

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

Subject: Visit Report of Smt. Jyotika Kalra, Hon'ble Member, NHRC in respect of the State Government Mental Hospital, Bareilly (U.P.)

Smt. Jyotika Kalra, Hon'ble Member, NHRC, visited the the State Government Mental Hospital, Bareilly (U.P.) on 28th May 2019 for an on the spot review of the functioning of these institutions. The Major recommendations emanating from visit reports are as under:

State Government Mental Hospital, Bareilly

1. **Shortage of staff:** There were around 156 patients in the hospital and two doctors to supervise them. Sanctioned post requires to be filled up as soon as possible because there is shortage of staff. There is a requirement of more clinical psychologist, psychiatric social worker, and psychiatric nurses. These posts perform an important role in recording clinical data, performing counseling and discharging rehabilitation services

Recommendation: Sanctioned posts need to be filled on immediate basis and if required, more such posts to be sanctioned by the State to run the Mental Hospital properly. **Concerned – Ministry of Health State of U.P.**

2. **Requirement of Mother and Child Care Unit:** As specified in the Mental Healthcare Act, 2017 in Section 21(2)-
A child under the age of three years of a woman receiving care, treatment or rehabilitation at a mental health establishment shall ordinarily not be separated from her during her stay in such establishment

Recommendation: There should be a mother and child care unit in the premises with all the safeguards possible. This also helps in emotional recovery of the patient admitted. **Concerned – Ministry of Health State of U.P.**

3. **Patients from other States:** Patients are admitted from neighboring states especially Utrakhand but there are no clear guidelines by the State authority regarding this. As per the Govt. policy, the hospital was not allowed to admit patients from any other State

Recommendation 1: The State government must issue clear guidelines in order to accommodate patients coming from neighboring States, especially Uttrakhand.

Recommendation 2: Appropriate technology must be used to trace and track the patient's identity and his/her native place. **Concerned –District Administration**

4. **Skill Training for long stay patients:** Long stay patients are mostly the ones who are abandoned by their families, therefore, they need to be trained in some skills in order to earn and live independently after recovery.

Recommendation: Delhi's Asha Kiran (A Home for mentally challenged abandoned Men/ women) skill training center could be taken as model centers to promote skill training among long stay patients. This helps as an effective way of rehabilitation of the inmate after discharge. **Concerned – Ministry of Health State of U.P.**

5. **Legal Aid:**As specified in the Mental Healthcare Act, 2017 in Section 27 (1)&(2):
(1) A person with mental illness shall be entitled to receive free legal services exercise any of his rights given under this Act.

Recommendation: Medical Officer or Mental Health professional must inform the person with mental illness about his or her entitlement to free legal services and provide guidance about the necessary course of action. Free Legal Aid must be made available to the inmates. **Concerned –District Legal Aid Authority**

**NATIONAL HUMAN RIGHTS COMMISSION
MEMBER (JK) SECTT.**

Smt. Jyotika Kalra, Hon'ble Member, NHRC visited Uttar Pradesh's State Government Mental Hospital in Bareilly on 28 May 2019 for an on the spot review to evaluate the functioning of the institution. The Hon'ble Member was assisted in the process by Smt. Manju Rani, PPS to Member, Shri Arun Kumar, Inspector and Ms. Aastha Dawar, Research Consultant.



Director of the Hospital, Dr. Pramila Gaur welcomed the Member and officials of the NHRC. The initial meeting was held at around 12 noon in the Office of Director. The meeting was also attended by senior doctors and staff of the hospital. The purpose of the visit was to look at the working condition of the hospital in accordance with the principles of Human Rights and the Mental Healthcare Act, 2017. During meeting, Dr. Chandra Prakash Mall (Psychiatrist) briefed about the journey of the mental illness and establishment of the Institution.

History of the concept of mental illness in India and Mental Hospital, Bareilly

- Earlier the people with mental illness were kept separately in a building or closed wall structure due to the social perception of them being 'danger to the society'.
- With this concept of keeping people with mental illness separately, this mental hospital came into existence in the year 1862 during British rule. At that time, it was called a mental asylum.
- In the year 1925, this institution was named as mental hospital since the concept of mental illness shifted to human rights based approach, where mental illness was considered to be like any other health issue, which needed medical and social intervention to enable the person to function in the society.

- In the year 1952, psychiatric treatment was also started in the institution.
- In the year 1970-80, neuro-biological treatment of ailment was started. Earlier it was done only through sedatives.
- The structure is in dire need of renovation. Only few building like OPD, Family ward and Director office were constructed 10-15 years ago rest of the buildings like male wards, female wards, staff quarters etc. were constructed a long ago. The entire campus is spread on a land of 56 acres.
- The hospital is situated around 2kms from the Bareilly railway station.

Admission procedures and Total Strengths of patients and sanction strength in the Hospital

The admissions at hospital are carried out as per the provision of Mental Health Care Act 2017. The total sanction strength of the hospital is 408 beds. There are separate wards for males and females. There is also a family ward where one of the family member of the patient is advised/asked to stay for few days with the patient. Every patient is first seen in OPD and when there is requirement of in ward treatment, he is first admitted to family ward and then later on shifted to male/female ward. Few of the patients are also admitted as per court orders. The patients from whole Western Uttar Pradesh, Uttarakhand are treated here. For the destitute patients, the hospital provides the attendants (from govt. expenses) to assist and take care of the activities of daily living of patients.

The team visited the following areas in the hospital Campus.

1. OPD
2. Female Ward
3. Male Ward
4. Manoranjan Kaksh
5. Family Ward
6. Agricultural land

OPD (Out Patient Department):

- 2500-3000 patients are treated daily. The number of patients has increased seven to eight times in last 20 years. Most of the patients in OPD are of whole western Uttar Pradesh, some part of Haryana and Uttarakhand. The team interacted with 2 ladies patient from Almora Distt., who were satisfied with the treatment provide to them.

- The OPD is a huge building and outside of it is a waiting area where token is collected for OPD. The waiting area is not shaded. Inside the building, there are various rooms designated for specific services.
- Inside the OPD, there is also helpdesk having 24 hours service helpline-7017432449.
- There is water cooler for patients/attendants but there is no canteen or eatable items available for them. Also there is no arrangement for stay of family members/attendants who have come with the patient.

Female ward:

- There are 2 closed wards (patients staying in a restricted environment) and the sanctioned beds are 112 whereas at present 75 patients are admitted.
- The building is an old structure though maintained neatly. The wards were well equipped with Coolers, fans, etc.
- In front of the ward, there is lot of open space where it was told that the patients are allowed to roam mostly in the morning and evening.
- All the patients were in red dress and the beds did not congest the room and there was enough space to move around.
- The ward also had a small room within it which had files and medicines. A nurse was also seen stationed in the room.



- Interactions with two women in the ward, one of who claimed to be from Sangam Vihar, Delhi and the other one was from Lucknow, U.P., revealed that they were treated well by the authorities.

Male Ward:-

- There are 3 closed wards (patients staying in a restricted environment) and the sanctioned beds are 296 whereas at present 68 patients are admitted.
- The building is an old structure though maintained neatly. The wards were well equipped with Coolers, fans, etc.
- In front of the ward, there is lot of open space where it was told that the patients are allowed to roam mostly in the morning and evening.
- All the patients were in red dress and the beds did not congest the room and there was enough space to move around.
- The ward also had a small room within it which had files and medicines. A nurse was also seen stationed in the room.

- Interactions with one patient in the ward who claimed to be from Nazimabad, U.P. revealed that the patients were treated well by the authorities and provided good foods. Also the patients are allowed to have talk with their family members over phone.

Manoranjan Kaksh:-

- There is one Manoranjan Kaksh each at Male and Female ward. These buildings are also old ones.
- Patients were seen playing carom, ludo, reading newspaper, watching television etc.
- A table tennis board and badminton rackets were also kept in these rooms.
- Two sewing machines were also seen in a room to be used for patients to learn stitching.



Family Ward:-



- Every patient who has been admitted by his family members is first admitted in this ward for few days and one of the family member is advised/asked to live with the patient since it helps patient to feel homely.
- There is one bed allotted to each patient as well as to one family member.
- The food is also provided to family member free of cost.
- Interactions with one patient in the ward who claimed to be from Lakhimpur Khiri, U.P. revealed that they were treated well by the authorities.
- There is one male and one female family ward. These wards are open wards (patients staying in an unrestricted environment).

- The male family ward has 60 sanctioned beds and at present 10 patients are admitted.
- The female family ward has 20 sanctioned beds and at present 03 patients are admitted.
- The structure is build up recently around 10 years ago and is facilitated with cooler, fan, light etc.

Agricultural Land:-

The hospital authorities informed that the patients do farming here. There were various vegetables crops.

Cost of treatment for patients at IHBAS:-

Except for a nominal charge for registration of Rs. 1/- in the OPD, all the user charges including investigations, admission charges etc for the patient have been waived off. All the patients get treatment (including medicines) free of cost.

Facility for Ambulance in the hospital

The hospital has a patient transport ambulance for transferring patient to nearby General hospitals. Also the ambulance is used for shifting some patients to their homes after treatment. However the vehicle is of 2006 model and in dire need of replacement.

Death rate of last 5 years

The death rate of patients in entire hospital (including male and female ward) has been in the range of 1-3%.

Recommendations:

- i) **Shortage of staff:** There were around 156 patients in the hospital and two doctors to supervise them. Sanctioned post requires to be filled up as soon as possible because there is shortage of staff. There is a requirement of more clinical psychologist, psychiatric social worker, and psychiatric nurses. These posts perform an important role in recording clinical data, performing counseling and discharging rehabilitation services.

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- ii) **Requirement of Mother and Child Care Unit:** As specified in the Mental Healthcare Act, 2017 in Section 21(2) –

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Recommendation 2: Appropriate technology must be used to trace and track the patient's identity and his/her native place. **Concerned – Ministry of Health State of U.P.**

Skill Training

- iv) **Skill Training for long stay patients:** Long stay patients are mostly the ones who are abandoned by their families, therefore, they need to be trained in some skills in order to earn and live independently after recovery.

Recommendation: Delhi's Asha Kiran (A Home for mentally challenged abandoned Men/ women) skill training center could be taken as model centers to promote skill training among long stay patients. This helps as an effective way of rehabilitation of the inmate after discharge. **Concerned – Ministry of Health State of U.P.**

Legal

- v) **Legal Aid:** As specified in the Mental Healthcare Act, 2017 in Section 27 (1)&(2):

(1) A person with mental illness shall be entitled to receive free legal services exercise any of his rights given under this Act.

Recommendation: Medical Officer or Mental Health professional must inform the person with mental illness about his or her entitlement to free legal services and provide guidance about the necessary course of action. Free Legal Aid must be made available to the inmates. **Concerned – Ministry of Law and Justice.**

- vi) **Clarity required in definition of the term 'unsoundness of mind':** Several laws in India, contain the term unsoundness of mind. In this context, people often come to psychiatric units to ascertain someone's unsoundness of mind.

Recommendation: A clarity must be obtained regarding the term 'unsoundness of mind' so that the term is not used inappropriately.