

**National Human Rights Commission
(PRP&P Division-JD(R) Unit)**

**Subject: Visit of Dr. Vinod Aggarwal, Special Rapporteur, NHRC to Rajasthan from 21-
24 June 2019**

Special Rapporteur for Central Zone, Dr. Vinod Aggarwal, visited Rajasthan from 21 to 24 June 2019 in order to review the implementation status of Mental Health Act, 2017 by the State and also to review the functioning of Mental Hospital, Jaipur and Mental Hospital, Jodhpur.

The observations and recommendations that emerged from the visit report are mentioned below:

**I. Implementation status of Mental Healthcare Act, 2017 in the state of Rajasthan as on
21st June 2019**

Observations/ Key Information obtained:

1. State Government is yet to constitute the State Mental Health Authority (SMHA). The selection of Officers and non-official nominations is pending.
2. No information has been furnished by the Technical Advisor, SMHA about the establishment of Mental Health Authority Fund, registration of mental health establishments
3. Formation of District Review Boards has not been initiated so far

Recommendations:

1. It is more than 2 years since the Mental Health Act 2017 was enacted and the State Governments were expected to establish the State Mental Health Authority within nine months but Rajasthan Government has not fully formed the SMHA. The CEO is not full time and an Officer has been given additional charge. It is required to fill these positions at the earliest. Subsequently, constitution of Mental Health Review Boards should be initiated and digital register of mental health establishments must be maintained.
2. All the district hospitals need to have in-patient treatment department with minimum 10 beds and treatment of mental disease must be initiated from the district nodal officer.

3. It is required to establish a proper referral system and link between Medical College's Psychiatry department, mental health hospitals and district nodal officer. This initiative would be quite relieving for patients coming up for follow ups travelling several kilometers.
4. Adequate training programs must be conducted from time to time in order to train mental health professionals.

II. Visit Report of Mental Hospital, Jaipur on 21st June 2019

Observations/ Key Information obtained:

1. The hospital has 312 beds sanctioned capacity. The beds are divided unequally. There are in total 170 beds for males and 90 for females and emergency ward of 32 (20 males +12 females) in the hospital.
2. On the day of visit only 62% occupancy of beds was seen, which is quite significant finding.
3. Medicines are given to the patients for 15 days or 30 days. Therefore, same patient coming 6-12 times in a year to the hospital and every time counted as a new follow up patient. There is no computerized system even to identify at a later stage.
4. About two years back it had come to information of the then Superintendent of the mental hospital that psychotropic drugs which comes under Government's free drug scheme were being sold illegally by the staff of the mental hospital, directly to drug addicts with the help of street dwellers. In this connection, many employees who were terminated earlier have been re-employed in the present administration.
5. It has been reported that in night hours only PG students look after all 312 bedded facility and no qualified psychiatrist is available.
6. Expensive medicines which are not available in hospital, free drugs are prescribed in place of them on unsigned plain slips. Poor patients are then forced to buy medicines from the shops which have nexus with the prescribing doctors.
7. It has also been mentioned in the complaint, those psychiatrists whose residences are in close vicinity leave the hospital during the duty hours to attend to the patients whom they have diverted from the hospital to their private clinics. These patients have to shell out hefty amounts of money as fees.
8. Matters related to construction of the hospital as a centre of excellence remains unresolved.

9. No rehabilitation home has been set up by the State Government to shift long stay patients from Jaipur Mental Hospital. About 25% beds are occupied by the long stay patients in this hospital.

Recommendations:

1. The Rehabilitation homes for long stay patients, as per the guidelines of Supreme Court, must be built in the vicinity for at least 75 persons at the earliest. This would help to reduce the load on mental hospital and needy patients would get admissions with much more ease.
2. Vacant positions need to be filled at the earliest. The specialized psychiatric nurse's position need to be increased and training program should also be organized for them.
3. The matter of construction and building of Centre of Excellence must be resolved.
4. The reduction in annual admission must be investigated by the Director Health Services.
5. Illegal selling of Psychotropic drugs and re-employment of the alleged staff in this case, is a matter of serious concern which must be thoroughly investigated.
6. It is suggested that a confidential enquiry against the management must be undertaken and audit of purchased medicines must also be done. Further, one senior doctor can be deployed in the night to look after.
7. It is required that a joint helpline of NGO's, mental hospitals and police department be established in order to have a 24 hour service in the State.
8. Awareness must be generated among patients and their relatives regarding rights of persons with mental illness and specially the right to legal aid.
9. The new disability Act has provision of 1% jobs for the mentally ill and it needs to be brought to the information of the public in general and persons with mental illness and their families in particular.
10. The hospital management needs to update its knowledge about the provisions of the National Trust Act such as training of care giver etc. and enact upon the same.
11. The assistance of funds from the Skill Development Program of the Government could be taken in order to train people recovering from mental illnesses.
12. All the requirements of clothing should be procured with the assistance of weaving and tailoring unit of inmates and patients. Besides, other requirements of civil hospital, district court and district office for file making etc. should be procured from the mental hospital.

III. Visit Report of Mental Hospital, Jodhpur on 24th June 2019

Observations/ Key Information obtained:

1. For movement of 250 patients a day, space looks slightly cramped up, because with every patient there are one to two attendants. It is assumed that in the mornings, there could be more than 500 persons assembled in 2400 sq feet which suggest that area may be increased.
2. It is observed that the stay in women ward is bit longer and varies between 25 days to 18 days.
3. The chronic patients remain for months to years, but as such there is no concept of closed wards.
4. The hospital lacks the psychiatric residents and nurses in the hospital. There are six senior psychiatrists, one medical officer and one clinical psychologist. There is acute shortage of doctors especially senior doctors at night. There is issue of absence of certain senior doctors also.
5. The medical records are not computerized and time taken to retrieve the patient's record is 75 minutes which is very long. If a patient comes for follow up, the time taken is even more.
6. The registration process is manually done which is a very time consuming activity.

Recommendations:

1. Long stay patients continue to occupy beds in the hospital. It is required to set up some rehabilitation homes in order to reduce the burden of long stay patients in the hospital.
2. Awareness must be generated among patients and their relatives regarding rights of persons with mental illness and specially the right to legal aid.
3. The new disability Act has provision of 1% jobs for the mentally ill and it needs to be brought to the information of the public in general and persons with mental illness and their families in particular.
4. The hospital management needs to update its knowledge about the provisions of the National Trust Act such as training of care giver etc. and enact upon the same.
5. The assistance of funds from the Skill Development Program of the Government could be taken in order to train people recovering from mental illnesses.

6. All the requirements of clothing should be procured with the assistance of weaving and tailoring unit of inmates and patients. Besides, other requirements of civil hospital, district court and district office for file making etc. should be procured from the mental hospital.
7. The helpline run in Gujarat to take care of the wandering mentally ill is an excellent program which need to be emulated in various towns of the State either with the help of an NGO or directly.

Report 4, Status of implementation of Mental Health Care Act, 2017 in Rajasthan as on 21st June, 2019 by Dr Vinod Aggarwal, Special Rapporteur, Central Zone, NHRC

As per **section 45** of the **Mental Health Care Act, 2017**, every **State Government** was supposed to **establish an authority** to be known as **State Mental Health Authority (SMHA)**, with in a **period of 9 months** from the date the act had an ascent of the president of India. It has been informed without evidence, that **SMHA** has been **established** and the **Addl. Mission Director, NHM & Director IEC** has been **appointed** the **CEO** of **SMHA** and **Dr Pradeep Sharma** ex head of the department of psychiatry and Medical Superintendent of Mental Hospital, Jaipur as **Technical Advisor (TA)** to **SMHA**.

As per **section 46** of the **Mental Health Care Act, 2017**, the **State Government** will constitute the officers and non official nominations to the **State Mental Health Authority (SMHA)**, it has been informed by the **TA** that the **advertisement** has been **issued** on **15/06/19** for **inviting nominations** to **SMHA**. It can be **inferred** thus the **SMHA** has **not been fully constituted** till date.

As per **section 62(1)** of the **Mental Health Care Act, 2017**, every **State Government** was supposed to **establish a fund** to be known as **State Mental Health Authority Fund** but **no information** has been furnished by the **TA** to **SMHA**.

As per **section 65** of the **Mental Health Care Act, 2017**, the **State Mental Health Authority (SMHA)** has to **register all establishments** running **mental health services** with **SMHA**, but no information has been furnished on this account. As per **section 67** of the **Mental Health Care Act, 2017**, the **State Mental Health Authority (SMHA)** has to **conduct an audit** of all **registered mental health establishments for rectification of deficiencies** but no information was furnished. As per **section 69** of the **Mental Health Care Act, 2017**, the **State Mental Health Authority (SMHA)** has to maintain in **digital format** a register of mental health establishments, registered by **SMHA**, to be called the **Register of Mental Health Establishments** but **no information** was given about maintenance of such register of mental health establishment.

As per **section 73** of the **Mental Health Care Act, 2017**, the **State Mental Health Authority (SMHA)** has to **constitute Boards** to be called, the **Mental Health Review Boards**. It was informed by the **TA to SMHA**, that **Government** has **decided** that the **Additional District & Sessions Judge**

would be the **Chairperson** of the **District Review Board(DRB)** and the **District Nodal Officer** would be the **Secretary** of the **Board** and as soon as the **constitution** of **SMHA** is **completed**, the District Review Board in all the districts will be **constituted**. **But as such no date** has been **given** when the **SMHA** and **DRB** will be **constituted** and start **functioning** in the **districts**. **A report from the state government may be called on all the above points.**

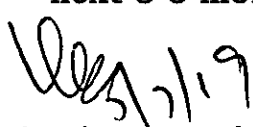
It was informed by the **TA to SMHA**, that National Mental Health Program in the State of Rajasthan is functional in all the 33 districts of the state, even if the SMHA is not fully constituted of DRB are also not constituted or functional. Head of the Department of Psychiatry of all Government Medical college of the state have been appointed Divisional Nodal Officer NMHP for the purpose of training, supervising and evaluating and reporting of the DMHP activities in the districts of their jurisdiction of their concerned divisions. In 31 out of 33 districts, Psychiatrists have been appointed as DNO(District Nodal Officer) under NMHP. All DNO are organizing 4 out reach camps per month (once a week) regularly. More than 2000 PHC doctors have undertaken one week training in Mental Health. Regular OPD IPD services (under NMHP) are underway, in all the districts. In 31 where a psychiatrist has been appointed in the district hospital daily OPD services have began. In few of districts the IPD services are also functional **but the TA of SMHA could not clearly state in how many districts the 10 bed IPD has started functioning regularly**. 12 hour toll- free tele-counselling facility has also been started.

Recommendations:

- 1. It is more than 2 years since the Mental Health act 2017 was enacted and the state governments were expected to establish the state nodal authorities within nine months but Rajasthan government has not fully formed the SMHA. The CEO is not full time and an officer has been given additional charge. The nominated positions are yet to be filled in SMHA.**
- 2. District review Boards should be constituted in next 6 months in all the districts.**
- 3. All the district hospitals should have in patient treatment (IPD) with 10 bed units and treatment of mental disease must be initiated from the district nodal officer.**
- 4. The link and referral system between medical college's psychiatry department and 2 mental hospitals and DNO don't exist. The patients being treated at the mental hospital get the medicines for 15 days to one month. The patients with relatives come back to mental hospitals for getting the follow up treatment and free**

medicines which suggests that the coordination role of SMHA don't exist. Rajasthan is a big state and if patients come for follow treatment to mental hospitals that means patients are travelling 300-400 km for getting the follow up treatment.

5. It would be desirable that a patient once treated at the mental hospital, should be handled at the district hospital under the guidance of district nodal officer. Why the referral system has not been followed, the reason could be private practice allowed to the doctors. In this system patient may approach a doctor at his private practice, so why the doctors may not refer the case to district hospital. Because of this reason the SNHA must pass orders for referrals at the earliest, for ease of the treatment and useful link of district psychiatric centre.
6. The post graduate programs are for 3 years and 1 year for degree or diploma in psychiatry. The one week training program of mental health, seems inadequate, if treatment of psychiatric illness is expected out of general MBBS doctors. But, if it is an awareness program, than it is acceptable. For treatment of psychiatric illness a certificate program of 3 or 6 months at all the medical colleges could be used but is it really required to go beyond 2 mental hospitals, other 8-9 medical colleges and 33 district hospitals, may be initially considered enough for treating psychiatric illnesses. Utmost at the CHC (Community Health Centers) level a certificate program holder of psychiatry can manage, which may not be more than 190-200 in the state, and may be enough and can act, as next line of referral in the management of mental health.
7. As per **section 69** of the Mental Health Care Act, 2017, the State Mental Health Authority (SMHA) has to maintain in **digital format** a register of mental health establishments, registered by SMHA, to be called the **Register of Mental Health Establishments** but **no information was given** about maintenance of such register of mental health establishment. It is recommended that the digital register of the **Register of Mental Health Establishments should be prepared in next 3-6 months for the state of Rajasthan.**


Dr Vinod Aggarwal
Special Rapporteur

Report 5, Visit of Dr Vinod Aggarwal, Special Rapporteur, Central Zone, NHRC to Mental Hospital Jaipur on 21st June, 2019 n Rajasthan

The hospital began as a mental asylum in 1952 under the Independent India in the medical college Jaipur which was established in 1942 and started on pattern of mental hospital.

The hospital is located on one of the main roads of the city and free of encroachments. The hospital has bit of green area and but not being maintained well by the management. The hospital has 312 beds sanctioned capacity. It has been divided into unequal beds are distributed in units. There are in total 170 beds for males and 90 for females and emergency ward of 32 (20 males+ 12 females) in the hospital. The hospital is top heavy with at least 8 professors and only 3 assistant professors.

The hospital management has given details of about 1600 admissions on average in last 5 years but the admissions have reduced from 1793 in 2014 to 1385 in 2018.

Total number of admissions in last 5 years are as follows:

	YEAR	BEDS MALES	MALE	FEMALE BEDS	ANNUAL FEMALE	TOTAL BEDS	TOTAL IPD	IPD/BED RAITO
1.	2014	190	1294	122	499	312	1793	5.75
2.	2015	190	1269	122	468	312	1737	5.67
3.	2016	190	1085	122	448	312	1533	4.91
4	2017	190	900	122	431	312	1331	4.27
5	2018	190	977	122	408	312	1385	4.40

Patient admission is reducing every year and patient per bed has reduced from 5.75 patients per bed per year to 4.4 patients. Thus the efficiency has reduced by 20% in last 5 years. It seems there is change in management of hospital in last one and half to two years which suggest that the present management is not interested in using the capacity. **On the day of visit only 62% occupancy of beds was seen, which is quite a significant finding.**

The OPD attendance is steadily and increasing from 93 thousand in 2015 to one lakh twenty thousand. Therefore in 4 years, the OPD attendance has

gone up by 30%. But as medicine are given to the patients for 15 days or 30 days. Therefore, same patient coming 6-12 times in a year to the hospital and every time counted as a new follow up patient. There is no computerized system even to identify at a later stage. Thus the computerization of the record is important and a single patient coming to follow up should not be counted as a new patient.

It has come to information that about 2 years back it had come to information of the than superintendent of the mental hospital that psychotropic drugs were being sold by the staff illegally. The psychotropic drugs coming under Govt. free drug scheme were being sold illegally by the staff of the mental hospital, directly to drug addicts with the help of street dwellers. After enquiry it was found that one Nurse grade -I, namely Mukesh Joshi who was in charge of drug distribution counter and five other contractual employees and 2 street dwellers were found involved in this racquet. A FIR was registered in the Transport Nagar, Police station of Jaipur. Services of all contractual employees was terminated, while Mukesh Joshi was relieved of his duties at PCJ and sent back to the Directorate of Medical and Health. Mukesh Joshi has joined back mental hospital and present administration has re-employed him after his retirement. Out of the 5 contractually employed persons who were terminated earlier have also found place at the same place in the present administration.

It has also been reported that in night hours only PG students look after all 312 bedded facility and no qualified psychiatrist is available and expensive medicines which are not available in hospital free drugs are prescribed on unsigned plain slips. Poor patients are than forced to buy medicines from the shops which have nexus with the prescribing doctors. It has also mentioned in the complaint, that psychiatrists, whose residences are in close vicinity to PCJ leave the hospital during the duty hours to attend to the patients whom they have diverted from the hospital to their private clinics. These patients have to shell out hefty amounts of money as fees.

There are 61 posts of Nurses out of which 46 are in position but these posts are on general nursing why posts of nurses who are trained in dealing with psychiatric patients have not been created and training of man power is the aim of this mental hospital in the state. But it seems that the training of

nursing manpower is not happening and posts of psychiatry trained nurses are not getting created. This is a domain where management must look into.

This hospital in the state was selected for centre for excellence for psychiatry in the state and funds have also come for some time but the wrangling between the Principal of the Jaipur Medical College and the State Nodal Officer may be the cause but the construction of centre of excellence of is getting delayed. Here it is important that the principal secretary health looks into the issue and resolve the matter at the earliest and the construction of the centre of excellence starts immediately.

Guidelines for the State Government for setting up of rehabilitation homes for persons living with mental illness, who have been cured, but don't need further hospitalization are homeless or are not accepted in the families. The group of long stay patients(LSP) have been the concern of many of the stake holder groups, because this group of patient continue to occupy the beds in the hospitals and because of direction of Hon'ble Supreme Court that guidelines be made for LSP, in writ petition (civil) No 412/2016 in the matter of G K Bansal Vs State of UP and others, that Department of Empowerment of Persons with Disabilities, GOI prescribed guidelines for setting up of Rehabilitation homes for Persons Living with mental illness.

- a) The state Govts. shall be responsible for creation and management of Rehabilitation homes for such LSP.
- b) The state Govts should assess the need for such homes specifically for the LSP(beyond 2 years) in the Mental Hospitals in the state.
- c) Based on the assessment of requirement of such homes, initially one or two homes may be set up in selected city where the mental hospital is located with the goal to provide home to all the LSP by the state.
- d) The state Govts. shall be responsible to set up these Rehabilitation homes following the social care model with efforts at reintegration and rehabilitation , beyond relocation. All such homes should have Day care Centre as part of home or at least in close geographical proximity
- e) The state Govt shall be responsible to set up these Rehabilitation homes for LSP with following physical infrastructure:
 - These Rehabilitation homes should be located outside any hospital premises.

- The building of such home should preferably be not more than 2 storey buildings and balconies be properly wire fenced.
 - These Rehabilitation homes should have proper boundary walls.
 - These Rehabilitation homes should have accessible features and should fulfill the basic safety features related to electricity.
 - These Rehabilitation homes should have separate accommodation for male and female inmates.
 - These Rehabilitation homes should have clear entry and exit policy
- f) The state Governments will be responsible to set up these Rehabilitation homes for LSP with following Human Resource requirement per 25 residents:
- 1 House In charge
 - 1 Office Assistant
 - 1 Social Worker
 - 1 Vocational Instructor
 - 2 Trained Care givers
 - 2 Helpers
 - 1 Visiting Psychiatrist (should be available on call also to attend emergency situations)
 - 1 Visiting General Physician (should be available on call also to attend emergency situations)
 - 1 Visiting Occupational Therapist (should be available on call also to attend emergency situations)
 - Security as per requirement depending on the size of the premises and number of inmates.
 - Housekeeping personnel and Kitchen staff as per requirements
- g) The state Governments will be responsible to set up these Rehabilitation homes for LSP with following other norms:
- Cultural and sporting activities may be conducted involving such persons so as to make them feel homely and living in the community.
 - Counseling assistance should be available to make them independent.
 - There should be close coordination with the Vocational/ skill training institute in vicinity to impart training.

- A district Level Committee should be formed which would visit such homes periodically and a register be maintained regarding such visits.
- Proper cleanliness should be maintained in the rehabilitation homes.
- The provisions of Rights of Persons with Disabilities Act, 2016 containing various rights and entitlements for PWDs should be followed in letter and spirit.

The central government shall provide necessary technical guidance for setting up of such homes, if required by the State Governments.

As per my information no such home has been set up the state government in the state, to shift long stay patients from the Jaipur Mental Hospital. About 25% beds are occupied by the LSP in Jaipur Mental hospital. The state government as per the directions of Hon'ble Supreme Court, should have setup the Rehabilitation homes for LSP. But no information was provided in how much time the home will be set up in Jaipur.


Recommendations for Jaipur Mental hospital

1. The Rehabilitation homes for LSP, as per the guidelines of Supreme Court, must be built for at least 75 persons (50 males + 25 females) immediately, in vicinity of the Mental Hospital. The home would reduce the load on the mental hospital and the needy patient will get admission with much more ease.
2. There is a top heavy structure of the Mental hospital with 8-9 professors and only 2 assistant professors. The lower staff and nurses have large vacancies. The specialized psychiatric nurses position need to increased and training program may be launched at the earliest and top heavy, few professors may be shifted to other medical colleges or some solution be found for top heavy structure which is becoming difficult to manage.
3. The matter of construction and building of centre of excellence must begin after the intervention of Health secretary or the chief secretary of the state within next 3 months.
4. The reasons of only 62% bed occupancy and reduction of annual admission must be investigated by the director health services. Is this reduction is not because of the patients being directed towards the private clinics and hospitals working in this hospital. As the economics of

the population is increasing there seems to be a tendency of doctors to divert the patients towards their own clinic need to be curbed, as ex head of the department in a unsigned mail has pointed this practice being largely prevalent at this place and may require intervention of the state government at the Health Secretary or chief secretary level.

5. The illegal selling of Psychotropic drugs, the case not taken forward by the present management of the Mental Hospital and re-employment of such a staff points towards a greater malaise and requires a thorough enquiry about the management and advising of costly medicines in night by PG students is again a wrong training given to juniors to become corrupt from early stage of career is a phenomenon which need to be stopped by the State government. If matter will be sent to state government as a routine matter the matter will not get enquired and will be suppressed. Therefore it is suggested a confidential enquiry against the management may be conducted and audit of purchased medicines must be done and in the night one senior doctor should be asked to remain the hospital to look after 312 bedded facilities.
6. The state doesn't have facility where wandering mentally ill, could be brought 24 hours to the mental hospital. It is required that a joint help line of NGOs, mental hospital and police established to have a 24 hour service in the state as the state boasts of mental ward in all the district hospital and with 2 mental hospitals and other 10 medical college with psychiatry departments to fulfill the mental health Act 2017.
7. The hospital management, patients and the relatives were also not aware of the National Trust Act-2001 and about the provision of legal guardianship under this act. People met me with problems of guardianship for which solutions are available under both these acts but the hospital administration was unaware about them.
8. The new mental health act has also been passed in 2017. The state government is yet to implement the new act, which must be implemented at the earliest and hospital should follow the suit.
9. The new disability act has provision of 1% jobs for the mentally ill and it has to be brought to the information of the public at large in general and person with mental illness and their families in particular which has not been done.

10. The National Trust Act, provides for care giver trainings. There are many institutions recognized by NT to impart training of care givers but this hospital despite of being a second biggest in the state was unaware about these programs. These training programs are recognized by RCI which was also not known and not taken advantage of the act.
11. The rehabilitation program also need a relook with the help of the other department. The assistance of funds from the skill development program may be taken for this program to train the persons recovering from mental illnesses.
12. All the need of clothing should be fulfilled by weaving and tailoring unit of the inmates and patients. Kitchen is using the inmates. Besides that other requirement of civil hospital and district court, district office for file making, etc should be procured from the mental hospitals


Dr Vinod Aggarwal
Special Rapporteur

Annexure I- Report submitted by the mental hospital authorities.

Annexure II- Mail written By Dr Pradeep Sharma about the happenings in the Jaipur mental hospital

1952 started Medical College 1942

Name of the Hospital: Psychiatric Centre, Jaipur				
Address and contact details:				
Govind Marg, Sethi Colony, Jaipur				
State: Rajasthan				
Infrastructure Out Patient	Separate Outpatient block constructed	Yes		
	Dedicated emergency services (working 24 hours) Number of emergency attendees in previous year Diagnostic breakup (broad ICD categories)	Annexure -1 Attached		
	Facilities for visiting relatives to stay (hostel/guest house etc)	Yes Govt. Dharamshala available		
	Waiting hall for patients	Yes		
	Toilets for patients/relatives	Yes		
	Separate interview rooms	Yes		
	Drinking water	Yes		
	Canteen services	Yes		
	OPD lab services (detail services available)	Yes		
	OPD rehabilitation facilities available	No		
	Specialised children's services	Yes		
	Specialised geriatric services	Yes		
	Specialised forensic services	-		
	Specialised de-addiction services	Yes at SMS Gen. Hospital and at Psychiatric Centre		
	Separate medical records section	Yes		
	Educational materials for patients	Yes		
	Total number of OP new registrations in previous year 2018	42,812		
	Diagnostic breakup	Annexure - 1		
	Total number of OP follow-ups in previous year 2018	1,20,438		
	List of free medicines available for OP dispensing	Available throughout year Free List enclosed – as annexure - 2		
		Male	Female	Total
In-patient services	Overall no. of allotted beds	Annexure 3 attached		
	Overall number of	977	408	1385

	admissions during previous year 2018			
	Duration of inpatient stay Mean Median	Open wards - approx.10 days Closed wards – variable (Month to years)		
	Any cells still existing (mention number)	2	3	5
	No of closed wards (patients staying in a restricted environment)	2	1	3
	No of closed ward beds	ANNEXTURE 3		
	No of admissions through the courts in previous year	64	19	83
	No of open wards (patients staying with family member) in an unrestricted setting	2	1	3
	Total No of open ward beds	20	12	32
	No of paid ward beds (special wards)			19
	Total no of discharges in previous year			1391
	Total no of inpatients with stay duration more than one year			6
	Total no of inpatients with stay duration more than five years			63
	No of recovered patients who are destitute (no families who will accept them)	41	30	71
	No of deaths in previous year 2018	3	3	6
	No of suicides in previous year	1	-	1
	Patient-toilet ratio	3 per 1		
	24 hour running water	Yes		
	Fans/coolers available	Yes		
	Budget allocation for food /per patient/day in rupees	70/-		
	If calculated as per caloric requirement, please mention calories provided per patient/	2725 calories per day Annexure attached		

	day	
	Separated dining facilities available	Yes
	Interview rooms available to speak to patients	Yes
	Compulsory uniform for closed ward patients	Yes
	Shaving facilities available	Yes
	Adequate menstrual care for women	Yes
	Disposable syringes used throughout hospital	Yes
	Shaving blades reused in any part of the hospital	No
	During last year any outbreak of infectious disease (more than 30 inpatients affected in a week period) Provide details	No
	Budget allocation for food /per patient/day in rupees	70/-
	Timing of serving food 1. Breakfast 2. Lunch 3. Tea 4. Dinner	7.30 AM 11.30AM 04.00PM 08.00 PM
	List of investigations available within the hospital	List enclosed – Annexure 4
Staffing Pattern	Qualified psychiatrists General medical officers Clinical Psychologists Psychiatric/Medical Social Workers Trained psychiatric nursers General nurses Occupational therapists Technicians (Clin lab/Xrayetc) Administrative staff Ward attenders and Peons Others (specify) Visiting consultants to hospital (mention specialty)	List enclosed as annexure - 5
Treatment Services	Psychotropic drugs for inpatient	Available throughout year Free Annexure attached 2
	ECT services available	Yes

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		Only modified ECT are given in presence of Anesthetist NO DEATHS DUE TO ECT IN LAST 5 YEARS <u>Number of ECT given:</u> Year 2016: 443 Year 2017: 336 Year 2018: 482 Total: 1261
	Anaesthetist availability for all ECTs	All the time
	Any patients received unmodified (direct) ECTs during the last year	no
	Psychoeducation/counselling	Provided to all
	Psychotherapy	Provided to all
	Separate childrens ward	no
	If yes, no of beds	
	Separate geriatric ward	Yes
	If yes, number of beds	14
	Separate forensic services	Yes
	Separate de-addiction services	Yes
	If yes, number of beds	20 at SMS gen, hospital. Patients of dual diagnosis are hospitalized in the Psychiatric Centre with other patients
	In-patient rehabilitation services available	Yes
	Enumerate services for vocational training/regular production	Caning of chairs, Chalk making, Elementary carpentry, Envelope making, Rakhi Making
	Annual number of 'incidents' (adverse events like assault, injury, abuse) (exclude suicide) Pl provide details and action taen	None
Action following discharge	Percentage of patients taken by families	75% patients
	Percentage of patients requiring placement in govt. rehab centres	25% patients
	Percentage of patients sent to private rehab centres	none
Patient/Family involvement	Are families educated and counseled	All
	What is the extent of consumer involvement in treatment decisions	Always involved

Medical Records	Separate medical records section	Yes		
	Individual files for patients Average time taken to retrieve patient record in minutes	Yes 60 minutes		
	Percentage of files not retrievable	none		
Community outreach	Whether outreach services present (please provide details)	no.		
	Number of community outreach activities per month	-		
	No of patients covered through outreach	-		
	Details of involvement of institution in ongoing DMHP programme	List enclosed Annexure 6		
Partnerships	Any NGOs involved with hospital? If yes Name of NGO Area of liaison How has the collaboration improved care of the mentally ill? Have there been any problems in such partnerships?	Yes, 1. Vardhman Parivar Bhiwadi (Rehabilitation) 2. Seva Bharti, Jaipur (Canteen Facility) No problems		
Food Facilities	Available for patients Annexure 7 attached			
Post Graduate training	Any post-graduate training provided	Yes		
	If yes No of MD/DPM/DNB per year No of Phd/MPhil Psychology No of Phd/Mphil in psych. Social work No of Phd/Mphil in psych. Nursing No of post-graduates posted for 15 days or more No of undergraduates/interns posted for 15 days or more	MD 5 Per year - - - All undergraduates/interns from SMS med.college undrgo Psychiatric Training as per MCI schedule		
Administrative issues	Whether medical superintendent of hospital is	Yes		

	a psychiatrist	
	Any litigation against hospital with regard to human rights infringement (please provide details)	no
	Board for disability certification	Yes
	No of certificates issued in previous year	Male :325 Female :172 Total :497
Research	During the last five years Subject Funding agency Major findings and implications	20 PG students submitted their thesis for MD.Psy. Degree. More than 20 publications in various indexed journals.
Training (apart from PG training)	Training activities For whom Duration Kind of training	1. BSc and MSc nursing college students from Nursing College under the SMS Medical College, Jaipur 2. M.Phil students and internship training for psychology graduates and postgraduates

Certified that the particulars provided in the performa are true to the best of my knowledge and belief

Date:

Signature of and seal

11/7/18 to 21/6/19

Detail View

Year	Month	Day	District	Block	Hospital Name	Gender
OPD 1,34,777	IPD 1,256 9.85% % to OutPatients	Emergency 12,673 8.59% % to OutPatients	Currently Admitted 78	Discharged 1,175	LAMA/ABSCONDED 1,568 15.91% LAMA/ABSCONDED Rize	

Distribution of Patients by Residence District

District Wise OPD Patients

District	OPD Patients	Percentage
JAIPUR	89,450	66.36%
DAUSA	9,771	7.21%
ALWAR	6,153	4.56%
DAUSA	9,771	7.21%
TONK	3,975	2.94%
SAWAI MADHOPUR	3,678	2.72%
OTHERS	3,656	2.71%
BHARATPUR	3,379	2.50%
SIKAR	3,853	2.85%
KARAULI	3,664	2.71%
JHUNJHUNU	1,795	1.33%
NAGALUR	1,345	0.99%

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A 12 hour toll free telecounselling counseling facility has been started (Mansamwad).

More than 2000 doctors have undertaken 1 week training in Mental Health. It is expected that ALL medical officers in Rajasthan shall be trained within the next two years.

Under the Targeted Intervention Approach the DMHP have conducted medical camps in places of religious-worship (mandirs and dargas), slums and educational institutions.

NMHP and Psychiatric Centre.

The Psychiatric Centre involvement in NMHP is:

1. One faculty member is working as Divisional Nodal Officer for Jaipur Division and one Medical Officer (Psychiatrist) is working as District Nodal Officer, Jaipur.
2. The NMHP Training Programme for Doctors Program is held in the Seminar Hall of Psychiatric Centre.
3. All faculty members including the Superintendent and Head of Department, Psychiatric Centre work with the NMHP as subject experts and trainers.
4. With the aim to provide residential facilities for trainee doctors, the NMHP trainee hostel was constructed . This hostel however is being used as a hostel for Post Graduate students consequently, the trainee doctors are forced to stay in nearby hotels.

The SNO, NMHP has written to the Superintendent in this regard.

Status of Centre of Excellence

The Government of India chose Psychiatric Centre Jaipur to be elevated to the status of "Centre of Excellence". The real purpose of this Centre would be to provide educational courses for mental health professionals like Clinical Psychology, Psychiatric Social Work and Psychiatric Nursing. The Government of Rajasthan i.e. Departments of Medical Education and Medical & Health, have authorized the State Nodal Officer, NMHP, all financial and administrative powers to oversee the construction of buildings which would be components of the Centre of Excellence. There is ample space in the Psychiatric Centre premises for the construction and operationalisation of the Centre of Excellence. The suitability of the space was decided, after due inspection, by a team comprising the officials of MOH&FW (GoI) and State Government.

Financial grants have been received from the Government of India. As of date, no construction-work has been started since the concerned the file is pending at the level of Principal Medical College, Jaipur for more than a year. The State Nodal Officer has repeatedly contacted the office of Principle & Controller to clear the pending file. All queries from the Principal Medical College, Jaipur regarding the Centre of Excellence have been answered. Consequently, the setting up of the Centre of Excellence is stalled.

Illustrations of administrative lapses

It was reported to Dr Pradeep Sharma, the then Superintendent, Psychiatric Centre, that psychotropic drugs of Govt Free Drug Scheme were being sold illegally by the staff of Psychiatric Centre, Jaipur directly to the drug addicts with the help of street dwellers. After

Status of Implementation of Mental Health Care Act, 2017 in Rajasthan.

Towards implementation of the Mental Health Care Act-2017, the first decision at the level of the Government was to identify a person who could function in the capacity of Chief Executive Officer of SMHA. It was decided in a meeting chaired by Mrs. Veenu Gupta, ACS, Medical and Health that the Additional Mission Director, NHM & Director IEC would be the CEO of SMHA.

It was also decided to appoint Dr Pradeep Sharma as Technical Advisor to SMHA and Mr. Nitesh Sharma as Consultant to SMHA.

After seeking due permission from the government:

1. The Technical Advisor & SNO, NMHP issued an advertisement inviting application for Government Nomination to the SMHA. This advertisement was published on 15/06/2019.
2. The Government has decided that as per the Mental Health Care Act, Additional District & Session's judge would be the Chairman of the District Review Board. The Secretary of this board would be the District Nodal Officer, NMHP. It was also decided that the Deputy CM&HO would be a member of the Board. The Convenor of the board would again be the District Nodal Officer, NMHP.
3. As soon as the constitution of SMHA is completed, the District Review Board in all districts will be constituted accordingly.
4. At the same time, a panel of names for the formation of Selection Committee for the nomination of non-official members of SMHA has been sent to the Chief Minister's office for approval.
5. There had been an earmark space for the office of SMHA. But that space has been withdrawn by the new Superintendent Psychiatric Centre. This office space has been, **and still is**, vacant. Thus, no office space has been provided in Psychiatric Centre, Jaipur.

Current Status of National Mental Health Programme in Rajasthan.

National Mental Health Programme is functional in all 33 Districts of Rajasthan.

Head of the Department of Psychiatry (except Jaipur) of all Government Medical College of the State have been appointed as Divisional Nodal Officer NMHP for the purpose of training, supervising and evaluating and reporting, of the DMHP activities in the districts of their jurisdiction of their concerned divisions.

In 31 Districts of Rajasthan (out of a total of 33), Psychiatrist have been appointed as DNO (District Nodal Officer) under NMHP.

All DNO are organizing 4 outreach camps per month (once a week) regularly.

The DNO's have been given funds for IEC activities and training of front line health workers such as ANM's, ASHA, Lady Health Visitors, Angawadi workers.

Regular OPD and IPD services (under NMHP) are underway, in all the districts. In 31 districts where there is a Psychiatrist daily OPD services have been started, in certain districts IPD services are also functional.

CSL

inquiry it was found that Mr. Mukesh Joshi (Nurse Grade-I & In-charge Drug Distribution Counter), and five other contractual employees and two street dwellers were found involved in illegal selling. Regarding this a FIR was registered in Police Station Transport Nagar, Jaipur. Services of all involved contractual employees were terminated, while Mr. Mukesh Joshi was relieved from his duties at PCJ and sent to Directorate Medical & Health. Somehow Mr Mukesh Joshi managed to join back in Psychiatric Centre, Jaipur through court intervention. The present administration has re-employed the culprit Mr Joshi as Nurse Grade-I after his superannuation from govt service. Similarly two culprit contractual employee Ms. Prèeti & Mr Rakesh Saini (who had been terminated) have also managed to join back under the present administration.

Many patients have complained that during night hours only PG students, and no qualified psychiatrists are available.

Expensive medicines which are not in the EDL or in the hospital supply are prescribed on unsigned plain slips. Poor patients are then forced to buy medicines from shops which have nexus with the prescribing doctors.

Five (5) regular sanctioned posts of Clinical Psychologists are lying vacant. But on these posts non psychiatric medical officers have been posted. The clinical psychology department is working with no regular qualified clinical psychologist, a contractual (through placement agency) employee who works on a commission basis.

Most faculty members and medical officers avail their weekly off on Sundays because the OPD is only two hours. But a few faculty members and medical officers avail their weekly offs on working days (Monday to Saturday). This facilitates their going out of Jaipur and indulges in private practice at private medical shops.

Dr. D.R.Swami takes weekly – off on Saturday and goes to Dausa district.

Dr. Rajesh Sharma takes weekly-off on Mondays and goes to Ladnun.

Psychiatrists whose residences are in close vicinity to PCJ leave the hospital during duty hours to attend to patients whom they diverted from hospital to their homes. These patients have to shell out hefty amounts of money as "fees".

Report 6, Visit of Dr Vinod Aggarwal, Special Rapporteur, Central Zone, NHRC to Mental Hospital Jodhpur on 24th June, 2019

Psychiatric centre, Jodhpur, is the **integral** part of the **Mathur Dass Mathur(MDM) medical college** and is in the same campus at **Shastri Nagar, Jodhpur**. It was established in 1940 at Jiwan das ji ka Kooa, Mandor Road. In the present campus total land area for the mental hospital or psychiatry department is 2861 sq meter and out of which 2629 sq meter is the buildup area. Thus suggesting that very little area is left open, for movement of the indoor patients.

There is separate OPD block of 2400 sq feet, about 211 sq meter looks small for about 54 thousand patients coming for the OPD annually. For movement of 250 patients a day space looks slightly cramped up, because with every patient there are one to two attendants. It is assumed that in the mornings, there could be more than 500 persons assembled in 2400 sq feet which suggest that area may be increased. As new AIIMS and private sector hospitals have come up in jodhpur. Therefore numbers may increase, but not to the extent, because now, multiple options being available.

For the IPD, inpatients department, area available per patient is about 220 sq feet which includes all facilities and wards provide for 100 sq feet per patient area. The bed strength is 80 beds for male including 30 beds de-addiction centre and 35 beds for female ward. Therefore total strength is 115 beds. The efficiency of the ward over the years can be determined based on the number of beds in each ward.

S N	YEAR	MALE WARD 80 BEDS			FEMALE WARD 35 BEDS			TOTAL BEDS =115 BEDS		
		ADMIS SION	DISCHA RGE	RAITO ADM/BED /YEAR	ADMIS SION	DISCHA RGE	RAITO ADM/BED /YEAR	ADMIS SION	DISCHA RGE	RAITO ADM/BED /YEAR
1	2014	1982	1952	24.78	690	691	19.71	2672	2643	23.23
2	2015	1668	1632	20.85	518	522	14.8	2186	2154	19.01
3	2016	1473	1415	18.41	522	518	14.91	1995	1933	17.35
4	2017	1567	1393	19.58	610	531	17.42	2167	1824	18.84
5	2018	1585	1615	19.81	626	579	17.88	2211	2194	19.22

The table on previous page indicates 2-3 important findings. Generally discharges are less than the admissions and every year admissions are getting reduced. This shows that when lesser patients get discharged than only new admissions take place. The average stay of the patient in male ward in last 5 years is 17.66 days. It was best in 2014 when it was less than 15 days and it was worse in 2016 in male ward in 2016 when it rose to almost 20 days. This calculation is based on 100% occupancy of beds for 365 days. Therefore new admission details suggest a stay of patient from 15 to 20 days in male wards.

In female ward the best performance was in 2014 when average stay for patients in female ward 18.5 days which fall to 24.66 days and average stay over 5 years is 21.5 days. It can be said the stay in women ward is bit longer and varies between 25 days to 18 days with 5 year average of 21 days.

The average stay suggest that patient stay is not for longer duration as the bed occupancy was said to be 82%. As per the management the patient who come on their own volition, their stay is not more than 8-10 days. The chronic patients remain for months to years, but as such there is no concept of closed wards. There are 4 male and 11 female patients who are there for more

As per the group of long stay patients(LSP) have been the concern of many of the stake holder groups, because this group of patient continue to occupy the beds in the hospitals and directions of Hon'ble Supreme Court that guidelines be made for LSP, in a writ petition (civil) No 412/2016 in case of Sh. G K bansal Vs State of UP and others, that Department of Empowerment of Persons with Disabilities, GOI will prescribe guidelines for setting up of Rehabilitation homes in than one year in the hospital. There are 13 male and 3 female patients are in hospital for more than 5 years. There are other 14 destitute who have recovered but no place to go. near vicinity of mental hospital. Here such patient who can be considered long stay patients are 30 and expect they should be shifted to a rehabilitation home. Besides them there are 15 patients more

than one year. Thus implementation of Supreme court order at mental hospital is required at the earliest.

The patient toilet ratio is 4:1, which is sufficient. There is 24 hr running water in the hospital. The hospital wards have been air conditioned partially as some patients are satisfied or happy by the treatment given to the family member, who donated 50 lakhs to the hospital. The hospital has separate dining facilities for patients but the facility is for name sake and can't be considered satisfactory. There is an interview room to talk to the patients privately. Adequate food of 2905 calories per day are provided at the rate of 57Rs/day. The food is supplied through the general kitchen of MDM hospital where it is prepared in semi mechanized way.

The hospital lacks the psychiatric residents & nurses in the hospital. There are 6 senior psychiatrists and one medical officer and one clinical psychologist and support staff is there. The lack of residents has made that 115 patients are without a resident in night and depend upon the general casualty for any issue or a senior doctor on call from the department but it was seen that senior doctors have not attended the hospital even on 10 occasions in the year. This seems to be the weakness of this mental hospital.

The medical records are not computerized and time taken to retrieve the patient's record is 75 minute which is very long. It suggests that when a follow up patient comes it takes him around 2-3 hours to reach the doctor. The registration is also manual and that is also a short coming of the hospital. At this juncture . 5 NGO are participating in the better management of the patients and also take patients after getting proper orders from the competent authority.

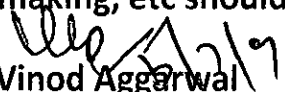
Recommendations:

- 1. The hospital campus is large as the psychiatric centre is part of MDM medical college where new blocks are under construction and free from encroachment and at a central location. Although the 2011 census reports about 1 million persons who are mentally ill but it is grossly under**

reported. The mental illnesses are increasing and it is estimated that about .5 to 1 % population may be suffering from schizophrenia and psychotic disorders. The population of Jodhpur district is 3.7 million. As per 2011 census. The nearby 4-5 districts have also another 6.3 million. Therefore one major mental hospital for 10 million population is not much and only 82% occupancy with 20 % patients as long stay patients, suggest that many people are going to other centers for treatment. But as a mental hospital run by the state it has primary responsibility.

2. Therefore it is imperative for the government to plan accordingly and increase the beds in the other medical college hospitals to a 50 bed to 1000 ward in each of divisional HQ medical college in the State. In addition it was told that every district hospital has 10 bed ward for psychiatric ward.
3. The number of Psychiatrists' post created look sufficient but the posts created for clinical psychologists looks inadequate. Post of MD students and other junior doctors and trained psychiatric nurses and lack of Occupational therapist is also there. It is again imperative to fill all the created posts and creation of posts which are required.
4. The number of annual admissions is low for a 115 bedded hospital and patient turn over time is slow. Directions of Hon'ble Supreme Court that guidelines be made for LSP, in a writ petition (civil) No 412/2016 in case of G K Bansal Vs State of UP and others, that Department of Empowerment of Persons with Disabilities, GOI was to prescribe guidelines for setting up of Rehabilitation homes and state governments will set up such homes. But it seems no such homes have been set up in Jodhpur in last 2 years for the hospital. NHRC may call for a report from the Chief secretary to reduce the no of long stay patients in the mental hospital.
5. The OPD, average has increased from by about 20% patients, but when a patient visit after every 15 days or month than follow up patient may be coming 10 times in a year. Therefore it is imperative, that a follow up patient may not be counted 10 times in a year. The old patients, follow up ones, don't take long time to treat. New patients are about 23 thousand which is about 60 a day also don't look too many. Target of 100 new patients per day should be target or target should be revised based on a study be conducted by the experts in the field. This is important that the

- hospital team of doctors has been allowed private practice. Therefore fixing of minimum targets is essential or otherwise posts may be reduced.
6. The hospital management, patients and the relatives were also not aware of the National Trust Act-2001 and about the provision of legal guardianship under this act. People met me with problems of guardianship for which solutions are available under both these acts but the hospital administration was unaware about them.
 7. The new mental health act has also been passed in 2017. The state government is yet to implement the new act, which must be implemented at the earliest and hospital should follow the suit.
 8. The new disability act has provision of 1% jobs for the mentally ill and it has to be brought to the information of the public at large in general and person with mental illness and their families in particular which has not been done.
 9. The National Trust Act, provides for care giver trainings. There are many institutions recognized by NT to impart training of care givers but this hospital despite of being a second biggest in the state was unaware about these program. These training programs are recognized by RCI which was also not known and not taken advantage of the act.
 10. The helpline run in Gujarat to take care of the wandering mentally ill is an excellent program, which need to be emulated in Gwalior, with help NGO or directly but need to be implemented in other towns of the state.
 11. The rehabilitation program also need a relook with the help of the other department. The assistance of funds from the skill development program may be taken for this program to train the persons recovering from mental illnesses.
 12. All the need of clothing should be fulfilled by weaving and tailoring unit of the inmates and patients. Kitchen is using the inmates. Besides that other requirement of civil hospital and district court, district office for file making, etc should be procured from the mental hospitals


Dr Vinod Aggarwal
Special Rapporteur

Annexure I- Report submitted by the mental hospital authorities.

**DEPARTEMENT OF PSYCHIATRY DR S.N.MEDICAL COLLEGE AND
ASSOCIATED GROUPS OF HOSPITAL JODHPUR (Raj)**

NO/PSY/JO/2019/656

DATE 24/6/19

Dr.Vinod Agarwal,
Special Rapporteur
NHRC, Delhi.

Sub:- Information as desired by you

Sir,

Please find enclosed the desired Information of Psychiatric Centre, Jodhpur
for your kind consideration -

Regards



Professor and Head
Department of psychiatry
Dr S.N Medical college
Jodhpur

NAME OF THE HOSPITAL: Psychiatric Centre, Jodhpur		
ADDRESS AND CONTACT DETAILS: MDM Hospital Campus, Shastri Nagar Jodhpur Email : psychiatrycenterjodhpur@gmail.com		
STATE: Rajasthan		
Establishment Year : 1940, at Jiwandas ji ka kooa, Mandor Rd. Jodhpur		
TOTAL LAND AREA (Present campus)		30800 sqft. or 2861.41Sqmt.
BUILT AREA:		28300 sqft or 2629.15 Sqmt.
INFRASTRUCTURE :		
Separate Outpatient block constructed	Yes	Area 2400 Sqft.
Inpatient wards	Ward Area: 25600 sqft.	Area Available per patient 222.60 sqft. (Including all facilities) Available 100 Sqft. per patient (bed) in common dormer (Bed room)
Emergency Services	Dedicated emergency services (working 24 X 7)	Psychiatry emergency are regularly attended by Psychiatrist of this department at separate Trauma Center and associate hospital of medical college Jodhpur.
Facilities for visiting relatives to stay	Yes	Dharmshala available
Waiting hall for patients	Yes	
Toilets for patients/relatives	Yes	
Separate interview rooms	Yes	
Drinking water	Yes	
Canteen services	Yes	
OPD lab services (detail services available)	Yes	Pathology, Microbiology EEG, ECG USG, Radio diagnosis CT, MRI etc. All diagnostic facilities available at associated MDMH
OPD rehabilitation facilities available	No	
Specialized children's services	Yes	specialized service by pediatrician at associated department of Pediatric
Specialized geriatric services	Yes	specialized service provided at associated Geriatric health centre
Specialised forensic services	Yes	Available at associated MDM Hospital
Specialised de-addiction services	Yes	
Separate medical records section	Yes	

Educational materials for patients	Yes									
PATIENT'S ATTENDANCE : OPD										
Total number of OPD new registrations in previous years	2014		2015		2016		2017		2018	
	M	F	M	F	M	F	M	F	M	F
	32094	16018	30929	15179	25076	12170	19634	8409	15803	8589
Total number of OPD Follow up Patients in previous years	6028	3172	4669	2084	10744	3874	16934	7369	18440	8873
Overall, there is a trend of increase in number of psychiatry patients but they are distributed among this department, AIIMS and Satellite hospital Paota, and other Private Psychiatrist in the city Jodhpur. This institute has mixed(computerized & manual) process of registration & investigation reports. A patient may take approx. 10-20 min. in consultancy, examination & registration										
List of free medicines available for OPD dispensing	Available throughout year Free List enclosed – as Annexure – 1									
In-patient services	Overall no. of Sanctioned beds				Male			Female	Total	
					50 (Psy) + 30 (De-add.) = 80			35	115	
PATIENT'S ATTENDANCE : Indoor										
Total number of IPD new registrations in previous years	2014		2015		2016		2017		2018	
	M	F	M	F	M	F	M	F	M	F
	1982	690	1668	518	1473	522	1557	610	1585	626
Total	2672		2186		1995		2167		2211	
Total number of IPD Discharged in previous years	1952	691	1632	522	1415	518	1393	531	1615	579
Total number of IPD Death in previous years	02	02	03	07	05	07	03	03	05	03
Duration of inpatient stay (Both Male & Female)	Patients on own volition - 8 to 10 days				Chronic Patients (Destitute, Unknown and admitted through Reception order) - months to years					
No. of closed wards (patients staying in a restricted environment)	Male				Female					
	NO				NO					

No of closed ward beds	NO	NO	
No. of open wards (patients staying with family member) in an unrestricted setting	Male	Female	Total
	05	02	07
Total No. of open ward beds	50 (&30 de-add. Bed) = 80	35	115
Total no. of inpatients with stay duration more than one year	04	11	15
Total no. of inpatients with stay duration more than five years	13	3	16
No. of recovered patients who are destitute (no families who will accept them)	11	03	14
No. of suicides in previous year	NIL	NIL	NIL
No. of paid ward beds (special wards)	Nil		
Patient-toilet ratio	4 : 1		
24 hour running water	Yes		
Fans/coolers/A.C. available	Yes		
Separated dining facilities available	Yes		
Interview rooms available to speak to patients	Yes		
Compulsory uniform for closed ward patients	No		
Shaving facilities available	Yes		
Adequate menstrual care for women	Yes		
Disposable syringes used throughout hospital	Yes		
Shaving blades reused in any part of the hospital	No		
During last year any			

outbreak of infectious disease (more than 30 inpatients affected in a week period) Provide details	No	
Budget allocation for food /per patient/day in rupees	57/-	
If calculated as per caloric requirement, please mention calories provided per patient/ day	2905 calories per day Annexure 2 attached	
Timing of serving food 1. Breakfast 2. Lunch 3. Tea 4.Dinner	07.30 AM 12.00 AM 04.00 PM 06.00 PM	
<p>The food is prepared semi machanised method(with machine & manual both) Not any treated patients working in the kitchen of the institute. Superintendent, M D M Hospital Jodhpur is the controlling authority of this institution at local level and then Govt. of Rajasthan at ultimate level.</p>		
Staffing Pattern	Qualified psychiatrists General medical officers Clinical Psychologists Psychiatric/Medical Social Workers Trained psychiatric nursers General nurses Occupational therapists Technicians (Clin lab/Xrayetc) Administrative staff Ward attenders and Peons Others (specify) Visiting consultants to hospital (mention specialty)	6 1 1 0 0 0 27 0 1 2 10 12/day Sweeper on Contact. Available at asso. MDM Hospital.
Treatment Services	Psychotropic drugs for inpatient	Psychiatry Specialty Consultant Services and treatment Available at O.P.D. and I.P.D.
ECT services available	Yes	

		<p>Only modified ECT are given in presence of Anesthetist</p> <p>NO DEATHS DUE TO ECT IN LAST 5 YEARS</p> <p><u>Number of ECT given:</u></p> <p>Year 2016: 722</p> <p>Year 2017: 609</p> <p>Year 2018: 559</p> <p>Total: 1890</p>
Anesthetist availability for all ECTs	All the time when modified ECT done.	
Any patients received unmodified (direct) ECTs during the last year	No	
Psychoeducation/counseling	Provided to all	
Psychotherapy	Provided to all	
Separate childrens ward	No	
If yes, no of beds	N/A	
Separate geriatric ward	Yes	
If yes, number of beds	30 (Available at associated Geriatric health center)	
Separate forensic services	Yes (Available at associated M D M Hospital)	
Separate de-addiction services	Yes	
If yes, number of beds	30 Patients of drug dependent with associated with other psychiatry illness are hospitalized in the Psychiatric Ward with other patients	
In-patient rehabilitation services available	No	
Enumerate services for vocational training/regular production	No	
Annual number of 'incidents' (adverse events like assault, injury, abuse) (exclude suicide) Pl provide details and action taen	None	
Action following discharge	Percentage of patients taken by families	(80 to 90 % Voluntary Pat.)
	Percentage of patients requiring placement in govt. rehab centres	10 to 20% patients
	Percentage of patients sent to private rehab centres	(No. of patients send to other originations)
Patient/Family involvement	Are families educated and counseled	All
	What is the extent of consumer involvement in treatment decisions	Always involved

Medical Records	Separate medical records section	Yes		
	Individual files for patients Average time taken to retrieve patient record in minutes	Yes 75 minutes		
	Percentage of files not retrievable	None		
Community outreach	Whether outreach services present (please provide details)	No		
	Number of community outreach activities per month	-		
	No of patients covered through outreach	-		
	Details of involvement of institution in ongoing DMHP programme	List enclosed Annexure 3		
Partnerships	Any NGOs involved with hospital? If yes Name of NGO Area of liaison How has the collaboration improved care of the mentally ill? Have there been any problems in such partnerships?	Yes, 1- Nari Niketan 2- Vridhashram 3- Apna Ghar 4- Guru Kripa Vimandit Ghar. 5- Munn Sansthan Improved and Mentally fit patients who can take treatment outside of the hospital are shifted to different NGO'S after getting proper orders from competent authorities. No problems		
Food Facilities	Available for patients Annexure 7 attached			
Post Graduate training	Any post-graduate training provided	Yes		
	If yes No of MD/DPM/DNB per year No of Phd/MPhil Psychology No of Phd/Mphil in psych. Social work No of Phd/Mphil in psych. Nursing No of post-graduates posted for 15 days or	MD 4 Per year - - - - - undergraduates/interns from S.N.Medical		

	more No of undergraduates/interns posted for 15 days or more	College undrgo Psychiatric Training as per MCI schedule		
Administrative issues	Whether medical superintendent of hospital is a psychiatrist	No		
	Any litigation against hospital with regard to human rights infringement (please provide details)	No		
	Board for disability certification	Yes		
	No of certificates issued in previous year	Mental retarded :418 Mental illness:480 Total : 498		
Research	During the last five years Subject Funding agency Major findings and implications	5 PG students submitted their thesis for MD.Psy. Degree. More than 20 publications in various indexed journals.		
Training (apart from PG training)	Training activities For whom Duration Kind of training	1. BSc nursing college students from Govt. Nursing College under the S.N. Medical College, Jodhpur. And from AIIMS Jodhpur. 2. M.Phil students and internship training for psychology graduates and postgraduates		
Budgetary information: Total Budget (F Y – 2018 – 2019) Rs.28.932 Cr. Salary head = 22.50 Cr.(77.76%) Last time budget revised in F Y 2015-2016				

Number of indoor patient as on 24.06.2019 at Psychiatric Centre Jaipur

S.No.	Ward	No. of Beds in ward	No. of Patient indoor ward
1	Male ward	80	71
2	Female ward	35	23
3	Geriatric ward (maximum)	30	15

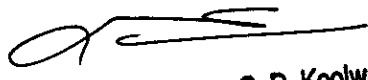
Occupancy – 82 %

Certified that the particulars provided in the performa are true to the best of my knowledge and belief

Date: 24/6/19

*Suman of medicine
Deptt.*

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डॉ. जी.डी. कुलवाल / Dr. G. D. Koolwal
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