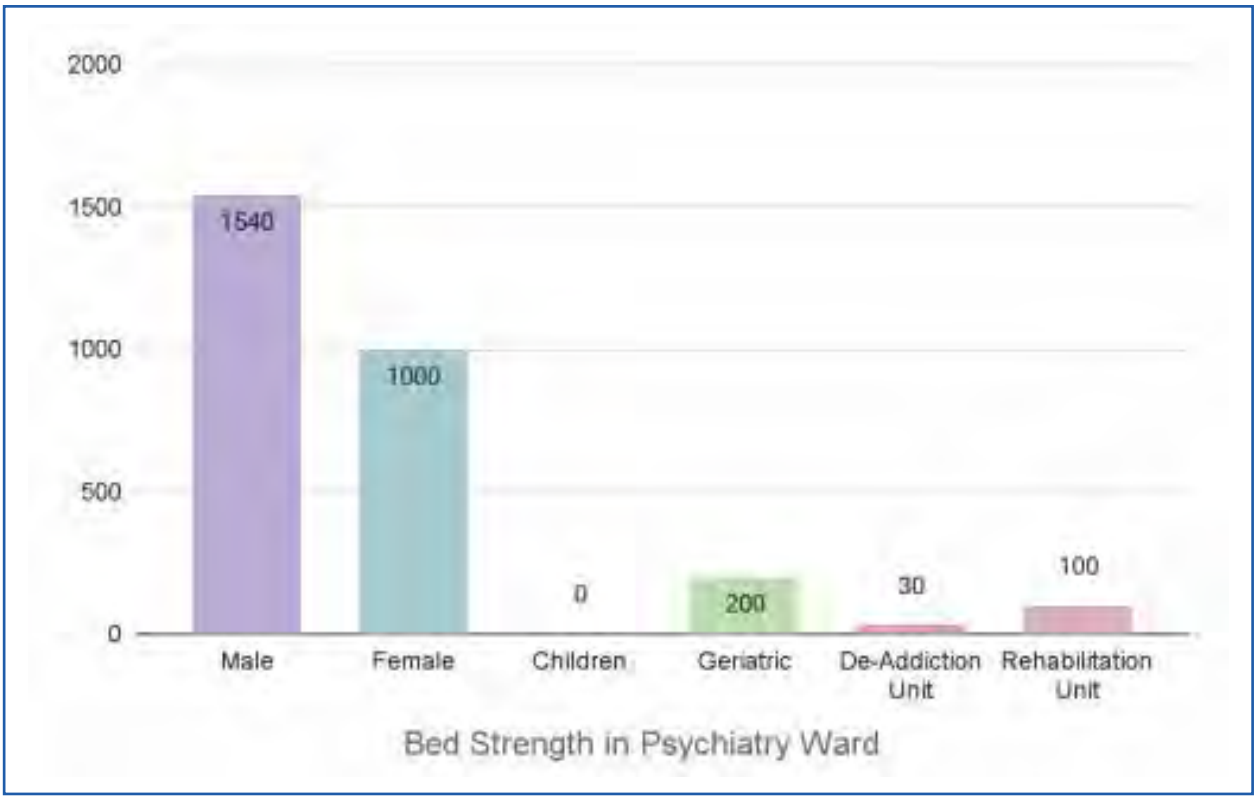
Mr P. N. Dixit, Special Rapporteur, NHRC, visited the hospital on **November 21st, 2022**. In his report, he has outlined several issues pertaining to the hospital.

The hospital has a very high number of vacancies. There are 261 vacant posts against 755 sanctioned posts. Posts, such as staff nurses, psychiatric nurses, and attendants are vacant. There is a dearth of male nursing staff to attend to the patients at night, and it must be posted on priority.



The graph shows that almost 36% of the posts are vacant in the hospital.

Postgraduate seats for Psychiatry, Clinical Psychology and Psychiatry Social Work are awaited at the institute. There is no short-term training conducted apart from the PG training programs. On the other hand, clinical psychologists need to be posted on priority.



The building **requires immediate renovation** as the structure is over 100 years old and **lacks the infrastructure** to accommodate the patients as per the sanctioned strength.

The actual bed strength is less compared to the sanctioned number of beds. There are only 1300 beds against the sanctioned 2540 beds. Besides, for the maintenance of the hospital, the structural audit of the residential quarters of the staff needs to be completed on a priority basis.

Further, certain male and female patients have been certified as fit for discharge, but their families/relatives are reluctant to accept them. The hospital may obtain legal assistance from the Legal Aid Cell through the Good Offices of the Honorable District Judge, who is also the Chairperson of the Visitors Committee and can facilitate the expeditious rehabilitation of patients.

The hospital has a separate unit for rehabilitation and geriatric patients. However, the hospital lacks any provision for halfway homes, sheltered accommodation or supported accommodation, mental health services to support families of persons with mental illness or home-based rehabilitation.



The graph shows that 236 patients are staying in the hospital for more than a year, 360 patients staying for more than five years, and 20 patients staying even after their recovery because their families have refused to accept them back.

The hospital did not organise any trips or visits for patients outside the hospital in 2022. After their treatment, 159 patients had to remain hospitalised for a prolonged period. Additionally, 54 patients with identity proof and 46 patients without identity proof recovered long-stay patients have been hospitalised for more than 02 years.

The mean duration of stay of patients in the hospital is 161 days. There were 40 deaths in 2021-22. Moreover, 10 incidents of adverse events, such as assault, injury and abuse, were recorded in the same year.

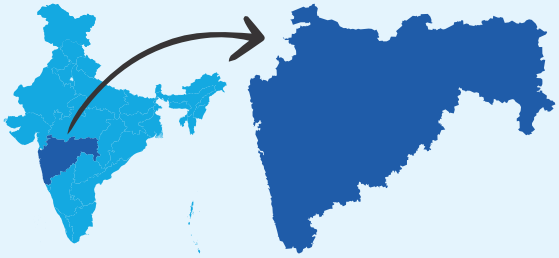
There are 110 male patients and 125 female patients who are intellectually disabled. But currently, there is no arrangement for their rehabilitation in the hospital. However, the occupational therapy department is working to assist in the recovery of patients. Further, the Visitors Committee had directed to discharge 12 male and 06 female patients and to send them to their relatives.

Rehabilitation steps have not been initiated owing to the **inadequacy of funds** for their escorts and other arrangements.

Likewise, Aadhar card could not be procured for 20 males and 23 females and needs to be brought to the attention of the concerned agency to facilitate rehabilitation.

The OPD is managed in a well-organized and systematic manner, and awareness programs in OPD were organised for the caregivers. The hospital has actively made efforts in terms of outreach programs and awareness generation. The hospital organised outreach services in 09 rural hospitals in the district of Pune, which entailed 09 visits per month. However, the hospital is yet to involve itself with the District Mental Health Programme (DMHP).



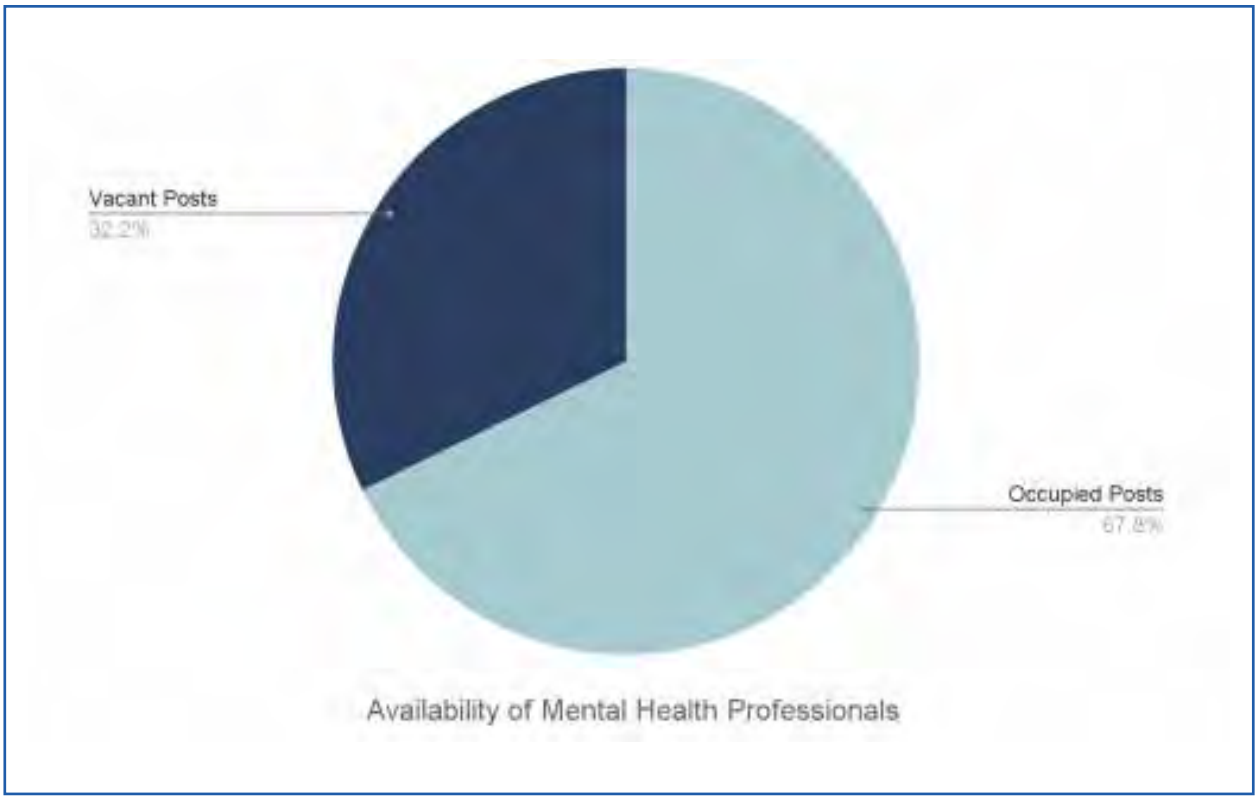


Regional Mental Hospital, Thane (W)
Maharashtra

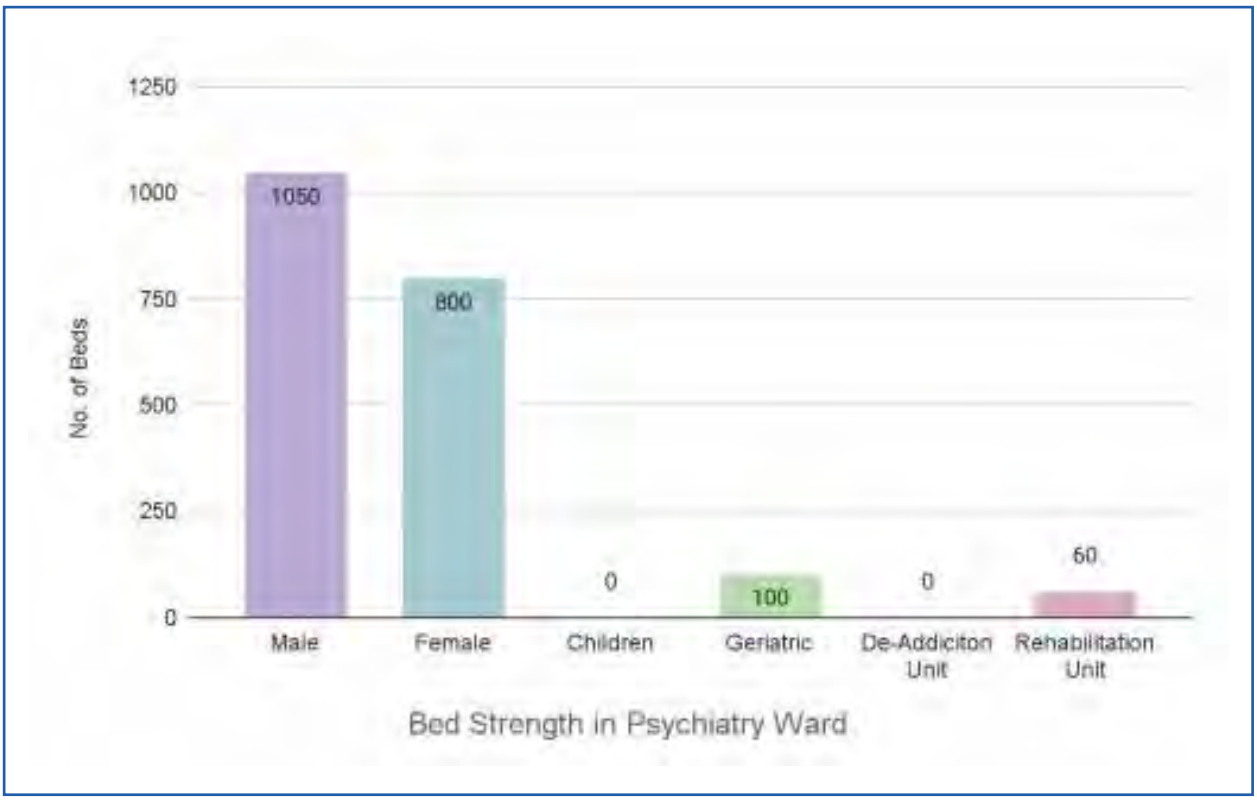
The Regional Mental Hospital was established in 1901. The mental hospital is in a prominent location in Thane West, easily accessible to the general public. The hospital is run by Maharashtra State under the Directorate of Health Services, Mumbai. The hospital provides care to patients in 8 districts of Maharashtra, namely Mumbai, Thane, Raigad, Nashik, Dhule, Jalgaon, Palghar and Nandurbar.

Mr P. N. Dixit, Special Rapporteur, NHRC, visited the hospital on **August 8th, 2022**. In his report, he has outlined the current state of the hospital.

Currently, there is an inadequate ratio of human resources, including psychiatrists, nurses, psychologists, and male and female attendants. There are a high number of vacancies, i.e., 233 vacancies against the sanctioned number of 723 posts, among which are 30 posts of staff nurses, 150 posts of attendants, psychiatrists and clinical psychologists. Further, there is no Director in the Institute.



The graph shows that more than 32% of the posts are vacant in the hospital.



The hospital is over 100 years old, and a large part of it is being acquired by the Railways for their expansion.

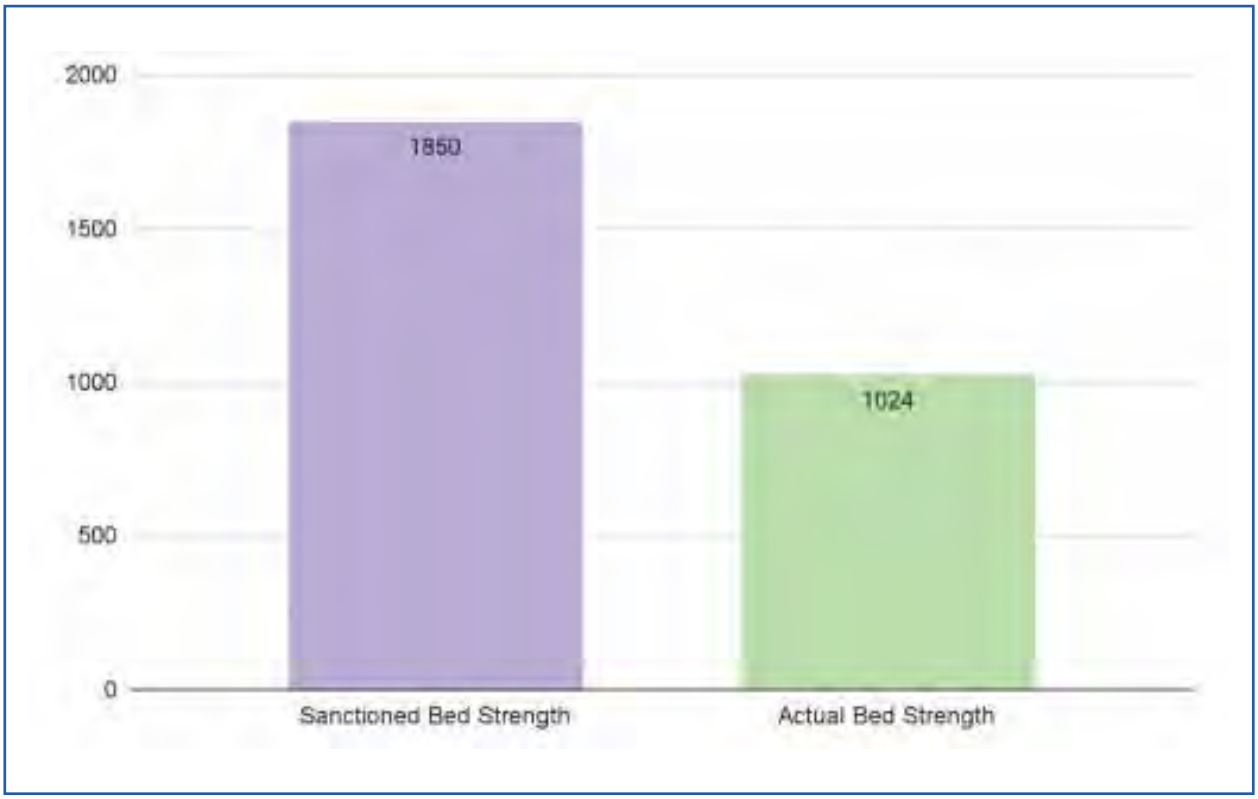
The hospital structure **requires renovation** and specific additions to the existing buildings to accommodate the patients.





There are only 1024 beds against the sanctioned number of 1850. In addition, there is no provision for a separate de-addiction unit or a unit for children. Further, there is no provision of halfway homes/ sheltered accommodation or supported accommodation or provision for mental health services to support families of persons with mental illness or home-based rehabilitation. Furthermore, the hospital lacks the availability of forensic services.

The patient's mean duration of stay in the hospital is 180 days. Further, the hospital did not organise any visits or trips outside the hospital in 2022. There were around 148 adverse incidents of abuse, assault or injury involving the patients. Additionally, there were around 33 deaths in the year 2022. There is a separate rehabilitation unit with 60 beds. However, about 233 long-stay patients are fit for rehabilitation but have not been sent for the same.



The graph reflects that only 1024 available beds are currently available against the sanctioned number of 1850 beds.

The Department of Social Justice has not yet identified any agency or NGO that would accept persons with intellectual disabilities. Moreover, the patients cannot open bank accounts since they do not recall their middle name or surname. Additionally, the hospital is not involved with District Mental Health Programme (DMHP). The Mahatma Jyotiba Phule Jan Arogya Yojana (MJPJAY) has been implemented since 2020 but is facing difficulty in implementation since the patients do not own Aadhar cards and ration cards.



The graph shows that 128 patients are staying in the hospital for more than a year, 144 patients staying for more than five years, and 26 patients staying even after their recovery because their families have refused to accept them back.

There are four NGOs which accept persons, including males and females under 55 years of age, making them self-dependent, and encouraging them to remain engaged using professional skills imparted to them by the hospital. Numerous initiatives are being made to help patients become mentally, physically and professionally competent for integration into society. These include medical care through psychiatric experts, yoga exercises from yoga professionals, and skills by occupational therapists professionals. These skills enable the patients to earn their living after they are discharged. These include tailoring, carpentry, making table mats, artificial flowers, paper bags, screen painting, greeting cards, file making, bookbinding, lamination, rakhi and Diwali lantern making, beauty parlour skills and running tea vending machines. Social workers also visit these patients monthly to monitor their status. Furthermore, medicines are provided to these NGOs for the first two months. In addition, arrangements have been made with NGO Kinara, which accepts persons, including men and women over 55 years





and ensures their rehabilitation. On the other hand, recovered patients who don't have an identity proof are rehabilitated in society with the help of NGO Tarasha.

In terms of services and facilities, the hospital has a separate treatment facility for under-trial and convicted criminal patients. The hospital has 24x7 mental health services which are provided free of cost. There are two separate occupational therapy departments for male and female patients. The hospital organises camps for eye check-ups, cataract detection, and general health check-ups for patients. Further, the hospital conducts Mental Health Education for relatives and patients in OPD twice weekly. In addition, an Alcoholics Anonymous meeting is conducted for drug-addicted and alcoholic inmates twice a month. Recreational activities, such as festival celebrations, are conducted in the hospital regularly. Also, yoga, music therapy, drawing competitions and sports activities are conducted regularly in each ward, and inter-wards competitions are held annually in different sports. Besides this, there are facilities for individual and group therapy, work fitness evaluation, a common recreation hall for male and female patients, a central medical store, an open gym for female patients and a centralised kitchen facility. Amongst other things, radio, television, newspapers and magazines are provided in each ward. There are a total of 02 visits in a month for the purposes of outreach-based services to rehabilitation centres.

In terms of awareness generation, Mental Health Education programmes for different groups like police, jailors, psychology and nursing students etc., are conducted by the hospital. Moreover, mental health exhibitions, role-playing on different mental health issues and lectures in schools, colleges, universities and other public places, viz. courts and bus stations, are imparted by psychiatric nurses. Further, the tele-manas helpline, in collaboration with NIMHANS (National Institute of Mental Health and Neuro–Science), is working 24x7 to provide tele-counseling.

The hospital does not conduct any short-term training programs. However, the Centre of Excellence conducts a Diploma in Psychiatric Nursing. Although, the postgraduate courses in clinical psychology and psychiatric nursing need to be sanctioned and started.

A delegation of the Commission led by Hon'ble Member **Dr Dnyaneshwar Manohar Mulay** also inspected the hospital on **June 21st 2023.**

As per the reports of August, the hospital was in a dreadful condition infrastructure-wise because despite having adequate space, the buildings were of construction of over 100 years with two-storey buildings and some single-storey buildings. A large part of it has also been acquired by Railways for their expansion. A High Court PIL has been pending since 2010 for land handover and encroachment. It is a positive sign that since then, the renovation and reconstruction of the hospital have begun with a three-year plan in 2 phases of construction. The rebuilding has been sanctioned with a budget of Rs. 675 Crore from the government. Three new wards have been constructed, and most inpatients have been shifted to the new wards. These wards are





spacious, clean and have adequate space for free movement of patients. The bathrooms are well maintained and clean as well. Currently, the hospital has more bed strength than the number of patients admitted, making it easier to maintain the new premises. The hospital has enough space to increase its bed strength and incorporate advanced facilities to function on the norms similar to the functioning of NIMHANS. A new state-of-the-art speciality mental health and neuroscience Institute is being built on the existing premises, which could host 3278 patients with modernisation, upgradation, and advanced faculties.

This Institute would house a Daycare centre, Family rooms, advanced Occupation therapy units, Auditorium, a De-addiction centre and a full-function halfway home. It would be in liaison with new upcoming rehabilitation centres across Maharashtra. The state has already allocated the budget, and phase I of the construction has already begun. 40% of the patients are still in old wards. But by September 2023, after the construction of 5 new wards, they will also be shifted to the new wards.

There are 02 main sections in the hospital - Male Section has 3 Units and 13 wards housing about 600 patients and Female Section has 2 Units and 11 wards housing about 400 patients. Each ward has a capacity of 35-50 patients. However, because many current structures are dilapidated, the current bed strength is approximately 1100. There are two medical wards for physically weak patients, one male ward for Criminal patients, two visiting rooms- 1 for male and 1 for female patients and a separate building for Outpatient Department with daily 150 to 200 OPD patients.

There are no clinical psychologists in the hospital, and the housekeeping staff is on a contractual basis. There are vacancies in class 3 and 4 groups majorly. The hospital is in the process of advertisement of the vacancies. The number of vacancies has increased in the past six months from 233 to 258 due to many retirements at various positions.

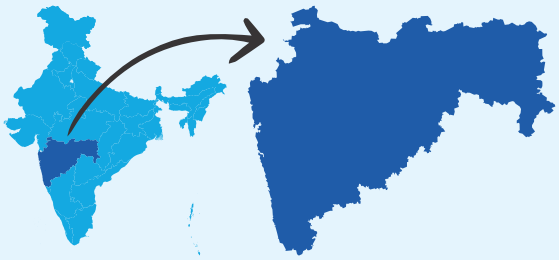
As of 21.06.2023, 300 recovered patients can be discharged, but their rehabilitation has not been successful. Either their families are not ready to receive them, adequate legal aid has not been provided, or rehabilitation homes have not taken them. Since the visit in August 2022 to the inspection day in June 2023, 141 patients have been discharged and rehabilitated to homes.

A dental check-up clinic is established within the hospital. Eye camps are also set up for their optical wellness check-up. Emergency care is available for any walk-in patients or inpatients. There is no clerical staff for 24/7 continuous monitoring of CCTVs. Legal Aid Clinic is functional twice a week. There is only one ambulance and a mobile van available. There is also water shortage in the hospital.

A proper diet chart prepared by the Department of Nutrition is followed regularly. There is one diet committee with eight members, including 1 Dietician and 1 Medical Officer. Thirty-six posts of cooks are sanctioned; however, only 23 are currently working. However, the number of cooks is sufficient to cater to the hospital's admitted patients.

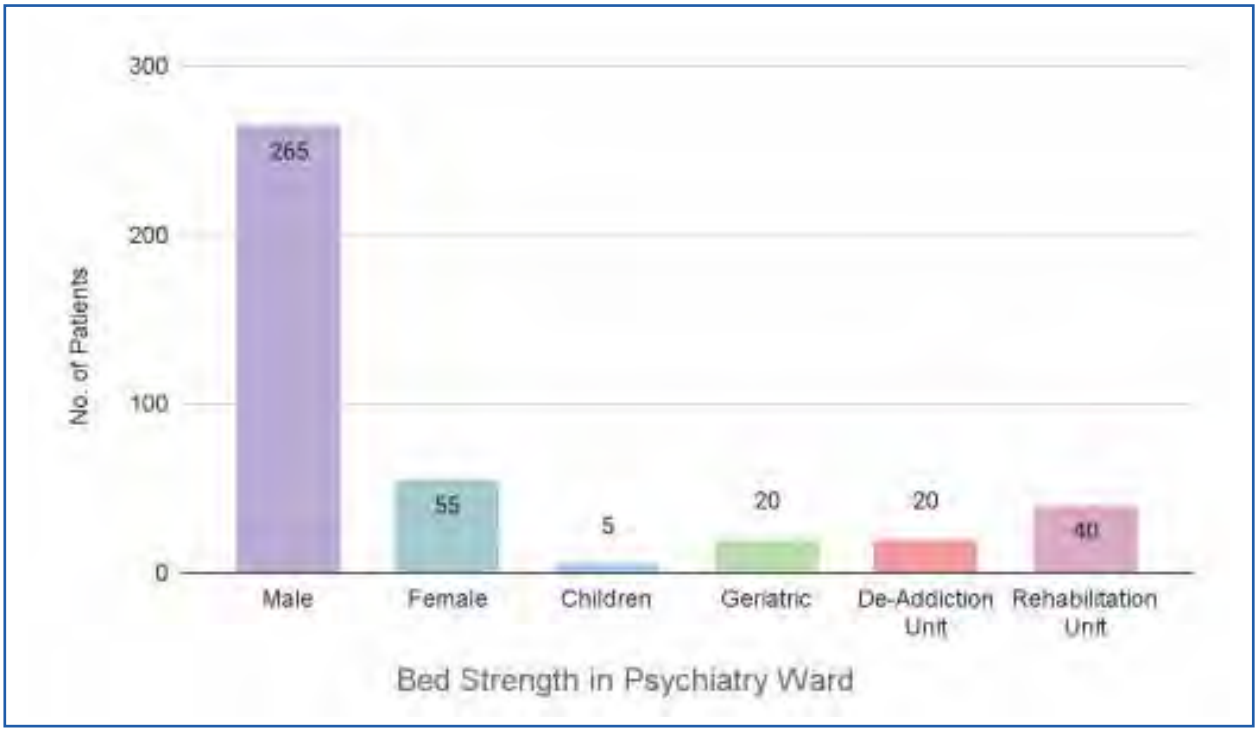






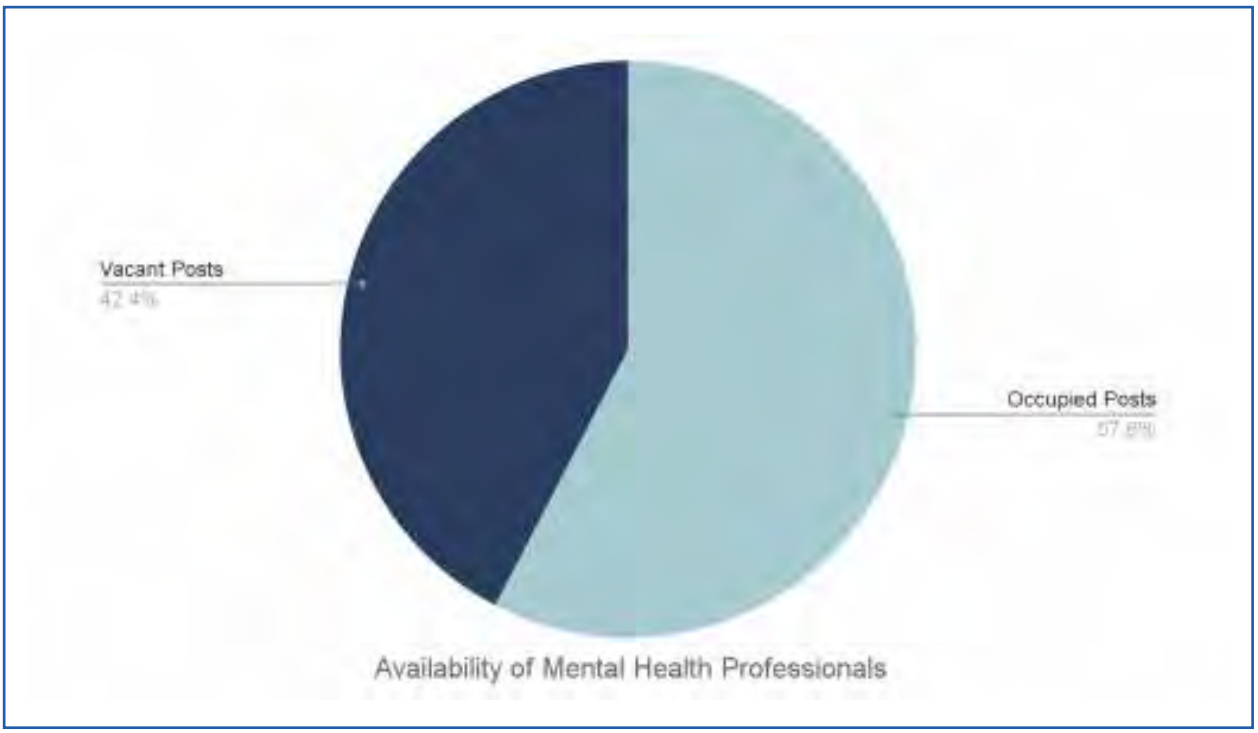
Regional Mental Hospital, Ratnagiri
Maharashtra

The Regional Mental Hospital in Ratnagiri was established in 1886. **Mr P. N. Dixit**, Special Rapporteur, NHRC, visited the hospital on **November 29th, 2022**. In his report, he has highlighted the various challenges facing the hospital. The hospital has a separate occupational therapy unit which has a capacity of 40 beds. In addition, various novel vocational-oriented activities such as making, lamination, xerox, etc., are conducted in the occupational therapy unit and the day-care centre for mentally ill patients. The hospital, however, struggles with a lack of sufficient funding.



The post of a clinical psychologist is vacant, due to which psychological testing cannot be conducted. The ECT facilities are not utilised since the post of anaesthetist has been vacant since August 2014.

Additionally, there are no vocational training facilities available. The hospital has 24x7 emergency services, but the position of an emergency driver for the ambulance is still vacant. Amongst other available facilities, the hospital has an audio & video communication facility for patients to interact with their family members, uninterrupted availability of medicines, issuance of online Disability Certificates for patients (Unique Disability ID), gym and a library.



The graph shows that more than 42% of the posts are vacant in the hospital.

A high number of vacancies need to be filled on a priority basis. There are 61 vacant posts at the hospital. Further, there is no Director at the hospital. In addition, there is a lack of in-house medical specialists like physicians, dentists, gynaecologists and dermatologists, amongst others.

Aside from this, the hospital conducted specific campaigns to provide Aadhar cards to 73 needy patients and out of these, 58 patients have been provided with the Aadhar card. In the case of 15 patients left, Superintendent has been instructed by the Additional DG in charge of Maharashtra to do the needful.

There is also a provision for a halfway home or sheltered or supported accommodation for the rehabilitation of patients.

There were 10 adverse incidents such as assault, injury and abuse in 2021-22. However, the hospital took action wherein patients with recorded adverse incidents were treated with psychotropic medicines and shifted to a particular observation ward. Besides, there was 01 reported dead in the same year. Out of the 41 patients certified for rehabilitation, the addresses/ relatives of 13 patients are unknown, and the remaining 28 patients have the addresses of their relatives on record. However, their family members are reportedly not accepting them.

The hospital has not organised any trips or visits in 2021-22. The significant objective of the District Mental Health Programme (DMHP) is to provide Community Mental Health Services, augment institutional capacity, raise community awareness, and integrate mental health into other relevant programmes. However, the hospital has not affiliated with the DMHP, which would have otherwise assisted the hospital in various ways, particularly in conducting activities, including awareness generation and outreach.

Under the Mahatma Jyotirao Phule Jan Arogya Yojana (MJPJAY), free-of-cost treatment is provided to the patients.

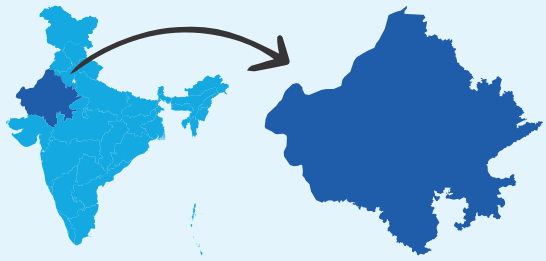
The infrastructure is old since it was built in 1886 and **requires renovation** on an urgent basis.



The graph shows that 31 patients are staying in the hospital for more than a year, 32 patients staying for more than five years, and 13 patients staying even after their recovery because their families have refused to accept them back.

In terms of counseling services and management of the hospital, the hospital actively regularly engages in detailed counseling of patients and relatives on admission and at the time of discharge. Further, it conducts daily group counseling on various mental health and illness topics for OPD patients and relatives. Furthermore, the hospital conducts regular health camps for the patients and follows Covid-19 precautions, in-house testing, and vaccination for all staff members and patients. The hospital has Information, Education & Communication (IEC) material, which aims to create awareness and disseminate information regarding the benefits available under various schemes/programmes of the Ministry and guides the citizens on how to access them which are displayed all over the hospital's premises.



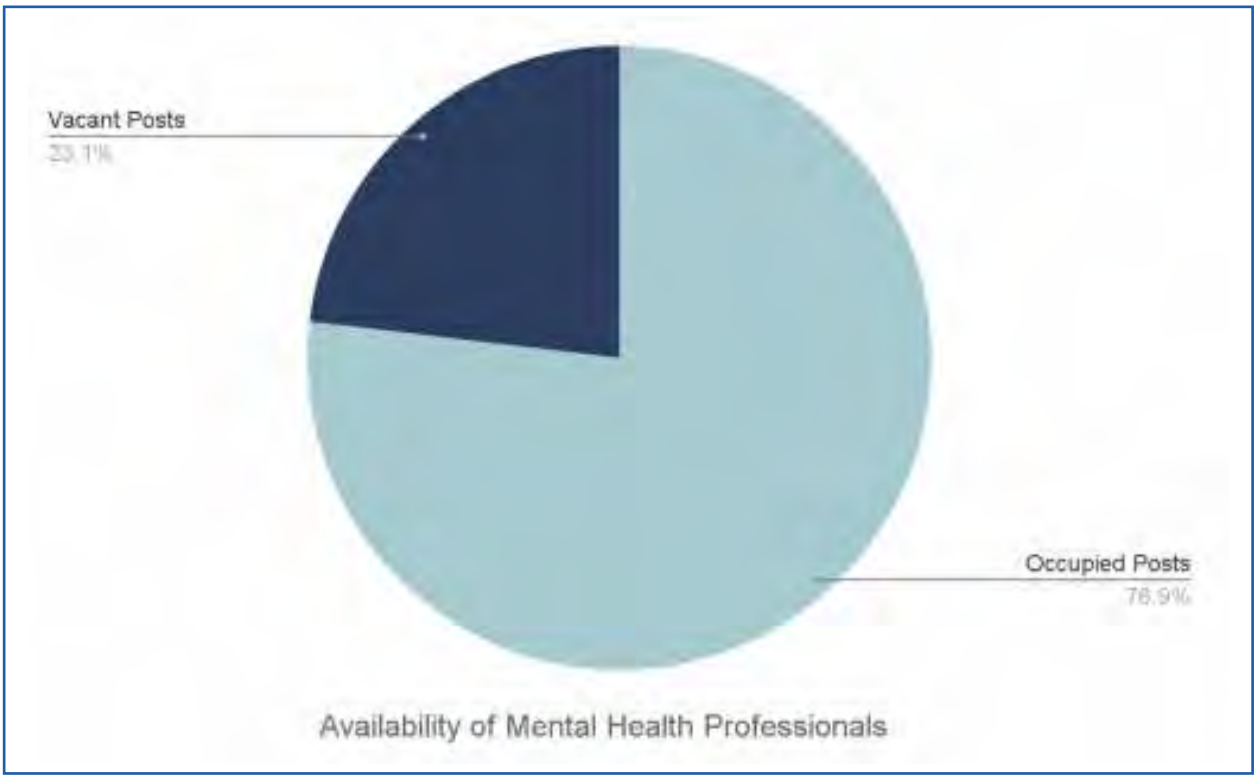


Psychiatric Centre, Sawai Man Singh (SMS) Medical College, Jaipur

Rajasthan

The Psychiatric Centre, SMS Medical College, Jaipur, was established in 1954. It is one of the six attached hospitals of SMS Medical College, Jaipur. Psychiatric Centre, Jaipur, provides various specialist psychiatric services, including de-addiction psychiatry, child psychiatry, geriatric psychiatry and rehabilitation psychiatry.

Mr Madan Lal Meena, Special Rapporteur, NHRC, visited Psychiatric Centre, SMS Medical College, Jaipur, on **November 24th, 2022**. In his report, he has highlighted various challenges the institution faces. In terms of infrastructure, the construction is ancient. As per the observation of the Special Rapporteur, the wards urgently require renovation to cater to the growing needs of the Centre.

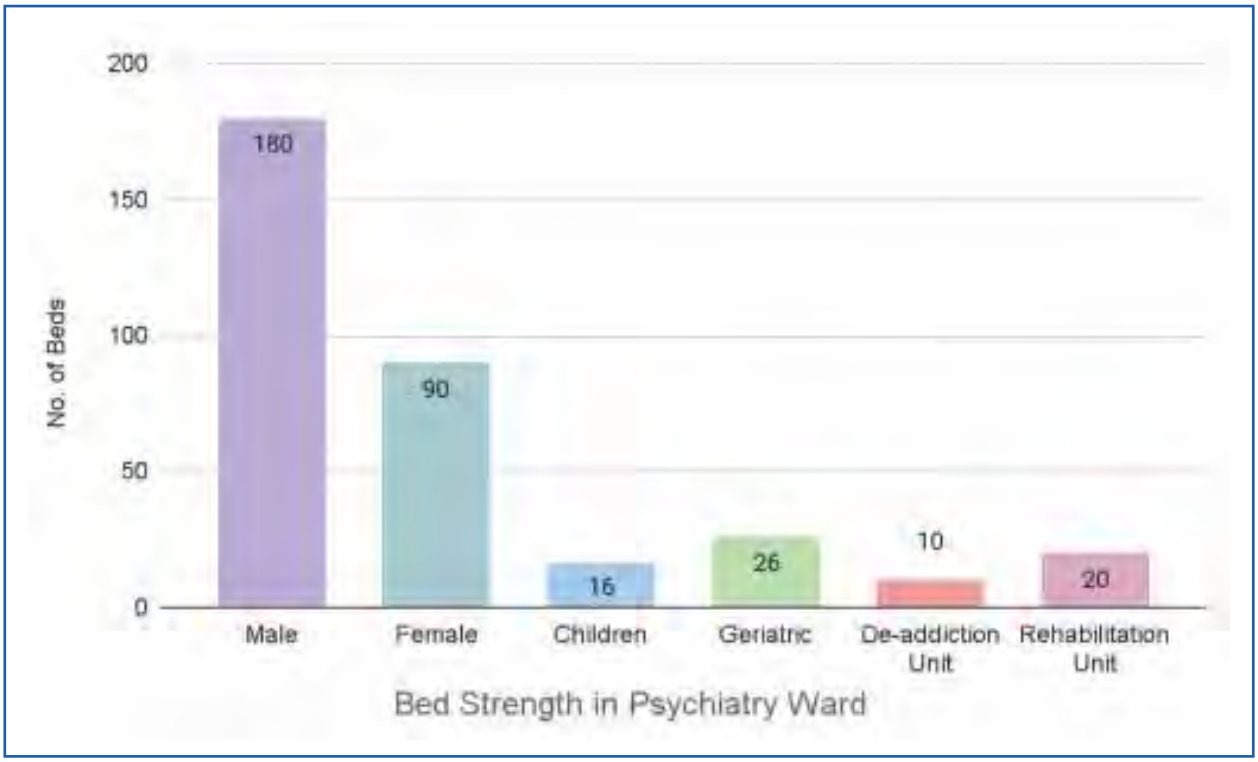


The graph shows that almost 24% of the posts are vacant in the hospital.

Only two of the six sanctioned positions for Clinical Psychologists are currently occupied on a contractual basis. Psychiatric social workers and psychiatric nurses, among others, play an essential role in the care of mentally ill patients, but there are no sanctioned positions for the same. In summation, there are 255 sanctioned posts at the Centre, of which 59 posts are vacant.

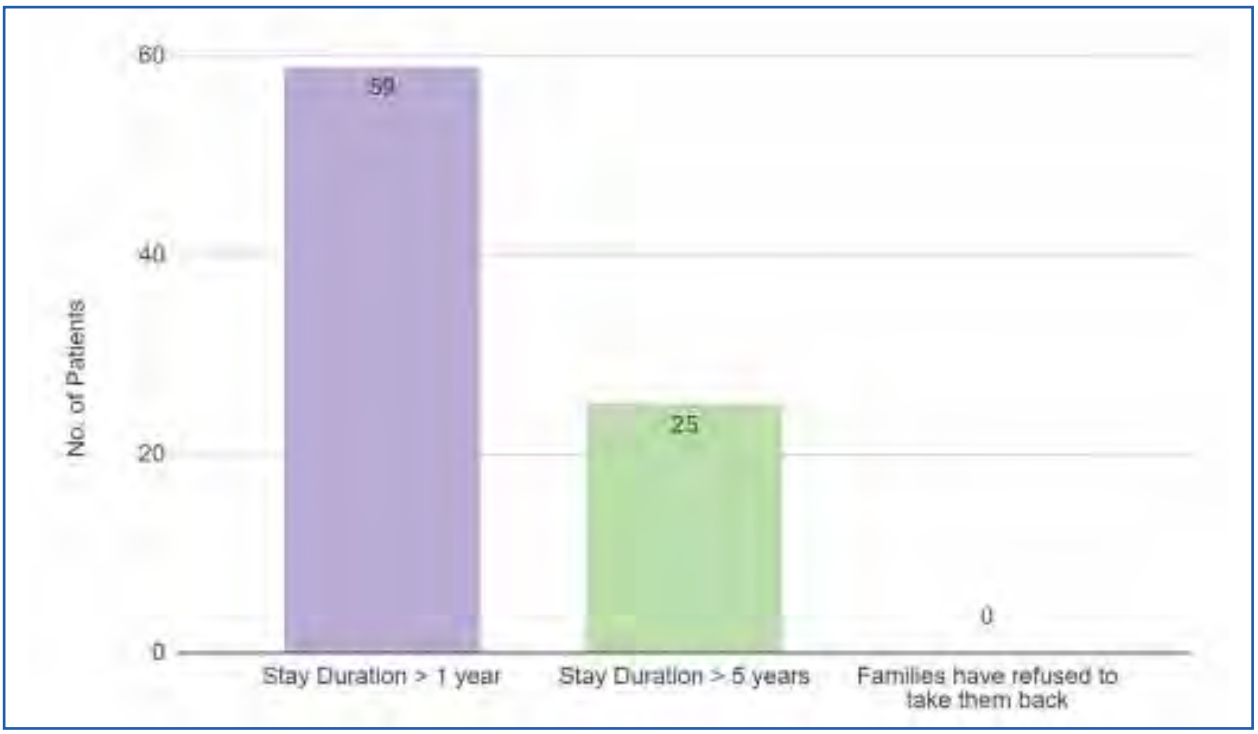
The mean duration of stay of patients is 50 days. There were 04 number of recorded deaths in 2021-22.

There are **no sanctioned positions** for Psychiatric Social Workers and Psychiatric Nurses.



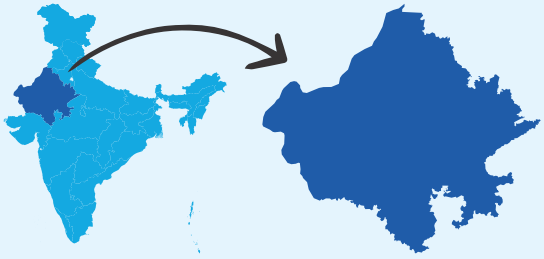
The work done by the patients at the institute does not have any attached monetary value. In addition, the daily food expenditure spent on the patients is Rs. 73/-, which is insufficient to ensure a nutritious and balanced diet.

Regarding the bed strength, the Centre has made efforts to ensure separate beds for children, geriatrics and patients of the de-addiction centre and a functional recreation/rehabilitation unit for patients that can hold 20 patients at a time.



The graph shows that 59 patients are staying in the hospital for more than a year, 25 patients staying for more than five years, and 0 patients staying even after their recovery because their families have refused to accept them back.

The Centre regularly carries out various community awareness programmes to eliminate the stigma attached to mental illnesses. Also, it collaborates with the NGOs from time to time to assist in outreach and the generation of awareness. A halfway home or sheltered or supported accommodation is also available. Further, the institute is involved in District Mental Health Programme (DMHP).



Psychiatric Centre, MDM Hospital Campus, Jodhpur **Rajasthan**

The Psychiatric Centre, MDM Hospital Campus, Jodhpur, was established in 1940.

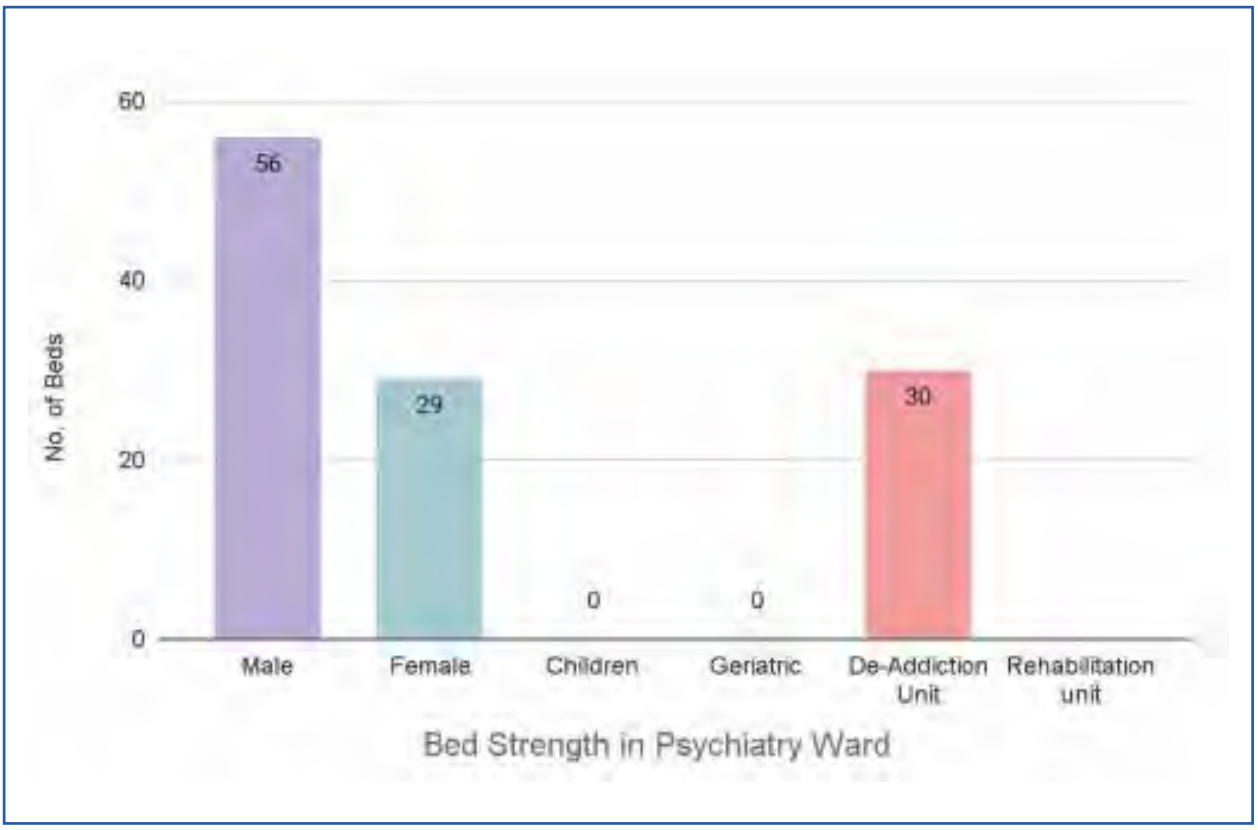
Mr Madan Lal Meena, Special Rapporteur, NHRC, visited the Hospital Campus on **November 30th, 2022**. In his report, he pointed out the difficulties faced by the hospital.

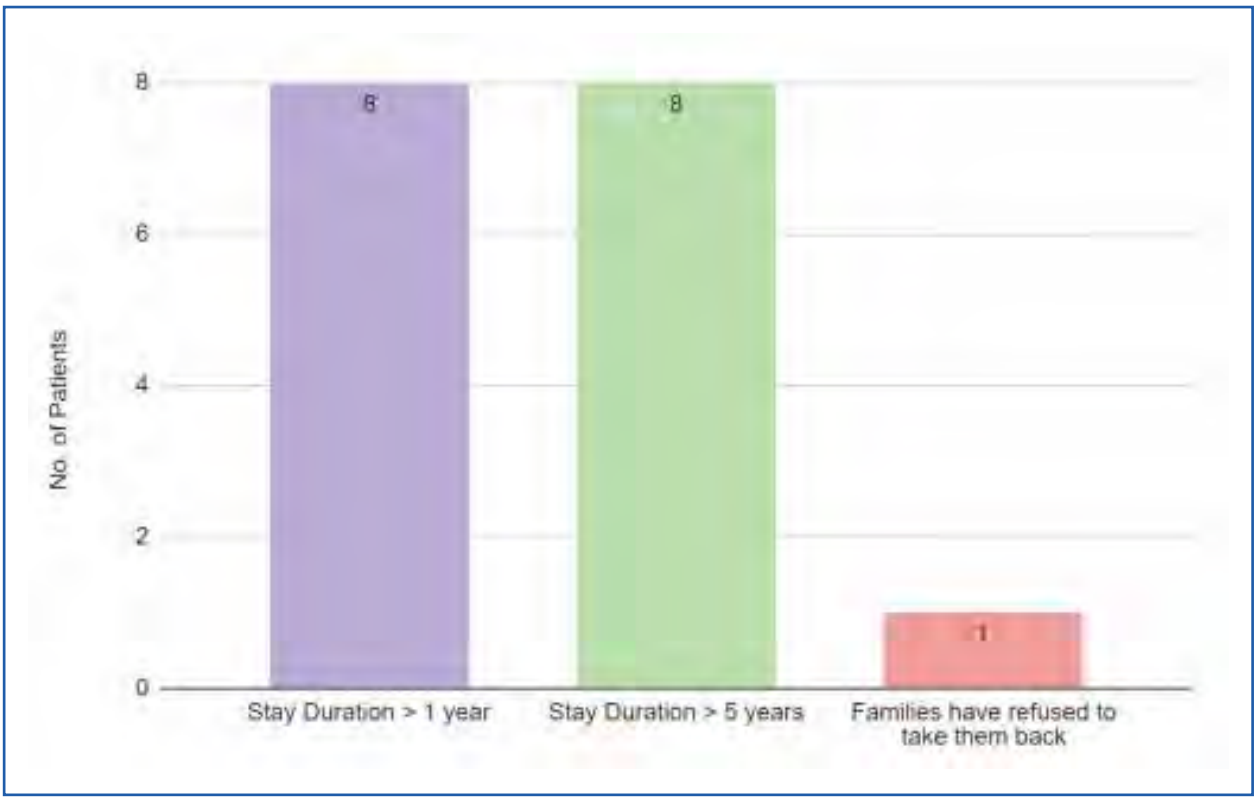
Only five of the thirty sanctioned posts for attendants at the hospital have been filled. There is a vacancy of 24 posts out of 61 sanctioned posts. However, it is necessary to revise the number of sanctioned positions for various roles to cater to the hospital's increasing workload and growing needs.



The graph shows that almost 40% of the posts are vacant in the hospital.

The hospital has **less number of sanctioned posts** of Mental Health Professionals to manage its needs and workload.





The graph shows that 08 patients are staying in the hospital for more than a year, 08 patients staying for more than five years, and 01 patient staying even after their recovery because their families have refused to accept them back.

The institute has emergency services, investigation & laboratory facilities, including Psychological testing and ECT services.

To ensure that patients can support themselves after treatment, it is essential to value the work they do during their treatment and provide them with proper nutrition. However, the work done by patients during treatment is not currently acknowledged with monetary compensation. Moreover, the current daily food expenditure of Rs. 67/- is insufficient for a balanced and nutritious diet.

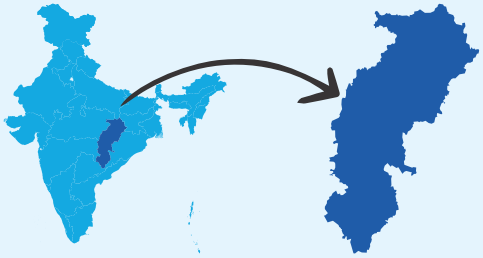
The mean duration of stay of patients is 12 days. Further, there were 06 recorded deaths and 01 suicide in the year 2021-22.

The hospital has tried to reunite approximately 57 patients with their families. Further, 79 patients have been rehabilitated with the assistance of the Social Welfare Department. Furthermore, the hospital frequently collaborates with NGOs for various activities. In addition, halfway homes and sheltered accommodation have been made available under the Social Welfare Department. The construction of the Institute of Neuroscience and the new OPD Block for psychiatry is underway.

The institute is involved with the District Mental Health Programme (DMHP).

Zone V: Central

State/ Union Territory	Mental Health Establishment (MHE) visited for the purpose of this Study	Status of Implementation of Mental Healthcare Act, 2017				
		As per the information submitted on	State Mental Health Authority	State Mental Health Review Board	State Mental Healthcare Rules	State Mental Healthcare Regulation
Chhattisgarh	State Mental Health Hospital, Bilaspur, Chhattisgarh	13/12/2022	Formulated	Formulated	Notified	Notified
Madhya Pradesh	Gwalior Manasik Arogyasala, Gwalior, Madhya Pradesh Mental Hospital, Indore, Madhya Pradesh	03/10/2022	Formulated	Under Process	Following the rules made by Central Authority	Following the rules made by Central Authority



State Mental Health Hospital, Bilaspur
Chhattisgarh

The State Mental Health Hospital, Chhattisgarh, was established in 2013 and is governed by the State Government Health Department. Currently, there is no full-time Director, and the Hospital superintendent heads the hospital, who is not a mental health professional.

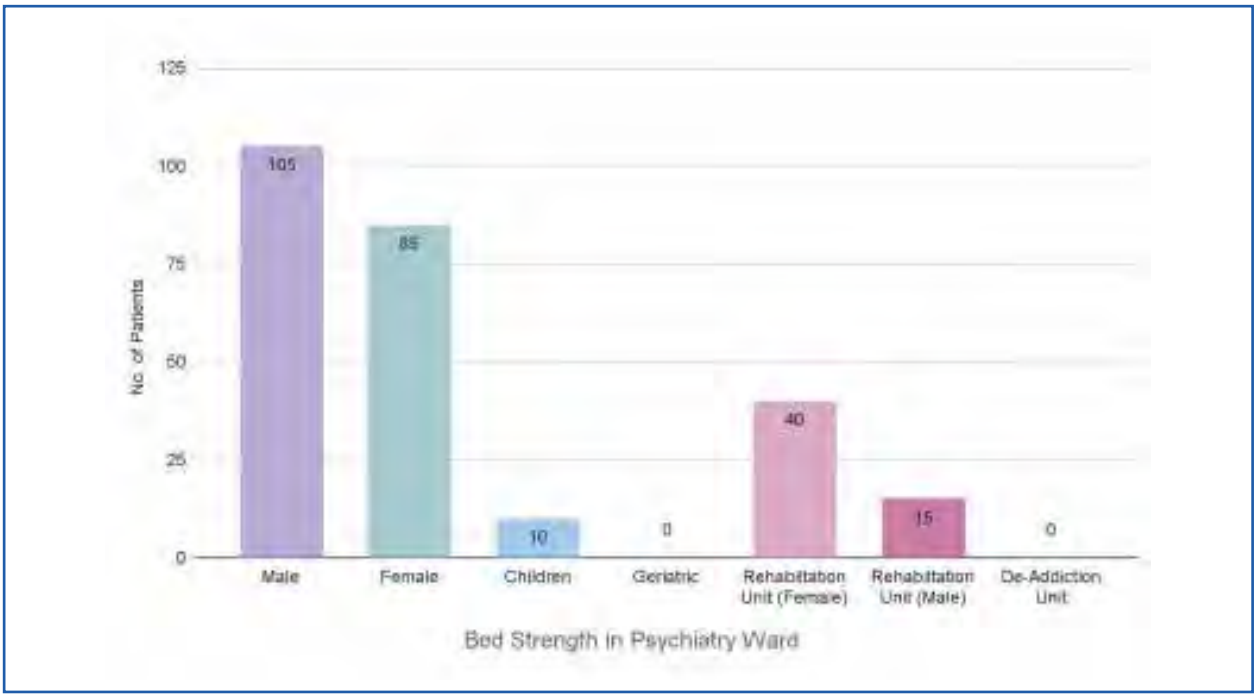
As per the data submitted by the hospital, dated **January 30th, 2023,** it is a 200-bedded hospital with separate wards for males, females and children. However, there is no separate ward/ beds for geriatrics and deaddiction. The hospital, although, has separate rehabilitation units for males and females.





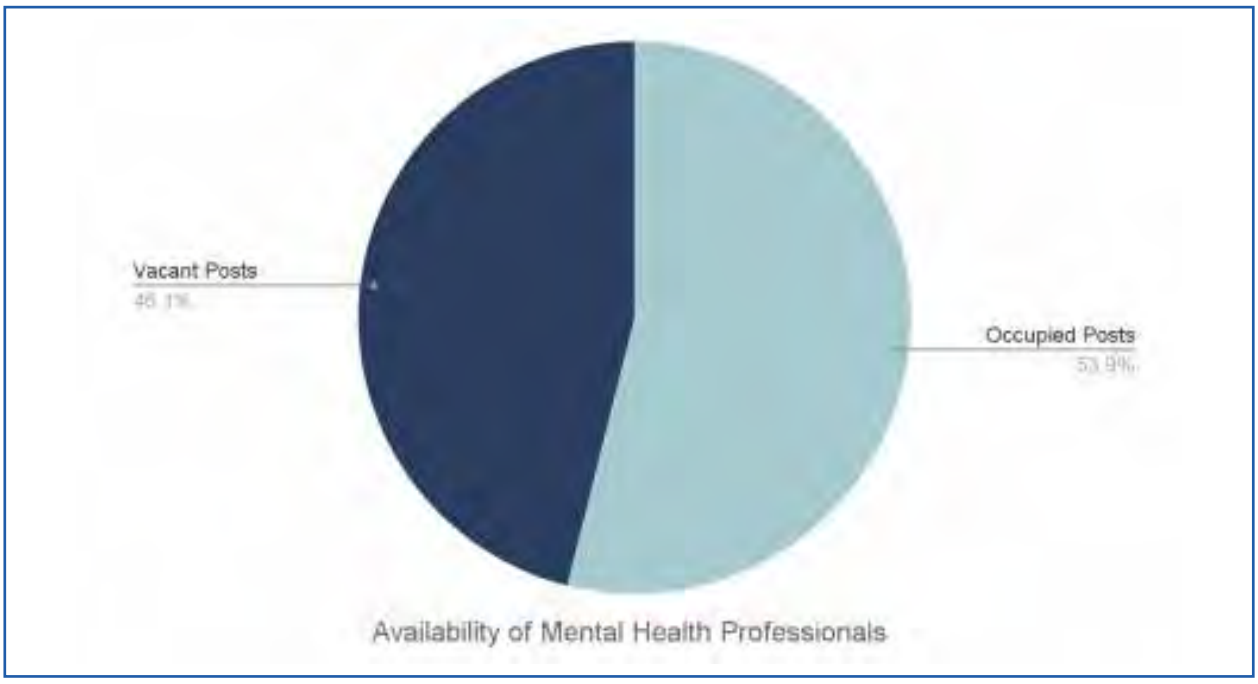


Concerning facilities, the hospital has available emergency services and investigation & laboratory facilities, including psychological testing services. However, the hospital lacks ECT facilities. In terms of the infrastructure of the hospital, as reported that there is an encroachment on the premises. There is also a need to expand and maintain the old building.



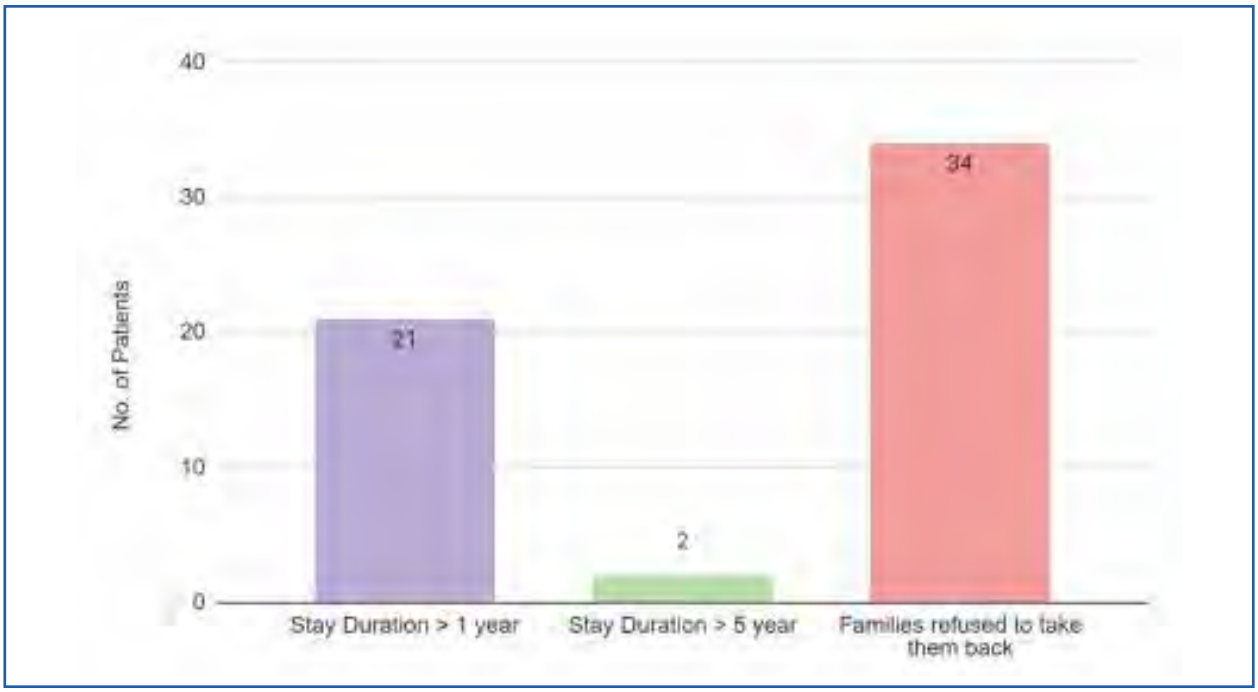
As per the report, there are 47 vacancies against the sanctioned posts, 102. This lack of mental health professionals requires immediate attention. There is no provision for sheltered accommodation or supported accommodation. However, the Social Welfare Department provides a Halfway Home in the State. The hospital does not even carry out any outreach services or vocational training. There have been 03 recorded deaths and 01 case of suicide in 2021-22. The hospital is involved with the District Mental Health Programme (DMHP), which would prove beneficial in assisting the hospital with service provision, capacity building, and awareness generation.



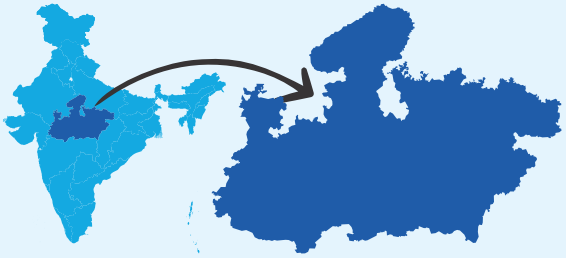


The graph shows that more than 46% of the posts are vacant in the hospital.

The hospital has **no clinical psychologists.**



The graph shows that 21 patients are staying in the hospital for more than a year, 02 patients staying for more than five years, and 34 patients staying even after their recovery because their families have refused to accept them back.



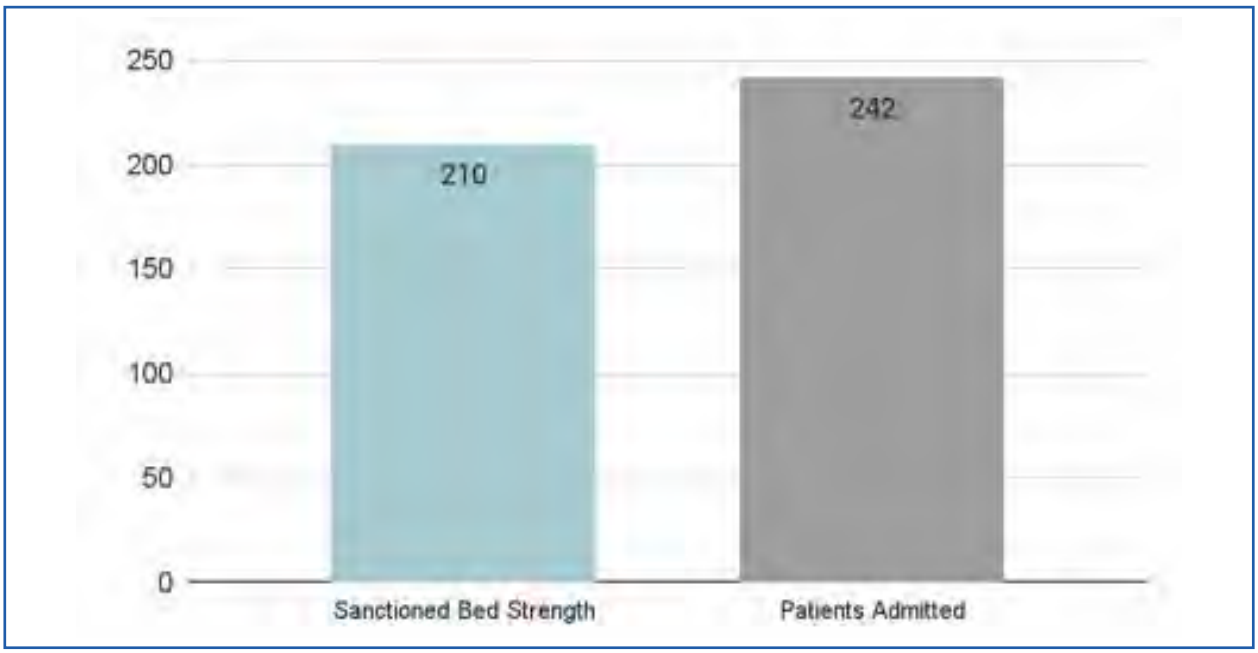
Gwalior Mansik Arogyashala, Gwalior
Madhya Pradesh

Gwalior Mansik Arogyashala is an autonomous Mental Hospital under the Department of Medical Education, Government of Madhya Pradesh. It was established in 1935 as a mental asylum. Due to inhumane living conditions and poor treatment facilities in Mental Hospitals across the country, many PILs were filed in the Hon'ble Supreme Court. In response to these PILs, the Hon'ble Supreme Court had instructed MP State Government to improve the living conditions & treatment facilities in Mental Hospital, Gwalior and convert it into a teaching institute. Since 1997, the NHRC has been instrumental in monitoring the hospital. The Chairman manages the hospital. There is a managing committee for policy decisions per the Gwalior Mansik Arogyashala Rule 1994 and per the directions rendered in the Hon'ble SC's decision dated 10.5.94 in WP 901/93 & 80/94.

A **National Human Rights Commission team**, headed by Mr Justice Arun Mishra, Hon'ble Chairperson, NHRC, visited Gwalior Mansik Arogyashala on **July 12th, 2022.**

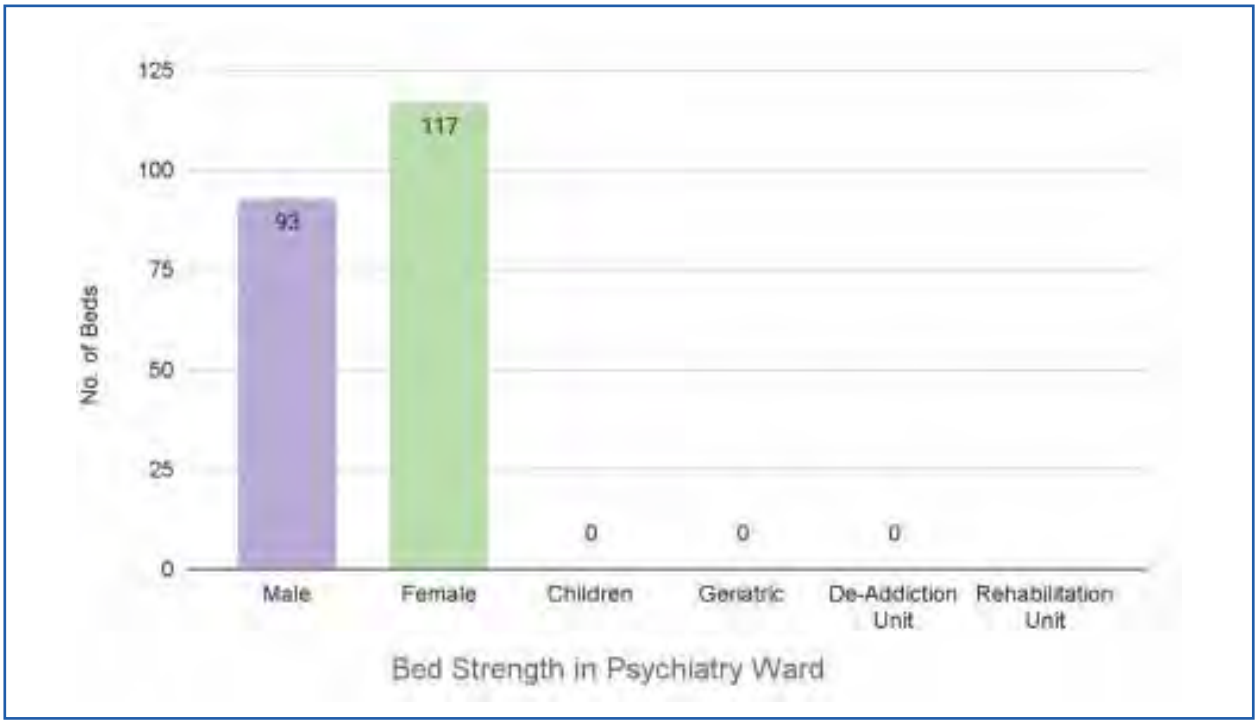
The building was constructed in 1935, and the expansion work was done in 1996. The total bed strength of the hospital is 212; however, the patients admitted were 242.





This graph shows that the sanctioned bed strength is 210 against the 242 patients admitted.

As per the visit report of the Commission, lighting and ventilation needed to be improved, and drinking water pipelines, sewage lines, and drainage systems required maintenance. However, the entire strategy to restore and sustain the institution has been put on hold due to a lack of necessary funding. The institution had yet to attempt to plan its functional requirements sequentially and methodically over time. As a result, it needs to catch up to even the bare necessities for a contemporary mental health hospital. The open and closed wards have sufficient space and lighting but inadequate ventilation and poor hygienic conditions. Despite being relatively spacious and having appropriate lighting, the ward's kitchen block and dining halls featured holes in the walls, a damaged floor, and a general lack of hygiene.



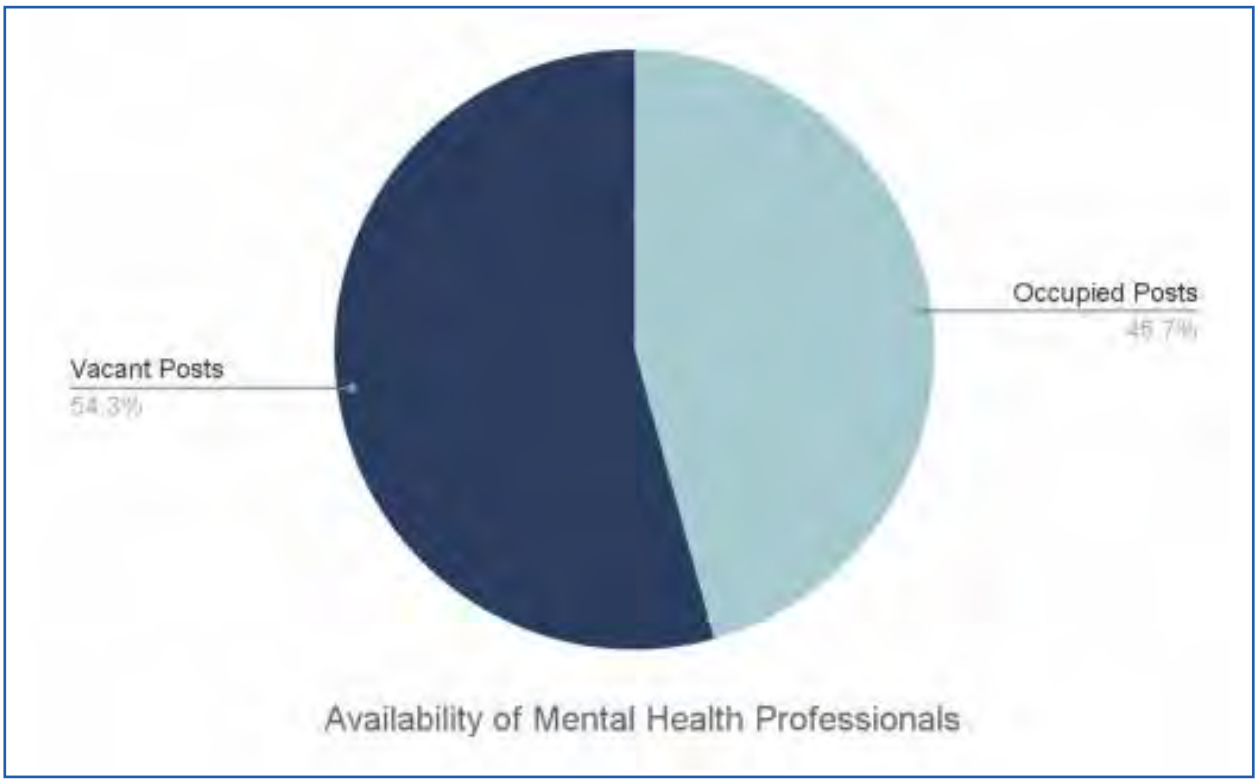
The Institute **requires more funds** and resources to expand and maintain its infrastructure and services.



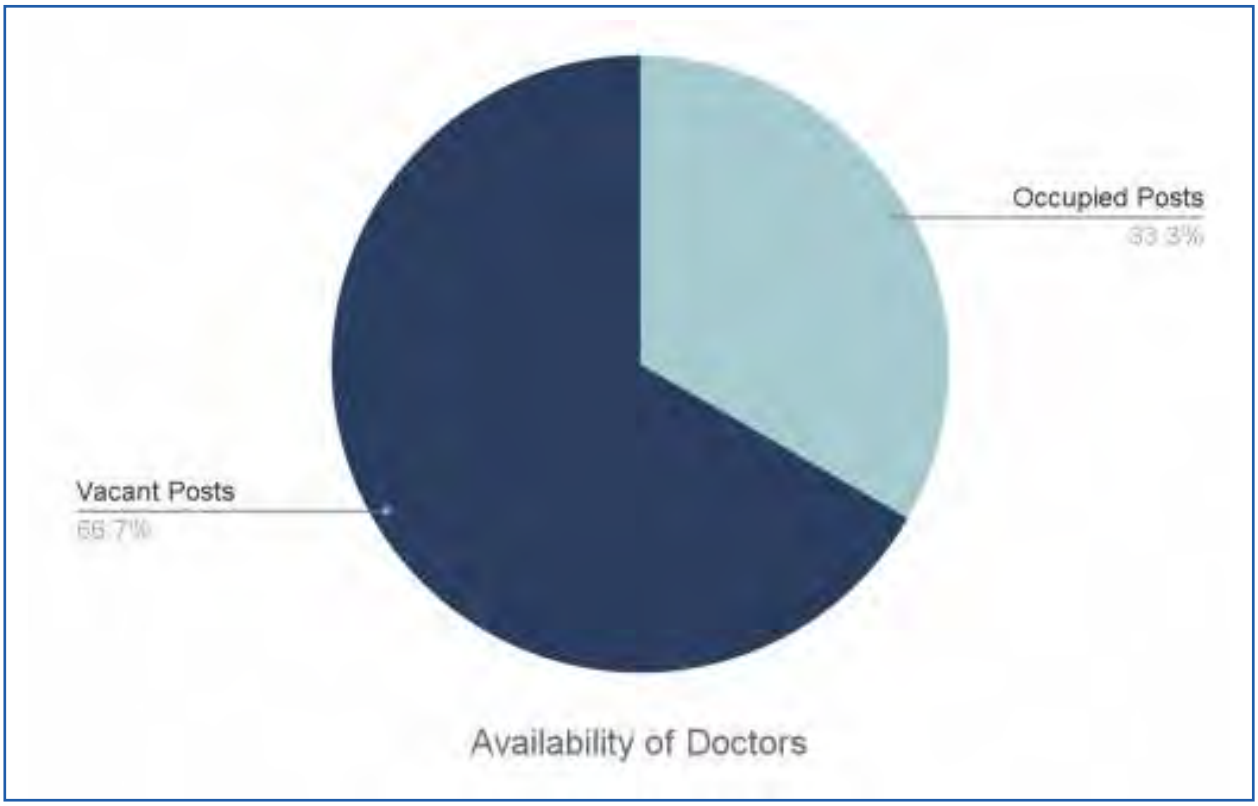


The daily budget allocation for food is significantly low. Rs. 48 is the per day spending on each patient; however, per the hospital authorities, it must be at least Rs. 75. There is a significant lack of clinicians and mental health professionals in the hospital, including Psychiatrists, Clinical Psychologists, Psychiatric Social Workers, Psychiatry Nurses, etc. As seen from the chart below, the hospital is working almost at 1/3rd of its capacity for doctors. There are more vacant posts in the hospital than occupied posts.





The chart shows that almost 55% of the posts of mental health professionals are vacant in the hospital.



The charts reflect that almost 67% of the posts of doctors are vacant in the hospital.

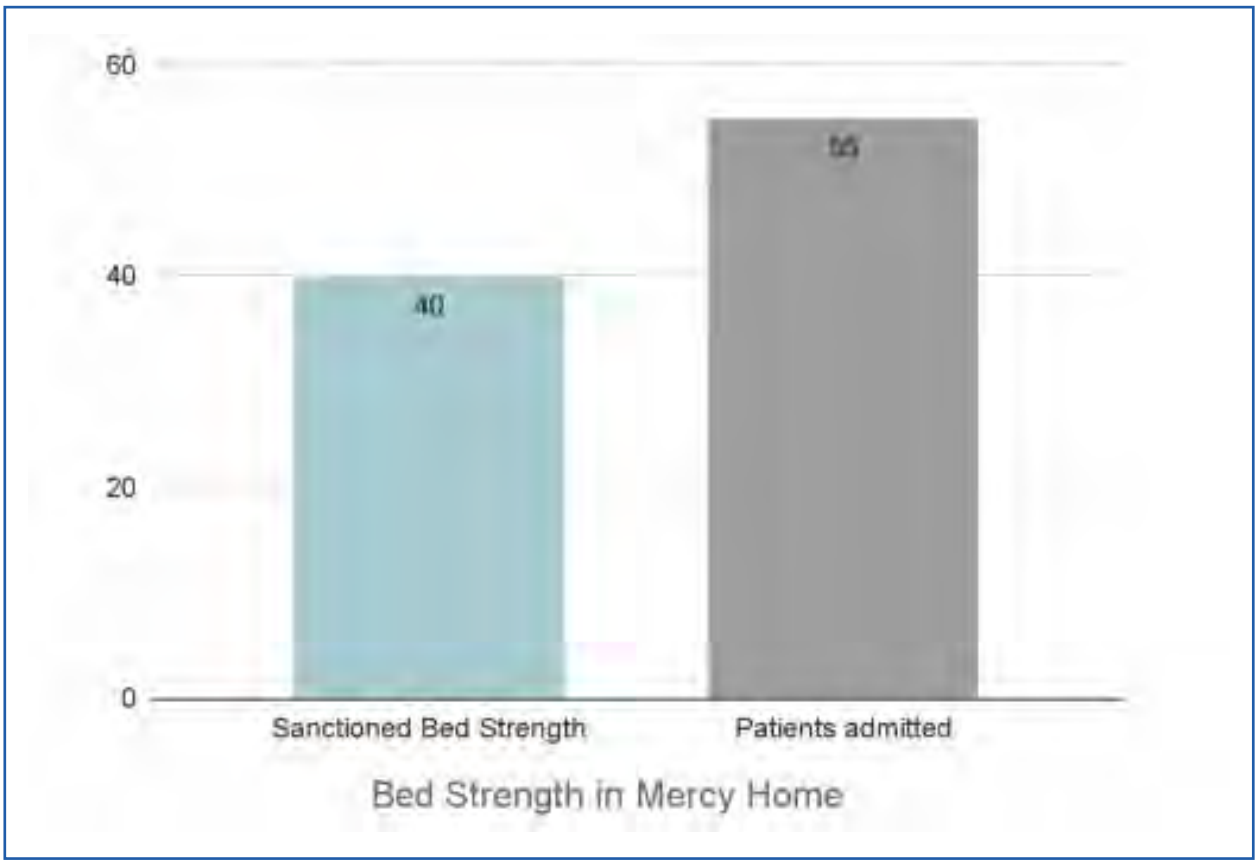


The hospital provides skill training to female patients, like stitching, handicrafts, etc. The hospital authorities also put all these materials for sale in regular *melas* nearby. However, this rehabilitation facility is only for women, and no facility/ rehabilitation unit exists for men. Also, there is no provision for a halfway home or supported / sheltered accommodation.

The hospital also has a Mercy home, especially for patients with intellectual disability. Overcrowding persists in Mercy Home, with 40 sanctioned beds and a current occupancy of 55.







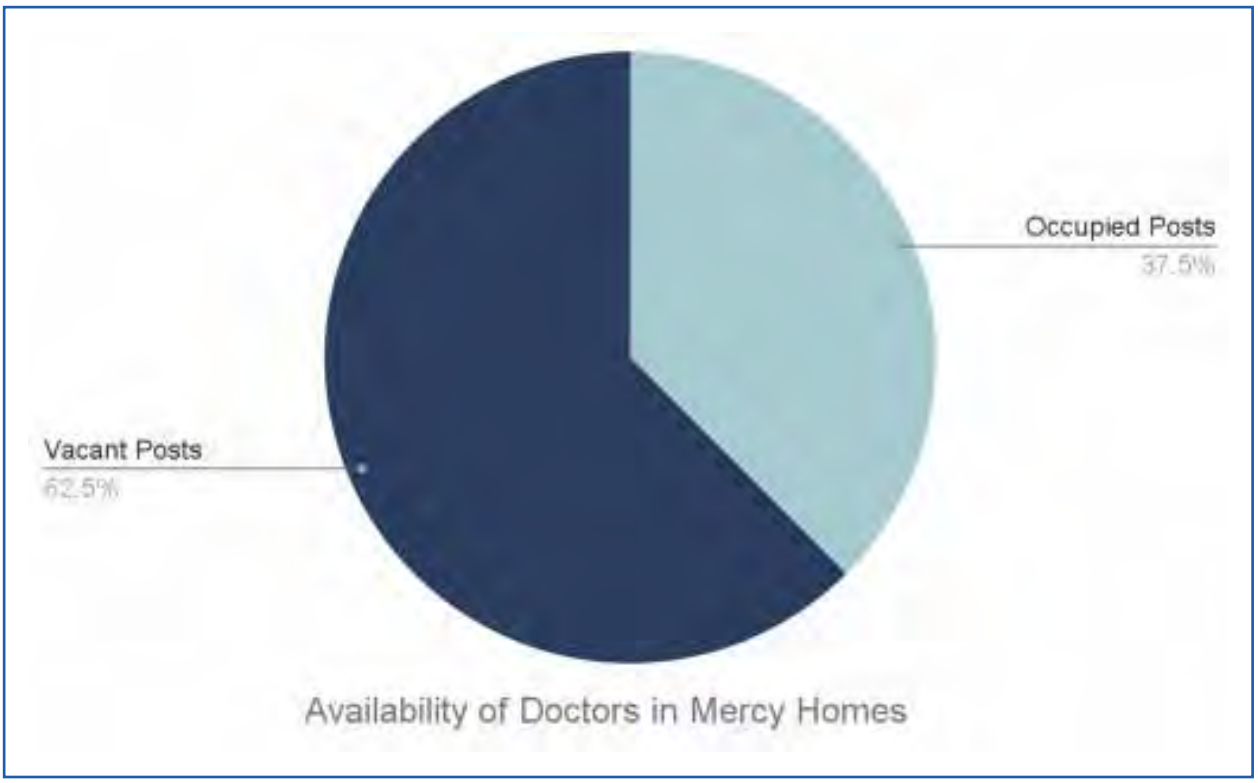
The graph reflects that the sanctioned bed strength is 40 against the 55 patients admitted.

The patients admitted at Mercy Home are diagnosed with mild-profound intellectual disability. People with mild intellectual disability can be taught up to 5th grade, and self-care skills and vocational training can also be given to them. However, in the Mercy Home, the patients are not given any exposure or resources, which limits their ability to function, even in day-to-day life, self-care, and social skills. There are no female patients due to a lack of staff and security. The majority of the patients are homeless or orphans. Families don't often visit, let alone take them home for a few days. In fact, four patients are entirely abandoned by their families.

There's only one attendant for 60 children. On the ground level, it is a next-to-impossible job for one person to look after 60 patients, especially those who can't even do their primary activities and therefore require immediate assistance. Ideally, at least one attendant should be for 4-5 patients. All 60 patients live together; that is, there is no segregation according to age group, which may give space for the exploitation of younger patients by older ones.



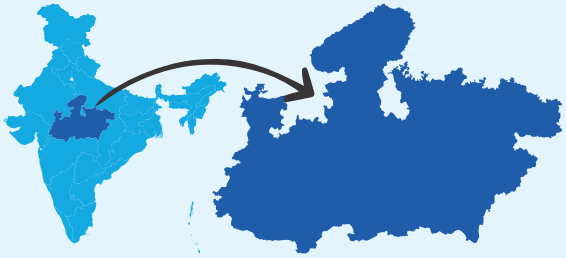
There is a need for drastic improvements in the infrastructure, as the building is old and dilapidated. The rooms, beds, and beddings were filthy and unclean. The entire area where the patients were lying, sitting, take their food was stinking and infested with flies. There were open wires too. The patients could not engage in self-care and tended to have urinary incontinence. Due to a lack of staff, the place was unbearably dirty and unhygienic.



This chart shows that almost 63% of the posts of doctors are vacant in the mercy homes.

Only one psychiatrist visits the Mercy Home weekly. However, no psychologist, occupational therapist or vocational training is available for the patients. That means there is no exposure, leading to an increased deterioration in their condition.

All the patients have identity proof documents like Adhaar cards and Disability Certificates. A yoga teacher visits three days a week. 4-5 children do some *asanas* with the teacher. A sports teacher also visits and plays football, throw, and badminton with the patients.



Mental Hospital, Indore
Madhya Pradesh

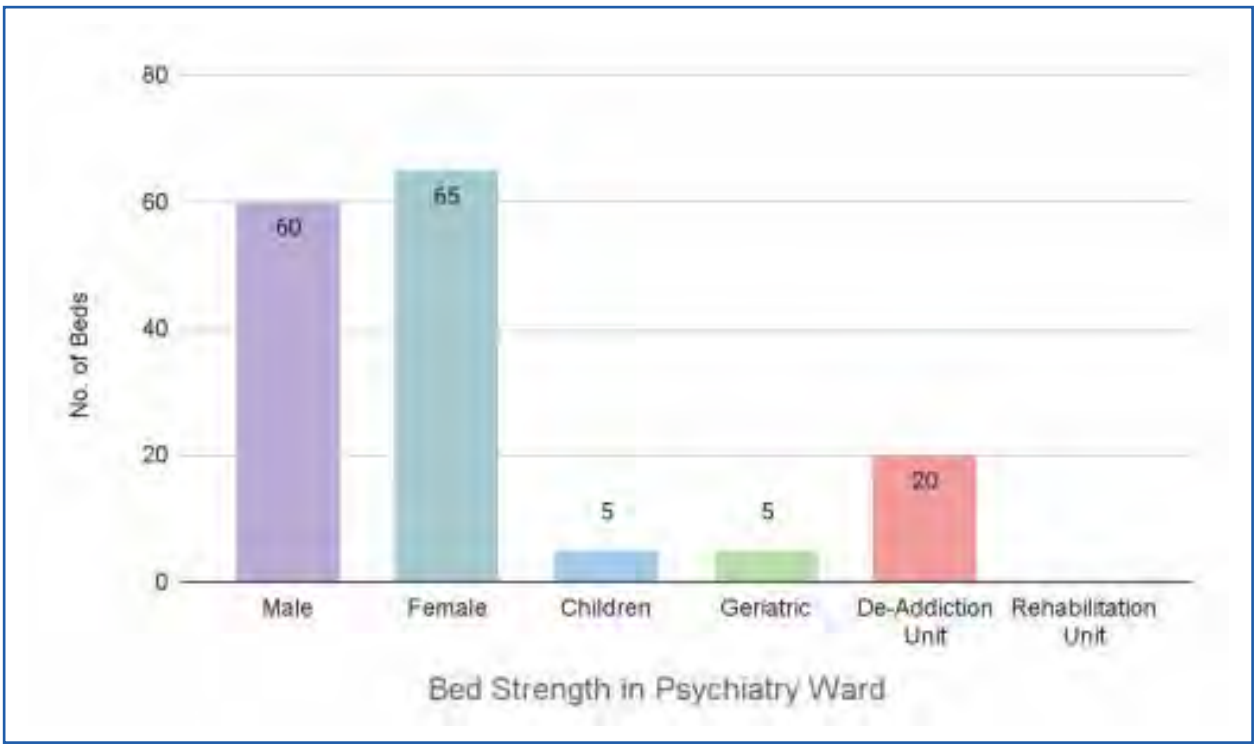
Mental Hospital, Indore, was established in 1917. It is a 155 bedded hospital. In 1998, the hospital was placed under the Department of Psychiatry of the Mahatma Gandhi Memorial (M.G.M.) Medical College of Indore, Madhya Pradesh (M.P.) to enhance the quality of service.

Mr Umesh Kumar Sharma, Special Rapporteur, NHRC, visited the hospital on **November 7th, 2022**.

As per the report submitted by the Special Rapporteur, the total area of the Mental Hospital Indore is 6.25 Acres. But, there are many encroachments on the land of the Mental Hospital. Thus, the actual usable area of Mental Hospital Indore is substantially reduced, and encroachment is also found at the Main Entrance, making entry difficult.

There is **only one washroom available** for men and one for women, and no separate facility available for the staff and faculty members.





Provision for a Halfway home is there but used for acute care patients. The hospital rarely organises outreach services. There is no provision for rehabilitation facilities or recreational activities. There is no provision to keep the patients meaningfully engaged during and after treatment. There are 86 vacancies against the sanctioned number of posts of 243. There is a severe lack of mental health professionals, including clinical psychologists, psychiatric nurses, and psychiatric social workers. There are no cooks, cleaners, lab attendants, computer operators, drivers, cashiers, dieticians, pathologists, biochemists, anesthesiologists or radiologists.





This chart shows that more than 35% of the posts are vacant in the hospital.

There are no transport facilities for the patients. The Rapporteur shared in his report an instance where a family in the remote area of Indore had to sell their goat to arrange conveyance for their patient. The budget for daily food per patient is meagre, i.e. only Rs. 48. There have been many complaints in 2021 by the patients and their relatives regarding medication, certification, admission, etc. as mentioned by the Special Rapporteur's Report.







The graph shows that 07 patients are staying in the hospital for more than a year, 19 patients staying for more than five years, and 06 patients staying even after their recovery because their families have refused to accept them back.

In 2021, mental health training was imparted to thirty-seven medical officers and nurses under the National Health Mission and nine hundred and sixty-nine nursing students. In 2022, mental health training was imparted to 2597 nursing students. Tele Mental Health Assistance and Networking across States (Tele-MANAS) has also been launched in Indore.

Key Issues Identified



1. State Mental Health Authorities and State Mental Health Review Boards, as prescribed under Sections 45 and 73 of the Mental Healthcare Act, 2017, have not been constituted in many States and Union Territories. Even in some States where these Authorities/ Review Boards have been notified, they are not functional, and regular meetings are not held.

2. Many States are yet to make State Mental Health Rules, as given under Section 121 of the Mental Healthcare Act, 2017.

3. Many States are yet to make State Mental Health Authorities as given under Section 123 of the Mental Healthcare Act, 2017, to make regulations to carry out the provision of the Act.

4. In the absence of a State Mental Health Authority, State Mental Health Review Boards, Rules & Regulations, the Mental Health Establishments in many states function without mandatory registration prescribed under Section 65 of the Mental Healthcare Act, 2017.

5. There are a limited number of educational institutions and seats for professional mental health courses, leading to a limited number of mental health professionals available in the country.

6. There is ambiguity about the Rules of Promotions, as different regulatory bodies have prescribed their own rules, e.g. Rehabilitation Council of India (RCI) is the regulatory body for Clinical Psychologists and Indian Nursing Council (INC) is the regulatory body for Psychiatric Nurses. However, there is no clarity about the promotion rules for Psychiatric Social Workers and other specialities.

7. It appears efficient and economical for the governing bodies to centralise decision-making. However, in actuality, at the institutional level, it frequently compounds into issues with decision-making and results in subpar service. For e.g., attendants were being engaged locally by the Director of the MHIs through an outsourcing mechanism. The medical supply corporations are in the process of calling tenders and awarding contracts for outsourcing services. The efficacy of this practice for far-flung districts of the country is debatable, and banning the engagement of attendants through an outsourcing mechanism when a central agency has not been put in place may cause undue hardships at the local level.

8. Many institutions underreport events and their statistics related to medication errors and adverse drug reactions, escaping and absconding of patients, natural deaths and deaths of patients by suicide, violent incidents between patients and staff, etc., which makes it challenging to provide them with the help they need to deal with such issues.

9. Most of the Mental Health Establishments do not have the medical records of the patients digitised, which poses a risk to facilitating well-informed communication between patients and providers and future references.

10. Hospital Authorities' most crucial issue is the question of overstaying patients. In most cases, it is found families have stopped visiting the mentally ill patients even though they have recovered substantially, and what is needed is a more congenial, family-oriented environment to facilitate re-integration into the community. In a few cases, the families did not claim the bodies of dead patients as well. This problem restricts the hospital's ability to cater to the needs of new patients who need urgent intervention.

11. An issue observed in most Mental Health Institutions has been the release of recovered patients, which is solely dependent on whether the patient's family or the relatives of the patients are willing to accept them back. However, the establishments cannot detain a patient once the patient has fully recovered, as per their rights provided under Section 19 (1) (a) & (b) of the Mental Healthcare Act, 2017. It results in the unlawful detention of fully recovered patients as not having a family or not being accepted by the family or homelessness is not a criterion precedent to the release of the patient.

12. In many institutes, arrangements for halfway homes are yet to be planned. As a result, patients who are not being accepted back by their families or have no place to go fail to rehabilitate or reintegrate into society. Further, many institutions lack separate rehabilitation and occupational therapy units.

13. NGOs and other civil society organisations that can accept intellectually disabled patients and cater to their needs are yet to be developed in many States/ Districts of the country.

14. Due to a paucity of funds, Mental Health Institutes are not able to maintain their infrastructure, retain Mental Health Professionals and other staff and are unable to provide basic amenities to patients, including nutritious food, comfortable bedding, clean, sanitary facilities, hygiene and personal grooming products, fresh clothes, etc. The availability and conditions of toilets, use of open tanks for drawing water in toilets, no ventilation, unhealthy foul smell in the wards, etc. are just some examples of the difficulties the institutions face.

15. Owing to the lack of proper infrastructure, the wards regularly face overcrowding of patients, which resembles a lock-up-like situation. Further, most of the institutions do not have designated separate wards for children and geriatric patients.

16. It may be challenging to find skilled security personnel for mental health facilities owing to the stigma and alleged occupational dangers.

17. Many establishments don't have working CCTV security. In addition, based on the number of patients admitted, it was found that many of these hospitals lacked sufficient security personnel. As a result, there is a serious risk to the patients' and employees' safety and security, and the current situation must be immediately addressed.

18. Sending patients to district hospitals for treatment is a time-consuming process, and mental institutions find it difficult to receive cooperation from other medical faculties. Many hospitals lack emergency services that are provided round-the-clock.

19. The fact that some criminals in jails misrepresent mental illness or are not significantly sick enough to require treatment in a mental health facility but are still taken to the institution on court orders raises a problem that has been raised by both the police and hospital authorities. Once a person is admitted, the psychiatrist of the facility must observe him for a few days before he can be formally classified as needing institutional treatment.

20. It has been observed that a significant number of mental healthcare institutions do not actively participate in the District Mental Health Programme (DMHP), which may adversely impact the assistance that the programme could provide in areas of mental health services such as augment institutional capacity, promote community awareness amongst others.

Recommendations

National Human Rights Commission

A. Generating Awareness and Implementation of Existing Policies

1. One of the important aspects of the National Mental Health Program is mainstreaming Mental Healthcare at the Primary and Secondary level Healthcare Institutions. The current approach with very limited Psychiatrists per district, with job responsibilities of mapping and visiting the Primary Health Centres (PHCs), Community Health Centres (CHCs), and General Hospitals in their respective districts, mentoring the PHC level Medical Officers, providing inpatient and outpatient services, ensuring proper prescription of Psychotropic drugs, address and resolve various complex issues seems to be inadequate. A dedicated Taskforce may be created to prepare a specific strategy and effective Action Plan to strengthen and improve the efforts.

2. As envisaged in the National Mental Health Programme (NMHP), State Governments may emphasise public-private partnerships in the Mental Health sector and Public awareness generation activities to deal with social stigma, discrimination and lack of awareness about mental illness in society. Under its structured programme for every district called District Mental Health Programme (DMHP), community workers' involvement is envisaged at the grass root level. Strict Implementation and monitoring of DMHP is thus required. The States may submit yearly reports on the Performance of Implementation of NMHP & DMHP to the Ministry of Health and Family Welfare, Government of India.

3. To boost accessibility to treatments for mental disorders for financially disadvantaged populations, it is necessary to include mental illness in the "Aayushman Bharat" scheme.

4. Funding for mental health services must be increased, and all of the nation's mental health institutions need to undergo renovations to become more effective.

5. In States where the State Mental Health Authority (SMHA) has been constituted, and Mental Health Review Boards (MHRBs) have been set up, allocated funds may be provided to the Authorities to ensure vigorous and effective functioning. The Chief Minister, the Minister of Health and Family Welfare (H&FW), and the Chief Secretary must evaluate a yearly plan of action to ensure that the funds are used wisely.

6. Campaigns, television, newspapers, and other media in all local languages must be used to increase public awareness of issues relating to mental health.

7. Awareness programs can be exhibited on various chronic conditions, like Mental Retardation, Specific Learning Disabilities, Substance Use (Addiction), Depression, Suicide, and other childhood and adult-related issues on occasions of international and national days like World Mental Health day every year.

8. It is important to encourage, promote, and publicise tech-enabled mental health assistance via platforms and apps that cater to certain populations to bridge the accessibility gap between patients and providers.

9. Various institutions like the psychiatry departments in medical colleges, teaching faculties in graduate and postgraduate colleges in the neighbourhood, counseling

centres, and non-governmental organisations working in the area of wellness and health should be mapped. A mechanism should be developed for periodic meeting and their engagement in the activities of the mental health hospitals. This will ensure a more comprehensive approach to mental wellness. This will also help to flag the imbalance in the availability of resources and plan ways to address the patient load across facilities.

10. A separate post for the nodal authority for mental health must be created to look after the Mental Health Institutions in the State.

11. It is a reality in our culture that mental ill-nesses are stigmatised. There is a need for well-conceived Information, Education & Communication (IEC) and Behaviour Change Communication (BCC) programmes to be executed on a sustainable basis at every level in order to address this issue holistically at the individual, family, community, and society levels.

12. The Tele-Mental Health Assistance and Networking Across States (Tele-MANAS) service that started in the wake of the Covid-19 pandemic as an urgent need to establish a digital mental health network to provide free round the clock tele-mental health services all over the country should be promoted, and networked to reach the people in remote and under-served areas equally. The project should consist of competent health personnel who can provide therapy and e-prescriptions through audio/ video consultation. The toll-free 24/7 helpline numbers 14416 and 1-800-891-4416, set up nationwide and available in local languages, must be promoted and publicised.

13. The involvement of NGOs and Civil Society Organizations in planning, implementing and coordinating the Mental Healthcare Programme is pivotal in making the program successful. However, despite having many well-meaning, credible organisations and professionals working in the Mental Healthcare sector, the participation in the activities of Mental Health Programmes is lacking. Hence, the participation of the NGOs may be recognised and promoted, especially for rehabilitation services.

14. It may be difficult to neglect the role of traditional healers in India. Traditional healers can be trained to help psychiatrists. They could advise patients to continue their psychiatric treatment and follow-up while simultaneously continuing their magico-religious treatments for patients. Cooperation between traditional healers and psychiatrists may increase patients' compliance with psychiatric treatment. This will ensure continuity of long-term care and educate the faith healers on mental health, mental illness, and its signs and symptoms so they can refer patients for medical treatment.

B. Mental Health Professionals and Adequate Human Resources

1. The number of people in our nation who suffer from mental illnesses and the number of professionals who are qualified to treat them differ significantly. As a result, new positions may be established in various departments of the mental healthcare system to address the problem.

2. All states have adopted the National Mental Health Programme. The positions for psychia-trists in each district, however, are either unapproved or unfilled. In a similar vein, there is a severe lack of clinical psychologists due to the fact that many institutions have not yet created enough positions for them. At every level, there is a demand for qualified medical officers and paramedical staff. In order to increase the availability of Psychiatrists, Clinical Psychologists, Counseling Psychologists, Psychiatry Social Workers, Social Workers, and Para-Medical Staff for both the Government and Private Sector and to meet the challenges of addressing the complex issues in the Mental Healthcare sector, the M/o H&FW may therefore guide the Department in developing and implementing a Human Resource Plan.

3. The Chairpersons of the Mental Health Review Boards must be appointed promptly. To improve efficacy, more Review Boards could be created. The State Mental Health Authority should also be scheduled for regular meetings on a minimum of a yearly basis.

4. To fill the gap between service providers and those in need of care, more seats in undergraduate and graduate programmes in psychiatry (DPM/MD/DNB), counselling psychology and clinical psychology (M.Phil, PhD), psychiatric social work (M.Phil, PhD), and psychiatry nursing (DPN) must be made available in universities and colleges.

5. Since there aren't many M.Phil. Clinical Psychology seats available at the registered institutions, there are also extremely few competent clinical psychologists. As a result, additional seats in RCI-accredited educational institutions may be made accessible so that there are more competent clinical psychologists in the country. In order to bridge the gap between the mental health professional and the patient, it may also be advised that more institutions make seats for counselling psychologists available. Counselling psychologists should also register in RCI, like clinical psychologists.

6. To meet the requirements of the patients and ensure the efficient operation of all mental health establishments, all open positions in institutions may be quickly posted and filled. They may firmly follow up on filling the openings in all categories and on the already-published adverts.

7. The term and function of occupational therapists may be mentioned in the Mental Healthcare Act, 2017, as they are crucial to mental health rehabilitation and treatment by aiding patients in regaining their independence in all facets of life, including their emotional, social, and physical needs. Occupational therapy must be available in all facilities for mental health.

8. Retention of good and experienced nursing staff is a major challenge for most Mental Health Institutions. There is a need to incentivise medical colleges to offer far greater mobility/ facilities/ exposure to a cross-section of patients.

9. Hospitals may consider the employment of regular employees instead of outsourced functionaries to instil a sense of belonging in the functioning of the hospitals.

10. The security persons of the institutions may be recruited after proper screening and acquiring expertise, training and sensitisation of their posting in a Mental Health Establishment. 24/7 security personnel may be posted, including women, to provide better security to patients and staff and prevent absconding.

11. As per the State Mental Health Rules, 1990 and The Gazette of India Health and Family Welfare Ministry dated 31-05-2007, the following minimum staff is recommended for a psychiatric hospital or nursing home with a hundred beds or fraction thereof:
    - One full-time qualified Psychiatrist
    - One Mental Health Professional Assistant (Clinical Psychologist or Psychiatric Social Worker)
    - Staff Nurses in the nurse-patient ratio of 1:10
    - Attendants in the Attendant patient ratio of 1:15
    - Medical Officers having recognised MBBS degree patient ratio of 1:50

12. It is advised that the Director, Superintendent, and Deputy Superintendent postings come from the psychiatry stream of study and have professional experience dealing with mental health issues, so they are qualified and willing to work in the establishment in accordance with its needs and not just for its administrative duties. All mental health facilities/hospitals must have a director who works full-time.

13. There is a need to empower the local leadership for flexible functioning and situationally relevant decision-making. The functioning of the hospital and its management requires a great deal of flexibility and local decision-making. This is only possible if the Directors/ Head of the Institution are empowered to take several decisions regarding the management and functioning of the institution. For instance,

let's consider that there are 58 male patients and 93 female patients in a Mental Health Institute. In contrast, the number of sanctioned attendants is 56 male and 23 female, out of which 46 male and 11 female attendants are currently available. Thus, although the number of male patients is only about 2/3 of the total number of female patients, the number of attendants sanctioned for female attendants is one-third the total, and the availability of male attendants is four times that of female attendants. As this ratio can keep changing, there must be flexibility in the management in line with the actual requirement. It may, therefore, be considered if the post could just be for attendants, and the Director may have the authority to decide how many male and female attendants would be engaged, depending upon the present patient mix.

14. Doctors and other personnel must attend seminars, conferences, workshops, lectures, and other in-service education to keep current on innovations in the field of mental health. Such educational activities should be embraced at the institutional level in order to be more inclusive.

15. It is recommended that all professionals involved in the healthcare system be sensitised to various mental health problems, especially common mental illnesses, through regular workshops and training programs conducted by Mental Health Institutions/ Hospitals of the State, perhaps as a part of their outreach programs. Short-term training programs may be arranged for general physicians for timely diagnosis and treatment of common mental illnesses.

16. Practices for continuous knowledge enhancement is an essential part of the Medical Community. The doctors and other medical staff should be provided with the opportunity and support by the Mental Health Institutions to attend professional conferences/ seminars/ workshops, etc. The libraries may also be involved in developing and providing a website with links to free resources and online conferences, which can then be accessed by the doctors in the hospital and other remote centres without physical library facilities.

17. In-service training and study classes may be conducted for the staff to develop pride and commitment to their work. The staff of all categories, including the police, should be sensitised about Human Rights and Mental Healthcare Act, 2017, by conducting trainings/ courses for them.

18. Sensitisation training may be imparted to all the staff in handling the patients and reducing the stigma attached to the various aspects of mental healthcare. There is a need to have short-term sensitisation Training Programs for Group-D Staff. Workers, including security personnel, pharmacists, staff nurses, nursing orderlies, attendants, and dressers, are usually the patient's first point of contact and shape their perceptions. Services, such as house-keeping and maintenance, are usually outsourced by engaging private agencies. These employees of private agencies are not trained on how to handle mentally ill patients and their families, which requires them to be gentle, sensitive and patient. Sensitising these employees with effective training modules developed by in-house experts may be suggested.

19. Appropriately integrating functions, facilities, and equipment appropriately into the system is necessary. Over time, staff and equipment from central schemes have been provided to the hospitals. For instance, according to the National Health Scheme, a helpdesk manager and operator with computer equipment and an air-conditioned room has to be provided in the hospital, and they are not supposed to do any other general work of the hospital. However, they are under worked as the data entry work is only limited to personal files and a few letters. Therefore, it may be suggested that multiple units may be established under different schemes and be reviewed to integrate with the overall functioning of the hospital, keeping in mind the need to balance the demand for services and deployment of all staff.

20. Posts of counsellors at the School/ College level are an important component of the DMHP under the NMHP. Hence, it is pertinent for all public and private educational institutions to have the posts filled with qualified staff.

C. Rehabilitation of Recovered Patients

1. Daycare facilities and rehabilitation of recovered persons and patients stable on medicines are one of the most important aspects of treating chronic mental illnesses through a multi-level approach at various fronts. Persons who have adequate capacity to ensure their self-care but are vocationally incompetent or have problems with their coordination in mental and physical abilities also do not need to remain in Mental Health Institutions and can be safely rehabilitated. It is suggested that all mental health institutions have their own or have tie-ups with a third-party halfway home/ sheltered accommodation/ rehabilitation stay for their patients.

2. The Department of Social Justice and Empowerment is the authority that oversees the subject of rehabilitation and resettlement. It appears that there is resistance in the rehabilitation centres to accept patients for rehabilitation. Therefore, it should be ensured that bi-monthly reports of the centres should be given to the concerned authority by each centre.

3. People who are youthful and have developed the necessary abilities to sustain themselves financially may be rehabilitated through NGOs supported by the Government.

4. To enhance the halfway house system, rehabilitation efforts must be coordinated with multiple departments and civil society organisations. The Departments of Health, Skill Development, Accommodation, Media, and Publicity should collaborate efficiently to support coordinated efforts to raise awareness. 'Mental Health' may also be included as a subject matter to which Corporate Social Responsibility Funds may be given under Schedule VII (i) of the Companies Act, 2013, according to the law.

5. The development of new abilities and involvement in occupational activities should be promoted in patients. Along with helping the patient make some money while receiving treatment, it will encourage a speedy recovery and social rehabilitation.

6. Institutions can arrange for Para Coaches for patients to indulge them in sports activities. There is a separate category for the intellectually challenged in the Paralympics and the Special Olympics. Those who are largely cured can perhaps participate in regular sports competitions with the general public after proper training. There is scope for making parts of vast campuses that most institutions have into playgrounds and courts for games, to promote sports and games and scope for the relaxation of patients and the staff.

7. To strengthen rehabilitation activities, it is recommended that audio-visual activities be included with the ongoing activities in MHEs to provide the necessary positive stimulus to patients. For rebuilding cognitive skills, other skills apart from art and craft need to be built in patients to help them rehabilitate themselves after discharge.

8. In order to involve patients in the social life of the hospital and prepare them for productive living, the data kept on the patients should contain their skill set and vocational profile. For instance, a patient who worked as a chef before being admitted to the institution may be permitted to assist in the kitchen once his symptoms have stabilised and at the doctor's advice.

9. Motivating the patients to move out is a herculean task since patients have an inherent fear of being neglected. Sometimes, AADHAR-based admissions and patient willingness to move out can be considered for early discharge. Hospitals should ensure proper registration of the patients at admission time so that there are no problems in their rehabilitation.

10. Many patients are unable to recall their address or other details. Since the Police and the State Crime Record Bureau (SCRB) / National Crime Records Bureau (NCRB) have the details of missing persons, regular reference to that information may be useful for tracing their identity.

11. To properly repatriate rescued foreign national patients, efforts should be made for more efficient collaboration with the various nations' embassies and other concerned legal agencies.

12. Many patients in the institutions/ hospitals are retained despite being fit for discharge. This is majorly due to their families being reluctant to take them back home, probably because of fear of relapse and distressing conditions at home. There should be a more interactive module to work with such caregivers/ families and ensure minimum assistance from hospitals, including priority re-admission, constant monitoring and home visits. NGOs may also be involved in facilitating their rehabilitation and taking them to halfway/ shelter homes and/or providing them with some financial assistance for medicines, food, shelter, clothing, etc., to overcome the aspect of unaffordability.

13. In circumstances when families refuse to take the recovered patients back home, as urged by many mental health facilities, the families may be required by law to provide assistance for the mentally ill, without which their approach to rehabilitation will remain ineffective.

14. The rehabilitation statistics suggest that fewer people are willing to take back female patients, especially when parents are not alive and siblings are married or away. Therefore, the discharge of females is less than males. There is a need to enhance the rehabilitation efforts for women, like women's shelter homes, where they have adequate resources.

15. Regular Psychoeducation Programs must be made mandatory in all mental health establishments. Family-led programmes may be introduced, which may help them and their patients cope better and make them learn about the patient's condition and the kind of help and support they can offer to their patients.

16. Under Section 27 of the Mental Healthcare Act 2017, a person with mental illness is entitled to receive free legal services to exercise their rights. However, this has proved insufficient to put the responsibility on legal enforcement officials to carry out their duties, especially in escorting patients to their homes or rehabilitation homes or assisting mental health institutions in finding addresses and families of patients without identity proof. Therefore, legal-aid support to patients should be strengthened. The responsibilities of other agencies under Sections 100 and 101, Chapter XII of the Mental Healthcare Act, 2017, should also be strengthened and implemented diligently.

17. Section 19 (2) of the Mental Healthcare Act, 2017 talks about Community Living, '*Where it is not possible for a mentally ill person to live with his family or relatives, or where a mentally ill person has been abandoned by his family or relatives, the appropriate Government shall provide support as appropriate including legal aid and to facilitate exercising his right to the family home and living in the family home.*' However, the hospitals have considered it a norm to not discharge the patient without the support of the families in most cases. A cohesive and coordinated approach among all legal agencies and hospitals is required to ensure that a patient's right is not being veiled from them.

18. Due to the fact that many Halfway Homes do not accept patients above the age of 60, many elderly patients remain in the hospital even after they have recovered. In order to provide essential services within the framework of appropriate legal rules and policies, rehabilitation provisions for geriatric patients need to be revised at the policy level.

D. Maintenance of Mental Health Institutions and Provision of Basic Amenities

1. All mental health facilities must get the appropriate money on schedule. In reality, in some circumstances, the budget may also need to be raised for the effective upkeep of infrastructure, expanded housing options, suitable basic amenities, hiring of permanent and contract workers, etc.

2. Most Mental Health Institutions/ hospitals are timeworn. Therefore, it is advisable that they be renovated and revamped to fit with modern technology and services, along with maintaining and enhancing general amenities of a hospital, including the number of beds, water, sanitation, food, bedding, clothing, provision of recreational activities, etc.

3. There is a need for an integrated plan to map the facilities available in the institutions and their proper use. In addition, several very old structures have been declared unsuitable for human habitation, and many of these can be converted into stores, freeing up good space for offices.

4. As per the State Mental Health Rules 1990, it must be ensured that adequate floor space, depending on the number of beds, is provided in the wards, which is the minimum physical feature recommended for a psychiatric hospital or nursing home.

5. It is essential to create and build a special ward with OPD and IPD capabilities for the geriatric population due to the dramatically rising percentage of the elderly population and lifestyle diseases and complexity.

6. A separate ward for children and adolescents should be mandatory in all Mental health Establishments. The establishments with children in the same wards as adults have a total lack of consideration of the terrible consequences of institutionalising a child, placing them at obvious risk of physical and sexual abuse and, without a doubt, directly causing mental anguish and trauma.

7. The current functioning of mental health establishments resembles patients kept in social isolation or locked up. There is a strong need to remove an atmosphere of social isolation. It is important to have regular engagements to keep the patients occupied in group entertainment, like playing board games, watching television, listening to music, or other recreational group activities, or social work so that they can feel they are leading a normal social life. In addition, visits to nearby temples, shrines, and parks may be organised under strict supervision to engage the patients in a regular social setting. This will not only contribute to mental wellness but also helps in countering stigma in society.

8. Hospitals should have an emergency unit on the ground for immediate transfer of patients to nearby general hospitals in case of specialised medical emergencies. The emergency unit must be integrated within the mental health establishment with the necessary equipment, staff and transportation services.

9. CCTVs must be installed in all wards. The period of retention of CCTV should be at least six months, which could help investigate significant incidents in the Institution. Therefore, institutions must install the Centre Pan, Tilt and Zoom-type CCTVs instead of the old technology to ensure security and leave no blind spots. A proper monitoring system with dedicated observers may be employed.

10. Cleanliness, hygiene, sanitation, proper ventilation, clean bedding and clothes, clean drinking water, and nutritious food must be ensured at all times at all mental health establishments.

11. It is recommended that the amount spent per day per head on food for patients of the Mental health institutions/ hospitals must be regulated and maintained at an adequate range, perhaps between Rs. 150 - Rs. 250 to provide the patients with a nourishing and healthy meal.

12. Mental Health Institutes need to consider increasing the number of family cottages to provide better mental healthcare to the patients in proximity to their families, ensuring adequate support.

13. It is necessary to have a digitised record-keeping system with proper hospital and patient management software. This can be done centrally, and appropriate application software may be sourced and installed. Only after patient data is digitised can it be analysed, and the evidence can be used for decision-making and tracking and improving the quality of care.

14. Instead of outsourcing to an agency, efforts should be made to establish in-house labs and facilities, such as diagnostic equipment, a pathology lab, forensic services, etc., and hire a variety of employee categories for the optimal and correct utilisation of these resources.

E. Treatment Protocols and Availability of Medicines

1. It is necessary for Mental Health Institutions to have various subspecialty psychiatry clinics for the use of the ordinary person (like outpatient services with the availability of child guidance, psycho-educational services, psychology and social work training, psychological assessment facility), special investigation facilities and radiological services and other medical specialists.

2. Every day, private diagnostic agencies raise the price of tests and medications. State governments may take into account specific public-private partnerships and alliances to conduct the tests for less money or at a set price that must be affordable to everybody.

3. A formal treatment protocol or Standard Operating Procedure (SOP) should be made available at all hospitals/ institutions. These documents are necessary for ensuring quality control and measuring service quality.

4. It has been observed that in a few hospitals/ institutions, admission and other administrative forms are still being governed by the Mental Health Act 1987. The hospital must adhere to the Mental Healthcare Act 2017 to fulfil all legal and administrative obligations.

5. It is necessary to ensure that all kinds of admission, other administrative forms and especially the consent forms are in the vernacular language.

6. It is imperative that the patient grievance redressal mechanism in hospitals be strengthened. Complaints should be registered in writing, and an internal enquiry should be conducted for every complaint. A grievance redressal committee, with a head officer, must be established in every hospital/ institution to take the appropriate measures for redressal.

7. Currently, the medical health treatment at the hospitals is medicine and drugs oriented. A more comprehensive approach is required to include physical exercise, yoga, meditation, and psychological counseling. A comprehensive SOP should be developed for constructing a multi-modal approach to treatment.

8. For the benefit of patients in need, there is a need to simplify the provision of psychiatric medications from government outlets in the State, both jurisdictionally and within institutions or designated centres, with clearly defined protocols for preventing theft and embezzlement.

9. The need to increase patient access to medicine is critical. It is necessary to analyse and strengthen the inventory list and management. All hospitals and institutions must have a number of necessary medications. The availability of pharmaceuticals and medicines must be coordinated, especially in close-by hospitals and pharmacies.

10. The drug distribution centres should be under the supervision of an effective system. The concerned authority may need to issue a comprehensive directive to simplify the centres' system for collecting free medicines.

11. In order to take benefit from the District Mental Health Programme (DMHP) camps, which offer free medication and treatment, Asha workers, Junior Health Inspectors (JHI), and Junior Public Health Nurses (JPHN) must take a proactive approach to identify the mentally ill patients in their community.

F. Service to the State

1. The Right of Persons With Disability Act, 2016 (RPwD Act) provides for Pension (up to Rs 22000 yearly as fixed from time to time by the State Government), Travel Concession and 4% Reservation in jobs, 5% Reservation in educational institutions and other incentives, for persons having a disability for which a Benchmark of disability of 40% and above. It specifies various disabilities like blindness, deafness etc., as well as Autism, Intellectual Disability, Mental Illness and multiple disabilities, i.e. a combination of various disabilities. However, a report by the licensed professional is mandatory to avail the benefits of these funds and reservations. Therefore, it should be promoted, and people must be made aware of these available benefits.

2. Based on the disability certificate, persons should be enrolled into the Unique Disability ID Card portal of the Department of Empowerment of Persons with Disabilities, Ministry of Social Justice and Empowerment, Government of India. This is necessary so that these persons can use a single document of identification and verification for availing various facilities, benefits or concessions under the available schemes.

3. Many under-trial patients in government mental health institutions cannot face the trial due to their acute symptoms of mental illness and continue to remain in for several decades in the institution. The Mental Health Review Boards should make the details of mentally ill prisoners detained in jails and mental health institutions available to the State Legal Services Authority. Based on the details thus received, the State Legal Services Authority may bring deserving cases to the notice of the High Court to enable the High Court to take an appropriate decision on the judicial side for their trial.

4. It should be the duty of the Police to guard Criminal Miscellaneous Petition (CMP) patients. Since they do not have any criminal case against them, putting them up with Remand Prisoners having criminal antecedents is not a conducive arrangement for their treatment. Therefore, it is recommended that a separate ward be made for CMP.

5. Camps may be organised and set up in Mental Health Establishments to provide Aadhar cards to patients for updating their details or biometric features or to get new ones.

6. It has been observed that it is difficult to open bank accounts for patients who cannot recall their names. Consequently, they don't get any benefits from the Government in the absence of bank accounts. This may be taken up with the concerned authority and appropriate decisions must be taken in this regard.

7. All fatalities that take place on the grounds of a hospital, institution, sheltered home, shared housing, rehabilitation home, halfway house, mercy house, etc. must be reported to the local police within 24 hours of the death for legal help.

Annexure - I

List of Government Mental Health Establishments (MHE) visited for the purpose of this Study

S.No	Mental Health Establishment	State/ Union Territory
1	Government Hospital for Mental Care, Visakhapatnam, Andhra Pradesh	Andhra Pradesh
2	Regional Mental Hospital, Papum Pare District, Arunachal Pradesh	Arunachal Pradesh
3	Lokopriya Gopinath Bordoloi Institute of Mental Health, Tezpur, Assam	Assam
4	Bihar State Institute of Mental Health and Allied Sciences, Koilwar, Bhojpur, Bihar	Bihar
5	State Mental Health Hospital, Bilaspur, Chhattisgarh	Chhattisgarh
6	Institute of Human Behavior & Allied Sciences, Delhi	Delhi
7	Institute of Psychiatry & Human Behavior, Panaji, Goa	Goa
8	Hospital for Mental Health, Bhuj, Gujarat	Gujarat
9	Hospital for Mental Health, Jamnagar, Gujarat	
10	Hospital for Mental Health, Ahmedabad, Gujarat	
11	Hospital for Mental Health, Vadodara, Gujarat	
12	Himachal Hospital of Mental Health & Rehabilitation, Shimla, Himachal Pradesh	Himachal Pradesh
13	Government Hospital for Psychiatric Diseases, Srinagar, Jammu and Kashmir	Jammu and Kashmir
14	Government Psychiatric Diseases Hospital, Jammu, Jammu and Kashmir	
15	Central Institute of Psychiatry, Patratoli, Kanke, Jharkhand	Jharkhand
16	Ranchi Institute of Neuropsychiatry and Allied Science, Kanke, Ranchi, Jharkhand	
17	Dharwad Institute Of Mental Health And Neurosciences, Dharwad, Karnataka	Karnataka
18	National Institute Of Mental Health & Neuro Sciences, Bengaluru, Karnataka	
19	Mental Health Centre, Oolampara, Thiruvananthapuram, Kerala	Kerala
20	Government Mental Health Centre, Kuthiravattom, Kozhikode, Kerala	
21	Government Mental Health Centre, Poothole, Thrissur, Kerala	
22	Gwalior Mansik Arogyasala, Central Jail Road, Ghosipura, Gwalior, Madhya Pradesh	Madhya Pradesh
23	Mental Hospital, Indore, Madhya Pradesh	
24	Regional Mental Hospital, Nagpur, Maharashtra	Maharashtra
25	Regional Mental Hospital, Yerawada, Pune, Maharashtra	
26	Regional Mental Hospital, Wagle Estate, Thane (W), Maharashtra	
27	Regional Mental Hospital, Ratnagiri, Maharashtra	

S.No	Mental Health Establishment	State/ Union Territory
28	Meghalaya Institute of Mental Health & Neurosciences, Shillong, Meghalaya	Meghalaya
29	State Mental Health Institute, Kohima, Nagaland	Nagaland
30	Mental Health Institute, S.C.B. Medical College, Manglabag, Cuttack, Odisha	Odisha
31	Dr Vidyasagar Mental Hospital, Amritsar, Punjab	Punjab
32	Mental Hospital (Psychiatric Centre), Jaipur, Rajasthan	Rajasthan
33	Mental Hospital, (Psychiatric Center), Jodhpur, Rajasthan	
34	Institute of Mental Health, Kilpauk, Chennai, Tamil Nadu	Tamil Nadu
35	Institute of Mental Health, Government Hospital for Mental Care, Eragadda, Hyderabad, Telangana	Telangana
36	Modern Psychiatric Hospital, Agartala, Tripura	Tripura
37	Department of Psychiatry, Tripura Medical College Dr B.R. Ambedkar Teaching Hospital, Hapania, Tripura	
38	Department of Psychiatry, Agartala Medical College & GB Pant Hospital, Agartala, Tripura	
39	State Mental Health Institute, Dehradun, Uttarakhand	Uttarakhand
40	Institute of Mental Health & Hospital, Agra, Uttar Pradesh	Uttar Pradesh
41	Mental Hospital Bareilly, Bareilly, Uttar Pradesh	
42	Mental Hospital, Varanasi, Uttar Pradesh	
43	Lumbini Park Mental Hospital, Kolkata, West Bengal	West Bengal
44	Institute for Mental Care, Purulia, West Bengal	
45	Berhampore Mental Hospital, Murshidabad, West Bengal	
46	Institute of Psychiatry, Kolkata, West Bengal	
47	Calcutta Pavlov Hospital & Centre for Excellence on Mental Health, Kolkata, West Bengal	

Annexure - II

Raw Data Collected from the Visits to Government Mental Health Establishments for the purpose of this Study (ONLY FOR REFERENCE)

-	Data Not Available
*	Data input in the Proforma inconsistent with the Report Submitted
S.No Key	Refer to Annexure 1 to correspond the number with the name of the Institute

Part - 1

S.No	Total Bed Strength			No. of Vacancies		
	Sanctioned	Actual	No. of Patients Admitted	Sanctioned Posts	Occupied Posts	Vacant Posts
1	300	300	-	186	146	40
2	20	20	-	31	31	0
3	336	336	-	129	110	19
4	272	180	-	140*	67*	73*
5	200	200	140	102	55	47
6	356	309	-	163	90	73
7	190	190	154	23*	10*	13*
8	16	16	24	40*	36	4
9	50	50	33	44*	39*	5
10	317	317	-	215	202	13
11	300	360	-	151	99	52
12	62	62	-	32*	28*	2*
13	100	130	-	144	71	73
14	120	120	-	11*	7*	4*
15	643	643	565	796	521	275
16	500	583	579	670	202	468
17	375	230	-	254	209	45
18	1096	1082	-	1907	1703	204
19	531	720	615	30*	30*	0
20	474	474	426	-	-	-

S.No	Total Bed Strength			No. of Vacancies		
	Sanctioned	Actual	No. of Patients Admitted	Sanctioned Posts	Occupied Posts	Vacant Posts
21	361	156	-	132	132	0
22	212	242	-	70	32	38
23	155	155	-	243	157	86
24	940	940	480	258	148	110
25	2540	1300	-	755	477	261
26	1850	1024	947	723	490	233
27	365	365	-	144	83	61
28	150	150	-	32	36	-
29	30	30	8	39	7	32
30	120	120	-	111	88	19
31	450	450	-	188	70	118
32	312	312	-	255	196	59
33	115	115	-	61	37	24
34	1800	1200	746	59	41	18
35	600	600	-	275	180	95
36	50	50	235	40	14*	26*
37	550	-	6	16*	18*	4*
38	727	811	-	5	4	1
39	30	42	42	41	34	15*
40	838	838	353	276	244	32
41	408	314	-	85	69	16
42	361	267	151	86	33	53
43	200	257	-	147	99	48
44	200	234	231	146	94	52
45	400	650	578	395	116	279
46	140	140	-	220	194	34
47	370	530	641	232	186	46

Part - 2

S.No	Bed Strength in Psychiatry Ward							Mean duration of stay
	Male	Female	Children	Geriatric	Total	De-Addiction	Rehabilitation Unit	(In Days)
1	225	75	10*	10*	300	24*	0	21
2	10	10	0	0	20	0	0	21
3	246	90	26	24	336	24	Yes	23
4	120	60	0	0	120	90	2	189
5	105	85	10	0	200	0	15	30
6	115	65	15	20	201	20	Yes	21
7	190	78	4	0	190	0	70	36
8	8* (Occupancy-17)	8	2*	2*	16	2	16	90
9	40	10	0	0	50	0	10	-
10	165	115	30	20	317	50	85	31
11	200	100	0	0	300	0	60	-
12	30	20	-	-	50	0	12	120
13	70	30	0	0	100	30	No	18
14	70	48	2	0	120	20	Yes	18
15	421	222	50	0	643	70	50	35
16	400	150	0	54	550	50	Yes	251
17	80	80	10	-	220	20	No	14
18	204	141	64	5	545	80	120	15
19	18	12	4	-	531	26	96	-
20	297	174	-	-	474	8	1	85
21	221	140	-	-	361	8	Yes	519
22	93	117	-	-	-	-	-	-
23	60	65	5	5	135	20	Yes	13
24	660	280	0	0	940	0	50	38
25	1540	1000	0	200	2540	30	100	161
26	1050	800	0	100	1850	0	60	180

S.No	Bed Strength in Psychiatry Ward							Mean duration of stay
	Male	Female	Children	Geriatric	Total	De-Addiction	Rehabilitation Unit	(In Days)
27	265	55	5	20	365	20	40	45
28	100	50	0	0	150	0	0	60
29	16	7	2	2	30	3	-	21
30	60	40	20	0	120	15	10	18
31	300	150	0	0	450	0	10 (Only Females)	-
32	180	90	16	26	312	10	20	50
33	56	29	0	0	115	30	Yes	12
34	465* (Sanctioned 650)	281* (Sanctioned 450)	10	35* (Sanctioned 40)	1200	20* (50)	100	76
35	400	200	0	0	600	25	20	23
36	30	14	6	0	50	8	0	20
37	5	5	0	0	10	0	0	5
38	20	10	0	0	30	0	8	20
39	13* (Occupancy 23)	13* (Occupancy 14)	0	0	30	0	0	8
40	633 (Occupancy 340)	205 (Occupancy 145)	20* (Male Ward)	20* (Male Ward)	838	20* (Male Ward)	Yes	58.45
41	361	137	0	0	498	0	2	185* (General ward)
42	270	91	0	0	361	0	0	90
43	100	100	0	0	0	0*	60	0
44	110	90	0	0	200	0	0	115
45	306	344	0	0*	650	0	70	271
46	60	60	5	5	140	10	Yes	25
47	165	205	0	0	370	0	Yes	150

Part - 3

S.No	No. of Patients with Stay Duration > 1 year	No. of Patients with Stay Duration > 5 years	No. of Patients where Families have refused to take them back	No. of Patients fit for Discharge on the day of visit	Daily Average Attendance in Psychiatry OPD	Total No. of New Patients in OPD in Last Year (2021-22)	No. of new IPD Patients in the Last Year (2021-22)
1	8	6	17	17	260	6866	3058
2	0	0	0	-	5	442	50
3	11	2	6	-	263	15645	12
4	28	2	16	28	13550	29450	128
5	21	2	34	35	75	4704	1226
6	5	1	46	-	1800	54595	2757
7	31	64	57	57	100	5503	734
8	2	0*	0*	5	56	3943	628
9	7	2	-	2	15	896	54
10	0*	0*	0*	5	298	11216	230
11	81	30	28	10	482	5151	2054
12	13	0	12	15	7	1062	133
13	30	18	5	6	208	41439	1127
14	4	1	8	7	125	19435	1400
15	2	48	50	14	280	79114	3733
16	249	135	262	82*	184	9616	864
17	5	15	8	-	250	7819	1800
18	16	29	17	17	425	13524	3149
19	155	19	20	108	190	9138	4625
20	115	32	36	41	107	4775	2162
21	-	-	-	10	122	2918	1478
22	-	-	-	-	-	-	-
23	7	19	6	6	160	7285	752
24	167	33	14	14	110	2269	1208
25	236	360	20	159	180	4375	1387

S.No	No. of Patients with Stay Duration > 1 year	No. of Patients with Stay Duration > 5 years	No. of Patients where Families have refused to take them back	No. of Patients fit for Discharge on the day of visit	Daily Average Attendance in Psychiatry OPD	Total No. of New Patients in OPD in Last Year (2021-22)	No. of new IPD Patients in the Last Year (2021-22)
26	128	144	26	156	180	1670	1123
27	31	32	13	41	74	1335	2132
28	24	2	8	24	48	1064	1536
29	3	1	3	2	5	164	63
30	0*	0*	83	7	180	8224	1685
31	54	162	49	49	200	11563	52
32	59	25	0	26	309	38548	1093
33	8	8	1	8	111	18519	1570
34	440	-	32	0	336	6170	4163
35	22	9	13	86	407	9196	2426
36	27	13	60	79	45	2016	711
37	0*	0*	-	-	-	-	238
38	-	-	-	0	35	305	277
39	27	10	26	27	100	3276	165
40	173	84	54	-	203	7618	2167
41	60	41	39	0	330	9127	160
42	40	8	10	11	480	4453	907
43	124	63	97	209	48	2092	216
44	133	51	79	79	234	5132	115
45	274	204	232	402	250	26390	1767
46	3	6	11	11	800	24617	1794
47	441	270	225	238	354	21355	386

Part - 4

S.No	No. of Deaths in the Last Year (2021-22)	No. of Suicides in the Last Year (2021-22)	Availability of Emergency Services	Availability of Investigation & Laboratory Facilities including Psychological Testing Available	Availability of ECT Services	Provision of Half-Way Homes/ Sheltered Accommodation / Supported Accommodation
			Yes/No	Yes/ No	Yes/No	Yes/No
1	2	1	Yes	Yes	Yes	Yes
2	0	0	Yes	Yes	No	Yes
3	0	0	Yes	Yes	Yes	No
4	1	0	Yes	Yes	No	Yes
5	3	1	Yes	Yes	No	No
6	110	0	Yes	Yes	Yes	Yes
7	4	0	Yes	Yes	Yes	Yes
8	0	0	Yes	Yes	Yes	Yes
9	1	0	Yes	Yes	No	No
10	-	-	Yes	Yes	Yes	Yes
11	7	0	Yes	Yes	Yes	No
12	0	0	Yes	No	No	Yes
13	1	0	Yes	Yes	Yes	No
14	1	0	Yes	Yes	No	Yes
15	8	0	Yes	Yes	Yes	-
16	23	1	Yes	Yes	No	No
17	1	0	Yes	Yes	Yes	No
18	2	0	Yes	Yes	Yes	Yes
19	2	2	Yes	Yes	Yes	Yes
20	9	1	Yes	Yes	Yes	No
21	4	0	Yes	Yes	No	No
22	18	-	No	Yes	Yes	No
23	3	1	Yes	Yes	Yes	No
24	18	0	Yes	Yes	Yes	Yes

S.No	No. of Deaths in the Last Year (2021-22)	No. of Suicides in the Last Year (2021-22)	Availability of Emergency Services	Availability of Investigation & Laboratory Facilities including Psychological Testing Available	Availability of ECT Services	Provision of Half-Way Homes/ Sheltered Accommodation / Supported Accommodation
			Yes/No	Yes/ No	Yes/No	Yes/No
25	40	0	Yes	Yes	Yes	No
26	33	0	Yes	Yes	Yes	No
27	1	0	Yes	Yes*	No	Yes
28	0	0	Yes	Yes*	No	No
29	0	0	Yes	No	Yes	Yes
30	3	0	Yes	Yes	Yes	Yes
31	10	0	Yes	Yes	Yes	Yes
32	4	0	Yes	Yes	Yes	Yes
33	6	1	Yes	Yes	Yes	Yes
34	38	1	Yes	Yes	Yes	Yes
35	0	0	Yes	Yes	Yes	No
36	3	0	Yes	Yes	No	Yes
37	-	0	Yes	Yes	No	-
38	0	0	Yes	Yes	Yes	No
39	2	0	Yes	Yes	No	No
40	-	0	Yes	Yes	Yes	-
41	6	0	Yes	No	No	Yes
42	3	0*	Yes	No	Yes	Yes
43	2	0	Yes	Yes	No	Yes
44	21	0	Yes	Yes	No	No
45	10	0	Yes	Yes	No	Yes
46	0	0	Yes	Yes	Yes	Yes
47	69	0	Yes	Yes	No	Yes

Part - 5

S.No	Availability of Rehabilitation Facilities	Involvement in DMHP Program	Calorie given per Patient	Total Amount Spent per Patient on Food	Budget Allocation to the Institution in the Last Year (2021-22) (Round off in Crores)	
	Yes/No		Kcal	Rs/Day	Receipt Grant	Expenditure
1	No	Yes	3180	56	5.71	47.77
2	No	Yes	2700	300	2	1.8
3	Yes	Yes	2619	105	67.16*	58.21*
4	Yes	No	2300	157	1.9	1.9
5	Yes	Yes	2000	130	7.3	8.77
6	Yes	Yes	2500	100	110.57*	115.18*
7	Yes	No	2000	80	4.22	-
8	Yes	No	2000	215	5	3.35
9	Yes	No	2250	48.6	3.25	3.22
10	Yes	Yes	2510	84	5.32	5.08
11	Yes	No	-	81	14.07	13.96
12	Yes	No	2300	226	3.87	-
13	No	No	2250	136.3	9.43	-
14	Yes	Yes	2417	0	3.85	-
15	Yes	Yes	-	-	1.25	0.92
16	Yes	No	-	-	40.46	31.06
17	Yes	Yes	-	86.45	18.12	16.94
18	Yes	Yes	2850	95	-	-
19	Yes	Yes	2300	110	-	-
20	Yes	Yes	2500	95	4.58	4.57
21	Yes	Yes	2500	112.5	-	-
22	Yes	No	-	48	-	-
23	Yes	Yes	2300	48	10.93	10.66
24	Yes	Yes	2400	89	0.83	-
25	Yes	No	2700	70	-	-
26	Yes	No	2500	80	0.83	0.33
27	Yes	No	2832	70	10.58	7.88

S.No	Availability of Rehabilitation Facilities	Involvement in DMHP Program	Calorie given per Patient	Total Amount Spent per Patient on Food	Budget Allocation to the Institution in the Last Year (2021-22) (Round off in Crores)	
	Yes/No		Kcal	Rs/Day	Receipt Grant	Expenditure
28	No	Yes	1500	100	-	-
29	No	No	2500	90	-	-
30	Yes	Yes	2100	85	13.707	-
31	Yes	Yes	2350	70	2.29	3.34
32	Yes	Yes	2500	73	21.3	-
33	Yes	Yes	2400	67.3	4.76	-
34	Yes	Yes	2300	100	5.7	-
35	Yes	Yes	3180	112	19.57	-
36	Yes	Yes	-	-	-	-
37	-	No	1900	100	-	-
38	Yes	No	3000	150	21.01	-
39	No	No	2647	189	1.6	1.41
40	Yes	No	-	78	8.10	16.67
41	Yes	No	2500	120.53	2.58	2.58
42	No	No	2500	110.89	11.04	10.5
43	Yes	No	2300	72.96	0.02	0.02
44	Yes	No	2837	72.96	9.44	9.63
45	Yes	Yes	2450	72.96	12.37	8.97
46	No	No	2200	72.96	14.09	12.48
47	Yes	Yes	2100	72.96	13.21	-

Annexure - III

Additional Information on the Barriers in Discharging Recovered Patients in Mental Health Establishments

S.No	Mental Health Establishment	Number of Patients Admitted as on 31.12.2022	Number of Patients Recovered as on 31.12.2022	Number of Patients Recovered but continue to stay in the Hospital as on 31.12.2022	Reason for not sending the Patients back Home
1	Government Hospital for Mental Care, Visakhapatnam, Andhra Pradesh	261	12	12	• Waiting for escorts to take patient. • A patient belongs to Bangladesh; thus, coordinating with Embassy people through Chittoor district police officials is underway as the patient came from Chittoor. • Information has been given to Judicial Magistrate, Nellore as a patient was referred for admission by Court.
2	Regional Mental Hospital, Midpu, Dolmukh, Papum Pare District, Arunachal Pradesh	Data not Provided	-	-	-
3	Lokopriya Gopinath Bordoloi Institute of Mental Health, Tezpur, Assam	1694* (During last 1 year)	1666* (During last 1 year)	2	• Patient's relatives have been contacted, but are not willing to take her back home due to financial constraints and poor social support. So, NGO placement was considered. Could not be discharged due to the unavailability of space at the NGO. • The patient has hearing and speech impairment, so no information regarding his home address could be elicited. NGO placement was considered but could not be discharged due to the unavailability of space at the NGO.

4	Bihar State Institute of Mental Health and Allied Sciences, Bhojpur, Bihar	122	09	09	The 09 patients were discharged in January – 2023 and February – 2023. Hence no recovered patients are still admitted as of 28.02.2023.
5	State Mental Health Hospital, Sendri, District Bilaspur, Chhattisgarh	140	02	-	• Unable to locate the postal address of patients. • No vacant beds available at the halfway home in Bilaspur.
6	Institute of Human Behavior & Allied Sciences (IHBAS), Delhi	15	NIL	NIL	Not Applicable
7	Institute of Psychiatry & Human Behavior, Bambolim Panaji, Goa	152	63	63	• Details of family and addresses are not available. Patients do not have the capacity to take healthcare decisions. They are incapable of independent living, hence being considered for provedoria placement. • Poor social support, and they do not have a place of their own. • A patient is unmarried. The patient's sisters are married and living separately; their parents have expired. Hence, they lack social support. • Patients are being considered for halfway home and are awaiting a vacancy. • Family, in some cases, are unwilling, and thus social work is still ongoing. • In many cases, families are awaited for discharge.
8	Hospital for Mental Health, Lotus Colony, Bhuj, Gujarat	Data not Provided	-	-	-

9	Hospital for Mental Health, Indradeep Society, Jamnagar, Gujarat	32	02	02	• The hospital found the address and other details as a patient was admitted as a wandering person and contacted his relative in Madhya Pradesh. As of January 2023, the relative had not come. Permission was taken from the higher department on 04/02/2023, and the patient was rehabilitated to his home in Madhya Pradesh. • The hospital found the address and other details as a patient was admitted as a wandering person and contacted his relative in Bihar. As of January 2023, the relative had not come. Permission was taken from the higher department on 10/03/2023, and the patient with the hospital team was on the way to rehabilitate this patient in Bihar state.
10	Hospital for Mental Health, Shahibaug Road, Ahmedabad, Gujarat	289	1914* (During last 1 year)	NIL	NA
11	Hospital for Mental Health, Karelibaug, Vadodara, Gujarat	Data not Provided	-	-	-
12	Himachal Hospital of Mental Health & Rehabilitation, Shimla, Himachal Pradesh	48	30	18	• Patient sent back to the family on short leave. • Plans are underway to shift patients to halfway home. • Patients are not able to reveal their whereabouts. • Family is not willing to take • back the patient. • Patient's home town is in a different state, and their transportation and escort is an issue.

13	Government Hospital for Psychiatric Diseases, Botaraj Colony, Srinagar, Jammu and Kashmir	3145* (During last 3 years)	3052* (During last 3 years)	04	• Lack of social support - Patients that get admitted to the 'chronic wards' of the hospitals don't have a caregiver or often lack adequate family or social support. In such cases, there is a high likelihood of a patient being re-admitted to the hospital immediately following discharge. • Readiness of family - There is a lack of readiness of the family members of patients (with chronic mental illness) to take them home. Sometimes the family expresses concerns about the discharge timing and is reluctant to take the patient home. This prolongs the hospital stay. • Unknown patients with a language barrier - Sometimes, patients without identity proof of different ethnicity or those speaking a different language are admitted to the hospital. These patients are generally from different states or even a country. The 'language barrier' and the 'efforts to trace the family' of such patients, and the 'communications with the legal services' is time-consuming and lengthen the hospital stay of such patients. • There is a patient who identifies himself as Duniraj Pokhral and as a foreign national from Nepal. His whereabouts are unknown. • Multiple telephonic communications to raise the issues with the concerned Chief Judicial Magistrate and local Police Station have also not yielded any response to date. • The cases are being taken up with District legal services. • A Lack of social support and lack of family readiness for discharge.

14	Government Psychiatric Diseases Hospital (GPDH), Krishna Nagar, Jammu, Jammu and Kashmir	44	08	08	• Awaiting orders from the Hon'ble Court and Administrative Department. • The patients have been abandoned by their families. • The non-availability of rehabilitation homes for female patients. A request has been sent to the Administrative Department and Social Welfare. • Addresses of the patients are not traceable.
15	Central Institute of Psychiatry, Kanke, Jharkhand	510	-	47	Several letters were sent to guardians, but they are unwilling to take the patients back home.
16	Ranchi Institute of Neuropsychiatry and Allied Science (RINPAS), Kanke, Ranchi, Jharkhand	1214* (During last 1 year)	1234* (During last 1 year)	149	Multiple letters were sent to the given address and mobile communication. But no one from the family ever responded to the voluntary boarders. Patients were escorted to their homes, but the relatives were not located at the given address.
17	Dharwad Institute Of Mental Health And Neurosciences, Dharwad, Karnataka	129	-	-	• As the patients have intellectual disability, they cannot tell their addresses. The institute has requested the court to instruct the police to shift the patients to Rehabilitation Home in Bengaluru. • A letter has been sent to the Hon'ble court to give discharge order to relatives and to make arrangements for the discharge of the patients.
18	National Institute Of Mental Health & Neuro Sciences, Lakkasandra, Bengaluru, Karnataka	Data not Provided	-	-	-

19	Mental Health Centre, Oolampara, Thiruvanantha-puram, Kerala	585	161	149	• There are other state's patients in the forensic ward that the centre cannot send home. Their address could not be traced. • The centre found the patient's relatives, but they are not coming to discharge the patients or ready to take care of them. There is a poor response from the families in spite of sending repeated reminders. • NGOs are not ready to take care of the patients or have provisions for the rehabilitation of these patients. • Isolation, living alone, poor family and social support. • In some cases, patients are unwilling to go to rehabilitation centres. • A patient has cancer and requires other healthcare services and resources.
20	Government Mental Health Centre, Kuthiravattom Rd, Kuthiravattom, Kozhikode, Kerala	Data not Provided	-	-	-
21	Government Mental Health Centre, Poothole, Thrissur, Kerala	Data not Provided	-	-	-
22	Gwalior Manasik Arogyasala, Central Jail Road, Gwalior, Madhya Pradesh	212	93	64	• Not accepted by family members. • Home address not known.
23	Mental Hospital, Indore, Madhya Pradesh	138	06	06	These recovered patients were not sent back to their homes as their residential addresses were non-traceable, or their family members were not accepting them.
24	Regional Mental Hospital, Nelson Square Nagpur, Maharashtra	Data not Provided	-	-	-

25	Regional Mental Hospital, Yerawada, Pune, Maharashtra	Data not Provided	-	-	-
26	Regional Mental Hospital, Wagle Estate, Dharamveer Nagar, Thane Maharashtra	988	441	300	• Patients without an identity proof, who are brought by Police or NGOs, their address is not yet traced due to their mental condition. Also, most of the patients are not able to recover their address after getting stable mental health. • There are no blood relatives available for some patients to take them home. • Few of the patient's relatives are senior citizens. Thus they don't take their patients home. • Unresponsive/Unsupportive family (When the Social Workers contact relatives to inform them about the discharge, relatives even threaten by saying that they will not take the patient home and it is the responsibility of the hospital to take care of them). • Change in the address which the relatives provide during admission. • Wrong phone number of patient's relative. • Most of the relatives give repeated assurance that they will take their patients home, but they never come.
27	Regional Mental Hospital, Ratnagiri, Maharashtra	Data not Provided	-	-	-

28	Meghalaya Institute of Mental Health & Neurosciences, Pasteur Hills, Shillong, Meghalaya	306* (During last 1 year)	310* (During last 1 year)	27	• Patient discharged & transferred to KJP SELDA, Halfway Home (Male) Nongmensong on 03/03/2023. • Patients refuse to leave the institute. • Families expressed that they cannot care for the patient at home due to their defiant behaviour. Hence follow-up and drug compliance also becomes poor. Patients would again start using any substance (alcohol) and therefore becomes aggressive and unmanageable at home. • Latest intimation was also sent to the Director of Health Services (Research etc.) cum CEO of State Mental Health Authority & Director of Health Services (MI) vide letter No. MIMHANS/22-23/SMHA/80/28 dated 01/03/23. • A few patients have been discharged & transferred to Halfway Home (Female), under Social Welfare Department, Meghalaya, on 09/02/2023.
29	State Mental Health Institute, Tekhuba, Kohima, Nagaland	Data not Provided	-	-	-
30	Mental Health Institute, S.C.B. Medical College, Cuttack, Odisha	Data not Provided	-	-	-
31	Dr Vidyasagar Mental Hospital, Amritsar, Punjab	247	40	44	• Families are unwilling to take the patient back or take their responsibility. • Patients have maintained no contact from family members for years. Phone numbers have probably changed as well. Thus they are untraceable.

32	Mental Hospital (Psychiatric Centre), Jaipur, Rajasthan	95	25	25	• In many cases, the response is awaited from the families. • No vacancy in Halfway Home. • Some patients are not fit for discharge. • A Patient is admitted as per SDM Bikaner's order letter for transfer of the patient to Nari Niketan / Half Way Home, Bikaner, which was sent to concerned authorities. The permission to discharge has been received, and the process to discharge and transfer to Bikaner is ongoing.
33	Mental Hospital, (Psychiatric Center), Jodhpur, Rajasthan	77	7	0	No Information Provided
34	Institute of Mental Health, Medavakkam Chennai, Tamil Nadu	702	295	89	• No Family support or willingness to take care of the patients. • An IMH consent letter has been given by the patients. • Family members are not responding to phone calls and letters. • The institute is planning for a registered home for rehabilitation.
35	Institute of Mental Health, Government Hospital for Mental Care, Hyderabad, Telangana	331	82	82	Waiting for Court Order, as family members are not responding and not willing to take the patients.
36	Modern Psychiatric Hospital, Agartala, West Tripura,	2886* (During last 5 years)	2692* (During last 5 years)	50	No known family members or are not traceable.
37	Department of Psychiatry, Tripura Medical College Dr B.R. Ambedkar Teaching Hospital, West Tripura	5	0	0	-

38	Department of Psychiatry, Agartala Medical College & GB Pant Hospital, Agartala, Tripura	11	NIL	NIL	NA
39	State Mental Health Institute, Selaqui, Dehradun, Uttarakhand	35	27	27	• Most of these patients are destitute and have no means to provide for themselves. • Some patients are admitted by orders of Respected Courts/ Magistrate /SDM of Uttarakhand and have no known addresses. • Some of the patient's relatives have left them after admitting them to the hospital and are not ready to accept them despite the fact that the concerned family person/ attendant has been informed by the hospital that their patient is stable and should be discharged. • Under the Family Reunification Programme with the support of the Key Stone Foundation, the institute has reunified 06 long-stay destitute patients with their families and are currently working on 06 more destitute patients whose families have been traced.
40	Institute of Mental Health & Hospital, Mathura Road, Agra, Uttar Pradesh	353	99	99	Patient addresses are not available, or the patients are homeless. Deputy Director, Divyangum, Social Welfare Department, Vikas Bhawan, Agra, has been informed to shift these patients to a halfway home for maintenance treatment. His Compliance is awaited.
41	Mental Hospital Bareilly, Uttar Pradesh	158	Nil	Nil	NA

42	Mental Hospital, Bhogabir, Banaras Hindu University, Varanasi, Uttar Pradesh	281	17	01	No Information Provided
43	Lumbini Park Mental Hospital, Kolkata, West Bengal	218	189	202	Patient's families are not traceable or they refuse to take them back home.
44	Institute for Mental Care, Digudih Para, Purulia, West Bengal	231	70	62	• 30 patients have been admitted through OPD. The concerned relatives/ guardians have been informed, but no response has been received till now. • 32 patients have been admitted through Court. The local Police Station has been informed but could not be rehabilitated due to non-response or unknown identity of the patients.
45	Berhampore Mental Hospital, Berhampore, Murshidabad, West Bengal	578	370	370	• 218 patients have been admitted through OPD. The concerned relative / guardian was informed but no response till now. • 152 patients have been admitted through Court. • The local Police Station has been informed but could not be rehabilitated due to non-response or unknown identity.
46.	Institute of Psychiatry, D.L. Khan Road, Kolkata, West, Bengal	74	03	10	The institute is trying to send patients back home with the help of the Psychiatric Social Worker Department. Also, they plan to get them discharged and send them to halfway home.
47	Calcutta Pavlov Hospital & Centre for Excellence on Mental Health, Beniapukur, Kolkata, West Bengal	641	214	189	• 56 patients have been admitted through OPD. The Concerned relative / guardian was informed but no response till now. • 133 patients were admitted through Court. • The local Police Station has been informed but could not be rehabilitated due to non-response or unknown identity.

Annexure - IV

Proforma for Inspection of Mental Health Institutions

PART A

(To be filled by Hospital In-charge)

1.	Name of the State	
2.	Name of the Mental Healthcare Establishment with complete address	
3.	Name of the nodal person with address and contact details:	
4.	Status - Government/Public Charitable Trust/Society under Societies Registration Act functioning on 'No Profit Basis'	
5.	Whether the Medical Superintendent/Director of the institutional/hospital is a Psychiatrist?	
6.	Date of establishment and the aims and objectives of the institution (attach a copy if available)	
7.	Whether the institution owns the land/building? Please mention the built-up area /land area/areas under encroachment.	
8.	The present composition of the Governing Body responsible for the Institution's Administration	

9. Status of Physical Infrastructure of the Institution:

S.No.	Types of Facilities Available	YES/NO
1.	Hostels	If yes, please mention the number of rooms
1.1	For girls	
1.2	For boys	

2.	Academic Block	
3.	Total bed strength of the institution/General hospital a) Sanctioned b) Actual	
3.1	Total land area per bed a) Sanctioned b) Actual	
4.	Total bed strength of Psychiatry Ward	
4.1	Males (Please mention the bed strength, if yes)	
4.2	Females (Please mention the bed strength, if yes)	
4.3	Children (Please mention the bed strength, if yes)	
4.4	Geriatric (Please mention the bed strength, if yes)	
5.	De-addiction Centre (Please mention the bed strength, if yes)	
6.	Recreation/Rehabilitation Unit (Please mention its capacity, if yes)	
7.	Others, if any	

10. Status of Availability of Mental Health Professionals in the Institution

Category	Designation/Positions	Post Sanctioned	In Place	Vacancy (Since When)
Psychiatry	Professor			
	Associate Professor			
	Assistant Professor			

	Lecturer/Demonstrator/Tutor			
Clinical Psychology	Professor			
	Associate Professor			
	Assistant Professor			
	Lecturer/Demonstrator/Tutor			
Psychiatry Social Work	Professor			
	Associate Professor			
	Assistant Professor			
	Lecturer/Demonstration/Tutor			
Psychiatry Nursing	Professor			
	Associate Professor			
	Assistant Professor			
	Lecturer/Demonstrator/Tutor			
Non-Teaching Specialists, if any				
Medical Officers				
Attendants				
Other, if any				

a)	Is there full-time Director available a) Sanctioned b) Actual	
b)	Number of people working on contract basis category wise	

A. Mercy Home:

Category	Designation/Positions	Post Sanctioned	In Place
Specialist Medical Officer	Physician		
	Gynecologist		
	Pediatrics		
	Surgeon		
Medical Officers			

a)	No of full-time qualified Psychiatrist a) Sanctioned b) Actual	
b)	No. of Mental Health Professional Assistant (Clinical) Psychologist or Psychiatric Social Worker a) Sanctioned b) Actual	
c)	No Staff Nurses & Nurse patient ratio a) Sanctioned b) Actual	
d)	Attenders & Attendant Patient ratio a) Sanctioned b) Actual	
e)	No. of Medical Officers having recognised MBBS degree & Patient Ratio a) Sanctioned b) Actual	

11. Status of PG Courses in Mental Health in the Institution

Subject	Number of PG seats
Psychiatry (DPM/MD/DNB)	

Clinical Psychology (M. Phil/Ph.D)	
Psychiatric Social Work (M. Phil/Ph.D)	
Psychiatry Nursing (DPN)	

12. Status of Mental Health Services Available in the Institution

A.	Mental Health Services – Out Patient Department (OPD) and Referral Services	
A.1	Daily average attendance in Psychiatry OPD	
A.2	Total number of new patients seen in the OPD during last year	
A.3	Total number of follow up cases seen in the OPD during last year	
A.4	Total number of cases referred to tertiary care hospital during last year	
A.5	Total number of mentally ill prisoners seen in the OPD during last year	
B.	Mental Health Services – In Patient Department (IPD)	
B.1	Total number of patients admitted in IPD during last year	
B.2	Mean duration of stay (in days)	
B.3	Total number of in patients with stay duration more than one year	
B.4	Total number in patients with stay duration more than five years	
B.5	Number of recovered patients who are destitute (no family which will accept them)	
B.6	Number of deaths during last year, if any.	
B.7	Number of suicides during in last year, if any.	

B.8	Are there any linkages with other institutions to provide discharged patients with continuing community care?		
B.9	Total number of mentally ill prisoners admitted in IPD during last year		
C	Mental Health Services –		
C.1	Are there Emergency Services available to handle emergencies in mental health?		
C.2	Availability of emergency medicine available in wards and near the specialised testing room		
C.3	Number of patients fit for discharge as on date		
D	Mental Health Services – Are there Investigation & Laboratory facilities including Psychological testing available		
E	Mental Health Services – Out-reach services		
	If yes, approach used by the institution to deliver mental health services [A= Outreach (Camp) based, B= PHC based. C=Both [outreach & PHC based]		
	If outreach (Camp) based or both the approaches are used: please answer following -		
E.1	Average total number of outreach visits made in a month		
E.2	Average total number of cases referred in a month		
F.	Mental Health Services – Availability and Dispensing and Essential Psychotropic Drugs		
	Classification of drugs	Hint to fill the response : (A= regular available, B= irregular available, and NA= Not available)	
F.1	Antidepressant	A	
F.2	Antipsychotic	A	
F.3	Anticonvulsant	A	

F.4	Anxiolytic/hypnotic A	
G.	Mental Health Services – Are there availability of ECT facilities?	
G 1	Number of patients receiving ECTs during last year	
G 2	Was Anesthetist available for all ECTs?	
H.	Mental Health Services – Are there availability of counseling facilities?	
I.	Mental Health Services – Are there availability of recreational/rehabilitation facilities?	
I.1	Amount paid per day for doing work of economic value	
J.	Any visit/trip outside the hospital organised during last year	
K.	Mental Health Services – Are there availability of vocational training Facilities?	
L.	Mental Health Services – Are there forensic services available?	
M	Are emergency drugs available?	
N.	Minimum support facilities -	
N.1	Provision for acute of acute mental healthcare services such as outpatient and inpatient service	
N.2	Provision of halfway homes, sheltered accommodation, supported accommodation	
N.3	Provision of mental health services to support family of persons with mental illness or home-based rehabilitation	
N.4	Provision for child mental health services	
N.5	Provision of old age mental health services	

13.	Was there any outbreak of infectious disease (more than 30 inpatients affected in a week period) during last year? If yes, please provide details.	
14.	Number of patients suffering from co-morbidities referred to other hospitals during the last year, if any.	
15.	Are the rights of patients displayed in the wards?	
15A	Is sufficient space available for passage in wards?	
16.	Are fans, coolers, drinking water, toilets & dining facilities available?	
16A	Are pillows provided to patients?	
17.	Number of patient complaints received during last year with details of nature and how resolved.	
18.	The annual number of incidents (adverse events like assault, injury, abuse), if any (exclude suicide) in the institution. Please provide details and action taken	
19.	Number of visits by NHRC/SHRC during the last 2 years	
20.	Number of visits by CMHA/SMHA during the last 2 years	
21.	Is there any litigation against the institution with regard to human rights infringement? If yes, please provide details.	
22.	Is there any other mental health institution/medical college or hospital with a psychiatry department in the state/UT? If yes, their number.	
23.	Are daycare centres available/set up in the state/UT? If yes, their number.	
24.	Whether Residential Continuing Care Centers (stay up to 6 months) are available/set up in the state/ UT. If yes their number.	
25.	Whether long-term residential continuing Care Centers ((long stay) available/set up in the state/UT? If yes, their number.	

26.	The number of long-stay patients discharged/reunited with families during- 2022 – Till Date 2021 – 2022 2020 – 2021	
27.	Whether the institution conducts community awareness generation (information, education & communication) activity.	
28.	Details of involvement of institution in ongoing DMPH program.	
29.	Whether the institution conducts short-term training (apart from PG training).	
30.	Is any NGO involved with the hospital? If yes, the name of the NGO and liaison area, along with their contact number.	
31.	Is there any separate Medical Record section in the institution/hospital?	
32.	Details of activities in the field of mental health, particularly in teaching patient care/preventive and promotive mental health during the last three years (year-wise), along with copies of Annual Administrative reports.	
33.	Status of funding of the Institution: Plan (in rupees) Non-plan (in rupees) Other sources of funding (approximate value in rupees)	
34	Whether the institute has received any grant-in-aid from the Government of India. If yes, whether the Utilization Certificate & SOE for the Grant received is submitted?	
A	Construction of new ward & renovation of existing wards	
B	Procurement of items like cots and tables	

C	Equipment of psychiatric use such as modified ECT	
	Total	
35.	Food Quality	
A	Calorie given per patient	
B	Total amount spent per patient on food (Rupees per day)	

36. Receipt and Expenditure Grant-In-Aid during the last Three Years:

Year	Receipt Grant	Expenditure
2022-2023 (till date)		
2021-2022		
2020 - 2021		

37. Any other comment by the committee on observations from human rights, legislative or administrative angle.

_____

_____

_____

Certified that the particulars provided in the check-list/proforma are true to the best of my knowledge and belief.

_____

Place: _____ Signature of Competent

State: _____ Authority of the Hospital and Seal

Date: _____

PART – B

(To be filled by Special Rapporteur)

Observations and Recommendations of the Special Rapporteur

Signature of Special Rapporteur

(Name of the Special Rapporteur)

List of Abbreviations

ADHD	Attention Deficiency Hyper Activity Disorder
AIIMS	All India Institute of Medical Science
ATF	Additional Treatment Facility
BRLPS	Bihar Rural Livelihood Promotion Society
BSc	Bachelor of Science
CAM	Center for Addiction Medicine
CAT	Children Apperception Test
CBR	Community-Based Rehabilitation
CCTV	Closed Circuit Television
CHC	Community Health Centre
CMP	Criminal Miscellaneous Petition
COVID-19	Coronavirus Disease - 2019
CSR	Corporate Social Responsibility
CT scan	Computed Tomography Scan
DCP	Deputy Commissioner of Police
DHS	District Health Society
DLSA	District Legal Services Authority
DM	Doctorate of Medicine
DMHP	District Mental Health Programme
DNB	Diplomates of National Board
DO Letter	Demi-Official Letter
DO	District Officer
DPM	Doctor of Podiatric Medicine
DPN	Diploma in Psychiatry Nursing
DTC	Drug Treatment Centre
ECHO	Extension of Community Healthcare Outcome
ECG	Electrocardiogram
ECRC	Emergency Care and Recovery Centre
ECT	Electroconvulsive Therapy
EEG	Electroencephalogram
EMG	Electro Muscular Gram
FRRO	Foreign Regional Registration Offices
GO	Government Order

Govt.	Government
H&FW	Health and Family Welfare
HLL	Hindustan Latex Limited
HOD	Head of the Department
ICU	Intensive Care Units
ID	Identity
IEC	Information, Education & Communication
IMA	Indian Medical Association
INC	Indian Nursing Council
IPD	Inpatient Department
ISO	International Organization for Standardization
ISRO	Indian Space Research Organisation
JHALSA	Jharkhand State Legal Services Authority
KMHA	Kerala Mental Health Authority
KSHEMA	Karnataka State Holistic Empowerment Program for Mental Ailments
KSLSA	Karnataka State Legal Services Authority
KVA	Kilovolt Amperes
Ltd.	Limited
MBBS	Bachelor of Medicine and Bachelor of Surgery
MD	Doctor of Medicine
MHA, 2017	Mental Healthcare Act, 2017
MHC	Mental Health Centre
MHE	Mental Health Establishments
MHI	Mental Health Institutions
MHP-MIS	Mental Health Program Management Information System
MHRB	Mental Health Review Board
M/o	Ministry of
MJPJAY	Mahatma Jyotiba Phule Jan Arogya Yojana
MLC	Medico-Legal Cases
MMHU	Mobile Mental Health Units
MOU	Memorandum of Understanding
MP	Madhya Pradesh
MPhil	Master of Philosophy
MRI	Magnetic Resonance Imaging
MSc	Master of Science

MSDE	Ministry of Skill Development and Entrepreneurship
MSW	Master of Social Work
NABH	National Accreditation Board for Hospitals & Healthcare Providers
NABL	National Accreditation Board for Testing and Calibration Laboratories
NACO	National AIDS Control Organization
NCRB	National Crime Records Bureau
NDDTC	National Drug Dependence Treatment Centre
NGO	Non-Government Organisations
NMHP	National Mental Health Programme
NRHM	National Rural Health Mission
NTMHP	National Tele-Mental Health Programme
OP	Out Patient
OPD	Outpatient Department
OST	Opioid Substitution Therapy
PARAVAI	Personality Assisted Reformation Assistance Venture Affirming Identity
PIL	Public Interest Litigation
PIU	Project Implementation Unit
PG	Post Graduate
PHC	Primary Health Centres
PhD	Doctor of Philosophy
PMJVK	Pradhan Mantri Jan Vikas Karyakram
PSW	Psychiatric Social Worker
PWD	Public Welfare Department
RCI	Rehabilitation Council of India
RMO	Resident Medical Officer
RO	Reverse Osmosis
RP	Remand Prisoners
rTMS	Repetitive Transcranial Magnetic Stimulation
SC	Supreme Court
SCRB	State Crime Record Bureau
SCARF	Schizophrenia Research Foundation
SHO	Station House Officer
SLD	Specific Learning Disability
SMHA	State Mental Health Authority
SOP	Standard Operating Procedure

Tele-MANAS	Tele Mental Health Assistance and Networking across States
TNGCL	Tripura Natural Gas Company Ltd.
TNHSRP	Tamil Nadu Health System Reforms Programme
UG	Under Graduate
UIDAI	Unique Identification Authority of India
UNICEF	United Nations International Children's Emergency Fund.
UNM	University of New Mexico
US	United States
UT	Union Territory
VKN	Virtual Knowledge Network
WP	Writ Petition

Notes

Notes



सर्वे भवन्तु सुखिनः।
सर्वे सन्तु निरामयाः।
सर्वे भद्राणि पश्यन्तु।
मा कश्चित् दुःख भाग्भवेत्।

May all be happy
May all be healthy
May all see auspiciousness
May none suffer
Peace be unto all.

सर्वे
भवन्तु सुखिनः

National Human Rights Commission
Manav Adhikar Bhawan, C-Block, GPO Complex,
INA, New Delhi - 110 0023