

**Report
of the Project
Operation Oasis
(2001 - 2004)**

(Implemented in Jails and Custodial Homes in West Bengal for the human rights promotion of the mental patients housed therein) S.T

Funded by :
National Human Rights Commission
INDIA

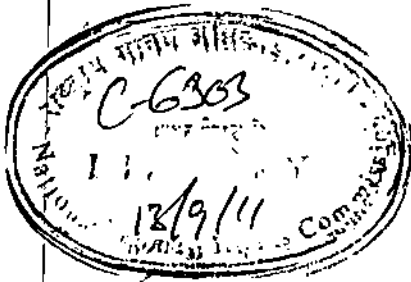
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INTRODUCTION

The project 'Operation Oasis' was launched by SEVAC in April 2001 with the generous support of NHRC. The project aimed at the identification, treatment and rehabilitation of the mentally ill people housed in Jails, Vagrant Homes and Rescue (Destitute) / Juvenile Homes of West Bengal. The project concluded on 31st March 2004.

SEVAC has been working for the cause of the mentally ill since the year 1988. While implementing various projects for the treatment and rehabilitation of the mental patients, we, the members of the SEVAC team, observed that the mentally ill people are the worst sufferers among the ailing folks in our country. We also noticed that human rights violation often takes place in their life situations in various forms. However, in course of continuing our activities, we collected authentic information regarding the presence of a large number of mental patients in different Custodial Homes across the country and felt an urge to extend psychiatric care and treatment to these unfortunate souls. To make a beginning in this direction in the state of West Bengal, we requested Mr. R. M. Jamir, the then Director of Social Welfare, Government of West Bengal, to accord permission to enable us to translate our idea into reality. Resultantly, we were allowed to launch an outreach programme in a few such female homes situated in and around Kolkata, in the year 1998, for the identification, treatment and rehabilitation of the female mental patients languishing therein. In this context it is noteworthy that within a very short period, a qualitative change was perceived in terms of managing the mentally ill inmates housed in the said homes. In fact, noticing this development in the Rescue (Destitute) Home situation, Mr. Sudhir Dutta, the Controller of Vagrancy, Government of West Bengal requested us to extend the activities of the outreach project to the Vagrant Homes, which are literally the dumping grounds of the mental patients. Thus some chronic mental patients, who were dumped in different Vagrant Homes of West Bengal being labeled as 'Vagrant', also came under the purview of psychiatric treatment.

In the meanwhile, we also succeeded to reveal the fact that a sizeable number of mentally ill people are also dumped in different jails in West Bengal in a deplorable condition, like in the rest of the country. Thenceforth, we started requesting the prison authorities of the Government of West Bengal for their permission so that they would allow us to assess the situation and promote and protect the human rights of the mentally ill housed in West Bengal Jails. Unfortunately, the help and cooperation that SEVAC sought from the concerned authorities at the state level yielded no positive results. But we did not give up. For a period of long three years, we kept on persuading the top brass of the Prison Department of the West Bengal Government with an aim to change their mindset on this issue. We also brought this matter to the knowledge of the National Human Rights Commission (NHRC). Consequently, the NHRC tried to convince them to allow SEVAC to work for the cause of these unfortunate souls. But once again, nothing happened. Thereafter, the NHRC extended their generous financial support and official permission to SEVAC for implementing the 'Operation Oasis' Project for the identification, treatment and rehabilitation of the mentally ill people languishing in different jails and custodial institutions of West Bengal. Therefore the 'Operation Oasis' project was launched on 1st April 2001. The NHRC also asked the State Government to extend necessary cooperation to the SEVAC team for the successful implementation of the said project. In short, thus the Operation Oasis project became operational.

Objectives of the Operation Oasis Project:

The objectives of this project were to: -

- ◆ Identify the mentally ill people housed in the project fields [i.e. selected Jails / Vagrant Homes/ Rescue (Destitute) Homes / Juvenile Homes]
- ◆ Bring them under the purview of Psychiatric treatment, Supportive counseling and Rehabilitation programme;
- ◆ Assess the overall human rights situation in the living condition of the mentally ill inmates of Jails, Vagrant Homes and Rescue Homes;
- ◆ Make arrangements for their release and restoration;
- ◆ Make recommendations for developing a strategy for extending psychiatric care and treatment to the mentally ill inmates of Jails, Rescue(destitute) / Juvenile Homes and Vagrant Homes.

The revelation of facts relating to the overall Jail/ Custodial Home condition, general health problems and quality of life in the Jails/ Custodial Homes had been earmarked as our secondary objectives. Beside these, we also targeted to highlight significant association between different characteristics of the mentally ill people housed in the project fields.

SEVAC's Plan of Action for achieving the set Objectives:

The Plan of Action, as envisaged by the SEVAC team, for achieving the set objectives, laid stress on –

- *Identifying the Project Fields ;*
- *Reaching the doorsteps of each project field with a team of Psychiatrists and Psychologists;*
- *Screening the inmates of the said fields for identifying the mentally ill from amongst them;*
- *Bringing the identified mentally ill people under the purview of psychiatric treatment, psychosocial training and occupational therapy;*
- *Observing the overall living condition of the inmates housed in the project fields;*
- *Promoting the Human Rights and Quality of Life of the mental patients to the maximum possible extent.*

Project implementation period :

1st April 2001 - 31st March 2004

In this context it is noteworthy that initially it was decided that the 'Operation Oasis' project would be implemented for a period of one year only. Later, the NHRC kindly extended the project implementation period by another two years in order to enable the SEVAC team to achieve the project objectives in an appropriate manner.

Project Fields:

The following Jails were identified as the project fields

- *Dumdum Central Jail*, Dumdum, North 24 Parganas (here we implemented the project during all three years)
- *Presidency Jail*, Kolkata (here we implemented the project during the first and second years)
- *Alipore Special Jail*, Kolkata (here we implemented the project during the first years only)
- *Berhampore Central Jail* (here we implemented the project during the second & third years)

The following Vagrant Homes were identified as the project fields

- *Home for the Lunatic Vagrants (Male & Female Sections)*, Mahalandi, Murshidabad (here we implemented the project for all three years)
- *Uttarpara Female Vagrant Home* (here we implemented the project during the second & third years)
- *Dhakuria Male Vagrant Home* (here we implemented the project during the second & third years)

The following Rescue (Destitute) / Juvenile Homes were identified as the project fields

- *Kishalay Home for Boys*, Barasat, North 24 Parganas (here we implemented the project for only first year)
- *SMM Home, Liluah (for Female)*, Howrah (here we implemented the project for all three years)

Achievements in brief :

- In course of implementing the project 'Operation Oasis' we have been able to reveal the fact that a large number of mental patients suffering from major psychiatric illnesses i.e. Schizophrenia, Manic Depressive Psychoses, Substance Related Disorder with Psychoses and Unspecified Psychoses are dumped in the aforementioned project fields. Before the intervention of SEVAC most of these ailing people were not identified as mental patients by the competent authority. As a result, they were denied the much-needed psychiatric care.
- In last three years we could bring 270 mentally ill inmates of the jails, 121 mentally ill inmates of the vagrant homes and 114 mentally ill inmates of the rescue (destitute) home under the purview of psychiatric treatment. Consequently, the symptoms of most of them have been significantly controlled and they are leading a better life.
- We also took initiative in facilitating the rehabilitation of the stable mental patients of the jails, vagrant homes and rescue home. Following our persuasion more than 60 mental patients housed in different project fields have been released / restored / rehabilitated.
- The overall findings of the 'Operation Oasis' project indicate that there is an obvious need for identifying the mental patients from amongst the inmates of jails and custodial homes across the country as well as to develop a system to bring them under the purview of psychiatric treatment and care.
- The overall findings of the project also corroborate with the mental health situation in prisons across the globe.

Lessons Learnt :

The work experience has taught us that 'attitude' is the key factor in respect of bringing about any qualitative change in the living situation of the mental patients housed in jails and custodial homes. If the staff team of the jails and custodial homes can forget the popular saying '*Nothing can be done in the existing set up*' and make some sincere attempts in respect of extending care to the helpless mental patients housed in their custody, a significant change would surely take place in the living condition of these ailing folks.

Working Team

The members of the Working Team are :-

Dr. Arnab Banerjee, Chief Psychiatrist, SEVAC
Dr. (Mrs.) Prativa Sengupta, Chief Psychologist, SEVAC
Dr. S. Chakraborty, Psychiatrist, SEVAC
Dr. Jayanta Kumar Deb, Psychiatrist, SEVAC
Dr. K K Ghosh, Psychiatrist, SEVAC
Ms Debjani Mitra, Psychologist, SEVAC
Ms Sweety Acharya, Psychologist, SEVAC
Mrs. Piali Dutta Sarkar, Psychologist, SEVAC
Mrs. Somdatta De, Psychologist, SEVAC
Mrs. Santashree Bhattacharya, Social Worker, SEVAC
Dr. Shyamsundar Mandal, Hony. Statistician
Dr. Tapas Kumar Ray, Director-cum-Chief Functionary, SEVAC.

Now let us have a look at the overall statistical findings of the project 'Operation Oasis'

Overall Statistical Findings of the Project 'Operation Oasis'

We screened a total number of 4814 inmates housed in different Jails, Vagrant Homes and Rescue Homes of West Bengal under the Project ' OPERATION OASIS' during the period 2001-2004 and among them 1118 (23.22%) were diagnosed as mental patients. The findings in this regard are as follows:-

Table-1: Distribution of number of screened inmates and number of new patients found in different fields of West Bengal

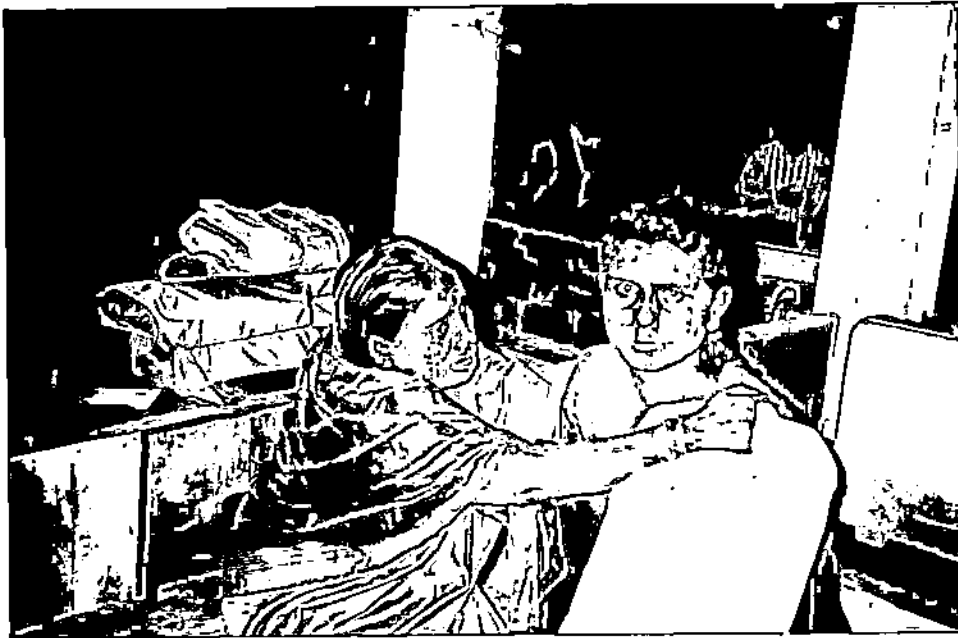
	2001-2002		2002-2003		2003-2004	
Type of Fields	No. of Inmates screened	No. of patients found	No. of Inmates screened	No. of patients found	No. of Inmates screened	No. of patients found
Jails	1286	279	1137	168	1527	201
Vagrant Homes	88	79	280	232	18	14
Rescue Homes	368	100	61	21	49	24
Total	1742	458	1478	421	1594	239

Table-2: Distribution of number of inmates screened and number of new patients found in different fields of West Bengal during the period 2001-2004

	2001-2002		2002-2003		2003-2004	
Name of the Fields	No. of Inmates screened	No. of patients found	No. of Inmates screened	No. of patients found	No. of Inmates screened	No. of patients found
Dum Dum Central Jail	997	172	736	127	591	113
Presidency Jail (Female Section)	209	28	82	11	0	0
Alipur Special Jail	80	79	0	0	0	0
S.M.M. Home, Liluah for Females	249	86	61	21	49	24
Kishalay Home for Boys	119	14	0	0	0	0
Dhakuria Vagrant Home for Males	0	0	160	131	12	10
Uttarpara Vagrant Home for Females	0	0	120	101	6	4
Berhampore Jail (Male Section)	0	0	298	28	904	85
Berhampore Jail (Female Section)	0	0	21	2	32	3
Berhampore V.H. (Male Section)	48	43	0	0	0	0
Berhampore V.H.(Female Section)	40	36	0	0	0	0
Total	1742	458	1478	421	1594	239

Emotional moments

Mentally ill inmates of Dumdum Central Jail are being restored to their families through the efforts of the SEVAC



Pankaj Jaiswal who hailed from Mumbai is reunited with his mother. Please refer to Page No. 93 for details .

John Paul Christopher, who hailed from Tamilnadu (third from left), is being handed over to his brother (extreme left) by Dr. S. Chakraborty, Psychiatrist, SEVAC & Mrs. P. Dutta Sarkar, Psychologist, SEVAC.

Please refer to Page No.94 for details



Saubeed Alam who hailed from Begusarai, Bihar is reunited with his father.

Emotional Moments



Mijanur Rahaman who hailed from Siliguri, North Bengal is reunited with his parents
Please refer to Page No. 97 for details



Jiblal Mahato who hailed from Ranchi, is being handed over to his brothers.
Please refer to Page No. 95 for details

Celebration of Mental Health Week at Dumdum Central Jail



T.V. Set, Saplings & Flower Seeds are being presented to the mentally ill inmates of the jail

Statistical Analysis of data collected from Dum Dum Central Jail during 2001-2004

Table-DJ1: Distribution of age of the patients.

Age Group (in years)	No. of patients	Percentage (%)
0-15	3	0.7
16-30	189	46.2
31-45	153	37.3
46-60	46	11.2
Above 60	19	4.6
Total	410	100.0

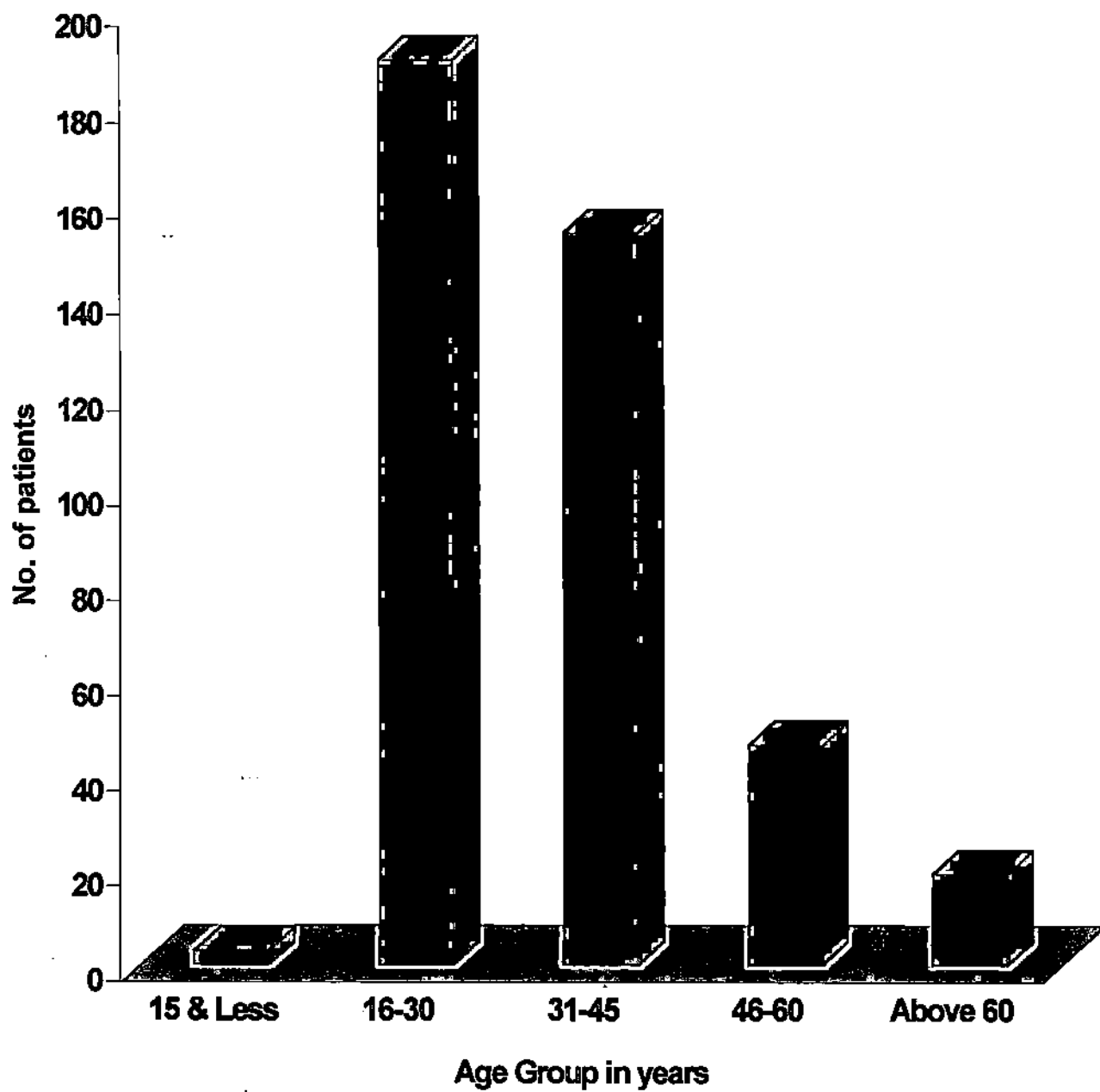
Note: The age of 02 patient could not be revealed.

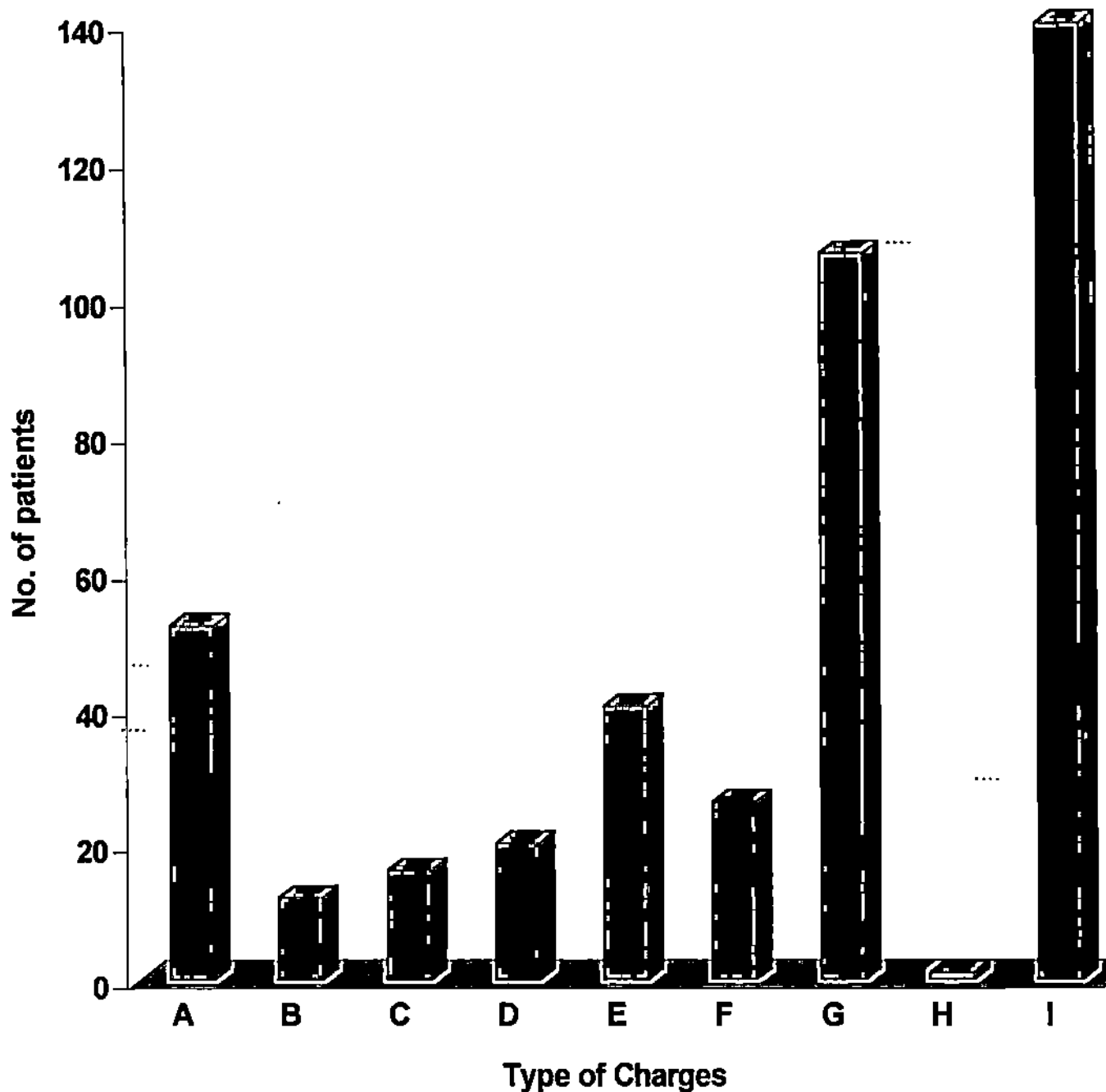
The minimum age found is 14 years, the maximum age found is 80 years and mean age of the patients is 34.80 ± 0.62 year. The majority of patients (83.5%) are found in the age group of 16-45 years.

Table-DJ2: Distribution of charges against the patients.

Type of Charges	No. of patients	Percentage (%)
Murder	52	12.6
Attempted Murder	12	2.9
Dacoity	16	3.9
NDPS	20	4.9
Theft + Cheating	40	9.7
Domestic Violence	26	6.3
Stray Case	106	25.7
Jaun Khalas	1	0.2
Others	139	33.8
Total	412	100.0

DJG1(Table-DJ1): Distribution of age of the patients .



DJG2(Table-DJ2): Distribution of charges against the patients.

A-Murder, B-Attempted Murder, C-Dacoity, D-NDPS, E-Theft + Cheating, F-Domestic Violence, G-Stray Case, H-Jaan Khalas, I-Petty Case , Travelling by train without ticket, J-Others (Arms Act, Foreign Act etc.)

Table-DJ3: Distribution of Case Status of the patients.

Type of Case Status	No. of patients	Percentage (%)
Under Trial	363	88.32
Convict	48	11.68
Total	411	100.0

Status of 01 patient could not be revealed.

Table-DJ4: Diagnostic distribution of the patients.

Diagnosis	No. of patients	Percentage (%)
Psychoses NOS	73	17.7
Schizophrenia NOS	115	27.9
Mood Disorder NOS	48	11.7
Substance Related Disorders With Psychoses	45	10.9
Mental Retardation	3	0.7
M.R. with Behavioural Problem	5	1.2
Adjustment Disorder	48	11.7
Other Anxiety Disorders	28	6.8
Seizure Disorder	30	7.3
Others	17	4.1
Total	412	100.0

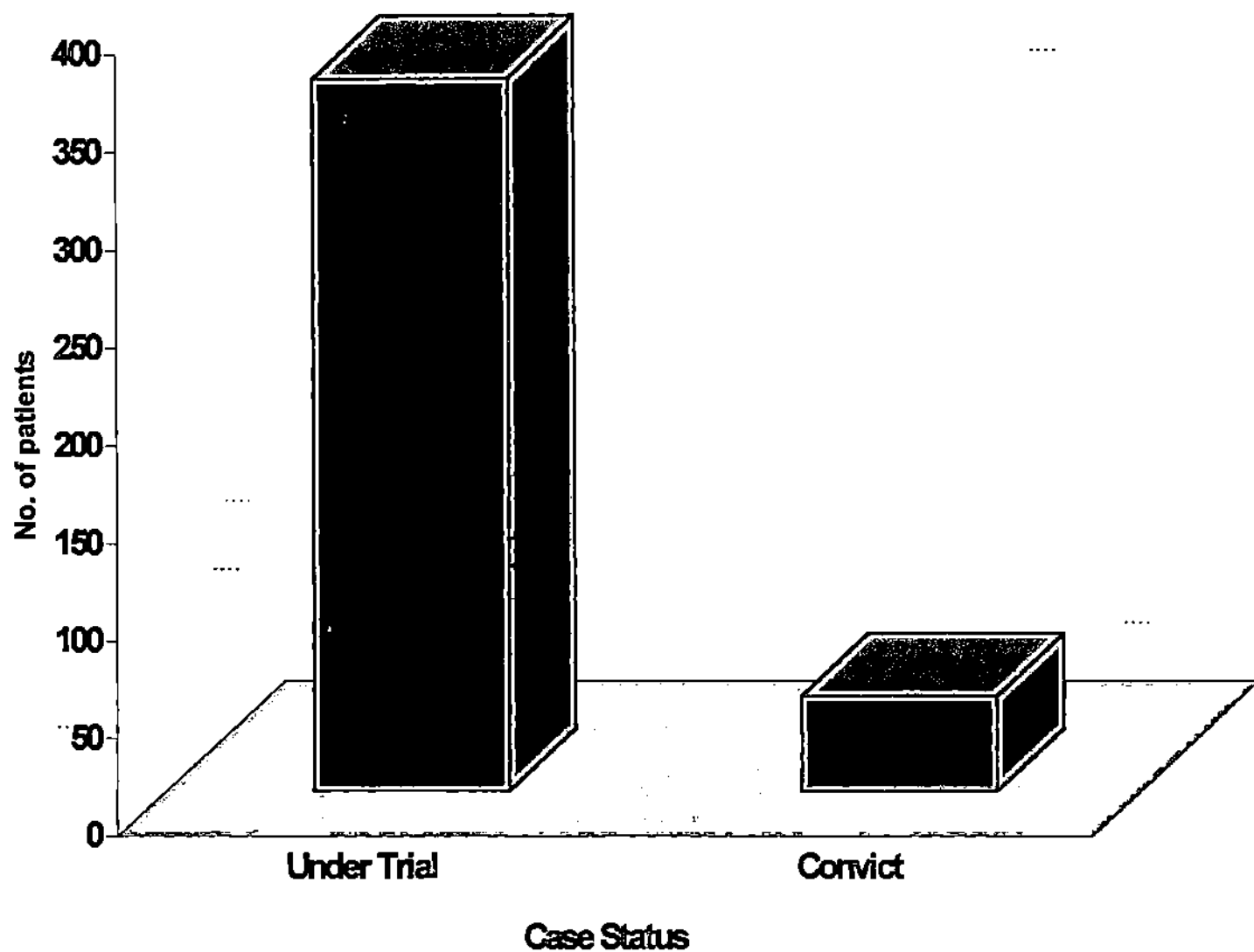
The above table reveals that among the identified patients a majority (68.2%) are suffering from major psychiatric disorders i.e. *Schizophrenia NOS*, *Psychoses NOS*, *Mood Disorders NOS* and *Substance Related Disorders with Psychoses*.

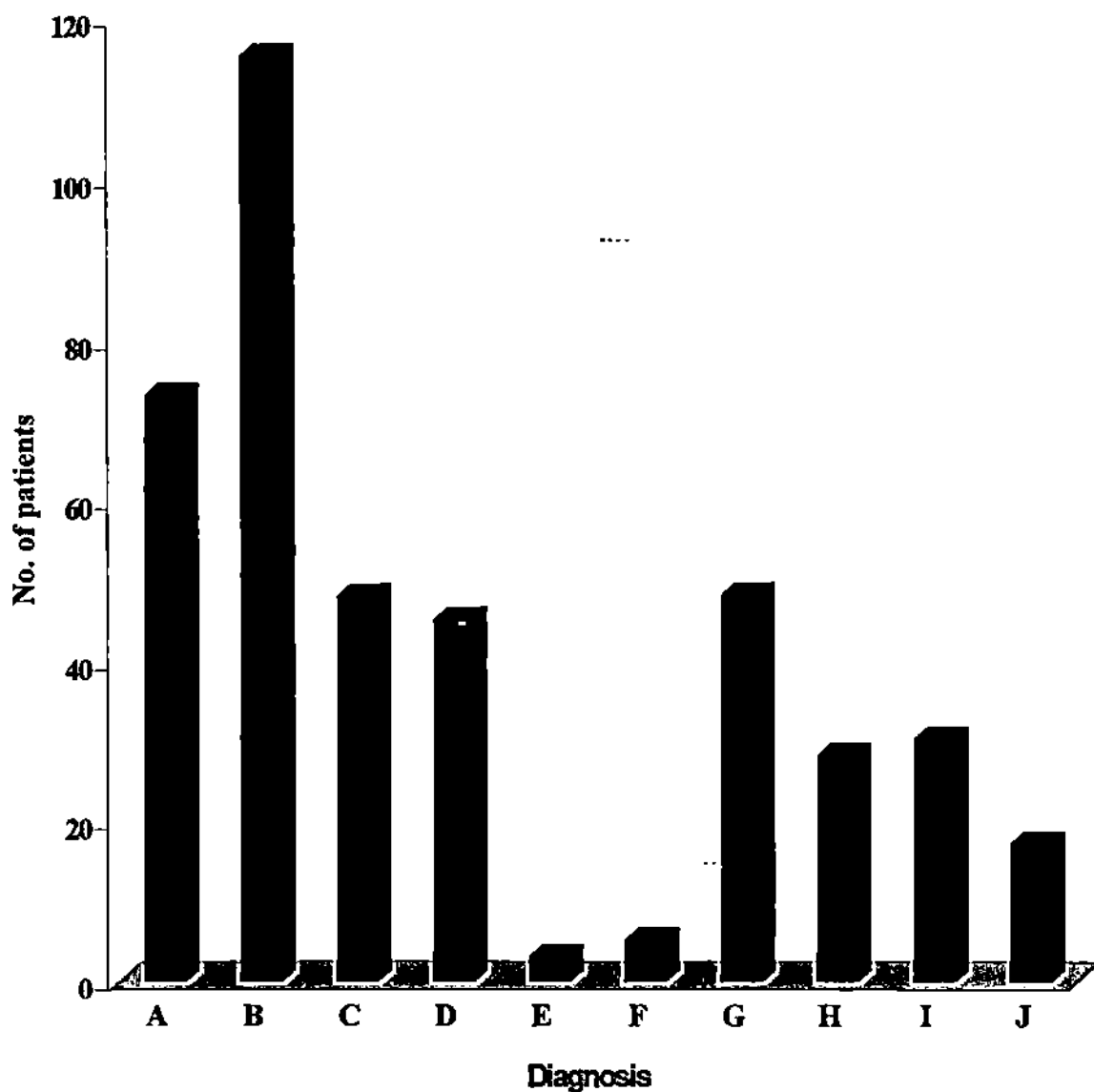
Table-DJ5: Distribution of the duration of stay of the patients.

Duration of Stay (in years)	No. of patients	Percentage (%)
0-5	352	86.5
6-10	21	5.2
11-15	10	2.5
15 & Above	24	5.8
Total	407	100.0

Duration of stay of 5 patients could not be revealed.

**DJG3(Table-DJ3): Distribution of Case Status
of the patients.**



DJG4(Table-DJ4): Diagnostic distribution of the patients.

A-Psychoses NOS, B-Schizophrenia NOS, C-Mood Disorders NOS, D-Substance Related Disorders with Psychoses, E-Mental Retardation (M.R.), F- M.R. with Behavioural Problem, G-Adjustment Disorder, H-Other Anxiety Disorders, I-Seizure Disorder, J-Others

DJG5 (Table-DJ5): Distribution of the duration of stay of the patients

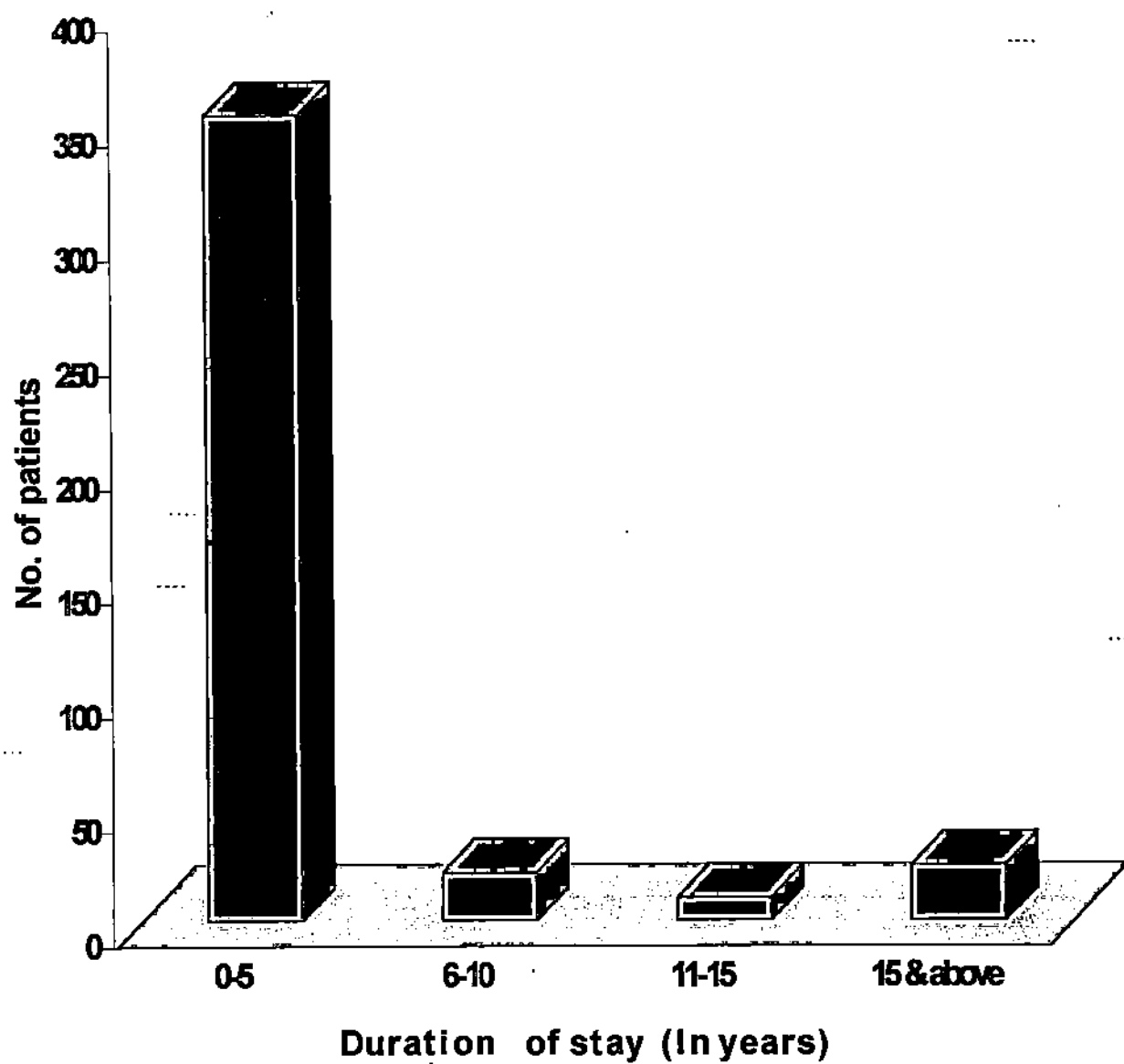


Table-DJ6: Distribution of the patients according to the initiation of treatment.

Psycho-pharmacological intervention	No. of patients	Percentage (%)
Psycho-pharmacological intervention done	270	65.5
Psycho-pharmacological intervention could not be done	142	34.5
Total	412	100.0

Note: The Psycho-pharmacological intervention could not be initiated for 34.5% patients due to several administrative reasons.

PRESIDENCY JAIL (Female Section)

The Presidency Jail is located in Kolkata. From the very beginning this jail was included under the purview of the 'Operation Oasis' project. Ever since we, the members of the SEVAC team, had started visiting this jail for implementing the said project, we faced many constraints.

Following a series of discussion, the reluctant authority of the Presidency Jail allowed us to visit only the Female Ward of this field on 9th April, 2001 for the first time. We found that there were two sections in the Female Ward – the Non-Criminal Lunatic (NCL) Ward and the General Ward. However, some of our major observations in this field were:

- ◆ The overall situation at the Female Ward of this Jail was deplorable owing to the chaos and confusion prevailing there due to the arrogance of a section of the inmates. Most of these chaotic inmates had very serious criminal charges against them.
- ◆ It was evident that there was a nexus between 'powerful prisoners' and some jail staff. Resultantly, they used to enjoy extra facilities from bathroom to kitchen.
- ◆ There were two open water tanks in an open place inside the Female Ward. Most of the inmates used to take bath in that open place. It is noteworthy that there was severe shortage of water in the Female Ward in the Presidency Jail. Consequently, the physically weak, shy and good-natured inmates, specially the newly admitted ones, were not allowed to take bath and use the bathroom until and unless the powerful group used to leave the place.
- ◆ Inside the dormitories some special arrangements were also made to make the living condition of the solvent and powerful inmates, comfortable.
- ◆ The meal that was being provided to the 'ordinary inmates' of the Female Section of the Presidency Jail was, evidently, sub-standard.
- ◆ Some unauthorized 'special kitchens' were there inside the jail premises. The inmates, who were solvent, used to take special meals from these kitchens.
- ◆ The living situation of the newly admitted inmates, who were sent to the jail only out of apprehension, was unspeakably deplorable. Most of these women experienced physical torture and verbal abuse in different forms. Extortion of money from them was also very common for stopping such type of torture.
- ◆ The general health of the female inmates of the Presidency Jail was evidently neglected. For instance, several times the inmates suffering from different ailments were referred to hospitals outside the jail. In most of the cases it so happened that when the Warden reached the jail gates with the concerned patient, it was time for the Out Patients Departments of the hospitals to have closed. As a result, the ailing women were utterly denied necessary medical attention.
- ◆ The supply of medicines in the jail hospital was always inadequate. Consequently, most patients were not administered all the medicines prescribed for them. As for

instance, if 10 antibiotic capsules were prescribed patients received only five or six capsules.

- ◆ It was evident that a number of female inmates of the Presidency Jail suffered from varied mental illnesses. Since there was no arrangement for the identification of these patients, they were kept in the General Ward being labeled either as 'Under trial' or as 'Convict'. As the authority was indifferent to the problems of these unfortunate mentally ill prisoners, the physically weak and submissive mental patients were subjected to inhuman torture by some inmates and staff as well.
- ◆ The N.C.L Ward of the Female Section of the Presidency Jail was situated outside the General Ward. It was a spacious one. Only three chronic mentally ill women were housed in this ward.
- ◆ Although a senior psychiatrist was attached to this jail as a consultant and he had been working there for over three decades, he did not extend regular treatment to the mental patients, who were housed in the NCL Ward. . When we chanced to see their records, to our surprise we found that their prescriptions had not been reviewed for a long time.

However, having been assisted by Dr. Mrs. S. Ghosh, the then Medical Officer and Mrs. N. Ghosh , Welfare Officer of the Presidency Jail, we identified some mentally ill women from amongst the inmates of the female section. To comply with the verbal request of Dr. Ghosh, we also issued prescriptions for their treatment and requested the superintendent to take necessary measures to bring these unfortunate ailing folks under the purview of psychiatric care.

Unfortunately, the superintendent chose to remain indifferent towards our request. As a result, we were unable to place the inmates afflicted with psychiatric problems under the purview of treatment and rehabilitation at the Presidency Jail. During the first year our activities remained limited to two aspects. The first one was to screen the inmates for identifying the mental patients from amongst them. The second one was to counsel the inmates who needed it.

The attitude of the jail authority remained unchanged even during the second year of the project. We, however, continued with our endeavours to initiate attitudinal changes in them so that good sense would prevail and they would finally allow us to implement the project. Unfortunately, although the jail authority itself was unable to provide adequate psychiatric treatment facility to the mentally ill inmates, they were determined not to allow us to implement the Operation Oasis project in Presidency Jail. We were supposed to have started the second phase of our project in April'02 but finally we could start our work as late as September'02 as they delayed our entry in the jail. We had to restrict our activities to screening only during the second year also.

In this context it needs mentioning that during the first year our team was allowed to enter the Female Hospital which was located at the centre of the General Ward of the Female Section for screening the inmates. So all the inmates could share their psychological and physical problems with the psychiatrists and psychologists of our team, freely. Thus we could get the chance to give them some relief by means of supportive counseling. Since we used to sit inside the Female Ward we also got the chance to gather some experience

regarding the living situations of the inmates housed therein. When the authority realised this, for very practical reasons they did not want to give us any chance to collect any more information in this regard. So in the second year they neither allowed our team to enter the Female Ward nor they permitted the inmates to interact with us for counseling. They made our sitting arrangements inside the NCL Ward, which was around five minutes walking distance from the General Ward. Most of the time our team used to sit there idly hours together. On the plea of the shortage of guards, most of the days no inmate was sent to our team for screening or counseling.

But we did not give up. We thought that during the last phase of the project we would be able to do something positive for the mental health promotion of the female inmates housed in the Presidency Jail, as per the guidelines of the 'Operation Oasis' project. But it was really unfortunate that the situation was no better during the third year also.

As such, in spite of all our determination to face all hindrances boldly, at the end we had to withdraw our project-related activities from this field during the third and final phase of the project implementation period.

However during the period from April 2001 to March 2003, we have screened 291 inmates and identified 39 mentally ill from amongst them.

Some Striking Factors-

1) The presence of a host of children inside the Female Section of the Presidency Jail needs to be taken care of, immediately. These helpless children are housed therein along with their Convict/ Under trial mothers. It is unfortunate, that the Jail authority simply denies the basic needs of these helpless children. Consequently, they languish in subhuman condition within the four walls like caged birds. But paper arrangements always tell a different story. So whenever visiting teams come to this jail, they are supplied with a long list of activities relating to the upbringing of these helpless children.

2) In recent times, the presence of all the members of a particular family in jails in the case of domestic violence, particularly under section 498A, is very common. Having been accused of abetting the suicide of the daughter-in-law/ sister-in-law, they are housed in the jails as under trials. Many of them are aged persons. Our team came across many such inmates at the Presidency Jail. It is evident, that most of them were emotionally disturbed and failed to cope up with the situation. Even some of them were afflicted with varied physical ailments. But the jail authority is always reluctant to take their health related problems into consideration, sympathetically.

ALIPORE SPECIAL JAIL

The Alipore Special Jail was another of the project fields identified for the implementation of the 'Operation Oasis' Project in 2001. It is also located in Kolkata. This jail is also known as the 'Institute of Mental Health'. Although the Department of Health, Government of West Bengal sends Psychiatrists and Medical Officers on deputation to work here, it runs under the Prison Department as per the Jail Code.

From the very beginning, the authority of the Alipore Special Jail was evidently indifferent towards our project. Following the 'no-objection' given by one of the health department deputed psychiatrists, who was attached to the jail, and, our repeated pleas, the jail authority, somewhat reluctantly, allowed us to enter the jail premises.

At the time of our initial visit there were 69 mental patients in this Jail. We were informed that two psychiatrists, two medical officers and five nurses were posted in this jail for making arrangements for their treatment. Besides, around thirty Wardens were there to look after them. So we were advised by the jail authority to keep our activity restricted only to screening the inmates. All these information made us believe that in terms of the strength of the staff team this jail must have changed as a premiere institution in our country in respect of extending quality care to the mental patients. However, in course of continuing the work of screening, the following facts came to our notice:

- ♦ Most of the mental patients housed in the Alipur Special Jail evidently lacked personal care. So they had a disheveled look and their uniforms were torn and dirty. Even some of them were stark naked. We came to know that they remained in the 'lock-up' for almost 16 hours a day. As there was no one to keep watch on them in the lock-up, quarrels and fights were common. The strong and stout among them abused the weak mental patients, physically and sexually.
- ♦ When any mental patient was transferred to this jail by the Learned Court, the usual practice was to keep the said patient confined in a separate cell. This was done because, as we were informed, the jail authority was unaware if the newcomer was a 'violent' mental patient.
- ♦ Earlier the mental patients housed in this jail were involved in producing vegetables in the jail compound. Thereafter they were relieved of such kinds of activities apprehending that they might inflict injury upon themselves with the gardening instruments. Same was the case with those who were earlier engaged in the work of 'carpentry'.
- ♦ One inmate of this jail named '**Chik Chike**' was very active. He could not speak. But he was an efficient gardener. With his own effort he developed a beautiful flower garden inside the jail premises. Only he was allowed by the jail authority to stay outside the lock-up during the day time. .
- ♦ The compound of the Alipore Special Jail is very spacious. There are also some sheds, which can be used as workshops. So this jail could have emerged as an ideal rehabilitation centre of the mental patients. Hence we requested the jail authority to allow us to make a move in this direction. But they did not pay any heed to our

request. As a result our work at this jail, in the face of all the hurdles during the first year, remained confined to screening only.

Precisely, due to the continuous indifference of the jail authority, we could not make any worthwhile progress in the direction of achieving our project objectives. As such, we were prompted to exclude this jail from the purview of our project 'Operation Oasis' after the first year and replace this field with another jail.

However during the period from April 2001 to March 2002, we have screened 80 inmates of this jail and identified 79 mentally ill from amongst them.

BERHAMPORE CENTRAL JAIL

The Berhampore Central Jail is situated at the Berhampore town in the Murshidabad district of West Bengal. It is about 350 Km. away from Kolkata. We have been visiting the Berhampore Central Jail with effect from 30th July, 2001. But, the field was then under the purview of another outreach project. It was only when we wanted to replace some of the fields under the purview of the 'Operation Oasis' project after the first phase that the Berhampore Central Jail was included under its purview.

Our initial observations at this jail were –

- ◆ A group of mentally ill prisoners were housed in a ward known as the 'Pagla Ward';
- ◆ Apart from isolating the mentally ill prisoners in the 'Pagla Ward', no other steps were taken for their treatment;
- ◆ The violent mentally ill inmates were restrained by handcuffing;
- ◆ The authority was reluctant to call in any local psychiatrist from the state hospital for the management of the violent mental patients;
- ◆ The female mentally ill inmates did not have a separate ward. So they were kept handcuffed along with the general female inmates;
- ◆ No replacement had been recruited following the retirement of the only female nurse, who was deputed in the Female Ward. Hence, there was nobody responsible to take care of the mentally ill female prisoners;
- ◆ We noticed that some psychotropic and general medicines were kept in the custody of a female warden. Unfortunately, she did not know the names of the medicines, although she administered these medicines to the patients, as and when necessary. She used to identify the pills only by their colour and shape.

On the basis of these observations, the SEVAC team held a series of meetings with the superintendent and the staff members of this jail, in a bid to motivate them about the significance of bringing the mentally ill inmates under treatment purview. Although the jail authorities ignored our efforts, we were not dissuaded from visiting the jail for screening the inmates, reviewing the case histories of the mental patients housed in the 'Pagla Ward' and interacting with the mental patients. Gradually, despite the unwillingness of the authorities, following our regular visits, some positive changes could be perceived here. As for instance, the Writers of the Pagla Ward who managed the patients became very cooperative towards the SEVAC team. Because they realised that the medicines prescribed by the psychiatrist of SEVAC would help the mental patients in achieving stability. As a result, soon after our psychiatrist would issue a prescription, the Writers would make their sincere efforts to make the medicines available. Thus the necessity of using handcuff on the violent patients reduced remarkably. Even then the jail authorities did not discard their indifferent attitude towards the 'Operation Oasis' project. They simply stopped the supply of medicines as per the prescriptions of SEVAC's psychiatrist.

But the jail authorities realised that they should take some initiatives on their own since we collected adequate evidences regarding the presence of a considerable number of mental patients in the Berhampore Central Jail, who are not receiving any treatment. Therefore they started calling in a local psychiatrist for the verification of our prescriptions and reconfirmation of our diagnoses. Meanwhile, our psychiatrist also stopped issuing prescription only to avoid controversy.

However, this incident did not deter us at all and we were determined to promote the cause of the mental patients housed in this jail by –

- continuing to visit the jail for screening the inmates housed therein in order to identify the mentally ill from amongst them;
- bringing the identified patients under treatment purview, if asked by the jail authority;
- holding motivation-oriented discussions with the authorities and staff in order to make them aware of the problems of the mental patients, so that they would start doing the needful in the interest of the mental patients.

The indifference of the authorities towards the project continued even during the third year. So we restricted our work within the limit of screening of the inmates referred to us for diagnosis, reviewing the condition of the existing mental patients and issuing prescriptions for the newly admitted cases, if asked.

However, we have reasons to feel triumphant that in the face of the covert hostility, our efforts have been indirectly yielding good results. For, whereas earlier, the jail did not have a regular psychiatrist to attend to the mentally ill housed therein, following our intervention, presently, a local psychiatrist is being called in time to time. As a result, the mental patients of this jail have been receiving regular treatment for over a year now.

The SEVAC team still continues visiting the jail on a regular basis in order to keep track of the changes in the condition of the mental patients who are undergoing treatment. During our visits, the jail authorities and staff who have, in the meanwhile, undergone some attitudinal change, request us to do the needful if there is any unattended emergency case. This is another positive development. Our psychiatrists never hesitate to comply with such requests and attend to the said patients.

The other changes that are noticed at this jail after SEVAC's intervention are –

- ♦ The mental patients of this jail are being provided the prescribed medicines as per the directions of a psychiatrist.
- ♦ Following their medication, the condition of the mentally ill inmates has been improving significantly.
- ♦ A few jail staff have been making the effort to engage a group of the moderately stable inmates in some kind of meaningful activities. For example, a number of moderately stable mental patients have been involved in raising a flowerbed in a corner of the jail ground.

Finally, we would like to mention that in last two years, we have identified 118 persons out of 1255 inmates of this jail to be suffering from varied mental ailments. We have also extended need-based treatment to 40 of the mentally ill inmates in this jail.

***Highlights of the Cluster wise Findings in Jails during
the period April 2001 to March 2004***

- Total number of inmates screened in four Jails in West Bengal 3950
- Total number of patients in Jails suffering from major psychiatric illness i.e. Psychoses NOS, Schizophrenia NOS, Mood Disorder NOS & Substance Abuse Disorder with Psychoses 477
- Total number of patients found in Jails suffering from other psychiatric illnesses 171
- Total No. of patients found in jails 648
- Total No. of patients brought under the Treatment purview. (In this context it is noteworthy that these mental patients came only from the Dumdum Central Jail) 270
- * Around **57.4%** mental patients were sent to jails on charges of Stray Cases, Petty Cases, Theft, Cheating etc.
- * According to the case status, around **91 %** of the mental patients are under trials.
- * 12 % inmates of jails suffer from major psychiatric illnesses, i.e. Psychosis NOS, Schizophrenia NOS, Mood Disorder NOS and Substance Related Disorders with Psychoses

**Statistical Analysis of data collected from different Jails of
West Bengal during the period 2001-2004**

Table-J1: Distribution of total number of screened inmates in different Jails and the number of mental patients found amongst them.

Name of Jails	No. of Inmates screened	No. of patients found	Percentage (%)
Dum Dum Central Jail	2324	412	17.73
Presidency Jail (Female Section)	291	39	13.40
Alipore Special Jail	80	79	98.75
Berhampore Jail (Male Section)	1202	113	9.40
Berhampore Jail (Female Section)	53	5	9.43

A total of 3950 jail inmates were screened. Out of them 648 (16.41%) patients were found having psychiatric and psychological problems.

These findings indicate the possibilities of the presence of mental patients housed in Jails throughout the country.

The different distributions (age-wise, sex-wise etc.) relating to the presence of 648 mentally ill patients (termed as 'Patients') in Jails are as follows:-

Table-J2: Distribution of age of the patients.

Age Group (in years)	No. of patients	Percentage (%)
15 & Less	3	0.5
16-30	263	42.9
31-45	239	39.0
46-60	85	13.9
Above 60	23	3.7
Total	613	100.0

Note: The age of 35 patients could not be revealed.

The minimum age found is 14 years, the maximum age found is 80 years and the mean age of the patients is 34.97 ± 0.50 year. The majority of patients (81.9%) are found in the age groups of 16-30 and 31- 45 years.

Table-J3: Distribution of sex of the patients.

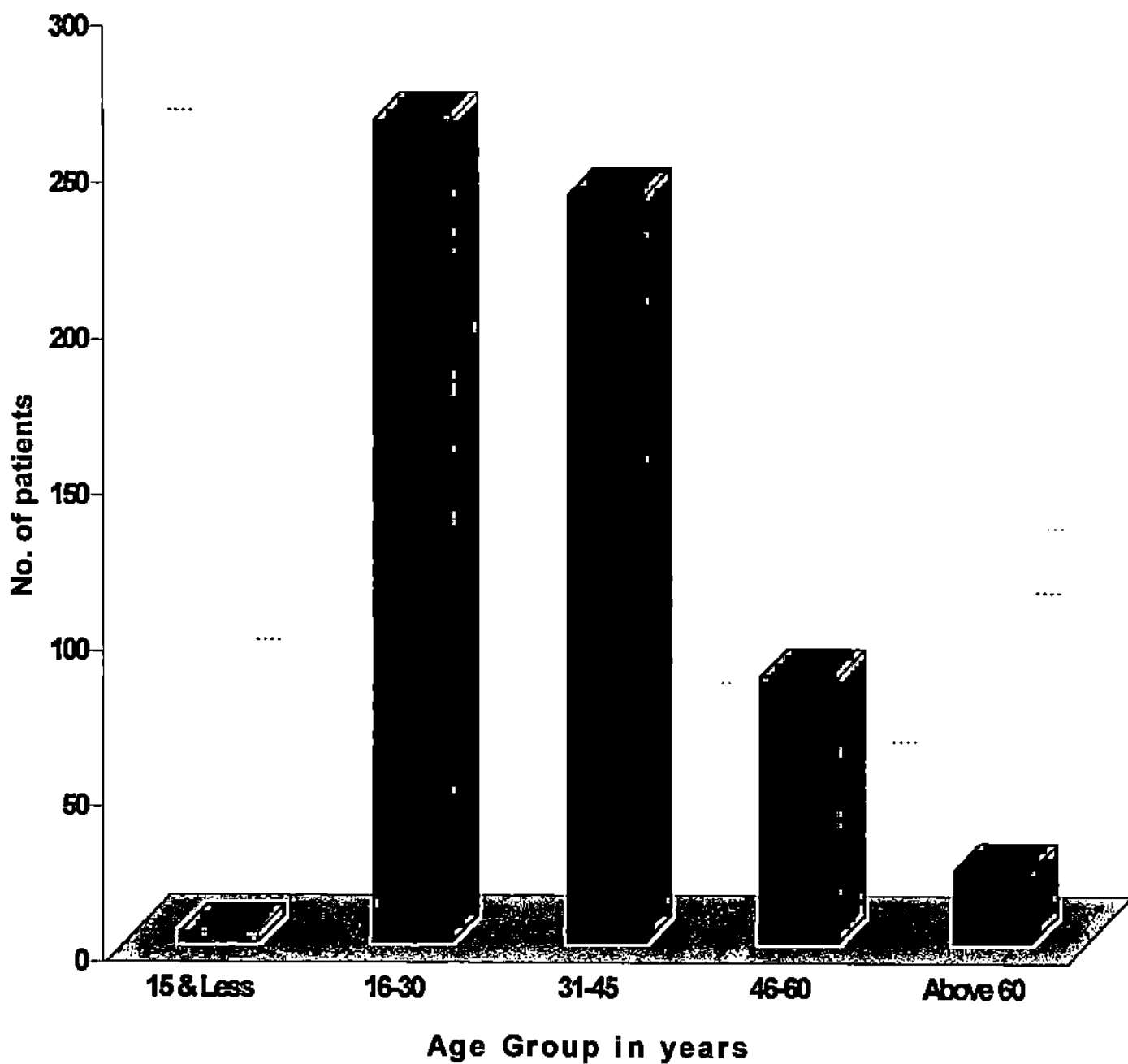
Sex	No. of patients	Percentage (%)
Male	604	93.21
Female	44	6.79
Total	648	100.00

**Table-J4: Distribution of charges against the patients.**

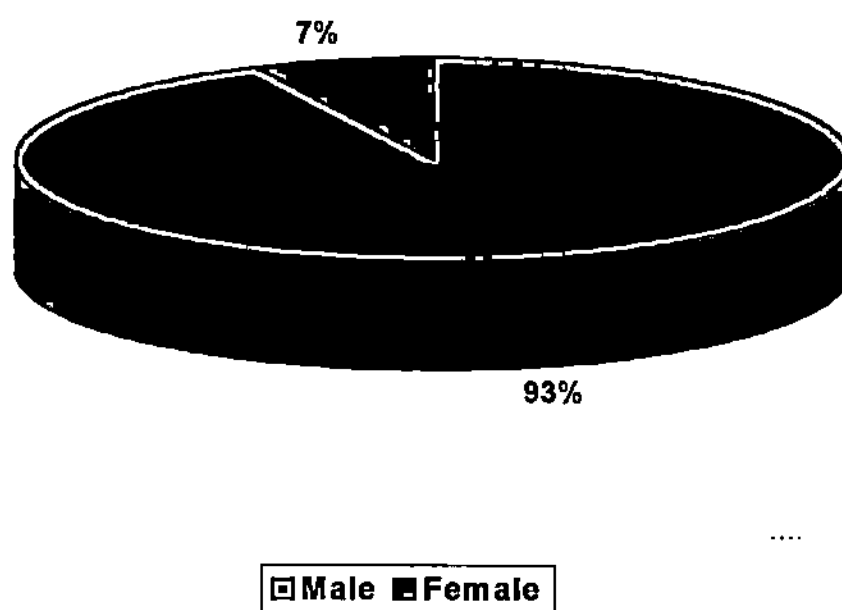
Type of Charges	No. of patients	Percentage (%)
Murder	76	15.8
Attempted Murder	16	3.3
Dacoity	16	3.3
NDPS	27	5.6
Theft + Cheating	42	8.8
Domestic Violence	28	5.8
Stray Case	111	23.1
Jaan Khalas	6	1.3
Petty Case , Travelling by train without ticket	151	31.5
Others	7	1.5
Total	480	100.0

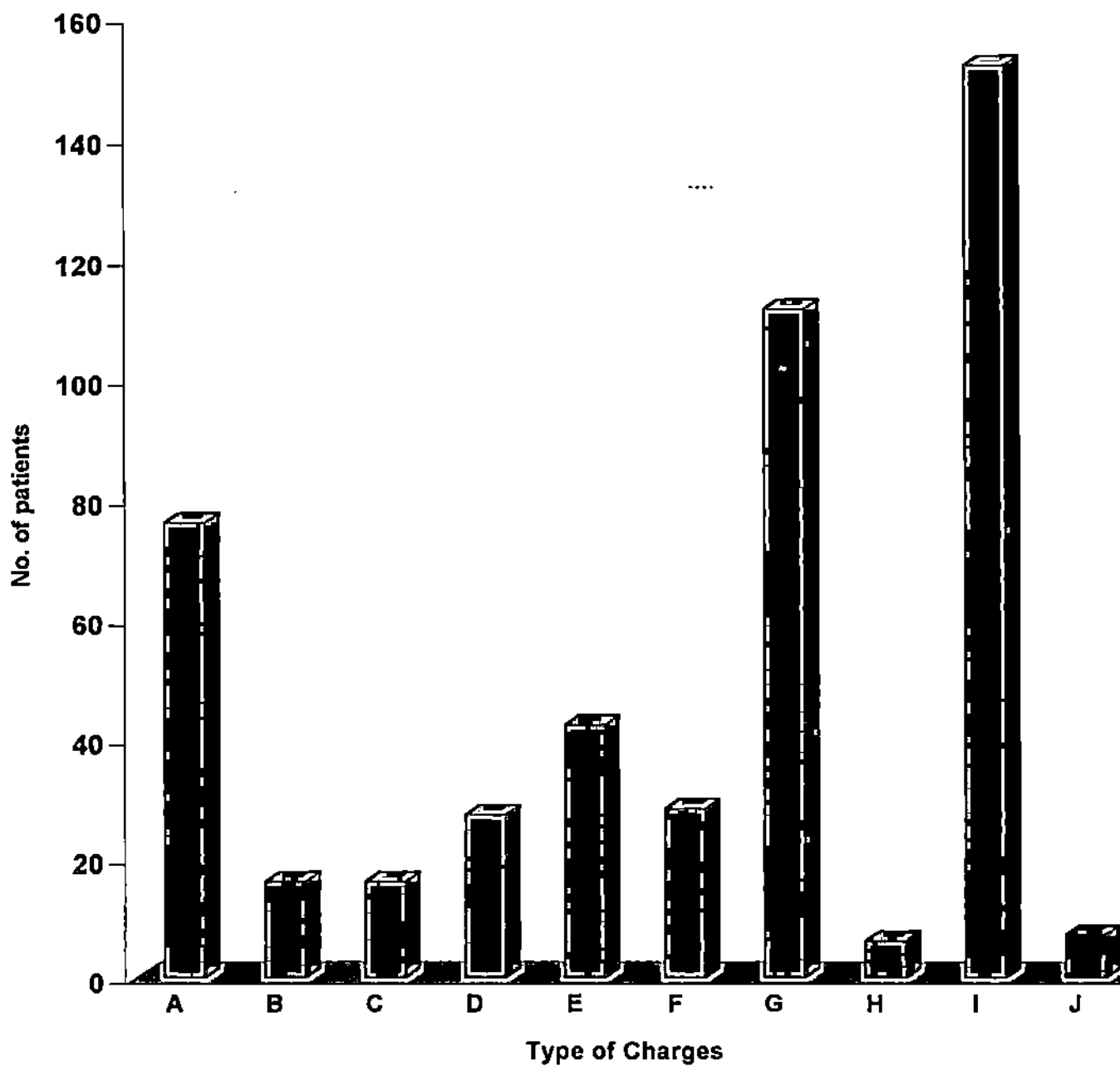
Note : The charges against 168 patients could not be revealed.

**GJ2(Table-J2):Distribution of age
of the patients in Jails**



**GJ3(Table-J3): Distribution of sex of
the patients in jails.....**



GJ4(Table-J4) : Distribution of charges against the patients in jails.

A-Murder, B-Attempted Murder, C-Dacoity, D-NDPS, E-Theft + Cheating, F-Domestic Violence, G-Stray Case, H-Jaan Khalas, I-Petty Case , Travelling by train without ticket, J-Others (Arms Act, Foreign Act etc.)

Table-J5: Distribution of Case Status of the patients.

Type of Case Status	No. of patients	Percentage (%)
Under Trial	590	91.04
Convict	58	8.96
Total	648	100.00

Table-J6: Diagnostic distribution of the patients.

Diagnosis	No. of patients	Percentage (%)
Psychoses NOS	144	22.22
Schizophrenia NOS	205	31.64
Mood Disorder NOS	81	12.50
Substance Related Disorders with Psychoses	48	7.41
Mental Retardation (M.R.)	4	0.62
M.R. with Behavioural Problem	12	1.85
Adjustment Disorder	53	8.18
Other Anxiety Disorders	36	5.55
Seizure Disorder	38	5.86
Others	27	4.17
Total	648	100.00

The above table reveals that among the identified patients a majority (73.8%) are suffering from major psychiatric disorders i.e. *Schizophrenia NOS*, *Psychoses NOS*, *Mood Disorders NOS* and *Substance Related Disorders with Psychoses*.

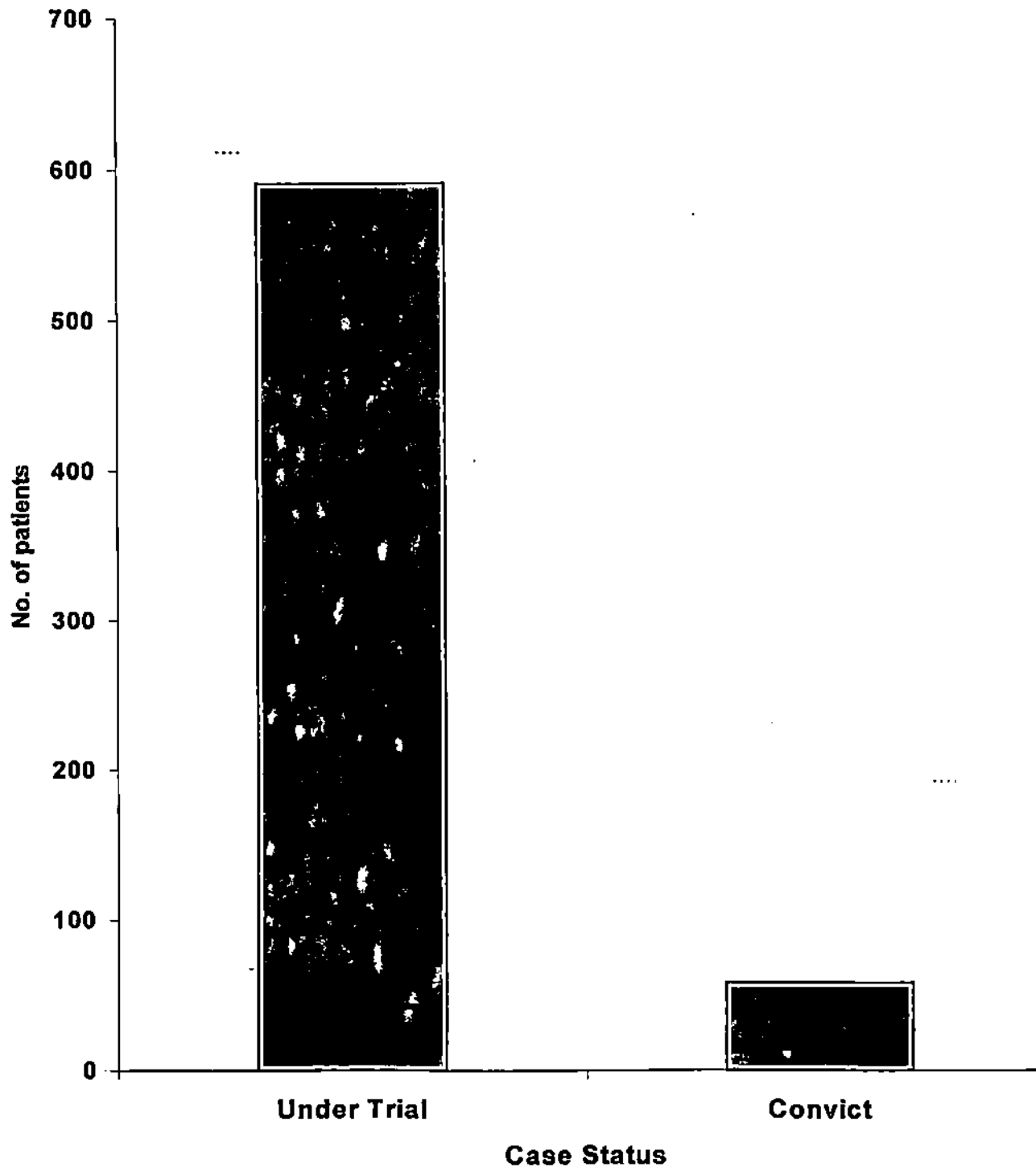
Table-J7: Distribution of the duration of stay of the patients.

Duration of Stay (in years)	No. of patients	Percentage (%)
0-5	500	80.3
6-10	69	11.1
11-15	21	3.4
15 & above	33	5.2
Total	623	100.00

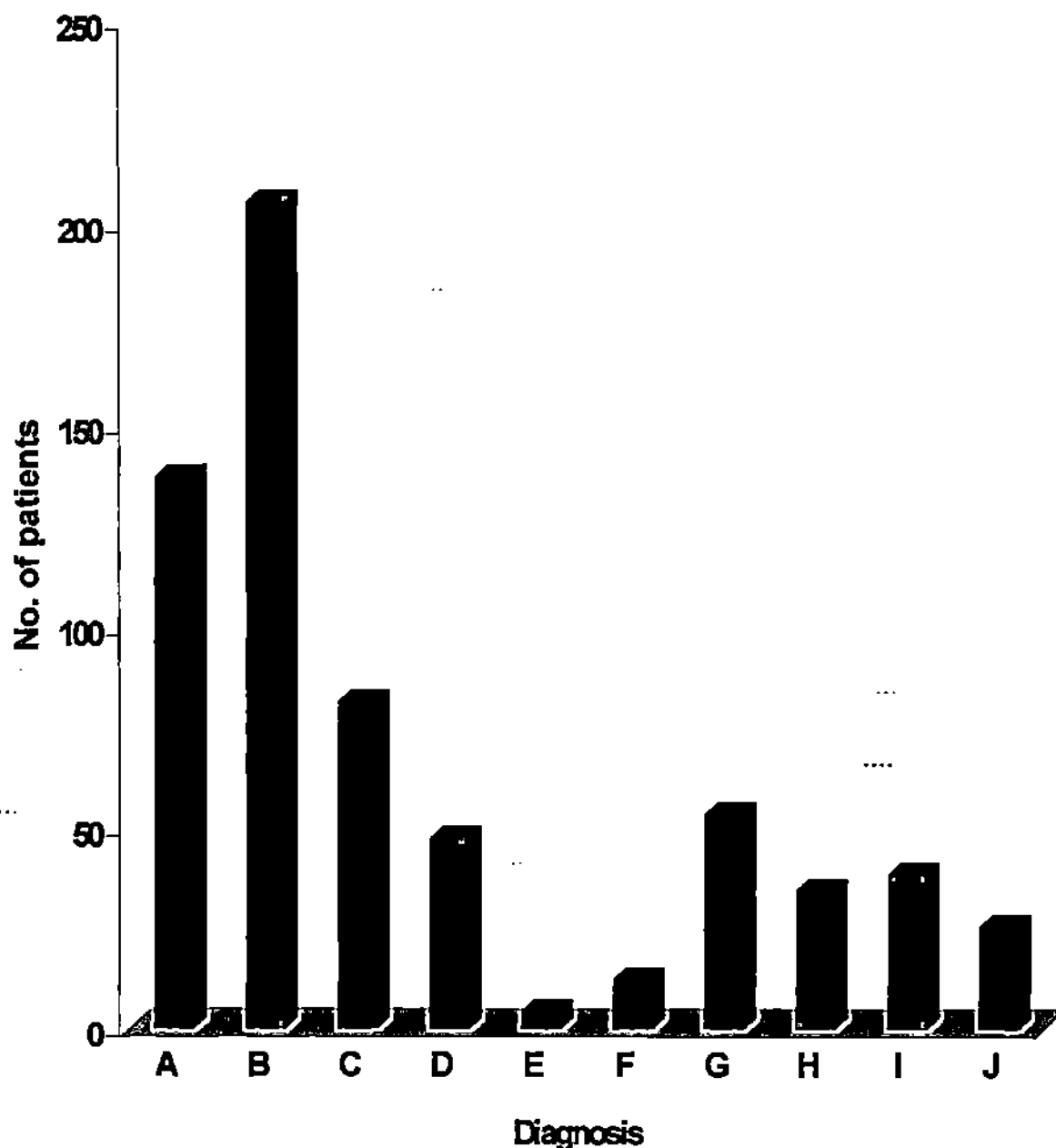
Note: The duration of stay of 25 patients could not be revealed.

From the above table it may be noted that more than 10% of the mentally ill patients are in Jails for more than 10 years.

**GJ5(Table-J5): Distribution of Case Status
of the patients in Jails**



GJ6(Table-J6):Diagnostic distribution of the patients in Jails.



A-Psychoses NOS, B-Schizophrenia NOS, C-Mood Disorders NOS, D-Substance Related Disorders with Psychoses, E-Mental Retardation (M.R.), F- M.R. with Behavioural Problem, G-Adjustment Disorder, H-Other Anxiety Disorders, I-Seizure Disorder, J-Others (Psychogenic Headache, Conversion Disorder, Somatoform Disorder)

.... GJ7(Table-J7): Distribution of the duration
of stay of the patients in jails

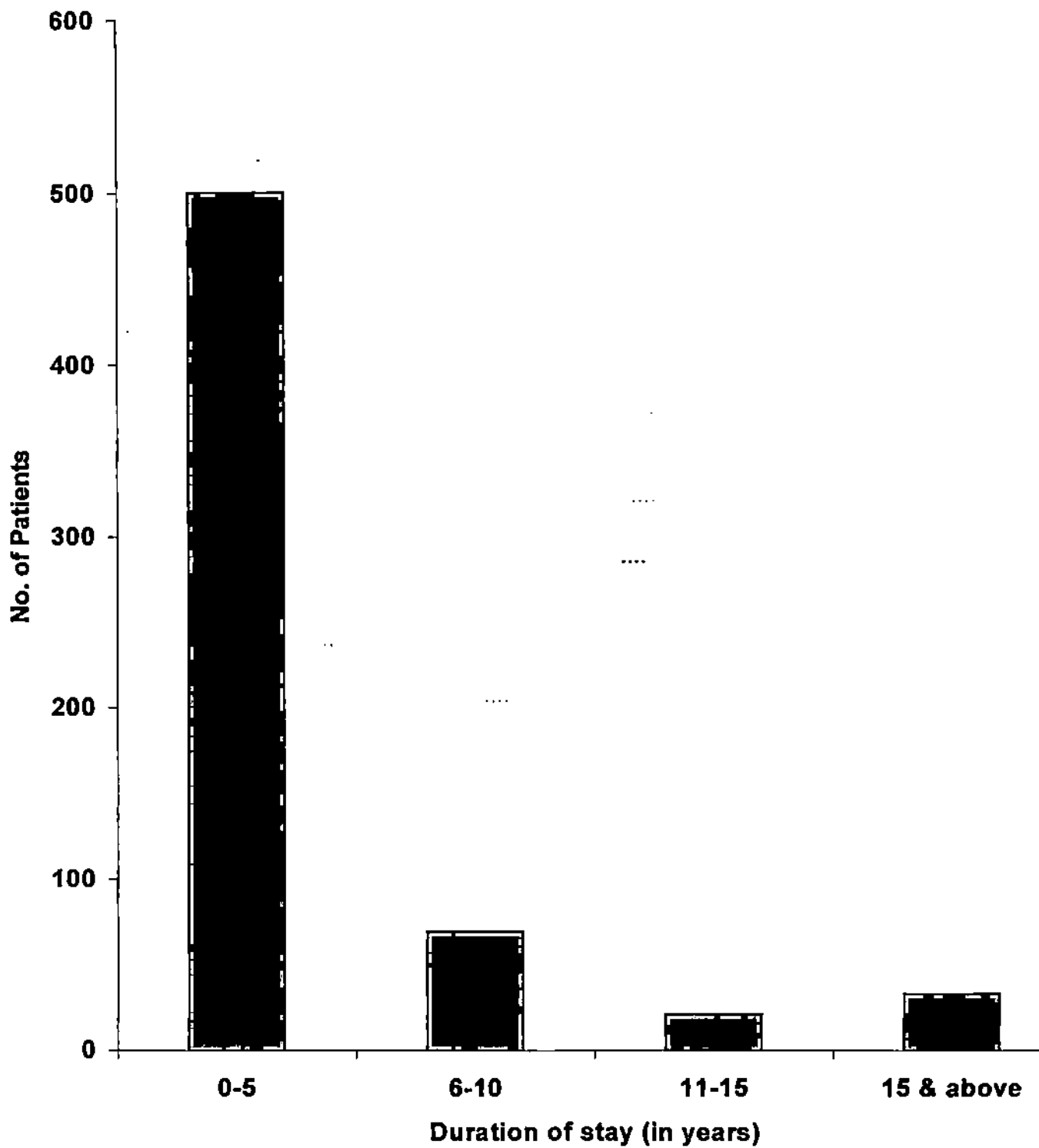


Table-J8: Distribution of the patients according to the initiation of treatment.

Psycho-pharmacological intervention	No. of patients	Percentage (%)
Psycho-pharmacological intervention done	270	41.66
Psycho-pharmacological intervention could not be done	378	58.34
Total	648	100.00

Note: The Psycho-pharmacological intervention could not be initiated for the majority of patients (58.34%) due to the non-cooperation of the concerned authorities.

Table-J9: Comparison of GAF (Global Assessment of Functioning) score vide DSM-IV, 1994] of the patients recorded at the time of initiation of treatment and at the time of last contact with the patient.

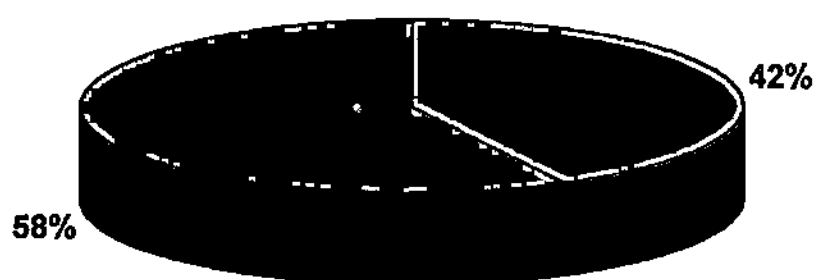
GAF Score	Percentage of patients with GAF Score at the time of initiation of the treatment. (n=270)	Percentage of patients with GAF Score at the time of last contact with the patients (n=270)
0-50	69.6	44.5
51-100	30.4	55.5

Note: i) As per (Diagnostical and Statistical Manual of Mental Disorder) DSM-IV, 1994 GAF Score less than / equal to 50 indicates severe psychiatric disorders.

ii) At the time of initiation of the treatment, the GAF Score of 69.6% of the patients (out of 447 numbers) was found to be less than /equal to 50 which indicates that this number of patients were having severe psychiatric disorders. But at the time of last contact with the patients, only 44.5% of the patients, who came under the treatment purview (i.e. 270 patients only) were found having GAF less than / equal to 50 and 55.5% were having GAF Score more than 50.

These findings indicate statistically significant ($p < 0.01$) [$Z = 5.06$] improvement of the GAF score of the patients. Besides, these findings prove that qualitative changes can take place in the overall functioning of the mentally ill patients, who have been languishing behind bars, if they are brought under psychiatric care.

GJ8(Table-J8): Distribution of the patients according to the initiation of treatment.



- | |
|--|
| <input type="checkbox"/> Psycho-pharmacological intervention done |
| <input type="checkbox"/> Psycho-pharmacological intervention could not be done |

GJ9(Table-J9):Comparison of GAF Score of patients recorded at the time of Initiation of the treatment and at the time of last contact with the patient

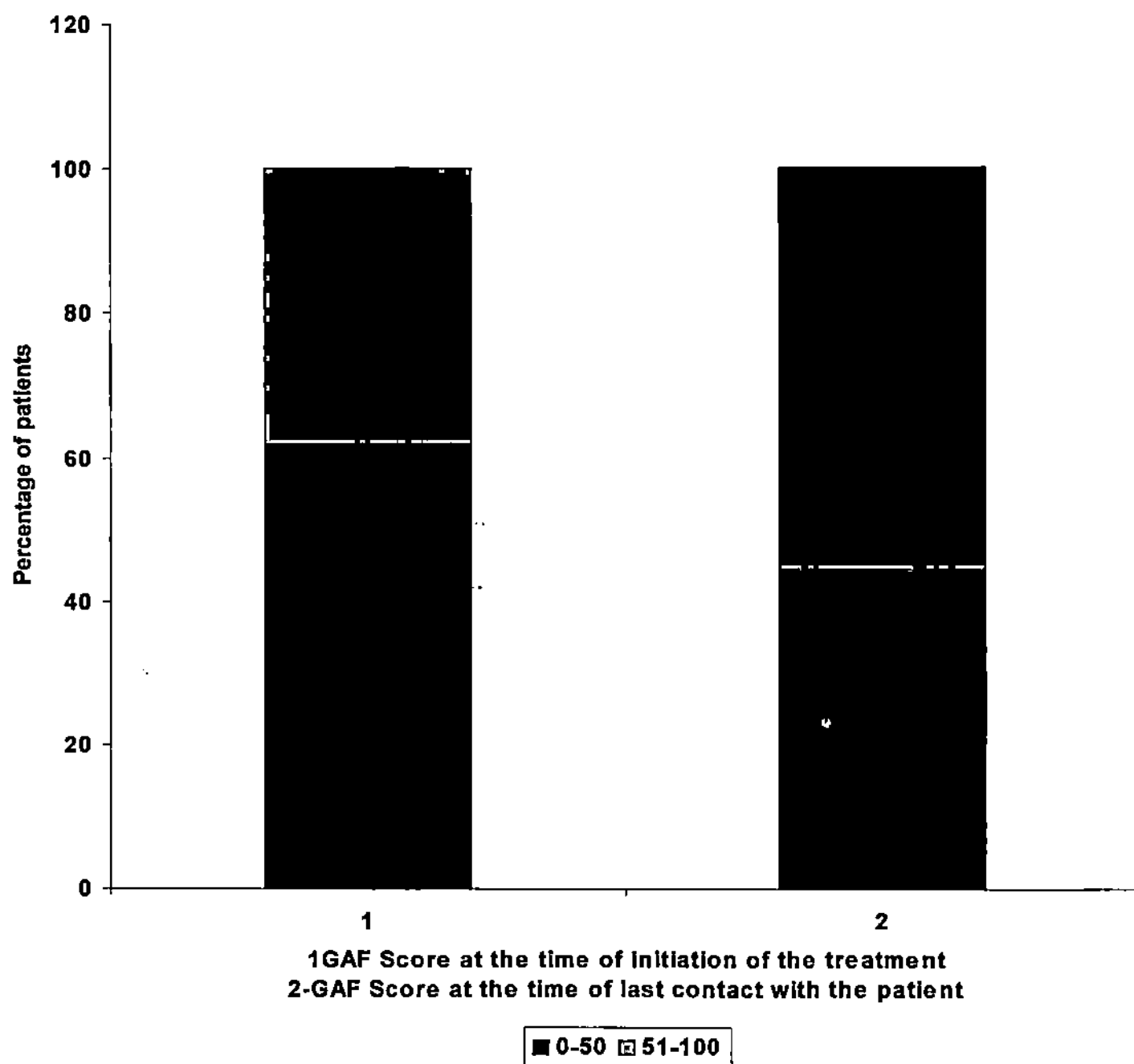


Table-J10: Distribution of charges against the patients according to their sex.

Type of Charges	Male	Female
Murder	61	15
Attempted Murder	13	3
Dacoity	16	0
NDPS	20	7
Theft + Cheating	42	0
Domestic Violence	26	2
Stray Case	111	0
Jaan Khalas	2	4
Petty Case , Travelling by train without ticket	147	4
Others	2	5
Total	440	40

Note: The charges against 168 patients could not be revealed.

The modified Chi-square test shows that there is statistically significant association ($p < 0.001$) between sex of the patients and charges against the patients. As for instance, more female mental patients have been charged in the murder / attempted to murder cases than the male patients. Similarly, more male mental patients have been charged in the cases of theft, cheating, domestic violence etc. than the female mental patients:

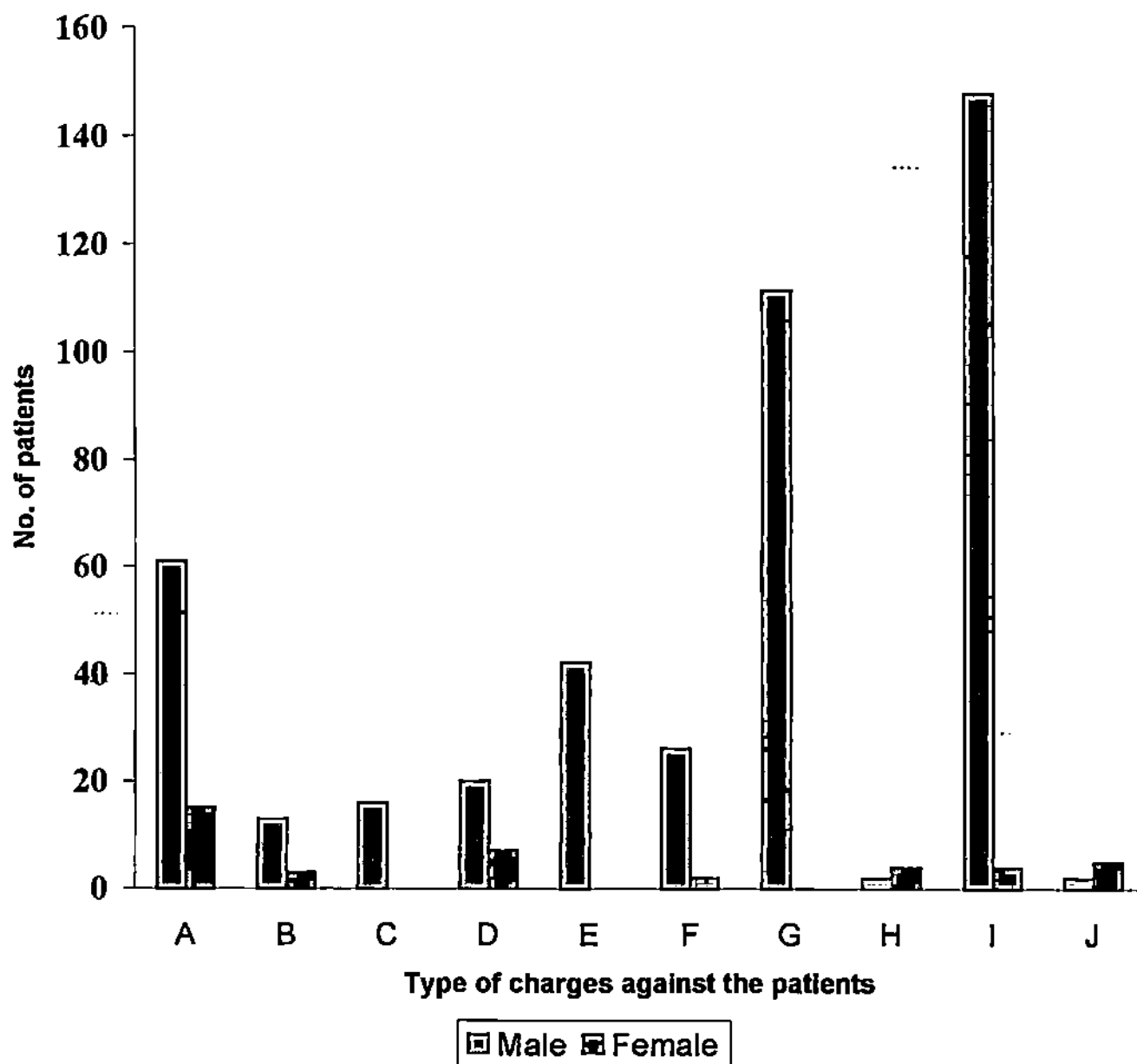
Table-J11: Diagnostic distribution of the patients according to the charges against them.

Type of Charges	Diagnosis				Total
	* Major Psychiatric Illnesses	Mental Retardation with /without behavioural problems	Seizure Disorders	Others	
Murder	49	0	3	24	96
Attempted Murder	15	0	1	0	16
Dacoity	12	0	0	4	16
NDPS	17	0	4	6	27
Theft + Cheating	25	2	7	8	42
Domestic Violence	17	0	4	7	28
Stray Case	99	4	1	7	111
Jaan Khalas	5	0	0	1	6
Petty Case , Travelling by train without ticket	90	2	10	49	151
Others	6	0	0	1	7
Total	335	8	30	107	480

The modified Chi-square test shows that there is statistically significant association ($p < 0.001$) between diagnosis of the patients and charges against the patients i.e. majority of mental patients suffering from Major Psychiatric Illness have been charged with stray and petty cases.

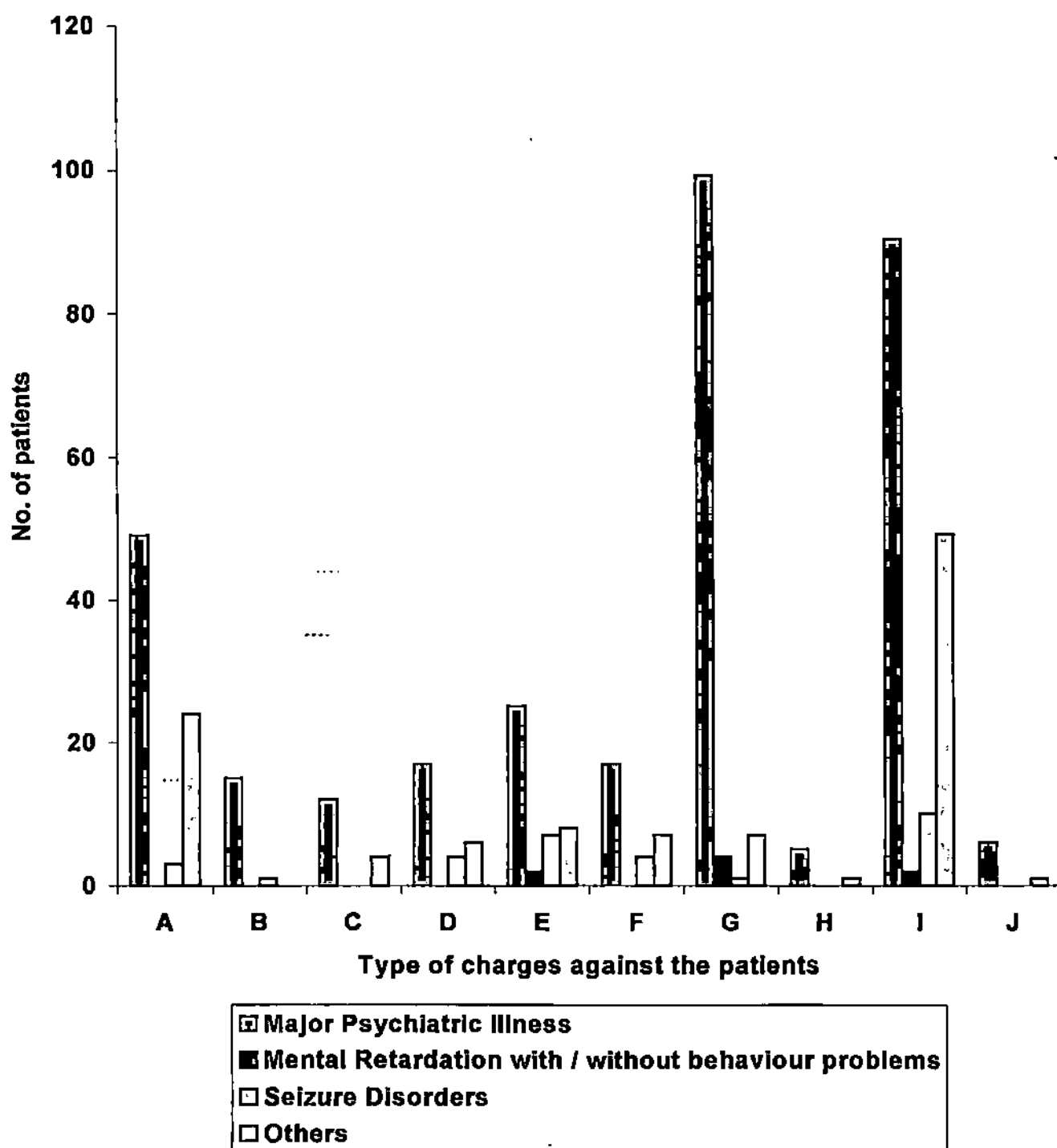
* Major Psychiatric illness stands for Schizophrenia NOS, Psychoses NOS, Mood Disorder NOS, Substance Related Disorder with Psychoses.

GJ10(Table-J10): Distribution of charges against the patients according to their sex.



A-Murder, B-Attempted Murder, C-Dacoity, D-NDPS, E-Theft + Cheating, F-Domestic Violence, G-Stray Case, H-Jaan Khalas, I-Petty Case , Travelling by train without ticket, J-Others (Arms Act, Foreign Act etc.)

GJ11(Table-J11): Diagnostic distribution of the patients according to the charges against them



A-Murder, B-Attempted Murder, C-Dacoity, D-NDPS, E-Theft + Cheating, F-Domestic Violence, G-Stray Case, H-Jaan Khalas, I-Petty Case, Travelling by train without ticket, J-Others (Arms Act, Foreign Act etc.)

Table-J12: Diagnostic distribution of the patients according to their case status.

Case Status	Diagnosis				
	Major Psychiatric Illnesses	Mental Retardation with /without behavioural problems	Seizure Disorders	Others	Total
Under Trial	436	16	37	92	590
Convict	34	0	1	23	58
Total	470	16	38	115	648

The modified Chi-square test shows that there is statistically significant association ($p < 0.001$) between diagnosis of the patients and their case status i.e., most of the patients suffering from Major Psychiatric Illnesses are under trials.

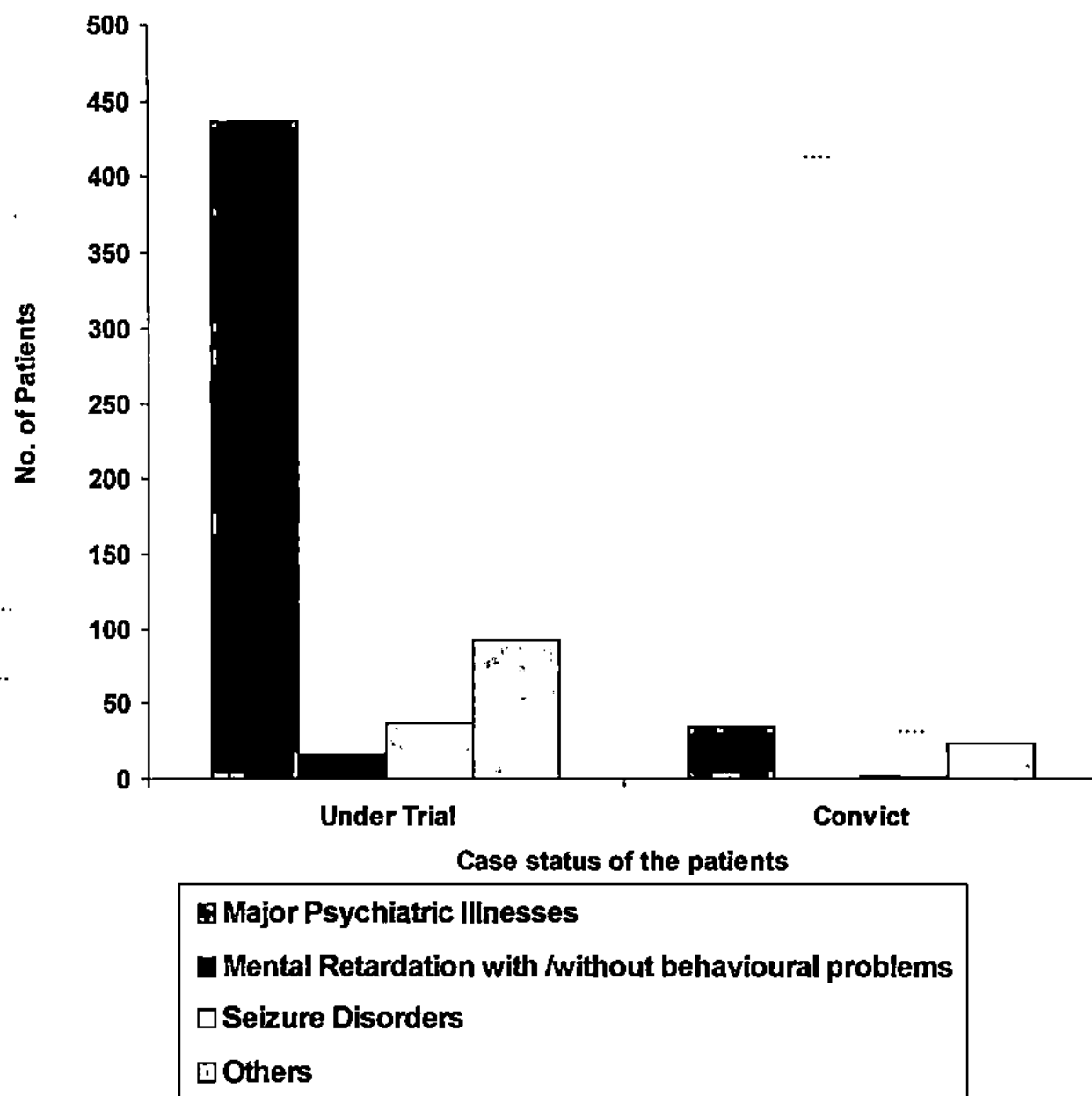
* Major Psychiatric Illness stands for Schizophrenia NOS, Psychoses NOS, Mood Disorder NOS, Substance Related Disorder with Psychoses.

Table-J13: Age-wise distribution of the patients according to the charges against them.

Type of Charges	Age Group in years					
	0-15	16-30	31-45	46-60	Above 60	Total
Murder	0	16	40	14	5	73
Attempted Murder	0	4	8	2	0	14
Dacoity	0	5	6	4	1	16
NDPS	0	17	8	1	0	26
Theft + Cheating	0	34	4	2	2	42
Domestic Violence	0	6	18	3	1	28
Stray Case	3	60	33	7	8	111
Jaan Khalas	0	5	1	0	0	6
Petty Case , Travelling by train without ticket	0	67	59	19	5	150
Others	0	1	2	2	0	5
Total	3	215	179	54	20	470

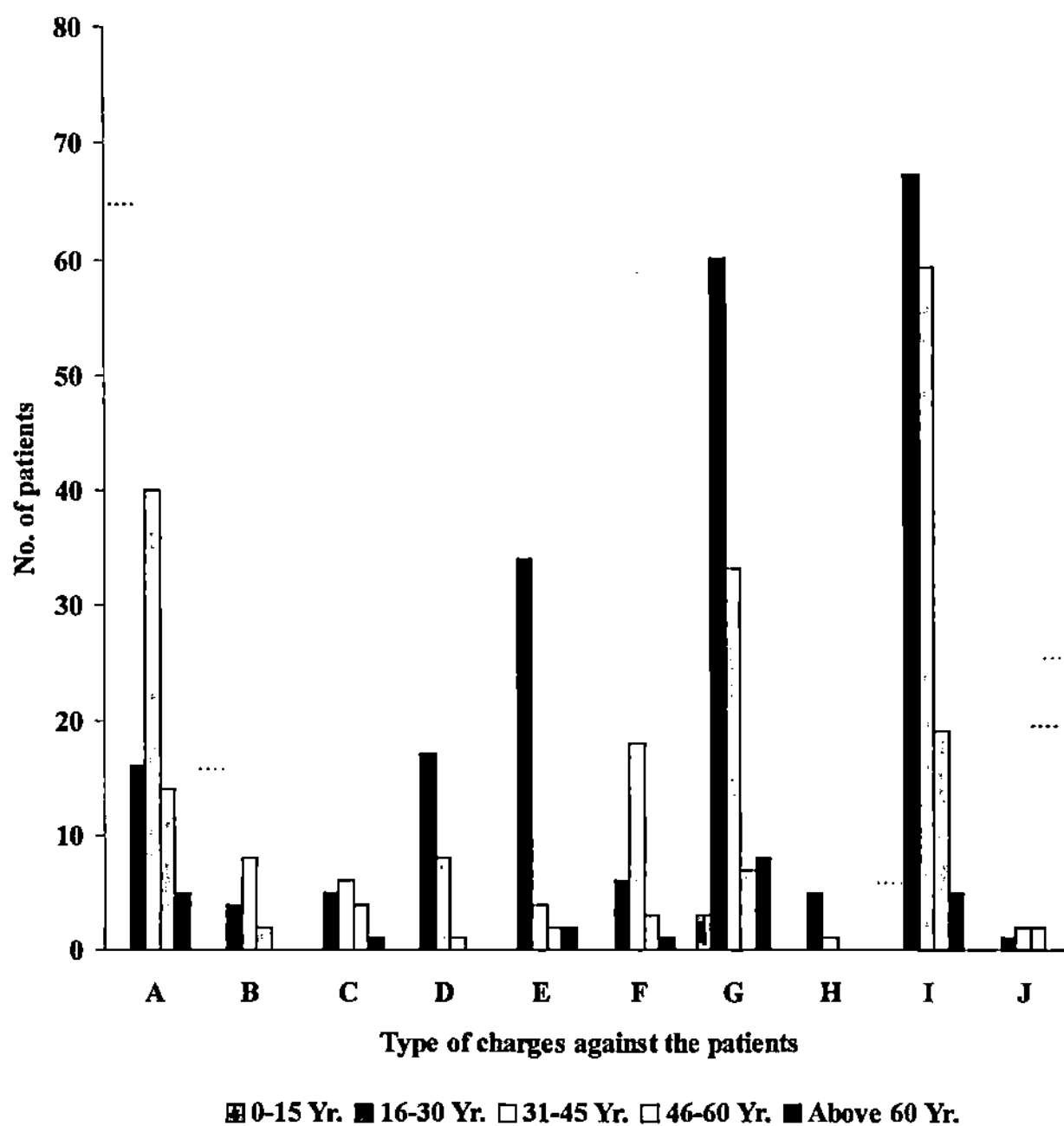
The modified Chi-square test shows that there is statistically significant association ($p < 0.001$) between age of the patients and charges against the patients. As for instance most of the mental patients belonging to the age 16 – 45 years have been sent to Jails on the charges of Petty Case, Stray Case and Theft / Cheating

GJ12 (Table-J12): Diagnostic Distribution of the patients according to their case status



* Major Psychiatric illnesses stand for Schizophrenia NOS, Psychoses NOS, Mood Disorder NOS, Substance Related Disorder with Psychoses.

GJ13(Table-J13): Age-wise distribution of the patients according to the charges against them.



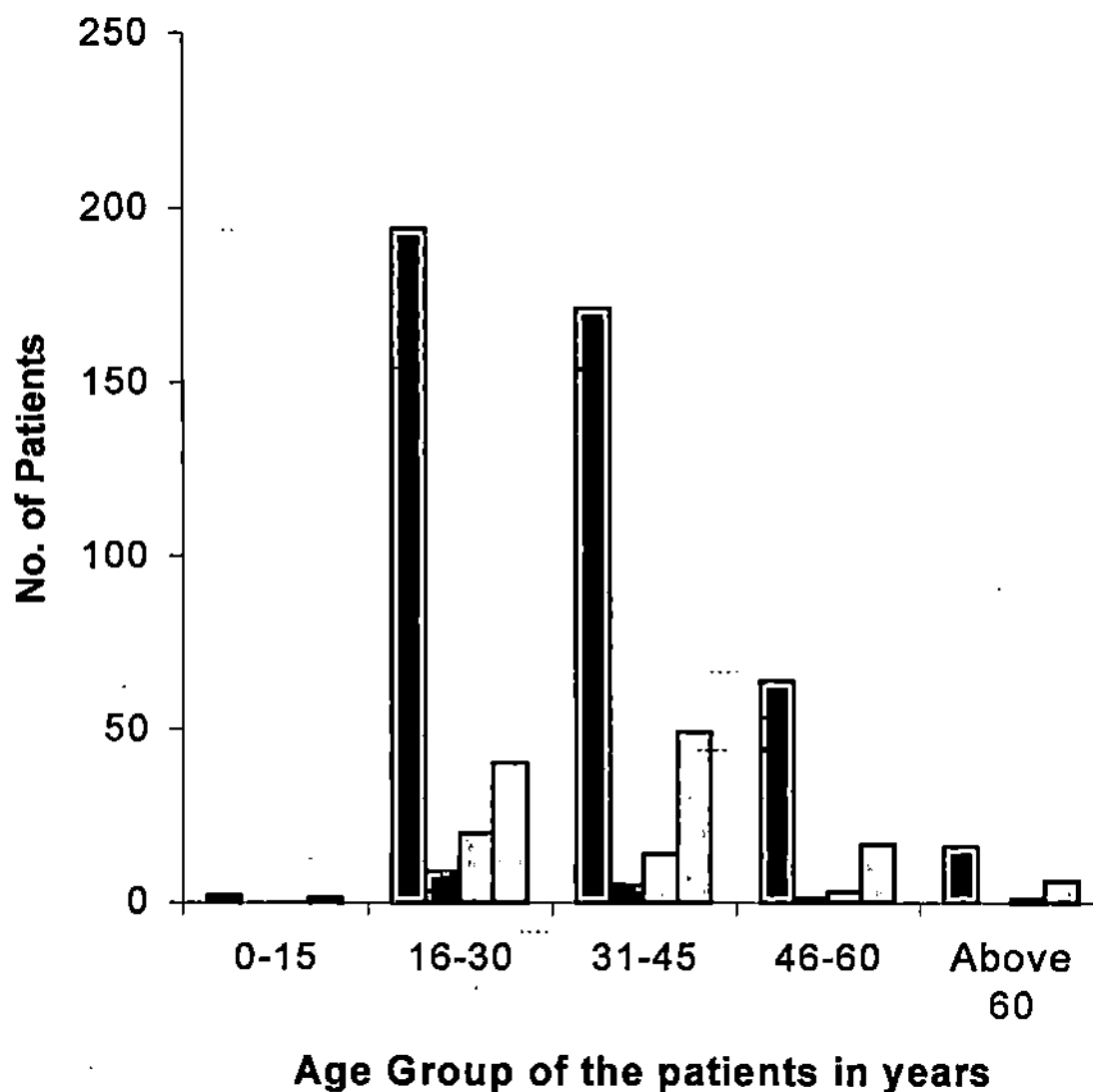
A-Murder, B-Attempted Murder, C-Dacoity, D-NDPS, E-Theft + Cheating, F-Domestic Violence, G-Stray Case, H-Jaan Khalas, I-Petty Case , Travelling by train without ticket, J-Others (Arms Act, Foreign Act etc.)

Table-J14: Diagnostic distribution of the patients according to their age group.

Age Group (in years)	Diagnosis				
	Major Psychiatric Illnesses	Mental Retardation with /without behavioural problems	Seizure Disorders	Others	Total
0-15	2	0	0	1	3
16-30	194	9	20	40	263
31-45	171	5	14	49	239
46-60	64	1	3	17	85
Above 60	16	0	1	6	23
Total	447	15	38	113	613

The modified Chi-square test shows that there is statistically significant association ($p < 0.001$) between age of the patients and diagnosis of the patients i.e. the patients belonging to the age 16 to 45 years have been suffering from Major Psychiatric Illnesses.

GJ14 (Table-14): Diagnostic distribution of the patients according to their age group



- ▣ Major Psychiatric Illnesses
- Seizure Disorder
- Mental Retardation with/without psychosis
- ▣ Others

Within a short period the psychiatrist of our team reviewed and examined all the patients housed in the 'Pagla-Ward' (i.e. the Psychiatric Ward) and issued new prescriptions. Simultaneously, some inmates of the General Wards were screened and identified as mental patients. Prescriptions were also issued for initiating their treatment. So we requested the then superintendent to make the medicines available in order to ensure the proper treatment of the mental patients. The superintendent complied with our request.

Thereafter we extended psychiatric treatment to those, who required it. The then superintendent did not hesitate to make arrangements for the steady supply of medicines for the uninterrupted continuation of their psychiatric treatment. Thus following the regular medication there had been a noticeable improvement in the condition of the mentally ill inmates housed in the Dumdum Central Jail within a year. This improvement motivated the then superintendent of the Dumdum Central Jail to request us to continue with our services for the mental patients for another year.

We complied with his request and continued visiting the Dumdum Central Jail on a regular basis as per our project requirements. Thus it was ensured that the patients of the Dumdum Central Jail, who were under our treatment purview, would continue receiving uninterrupted treatment. In the meanwhile, more mental patients arrived at the Dumdum Central Jail. We also undertook to extend treatment to these new patients after their proper diagnosis.

Apart from extending treatment facilities to a host of mental patients, we held regular discussions with the staff and officials in order to involve them more intensively in the care-delivery facilities being developed for the mentally ill inmates in the Dumdum Central Jail. Following these efforts, there had been a further attitudinal change – for the better, among the jail staff in the second year. For instance, the motivated jail staff started encouraging the mentally ill inmates to get involved in some meaningful activities. It is very heartening to note that most of the moderately stable mentally ill inmates responded well to the psychosocial training. As a result, now most of them have been leading a near normal life.

We continued the project-related activities in the Dumdum Central Jail in the third year also. Between April 2001 and March 2004, we have screened **2324** inmates of this jail and identified a total of **412** mentally ill inmates. Out of the identified mental patients **281** were diagnosed to be suffering from Major Psychiatric Illnesses i.e. Psychosis NOS, Schizophrenia NOS, Mood Disorder NOS and Substance Related Disorder with Psychoses.

To sum up, the cooperation extended by the Dumdum Central Jail authorities during the entire tenure of the project implementation period enabled us to provide treatment to a good number of mentally ill persons lodged therein and also bring about a qualitative change in their living situation. Besides this, our constant efforts in respect of bringing about an effective mental health awareness among the staff and inmates of the Dumdum Central Jail has left a positive impact on the care-delivery system that has been gradually developing here following our intervention. **Consequent to this, the following changes have been perceived:**

- ◆ The overall living situation of the mental patients housed in this jail has been improved
- ◆ The dormitories, where the mental patients are housed, are now neat and clean. Following our request, the then Superintendent of the jail provided cot and mattresses to them.
- ◆ Sufficient quantity of food is now being supplied to the mental patients.
- ◆ A system has developed in the jail in respect of sending the 'suspected mental patients' to the SEVAC team for diagnosis and psychiatric treatment. For instance, whenever any staff notices some 'abnormalities' in a newly admitted person, he promptly refers him to the SEVAC team for check-up. This newly developed mechanism has given us the opportunity to identify the mental patients housed herein and bring them under our treatment purview, promptly.
- ◆ With the cooperation of Sri Manoj Chowdhury, the then Superintendent, we succeeded to engage the stable mentally ill inmates, who came under our treatment purview, in some meaningful work. **For instance –**
 1. *A good number of the patients, whose conditions have improved, are enthusiastically carrying on with gardening activities in the vacant plot of land in front of the 'mental ward' of the jail. They are voluntarily clearing the plot of all debris, digging the land, sowing seeds, watering and pursuing other gardening related activities. Consequently, seasonal vegetables are being grown on a regular basis on the said plot of land. They have also cooperatively raised a flower garden. All these have added a picturesque effect to the jail environment.*
 2. *Several of the mental patients, whose conditions are more stable today after being brought under treatment purview, are being engaged in kitchen work. They cut vegetables, knead flour and make chappatis, grind spices and help with the cooking. Some of them also clean and wash the kitchen utensils. Thus they play an important role to run the jail kitchen.*
 3. *A few of the moderately stable mental patients have been helping the Writers to look after the newly admitted mental patients, who are receiving treatment at present. They mainly assist the acute patients in taking bath, taking food, preparing beds, using toilets etc. A few of them also assist the Writers to administer medicines to the acute patients.*
- ◆ One of the salient objectives of the project was to facilitate the rehabilitation of the mental patients after their treatment. We have been able to achieve this objective quite successfully from the very beginning. During our counselling sessions with the mental patients, we succeeded in collecting the relevant information on their family background and past history. Even some of them informed us their residential addresses. Thereafter, we got in touch with their families. In most cases, the families got back to us and sought our help and advice on how the release procedure of their wards could be expedited. SEVAC, on its part, provided the necessary help to the family members, many of whom were strangers to the city. SEVAC, for instance, made the arrangements to escort the family members to the court and provide legal

support for the release of their wards. At times, SEVAC also extended financial assistance to the families – especially those who were economically weak, by buying their return tickets by bus or train and arranging for their night stay in the city.

Thus 53 mentally ill inmates of the Dumdum Central Jail have so far been restored to their families.

- ◆ We deem it a matter of privilege to mention that the Learned Court often directed the psychiatrists of SEVAC to issue certificates in order to –

1. *state the mental health status of some inmates whose release was sought;*
2. *state whether he could withstand trials in court.*

Normally such certificates are issued only by the Psychiatrists / Medical Officers who are the regular staff of the jails. So the Superintendent of the Dumdum Central Jail empowered the Psychiatrist of SEVAC in this regard and requested him to issue necessary certificates on behalf of the jail authority. The Learned Court also accepted the certificates issued by the Psychiatrist of SEVAC, as valid documents. At times the Learned Court also directly asked the Psychiatrist of SEVAC to submit such certificates to the Court through the Jail Superintendent.

But what has been highlighted so far is only one side of the coin. Precisely, there remain a lot of things, which need immediate intervention of all concerned authorities. *As for example we may cite the following:*

- ✓ An under trial mentally ill inmate of the Dumdum Central Jail named Tarakeshwar Das came under the purview of psychiatric treatment since the beginning of this project. He was a patient of Schizophrenia and had been in the jail for 4 years. We were informed that Tarakeshwar died in his sleep on 24th March 2004. When the Writer of the ward came on his routine visit that night, he found him lying unconscious in bed and called in one of the Medical Officers of the jail. He examined the patient and announced that he died some two hours ago. The local police too, on being informed, arrived at once for investigating into the case. Unfortunately, the Magistrate, in spite of being informed, could not arrive at the scene on time. As a result, the dead body was shifted to the room where we used to examine the patients, and kept therein for about 48 hours without taking any measures for preventing the decomposition of the dead body. Meanwhile, the dead body decomposed and the entire environment became grossly uncongenial. It was only after this that the Magistrate arrived and the dead body was sent for postmortem. This particular incident evidently speaks of the lackadaisical attitude of the concerned authorities even regarding the 'life and death questions' of the jail inmates.
- ✓ Another mental patient at the jail, who was under our treatment purview, made an unsuccessful bid on his own life two months back. On inquiry, it got revealed that the said patient was not being given psychiatric medicines as prescribed by our Psychiatrist due to shortage of medicines. After learning about this, our Psychiatrist called on the Jail Superintendent to inform him about the gravity of the situation and told him that the SEVAC team would not continue its services if the medicines were not made available. Thereafter the jail authority took necessary measures in this regard. This situation clearly indicates that the mental patients, who are now receiving

psychiatric treatment may be denied medication and other necessary care, when the SEVAC Team would stop visiting this jail.

- ✓ It is true that the frequency of physical torture of the mentally ill inmates of the Dumdum Central Jail has been remarkably reduced. Still then, this practice has not totally been done away with. Consequently some mental patients, specially the newly admitted ones, are sometimes subjected to severe physical torture.
- ✓ Jail staff, wardens, nurses, pharmacists and other medical staff in particular, have not yet been involved in respect of delivering care to the mental patients housed in the Dumdum Central Jail. As a result, the mental patients are at the mercy of a few Writers, who have already developed considerable skill in managing mental patients. Anybody can guess what would happen to these unfortunate ailing folks, if these Writers are released or transferred elsewhere. Because, without training, it is not possible for a person to look after them and handle their problems.

However, the issues, which have been highlighted so far, are just the 'tip of the iceberg'. Precisely, there are many such issues that need immediate intervention.

However it needs mentioning that in the Dumdum Central Jail, the 'Operation Oasis' project was most successfully implemented. Hence hereafter we have added the Statistical Analysis of the findings in this jail. Again may it be noted that two elaborate lists mentioning the name of the patients along with their diagnosis and case status have also been added to the appendix of the report.

Another noteworthy achievement

The success of our drug de-addiction treatment procedure in this jail also needs to be highlighted. 498 inmates of the Dumdum Central Jail were referred to us for the treatment of drug de-toxification in three years and all of them responded positively.

VAGRANT HOMES IN WEST BENGAL

Vagrant Homes in West Bengal are run and managed by the office of the Controller of Vagrancy under the Bengal Vagrancy Act, 1943. This Act was promulgated as a measure to prevent beggary. According to this Act, a vagrant means a person, who, for his survival, asks for alms in public places.

Mode of Arrest of the Vagrants

Generally the office of the Controller of Vagrancy coordinates with the Police and Magistrate. Then on a date that is fixed to the convenience of all the three parties, an area of Kolkata is selected for raids and a few random arrests are also made. Usually the professional beggars avoid being arrested. It is therefore the mentally ill and mentally retarded people loitering about in the streets aimlessly, who fall easy prey to the trap laid down by the police. Sometimes people hailing from other states or some remote villages are also arrested as vagrants. After the raid the arrested people are produced before a special magistrate. Through a summary inquiry the magistrate identifies the vagrants over there. Thereafter the people identified as vagrants are sent to Vagrant Homes.

Situation in the Vagrant Homes of West Bengal

There are eight Vagrant Homes in West Bengal. When we visited seven of these Homes for implementing our earlier outreach projects, we observed that these Homes were only serving as dumping grounds of mental patients. Unfortunately, the government did not take any measure to bring these mental patients under the purview of psychiatric treatment. As a result, most of the mental patients had reached a vegetative state. However, our generalized observations went as follows:-

- ✓ The mental patients were housed in dilapidated lockups in sub-human conditions
- ✓ They were bound to stay inside the lockup for about 14 hours per day.
- ✓ Rs. 15/- was allotted towards the treatment of a vagrant, per month.
- ✓ The human touch in the process of cooking and serving food in these homes was absolutely missing.
- ✓ Meals supplied to the inmates of the vagrant homes, were far below the satisfactory level, both in terms of quality and quantity
- ✓ The personal hygiene of the inmates of the vagrant homes was pitifully poor
- ✓ Most of them used to wear dirty and torn uniforms, while a few of them were stark naked

In a bid to extend treatment to the mentally ill inmates of Vagrant Homes, when in the first year we requested Mr. Sudhir Dutta, the Controller of Vagrancy, West Bengal to allow us to include the Home for the Lunatic Vagrants, Mahalandi situated at the Murshidabad District under the purview of 'Operation Oasis' Project, he did not hesitate a single moment to accord his consent. Precisely, it is his sincere concern for the untreated mentally ill inmates housed in Vagrant Homes that prompted us to extend the activities of the Operation Oasis project to the Uttarpara and Dhakuria Vagrant Homes in the second and third year.

Field wise findings in Vagrant Homes

HOME FOR LUNATIC VAGRANTS, MAHALANDI

The Home for the Lunatic Vagrants, Mahalandi falls within the jurisdiction of the Murshidabad district of West Bengal. From the very beginning, it was identified as a field to be covered by the 'Operation Oasis' project. The SEVAC team visited this home for the first time on 30th July, 2001. During our visit we found that this home has two separate wards – one for housing the male mental patients and the other for housing the female mental patients. **However, our initial experiences at this home, which have been highlighted below, were shocking indeed.**

- ◆ Most of the inmates of both the male and female wards were chronic mental patients and the absence of human care and psychiatric treatment reduced their living condition to a subhuman state.
- ◆ A good number of the female mental patients would move around stark naked in the courtyard – a few among them also used abusive languages;
- ◆ There was also no qualified Medical Officer to attend to the general health problems of the inmates of the home.
- ◆ The condition of the dormitories, kitchen, toilets and the surroundings of the home was pitifully unhygienic, dilapidated and uncongenial;
- ◆ The process of cooking and serving food was unspeakably unhygienic;
- ◆ To our dismay we found that when the inmates at the home were served meals, street dogs would enter the courtyard through the broken collapsible gate and share the food with the patients from the same plate.

The authority at the Home for the Lunatic Vagrants, Mahalandi was supportive to SEVAC team in respect of implementation of the 'Operation Oasis' project, from the very beginning. But owing to budgetary constraints, it was not possible for the home authority to bring all the mentally ill inmates under treatment purview. So we took the responsibilities of supplying medicines for 12 mental patients of the female ward. Thereafter, the home authority somehow managed some funds for purchasing medicines for the treatment of 13 male mental patients. Thus a total number of 25 mental patients were brought under the coverage of psychiatric treatment.

To tell the truth, since the inception of the Lunatic Vagrant Home, Mahalandi the state government did not take any measure to bring its inmates under the purview of psychiatric treatment. So the staff team of the Lunatic Vagrant Home developed an idea that no positive change can be brought about in the living situation of the 'MAD' people, housed in their custody. Out of frustration they also believed that they have nothing to do

for these ailing folks but to serve them some amount of food twice a day on a regular basis.

But the experience, which they gathered after the launching of the 'Operation Oasis' project, prompted them to change their mind set, gradually. After administering medicines the condition of the violent and abusive patients improved significantly within a short period. As a result, it became easier for the staff team to manage both the female and male wards. When the staff team found that the female patients, who used to remain stark naked demanded sarees to cover themselves, they were simply amazed.

However, we took this chance and started holding meetings with the staff members of the Lunatic Vagrant Home on a regular basis. In those meetings we tried to convince them that they can do a lot for upgrading the living condition of the mentally ill people housed in their custody. We also requested some of the staff members to build a good rapport with the mental patients and motivate them to use the toilet in proper manner, take bath on a regular basis, keep the dormitories clean etc.

It is noteworthy that the staff members of the Lunatic Vagrant Home complied with our request. Resultantly, during the second and third phases of the project, the combined endeavours of the staff members of the Lunatic Vagrant Home, SEVAC team and Sri Sudhir Dutta, the Controller of Vagrancy, furthered the cause of the mentally ill housed herein. **The changes that are prominently visible in this home at this stage are:**

- ♦ The condition of the inmates placed under treatment has improved significantly.
- ♦ To this day, seizure charting for the epileptic patients is being regularly maintained by the staff.
- ♦ Several of the female inmates have been successfully motivated to keep themselves well covered.
- ♦ Most of the inmates, the females in particular, wash their clothes, wear clean and proper clothes, take regular baths and comb their hair regularly. In this context it may be mentioned that SEVAC has supplied clothes to the inmates of the female section, time to time.
- ♦ Several of the mentally ill, following their exposure to treatment, have stopped urinating and defecating in public. As a result, the courtyard and dormitories do not have the unbearable stench or the unhygienic and filthy look as earlier.
- ♦ Several of the patients have been taking an active part in the activities of daily life at the home like sweeping / mopping the floor and courtyard, washing clothes and utensils, watering the plants etc.
- ♦ On the part of the authorities, they have arranged for a well-spaced dormitory instead of the courtyard for the inmates to be served their meals.
- ♦ The authorities ensure that the dormitories and the surroundings of the Home are kept clean and tidy.
- ♦ The authorities have been taking the necessary steps to prevent dogs from entering the premises and biting a share of the inmates' food.

- ◆ The renovation of the main building of the home is presently in progress. A fresh coat of paint has been applied as part of the renovation of the building housing the inmates, adding a new dash of colour to the lives of the inmates.
- ◆ The restoration procedure of a few inmates, whose conditions improved significantly, following their inclusion under treatment purview, has been facilitated.

We have observed that compared to the female section of the Lunatic Vagrant Home Mahalandi, the male section is relatively dirty. For instance, compared to their female counterparts who are more neat and clean and take regular baths, the males do not take regular baths or maintain personal hygiene. They do not even care to shave their beards regularly.

We have noticed that the males are not provided with adequate change of clothes. So most of them wear dirty and torn uniforms. A good many of the males cover themselves up with torn and tattered blankets even in the peak of summer! In this context it is noteworthy too that in winter they get no extra blanket to fight the cold.

However, we initiated discussions with the staff members of this home for stressing on the need to engage the mental patients in different kinds of meaningful activities. Being encouraged by these discussions, the staff members drove their effort in the direction of engaging the patients in the male ward in making paper packets. The staff members started bringing old newspapers from their residence and taught the inmates the packet-making process. This activity was initiated only for the engagement of the inmates and not for income generation. However, as many paper-packets had piled up in the process, an effort was made to sell them in the market, though unsuccessfully. Thenceforth, this activity was no longer continued. So now the patients are being engaged in activities like gardening, works of the kitchen, maintaining the cleanliness of the campus as well as taking care of the other inmates. Some of the staff members have also successfully motivated a number of patients in the female ward to drive their effort towards making specific handicrafts like clay dolls, jute mats etc.

In this context it needs mentioning that owing to the motivation of the staff members of all categories some significant changes in the living situation of the mental patients housed in the Lunatic Vagrant Home have taken place. Still then much more things are left to be done to ensure a modest habitable environment to the mental patients housed therein.

In the last three years we have screened a total of 48 male and 40 female mentally ill inmates at this home. 79 out of these 88 inmates were identified as patients suffering from Major Psychiatric Illnesses. Presently a total of 24 mentally ill inmates of the home are under the purview of our treatment.

UTTARPARA FEMALE VAGRANT HOME

Uttarpara Female Vagrant Home is situated in the Hooghly district of West Bengal. This field was brought under the purview of our earlier outreach project. However, owing to several constraints that we faced in the past, we were not able to continue our work on a regular basis in this home. So, in a bid to ensure that the female mental patients, who were languishing here received proper psychiatric treatment, we included this field under the purview of the 'Operation Oasis' project in April 2002. **Our initial observation on the existing situation in the Uttarpara Female Vagrant Home was as follows: –**

- ◆ Before the intervention of the SEVAC team no attempts were made for the identification and treatment of the mentally ill inmates housed in the Uttarpara Vagrant Home. Resultantly, this home was converted into a dumping ground of the female mental patients.
- ◆ Due to the lack of human care and psychiatric treatment several of the mentally ill females housed herein reached a vegetative condition.
- ◆ Their sense of personal hygiene was pitifully poor. They had disheveled hair and were clad in torn and dirty sarrees.
- ◆ The condition of the dormitories, toilets and bathrooms was evidently deplorable.
- ◆ The surroundings of the home were pitifully unhygienic.
- ◆ Adequate clothes were not supplied to the inmates.
- ◆ The quality and quantity of the food were far below the satisfactory level.

After launching the Operation Oasis project, we made attempts to motivate the staff members of this home through regular rounds of discussions. Such discussions yielded results and a few staff members started extending cooperation to us. Consequently, we initiated the work of screening of the inmates of this home with an aim to identify the mentally ill from amongst them. But due to budgetary constraints, the home authority expressed their inability in respect of purchasing medicines for the treatment of all the mentally ill inmates housed therein. So we assured them that we would supply medicines for the treatment of 10 mental patients. Then the home authority somehow managed some funds for purchasing medicines for 10 patients. Thus 20 mentally ill inmates of this home were brought under treatment purview.

Now let us have a look at a few of the prominent attitudinal and situational changes that showed up at the Uttarpara Vagrant Home in last two years –

- ◆ The Medical Officer of the home has been cooperating with the SEVAC team in facilitating the treatment and psychosocial rehabilitation of the mentally ill inmates
- ◆ The patients are being administered medicines more regularly than earlier and we could see a significant improvement in their overall mental health condition.

- ◆ The condition of the patients is being regularly monitored. Things have come to such a pass that acute patients from this home are referred to the SEVAC Halfway Home for admission.

However, although there have been the aforementioned significant positive changes in the life situation of the mentally ill after their inclusion into the treatment procedure, a lot of issues need immediate attention and intervention of the concerned authorities. **Here are a few instances –**

- ✓ The dormitory of the ground floor is evidently dilapidated and overcrowded.
- ✓ Mainly the chronic and untreated mental patients are dumped in the ground floor dormitories. Their personal hygiene is pitifully poor. Most of them wear unwashed and torn clothes that emit a foul stench.
- ✓ The place identified as the bathing corner is very filthy and unhygienic. There is a shallow reservoir in the corner where water is stored for the use of the inmates for bathing and washing purposes. It has been seen that some of the inmates, instead of drawing the water in pails for their use, dive straight into the reservoir for a bath. Even some of them after attending to their call of nature, clean themselves with this water only! They wash their clothes too in the reservoir itself. The water thus gets very polluted. Worst of all, there are several inmates who use the same filthy water for drinking purpose. The SEVAC team has already brought this issue to the notice of the home authorities, who have assured to take the necessary steps in this regard.
- ✓ The lavatory is very poorly maintained. In this context it is noteworthy that six of the inmates of this home have been given the charge of cleaning the lavatory and bathroom instead of deputing any government appointed sweeper.
- ✓ The cots that are used by the inmates of the ground floor are shabbily kept. The pillow covers and bed covers / sheets are worn out and most of the cots do not have any mosquito net.
- ✓ Another aspect that caught our attention is that the inmates who are abusive and rude override the others, many of whom are generally meek and submissive, much to their annoyance. These unruly elements do all in their power to impose their authority over others. As a consequence, brawls and quarrels are a regular feature here, and the peace of the place is greatly affected.

The overall condition of the female inmates housed in the first floor is, however, comparably better. The sense of hygiene of the inmates accommodated therein is well developed. They keep their rooms clean and tidy and they themselves stay well groomed. But there is no lavatory or bathroom in this floor. Resultantly, the inmates are immensely inconvenienced. **However, we have noticed that the present Manager and the Medical Officer are evidently keen to make the Uttarpara Female Vagrant Home more congenial in near future. So we can hope for the best.**

It needs mentioning that SEVAC supplies medicines for the treatment of around 10 mental patients of this Home on a regular basis. On the other hand, the home authority also purchases medicines for the treatment of 10 patients from a government approved medical store in the locality. But due to the non-payment of the outstanding medicine

bills, the medical store sometimes stops supplying medicines. Consequently the treatment of the mental patients often gets disrupted.

In the last two years we have screened and identified a total of 126 mentally ill inmates at the home. 105 out of the identified mental patients were diagnosed as suffering from Major Psychiatric Illnesses.

DHAKURIA MALE VAGRANT HOME

The Dhakuria Male Vagrant Home is situated in a prime location in South Kolkata. The SEVAC team has been extending services at this home for the last few years. It was included under the 'Operation Oasis' project in April 2002, during its second phase following the exclusion of some first year's project fields.

From the very beginning, the home authorities cooperated with the SEVAC team in respect of bringing the mental patients housed therein under the purview of psychiatric treatment. But owing to budgetary constraints, they could not assure us about providing treatment for all the mentally ill inmates housed in the home. Hence we assured them that we would supply medicines for 10 mental patients. Thereafter the superintendent of the home managed some funds for purchasing medicines for some more patients. Thus a total number of 53 patients of the Dhakuria Vagrant Home received psychiatric treatment during the third year of the 'Operation Oasis' Project.

With the cooperation of the Manager, Medical Officer and some other enthusiastic staff members of the Dhakuria Vagrant Home, we also succeeded to engage the stable mental patients of this home in some meaningful work like gardening, embroidery and pisciculture.

Precisely, owing to the positive attitude of all categories of staff there is a congenial living condition in the Dhakuria Vagrant Home. That is why we can rate this home as comparatively better than all the other Vagrant Homes. However, now let us have a look at the positive developments in this home, which have taken place in recent past :

- ♦ A group of staff members have been doing their bit to ensure the wellbeing of the mentally ill inmates placed in their care by providing them medicines on time and as per our psychiatrist's prescription.
- ♦ Some of the staff members are careful about keeping the home surroundings neat and tidy.
- ♦ Special cupboards have been provided for the mentally ill inmates of the Dhakuria Vagrant Home so that they can deposit their belongings (if any) therein. This helps in maintaining the overall cleanliness of the dormitories.
- ♦ Every winter the home authority provides blankets and warm clothes to the inmates. Once the winter wears out, these are taken away from them, washed and kept ready for use next winter.
- ♦ The staff members have been arranging an annual fair in which the handicrafts that are made by the inmates are put on display. Amazingly, unlike in any other home, a few inmates of the Dhakuria Home have proved their proficiency in embroidery work too. We feel that this activity could help in their rehabilitation in future.
- ♦ Cultural programmes are also organised in which the inmates take part most enthusiastically. Many of them conduct themselves exceptionally well in recitation, singing and playing musical instruments.

- ◆ An annual sports meet is also organised in the interest of the inmates and staff members of this home.
- ◆ Sri Paresh Chandra Das, an inmate of this home, has leadership quality. So he has volunteered himself to assist the home authority in respect of looking after the wellbeing of the mentally ill inmates and administering them medicines in proper dose and in proper time. Another significantly stable patient of this home also assists the authority in the work of daily marketing. All these cases signify that the staff of the Dhakuria Male Vagrant Home are keen to facilitate true rehabilitation of the inmates housed therein.

However, even in the face of these achievements, the following shortcomings can not be ignored:

- ✓ The surroundings of the home is infested with mosquitoes. Yet the authorities have not provided the inmates with any mosquito nets to ensure a peaceful night's sleep.
- ✓ The process of cooking food in the kitchen is very unhygienic. The kitchen swarms with flies when the cooks prepare lunch and dinner. The flies sit on the uncovered food. But the cooks always remain oblivious of this.
- ✓ Adequate attention has never been given for the development of the personal hygiene of the inmates, which is why many of them are afflicted with various types of skin diseases. It is unimaginable that only two bars of soap are allotted for every thirty inmates in fifteen days!

Finally, we would like to mention that in the last two years, we have screened a total of 172 inmates in the Dhakuria Vagrant Home and identified 141 of them to be suffering from mental illnesses. At present 43 mentally ill inmates housed in this home, are under our treatment purview.

'Human Touch promotes Human Dignity' – a testimony

**Living condition of Lakshmi
an inmate of Home for
Lunatic Vagrant, Mahalandi
at the time of initiation of the
'Operation Oasis Project.**



**Lakshmi after the
psychopharmacological
intervention**

**Lakshmi presently leading
a near normal life**



They too can lead a meaningful life.



Before our intervention this was the pattern of time pass of the female mental patients housed in the Home for Lunatic Vagrants, Mahalandi



At the end of the 'Operation Oasis' project some of the female inmates of the Home for Lunatic Vagrant, Mahalandi are taking interest in doing some meaningful work. Rakhi an inmate of the Home has developed a praiseworthy skill in the needle work.

They too can lead a meaningful life



Annapurna, an inmate of the Home for Lunatic Vagrants, Mahalandi came under our treatment purview from the very beginning of the project. Now she is significantly stable. She painted the wall of the dormitory with a piece of charcoal



Annapurna is assisting Sephali to make clay models.

They too can lead a meaningful life



Before our intervention thus the mentally ill inmates of the Home for Lunatic Vagrant, Mahalandi (Male Section) spent their days, months and years.



Following the persuasion of the SEVAC team now some of the inmates of the home are taking care of their personal hygiene. Besides, the staff members of the home are also trying to engage them in some meaningful work. In this photograph we see that they are making paper packets.

The appeasement

Food was previously served to the mentally ill under unhygienic conditions at the Home for Lunatic Vagrants, Mahalandi. After being sensitized by the SEVAC team the authorities started serving food in a clean & organised manner.



Food serving system before our intervention



Food serving system after our intervention

It can happen



Rajbahadur, who came from a middle class family, went missing at the acute phase of his mental illness from Delhi and somehow he landed up at the Lunatic Home for Vagrants, Mahalandi 7 years ago. Utter neglect and lack of psychiatric treatment reduced his condition to a deplorable state. Coming under the purview of psychiatric treatment his condition significantly improved and he gave us the address of his residence. On the basis of that information we contacted his family. His father immediately got in touch with us and ultimately Rajbahadur was restored to his family.

Celebration of Mental Health Week at the Home for Lunatic Vagrants, Mahalandi



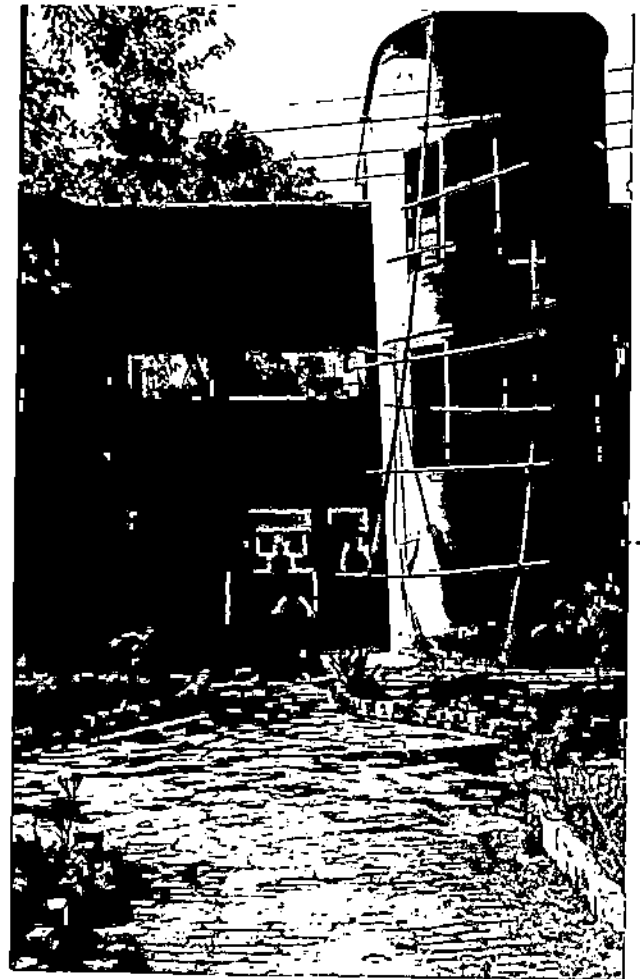
**Since the inception of the project SEVAC has been presenting clothes to
the female inmates of the home**

The touchup....

Following the continuous request of the SEVAC team, the management of the Home for Lunatic Vagrants, Mahalandi renovated their dilapidated building. As a result the change in the Home environment is startling.



The building before renovation



The building after renovation

***Highlights of the Cluster wise Findings in Vagrant Homes
during the period April 2001 to March 2004***

- Total number of inmates screened in four Vagrant Homes in West Bengal 386
- Total number of patients in Vagrant Homes suffering from major psychiatric illnesses i.e. **Psychoses NOS, Schizophrenia NOS, Mood Disorder NOS & Substance Abuse Disorder with Psychoses** 270
- Total number of patients found in Vagrant Homes suffering from other psychiatric illnesses 55
- Total no. of patients found in Vagrant Homes 325
- Total No. of patients brought under the treatment purview. 121
- * 70 % inmates of the Vagrant Homes are suffering from Major Psychiatric Illness
- * **SEVAC supplied medicines for the treatment of 34 mental patients housed in Vagrant Homes**

Statistical Analysis of data collected from different Vagrant Homes of West Bengal during the period 2001-2004

Table-VH1: Distribution of total number of screened inmates in different Vagrant Homes and the number of mental patients found amongst them

Name of Vagrant Homes	No. of Inmates screened	No. of patients	Percentage (%)
Home for Lunatic Vagrants Mahalandi (Male Section)	48	43	89.58
Home for Lunatic Vagrants Mahalandi (Female Section)	40	36	90.00
Dhakuria Male Vagrant Home	172	141	81.98
Uttarpara Female Vagrant Home	126	105	83.33
Total	386	325	84.20

These findings indicate the possibilities of the presence of mental patients in different Custodial Homes throughout the country.

The different distributions (age-wise, sex-wise etc.) relating to the presence of 325 mentally ill patients in Vagrant Homes are as follows: -

Table-VH2: Distribution of age of the patients.

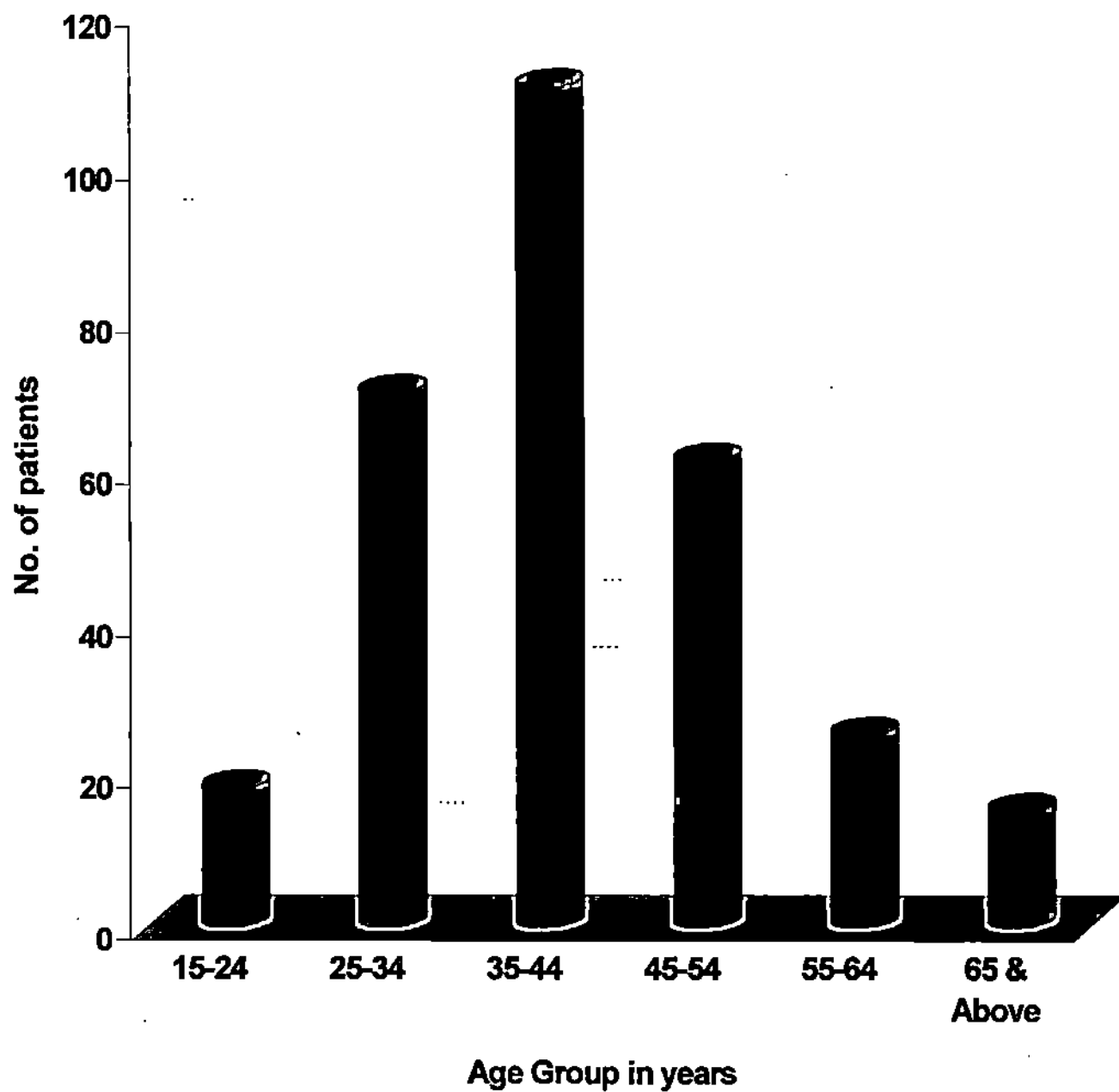
Age Group (in years)	No. of patients	Percentage (%)
15-24	18	6.0
25-34	70	23.4
35-44	110	26.8
45-54	61	20.4
55-64	25	8.4
65 & Above	15	5.0
Total	299	100

Note: The age of 26 patients could not be revealed.

The minimum age found is 15 years, the maximum age found is 81 years and mean age of the patients is 40.30 ± 0.69 year. The majority of patients (70.6%) are found in the age groups of 25-34 and 45-54 years

Table-VH3: Distribution of sex of the patients.

Sex	No. of patients	Percentage (%)
Male	183	56.3
Female	142	43.7
Total	325	100.0

VHG2(Table-VH2): Distribution of age of the patients.

761. **Orissa Historical research Journal** (Orissa Historical Research Society) (Bhuvneshwar)

On Microfiche: 1952-1968 (with gaps)

V271m2,N52

762. **Osmania Journal of Social Sciences** (Hyderabad) (HY)

Library has v 1; 1981/82.

SZm2,N81

763. **Other Side** (New Delhi) (M)

Library has v 1-13; 1982/83-1989. 1992-93.

V2,4N34m2,N82

764. **Our Corner** (London) (M)

On Microfilm: 1883-1888.

m3,M83

765. **Our Heritage Bulletin** (Department of Post-Graduate Training and Research, Government Sanskrit College) (Calcutta) (HY)

Library has v 32; 1984.

Y:1m2,N53

766. **Our Socialism** (San Francisco) (M)

Library has v 1; 1983.

W692m73,N83

767. **Outlook** (New Delhi) (W)

Library has 1997-2012.

VHG3 (Table-VH3): Distribution of sex of the patients

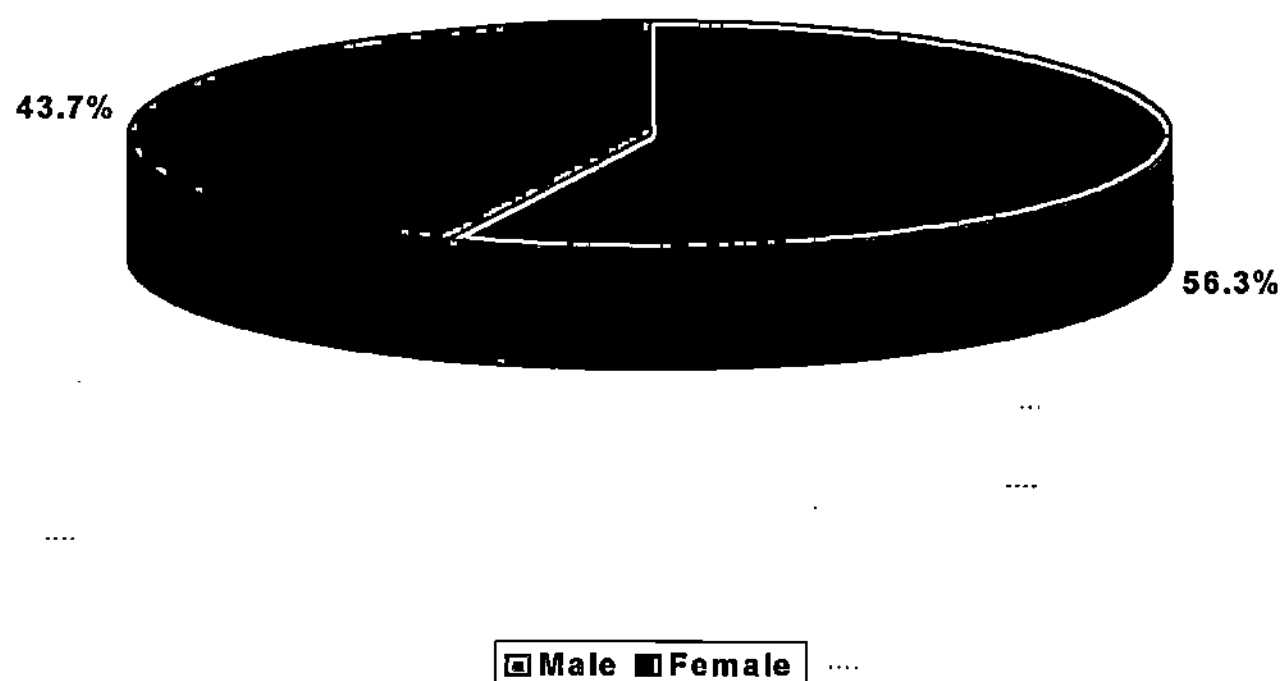


Table-VH4: Diagnostic distribution of the patients .

Diagnosis	No. of patients	Percentage (%)
Psychoses NOS	92	28.31
Schizophrenia NOS	157	48.31
Mood Disorders NOS	19	5.85
Substance Related Disorders with Psychoses	2	0.62
Mental Retardation (M.R.)	19	5.85
M.R. with Behavioural Problem	17	5.23
Adjustment Disorder	1	0.31
Other Anxiety Disorders	5	1.52
Seizure Disorder	5	1.52
Others	8	2.46
Total	325	100.00

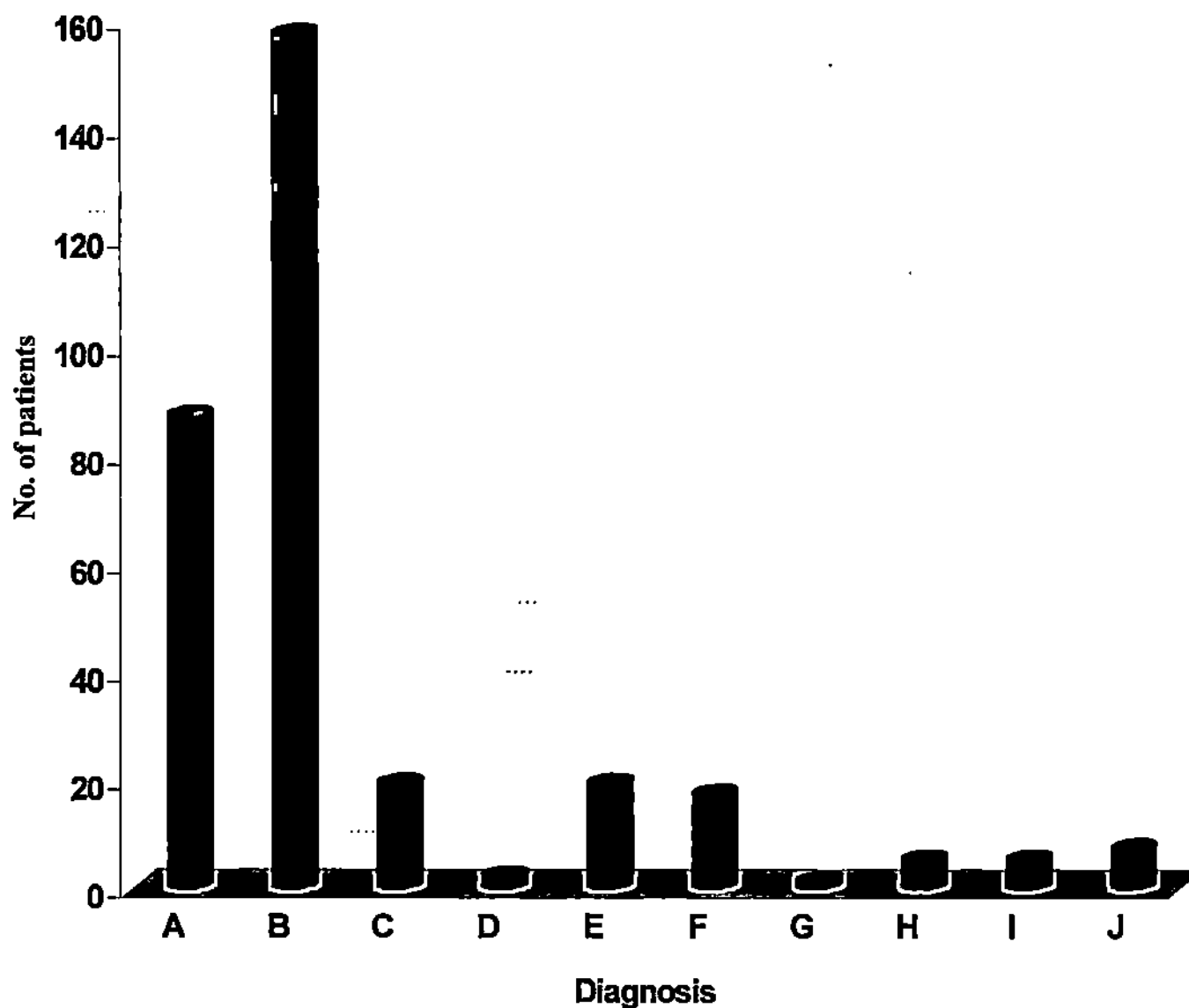
The above table reveals that among the identified patients majority (83.1%) are suffering from major psychiatric disorders i.e. *Schizophrenia NOS*, *Psychoses NOS*, *Mood Disorders NOS* and *Substance Related Disorders with Psychoses*.

Table-VH5: Distribution of the duration of stay of the patients.

Duration of Stay (in years)	No. of patients	Percentage (%)
0-5	170	52.31
6-10	17	5.23
11-15	17	5.23
15 & above	24	7.38
No Information	97	29.85
Total	325	100.00

Note: From the above table it may be noted that 12% of the mentally ill patients are in Vagrant Homes for more than 10 years.

VHG4(Table-VH4): Diagnostic distribution of the patients .



A-Psychoses NOS, B-Schizophrenia NOS, C-Mood Disorders NOS, D-Substance Related Disorders with Psychoses, E-Mental Retardation (M.R.), F- M.R. with Behavioural Problem, G-Adjustment Disorder, H-Other Anxiety Disorders, I-Seizure Disorder, J-Others

VHG5(Table-VH-5): Distribution of the duration of stay of the patients.

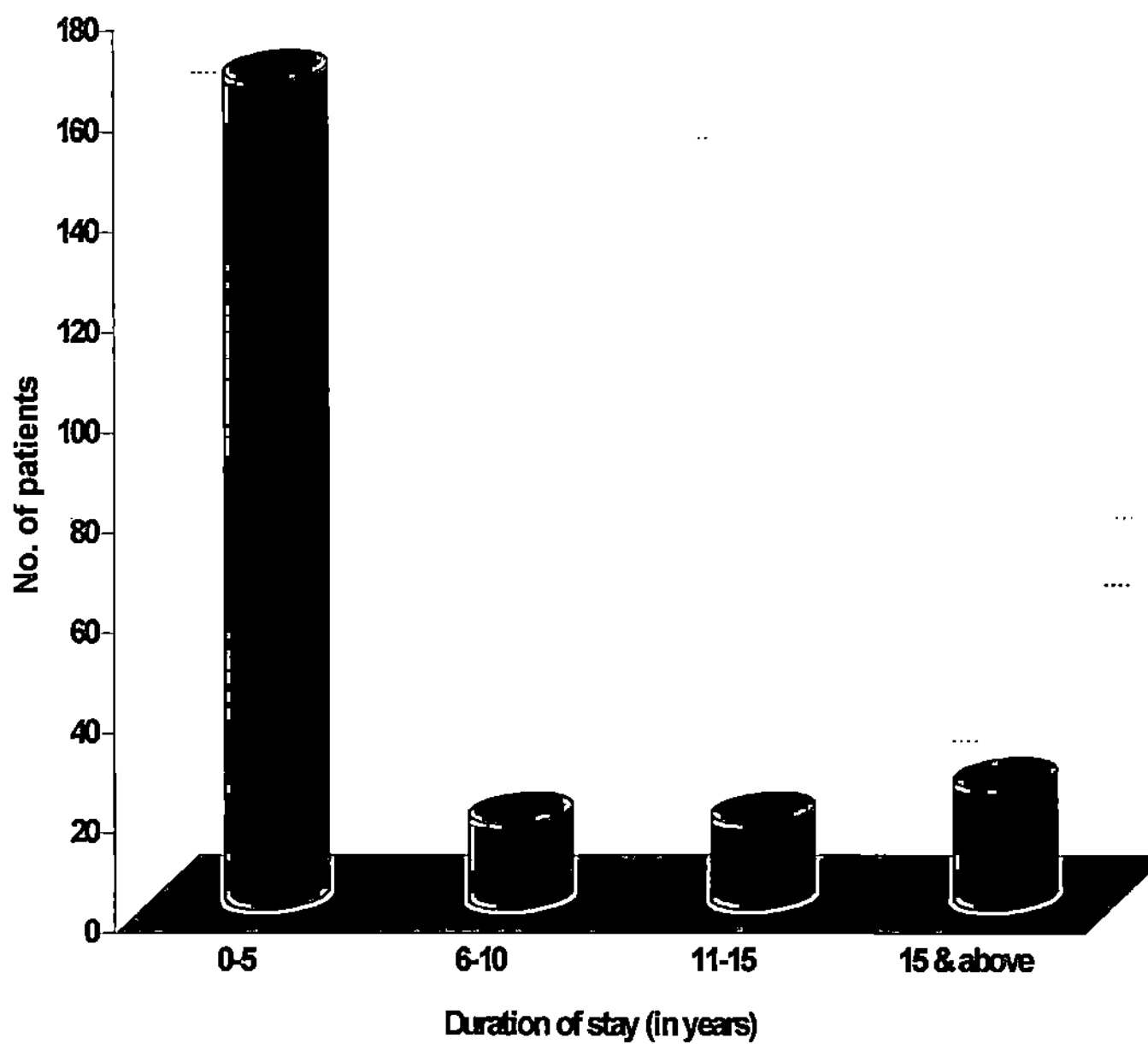


Table-VH6: Distribution of the patients according to the initiation of treatment.

Psycho-pharmacological intervention	No. of patients	Percentage (%)
Regular	121	37.23
Non-compliance on the part of the patient	4	1.22
Irregular due to administrative reasons	2	0.61
Treatment terminated by authorities	10	3.07
Treatment could not be initiated	188	57.87
Total	325	100.00

Note: The Psycho-pharmacological intervention could not be initiated for the majority of patients (62.4%) due to budgetary constraints.

Table-VH7: Comparison of Global Assessment of Functioning [GAF vide DSM-IV, 1994] Scores of the patients recorded at the time of initiation of the treatment and at the time of last contact with the patient

GAF Score	Percentage of patients with GAF Score at the time of initiation of the treatment. (n=121)	Percentage of patients with GAF Score at the time of last contact with the patient. (n=116)
0-50	94.9	55.8
51-100	5.1	44.2

Note: i) As per DSM-IV, 1994 GAF Score less than / equal to 50 indicates severe psychiatric disorders.

ii) At the time of initiation of the treatment, the GAF Score of 94.9% of the patients (out of 121 numbers) was found to be less than /equal to 50, which indicates that this number of patients were having severe psychiatric disorders. But at the time of last contact with the patients, 55.8% of the patients who came under the treatment purview (i.e. 116 patients only) were found having GAF less than or equal to 50 and 44.20% were having GAF Score more than 50.

These findings indicate statistically significant ($p < 0.01$) [$Z = 9.57$] improvement of the GAF score of the patients. Besides, these findings prove that qualitative changes can take place in the overall functioning of the mentally ill patients, who are in Vagrant Homes, if they are brought under psychiatric care.

VHG7(Table-VH7): Comparison of GAF Score of patients recorded at the time of initiation of the treatment and at the time of last contact with the patient

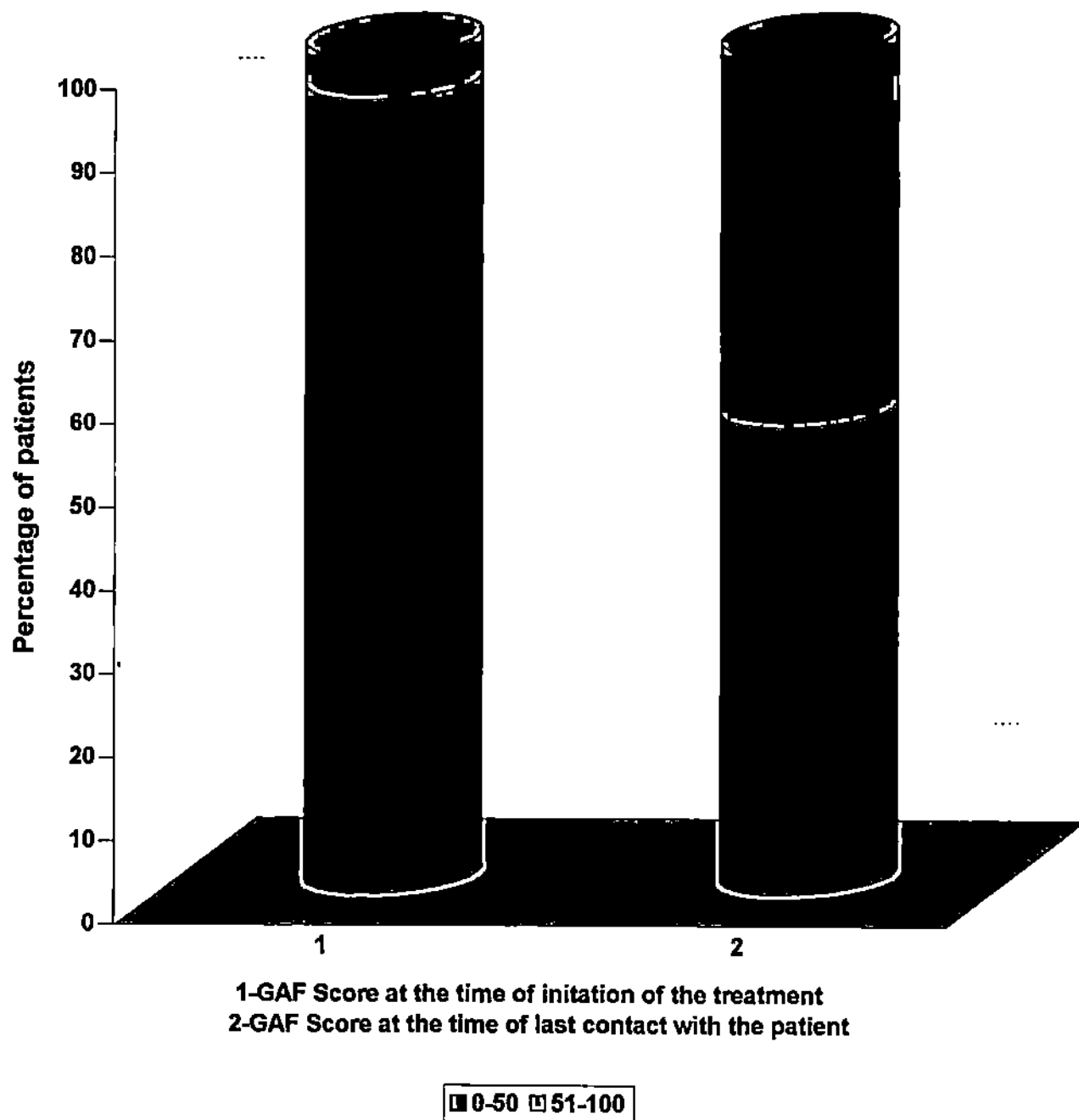


Table-VH8: Diagnostic distribution of the patients according to their age group.

Age Group (in years)	Diagnosis				
	Major Psychiatric Illnesses	Mental Retardation with /without behavioural problems	Seizure Disorders	Others	Total
15-24	14	4	0	1	18
25-34	59	8	1	2	70
35-44	92	13	1	4	110
45-54	51	4	3	3	61
55-64	21	2	0	2	25
65 & Above	11	2	0	2	15
Total	248	33	5	13	299

Note: Age of 26 patients could not be revealed

The modified Chi-square test shows that there is statistically significant association ($p < 0.01$) between age of the patients and diagnosis of the patients i.e. the patients belonging to the age group 35-44 years have been suffering from Major Psychiatric Illnesses.

RESCUE (Destitute) HOMES AND JUVENILE HOMES

Rescue (Destitute) Homes and Juvenile Homes run by the Government of West Bengal offer shelter to the guardianless and homeless children and women. Often the women and girls lacking social security are sent to these homes by the Learned Courts for safe custody. However, a large number of mentally ill and mentally retarded girls are found to be languishing in these institutions. Unfortunately, no attempts have been made by the government for the identification, treatment and rehabilitation of these ailing folks.

There are a number of suchlike rescue homes and juvenile homes in West Bengal. Out of these, we identified the **SMM Home for Females** (located at Liluah in the Howrah District) and the **Kishalay Home for Boys** (located at Barasat in the North 24 Parganas District) as the project fields for the implementation of the 'Operation Oasis' Project.

SMM HOME LILUAH (FEMALE)

The SMM Home for the females is located in the Howrah district of West Bengal. It is the biggest female rescue home run by the Social Welfare Department, Government of West Bengal. This home was first included under the purview of our earlier outreach project in the year 1998, after we learnt about the existence of a good number of female mental patients here. Our experiences at the SMM Home, Liluah varied from time to time following the transfer of its top brass.

However, in the year 2001, we included this home as a project field under the 'Operation Oasis' project. We coordinated with the home authorities and discussed with them about the project and its objectives. **At that time we noticed the following:**

- ◆ The infrastructure available in this home for housing mental patients was pitifully poor. For instance, only Room No. 5 in the home is meant to house the mental patients. Following the regular admission of the mentally ill / mentally retarded women and girls, Room No 5 was always overcrowded. Quite expectantly, the inmates of Room No. 5 felt greatly inconvenienced! But the home administration did not bother to earmark another room to accommodate the mentally ill inmates in a better way.
- ◆ No regular staff of the home was deputed to look after the mentally ill / mentally retarded inmates housed in Room No.5. One of the inmates of the home, named Krishna volunteered to look after these ailing folks.
- ◆ The office of the Home remained closed on Saturdays and Sundays. These days were also the official holidays of the pharmacists and medical officer. Resultantly, the mental patients were not administered medicines on those days. Even at the time of medical emergencies on holidays the general inmates of the home were not attended by the medical officer. In that case they were referred to the local state hospitals.
- ◆ The personal hygiene of most of the mentally ill and mentally retarded inmates housed in Room No 5 was pitifully poor. Consequently, the environment of the room was grossly unhygienic. Again it was not at all airy and well lighted.

- ◆ No cot was there in Room No 5, for the use of the inmates housed therein.
- ◆ The quality and quantity of food supplied to the home inmates were far below the satisfactory level.
- ◆ The overall living condition of this home was evidently deplorable. The women and girls who were housed in this home for safe custody for a brief period were often subjected to physical and psychological torture by some unruly and long staying inmates. Extortion of money from these helpless women/ girls was also very common.
- ◆ It was noticed that when the moderately stable mental patients were shifted to the general wards from Room No 5, they would be subjected to humiliation, teasing and torture by their respective roommates. It was also noticed that the home staff never came forward to save these unfortunate souls. Resultantly, their mental health suffered a setback once again.

However, the SEVAC team was firm on its determination of continuing the activities of the project Operation Oasis at the Liluah SMM Home. So we initiated a number of steps. Among these, we initiated motivation-oriented discussions with the sitting superintendents and medical officers. Through our discussions, we stressed on the need for developing a system in order to ensure the following:

- *Regular check up of the mental patients, who were brought under our treatment purview*
- *Uninterrupted administration of medicines to them*
- *Deputing one staff to look after the mental patients housed in Room No. 5*
- *Making arrangements to engage the stable and moderately stable mental patients in meaningful work with an aim to facilitate their rehabilitation.*

In good time, some of the staff members of the SMM Home, Liluah realised that without the help of the SEVAC team it would not be possible for them to control the violent mental patients, who often put the entire home situation in turmoil. Hence they started cooperating with us in respect of extending treatment to the mentally ill inmates housed therein. As a result, we succeeded in continuing the activities of the 'Operation Oasis' Project in the SMM Home, Liluah during the second and third year.

In this context it is noteworthy that following the appointment of the present Medical Officer we got some advantage in respect of implementing our project in a systematic way. After her appointment, she took the responsibility of first hand screening of the 'suspected new cases.' As a result, in the third year we examined only those new cases, who were referred to our team by the Medical Officer. She also took the responsibilities of monitoring to ensure the uninterrupted administration of medicines to the mentally ill inmates following the instructions of our prescriptions. **Thus at the end of the third year of the project we perceived the following positive changes:**

- ◆ Most of the mentally ill inmates, who were included under our treatment purview, responded positively.
- ◆ The Medical Officer keeps herself informed about the condition of each and every mental patient. Whenever she notices any relapse or deterioration in any patient, she

shares her observation with our psychiatrist on emergency basis. Resultantly, now it has become easier for us to make necessary intervention in proper time.

- ◆ Whereas earlier, the patients were least bothered about their unkempt hair condition, poor sense of dress, unhygienic bathing habits etc., it is some consolation that today, a few of them at least, have been making some efforts to groom themselves up properly.
- ◆ We have also facilitated the restoration procedure of a number of moderately stable mental patients housed herein. Following their inclusion under treatment procedure and an overall improvement in the mental health condition, several inmates could recall their residential addresses. Thereafter, we took the initiative to get in touch with the family members of these patients. As a result, a group of mental patients, who lost their way at the time of acute illness and were housed at the Liluah SMM Home for safe custody, have been sent back to their respective families.

In our opinion, it is the endeavor of the Medical Officer and two inmates of the home namely Kajal and Purabi , that has facilitated the aforementioned positive changes. The home authority is still reluctant to cooperate with the SEVAC team in respect of developing a sustainable care delivery system for better management of the mental patients housed therein. As for example, they have never paid any heed to our request for engaging the stable mental patients in any meaningful work in order to facilitate their rehabilitation.

In this connection may it be noted that some mentally ill and mentally retarded girls are sent to the SMM Home, Liluah by the Police, Juvenile Justice Board and Learned Court for varied reasons. It has also become a routine work of the psychiatrist and psychologists of SEVAC to administer psychological testing to some of them and issue certificates in order to make the competent authorities aware of their present mental state.

Now it needs mentioning that our observations, which have been highlighted so far, are connected only with the living situation of the mental patients housed in the SMM Home, Liluah. But in course of implementing our project Operation Oasis during the last three years, we got the opportunity to notice some genuine problems of the general inmates. On the basis of the same, we can say that the overall condition of this home is not at all congenial. Human approach is absolutely absent in respect of addressing the basic and bare needs of the inmates. Their health problems are utterly neglected. Mainly the women and girls, who are sent to the home, being victims of sexual abuse / domestic violence/ any traumatic experience are the worst sufferers. There is none in the Home to attend to their psychological crisis. On the other hand, most of them are subjected to humiliation and physical torture by some rowdy inmates. Precisely, these are just the tip of the iceberg. To make the environment of this home a congenial one, a lot of things should be done on a war footing.

However, in the last three years we screened 359 inmates of the SMM Home, Liluah. Out of them 101 were diagnosed as patients suffering from Major Psychiatric Illnesses. Presently, 55 mentally ill inmates of this home have been receiving psychiatric treatment from the SEVAC team.

KISHALAY HOME for BOYS

The Kishalay Juvenile Home for Boys (run by the Department of Social Welfare, Govt. of West Bengal) is situated at Barasat in the North 24 Parganas district of West Bengal. We brought this home under the purview of the 'Operation Oasis' Project in the year 2001. This Home is meant for the youths and adolescents who are found loitering about unclaimed. These youths are picked up by the police and then put into this home for safe custody. Along with them the boys, who do not have any social security are also accommodated in the Kishalay Home. It is found that several of these youths suffer from mental health problems, owing to varied reasons.

Keeping this reality in view we intended to implement the Operation Oasis Project in this home with an aim to promote the mental health of the inmates housed therein. But at the initial stage, the concerned authority was reluctant to accord us permission to launch our project. Following our continuous insistence, ultimately they permitted us to start the work of screening.

Thereafter we screened 119 inmates of this home. Out of them 18 were found afflicted with psychological / psychiatric problems. But the concerned authority informed us that one psychiatrist was closely associated with their managing team. As a result, they did not allow us to make any intervention for the mental health promotion of the boys. Precisely, this situation prompted us to exclude the Kishalay Home for Boys from our project purview after the first year.

***Highlights of the Cluster wise Findings in Rescue / Juvenile
Homes during the period April 2001 to March 2004***

- Total number of inmates screened in two Rescue / Juvenile Homes in West Bengal 478
- Total number of patients in Rescue / Juvenile Homes suffering from major psychiatric illness i.e. Psychoses NOS, Schizophrenia NOS, Mood Disorder NOS & Substance Abuse Disorder with Psychoses 101
- Total number of patients found in Rescue / Juvenile Homes suffering from other psychiatric illness 44
- Total No. of Patients found in Rescue / Juvenile Homes 145
- Total No. of patients brought under the treatment purview. (In this context it is noteworthy that the number of patients came from the Liluah SMM Home) 114
- * 21 % inmates of the Rescue / Juvenile Homes are suffering from major Psychiatric Illness

Statistical Analysis of data collected from different Rescue / Juvenile Homes of West Bengal during the period 2001-2004

Table-RH1: Distribution of total number of screened inmates in different Rescue / Juvenile Homes and the number of mental patient found amongst them

Name of Rescue / Juvenile Homes	No. of Inmates screened	No. of patients	Percentage (%)
S.M.M. Home, Liluah for Females	359	131	36.49
Kishalay Home for Boys	119	14	11.76
Total	478	145	30.33

These findings indicate the possibilities of the presence of mental patients in different Rescue / Juvenile Homes throughout the country.

The different distributions (e.g. field-wise, age-wise, sex-wise etc.) relating to the presence of 145 mentally ill patients (termed as 'Patients') in Rescue / Juvenile Homes are as follows: -

Table-RH2: Distribution of age of the patients.

Age Group (in years)	No. of patients	Percentage (%)
0-10	14	9.7
11-20	53	36.8
21-30	52	36.1
31-40	16	11.1
41-50	7	4.9
51-60	2	1.4
Total	144	100.0

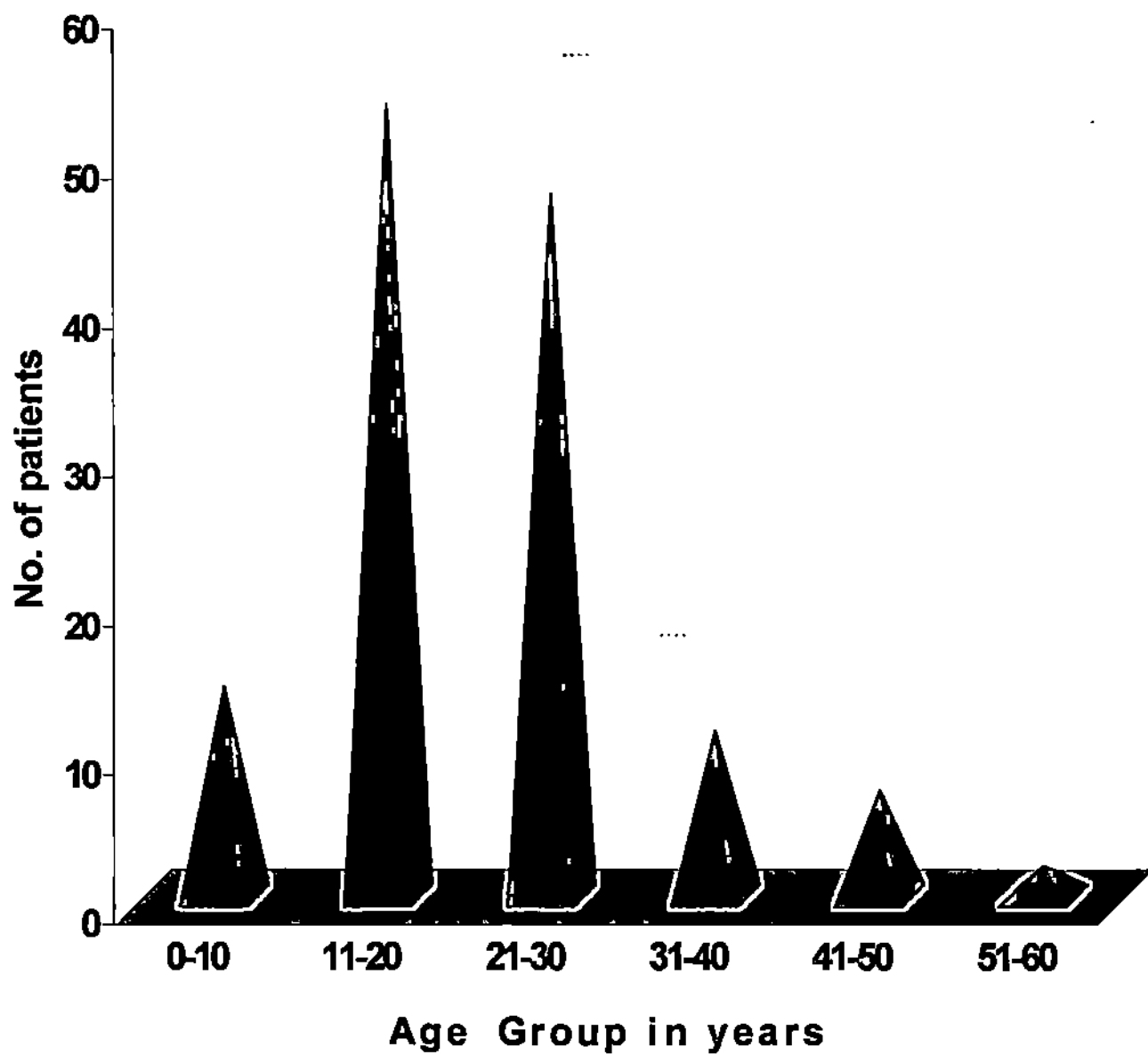
Note: The age of 01 patient could not be revealed.

The minimum age found is 3 years, the maximum age found is 60 years and the mean age of the patients is 22.09 ± 0.92 year. The majority of patients (85.1%) are found in the age groups of 11- 20 and 21-30 years.

Table-RH3: Distribution of sex of the patients.

Sex	No. of patients	Percentage (%)
Male	14	9.7
Female	131	90.3
Total	145	100.0

**RHG2(Table-RH2): Distribution of age
of the patients .**



RHG3(Tabl e-RH3):Distribution of sex of the patients.

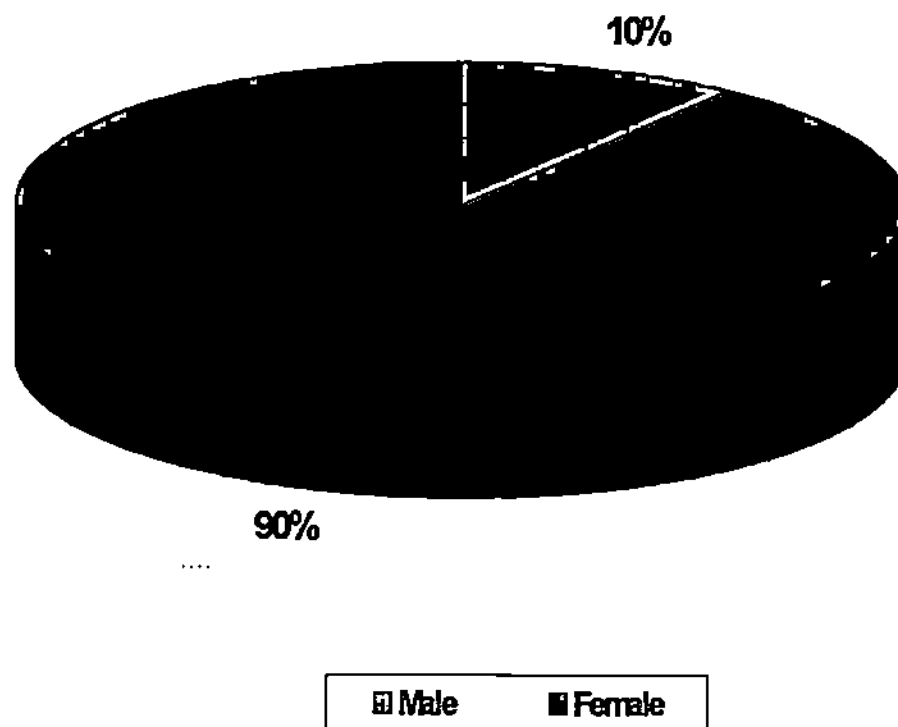


Table-RH4: Diagnostic distribution of the patients.

Diagnosis	No. of patients	Percentage (%)
Psychoses NOS	59	40.69
Schizophrenia NOS	34	23.45
Mood Disorders NOS	8	5.52
Substance Related Disorders with Psychoses	0	0
Mental Retardation (M.R.)	8	5.52
M.R. with Behavioural Problem	15	10.34
Adjustment Disorder	1	0.69
Other Anxiety Disorders	3	2.07
Seizure Disorder	15	10.34
Others	2	1.38
Total	145	100.00

The above table reveals that among the identified patients a majority (69.7%) are suffering from Major Psychiatric Illnesses *i.e. Schizophrenia NOS, Psychoses NOS and Mood Disorders NOS.*

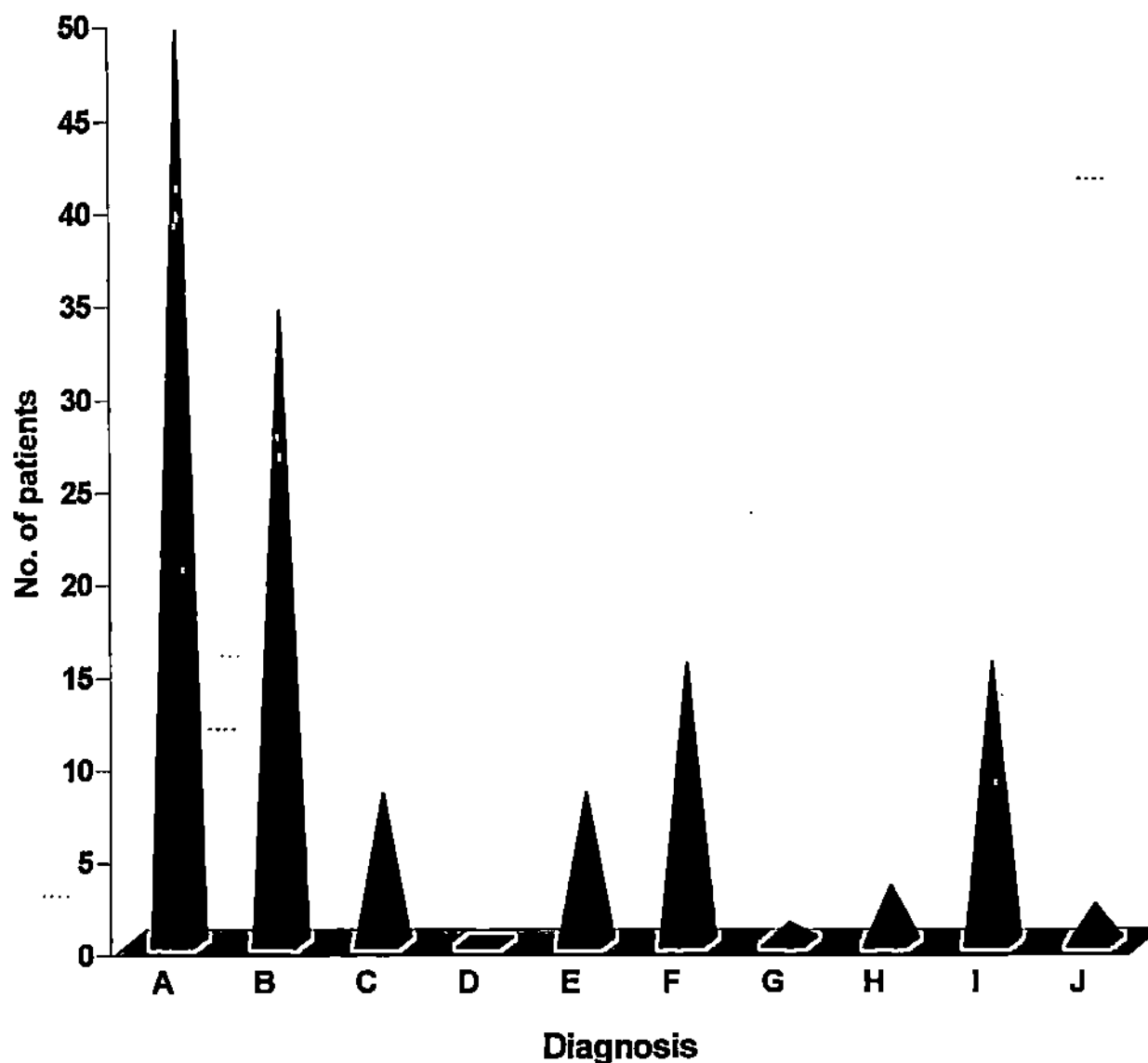
Table-RH5: Distribution of the duration of stay of the patients.

Duration of Stay (in years)	No. of patients	Percentage (%)
0-5	97	93.27
6-10	5	4.81
11-15	1	0.96
15 & above	1	0.96
Total	104	100.00

Note: Duration of stay of 41 patients could not be revealed.

From the above table it may be noted that majority of the mentally ill patients are in the Rescue / Juvenile Homes for less than 5 years.

RHG4(Table-RH4): Diagnostic distribution of the patients.



A-Psychoses NOS, B-Schizophrenia NOS, C-Mood Disorders NOS, D-Substance Related Disorders with Psychoses, E-Mental Retardation (M.R.), F- M.R. with Behavioural Problem, G-Adjustment Disorder, H-Other Anxiety Disorders, I-Seizure Disorder, J-Others

RHG5(Table-RH5): Distribution of the duration of stay of the patients.

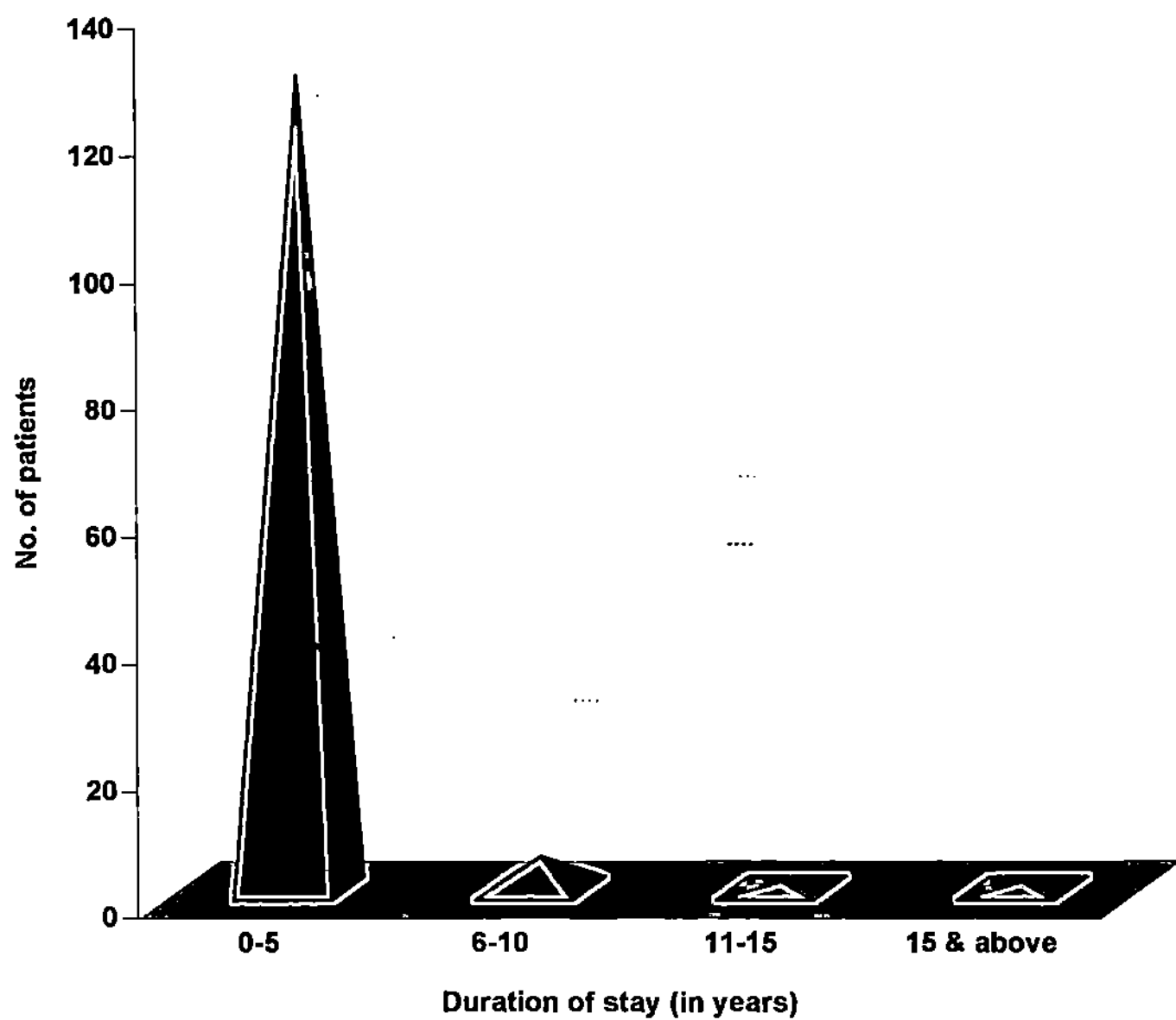


Table-RH6: Distribution of the patients according to the initiation of treatment.

Psycho-pharmacological intervention	No. of patients	Percentage (%)
Psycho-pharmacological intervention done and regular	114	78.62
Non-compliance on the part of the patient	9	6.21
Treatment terminated by authorities	3	2.07
Psycho-pharmacological intervention could not be done	19	13.10
Total	145	100.00

Note: The Psycho-pharmacological intervention could be initiated for a majority of patients (78.62%).

Table-RH7: Comparison of Global Assessment of Functioning [GAF vide DSM-IV, 1994] Scores of the patients recorded at the time of initiation of treatment and at the time of last contact with the patient

GAF Score	Percentage of patients with GAF Score at the time of initiation of the treatment. (n=114)	Percentage of patients with GAF Score at the time of last contact with the patient (n=114)
0-50	96.6	26.6
51-100	3.4	73.4

Note: i) As per DSM-IV, 1994 GAF Score less than / equal to 50 indicates severe psychiatric disorders.

ii) At the time of initiation of the treatment, the GAF Score of 96.6% of the patients (out of 114 numbers) was found to be less than / equal to 50 which indicates that this number of patients were having severe psychiatric disorders. But at the time of last contact with the patient, only 26.6% of the patients, who came under the treatment purview (i.e. 114 patients only) were found having GAF less than equal to 50 and 73.4% were having GAF Score more than 50.

These findings indicates statistically significant ($p < 0.01$) [$Z = 9.37$] improvement of the GAF score of the patients. Besides, these findings prove that qualitative changes can take place in the overall functioning of the mentally ill patients, who are in Rescue Homes, if they are brought under psychiatric care.

RHG7 (Table-RH7): Comparison of GAF Score of patients recorded at the time of initiation of treatment and last contact with the patient

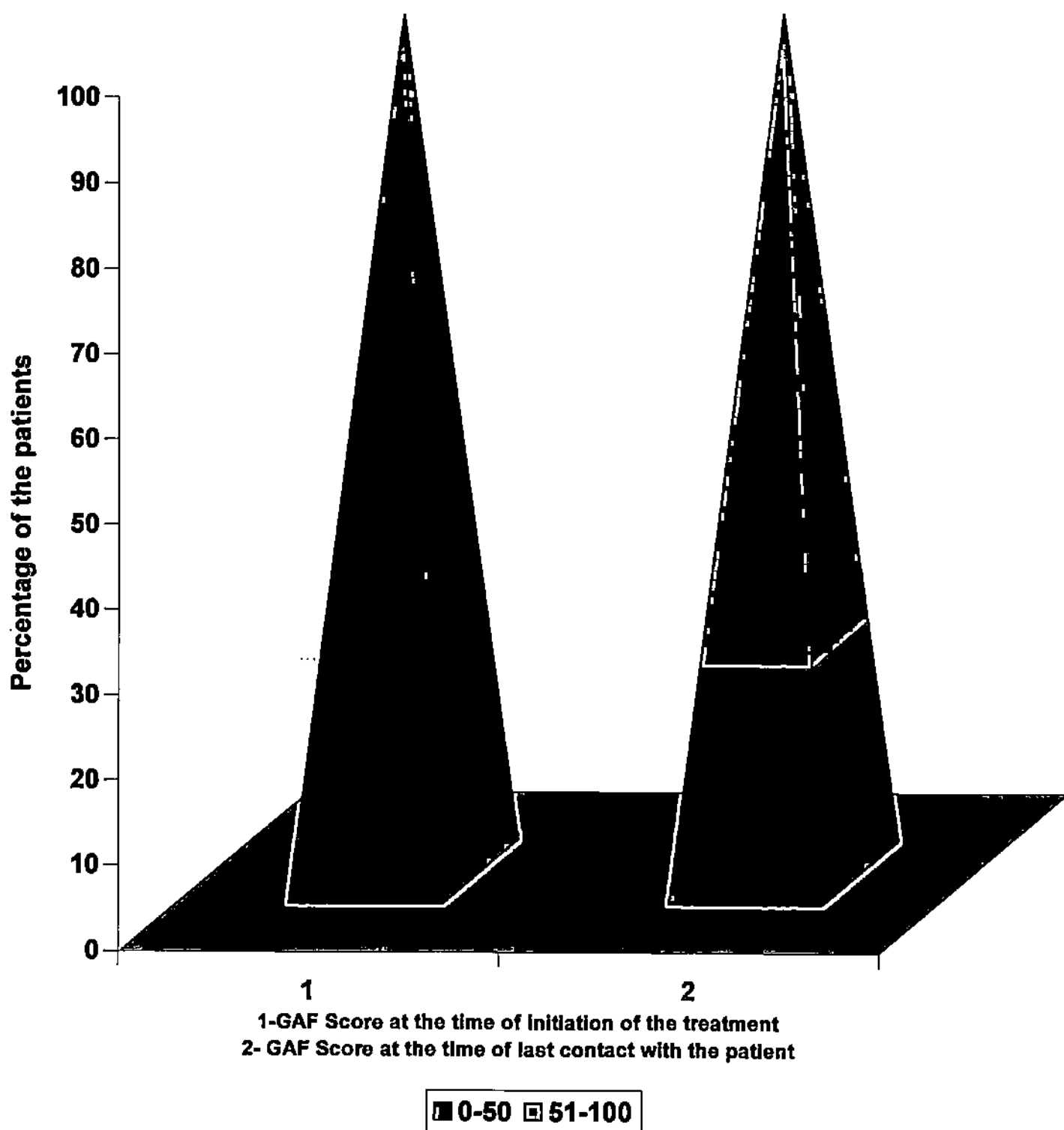


Table-RH8: Diagnostic distribution of the patients according to their age group.

Age Group (in years)	Diagnosis				
	Major Psychiatric Illnesses	Mental Retardation with / without behavioural problems	Seizure Disorders	Others	Total
0-10	1	10	2	1	14
11-20	39	12	8	4	53
21-30	47	1	3	1	52
31-40	16	0	0	0	16
41-50	6	0	1	0	7
51-60	1	0	1	0	2
Total	110	23	15	6	144

The modified Chi-square test shows that there is statistically significant association ($p < 0.01$) between age of the patients and diagnosis of the patients i.e the patients belonging to the age 11 to 45 years have been suffering from Major Psychiatric Illnesses.

CASE HISTORIES

CASE HISTORY - 1

A. M., 48 years old, is presently detained as an under trial at the Dumdum Central Jail (DDCCH). It was on the second day of his detention here that he came under our treatment purview. The authority could only provide us this information that A. M. was arrested and put into Krishnanagar sub-jail on charges of murdering a person when he was in an unstable frame of mind. Later, he was shifted to the Dumdum Central Jail.

When we met A. M. at the jail premises, we observed that he spoke rather incoherently and had the tendency of muttering to himself. Again, he would suddenly burst into songs even while conversing with others. Gradually, as we handled A. M.'s case we noticed that he was full of megalomaniac ideas. Moreover, he had a domineering attitude and liked to hold sway over others.

A. M. was provisionally diagnosed as a patient suffering from Manic Episode. Medicines were prescribed for him accordingly. We monitored the changes in his condition during our regular visits. The jail authority too was directed by us to keep strict watch on A. M. Thereafter, following our intervention and subsequent treatment, there has been significant improvement in his condition. A. M.'s condition started becoming stable. It has been observed that he is speaking more coherently and does not self-mutter anymore. He started responding to our queries in the course of our interactions and gave us some vital information about his background. He told us about his parentage and his place of origin. We learnt that in spite of being poor, his family was culturally well placed. He himself was very fond of music and at one point of time, in order to pursue a career in music, he even started teaching music to a group of students. The most important revelation that was made by A. M. during our interactive discussions was that in the year 1988 he had suffered from psychiatric disorders.

Meanwhile, A. M. started feeling jailsick and expressed to us his desire to meet his mother. He prayed to the jail authority to shift him to the Krishnanagar sub-jail because this jail was close to his neighbourhood. He guessed that if he would be shifted to the Krishnanagar sub-jail it would be convenient for his mother to meet him. It was in March 2002 that after we certified him as moderately stable, his prayer was granted and he was transferred to the Krishnanagar sub-jail. However, as A. M. could definitely not be put off his psychiatric treatment, we also directed the authority concerned, to keep him under psychiatric treatment at the Krishnanagar sub-jail.

A. M. was again shifted to the Dumdum Central Jail after a few weeks. But after his return, we found him to be quite ill. Apparently, it became clear that there was negligence on the part of the authority of the Krishnanagar sub-jail to provide psychiatric treatment to him. So, once again his medication started. There was some difference in his condition and he was better comparatively. Simultaneously we took the initiative to place A. M.'s case before the Learned Court in order to facilitate his treatment in a government hospital. Consequently the Court ordered the Superintendent of the Dumdum Central Jail to refer A. M. to the Lumbini Park Mental Hospital for proper treatment. But it was really unfortunate that the hospital authority did not admit him. To our surprise he was transferred to the Krishnanagar Sub Jail. From there again he was sent back to the Dumdum Central Jail and came under our treatment purview. Undergoing treatment he became stable and we issued him a Fit Certificate.

CASE HISTORY - 2

Another under trial mental patient we identified and brought under our treatment purview at the Dumdum Central Jail is B. G. About 55 years of age, B. G. has been detained at this Jail for over 8 years since November 1993. He has been arrested on murder charges. B. G. has reportedly murdered his wife and sister-in-law. When B. G. first came under our treatment purview in March 2001, he was provisionally diagnosed to be suffering from Paranoid Schizophrenia. Signs of self-muttering, self-laughing were prominent in him. He talked irrelevantly. In course of our subsequent interactions with the 'writers' we learnt that B. G. hated socializing with the residents. It also became clear that B. G. was prone to suspecting people and could not place any trust in them. He also suffered from sleeplessness. After reviewing his condition we immediately started medication and initiated counselling sessions with B. G. We monitored his condition regularly. Due effort at motivating B. G. was continuing and gradually we noticed signs of improvement too.

We have been informed by the authority that they did not have much difficulty in managing and controlling B. G. at the ward after we brought him under our treatment purview. Gradually, he became responsive and so did not mind mixing a little with the ward residents. After a few days, he disclosed to us that he hailed from Burdwan district. He informed that he stayed there with his wife and his brothers. After suspecting his wife of infidelity and his sister-in-law of having helped her get involved in a clandestine affair, he murdered both of them. Time and again he tried to assert that he was right in his judgement.

However, as no relatives ever made any effort to meet B. G. at the jail, the authority could not ascertain the correctness of the statement made by him regarding the dispute leading to his arrest. We however contacted B. G.'s family members on the basis of the address provided by him during our interactions. The family did not reply back to the letter so we are unsure whether the address provided was correct. At the same time, we are not sure if the family is willing to have him back with them.

So B. G. continues staying as an under trial at the Dumdum Central Jail. Owing to the significant improvement in his mental condition following our intervention, he worked with responsibility at the hospital ward and also in the adjacent garden. He was quite jovial and socialized with the other inmates of the jail. We also issued a 'Moderately Stable' certificate to B. G. as per an order issued by the Learned Court. He was also interested in taking part in the cultural activities. During the annual sports in jail, he dressed up as Gandhiji at a 'Fancy Dress Show' organised there. He walked away with the first prize. In the meanwhile he became repentant of his deed. We issued a certificate stating that B. G. was fit to face the trial. Thereafter on 07-05-2004 he was transferred to the Assansol Jail.

CASE HISTORY - 3

M. H. (aged about 60 years) was arrested by the police on charges of entering India illegally from Bangladesh and was put into the Dumdum Central Jail. Later it emerged that M. H. came to Kolkata from Bangladesh in May 2002, with valid passport and visa

for the treatment of his physical ailments. He was accompanied by his son-in-law, Dr. Abdul Rauf. After spending a few days in Nadia, West Bengal they arrived in Kolkata and put up at a hotel in Central Kolkata. M. H. was receiving the necessary treatment from a physician who was known to Dr. Rauf. In the meanwhile, M. H. and his son-in-law went to the Nakhoda Masjid in Kolkata to offer prayers, and it was from here that M. H. went missing. He could not be traced anywhere and so, the next day his son-in-law filed a missing diary at the Jorasanko Police station. It may be mentioned here that M. H.'s son-in-law, Dr. Rauf had informed the police that M. H. occasionally lost his memory. The police was also informed that this was M. H.'s first visit to the city.

Meanwhile, some local people at Habra in North 24 Parganas found M. H. to be moving about aimlessly and in a restless manner, and thereafter informed the police. M. H. could not give the police any information about himself, his family or his original jail except that his house was in Bangladesh. As M. H. was not carrying his passport, and some symptoms of abnormality were also noticed in him, the police arrested him and put him in the Dumdum Central Jail. But when the jail authority detected some signs and symptoms of abnormal behaviour, they shifted him to the hospital at the jail. During one of our routine visit to the hospital, we met M. H. During clinical interview, M. H. could not give us any information about his background except that his house was in Bangladesh. After we first assessed him on 11-6-2002, he was put on medicines and we held regular counselling sessions to help him recall his past life. Thus there was a marked improvement in M. H.'s condition. His memory was revived gradually and he recalled that his family members had their own business in Bangladesh. He also told that he had come to India for the treatment of physical ailments like vertigo and difficulty in walking. In addition to that he also revealed that occasionally he lost his memory and forgot everything. In fact it was owing to his sudden loss of memory that he got lost at the Nakhoda Masjid where he went with his son-in-law to offer prayers.

Meanwhile, his son-in-law published an insertion along with M. H.'s photograph in a leading Bengali newspaper. By chance this insertion came to the notice of our team. We passed on all the information we collected from M.H., to the jail authority without wasting any time. On the basis of this information, the jail authority established contact with M. H.'s family. His family thereafter left no stone unturned to get him released. As a result, the Learned Court issued a release order and handed M. H. to his family members. At the time of M.H.'s release, his family members assured us that they would continue with his psychiatric treatment.

CASE HISTORY - 4

M. S., aged about 23 years, is presently housed at the S.M.M. Home, Liluah. She was first brought under our treatment purview by the homel authority in November 1998. At that time we were informed that she was withdrawn and did not like mixing with people or even talking to them. We also learnt that M. S. had the tendency of getting irritated and angry suddenly, without any provocation. The authority also told us that she was suffering from sleeplessness, headache and restlessness. She would often recoil into herself and start muttering on her own. The first glance of M. S. gave us the impression

that she lacked any sense of personal hygiene. We also noticed that she had a lost look on her face and was not aware of her surroundings. On reviewing M. S's condition the first day, we, provisionally diagnosed her to be suffering from Schizophrenia NOS. We prescribed medicines and thereafter moderated the doses from time to time after monitoring the changes, if any, in her condition. Our medication on M. S. had to be withdrawn for a short while when she was down with acute gastroenteritis and had been admitted to a hospital. Later, when she was discharged from hospital, M. S. was once again placed under our treatment by the Liluah Home Authority.

In course of time, with our treatment continuing, there had been some changes - for the better, in M. S's overall condition. Her tendency of muttering to herself had been controlled to some extent. Moreover, her sense of personal hygiene had also grown with the passage of time. She was comparatively more communicative and interacted moderately with the other residents at the home. She was in control of her emotion and did not get instantly provoked.

As her condition improved visibly, M. S. was asked to look after a child at the home. She immediately agreed. Later the home authority disclosed that M. S. was able to take proper care of the said child.

However, M.S. has frequently been complaining of headaches. Added to this, while reviewing M. S's condition, we also found that she still had difficulty in remembering her past. So we advised a C.T. Scan of brain to determine the future course of her treatment. The home authority however did not make any arrangements to get the C. T. Scan done. Around this time, M. S. would often refuse to have the medicines prescribed by us. Consequently, her irritability that had been controlled to some extent, grew again and she turned abusive too. During our subsequent review sessions, we found M. S. talking irrelevantly. We also found that M. S. developed complaints of lack of appetite and sleeplessness and she started muttering to herself. Moreover, her sense of personal hygiene was stemmed out once again and she was oblivious of her dishevelled appearance. It was around this time that another trait was noticed in M. S. She grew suspicious of the people around her and suspected them of trying to poison her. That is why she even refused to have the food served to her. As a result, her health condition deteriorated considerably and she became weak and anemic. Once again her condition became unstable and she was unable to take care of the child, whose responsibility was given to her. Thereafter, our psychiatrist moderated the prescription and directed the home authority to keep her under constant observation. Following this move, her symptoms got controlled. Interactive counselling sessions were arranged for M. S by our team. Gradually, our interactions with her started yielding positive results and she calmed down considerably. Although her problem of forgetfulness still persists and she occasionally complains of headache, drowsiness and general weakness, there is no gross behavioural disturbance in her now. Her treatment is being continued and she is taking medicines regularly. Her condition is also moderately stable once again and she is taking a new interest in the daily activities of life.

Another positive impact of our continuous treatment on M. S. is that she is gradually being able to recall her past life. She recalled the conditions under which she got lost, and related the same to us very recently. According to M. S., she was a resident of Arambagh in Hooghly district. She has given us her residential address and also given us her father's as well as her husband's name. She told us that after her marriage at the age of 12, she

bore two children, a son and a daughter. She informed that after her husband died of snake bite a few years later, she returned to her father's house and was living there in a favorable atmosphere until one day she walked out of the house to look for a job following a misunderstanding with her brother. She further told that after escaping from the house she took a train and landed up at Benapole on the Bangladesh Border. When she crossed the border she was caught by the police and taken to Jessore in Bangladesh. The Bangladesh authority next handed her over to the Indian counterpart who on their part sent her to Liluah Home.

May we note here that although the rules require that an inmate housed in any home for Destitutes be produced before a Court within a stipulated period, so far as our information goes, M. S. was not been produced before a Court by the Home Authority for a long period. We, on our part, sent a letter at M. S's residential address, hoping to establish contact with her. Thereafter her mother got in touch with the home authority and took M. S. back in the month of February, 2004.

CASE HISTORY - 5

R.B was admitted to the Presidency Central Jail on 25-6-1985 as a non-criminal lunatic, her NCL identification no. being 2481 / 85. After languishing at the Jail for a little less than 12 years, R.B was referred to SEVAC for admission. She was shifted to our home in August 1997.

During our initial assessment, we found R.B in a confused state of mind. She was very non-communicative and preferred to remain isolated from others. We also observed that R.B was quite moody. She used to get irritated over simple matters. Another noticeable trait was that R.B was highly imaginative and unmindful. Sometimes she would mutter incoherently. Also she did not show any inclination to get even slightly involved in the activities of daily life.

After noting down her symptoms we provisionally diagnosed her to be suffering from Schizophrenia. We put her under medication and assessed her condition regularly. For quite some time her condition did not show any change, either for the better or for the worse. We kept R.B under very close observation and continued with our treatment. In good time we involved her in counselling sessions. In the course of these sessions itself we tried to get her past revealed and we also talked to her about the need to get herself engaged in the activities of daily life. We also imparted training to her in household activities. All these efforts on our part did have a positive impact and in course of time we were relieved to note that R.B became fairly communicative and cooperative. Although she wasn't a very willing participant, she did not altogether refuse to perform a few activities at the home. However, R.B couldn't get out of her irritability. At times she would become very moody and refused to attend to the work assigned to her. At these times she was very difficult to manage.

It was during one of our interactive discussions with R.B that she seemed to be able to recall her residential address. However, our efforts to locate her family by sending them a letter at the address given by R.B, went misdirected. But we did not give up. Some of

us from the team went over to the village which was mentioned by R.B. Her family could not be traced in that particular village. Still we kept our efforts on, by randomly searching a few nearby villages. Fortunately, our attempt finally clicked. The name of the village from where R.B hailed is Basanti, Sundarban, 24 Parganas (South). When we reached R.B's resident, her family members neither received us cordially nor showed any interest in taking R.B back to the family. But R.B's younger son expressed his willingness to take her back jail. It was from R.B's sons who came to visit her at SEVAC that we learnt about her past. We learnt that she was married and had 2 sons and a daughter. We also learnt that she was carrying a 7-month-old daughter along with her at the time she went missing from home in an unstable mental condition, some 15 years ago. Her family members tried hard to trace her but failed. So they took her to be dead. After 14 years they also decided to perform the last formal rituals for the dead (Shhraddha ceremony) but her younger son opposed the move. Later R.B's husband remarried.

R.B's joy on meeting her sons knew no bounds. However, when R.B first saw her sons after so many years, she failed to recognise them as they had grown up in the meantime and their facial features changed. All the same, as she was looking forward to starting life afresh, she expressed her desire to be allowed to go back home. We told the family members that they could get her released and take her along with them. We also informed them that she was under our treatment at present and her condition required further reviewing. So they could either make their own arrangements for her psychiatric treatment or bring her to our outdoor unit regularly for treatment. Thereafter, in April 1998, R.B returned home full of excitement and happiness, looking forward to going back to a family life after so many years. But she was not well received by her husband and his second wife, as well as her own elder son. They were poor and did not want to shoulder her responsibility. They ill-behaved with her. Although her younger son had taking up her responsibility and had assured us that he would continue his mother's treatment at SEVAC, owing to his job he failed to keep in touch with us. We sent several letters and reminders to find out about R.B's condition but to no avail. Then suddenly one day in April 1999, a year after she was restored to her family, R.B was brought back to SEVAC in a serious condition. It became clear that R.B was not placed under any psychiatric treatment after her release from SEVAC a year ago. We readmitted her to our Home and placed her under our treatment immediately. Although there weren't any noticeable changes in the beginning, we observed that in course of time, R.B was responding to our treatment. She became slightly communicative and her A.D.L. performance improved a bit. However, R.B's mind always seemed to be preoccupied and she was still quite unmindful. At times R.B's speech would become quite irrelevant also. All this while, as R.B's treatment continued, her younger son often came to meet her. He expressed his happiness and gratitude to us for looking after his mother and getting her treated for her mental ailment. He also expressed his desire to take his mother home. We too did not have any objection. However, we made it clear that R.B's psychiatric treatment would have to be continued. R.B's son assured us that he would make necessary arrangements to provide psychiatric treatment to his mother. R.B was taken back home after her release from SEVAC in September 1999. We have contacted her family once in a while to learn how she was keeping. We have received information that R.B's treatment has been continuing and her condition is also moderately stable.

CASE HISTORY - 6

Ms. B is a 38 years old lady. She is a inmate of a Female Vagrant Home, situated at Hooghly District of West Bengal. We first came in touch with her on 18. 05. 01. We noticed some gross symptoms in her such as self-laughing, irrelevant talking, lack of personal hygiene etc. She was also not able to dress herself properly and suffered from sleep disturbance. She was disoriented and was not able to say how she had come to the vagrant home. Prior to our visit the authorities made no effort in providing psychiatric treatment to her. We brought her under the treatment purview. We noticed that after initiating treatment for six or seven months her symptoms were gradually remitted.

At this time she was able to reveal her past history. As per her version she was born in a small village in Rajasthan. At a very tender age she lost both her parents and was brought up by her brother and sister-in-law. B. was considered a burden by her family members. In addition she faced a lot of hostility from her sister-in-law. When she was of marriageable age her brother got her married to a person living in Rajasthan. That person had no steady income. He was also an alcoholic. So the life situation of B. remained unchanged. Her husband abused her physically and mentally. Meanwhile she had two children. After the birth of the second child her husband remarried and she was thrown out of the house. Her husband took the children away from her and did not allow her to see them. Due to all these unfortunate events she suffered from an emotional shock. She returned to her brother's house where she was again ill treated by her sister-in-law. They were of the view that she was no longer their responsibility as they did their duty by getting her married off. She was ultimately forced to leave her brother's house.

Since B. had nowhere to go she started loitering in the streets. When she was on the streets she had no means of supporting herself and as a result she started begging. It was here that she was repeatedly sexually abused. This resulted in her losing her mental stability. She wandered from place to place and ultimately reached Howrah station from where the police finally rescued her. Thereafter she was sent to the Female Vagrant Home, situated at Hooghly district of West Bengal. Having reached a level of stability we started counselling B. In addition we also brought her under the coverage of psychosocial training. As a result of this training she started socializing with other inmates of the home and also started taking care of her personal hygiene. With the improvement in her condition we persuaded the authorities to involve her in the vocational training programme that was being provided at the home. She showed a keen interest in the training programme and within a short period she became an expert in soft toy making.

When the Pharmacist of the home noticed that her condition had improved he suddenly stopped administering medicines to her without consulting us. When this matter came to our knowledge we requested the authority to start her medication again to ensure that her improved status was maintained but the pharmacist paid no heed to our request. As a result, her condition gradually deteriorated over a period of five months. On seeing that she had relapsed into her acute state the home authority, the Medical Officer in particular, requested us to prescribe medicines to Ms. B once again. So she was brought under the treatment purview and showed significant result within a very short period. Unfortunately again the pharmacist has discontinued her treatment. Consequently, she may relapse into acute state anytime. In this connection, it is noteworthy that the jail authorities can not purchase medicines for the psychiatric treatment of all the inmates of

also met A. B.'s brother that very day. We learnt from him that A. B., from his childhood, was very simple and straight forward. His cognitive level being quite low, he was not given much family responsibilities to share, lest he be tricked and duped. Once A. B.'s family was involved in a land dispute with a distant relative who tried to woo A. B. to their side, taking advantage of his simplicity and gullible nature. Later they conspired and falsely framed him in a theft case which led to his arrest and imprisonment.

In the meanwhile, after reviewing A. B.'s condition the Learned Court ordered his release and directed that he be restored to his family. A. B.'s family was very happy to have him back in the family after long 24 years. They also assured us that they will keep contact with SEVAC O.P.D. in future for regular follow-up and treatment of A. B.

CASE HISTORY - 8

MR. C. P. aged about 63 years had been detained at the Central Jail situated at northern part of Kolkata, for around 34 years. His past remains un-traced, before our intervention. However, we only learnt from the jail authorities that C. P. was arrested under stray case and put under safe custody at the Basirhat Jail on 28-4-1967. He stayed there for 5 months. Thereafter he was shifted to this jail. Since then he had been languishing therein.

During our visit at this Central Jail as soon as we heard about this unfortunate fellow, we brought him under the screening programme. We noticed that he was a mute and chose to remain alone. When alone, he would keep muttering to himself. He hated interacting with other inmates and staff at the jail and even while muttering incoherently he would suddenly become aggressive and shout aloud, not to anyone in particular though. We observed too that he did not have any regular sleeping hours. Moreover, his sense of hygiene was very poor. He never wore proper attire and chose to wear dirty and soiled ones. This was because he never washed his clothes or changed them. He never took any self care and did not take a bath for days at a stretch. So most of the time he stunk a lot. He never cared to comb his hair or cut his nails. At times he would become very violent too. Another noticeable trait predominantly showing in his behaviour was that he was very lazy and did not feel any urge to do any work, including attending to personal care.

We provisionally diagnosed C. P. as a case of Schizophrenia NOS. It was on 28-3-2001 that he was first prescribed medicines. It is worth mentioning here that C. P. responded to the treatment almost immediately and after only four months of treatment he was almost free of acute symptoms.

There has indeed been a notable improvement in the condition of C. P., for he started coming out of his shell and then communicating with us and others too. He responded to the questions put before him and it was during one of our routine interaction with us that he was finally able to give an idea of his native place. After a few weeks he also succeeded to tell his actual residential address. This is indeed an achievement for us. It is also worth feeling here that at the time he also started taking of self care in respect of bathing, washing his own clothes etc. However, when he achieved significant stability we issued certificate declaring him 'Fit to release'.

As he did not have any criminal case pending against him the superintendent of the concerned jail took the initiative to contact his family. Surprisingly they expressed their eagerness to take C. P. back to the family. His case was placed before the Learned Court. The court ordered us to issue a fresh certificate of observation to have an idea regarding his mental state. Thereafter the Learned Court talked at length to him and his family members. Being satisfied the Learned Court released C. P. and handed him over to his family members, after long 34 years.

CASE HISTORY - 9

This is the case history of a young man named **MR. G. D.** He is around 36 years old. He is a fruit seller by profession and hails from Kalyani. He is a married family man. His family consisting of his mother, wife and daughter. He was referred to us by the authorities of the Central Jail situated at northern part of Kolkata, for substance detoxification treatment. The clinical interview by us revealed that he had been consuming heroin for several years. He informed us that after the birth of his daughter he was under tremendous pressure from his family to stop consuming drugs. He said that he himself realized also the addiction to drugs was destroying his family life. He could not carry on with his work as a fruit seller. So in order to get himself free from this addiction, he was indeed keen on going for treatment. But he was not in a position to bear the expenses of the treatment. So he felt a turmoil within himself. Fortunately, one of his friends who had been arrested by the police on some charges and put to the same Central Jail for a few days came to learn about his despairing condition. He too was a drug addict and so he had to be shifted to the hospital at the Jail where he was brought under the purview of our treatment. Undergoing regular treatment, this fellow could get himself free from addiction. In good time, after completing his term at the jail, he obtained his release. It may be mentioned here that after his release from the jail and his return to his native village, he is leading a 'drug-free life'.

When this fellow learnt about the desire of G. D. he related him his own experiences at the hospital of the jail. He also urged G. D. to avail of the detoxification treatment that we offer to the inmates who are lodged in that Central Jail. Since G. D. was sincerely determined to make himself detoxified, he felt inspired. So he made an approach to the local police and after relating his case he urged them to arrest him. The police on their part heard him in details and at last, after arresting him on some petty charges, sent him to the same Central Jail. This Central Jail routinely sent all prisoners, who are substance addict with particular reference to Heroin, to us for treatment. As a result G. D. was also referred to us for treatment. Fortunately, G. D. has been responding to the treatment.

CASE HISTORY - 10

P.J., about 22 years old, was an inmate of the Dumdum Central Jail. He was shifted to this jail on 28.10.03 after he was intercepted by the police at Bidhan Nagar, Kolkata and detained on charges of theft.

We met P for the first time on 25.11.03 during one of our routine visits to the jail. As a system has already developed in this jail whereby the staff refers the newly admitted inmates with the signs and symptoms of mental illnesses and suspected to be mentally ill to the SEVAC team, P was sent to us by the jail authorities for necessary checkup. The jail authorities informed us that P would often be found to be talking irrelevantly and crying continuously. He showed bouts of anger too. He would also move around aimlessly from here to there. From the information passed on to us by the jail authorities – on the basis of the information they could collect from P, we learnt that he had been, in the past, placed under psychiatric treatment at a mental hospital in Mumbai.

When we first assessed him and studied his signs and symptoms, our psychiatrist identified him as a patient of Schizophrenia. Medicines were prescribed for him accordingly. Thereafter we monitored P's mental health condition regularly in order to keep note of the improvements. His medication too was moderated accordingly.

During our counselling sessions with P he gave us his residential address in Mumbai and one contact telephone number. Thenceforth, we contacted P's family over phone. His mother was overwhelmed with joy and relief on learning that her son was safe and sound in a Kolkata. She requested us to expedite his release from jail and assured us that she would come to Kolkata to escort him back to Mumbai after his release from jail.

Meanwhile, the SDJM Court at Barrackpore issued orders to produce P in court on 03.12.03. We, on our part, made the necessary arrangements to have his mother present in court on the said date. Thereafter, following her arrival in Kolkata, as she was a stranger in the city and didn't know where to go, we made arrangements for her food and lodging. She was escorted to the Barrackpore Court the next day by our Project Coordinator. It may be mentioned in this context that we had also taken the initiative to provide legal aid to P's mother.

On the appointed date, P's case was heard in court and he was released. Thereafter he was handed over to his mother. During our interaction with P's mother, she narrated to us all the relevant incidents about her son and the way he went missing.

Finally, we purchased their return tickets to Mumbai and saw them off at the railway station. By the way, this incident proves that with a little effort only it is possible to reunite a missing or lost member with his family.

CASE HISTORY - 11

J P C @ S M N was a sixty-year-old inmate of the Dumdum Central Jail. The jail authorities informed us that J.P was arrested by the police on patrol duty when he was sleeping on the pavements in the Salt Lake area on the night of 05.11.02. He was thereafter detained at the Dumdum Central Jail.

J.P was sent to us for routine checkup when we were on our visit to the jail on 14.11.02. The jail staff said that J.P himself had informed them that he was suffering from mental illness from a very young age.

When we assessed him for the first time, we found him to be lacking the sense of personal hygiene. The jail authorities informed that apart from being withdrawn, C was very dirty, disoriented and had pressure of speech. Our psychiatrist diagnosed him as a patient of Manic Depressive Psychosis. He was immediately placed under treatment purview.

We monitored C's condition on a regular basis. Gradually we noticed that C was getting communicative with others and his biological functioning was also quite normal. One day, during the counseling session he gave us his residential address. We came to know that he hailed from Kerala. We immediately got in touch with his family members and informed them about his present whereabouts. Soon after hearing from us, C's brother informed us about their family's desire to have him back with them.

Thereafter, on the date fixed for C's trial, his brother arrived in Kolkata accompanied by an office colleague and two friends. Upon his arrival in Kolkata, C's brother first came to the SEVAC Home to meet us. It was from him that we came to know that the real name of the 60-year-old C was S .M.Natarajan. He was a resident of a tiny village called Sienapuram, about 25 km. from Erode. C was joint owner of the 1 acre of land the brothers inherited from their father.

C's father was an agriculturist and his mother was a housewife. We were informed that C was a very brilliant student and always stood first in his school and college examinations. Naturally, his family had high expectations from him. Unfortunately, he failed to clear a subject when he was doing his diploma course in Electrical Engineering. So out of frustration he had left home around 40 years ago. However, it was not possible for us to reveal where he wandered before landing up in the Dumdum Central Jail.

On the appointed day of trial, we were present during the court hearing to extend our moral support to C and his family members.. As there were no criminal cases pending against C, the Learned Court soon spelt the verdict of C's release and handed over him to his family members.

CASE HISTORY - 12

Jl. M, aged around 28 years, had been housed in the Dumdum Central Jail as an under trial from 13.02.02 to 16.04.04.

The jail authorities placed Jl under our treatment procedure on 25.03.04 after having observed some distinct signs and symptoms of mental illness in him. Regarding J's behaviour, the jail staff told us that he had a strange habit of collecting twigs and other objects lying around in the surrounding premises of the jail compound. He also talked excessively and was preoccupied with religious thoughts. He was diagnosed as a case of Bipolar Affective Disorder and was placed under our treatment purview. Thereafter, following the uninterrupted medication and counselling sessions, Jl started unfolding his past life to us.

As per Jl's statement, his ancestral home was located in Belkhouri in Bihar. He mentioned that he has two brothers and three sisters, one of whom passed away in her infancy. His mother is still alive but his father passed away when he was very small. His

father used to work as a menial labourer in a coal mine called Central Coalfields Ltd. Due to his father's untimely demise, his mother was forced to take up a job in the Central Coalfields Ltd. Owing to the family situation, JI could not continue his studies above the eighth standard. At early age, he also joined his father's company as a dumper operator. He stated that he is married for the last eight to nine years and has two children, one son and one daughter, the daughter being the elder of the two children. He also stated that his is a nuclear family consisting of his wife and children since his siblings and mother live separately.

Around this time JI started drinking excessively and squandered all his money on buying alcohol. Gradually, symptoms of mental illness developed in him. When his behaviour became too erratic for his family to handle, he was admitted to a private hospital named Debin in Bihar in the year 2000. However, within a short period of his release from hospital, his symptoms relapsed. It was during one such bout of mental depression that JI went missing from home for the first time on 17.02.04. His family members searched frantically for him but were unable to trace him. He returned home after three months. But unfortunately, due to his deteriorating mental condition he went missing again. Ultimately when he was wandering aimlessly on the streets one day, he was arrested and charge sheeted by the police and brought to Dumdum Central Jail.

Meanwhile, at the Dumdum Jail, JI's treatment continued and his condition improved. In course of the subsequent counselling sessions, he was able to give his brother's residential address. Next we tried to establish contact with his family by writing letters to them. Our efforts paid off when one of JI's relatives on receiving our letter phoned us up to know his whereabouts.

Thereafter JI's family members arrived in Kolkata on the day scheduled for his trial. The judgement having gone in favour of his release, J was discharged and handed over to his family members.

CASE HISTORY - 13

J.B is presently counting her days in the SMM Home for Females, Liluah. She was brought under our treatment purview on 16.05.2003.

When we assessed her for the first time, we found her to be talking irrelevantly and using foul language. From her appearance it was obvious that she lacked the sense of self-care. She was reported to have become very aggressive also. She also suffered from sleeplessness. Our psychiatrist diagnosed her to be suffering from Psychosis and brought her under the treatment purview.

J responded well to the medications. Unlike in the past when she preferred to remain quiet and withdrawn, slowly and steadily, she was getting communicative with us as well as the other home inmates and staff. Thereafter, in course of her interactions with us, she related her past history. We learnt from her that she was married for the last twenty years and that her husband was a seasonal businessman. She had four children, two sons and two daughters. Out of them, a son and a daughter have already expired.

Highlights of Test of Association between different **characteristics of the patients housed in Vagrant Homes**

- The corrected Chi-square test shows that there is statistically significant association between age of the patients and diagnosis of the patients i.e. the patients belonging to the age group 35-44 years have been suffering from Major Psychiatric illness (Table – VH-8).

Highlights of Test of Association between different **characteristics of the patients Housed in Rescue Homes**

- The corrected Chi-square test shows that there is statistically significant association between age of the patients and diagnosis of the patients i.e. the patients belonging to the age 11-30 years have been suffering from Major Psychiatric Illnesses (Table – RH-8).

***** Major Psychiatric illness stands for** Schizophrenia NOS, Psychoses NOS, Mood Disorder NOS, Substance Related Disorder with Psychoses .

Conclusion

According to the findings of the 'Operation Oasis' project which was implemented during the period from April 2001 to March 2004 in 4 jails and 5 Custodial Homes in West Bengal it has been unquestionably established that a sizeable number of mental patients are dumped in these institutions.

If we take stock of the jails covered under the 'Operation Oasis' project, we find that around 10% of the total prison population are suffering from Major Psychiatric Illnesses i.e. Schizophrenia, Manic Depressive Psychoses, Substance Related Disorder with Psychoses and Unspecified Psychoses. The most noteworthy fact in this regard is that the majority of these mental patients have come to jail without committing any crime. But these unfortunate souls have not been identified as mental patients by the concerned authorities. As a result, they are simply denied the much-needed psychiatric care. Considering the mode of admission of the mental patients in jails we can group them in the following manner:

Group – A

Mental patients after being afflicted with their psychopathology have been found to get involved in criminal activities. Thereafter they are sent to jails.

Group-B

Mental patients found loitering aimlessly are apprehended by the police and thereafter framed for petty cases on grounds of suspicion. These persons too are sent to jails as 'under trials'

Group – C

Mental patients (women in particular) found loitering aimlessly in an unstable frame of mind are apprehended by the police and sent to jails and custodial institutions for safe custody

However, from the very beginning of the 'Operation Oasis' project, the work experience made us believe that the mental patients are dumped in different jails not only in West Bengal but also across the country in the same manner. Hence we started interacting with the jail authorities of different state governments to collect information about the mental health situation in jails, across the country. Thereafter, we launched another project entitled 'Silver Lining' in order to impart mental health education to the prison personnel across the country for their capacity building in respect of extending necessary care to the mentally ill prisoners. We also developed a Mental Health Manual for the use of the personnel of the jails and different custodial homes.


In course of implementing this Mental Health Education Programme in collaboration with the Office of the I.G. Prison, Maharashtra and D. G. Prisons, Delhi we got the opportunity to interact with the jail staff regarding the mental health situation in their respective working places. Besides, we were also allowed to visit the Yerwada Central Jail, Pune, Maharashtra, Bombay Central Jail, Maharashtra, Thane Central Jail, Maharashtra, Byculla District Jail, Maharashtra, Kalyan District Jail, Maharashtra and 4 Jails located at

Tihar, Delhi. At the time of our visit to these jails and interaction with the jail staff, we were convinced about the presence of mental patients in the jails of Maharashtra and Delhi.

While implementing a Mental Health Education Programme at the Regional Institute of Correctional Administration, Vellore we initiated an open discussion with the jail personnel from Tamil Nadu, Andhra Pradesh, Karnataka, Kerala and Goa about the mental health situation in their respective working places. All of them also admitted that often they too come across some people, who obviously need mental health care. Precisely, all these findings substantiated the possibilities regarding the presence of mental patients in jails throughout the country.

Interestingly, in the meanwhile we also succeeded in collecting information about the presence of mental patients not only in a developing country like ours, but also in the developed countries across the world. As for instance, we can highlight the following:

NAMI (National Alliance for the Mentally Ill) is an advocacy group, which has been working in the USA for the human rights promotion of the mental patients. In its newsletter, NAMI has highlighted the living situation of the mental patients housed in different jails in USA.




NAMI IN OUR OWN VOICE:
Living with Mental Illness

***** recovery ****

'nami' - (National Alliance for the Mentally ill) is a U.S.A. based Leadership Institute as well as a national network, which works for the cause of the mentally ill people putting emphasis on spreading mental health education and mental health awareness at the grassroot level.

'nami' also admits that a host of mental patients are housed in jails and prisons in U.S.A. too.

consumer recovery education presentation
sponsored by NAMI



NAMI Advocate

The Nation's Voice on Mental Illness

In nami Advocate (the quarterly journal of nami). Ron Honberg, National Director for policy and legal affairs points out :

'Nami Advocates have known for many years that jails and prisons have become defacto psychiatric treatment facilities. On any given day, more than five times as many people with mental illnesses are in jails and prisons as are in psychiatric hospitals. Additionally, police have become frontline respondents to people with mental illnesses in crisis.'

Reference : nami Advocate, Fall 2002,
Vol. 1 No. 1, Page - 16

Supporting Recovery and Your Relationships

Some more examples:

Again - U.S.A.

'The cruel use of restraints, resulting in unnecessary pain, injury or even death, is widespread. Mentally disturbed prisoners have been bound, spread-eagled on boards for prolonged periods, in four point restraints without proper medical authorization and supervision.

Source : United State of America - Rights For All, Amnesty International, News Letter No. 35, December 1998.

Japan:

Fuch Prison is the largest in Japan with a capacity for 2,598 Prisoners. 17.5% of prisoners suffered from mental handicap, 34% from physical handicap (This included the effects of drug misuse and illnesses such as blood pressure).
Ref : Source : Report 97: Penal Reform International's News Letter, March 1998)

In short, keeping the aforementioned realities in view, we can say that the National Human Rights Commission of India has taken another path breaking initiative in right time for sensitizing our country as well as the rest of the world regarding the necessity to make a move on war footings for the human rights promotion of the mental patients languishing behind bars.

In this context it is noteworthy that likewise the living situation of the mental patients housed in different custodial institutions, also need immediate attention of all concerned quarters. On the basis of our first hand work experience in some selected jails and custodial homes of West Bengal, we would like to mention that there is an obvious need to develop some sort of mental health care delivery system in the jails and custodial homes in our country.

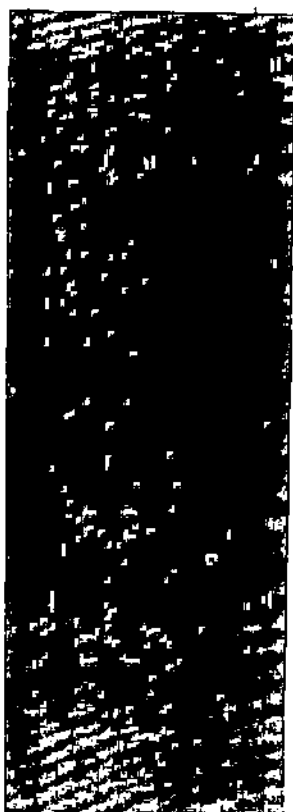
In our project report we have categorically and clearly mentioned how the uninterrupted psychiatric treatment can bring about a significant change in the living situations of the mental patients who have been languishing behind bars and different custodial homes. But to achieve this objective, the attitudinal change on the part of the authorities of the jails, custodial homes is essential. As for instance, we can refer to the attitude of Mr.R.M.Jamir, the then Director of Social Welfare, Mr. M. Chowdhury, the then Superintendent of the Dumdum Central Jail, Mr. Sudhir Dutta, Controller of Vagrancy, Govt. of West Bengal and Ms.Sulekha Ray, Research Officer, Department of Social Welfare, Government of West Bengal. Owing to their cooperation a significant change in the life situation of the mentally ill inmates of the Dumdum Central Jail and few Vagrant Homes has taken place. But it is really unfortunate that no step has yet been taken by the Government of West Bengal in respect of adopting any policy for the sustainability of the positive changes which have been perceived in the living situation of the mental patients housed in jails and custodial homes covered under the purview of the 'Operation Oasis' project. We apprehend that owing to the insensitive attitude on the part of the government, the living situation of mental patients covered by the 'Operation Oasis' Project would reduce to a deplorable state, when our team would stop visiting the project fields. So we have decided to extend our services on our own for the cause of

~~part of the government, the living situation of mental patients covered by the 'Operation Oasis' Project would reduce to a deplorable state, when our team would stop visiting the project fields. So we have decided to extend our services on our own for the cause of these unfortunate mental patients at least for one more year, with a hope that by this time the Government of West Bengal may take some measures to extend necessary care for them.~~

We are confident that an effective Model of GO (Government Organisation) and NGO (Non-Government Organisation) collaboration can be developed for the human rights promotion of the mental patients housed in different jails and custodial homes across the country, if the Government of West Bengal cooperates with the SEVAC team in this direction. We are confident too, that in the near future the said MODEL would be tried across the globe for promoting the human rights of the mental patients housed behind bars if we can successfully implement it in our country.

However, we urge the National Human Rights Commission to take necessary action to sensitise all the state governments and central government in our country regarding the necessity for adopting short term and long term policies for the cause of the mentally ill inmates of the jails and custodial homes, who are utterly denied the much needed psychiatric care. We also urge the National Human Rights Commission to continue extending support to SEVAC.

Mental Health Manual Developed by SEVAC



***Mental
Health
Manual***
for the use of the
**Correctional
and
Custodial
Institutions**

Recommendations

On the basis of the work experience gathered during the last two years the members of the SEVAC team recommend :

- i) The Prison Dept. of the Govt. of West Bengal should develop a strategy on a war footing so as to make necessary arrangements for the psychiatric treatment of all the mentally ill inmates housed in different prisons in West Bengal.
- ii) The Prison Dept. of the Govt. of West Bengal should introduce a Training Programme for the capacity building of the prison personnel in respect of identifying the mental patients from amongst the prison population. The guidelines of the Mental Health Manual, developed by the SEVAC team may be considered in this regard.
- iii) It is evident, that the Police become responsible in many ways in respect of sending the mental patients to jails. So N.H.R.C. is requested to take necessary measures to bring the police personnel of the country under the purview of compulsory mental health training programmes.
- iv) Most of the mentally ill inmates of jails are 'Under Trials'. But they are being branded as "Criminal Lunatics" by the jail authority. So NHRC is requested to prevent the jail department from labeling these ailing folks as "Criminals" before the completion of their trial.
- v) The overall condition of the children housed in prisons along with their convict / undertrial parents is evidently deplorable. So it is important to develop a better care delivery system for the upkeep of these unfortunate souls.
- vi) The RCH issue of the female inmates of the jails and custodial homes is utterly neglected. Hence it is recommended that the Central Government and all State Governments should adopt meaningful schemes for the RCH promotion of the women folks housed in different correctional institutions and custodial homes.
- vii) The Department of Women and Child Development and Social Welfare of the Govt. of West Bengal should immediately develop a system in order to bring all mental patients languishing in Vagrant Homes and Destitute Homes under the purview of psychiatric treatment.
- viii) The findings of the project indicate that a large number of mental patients are most likely dumped in different Jails and other custodial homes throughout the country. So all State Governments may be requested to implement projects like "Operation Oasis" for the identification of the mental patients from amongst the inmates of jails and other custodial institutions as well as to make arrangements for their treatment and rehabilitation.

Contd. . . .

**Court order directing the
Psychiatrist of SEVAC for the
certification of the Present Status of
mentally ill prisoners of Dumdum
Central Jail**

father used to work as a menial labourer in a coal mine called Central Coalfields Ltd. Due to his father's untimely demise, his mother was forced to take up a job in the Central Coalfields Ltd. Owing to the family situation, JI could not continue his studies above the eighth standard. At early age, he also joined his father's company as a dumper operator. He stated that he is married for the last eight to nine years and has two children, one son and one daughter, the daughter being the elder of the two children. He also stated that his is a nuclear family consisting of his wife and children since his siblings and mother live separately.

Around this time JI started drinking excessively and squandered all his money on buying alcohol. Gradually, symptoms of mental illness developed in him. When his behaviour became too erratic for his family to handle, he was admitted to a private hospital named Debin in Bihar in the year 2000. However, within a short period of his release from hospital, his symptoms relapsed. It was during one such bout of mental depression that JI went missing from home for the first time on 17.02.04. His family members searched frantically for him but were unable to trace him. He returned home after three months. But unfortunately, due to his deteriorating mental condition he went missing again. Ultimately when he was wandering aimlessly on the streets one day, he was arrested and charge sheeted by the police and brought to Dumdum Central Jail.

Meanwhile, at the Dumdum Jail, JI's treatment continued and his condition improved. In course of the subsequent counselling sessions, he was able to give his brother's residential address. Next we tried to establish contact with his family by writing letters to them. Our efforts paid off when one of JI's relatives on receiving our letter phoned us up to know his whereabouts.

Thereafter JI's family members arrived in Kolkata on the day scheduled for his trial. The judgement having gone in favour of his release, J was discharged and handed over to his family members.

CASE HISTORY - 13

J.B is presently counting her days in the SMM Home for Females, Liluah. She was brought under our treatment purview on 16.05.2003.

When we assessed her for the first time, we found her to be talking irrelevantly and using foul language. From her appearance it was obvious that she lacked the sense of self-care. She was reported to have become very aggressive also. She also suffered from sleeplessness. Our psychiatrist diagnosed her to be suffering from Psychosis and brought her under the treatment purview.

J responded well to the medications. Unlike in the past when she preferred to remain quiet and withdrawn, slowly and steadily, she was getting communicative with us as well as the other home inmates and staff. Thereafter, in course of her interactions with us, she related her past history. We learnt from her that she was married for the last twenty years and that her husband was a seasonal businessman. She had four children, two sons and two daughters. Out of them, a son and a daughter have already expired.

When we tried to find out from J if she could recall the incidents that led her to run away from home, she was choked with emotions while recalling afresh the circumstances. She informed that her husband was having an affair with one of his very close relatives. As J's father-in-law opposed his son's relation with his relative, he couldn't marry her. Later, however, after her father-in-law passed away, J's husband married the other woman, who, incidentally, lived under the same roof with J. Although this development left a deep scar in J's mind and her husband was also indifferent towards her, she was resigned to her fate and carried on with normal activities in her home.

However, one day, J ventured out of the house out of sheer frustration. That fateful night she unmindfully boarded a train from Barasat and got off the train in an unknown station. Taking advantage of her helpless condition that night, a few local youths feigning to be helpful, tried to outrage her modesty. They did not, however, succeed in their attempts as a few people came to her rescue. She was escorted to the local police station from where she was sent to the SMM Home, Liluah.

In course of her interactions, she also revealed to us as well as the home authorities her residential address. Thereafter the home authorities sent a letter to her family members and informed them about her whereabouts. Unfortunately for J, her own parents having died, J's brothers and other family members informed her that they would not be able to take her back home.. This has left her completely broken-hearted and at present she is once again very restless and depressed, despite her regular medication.

CASE HISTORY - 14

We met eighteen years old **M. R** during one of our routine visits to Dumdum Central Jail. M.R was referred to us by the jail authorities for checkup.

We were informed by the jail authorities that when M was admitted to the jail, he was found to be very perplexed and he couldn't recall what exactly had happened to him and how he landed up in jail. All that he had said was that someone hit him hard on his head. The authorities also informed us that the police in Barasat intercepted M and registered his name under the Stray Case category in the Dumdum Central Jail.

M was diagnosed as a patient of Reactive Psychosis and was brought under the treatment purview. Gradually, M's condition improved significantly. Thereafter, following our regular counselling sessions with him, M succeeded in recalling his past life. He gave us a few details about his background and gave us his residential address and contact telephone number too. Following the recovery of his address, we contacted his parents over the phone at Siliguri.

M's parents sounded much relieved when informed about his present place of stay. They immediately decided to come over to Kolkata to meet their son. Once they arrived in Kolkata, while talking to us, M's father and mother informed us that the family being very poor, M had to discontinue his studies after Class III. It gradually became evident that M was very sensitive and as such, the family's acute poverty made him think hard. He felt that if he would even do some odd job, he could help his father financially. So he

took up a job in a phenyl factory in the vicinity. One day, however, his father slapped him hard when the two were having an argument. At this, M was enraged

According to his mother, after the said incident M did not return home from his working place. Quite naturally, she grew anxious. Thereafter they came to know from his colleagues that M left the work place telling them that he would join a better service in the city and would not come back home for next three years.

M somehow reached Kolkata and got a job in a sweetmeat shop in Barrackpore. Gradually, with time, his employer learnt about the circumstances under which he fled from home. Thenceforth he made an attempt to contact his parents. Upon knowing M's whereabouts his parents also started for Kolkata to meet him. When M guessed that his parents were coming to Kolkata to take him back, again he fled away. As a result, his parents returned from Kolkata empty handed at that time.

M's parents were overwhelmed when finally, following court orders, he was released and handed over to them. They were choked with emotion as they extended their word of thanks to us for our role in uniting them with their son once again.

CASE HISTORY - 15

Police sent D.D at the Dumdum Central Jail on 22.03.04 after they found him lying listlessly on the roadside. The authorities referred him to us on 25.03.04.

It was while interacting with D that we found he had complaints of sleeplessness, anxiety and depression. He was, however, able to relate his present health condition quite well. It emerged from what he told us that he was depressed over his marital discord with his wife.

According to D, he hailed from Tripura. He had studied up to Class XI and was unemployed. His parents arranged his marriage with a girl based in Kolkata. Shortly after marriage, marital problems started showing up because of financial constraints owing to his unemployed status. Quarrels and bickering between husband and wife soon became a regular feature. In the meanwhile, D's wife gave birth to a son and a daughter. However, D and his entire family were dependent on his aged father for a living. As their financial crisis only aggravated in the years that followed, D's wife ultimately left home with her children. This incident made D very much depressed. His parents' attempted to appease their daughter-in-law to return Tripura. But it did not yield any positive result. So one day D arrived Kolkata and went to his in-law's house for settling the matter.

Unfortunately, his in-laws were very rude with him. They threw him out of the house and had him beaten up by local youths. These youths beat him up severely and left him on the roadside unattended. D did not have the strength to get up from there. Then police came and rescued him and sent him to the Dumdum Jail for safe custody on some petty charges.

D was diagnosed to be suffering from Adjustment Problems with Depressed Reaction and was brought under the purview of treatment. When he became stable we contacted his

parents over the phone and informed them about his confinement in jail. We also informed them the date of hearing at the Barrackpore Court.

On the day of the hearing in May this year, D's family members were present in the court. The judgement was in his favour, so D was released and handed over to his family members.

CASE HISTORY - 16

As part of our treatment programmes for mental patients housed in correctional and custodial homes, we have also been visiting the Berhampore Central Correctional Home regularly. During one of our visit at this Correctional Home on 31-7-2001, we came across a very old and infirm man named J. M. who was, as per office records, 88 years old. During our first screening, we found him a very depressed man, unsure of himself and his surroundings. He was toothless and spoke very indistinctly. Due to old age he could not walk steadily. J suffered from bronchitis, arthritis and other geriatric problems and constantly complained of a burning sensation in the head.

We were told that J and his sons are housed in this Correctional Home for around 10 years. He was sent to the home as a convict in a murder case. Along with J M his sons were also convicted on the charge of murdering their neighbour with whom they had a land dispute.

As the days went by J become more depressed. His needs were not attended to properly or regularly. It were the inmates at the ward, who, taking pity on J's infirm and immobile condition, took care of him and helped him with the basic daily activities. In the jail, he made attempts at suicide at least twice by trying to strangle himself.

His helpless and depressed condition prompted us to bring him under the purview of our treatment. Medicines were prescribed accordingly. Unfortunately however, the jail authorities did not show any promptness in taking necessary measures in favour of the ailing man. It was after a gap of 1 ½ months only that they gave J his first dose of medicines prescribed by our psychiatrist. And then too the regularity was not maintained. Besides, within a period of 7 months they stopped administering medicines as per our prescription. Whatsoever, there was no marked improvement in his overall condition and J often fell sick. He required repeated hospitalization for the management of acute physical problems.

The regular interactions between us and J M made him feel close to us and confide his problems. J would often weep bitterly and express his desire to be sent to his family. He says that being old he does not hope to live long and would be happy if his end comes at his own house. J also informed us that he was hundred years old and his age was not correctly entered in the jail records. Obviously then his days are numbered.

We were very much concerned over J's pitiable condition. So on humanitarian ground we decided to take steps for J's release from the Home. We wrote a letter to the N.H.R.C. on 9-2-2002 and informed them about J M. They also made an appeal to the N.H.R.C. to intervene and if possible, take necessary measures as per law, so that J M could be

released on humanitarian ground keeping his age and severe geriatrics / psychological problems in view. It was on the basis of the said letter by SEVAC that the N.H.R.C. lodged a case. The case number was 736 / 25 / 2001 – 2002. Thereafter on 2-11-2002 they wrote a letter to us informing about the following direction –

‘Pursuant to the notice issued by the Commission, the Government of West Bengal has submitted histories of cases along with report of action taken by them

J M – He is undergoing imprisonment for life in case U / S 302 / 34 & 324 / 34 IPC. He has served imprisonment for 11 years only. P. M. Murshidabad has been requested to consider his prayer for pre-mature release and furnish report. The matter shall be decided on receipt of the report from the D. M.’

****** However, J M breathed his last in September, 2003. But the report of the magistrate did not reach the jail during the said time.***

Highlights of Test of Association between different characteristics of the patients housed in Jails

- The corrected Chi-square test reveals that there is statistically significant association between sex of the patients and charges against them i.e. more female patients have been charged with murder, attempted to murder than male patients. Similarly more male patients have been charged in the cases of theft, cheating, domestic violence etc. than female patients (Table J10)
- The corrected Chi-square test reveals that there is statistically significant association between diagnosis of the patients and charges against them i.e. majority of mental patients suffering from Major Psychiatric Illnesses have been charged with stray and petty cases (Table J 11).
- The corrected Chi-square test shows that there is statistically significant association between diagnosis of the patients and their case status i.e most of the patients suffering from Major Psychiatric Illnesses are under trials (Table – J12).
- The corrected Chi-square test shows there is statistically significant association between age of the patients and charges against them i.e. most of the mental patients belonging to the age 16 – 45 years have been sent to jails on the charges of petty case, stray case, theft / cheating (Table – J13)
- The corrected Chi-square test shows there is statistically significant association between age of the patients and the diagnosis of the patients .The patients belonging to the age 16 – 45 years have been suffering from Major Psychiatric Illnesses (Table – J14).

***** Major Psychiatric illness stands for** Schizophrenia NOS, Psychoses NOS, Mood Disorder NOS, Substance Related Disorder with Psychoses .

Court order directing the Psychiatrist of SEVAC for the certification of the Present Status of mentally ill prisoners of Dumdum Central Jail.

Government of West Bengal

Office of the Superintendent, Alipore Central Jail, Kol-27.

Memo No.: 1255/AB

Dated : 12-3-04

To
The Superintendent
Dum Dum Central Jail,
Kolkata- 28.

Sub :: Medical report of accused Satya Paul.

Ref :: S.T. Case No. 134/1980.

The undersigned has to send herewith the Order No. 174 dt. 7.2.04 of Id. Sessions Judge, Hooghly for taking necessary action from his end. It is learnt that the said accused Satya Paul is now detained in his jail.

Superintendent,
Alipore Central Jail.

Memo No.: 1855/1/AB

Dated : 22-3-04

Copy forwarded In the Court of Id. Sessions Judge, Hooghly for favour of kind information. This has a reference to Id. Court's order No. 174 dt. 7.2.04 received vide memo no. 608 dt. 7.2.04.

Superintendent,
Alipore Central Jail.

Memo no. 1417/AB(H) dt 06/04/04

Copy forwarded to Dr. S. Chakroborty
Medical Officer, Psychiatrist/SEVAC, with request
to submit a Medical Report.

Superintendent
Dum Dum Central Jail

Memo No. 1233 / (A.B.H.)

1234 / (A.B.H.)

25/8/83



To, Dr. S. Chakraborty, Psychiatrist,
M.O. of D.D.C. & Home,
KST Kala.

OFFICE OF THE ADDL. DISTRICT & SESSIONS JUDGE, 2ND COURT,

HOOGHLY

S.T. Case No 87/87

Order No. 109
dt. 23.2.2004

No Medical report in respect Accd.

Sk. Jamaluddin, S/o Abdul Rob has not yet been received
from Superintendent of Dum Dum Central Correctional Home

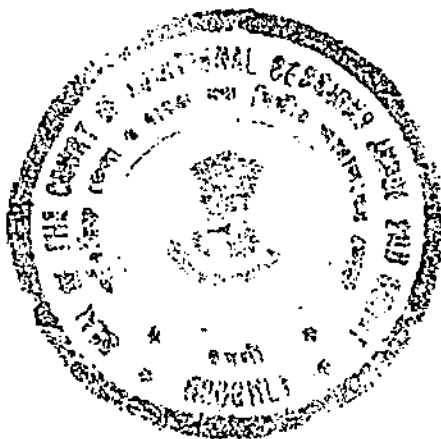
To 21.4.2004 for awaiting further report about
the present position of the accd. whether he is able to
face the trial or not.

Sc/- L.K. Basu

Addl. District & Sessions
Judge, 2nd. Court, Hooghly.

Memo. No. 44 - Cr. Dated. 18.3.04

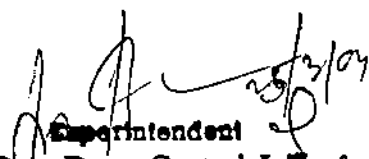
Copy of order forwarded to the Suptd. of Dum Dum
Central Correctional Home for information and taking
necessary action.



Q. Basu
Addl. District & Sessions Judge,
2nd. Court, Hooghly.

~~Additional Sessions Judge~~
~~2nd Court, Hooghly~~

Memo NO. 1233 /A3LH) DT. 25/2/04
Copy forwarded to Dr. S. Chakrobarty
Psychiatrist/SEVAL, Dum Dum Central Cst.
Home, with request to submit a Medical
report. on 21/04/04


Superintendent
Dum Dum Central Jail
25/2

but some of the Additional Dist. R
 ... 7th and ... Barnist
 ... 27. ... - 85.16(9) 95 -
 ... 6.12.2014
 Bagda P.S. 502.17/11/94

State as - *Rabindranath Mallik*
 2/5-326/8045.14.

44/ 24.3.2004

The accd. is produced from J.C. The suptd. of Dumdum
 correctional Home submits medical report regarding the state of
 Health of the accd..

Perused the report and the certificate issued by Dr.
 Jayanto Kr. Deb, Psychiatrist SEVAS . It is seen that the accd.
 is still mentally not stable and may not be able to stand trial
 immediately.

Considering the report I am of the view that the accd.
 requires to be shifted to mental Hospital run by the Govt. for
 his proper treatment.

So, the Suptd. Dumdum Correctional Home is directed
 to shift the accd. in a state run mental hospital at the earli-
 est opportunity. The hospital authority is also directed to
 receive the said accd. and make necessary arrangement for medical
 treatment of the accd. and to submit periodical reports till
 his recovery.

O.C. Bagda P.S. is directed to ensure proper security
 arrangement of the accd. in this regard.

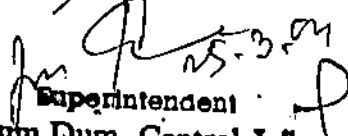
Copy of this order be sent to O.C. Bagda, P.S. Suptd.
 correctional Home, and the concerned hospital authority for
 treatment. dy n/a and ...
 dict. & cont. by me

[Signature]

[Signature]
 Dy. Suptd.,
 Dumdum, 24.3.2004

Memo NO. 1234 /ABCH) dt. 25/3/04

Copy for warded to Mr. S. Chakraborty,
psychiatrist/SEVAC, Dum Dum Central Cst.
Home, is directed to provide Medical
aid for Govt Mental Hospital. ~~of Govt.~~
~~Kind necessary action~~ Kindly make necc.
arrangement for shifting the aed. to any Govt.
mental Hospital as per order of H.C. Court, dated
24/03/04.


Superintendent
Dum Dum Central Jail

File of the 4th Addl. District & Sessions Judge - Barasat
(N) 20/12/03

S.C.16(9)95

38/9.12.2003.

G.R.-20/94

The Jail authority is hereby directed to provide appropriate medical treatment to the a/cd. and to keep constant vigil over the accused so that the accused may cause anything ^{put at risk} endangering his own and others life.

To 9.1.2004 for production.

Let a copy of this order be sent to the concerned Jail authority.

D/c by me.

s/d
Addl. Sess. Judge.

s/d. A. Chandra Kumar

A.S.J. 4th Court.

(Barasat)

Addl. Dist. & Sessions Judge

4th Court, Barasat

North 24 Parganas

PN-1005 dt- 11-12-03

Copy of order sent to the Suptd. of
Prison, Dist. Correctional House & L.S.
Information

A
Addl. Dist. & Sessions Judge
4th Court, Barasat
North 24 Parganas

11/12/03

Memo no. 4294/AB (H) dt. 17/11/03

Copy forwarded to Dr.
S. Chakraborty, Psychiatrist/SEVAC
with a request to submit a Medical
Report on or before 25/11/03 at
10.00 Am.

✓
Superintendent
Dum Dum Central Jail

17/11/03 17/11/03

In the Court of Additional District & Sessions Judge,
Fast Track Court No. 2, Barasat, North 24 Parganas.


S.T. 2(3)03

Present : Sri Siddhartha Chattopadhyay

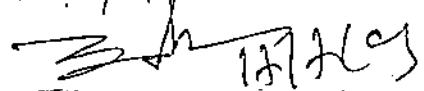
16

Jail authority has sent the medical report of the
11.7.03 accused Srikanta Gain. On perusal of the said report I find
that the accused is suffering from scizopharnia disorganised
type and according to the report he still mentally unfit.
In view of that accused be remanded to J/C. To 23.7.03 for
production. Superintendent Dumdum District Central Corred-
tional Home is directed to produce the accused before the
concerned doctor and to submit a report as to the mental
fitness of the accused by the date fixed.

Let a copy of this order be sent to Superintendent
District Correctional Home (Dumdum) for information and
taking necessary action.


Additional Sessions Judge,
Fast Track Court No. 2, Barasat,
North 24 Parganas.

Memo NO 2779/A.B(C.L) dt 17/7/03
Forwarded to Dr. Jayanto K. Deb.
Psychiatrist/SEVAC for N/A


17/7/03
DUMDUM CENTRAL JAIL

Copy of order.

S.T. 131/86

State vs. and Ranjan Burman.

Order no. 98 dt. 9.9.2002

Accused Ranjan Burman has been produced from Dum Dum Central Correctional Home.

Received report of Dr. S. Chakraborty, Psychiatrist of Mental Hospital and Rehab Centre regarding present mental condition of the accused Ranjan Burman forwarded by Superintendent, Dum Dum Central Correctional Home.

It appears from the report that the said accused is under his treatment since 5.4.2001 and his over all mental state is unstable at present.

In the circumstances Dr. S. Chakraborty, Psychiatrist of Mental Hospital and Rehab Centre is directed to appear before this court with all relevant papers for adducing evidence in connection with S.T. Case No. 131/86 for the accused Ranjan Burman who is under treatment of his Institute.

To 12.12.2002 for evidence of Dr. S. Chakraborty, Psychiatrist and production of the accused person.

Issue Summons upon the Dr. S. Chakraborty, Psychiatrist.
Let a copy of this order along with Summons be sent to the Dr. S. Chakraborty.

Sd/- N. G. Saha

Addl. District & Sessions Judge,
First Court, Hooghly.

To Dr. S. Chakraborty,
Mental Hospital and Rehab Centre, 131/11,
Balkades - 700063, Hooghly.

Additional District & Sessions Judge,
1st Court, Hooghly.

NO OF 101...
ONLY

4/16 CX

GOVERNMENT OF WEST BENGAL,
OFFICE OF THE SUPERINTENDENT, DUM DUM CENTRAL CORRECTIONAL HOME,
DUM DUM, KOLKATA - 700 028. *****

Memo No. 1810 1A.B.

Dt. 1/05/2001.

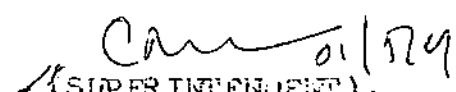
To,
The Visiting Psychiatrists,
'SEVAC' Mental Hospital & Rehab. Centre,
135 A, Vivekananda Sarani,
Kolkata- 700 063.

SUB:- Issuing of certificates to the mentally
unsound inmates, stating their present
mental position.

Dear Sir,
You are requested to issue certificates to the mentally unsound inmates of Dum Dum Central Correctional Home named bellow, stating their mental position at present, who are being treated by you.

The matter is very urgently required by the Judiciary.

Thanking You,
Dated the 'th May.'01.


(SUPERINTENDENT).
Dum Dum Central Correctional Home.

Name U.T. Inmates.

Safe Custody Inmates:-

- 1). Pijush Kanti Ghosh.
- 2). Dhiren Roy @ Pagla.
- 3). Ashim Bhattacharjee.
- 4). Rabindra Nath Mallick.
- 5). Raja Mia.
- 6). Alim Sardar.
- 7). Kalyan Mallick.
- 8). Arun Kumar Chowdhury.
- 9). Laxman Bala.
- 10). Chandi Paul.
- 11). Nimai Das.
- 12). Briz Nandan Ram.
- 13). Zafir Nazir.
- 14). Laxmikanta Haridas.
- 15). Bablu Mondal.
- 16). Kripal Singh.
- 17). Biswajit Bhattacharjee.
- 18). Arunava Mazumder.
- 19). Gautam Dutta.
- 20). Gorkha Nath Tatro.
- 21). Bapi Khan.
- 22). Umesh Modi.
- 23). Sanat Dolui.
- 24). SK. Abdul.
- 25). Uttam Paul.

- 26). Abdul Motaleb.
- 27). Chanda Das.
- 28). Satya Kulada Roy.
- 29). Hat Kata.
- 30). Raja @ Jay Prakash.
- 31). Jiten Roy.
- 32). Karna Bahadur.

Copy

In the Court of the Sessions Judge, Hooghly.

S.T.No.134 of 1980
State
Vs
Satya Paul ...Accused.

Order No.153 dated 1-9-2001.

Report received from the Superintendent Dum Dum Correctional Home on 27-8-2001 is put up to-day. Perused the report. Accused Satya Pal is reported to be at present mentally unstable and he is undergoing Psychiatric treatment in "SEVAC". Heard ld. P.P. In the given circumstances the case be fixed on 5-1-2002 for further order. Supdt. of Dum Dum Correctional Home is directed to submit a report on the date as to the overall mental and physical condition of the aced. Inform.

Dictated by me.

Sd/- R.K. Mukherjee,
S.J.

Sd/- R.K. Mukherjee,
Sessions Judge, Hooghly.

5660
Memo No. ~~3578~~ /AB(H) Dated: 29-11-01.

Copy forwarded to Dr.S.Chakraborty, Psychiatrist, SEVAK with request to furnish a report as desired by the ld. Sessions Judge, Hooghly in his ld. Court's order No.153 dt.1-9-2001.

M. S. Chakraborty
Superintendent,
Dum Dum Central Correctional Home.
Calcutta-28. *29/11/01*

trm/-
29-11-01.

Received

M. S. Chakraborty
29/11/2001
DR. S. CHAKRABORTY
M.B.S. D.P.M.
PSYCHIA

Govt. of West Bengal
Office of the Superintendent, Dum Dum Cl. Correctional
Home, Calcutta-28.

Memo No. 5369 /AB(H)

Dated: 5-11-01.

To

Dr. S. Chakrabarty,
Psychiatrist, SEVAK.

~~Your are requested to~~

He is requested to please furnish a Medical Report
as to development of health in respect of accd. Dwijen
Acherjee, who ~~is~~ is detained now in C.L. Ward of this (jail)
Home.

^{may}
Report kindly be submitted as early as possible for
onward submission.

M. S. Dasgupta
Superintendent,
Dum Dum Cl. Correctional Home.

trm/
5/11/01.

Received.
14/11/01
20/11/01

★★

GOVERNMENT OF WEST BENGAL,
OFFICE OF THE SUPERINTENDENT, DUM DUM CENTRAL CORRECTIONAL HOME,
DUM DUM, KOLKATA - 700 028.

MEMO NO. Sp2 13 /A.B.(C.L).

DT. / /12/2001.

To,
The Psychiatrist,
SEVAC Mental Hospital & Rehab Centre,
Kolkata -

Dear Sir,

You are requested to issue certificates about the present
mental condition of all the C.L. inmates (40 in number),
under your treatment.

Thanking you,

Yours faithfully,


12/10/01
SUPERINTENDENT,
DUM DUM CENTRAL CORRECTIONAL HOME.

**Sample of request letter of the
Juvenile Welfare Board for
furnishing report on mental health
condition of the inmates of the SMM
Home, Liluah.**

JUVENILE WELFARE BOARD

(SECTION 4) OF J. J. ACT 1986

ORDER SHEET

Ref :-

Hare Street P.S. G.D.E. No. 3087
dt. 30.7.03.

103

An unknown female child aged about 11 yrs. named here Usha was produced before Child Welfare Committee by Child Line, CINI ASHA. On interrogation she could not say anything. It is not clear whether she is mentally retarded or tranmatished. She be remanded in the custody of Superintendent, S.M.M. Home, till further order. Sevac is requested to examine her & report & also start treatment if required.

sd/-
Member & 1st Class Magistrate
Juvenile Welfare Board
S.M.M. HOME, LILUAH, HOWRAP
Govt. of West Bengal

sd/-
Chairperson & 1st Class Magistrate
Juvenile Welfare Board
S.M.M. HOME, LILUAH, HOWRAP
Govt. of West Bengal

Memo. No. 174/1(1)JWB/SH.

Dated. 12-8-03

Copy forwarded for information & necessary action to :-

1. The Secretary
'Sevac'.

sd/-
Member & 1st Class Magistrate
Juvenile Welfare Board
S.M.M. HOME, LILUAH, HOWRAP
Govt. of West Bengal

sd/-
Chairperson & 1st Class Magistrate
Juvenile Welfare Board
S.M.M. HOME, LILUAH, HOWRAP
Govt. of West Bengal



Phone : 033 2497 0947 / 1890

Fax : 033 2497 0947, E-mail : savac@cal2.vsnl.net.in

MENTAL HOSPITAL & REHAB. CENTRE

135A, Vivekananda Sarani (Pura Aswaththatala), Thakurpukur, Kolkata - 700 063, INDIA

CONSULTANTS

Dr. Arnab Banerjee
M. B.B. S., D. Psych.
F. A. M. S. (Vienna)
Chief Psychiatrist
& Hony. President

Dr. P. Chowdhury
M. B. B. S., D. C. H.
R. M. O.

Dr. S. Chakraborty
M. B. B. S., D. P. M.
Visiting Psychiatrist

Dr. Jayanta Kr. Deb
M. B. B. S., D. P. M., M. D.
Psychiatrist

Dr. K. Chakraborty
I. B. B. S., M. D.
Hony. M. O.

Dr. (Mrs.) P. Sengupta
I. Sc., Ph. D.
Chief Psychologist

Mrs. S. Sinha
Ms. D. Mitra
Ms. S. Acharya
Mrs. S. De

Ms. P. Dutta Sarkar
Clinical Psychologists

Dr. Tapas Kr. Ray
M. D., A. S. F.
My. Secretary &
Physician (Ay.)

To
The Chairperson & 1st class Magistrate
Juvenile Welfare Board
Sinn Home, Liluah, Howrah.

Sir/Madam,

In response to your memo N. 174/10
JWB/SB dated 12/8/03, it may be mentioned
that we have examined Usha, an 11 yrs female
child.

Based on her ward behaviour and
cross sectional observation, she seems to be
provisionally diagnosed as M having Mental
Retardation with Depression. We have
initiated medicines for her depression.

This is for your information & needful
pleasure.

Thank you

Dt : 16/9/03

Yours Sincerely
Jkr

Dr. Jayanta Kr. Deb
M.B.B.S., D.P.M., M.D.
Psychiatrist.

m. ghosh
In-charge Superintendent
Sinn Home, Liluah Howrah

**Sample Letter from the Controller of
Vagrancy to SEVAC with request for
holding a training programme on
mental health and human rights for
the staff members of the Vagrant
Homes.**

Letter from the Controller of Vagrancy to SEVAC with the request for holding a training programme on mental health and human rights for the staff members of the Vagrant Homes

GOVERNMENT OF WEST BENGAL
OFFICE OF THE CONTROLLER OF VAGRANCY, WEST BENGAL
PURTA BHAWAN, 3rd FLOOR, SALT LAKE, KOLKATA-700091. (9)

Memo.No. 1886 /CV, dated, Kolkata, the 20th November, 2002.

To
Dr. Mrs. Protiva Sengupta,
Coordinator, S E V A C.

Madam,

It is a matter of pleasure to collaborate with your organisation in organising a programme on "Mental health and human rights" for the staff members of Vagrants' Homes.


As discussed the programme may be venued at Leprosy Vagrants' Home, 75/1, Beliaghata Main Road, Kolkata-10 on 22nd instant as per schedule.

About 70 (seventy) nos of officers and staff members will be attending the programme.

The Manager, Leprosy Vagrants' Home has been advised to extend all types of assistance including logistic support to make the programme a success.

Thanking you,

Yours sincerely,


(S. K. DUTTA) 20/11/02
CONTROLLER OF VAGRANCY,
WEST BENGAL.

Memo.No. /CV, dated, Kolkata, the 20 nd Nov., 2002.

Copy forwarded for information and taking necessary action to the Manager, Leprosy Vagrants' Home, Beliaghata, Kol. 10.

CONTROLLER OF VAGRANCY, W. B.

**NHRC's letter to SEVAC regarding
the premature release of Jhatu
Mondal from Berhampore
Central Jail**

NATIONAL HUMAN RIGHTS COMMISSION
(LAW DIVISION)
SARDAR PATEL BHAVAN
SANSAD MARG, NEW DELHI - 110 001

Case No. 736/25/2001-2002

Dated 02/11/2002

To

DR. TAPAS KUMAR ROY, HONY. SECY.
(SEVAC-SANE AND ENTHUSIASTIC VOLUNTEERS
ASSOCIATION OF KOLKATA, 22, BHUBAN MOHAN
ROY ROAD, BASISHA
CALCUTTA, WEST BENGAL.

Sir/Madam,

With reference to your complaint dated 09/02/2002, I am directed to say that the matter was considered by the Commission on 29/10/2002. The Commission has made the following directions.

A complaint was received from SEVAC -Mental Hospital & Rehab. Centre, Kolkata stating that Jhatu Mondal, Agni Prasad Jana, Sudhir Bera and Smt. Dayal Devi Das, who are confined in different jails in West Bengal, are suffering from various geriatric problems. The complainant has prayed for their pre-mature release on humanitarian ground.

Pursuant to the notice issued by the Commission, the Govt. of West Bengal has submitted history of cases alongwith report of action taken by them in the matter of pre-mature release of these convicts, which is as follows:-

- i) Jhatu Mondal -He is undergoing imprisonment for life in case u/s 302/34 & 324/34 IPC. He has served imprisonment for 11 years only. P.M. Murshidabad has been requested to consider his prayer for pre-mature release and furnish report. The matter shall be decided on receipt of the report from the D.M.
 - ii) Agni Prasad Jana- He was sentenced to imprisonment for life and has served actual imprisonment for 3 years, 9 months and 20 days. The proposal for his pre-mature release was considered by the Board and rejected.
 - iii) Sudhir Bera -He is in jail as life convict and has served actual imprisonment for 9 years and 2 months. His case for pre-mature release was considered by the Review Board and was rejected U/S 433 A Cr.P.C.
 - iv) Smt. Dayal Devi Das -No petition for premature release of the convict was received by the Board earlier. Steps are being taken to process her case.
- In view of the above-mentioned report, no further action by the Commission is considered necessary and the case is closed.

This is for your information.

Yours faithfully,

ASSISTANT REGISTRAR(LAW)

**Sample of the letter of thanks from
the Controller of Vagrancy to
SEVAC for distributing garments to
the inmates of Female Vagrant
Homes.**

Letter of thanks from the Controller of Vagrancy to SEVAC for distributing garments for the female vagrants of Vagrant Homes

Government of West Bengal
Office of the Controller of Vagrancy West Bengal
Urta Bhawan, 3rd floor, Salt Lake, Kolkata-700 091

Memo No. 160 /C.V. Dated, Kol. the 16th Sept. 2002.

Dr. Tapas Kumar Ray,
Hony. Secretary / SEVAC,
Mental Hospital & Rehab. Centre,
135A, Vivekananda Sarani, Ponda Asawattha Tala,
Thokurpukur, Kolkata - 700 063.

Ref. : Your letter dated September 14, 2002.

We are really happy to note the ^{way} you have been extending your co-operation for the treatment and well being of our home-inmates.

I am instructing the Managers of Female Vagrants' Home, Uttarpara, Hooghly and Home for Lunatic Vagrants, Mahalandi, Murshidabad to receive the garments gifted for the inmates.

Thanking you once again,

Yours sincerely,

(S. X. Dutta) 16/9/02
Controller of Vagrancy,
West Bengal.

Memo No. _____ /C.V. Dated, Kol. the 16th Sept., 02.

Copy forwarded for information and necessary action regarding receipt of the garments for the female inmates of the Home gifted by the Hony. Secretary/SEVAC as and when delivered :

- 1) The Manager, Female Vagrants' Home, Uttarpara.
- 2) The Manager, Home for Lunatic Vagrants, Mahalandi.

Controller of Vagrancy,
West Bengal.

**Sample of request letters from the
Manager of different Vagrant
Homes, for supply of medicines by
SEVAC**

To THE OFFICER IN CHARGE
'SEVAK'
Mental Hospital & Rehabilitation Centre
KOL-63

Respected

Sir, I do hereby authorize Sri Arun Das, Staff of Female Vagrants' Home Uttarpara to receive the following medicines from your end, for inmates of our home.

1. Parke's forte - 300 tabs
2. Dormen 10 - 300 tabs
3. Mindol Plus - 200 tabs.

His Signature is attested below.

Thanking you,

Arun Kumar Das.

Sig. attested

Sankhoshanujay

Medical Officer
Female Vagrants Home
10, Raj Mohan Road
Uttarpara, Hooghly
Govt. of West Bengal

yours faithfully,
Sankhoshanujay
25th Feb'03

Medical Officer
Female Vagrants Home
10, Raj Mohan Road
Uttarpara, Hooghly
Govt. of West Bengal

10/03
To
The Medical Officer
SEVAC
135, A, Vilekananda Road,
Kolkata-700063.

Through:- O.C.R.C. / Manager NVH, Dhakuria

Sir,

The following Medicines will be required for
the treatment of SEVAC-I patients of this Home & Centre
for the month of November, 2003.

- ① Tab. Triapex - 1 mg = 30 Tab.
- ② " Triapex - 2 mg = 30 "
- ③ " Sizodone - 2 " = 60 "
- ④ " Fluamxol 1mg = 60 "
- ⑤ " Oleanz - 10 " = 60 "
- ⑥ " Oleanz - 5 " = 60 "
- ⑦ " Oleanz - 2.5 " = 30 "
- ⑧ " Nitrosun - 5 " = 75 "
- ⑨ " Encorate Chrona 200 = 60 "
- ⑩ " Ridazine - 25 = 150 "
- ⑪ " Lithosun - 250 = 150 "
- ⑫ " Trazine - 5 = 30 "
- ⑬ " Zepol 200 = 30 "
- ⑭ " Serenace 5 = 30 "
- ⑮ " Paxum - 5 = 30 "
- ⑯ " Pacitane - 2 = 180 "
- ⑰ Cap Dormin - 10 = 30 Caps.

Memo No. 396/ R.C. / dt. 22-10-03
Forwarded to the Medical Officer,
SEVAC, 135, A, Vilekananda Road, Kol-63.
for taking necessary actions.

22.10.03
Medical Officer, Receiving Centre
153, S.G.G. Road, Kolkata-70
Vagrancy Directorate
Govt. of West Bengal

Shilpi
for Officer-in-Charge
Receiving Centre
Vagrancy Directorate
153, S. G. G. Road, Kolkata

To
The Secretary
'SEVAE'

Sir,
you are requested to kindly make necessary arrangement for supply of the following Medicines for 15 days for the 12 Psychiatric female patients of the home at your earliest convenience.

- (1) Tab. Encorate 200mg == 120 tabs.
- (2) " Encorate 300mg == 40 tabs.
- (3) " clonex 10mg == 120 tabs.
- (4) " clonex 5mg == 160 tabs.
- (5) " clonex 7.5mg == 80 tabs.
- (6) " Nitrosun 10mg == 80 tabs.
- (7) " Nitrosun 5mg == 40 tabs.
- (8) " Zephal CR 200mg == 100 tabs.
- (9) " Alproxa 0.25mg == 80 tabs.
- (10) " Ridazin 25mg == 40 tabs.
- (11) Cap. Prodep 20mg == 120 tabs.
- (12) " Prodep 10mg == NIL.
- (13) Tab. Respond Plus == 80 tabs.

Government of West Bengal
Office of the Manager, New Vagrants' Home, Dhakuria
153, Sarat Ghosh Garden Road, Kolkata -78.

Memo No. 27/ /N.V.H.

dated, Kol. the 15th July, 2003.

To
Dr. Tapas Kr. Ray
Hony. Secretary,
SEVAC Mental Hospital & Rehabilitation Centre
135A, Vivekananda Sarani,
Podan Asswatthatala,
Thakurpukur,
Kolkata- 700063.

sub: Request to supply medicine for
40 (forty) inmates, in addition
to the present supply.

Sir,

This is from New Vagrants' Home, 153 Sarat Ghosh Garden Road, wherein inmates detained under Bengal Vagrancy Act 1943, are being provided with Psychiatric treatment under the guidance of SEVAC.

During our discussion with SEVAC personnel, I was provided with a list (Photocopy enclosed herewith) of inmates of the home, who were screened by SEVAC with remarks regarding the status of Pharmacological intervention, along with diagnosis. It appears to the undersigned from the list that inmates, for whom no Pharmacological intervention was made, require such intervention.

Apart from the listed inmates there are newly rounded up inmates in the home who may require your care, and in total additional number of inmates requiring your care, guidance and Pharmacological intervention is almost 40 (Forty).

I hereby avail this opportunity to request you to arrange to supply medicine and medical advice for these additional inmates apart from those you are already providing with.

I once again avail this opportunity to thank you for the kind of assistance provided by you for the inmates of this home and request your co-operation and response this time too.

Thanking you,

Yours faithfully,

D. Chatteropadhyay
(D. Chattopadhyay) 15/7/2003
Manager, New Vagrants' Home,
Dhakuria, 153, Sarat Ghosh
Garden Rd., Kolkata-78.

ENCLOSURE : As stated
above.

17/4/18

24/8/17

राष्ट्रीय मानव अधिकार आयोग

NATIONAL HUMAN RIGHTS COMMISSION

पुस्तकालय

LIBRARY



कृपया पुस्तकें उपयोग करने के बाद
तुरन्त लौटा दें।

Please return the books
immediately after use.

17/2/17

Office of the J. A. Addl. District & Sessions Judge - Barasat
(N) 20/12

38/9.12.2003.

S.C.16(9)95

G.R.-20/96

The Jail authority is hereby directed to provide appropriate medical treatment to the a/cd. and to keep constant vigil over the accused so that the accused may cause anything ^{put at risk} endangering his own and others life.

To 9.1.2004 for production.

Let a copy of this order be sent to the concerned Jail authority.

D/c by me.

s/d
Addl. Sess. Judge.

s/d. A. Chandra

A.S.J. 4th Court,
Barasat.

Addl. Dist. & Sessions Judge
4th Court, Barasat
North 24 Parganas

PNZ - 1005 dt- 11/12-03

Copy of order sent to the Supt. of
Dist. Cor. Home & L.S.
Information

A
Addl. Dist. & Sessions Judge
4th Court, Barasat,
North 24 Parganas

11/12/03

Memo No. 4667 (ABCH) dt. 15/12/03

Copy forwarded to Dr. S. Chakraborty, Medical Officer, Psychiatrist BEVAC, Dum Dum Central Correctional Home, with a request to submit a medical report on or before 09/01/04 at 10:00 AM.

Superintendent
Dum Dum Central Jail
13/12/03

38/9.12.2003

Accused Rabindranath Mullick is produced from J/o. on scrutiny of records. It is seen that a Supt. of Dum Dum Central Jail submitted the medical report on 11.9.2003 as per his letter. The said report was not placed before me which is highly improper.

On perusal of ~~medical~~ certificate issued by Dr. S. Chakraborty, Psychiatrist of Sobak Mental Hospital and rehabilitation Centre it appears that he has examined the accused and according to his opinion the accused is not mentally stable and needs prolong psychiatric treatment. So considering the report of Dr. S. Chakraborty and the submission of Ld. Defence Advocate I am of the view that periodical production of the accd. of the instant case is not necessary.

Contd...../

Government of W. B.
Office of the Superintendent, Dum Dum Central Correctional Home
Dum Dum, Kolkata-700028

Memo No. 4293/A.B(C.L)

dt 17/11/03

To

Dr. S. Chakrobarty
Psychiatrist
SEVAC, Kolkata-


Sub: Present mental Status
of Con. Lunatics.

Sir,

You are requested to furnish present
mental status report about following C.L
and R.P.(L) Inmates, who are under your
treatment, in prescribed proforma on 18/11/03
Name of the Lunatics

- | | |
|------------------------|---------------------------|
| ✓ 1 Pijush Kanti Ghosh | ✓ 12 Tarakumar Das |
| ✓ 2 Binai Das | ✓ 13 Bala Hari Garai |
| ✓ 3 Satya Paul | ✓ 14 Sunil Baigagi |
| ✓ 4 Dhruv Roy | ✓ 15 Rabindra Nath Mallik |
| ✓ 5 Dipak Joshi | ✓ 16 Gokinda Mondal |
| ✓ 6 Ranjan Barman | ✓ 17 Harun. Sardar |
| ✓ 7 Ashim Bhattacharya | ✓ 18 Anis Haque |
| ✓ 8 Kartick Maity | ✓ 19 Sashadhar Mondal |
| ✓ 9 Jamaluddin | ✓ 20 Karim @ Riakat |
| ✓ 10 Binai Banerjee | ✓ 21 Modhu Sudhan Mondal |
| ✓ 11 Churanjit Sardar | ✓ 22. Anurupa Mazumdar |

Yours faithfully,


Superintendent
Dum Dum Central Jail 17/11/03

Office of the Additional District & Sessions Judge,
Fast Track Court No. 2, Barasat, North 24 Parganas.

Siddhartha Gayen

S.T. 2(3)03

Present : Sri Siddhartha Chattopadhyay

11.11.03 The accused is produced from J/C. It appears to me that he is still now mentally unfit. In view of that the accused be remanded to J/C till 25.11.03. Superintendent Dum Dum District Central Correctional Home is directed to produce the accused before the concerned doctor and to submit a report as to the mental fitness of the accused by the date fixed.


Let a copy of this order be sent to Superintendent District Central Correctional Home (Dum Dum) for information and taking necessary action.

Sd/- Siddhartha Chattopadhyay
Additional Sessions Judge,
Fast Track Court No. 2, Barasat,
North 24 Parganas.

No. 117.

Dated : 11.11.03

Copy of this order be forwarded to Superintendent District Central Correctional Home (Dum Dum) for information and taking necessary action.


Additional Sessions Judge,
Fast Track Court No. 2, Barasat,
North 24 Parganas.

Memo no. 4294/AB (RE) dt. 17/11/03

Copy forwarded to Dr.
S. Chakraborty, Psychiatrist/SEVAC
with a request to submit a Medical
Report on or before 25/11/03 at
10-10 Am

✓
Superintendent
Dum Dum Central Jail

17/11/03 17/11/03

Recommendations

On the basis of the work experience gathered during the last two years the members of the SEVAC team recommend :

- i) The Prison Dept. of the Govt. of West Bengal should develop a strategy on a war footing so as to make necessary arrangements for the psychiatric treatment of all the mentally ill inmates housed in different prisons in West Bengal.
- ii) The Prison Dept. of the Govt. of West Bengal should introduce a Training Programme for the capacity building of the prison personnel in respect of identifying the mental patients from amongst the prison population. The guidelines of the Mental Health Manual, developed by the SEVAC team may be considered in this regard.
- iii) It is evident, that the Police become responsible in many ways in respect of sending the mental patients to jails. So N.H.R.C. is requested to take necessary measures to bring the police personnel of the country under the purview of compulsory mental health training programmes.
- iv) Most of the mentally ill inmates of jails are 'Under Trials'. But they are being branded as "Criminal Lunatics" by the jail authority. So NHRC is requested to prevent the jail department from labeling these ailing folks as "Criminals" before the completion of their trial.
- v) The overall condition of the children housed in prisons along with their convict / undertrial parents is evidently deplorable. So it is important to develop a better care delivery system for the upkeep of these unfortunate souls.
- vi) The RCH issue of the female inmates of the jails and custodial homes is utterly neglected. Hence it is recommended that the Central Government and all State Governments should adopt meaningful schemes for the RCH promotion of the women folks housed in different correctional institutions and custodial homes.
- vii) The Department of Women and Child Development and Social Welfare of the Govt. of West Bengal should immediately develop a system in order to bring all mental patients languishing in Vagrant Homes and Destitute Homes under the purview of psychiatric treatment.
- viii) The findings of the project indicate that a large number of mental patients are most likely dumped in different Jails and other custodial homes throughout the country. So all State Governments may be requested to implement projects like "Operation Oasis" for the identification of the mental patients from amongst the inmates of jails and other custodial institutions as well as to make arrangements for their treatment and rehabilitation.

Contd. . . .

Specific Suggestions

about the infrastructure development in Jails / Custodial Homes of West Bengal for extending psychiatric care to the mental patients housed therein.

If we take stock of the overall findings of the Operation Oasis Project, we are to admit that in the existing setup it is a very difficult task to stop the admission of the mental patients in jails. Similarly, we are to accept the truth that it would not be possible for the Government of West Bengal to shift all the mental patients from the jails to any hospital or rehabilitation centre, in near future. That is why it is the need of the hour to develop an infrastructure for the identification and treatment of the mentally ill housed in the jails of West Bengal. We are sure that it is not at all impossible to develop such an infrastructure if the jail authorities principally accept the SEVAC Model, which has already been given a partial trial at the Dumdum Central Jail in last three years. Now let us see what are required for making this proposed Model a successful one.

- ***A psychiatric ward is to be officially opened in the hospitals of all Central Jails / some District Jails.***
- ***Mental Health Education is to be imparted to the Superintendent, Jailers, Sub Jailers, Nurses and Pharmacists of the said jails for their capacity building in respect of identifying the 'suspected cases of mental illness'.***
- ***Medical Officers are to be adequately oriented in respect of first hand screening of the 'suspected cases' and referring the 'possible cases' to the Psychiatrist.***
- ***Capable NGOs are to be invited by the jail authorities for making arrangements for the identification and treatment of the mentally ill jail inmates. If any such NGO is not available, the Jail Superintendents will call in a Psychiatrist from the neighbouring area on a regular basis for the identification and treatment of the mentally ill jail inmates. Necessary arrangements are to be made for the purchase of adequate medicines for their uninterrupted treatment. Arrangements should also be made for the proper management of any acute / violent case. According to the situational needs, such cases would also be referred to the psychiatric department of the nearest government hospital.***
- ***Medical Officers and other staff members of the medical unit will jointly take the responsibility of day to day monitoring of the mental patients. They will also ensure that medicines are being administered in adequate doses to all the patients, uninterruptedly.***
- ***Medical Officers will also take the initiative to train up a group of 'Writers' ('Writers' mean the convicts, who are entrusted with some specific responsibilities relating to the day to day management of the jails) for their capacity building in respect of extending care to the mental patients.***
- ***The trained 'Writers' will act as the baseline caregivers of the mental patients. So the Writers will take care of the personal hygiene, daily activities and other basic needs of the patients.***
- ***Jailers, Sub Jailers and Welfare Officers will take the initiative to orient the other staff members and some well-meaning prisoners regarding the 'Dos' and 'Don'ts' in respect of managing the mentally ill prisoners with a humanitarian attitude. They will take all***

necessary measures to save the mental patients from physical torture, verbal abuse, teasing and neglect.

- *The Superintendent will have to monitor the proposed care delivery system sincerely. He will also take the initiative in expediting the trial / release / restoration of the mental patients.*
- *The Superintendents, Medical Officers, Nurses, Pharmacists, Jailers and Sub Jailers of all the Sub Jails and District Jails, where there would be no psychiatric ward, are to be brought under the purview of a compulsory mental health education programme. Such programmes will aim at the capacity building of the jail personnel to make necessary arrangements for psychiatric check up of the 'suspected cases of mental illnesses. If any of them is diagnosed to be suffering from major psychiatric illness, he / she would be immediately referred either to the nearest government hospital or to the nearest Central / District Jail where a psychiatric ward exists.*

We are of the opinion that if the Prison Department can change their mindset it is not at all difficult to develop a primary infrastructure for extending mental health care to the mentally ill jail inmates following the aforementioned guidelines. If asked, we, the members of the SEVAC team, can collaborate with the Prison Department of the Government of West Bengal with an aim to develop the proposed infrastructure.

However, in this context it needs to be mentioned that by highlighting the needs for developing the aforementioned mental health care delivery system we are not advocating for keeping the mental patients in jails. On the contrary, by highlighting these needs we intend to ensure the much-needed psychiatric care to the mentally ill prisoners, until any alternative arrangements are made to transfer them to any psychiatric hospital or rehabilitation centre.

Now let us have a look at the custodial homes in West Bengal. As per the findings of the Operation Oasis Project, 70 percent inmates of the Vagrant Homes need psychiatric care. But due to budgetary constraints it is not being possible for the home authorities to purchase medicines for these ailing folks. If the State Government makes the arrangements for the steady supply of medicines, SEVAC is ready to continue its service for the cause of the mentally ill inmates of the Vagrant Homes.

The overall condition of the Rescue / Juvenile / Destitute Homes for females is not at all congenial. Besides, a sizeable number of mentally ill and mentally retarded girls are housed in these homes. But most of the staff members of such homes are ignorant about the management of these suffering souls. Consequently, they are often subjected to utter neglect and humiliation.

In our opinion, if the Department of Social Welfare sincerely wants to ensure psychiatric care and meaningful rehabilitation to the mentally ill inmates of the Destitute / Rescue / Juvenile homes, first of all they have to identify some NGOs / Local Psychiatrists / Hospitals. Thereafter, arrangements are to be made for imparting mental health education to the staff members of the said homes. However, if asked, we can collaborate with the Department of Social Welfare, Government of West Bengal for developing a mental health care delivery system in the custodial homes.

Legal Implication of the 'Operation Oasis' Project

*Justice Sri Ranganath Misra
Former Chairperson,
National Human Rights Commission*

We, the members of the SEVAC team, shared the theme of the Operation Oasis Project with Hon'ble Justice Sri Ranganath Misra when we conceptualised it first. Since then, His Lordship has been extending his moral support and guidance for its successful implementation. Consequently, we shared the findings of the Operation Oasis Project with him and prayed to His Lordship to write its Legal Implication. We deem it a matter of privilege to mention that he has kindly contributed this write-up to the project report.

Legislative attention was first given to persons afflicted with mental illness in different degrees by enacting the Lunacy Act of 1912. Though the legislation came into the statute book, implementation was haphazard and in some areas totally ineffective. There was agitation all over the country until public attention forced Government to bring in the Mental Health Act of 1986. The main distinction between the old law and the new legislation was the legislative acceptance of the position that prison was not the home of the mental patients and therefore, no one with the ailment should be housed in prison. The basic scheme of admission of the mental patients into a hospital, the involvement of the judicial system in the matter of foreseeing the situation and judicial intervention in the process at different stages brought in, in principle, judicial interference.

2. The Act moved very slowly to implement the purpose which the statute wanted to implement. Rules took quite some time to be formulated, statutory authorities were not set up immediately and almost a century-old habit of putting mentally ill people into prison house continued unabated. Therefore, the prison continued to be the dumping place of mentally ill people. Improvement by legal provisions in the lot of the mentally ill people did not get reflected in active practice and affected prisoners continued to be suffering in jails without attention.

3. In some jails, however, there appeared to be the beginning of a movement ensuring implementation of the spirit of the new law and working out the scheme of change of not keeping the mentally ill people in jail.

4. Journalists drew the attention of the law-makers as also the enforcing agency about want of change in implementation. It appeared that some Calcutta jails were keeping affected people in jail notwithstanding the change of law and SEVAC also came across cases of this type. While in West Bengal, Government was not prepared to allow the NGO to move into jails for the purpose of identifying the mentally ill being detained in jails, the National Human Rights Commission accepted the request of the SEVAC to require the West Bengal Government to permit the NGO to look into the prevailing situation in jails. The Commission was pleased to ask the Government of West Bengal to

comply with the law and allow the NGO to make a fact-finding assessment of the situation. This is how SEVAC got into the matter.

5. In 2001, SEVAC was allowed by the Commission the right to contact and inspect jails to identify mentally ill prisoners. This appeared to be a difficult task to implement particularly because some of the prisons and the controlling authorities thereof were not cooperative while the prison staff in respect of the Dumdum Central Jail not only reciprocated but came forward with all possible information that could throw light on the subject.

6. The SEVAC has looked into the matter quite in-depth and obtained the information relevant for the purpose. SEVAC is very satisfied and deeply indebted to the Commission for the opportunity of a hearing and presentation of the collected material. The NGO would like to place on record its deep sense of satisfaction for the benevolent attitude exhibited by the Commission with reference to the problem, but it is inclined to the humble view that if the work is continued on the basis of what has been done, lot of material will come on the record which will provide the foundation for appropriate activity to handle the total issue in different states of the country and set things into proper shape.

7. If the work is left at this stage, it would not provide a complete picture of the matter and the seriousness arising out of incomplete material not adequate for formation of a total assessment. SEVAC had occasion to look for advice from some of the leading people in the field who are acquainted with issues arising out of the Mental Health Act and their view is that a total campaign should be undertaken if possible in respect of every jail in the country so that the 1986 Act really fructifies and the effects of the legislative change are fully brought out.

SEVAC, the NGO concerned, should humbly request for kind consideration of the Hon'ble Commission for extension of the project, both in time and size, and allow it to continue the matter so that it may be in a position to serve the society in an effective way.

Cuttack,

26 April, 2004

RANGANATH MISRA