

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

**Subject: Visit Report of Special Rapporteur Dr. Vinod Aggarwal to Maharashtra**

Special Rapporteur, Dr. Vinod Aggarwal, visited Maharashtra to review the implementation status of Mental Healthcare Act, 2017 by the State and also to review the functioning of Regional Mental Hospital, Yerwada, Pune.

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 Maharashtra**

**Observations:**

1. As per section 62(1) of the Mental Healthcare Act, 2017, every State Government was supposed to establish a fund to be known as State Mental Health Authority, a proposal has been submitted to State Government on 7<sup>th</sup> January 2019, but the file is pending with the State government
2. As per section 65 of the mental healthcare Act, 2017, the State Mental Health Authority (SMHA) has to register all establishments running mental health services with SMHA, but it was informed that currently Mental Health Establishments are being registered under Mental Health Act, 1987.
3. The Mental Healthcare rules for Maharashtra submitted to State Government for approval on 24.04.2019 is pending.
4. As per section 67 of the Mental Healthcare Act, 2017, the State Mental Health Authority (SMHA) has to conduct an audit of all registered mental health establishments for rectification of deficiencies. The implementation of the audit under the new act is yet to begin as the process of appointment of personnel is totally incomplete.
5. As per section 69 of the Mental Healthcare 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 it was informed that the process of creation of posts is on and at present register is being maintained under the Mental Health Act, 1987.

6. The half way homes and rehabilitation centers are yet to be set up /constructed on PPP model by Social Justice Department in 8 cities or administrative divisions.

### Recommendations

1. It is more than two 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 Maharashtra government although notified the SMHA but the CEO is not full time and has been given additional charge.
2. 15 zonal review boards have been identified but not constituted. These Boards should become functional in next 6 months in all over the state.
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 mental hospital Pune and DNO does not 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. Maharashtra being a state and if patients come for follow up treatment to mental hospitals that means patients may be 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. SMHA 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 Pune Mental Hospital does not have a single MD psychiatry in the hospital. The department as such does not have a single person with post graduate degree. The State has more than 1000 psychiatrists and more than 380 PG degree holder but none is with the government and all are in private practice. The quality of services, therefore need to be improved. Every year the 17 medical colleges in the State admit 21 for PG degree and 7 for PG Diploma. No. of seats also need to be increased but none of the PG Degree holder in Government sector suggest that, private sector scope is tremendously better, we need to retain few of the best in trade.

7. As per section 69 of the Mental Healthcare 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 the register is maintained in the format of 1987 Mental Health Act only. It is recommended that for the digital register, the Register of Mental Health Establishments should be revised as per the requirement of the Act of 2017, in next 3-6 months, for the State of Maharashtra.

**II. Visit Report of Dr. Vinod Aggarwal, Special Rapporteur, Central Zone, NHRC to Regional Mental Hospital, Yerwada, Pune**

**Observations:**

1. The hospital has land mass of 85 acres with 158 structures but out of that 50 structures are considered dangerous to use. All structures are 100 years old except the male dormitories and admin block.
2. There is separate OPD block which looks small for about 45 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 this space, which suggest that area may be increased.
3. Generally discharges are less than the admissions and every year admissions are getting reduced. This shows that when less patients get discharged then only lesser new admissions take place.
4. The average stay of the patient in male ward in last 5 years is about 1 year. In female ward the performance is worse than the male ward where on 940 beds the admission last year was only 0.64 patients per year. The average stay for patients is from 20 days to 20 years. It can be said the stay in women ward is bit longer. The average stay suggests that patient stay is not for longer duration as the bed occupancy was said to be less than 55%. As per the management the majority of the patients are long stay patients.
5. The patient toilet ratio is 4:1, which is sufficient, but insufficient for female patients, where bed/toilet ratio is as low as 1:10.

6. 34% posts are vacant in the hospital. The hospital lacks psychiatrists to great extent. There are 2 against 11 positions of psychiatrists. These psychiatrists are also only diploma holders and not even one degree holder psychiatrist is available in the hospital. The position of 2 clinical psychologists is also vacant. The hospital has a team of 18 doctors and there is only one junior doctor available in the hospital for emergency duty.
7. The medical records are not computerized and time taken to retrieve the patient's record is very long. It suggests that when a follow up patient comes it takes him around 2-3 hours to reach the doctor.
8. The registration is also manual and that is also a shortcoming of the hospital.

### **Recommendations**

1. The hospital campus is large but many blocks are no longer in a position to be used. The big land has bit of encroachment and is at a central location. The population of Pune district is 9.4 million as per 2011 census. The nearby 4-5 districts have also another 10 million. Therefore, one major mental hospital for 20 million population is not much and only 55% occupancy with many patients are long stay patients, suggest that many people are going to other centers for treatment. But as mental hospital run by the State, it has the primary responsibility. The number of 2540 beds being vacant and very small OPD attendance suggests lack of amenities in mind of society at large.
2. The number of Psychiatrists post created look sufficient but the posts are vacant. Posts of MD (PG degree holders) psychiatrists are almost vacant and other junior doctors and trained psychiatric male nurses and land of Occupational therapist is also there. It is again imperative to fill all the created posts and creation of posts which are required. There are number of 35 cooks which look excessive and re-categorization of positions is also required in changed times. The post of clinical psychologist is vacant for last 10 years, which should be filled up immediately.
3. The number of annual admissions is very low for a 2540 bedded hospital and patient turn over time is low. The building requires reconstruction as large area of building has been kept vacant as it has become dangerous. The OPD of 45 thousand is too low. Even a small department of Psychiatry in Jodhpur medical college having 115 beds hospital has an annual OPD of 54 thousands.

4. Directions of Hon'ble Supreme Court that guidelines be made for long stay patients , in a writ petition (civil) No 412/2016 in case of GK Banal v/s 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 are there and State Governments need to set up such homes. Necessary action must be initiated to reduce the number of long stay patients in the mental hospital at earliest.
5. In the OPD, average has increased from about 20% patients, but when a patient visit after 15 days or month then 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. All the need of clothing should be fulfilled by weaving and tailoring unit of the inmates and patients. The requirement is for at least 8 dresses as per the management but that much are not provided. The slippers are also not given, which should also be provided.
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 the Special Rapporteur, NHRC with problems of guardianship for which solutions are available under both these acts but the hospital administration was unaware about them.
8. The State Government is yet to implement the 2017 Mental Healthcare Act, which must be implemented at the earliest and hospital should follow the same.
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's training. There are many institutions recognized by National Trust Act to impart training to 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 helpline run in Gujarat to take care of the wandering mentally ill is an excellent program, which needs to be emulated in Gwalior, with help from NGOs or directly but need to be implemented in other towns of the State.

**Report 2, Status of implementation of Mental Health Care Act, 2017 in Maharashtra as on 10<sup>th</sup> July, 2019 by Dr Vinod Aggarwal, Special Rapporteur, West 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 that **SMHA** has been **established** in Maharashtra vide notification dated 20<sup>th</sup> October, 2018 with 14 members and notification issued by government were shown an enclosed with the report.

As per **section 46** of the **Mental Health Care Act, 2017**, the **State Government** non official nominations to the **State Mental Health Authority (SMHA)**, has been done and copy of notification was handed over to me.

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**, a proposal has been submitted to state **Government** on 7<sup>th</sup> January, 2019, but the file is pending with the state government.

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 it was informed that currently Mental Health Establishments are being registered under **Mental Health Act, 1987**, as appointment of all personals required for SMHA office not done by State Government. The Mental HealthCare rules for Maharashtra submitted to state Government for approval on 24/04/19.

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**. The **Implementation of the audit under the new act is yet to begin as the process of appointment of personal is totally incomplete**.

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 it was informed that the **process of creation of posts is on and at presently register is being maintained under the Mental Health Act, 1987**. Currently the team of

**Regional Mental Hospitals conducts inspection of Private mental Health establishments.**

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 **CEO of the SMHA**, that **Government** has **decided** to constitute 15 Mental Health **Review Boards** for 34 Districts, and in some areas 2 or 3 districts are with in one review board. The **District Nodal Officer** would be the **Secretary** of the Board. A report from the state government may be called on all the above points.

It was informed by the **CEO** of the **SMHA**, that **National Mental Health Program** in the State of Maharashtra 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. In 21 out of 34 districts, Psychiatrists have been appointed as DNO(District Nodal Officer) under NMHP. In **remaining 13 districts the non psychiatrists are working as the DNOs**.

OPD services have been started in 31 districts. During the year 2018-19, total **303149 patients** came for treatment in OPD of district hospitals and **76138 patients** took benefit of outreach OPD services in the state.

IPD services with **10 beds** have been functioning regularly in **29 districts**. During the year 2018-19, total **22766 patients** were admitted in IPDs.

24 hour toll- free tele-counseling facility has also been started in all the districts of the state. Toll -free No -104 for **Mental Health counseling is functional in Maharashtra since Feb 2015** and since than **40000 calls** have been received.

- As far as **setting up prescribed home** as directed by **Supreme court**, who have been cured **but are homeless** and don't require hospitalization by the department of **Social Justice**. **Deputy Commissioner** of the department told that **guidelines have been proposed**, in which they have sought 3 months time from the Supreme Court. It has further been stated by them, that as per **Supreme Court** directions in the said case and as per **Rights of persons with disabilities act 2016**, per provisions of **section 18, 24 and 25** of the **Mental Health Care Act 2017**, setting up of **Rehabilitation homes, half way homes, sheltered accommodation, supported accommodation** are **obligatory** on the state governments.



- **State government of Maharashtra has formed a committee of experts.** A committee meeting was held on 04/04/19, it has been decided to set up 8 rehabilitation homes, with intake capacity of 50 each (25 males + 25 females). 4 such homes will be affiliated to Thane, Pune, Nagpur and Ratnagiri government regional mental hospitals and other 4 homes would be located at Nashik, Aurangabad, Amrawati and Latur divisional head quarters. At this juncture it is only a proposal. The proposal has not been approved by the state government but the department of persons with disabilities has proposed this to the government and finance department.
- **At present the road map of Rehab as per the health department is that 215 persons with mental illness from Mental hospitals are kept in separate rehab wards in mental hospital for a period of 3 months, where all the facilities are available in the half way home are provided.**
- **Later these persons are to be shifted to half way homes, old age homes, rehabilitation centers, destitute homes run by social justice within 3-6 months. The half way homes and rehabilitation centers are to be set up / constructed on PPP model by Social justice department in 8 cities or administrative divisions.**

**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 Maharashtra government although notified the SMHA but the CEO is not full time and has been given additional charge.
2. 15 zonal review Boards have been identified but not constituted. These Boards should become functional in next 6 months in all over the state.
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 Mental hospital Pune 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. Maharashtra being a big state and if patients come for follow up treatment to mental hospitals that

means patients may be 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 SMHA 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 Pune Mental Hospital does not have a single MD psychiatry in the hospital. **The department as such don't have a single person with post graduate degree.** The state has more than 1000 psychiatrists which has more than 380 PG degree holder but none is with the government and all are in private practice. **The quality of services, therefore need to improved.** Every year the 17 medical colleges in the state admit 21 for PG degree and 7 for PG Diploma. **No of seats also need to be increased but none of the PG Degree holder in government sector suggest that, private sector scope is tremendously better,** but if large number of mental patients are there in government hospitals, we need to retain few of the best in trade.
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 **the register is maintained in the format of 1987 Mental health act only.** It is recommended that the digital register of the **Register of Mental Health Establishments should be revised as per the requirement of the Act of 2017, in next 3-6 months, for the state of Maharashtra.**

Dr Vinod Aggarwal  
Special Rapporteur

**Questionnaire on  
Status of implementation of Mental Health Care Act, 2017 in Maharashtra**

Sr. No.	Question	Answer
1	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), within a period of 9 months from the date the act had an ascent of the president of India. The health secretary may state the present position of establishment of SMHA?	As per section 45 of the Mental Health Care Act, 2017, State Mental Health Authority (SMHA) was established in Maharashtra vide Government Notification, dated 20 <sup>th</sup> October 2018.
2	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). The health secretary may state the present position of nomination of officers and non-officials on SMHA?	As per section 46 of the Mental Health Care Act, 2017, nomination of officers and non-officials on SMHA was done by Maharashtra state Government vide Government Resolution, dated 23 <sup>rd</sup> October 2018.
3	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. The health secretary may state the present position of establishment of SMHA fund?	As per section 62(1) of the Mental Health Care Act, 2017, the proposal to establish State Mental Health Authority Fund was sent to State Government on 7 <sup>th</sup> January 2019.
4	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. The health secretary/ CEO SMHA may state the present position of registration of establishments with SMHA?	Currently Mental Health Establishments are being registered under Mental Health Act 1987 as appointment of all staffs required for the SMHA office are not appointed yet by the State Government and the process of establishing State Mental Health Authority Fund is under process. Also Draft Mental Healthcare Rules for Maharashtra submitted to State Government for approval on 24/04/2019.
5	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. The health secretary/ CEO SMHA may state the present position conduct of audit of all registered mental health establishments and steps taken?	The process of appointment of all staffs required for the SMHA office, creation of SMHA Fund and Establishment of Mental Health Review Boards is under process. Currently the team of Regional Mental Hospitals conducts inspection of Private Mental Health Establishments in their jurisdiction before registration. Also Draft Mental Healthcare Rules for Maharashtra submitted to State Government for approval on 24/04/2019.

6	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. The health secretary/ CEO SMHA may state the present position of maintenance of such register of mental health establishment.	The process of appointment of all staffs required for the SMHA office, creation of SMHA Fund and Establishment of Mental Health Review Boards is under process. Currently the team of Regional Mental Hospitals conducts inspection of Private Mental Health Establishments in their jurisdiction before registration. Register of Mental Health Establishments maintained at Directorate of Health Services level under Mental Health Act 1987. Also Draft Mental Healthcare Rules for Maharashtra submitted to State Government for approval on 24/04/2019.
7	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. The health secretary/ CEO SMHA may state the present position about creation of DRB? Are they constituted and have started functioning in the districts? A report from the state government may be called on all the above points.	As per section 73 of the Mental Health Care Act, 2017, the proposal to constitute 15 Mental Health Review Boards in first phase has been sent to the State Government on 3 <sup>rd</sup> May 2019 as per decision taken in SMHA meeting.
8	Whether District Nodal Officers have been appointed in all the districts or not? Whether psychiatrists have been appointed as the DNO in all the districts or not? if not in how many districts non psychiatrists are working as DNO.	Psychiatrists have been appointed as District Nodal Officers in 21 districts. In remaining 13 districts, non-psychiatrists are working as DNO.
9	Whether OPD services have began? In all the districts of the state? How many patients are coming at the district hospital or not?	OPD services have been started in 31 districts of the state. During year 2018-19, total 303149 patients came for treatment in OPD of District Hospitals and 76138 patients took benefit of Outreach OPD services in the state.
10	Whether IPD services are also functional in how many districts hospitals of the state. Whether 10 bed IPD has started functioning in them or not?	IPD services have been started in 29 districts of the state. During year 2018-19, total 22766 patients took treatment in IPD of District Hospitals.
11	Whether 24/12 hour toll- free tele-counselling facility has also been started in the state or some of the districts. If yes in districts, the name of districts beyond Mumbai, Pune and Nagpur.	24 hour toll- free tele-counselling facility has been started in all districts of the state. Toll free No. 104 for Mental Health tele-counselling is functional in Maharashtra since February 2015.

12	Whether the 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 has been received from Government of India, which have been framed based on the direction of Hon'ble Supreme Court that guidelines be made for LSP, in writ petition (civil) No 412/2016 in the matter of Sh. G K Bansal Vs State of UP and others, by the Department of Empowerment of Persons with Disabilities, GOI prescribed guidelines for setting up of Rehabilitation homes for Persons Living with mental illness.	GOI prescribed guidelines for setting up of Rehabilitation homes for Persons Living with mental illness has been received. Setting up of rehabilitation homes for persons living with mental illness, who have been cured, but don't need further hospitalization or are homeless or are not accepted in the families, by Department of Social Justice and special assistance is under process based on the direction of Hon'ble Supreme Court in writ petition (civil) No 412/2016 in the matter of Sh. G K Bansal Vs State of UP and others, by the Department of Empowerment of Persons with Disabilities, GOI.
13	The State Governments shall be responsible for creation and management of Rehabilitation homes for such LSP. Has the State Government of Maharashtra has taken steps on this or not? If yes what steps have been taken?	Roadmap of Rehabilitation: 1) Total 215 persons with mental illness from Mental Hospitals are kept in separate rehabilitation ward in Mental Hospitals for a period of 3 months, where all the facilities available in Half Way Homes are provided. 2) Then these persons are to be shifted to Half way homes, Old age homes, Rehabilitation centers, Destitute homes run by Social Justice and special assistance department within a period of 3 to 6 months. 3) Half Way Homes and Rehabilitation Centers will be set up/constructed on PPP model by Social Justice and Special Assistance Department in 8 Administrative divisions and cities where Mental Hospitals are located within a period of 1 year.
14	The State Governments should assess the need for such homes specifically for the LSP (beyond 2 years) in the Mental Hospitals in the state. Whether this has been done or not?	Assessment of the need for such Rehabilitation homes specifically for the persons with mental illness (beyond 2 years) in the Mental Hospitals in the state has been done. Total 215 persons living with Mental illness (beyond 2 years) in the Mental Hospitals in the state have been identified for Rehabilitation Homes.
15	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. What action has been done in this regards?	Half Way Homes and Rehabilitation Centers will be set up on PPP model by Social Justice and Special Assistance Department in 8 Administrative divisions and cities where Mental Hospitals are located.

16	The State Governments 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. What action has been taken by the state government of Maharashtra?	Half Way Homes and Rehabilitation Centers will be set up on PPP model by Social Justice and Special Assistance Department in 8 Administrative divisions and cities where Mental Hospitals are located in close geographical proximity.
17	The State Governments shall be responsible to set up these Rehabilitation homes for LSP with following physical infrastructure. Whether homes made has physical infrastructure, man power and other items as per the supreme court guidelines or govt. of India resolution if any?	Setting up of Half Way Homes and Rehabilitation Centers on PPP model as per the supreme court guidelines by Social Justice and Special Assistance Department is under process.

# Report 2 - Annex - 2

## महाराष्ट्र शासन सार्वजनिक आरोग्य विभाग

गोकूळदास तेजपाल रुग्णालय, संकुल इमारत, १० वा मजला,  
मंत्रालय, मुंबई - ४०० ००९

शासन अधिसूचना क्रमांक: माआप्रा-२०१८/प्र.क्र. ३३२/आरोग्य ३अ, दिनांक - २० ऑक्टोबर, २०१८

### शासन अधिसूचना

मानसिक आरोग्य अधिनियम २०१७ (The Mental Health Care Act 2017) मधील खंड ४६ (१) नुसार राज्य मानसिक आरोग्य प्राधिकरणाचे खालील प्रमाणे गठण करण्यात येत आहे.

अ.क्र.	मानसिक आरोग्य अधिनियम २०१७ मधील तरतूदी नुसार राज्य मानसिक आरोग्य प्राधिकरणाची रचना.	पदनाम
१	(a) राज्य शासनाच्या सार्वजनिक आरोग्य विभागाचे सचिव /प्रधान सचिव/अपर मुख्य सचिव (Secretary or Principal Secretary in the Department of Health of State Government)	पदसिध्द अध्यक्ष (Chairperson ex officio)
२	(b) राज्य शासनाच्या सार्वजनिक आरोग्य विभागाचे संबंधित सह सचिव. (Joint Secretary in the Department of Health of the State Government, in Charge of Mental Health)	पदसिध्द सदस्य (Member ex officio)
३	(c) संचालक, आरोग्य सेवा, संचालनालय, मुंबई (Director of Health Services )	पदसिध्द सदस्य सचिव (Member Secretary. ex officio)
४	(d) राज्य शासनाच्या सामाजिक न्याय विभागाचे सह सचिव. (Joint Secretary in the Department of Social welfare of the State Government)	पदसिध्द सदस्य Member ex officio
५	(e) राज्य शासनाच्या संबंधित इतर विभागाचे पदसिध्द प्रतिनिधी १. आयुक्त, आरोग्य सेवा संचालनालय, मुंबई. २. संचालक, वैद्यकीय शिक्षण व संशोधन, मुंबई. ३. मनोविकृती विभाग प्रमुख, सर जे.जे. वैद्यकीय महाविद्यालय, मुंबई ४. अतिरिक्त संचालक (मानसिक आरोग्य), आरोग्य सेवा संचालनालय, मुंबई. ( such other ex officio representatives from the relevant State Government Ministries or Departments)	पदसिध्द सदस्य Member ex officio
६	(f) शासन नामनिर्देशित - राज्यातील मनोरुग्णालयाचे प्रमुख किंवा कोणत्याही वैद्यकीय महाविद्यालयाच्या मनोविकृती विभागाचा प्रमुख	सदस्य

	(Head of any of the Mental Hospitals in the State or Head of Department of Psychiatry at any Government Medical College, to be nominated by the State Government)	(Member)
७	(g) शासन नामनिर्देशित - राज्य शासनाच्या सेवेत नसलेला राज्यातील एक नामांकित मानसोपचार तज्ञ (One eminent psychiatrist from the State not in Government service to be nominated by the State Government)	सदस्य (Member)
८	(h) शासन नामनिर्देशित - मानसिक आरोग्य अधिनियम - २०१७ मधील खंड (२) च्या उपखंड (१) मधील (c) (iii) मध्ये नमुद केल्याप्रमाणे किमान १५ वर्षांचा अनुभव असलेले एक मानसिक आरोग्य व्यवसायिक (one mental health professional as defined in item (iii) of clause (c) of sub-section (1) of section 2 having at least fifteen years experience in the field, to be nominated by the State Government)	सदस्य (Member)
९	(i) शासन नामनिर्देशित - मानसिक आरोग्य क्षेत्रामध्ये १५ वर्षे अनुभव असलेले एक मानसिक सामाजिक कार्यकर्ता (one psychiatric social worker having at least fifteen years experience in the field, to be nominated by the State Government)	सदस्य (Member)
१०	(j) शासन नामनिर्देशित - मानसिक आरोग्य क्षेत्रामध्ये किमान १५ वर्षे अनुभव असलेले एक वैद्यकीय मानसशास्त्रज्ञ (one clinical psychologist having at least fifteen years experience in the field, to be nominated by the State Government)	सदस्य (Member)
११	(k) शासन नामनिर्देशित - मानसिक आरोग्य क्षेत्रामध्ये किमान १५ वर्षे अनुभव असलेले एक मानसिक आरोग्य परिचारीका (one mental health nurse having at least fifteen years experience in the field, of mental health, to be nominated by the State Government)	सदस्य (Member)
१२	(l) शासन नामनिर्देशित - ज्यांना मानसिक आजार झाला आहे किंवा झाला होता अशा व्यक्तींचे प्रतिनिधित्व करणारे दोन व्यक्ती (two persons representing who have or have had mental illness, to be nominated by the State Government)	सदस्य (Member)
१३	(m) शासन नामनिर्देशित - मानसिक आजार असलेल्या व्यक्तींची काळजी घेणाऱ्या व्यक्ती/संस्था यांचे प्रतिनिधित्व करणा-या दोन व्यक्ती ( two persons representing care- givers of persons with mental illness or organisations representing care- givers, to be nominated by the State Government)	सदस्य (Member)
१४	(n) शासन नामनिर्देशित - मनोरुग्णांना सेवा देणा-या अशासकीय संस्थांचे प्रतिनिधित्व करणा-या दोन व्यक्ती (two persons representing non- governmental organisations which provide services to persons with mental illness, to be nominated by the State Government)	सदस्य (Member)



२. राज्य मानसिक आरोग्य प्राधिकरणाचे सदस्य यांचे अधिकार व कार्ये तसेच पदावधी इत्यादी बाबी ह्या मानसिक आरोग्य अधिनियम २०१७ मधील खंड ४७ (१) व ५५ मधील तरतूदी नुसार असतील.

३. सदर अधिसूचना महाराष्ट्र शासनाच्या [www.maharashtra.gov.in](http://www.maharashtra.gov.in) या संकेतस्थळावर उपलब्ध करण्यात आली असून त्याचा संकेतांक २०१८१०१११४५४४०७६१७ असा आहे. हा आदेश डिजीटल स्वाक्षरीने साक्षांकित करून काढण्यात येत आहे.

महाराष्ट्राचे राज्यपाल यांच्या आदेशानुसार व नावाने.

**MANOHAR S  
THOMBARE**

Digitally signed by MANOHAR S  
THOMBARE  
DN: cn=MANOHAR S THOMBARE,  
o=Public Health Department,  
ou=Mantralaya,  
email=manohar.thombare@nic.in, c=IN  
Date: 2018.10.22 12:44:32 +05'30'

(मनोहर सा. ठोंबरे)

सह सचिव, महाराष्ट्र शासन

प्रत,

१. मा. राज्यपाल यांचे सचिव, महाराष्ट्र राज्य, मुंबई.
२. मा. मुख्यमंत्री यांचे प्रधान सचिव, महाराष्ट्र राज्य, मुंबई.
३. मा. मंत्री सार्वजनिक आरोग्य व कुटुंब कल्याण, महाराष्ट्र राज्य.
४. मा. राज्यमंत्री सार्वजनिक आरोग्य व कुटुंब कल्याण, महाराष्ट्र राज्य.
५. मुख्य सचिव, महाराष्ट्र राज्य, मंत्रालय, मुंबई.
६. प्रधान सचिव, महाराष्ट्र विधान मंडळ सचिवालय
७. महालेखापाल - १/२ (लेखा परीक्षा), महाराष्ट्र, मुंबई / नागपूर
८. महालेखापाल - १/२ (लेखा व अनुज्ञेयता), महाराष्ट्र, मुंबई / नागपूर
९. आयुक्त, आरोग्य सेवा आयुक्तालय
१०. संचालक, आरोग्य सेवा संचालनालय, मुंबई.
११. अतिरिक्त संचालक, (मानसिक आरोग्य) आरोग्य सेवा, संचालनालय, मुंबई
१२. सहसंचालक, आरोग्य सेवा, रुग्णालये (राज्यस्तर), मुंबई
१३. सहसंचालक, आरोग्य सेवा (अर्थ व प्रशासन), मुंबई/ पुणे.
१४. उपसंचालक, आरोग्य सेवा मंडळ ठाणे/ पुणे / नागपूर / कोल्हापूर / औरंगाबाद / नाशिक/ अकोला/ लातूर
१५. निवडनस्ती (आरोग्य ३-अ)

मानसिक आरोग्य अधिनियम - २०१७ अंतर्गत  
गठित करण्यात आलेल्या राज्य मानसिक  
आरोग्य प्राधिकरणावर नामनिर्देशित  
सदस्यांची नियुक्ती करण्याबाबत.

**महाराष्ट्र शासन**  
**सार्वजनिक आरोग्य विभाग**

शासन निर्णय क्रमांक: माआप्रा - २०१८/प्र.क्र. ३३२/आरोग्य ३अ

मंत्रालय, १० वा मजला, संकूल इमारत  
गोकूळदास तेजपाल रुग्णालय आवार, मुंबई  
दिनांक: २३ ऑक्टोबर २०१८

**वाचा -**

- १) सम क्रमांकाची शासन अधिसूचना दिनांक २० ऑक्टोबर, २०१८
- २) संचालक, आरोग्य सेवा संचालनालय, यांचे पत्र क्र. संआसे/मा.आ/  
टे-३/TMHCA/२१०७/१८ दि.०२/८/२०१८

**प्रस्तावना -**

केंद्र शासनाने मानसिक आरोग्य अधिनियम-२०१७ लागू केला असून त्यामधील खंड ४६ (१) नुसार दिनांक २० ऑक्टोबर, २०१८ रोजीच्या अधिसूचनेनुसार राज्यामध्ये " राज्य मानसिक आरोग्य प्राधिकरण" गठित करण्यात आले आहे. सदर प्राधिकरणावर सदस्यांचे नामनिर्देशन करण्याची बाब शासनाच्या विचाराधीन होती. याबाबत पुढील प्रमाणे निर्णय घेण्यात येत आहे.

**शासन निर्णय-**

मानसिक आरोग्य अधिनियम-२०१७ च्या खंड ४६ (१) नुसार गठित करण्यात आलेल्या मानसिक आरोग्य प्राधिकरणावर शासनाद्वारे पुढील सदस्यांचे नामनिर्देशन करण्यात येत आहे.

अ.क्र	अर्हता/निकष	नामनिर्देशित सदस्य
१	(f) राज्यातील मनोरुग्णालयाचे प्रमुख किंवा शासनाद्वारे नियुक्त कोणत्याही वैद्यकीय महाविद्यालयाच्या मनोविकृती विभागाचा प्रमुख. (Head of any of the Mental Hospitals in the State or Head of Department Of Psychiatry at any Government Medical College, to be nominated by the state Government- member)	डॉ. संजय बोदाडे, अधीक्षक प्रादेशिक मनोरुग्णालय, ठाणे
२	(g) राज्य शासनाच्या सेवेत नसलेला राज्यातील एक नामांकित मानसोपचार तज्ञ. (One eminent psychiatrist from the state not in Government service to be nominated by the State Government Member)	डॉ. अजित दांडेकर, मनोविकृती तज्ञ, मुंबई.

३	(h) मानसिक आरोग्य अधिनियम - २०१७ मधील खंड (२) च्या उपखंड (१) मधील (q) (iii) मध्ये नमुद केल्याप्रमाणे किमान १५ वर्षांचा अनुभव असलेला एक मानसिक आरोग्य व्यवसायिक ( One mental health professional as defined in item (iii) of clause (q) of sub section (I) of section 2 having at least fifteen years experience in the field to be nominated by the state Government-Member)	डॉ. फारुक मास्टर, आयुष तज्ञ, मुंबई-४०० ०१२.
४	(i) मानसिक आरोग्य क्षेत्रामध्ये किमान १५ वर्षे अनुभव असलेले एक मानसिक सामाजिक कार्यकर्ता ( One psychiatric social worker having at least fifteen years experience in the field, to be nominated by the state Government-Member)	श्री. रोनी जॉर्ज, मनोविकार सामाजिक कार्यकर्ता, भांडारकर रोड, पुणे - ४११००४
५	(j) मानसिक आरोग्य क्षेत्रामध्ये किमान १५ वर्षे अनुभव असलेले एक वैद्यकिय मानसशास्त्र ( One clinical psychologist having at least fifteen years experience in the field, to be nominated by the State Government-Member)	श्रीमती. तस्नीम राजा, वैद्यकिय मानस शास्त्रज्ञ, टाटा ट्रस्ट, मुंबई.
६	(k) मानसिक आरोग्याच्या क्षेत्रात किमान १५ वर्षांचा अनुभव असलेले एक मानसिक आरोग्य परिचारिका. (One mental health nurse having at least fifteen years experience in the field, of mental health, to be nominated by the State Government - Member)	श्रीमती. वत्सला माधव तुपडाळे, अधिपरिचारिका, रघुनाथ नगर ठाणे - ४००६०४
७	(l) ज्या व्यक्तींना मानसिक आजार आहे किंवा झाला होता अशा व्यक्तींचे प्रतिनिधीत्व करणारे दोन व्यक्ती (Two persons representing who have or have had mental illness, to be nominated by the state Government- Member)	१) श्री. नरेंद्र चांदणी, सुधारलेला मनोरुग्ण एन.आय.बी.एम. रोड, पुणे २) श्री. राहूल सेठ, सुधारलेला मनोरुग्ण कॉर्टररोड, मुंबई - ५०
८	(m) मानसिक आजार असलेल्या व्यक्तींची काळजी घेणा-या व्यक्ती / संस्था यांचे प्रतिनिधीत्व करणा-या दोन व्यक्ती (Two persons representing care-givers of persons with mental illness or organization)	(१) श्रीमती. विद्या शेणॉय, सोसायटी इंडिया मुंबई (२) श्रीम. जॉय मोंटेरियो हिरानंदानी ईस्टेट ठाणे-७

	representing care-givers, to be nominated by the state Government-Members)	
९	(n) मानसिक आजार असलेल्या व्यतीना सेवा देणा-या अशासकीय संस्थाचे प्रतिनिधीत्व करणा-या दोन व्यक्ती. (Two persons representing non-governmental organizations which provide services to person with mental illness, to be nominated by the state Government-Member)	(१) डॉ. सॅली जॉन, संजिवनी आश्रम, वर्धा (२) श्रीम. डॉ. संतोष गोयल, कमलीनी निलमनी चॅरीटेबल ट्रस्ट वसई विरार, जि. ठाणे

२. सदरहू नामनिर्देशित सदस्यांचा कार्यकाळ ३ वर्षांचा असून यातील अशासकीय सदस्यांची वयोमर्यादा वय वर्षे ७० इतकी निश्चित करण्यात आलेली आहे.
३. सदर प्राधिकरणावरील अशासकीय सदस्यांना शासनाच्या नियमानुसार बैठक भत्ता, प्रवास भत्ता व अन्य भत्ते अनुज्ञेय राहतील.
४. सदर शासन निर्णय महाराष्ट्र शासनाच्या [www.maharashtra.gov.in](http://www.maharashtra.gov.in) या संकेतस्थळावर उपलब्ध करण्यात आला असून त्याचा संकेतांक २०१८१०१११४५४५११३१७ असा आहे. हा आदेश डिजीटल स्वाक्षरीने साक्षात्कृत करून काढण्यात येत आहे.

महाराष्ट्राचे राज्यपाल यांच्या आदेशानुसार व नावाने.

**Rajendra  
Shamraoji  
Kaurte**

Digitally signed by Rajendra Shamraoji Kaurte  
DN: c=IN, o=Government Of Maharashtra, ou=Public  
Health Department, postalCode=400032,  
st=Maharashtra,  
2.5.4.20=ed4c738df60ac2ac776b9e2481f77ad50aba9  
dc28bb31a482e03c7ee7b6f64d8,  
serialNumber=7caa550613a8c4cb7c593368faa24e70d  
6f8985f510118e6fc1af8b04a43ee8, cn=Rajendra  
Shamraoji Kaurte  
Date: 2018.10.23 14:39:01 +05'30'

रा.शा. कौरते

अवर सचिव, महाराष्ट्र शासन

प्रत,

१. मा.राज्यपाल, महाराष्ट्र राज्य, यांचे सचिव, मुंबई.
२. मा. मुख्यमंत्री, महाराष्ट्र राज्य, यांचे प्रधान सचिव, मंत्रालय मुंबई.
३. मा. मंत्री, सार्वजनिक आरोग्य व कुटुंब कल्याण, महाराष्ट्र राज्य.
४. मा. राज्यमंत्री, सार्वजनिक आरोग्य व कुटुंब कल्याण, महाराष्ट्र राज्य.
५. मा. मुख्य सचिव, महाराष्ट्र राज्य, मंत्रालय, मुंबई.
६. प्रधान सचिव, महाराष्ट्र विधानमंडळ सचिवालय, विधानभवन मुंबई.
७. महालेखापाल-१/२ (लेखा परिक्षा), महाराष्ट्र मुंबई/नागपूर.
८. महालेखापाल-१/२ (लेखा व अनुज्ञेयता), महाराष्ट्र मुंबई/नागपूर.
९. आयुक्त, आरोग्य सेवा आयुक्तालय.

पृष्ठ ४ पैकी ३

१०. संचालक, आरोग्य सेवा, संचालनालय, मुंबई.
११. अतिरिक्त संचालक (मानसिक आरोग्य), आरोग्य सेवा संचालनालय, मुंबई.
१२. सहसंचालक, आरोग्य सेवा, (रुग्णालय राज्यस्तर), मुंबई.
१३. सहसंचालक (अर्थ व प्रशासन) आरोग्य सेवा, मुंबई/पुणे
१४. उपसंचालक, आरोग्य सेवा, मुंबई मंडळ ठाणे / पुणे/ नागपूर / कोल्हपूर / औरंगाबाद / नाशिक/अकोला/लातूर .
१५. वैद्यकिय अधिक्षक, प्रादेशिक मनोरुग्णालय, ठाणे.
१६. डॉ. अजित दांडेकर, मुंबई.
१७. डॉ. फारुक मास्टर, आयुष तज्ञ, मुंबई - ४०० ०१२.
१८. श्री.रोजी जार्ज,भांडारकर, रोड, पुणे-४११००४
१९. श्रीमती. तरनीम राजा, वैद्यकिय मानस शास्त्रज्ञ, टाटा ट्रस्ट, मुंबई.
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१९. श्री. राहूल सेठ, कॉर्टर रोड, मुंबई -५०
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२२. डॉ. सॅली जॉन, संजिवनी आश्रम, वर्धा
२३. श्रीमती डॉ. संतोष गोयल, कमलीनी निलमनी चॅरीटेबल ट्रस्ट वसई विरार, जि. ठाणे.
२४. निवड नस्ती (आरोग्य ३-अ)

**Report 6, Visit of Dr Vinod Aggarwal, Special Rapporteur, Central Zone, NHRC to Regional Mental Hospital Yerwada, Pune on 13<sup>th</sup> July, 2019**

**Regional Mental Hospital Yerwada, Pune** was initially established at Colaba, Mumbai in 1907 with 700 beds at that time. It was shifted lock, stock and barrel to Yerwada ( present Campus) in 1915. The bed strength increased from 700 to 1200 and than 1700 and at present 2540. It is being said to be the biggest mental hospital in Asian continent, based on number of inmates. The hospital has land mass of 85 acres with 158 structures but out of that 50 structures are considered dangerous to use. All structures are 100 years old except the male dormitories and admin block.

There is separate OPD block of looks small for about 45 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 this space, which suggest that area may be increased. There are 2 visiting rooms -1 for males and 1 for female patients. Day care centre attached to Occupational therapy department.

For the IPD, inpatients department, the bed strength is 1600 beds for male and 940 beds for female ward. Therefore total strength is 2540 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 1600 BEDS			FEMALE WARD 940 BEDS			TOTAL BEDS =2540 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	1804	984	1.12	784	378	0.82	2588	1362	1.01
2	2015	1662	1621	1.03	748	675	0.79	2410	2296	0.94
3	2016	1797	1731	1.12	769	720	0.81	2566	2345	1.01
4	2017	2009	1884	1.17	826	776	0.87	2835	2660	1.11
5	2018	1568	1731	0.98	608	807	0.64	2176	2538	0.85

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 less patients get discharged than only lesser new admissions take place. The average stay of the patient in male ward in last 5 years is about 1 year. In female ward the performance is worse than the male ward where on 940 beds the admission last year was only 0.64 patient per year. The average stay for patients is from 20 days to 20 years. It can be said the stay in women ward is bit longer. The average stay suggest that patient stay is not for longer duration as the bed occupancy was said to be less than 55%. As per the management the majority of patients are long stay patients.

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 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 28 recovered patients in hospital for more than 5 years. Regional mental hospital is working on it in coordination with district legal aid cell and department of social justice. These patients are kept in special ward and provided with all amenities like half way home.

The patient toilet ratio is 4:1, which is sufficient, but in sufficient for female patients, where bed /toilet ratio is as low as 1:10. The hospital has received approval of construction of 120 toilets and bathrooms . There 24 hr running water in the hospital and nothing came to my information about inadequacy of water. There is an interview room to talk to the patients privately. Adequate food of 2800 calories per day are provided . The food is supplied through the semi automated kitchen of hospital where it is prepared. The management sometimes takes help of cured inmates in preparation of chapattis.

Hospital has laundry facility, medical lab facility, X-Ray Facility, ECG facility, separate Pharmacy for indoor, two recreation halls for patients.

Hospital has day care center attached to occupational therapy department which has tailoring, screen printing, carpentry, paper making, paper plate making, file making, book binding, gardening and nursery plantations.

Cognitive activities puzzles, mazes coordination games. There are 34% posts are vacant in the hospital.

SN	CADRE	POSTS			% OF VACANCY
		SANCTIONED	FILLED	VACANT	
1.	GROUP-A	43	28	15	34.88
2.	GROUP-B	06	03	03	50.00
3	GROUP-C	278	172	106	38.12
4	GROUP-D	627	428	199	31.73
5	TOTAL	954	631	323	33.88

The hospital lacks psychiatrists to great extent. There are 2 against 11 positions of psychiatrists. These psychiatrists are also only diploma holders and not even one degree holder psychiatrist is available in the hospital. The position of 2 clinical psychologist are also vacant. The hospital has a team of 18 doctors and there is only one junior doctor is available in the hospital for emergency duty.

The medical records are not computerized and time taken to retrieve the patient's record 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. Some 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 but many blocks are no longer in a position to be used. The big land has bit of encroachment and is 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 Pune district is 9.4 million as per 2011 census. The nearby 4-5 districts have also another 10 million. Therefore one major mental hospital for 20 million population is not much **and only 55% occupancy with many patients are 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. The number of 2540 beds being vacant and very small OPD attendance suggest lack of amenities in mind of society at large..**

2. **The number of Psychiatrists' post created look sufficient but the posts are vacant. Post of MD ( PG degree holders) psychiatrists are almost vacant and other junior doctors and trained psychiatric male nurses and land of Occupational therapist is also there. It is again imperative to fill all the created posts and creation of posts which are required. There are number of 35 cooks which look excessive and re-categorization of positions is also required in changed times. The post of clinical psychologist is vacant for last 10 years, which should be filled up immediately.**
3. **The number of annual admissions is very low for a 2540 bedded hospital and patient turn over time is slow. The building requires reconstruction as large number of building have been kept vacant as have become dangerous. The OPD of 45 thousand is too low. Even a small department of Psychiatry in Jodhpur medical college having 115 beds hospital has an annual OPD of 54 thousands.**
4. **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 at an early date.**
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. All the need of clothing should be fulfilled by weaving and tailoring unit of the inmates and patients. The requirement is for at least 8 dresses as per the management but that much are not provided. The slippers are also not given, which should also be provided.
7. The hospital management, patients and the relatives were also not aware of the National Trust Act-2001 and about the provision of legal guardian ship 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 program. These training programs are recognized by RCI which was also not known and not taken advantage of the act.
11. 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.

Dr Vinod Aggarwal

Special Rapporteur

Annexure I- Report submitted by the mental hospital authorities.

# Report Annexure to Report 6

REGIONAL MENTAL HOSPITAL, YERWADA, PUNE – 411006

Visit of Dr. Vinod Aggarwal, Special Rapporteur, NHRC, to Regional Mental Hospital, Yerwada, Pune – 06, on 13/07/2019.

- Regional Mental Hospital, Yerwada, Pune has been established in 1907 in Mumbai and shifted to Pune in 1915.
- It is a State Government Institution and is the largest Mental Hospital in Asia. It is spread over 85 acres of land.
- Hospital has separate OPD building, with approximately 200 to 250 daily OPD. OPD has provision of Separate Registration Counter, Psychiatric Social Worker assessment, Occupational Therapy Assessment, Medical Officer Assessment, Psychiatrist Assessment, Counseling by Psychiatric Nurse, Pharmacy and legal aid cell.

## OPD:

S. No.	Year	Male	Female	Total
1	2014-15	24810	11821	36631
2	2015-16	24412	12188	38600
3	2016-17	28063	13312	41375
4	2017-18	30222	14743	45065
5	2018-19	30526	14782	45308

- It has bed strength of 2540. Current bed occupancy is 1287. There are separate sections for male and female patients with 9 Male wards and 7 female wards.
- Hospital has separate male and female Electro convulsive therapy Units, Psychosocial Counseling facility in wards and OPD.

Year	Male Wards (1600 Beds)			Female Wards (940 Beds)			Total Beds (2540 beds)		
	Admission	Discharge	Ratio adm/bed/year	Admission	Discharge	Ratio adm/bed/year	Admission	Discharge	Ratio adm/bed/year
2014-15	1804	984	1.12	784	378	0.82	2588	1362	1.01
2015-16	1662	1621	1.03	748	675	0.79	2410	2296	0.94
2016-17	1797	1625	1.12	769	720	0.81	2566	2345	1.01
2017-18	2009	1884	1.17	826	776	0.87	2835	2660	1.11
2018-19	1568	1731	0.98	608	807	0.64	2176	2538	0.85

- This table indicates discharges are less than admissions, stay of patient in ward ranges from 20 days to more than 20 years depending upon the chronicity of the illness. Majority of the patients have long duration of stay more than 2 years.
- We have 28 recovered patients who need to be rehabilitated outside hospital. Regional Mental Hospital is working on it in co-ordination with district legal aid cell and Department of Social Justice and Special Assistance. These patients are kept in special ward and provided with all amenities like half way home.
- Patient toilet ratio for male patients is 4:1 and for female patients is 10:1. Patient Bathroom Ratio for male patients is 7:1 and for female patients is 21:1. Hospital has received approval of construction of 120 toilets and bathrooms and Public Works Department will start work accordingly.
- Hospital has adequate water supply.

- Hospital has well equipped kitchen which provides diet of 2800 calories per day. Patients are provided with extra diet if necessary like High Protein diet, Diabetic diet etc.
- Hospital has Laundry facility, Medical Lab facility, X-Ray Facility, ECG facility, Separate Pharmacy for indoor, two recreation halls for patients, Yoga hall, separate Occupational Therapy department for Vocational Rehabilitation and Social Service Department.
- Hospital has Day care Center attached to Occupational Therapy Department.
- Occupational Therapy Unit offers work activities like tailoring, Carpentry, Screen Printing, Craft, paper plate making, file making, agarbatti making, book binding, seasonal activities, gardening and nursery etc.
- Recreational activities like music, magazines, newspapers, cultural programmes etc.
- Fitness activities like Gymnasium, Yoga, indoor and outdoor games.
- Leisure Activities like drawing, painting etc.
- Cognitive activities puzzles, mazes coordination games etc
- Hospital has shortage of staff; about 34 % posts are vacant.

S. No.	Cadre	Sanctioned Posts	Filled Posts	Vacant Posts	Vacancy Percentage
1	Group –A	43	28	15	34.88
2	Group – B	6	3	3	50
3	Group – C	278	172	106	38.12
4	Group – D	627	428	199	31.73
	Total	954	631	323	33.88

- Medical Records are not computerized and time taken to retrieve is approximately 10 minutes. Registration of patients is also manual process.