

## CHAPTER-12

### RECOMMENDATIONS

Most of the mental hospitals in India were established in the 19th century during the British rule. Given the fact that there was no effective treatment for mental illness at that time, the aim was to prevent the public from being harmed by the 'lunatic'. As a result most of the hospitals or asylums, as they were called, were built like prisons. The hospitals built for the British patients were better in terms of infrastructure and amenities than those built for the Indian patients.

The 1950s, however, saw a revolution in the treatment of mental illness; the introduction of Chlorpromazine, an anti-psychotic drug. Many of the symptoms, which the public feared and associated with 'madness', such as violent behavior, could now be controlled. Many patients improved sufficiently enough to be able to go home. However, the long years of living in an institution had a detrimental effect on the patient being cut-off from normal life resulted in loss of functional and social skills. This led to the development of a variety of behavioral, psychological and psychosocial treatments that could help reduce the disability. The emphasis shifted from merely 'managing the patient' to treating the patient and enabling him to remain in the family and community.

The advances made in the biological treatment of major mental illness have had far reaching consequences. Effective medical management has resulted in the symptoms of the illness being brought under control fairly rapidly. Many patients do not need to be hospitalized for long periods and often can be managed as outpatient. This, in turn, has led to the growth of general hospital psychiatric units. These units have played an important role in reducing the stigma attached to mental illness. The services are accessible, facilitate early recovery and allow the patient to lead as normal a life as possible. Today, the majority of persons suffering from mental illness are treated on an outpatient basis.

What then is the role of the mental hospital? Are they to be declared as obsolete and defunct? Have they outlived their purpose? The answers are neither easy nor absolute. Mental hospitals continue to play an important role as part of the spectrum of services that may be required in the course of treatment. There will always be a small proportion of patients who do not respond adequately to treatment in the initial period and require prolonged and specially targeted treatment initiatives. There are also patients who do not respond to treatment at all, have significant disability and are unable to function independently in the community who require long-term care.

Ideally, therefore, mental hospitals should be centers of specialized health care offering a variety of diagnostic and therapeutic services. They should have trained professionals from a variety of disciplines all working with a common goal of providing better quality of care for the mentally ill. These services should be accessible and affordable.

In reality, however, the mental hospitals are a far cry from what they ought to be. The findings of the project reveal that there are predominantly two types of hospitals. The first type does not deserve to be called 'hospitals' or mental health centers. They are 'dumping grounds' for families to abandon their mentally ill member, either due to economic reasons or a lack of understanding and awareness about mental illness. The living conditions in many of these settings are deplorable and they violate an individual's right to be treated humanely and live a life of dignity. Despite all the advances in treatment, the mentally ill in these hospitals are forced to live a life of incarceration.

The second type of 'hospitals' are those which provide basic living amenities. Their role is predominantly custodial and they provide adequate food and shelter. Medical treatment is used to keep patients manageable and very little effort is made to preserve or enhance their daily living skills. These hospitals are violating the rights of the mentally ill person to appropriate treatment and rehabilitation and a right to community and family life.

On the basis of the survey of all the 37 government mental hospitals and visits to a majority of these (33) a list of recommendations is presented. This list is exhaustive because it is intended to address the needs of both the types of hospitals mentioned above. Suggestions specific to a hospital have been made following the description of infrastructure and services available in that particular hospital in the state report (Vol.II)

This set of recommendations is intended to lay down the minimum requirements that need to be met in order to provide quality care in mental health facilities. Many of the suggestions are practical ones and can be implemented even within the existing framework. Some of the suggestions require additional financial resources. It will enable health planners and administrators to allocate their resources more judiciously. Finally, and most importantly, it will form a benchmark for hospitals to rate the adequacy of their own services.

The list of recommendations is presented under several headings that are arranged according to the structure and function of a mental hospital.

## **OUTPATIENT SERVICES**

1. Each hospital should run an outpatient service, preferably in a separate block,

which is easily accessible. The services should include the following:

Regular outpatient service every day between 9 am to 3 pm except on Sunday.

- a. There should be a reception counter and a general inquiry facility, which can be manned by volunteers.
  - b. The waiting hall should have adequate seating arrangements. There should be at least 6 consultation rooms with facilities for individual physical examination and interviews by mental health professionals.
2. Basic amenities like toilets, drinking water and a canteen are essential.
  3. There should be a registration counter with a nominal charge. Charges for services should be on the basis of income. All hospitals should provide free services for patients below a certain income level. Declaration of income can be verified by a medical social worker.
  4. Adequate staff to run these services smoothly and efficiently should be provided. Services of clinical psychologists and psychiatric social workers should also be available in the outpatient.
  5. The psychiatrist on duty has the powers of admission and discharge as per the Mental Health Act 1987 and this should be strictly implemented.
  6. All forms of modern treatment should be available. These include:
    - a. Essential drugs, which should be given for a period of one month.
    - b. Psychoeducation and counseling at individual, family and group level.
    - c. Psychotherapy and Behavior therapy.
    - d. Family and social therapies.
    - e. Only modified ECT is to be administered. The ECT unit should have the service of a qualified anesthetist and separate rooms for waiting, preparation, administration of ECT and recovery.
  7. Laboratory facilities should be improved so that, in addition to routine blood and urine examination, serum lithium and screening for VDRL, Hepatitis B and HIV can be done. Other basic investigation facilities like X-ray, ECG and EEG should also be available.
  8. A good medical record section is necessary to maintain confidentiality. It should have facilities for easy retrieval of files. A trained person should be in charge of the section.
  9. Telephone facilities and an ambulance service are mandatory.

10. A separate dispensing counter for those availing free medications should be present.
11. A medical store to provide drugs at subsidized rates and which should be open 24 hours in every hospital.
12. There should be some provision for accommodation for a day or two for patients and family to use while availing of outpatient services. This is especially necessary in hospitals where many patients have to come from long distances.

### **Casualty and Emergency Services**

1. There should be a 24-hour casualty and emergency service, which attends to all psychiatric and medical emergencies. Patients can be admitted through the casualty after the outpatient service is closed. The emergency ward should have a minimum of 5 to 10 beds and should be well equipped with emergency medicines, intravenous fluids, oxygen cylinders, Boyles apparatus etc especially for handling cardio-pulmonary emergencies.
2. Separate staff should be assigned for the casualty and emergency service and the nurse to patient ratio should be 1:1. There should be a duty doctor's room, a nursing station and toilets and other basic amenities.

### **Short Stay Ward**

1. A short stay ward of 5 to 10 beds to admit emergency cases for observation and treatment should be provided. This ward should have 8 nurses, 6 ward attenders and 4 sweepers to work round the clock. A relative/attender of the patient should be permitted to stay with the patient. In these wards, patients should stay for 24 to 48 hours. They should be then either managed on an outpatient basis or admitted in the regular wards.

### **INPATIENT SERVICES**

Just like any other general hospital, a mental hospital should also have 'open' wards. Essentially this means that a relative can stay with the patient during his stay in the hospital. This reduces the number of nurses and attenders otherwise required as well as makes the family involved in the treatment process.

1. The open wards in the general category should not have more than 15 to 20 beds in each ward. They should be well ventilated with fresh air and light. There should be a separate cot, mattress and pillow for each patient and the distance between the two cots should be a minimum of 3 ft. There should not be any floor bed. Two sheets and a blanket should be provided and the bed

- linen changed at least once a week. Individual lockers for personal belongings are to be provided. The family member should be able to stay with the patient. This could be in the form of a bed that can be rolled out from under the patient's cot. If possible they can be provided food or arrangements to cook their own food and canteen facility should be available. There should be adequate number of toilets and bathing and washing platforms for the relatives. Drinking water facility should be available in the ward. There can be a separate visitor's room where other family members and friends can come and talk to the patient.
2. Closed wards are to be limited to unmanageable cases and cases sent by the magistrates. There should not be any cells. All the existing cells are to be converted into small wards with all amenities. Majority (at least 90%) of the admissions should be on a voluntary basis in open wards and only 10% in the closed wards.
  3. Each ward should have one toilet and one bathroom for 5 patients. There should be continuous water supply and basic amenities like buckets and mugs. Adequate privacy must be provided. Open air bathing and open toilets are to be avoided at all costs. Mirrors to facilitate dressing must be provided. Fans and heater facilities must be provided as per the weather conditions. Electrical lighting should be sufficient for reading purpose at night. Where electrical supply is erratic, provision for generator to provide minimal lighting can be made.
  4. Patients should be encouraged to wear their own clothes. Hospital clothing should be culturally appropriate. Each patient should have 5 sets of dress, 2 towels, 1 blanket, 2 sweaters, a stainless steel plate and stainless steel tumbler, toiletries like tooth paste, tooth powder, hair oil etc. Female patients should be provided with adequate sanitary napkins during the menstrual period. Routine shaving of the head should not be done. Delousing and debugging must be done before the patient is admitted in the ward so as to prevent other patients from being infected. Facilities of a barber must be provided every week for the male patients and face shaving must be done with aseptic precautions.

5. There should be a nursing station for each ward with all the facilities for storing linen, drugs, IV sets. It is better to have a treatment room adjoining each ward. The nurses should record daily observations. Activities of each ward must be structured. These can include the practice of Yoga; physical exercises, indoor and outdoor games. Recreation facilities like radio, television and a daily newspaper in the regional language to be made available. Occupational therapy should also be provided.
6. Volunteers and trainees posted for block placement should be encouraged to spend time with patients and involve them in social and recreational activities.
7. The records of the patients must be maintained properly. There should be only one file for each patient, including the outpatient file and earlier admissions. The psychiatrist should see each patient at least twice a week.
8. Adequate deposit (3 times the fare) must be collected from the relatives of the patients, at the time of admission of the patient so that the patient can be discharged and sent home with a hospital staff in case relatives are not present.
9. There should be a separate inpatient facility for patients with criminal record. There should be proper police escort for the safe custody of patients with criminal records.
10. There should be a dining hall where the patients can eat with dignity. The food to the patients must be served hygienically and with care. Special provision must be made for patients who are unable to feed themselves.
11. There is a need to have a separate block for private wards with 15-20 beds for men and women separately with all the amenities, recreation facilities, nursing

#### **Structured ward activities**

6 am to 7 am: waking up and attending to personal hygiene

7 am to 8 am: physical exercises

8 am to 9 am: breakfast and medication administration

9 am to 12.30pm: ward rounds, indoor games, reading, listening to the radio, reading newspaper or watching television/ occupational and rehabilitation therapy

12.30 to 1.30pm: lunch

1.30 to 3.00 pm: medication administration and post lunch rest

3.0 to 3.30 pm: coffee or tea

2.00 pm to 4.00 pm: indoor occupational therapy

4.00 pm to 7.00 pm: out door games and recreation

7.00 pm to 8.00 pm: watching television, bhajan and other group activity

8.00 pm to 9.00 pm: dinner

station, and a visitor's room. These facilities have to be provided in each hospital. Relatives may be permitted to stay with the patients. Private wards will attract people from the upper socio-economic strata and help reduce the stigma and improve the image of the hospital. The charges may be fixed as per the respective state government policies.

### **INTENSIVE CARE UNIT**

Every hospital should have an intensive care unit with separate nursing staff, ward attenders and sweepers. Each unit should have at least 10 beds, 5 for male and 5 for female with facilities like ECG, intubation and for intravenous infusion.

### **Duty Doctors**

There should be a duty doctor in the hospital duty room on call round the clock to attend to any emergency. The duty doctor's room should have the basic amenities of a toilet and drinking water.

The staff in the wards should be as follows

1. Nurse to patient ratio should be 1:3 in a teaching hospital and 1:5 in a non-teaching center. This is as per the recommendation of the Nursing Council of India.
2. Ward Attenders 1:10
3. Sweeper 1: 10
4. Barber 1 : 100

### **SUPPORTIVE SERVICES**

#### **Kitchen and dietary services**

Dietary Section or Kitchen should be under the supervision of a dietician and have the following facilities:

1. Cooking should be done on gas in stainless steel vessels. The cooking platforms should be tiled for easy maintenance. There should be running water.
2. The gas cylinders should be stored in a separate room.
3. There should be adequate storage facilities, which are rat proof and free of cockroaches and other mites.
4. Cold storage for perishables such as vegetables and fruits must be provided.

5. Hospitals, which get daily supply of provisions and perishables on annual contract basis, should ensure that the quality is maintained.
6. The staff in the kitchen should be clean and wear a uniform, cap and apron. There should be a changing room, toilet and washing facility. They should undergo periodic medical checkups and be prescribed antihelmenthics when necessary.
7. The dietician and one other staff should check cooked food. There should be an office and record room.
8. The food should be transported in closed containers to the dining area.
9. There should be a separate dining hall for male and female patients.
10. Food should be served in ladles in steel plates and drinking water served in steel glasses.
11. The general atmosphere should be pleasant.
12. The timings for serving the food should be as follows:
 

Morning tea/coffee	:	7 am
Breakfast	:	8 am
Lunch	:	12.30 to 1pm
Tea/coffee	:	4 pm
Dinner	:	7 to 8 pm

Presently the serving of food is done according to the shift timings of the staff. This results in patients being served breakfast at 6 am and dinner by 5 or 6pm. This practice should be stopped and the shift timings modified to accommodate these changes.

13. A well balanced diet with at least 3000 calories for males and 2500 calories for females must be provided.
14. Provision for special diet for the physically ill or diabetic patients etc must be made.
15. Food waste must be disposed properly.
16. Kitchen should be connected by phone with the rest of the hospital.

### **Laundry**

Supply of clean and fresh linen is essential in a hospital. Care should be taken that the linen is washed properly. Many hospitals that have not paid sufficient attention to this have a large number of patients with skin infections and lice infestation. The laundry should have the following:



1. A laundry supervisor and one washerman for a unit of 50 beds.
2. There should be separate staff for distribution.
3. Laundry should be mechanized and have modern facilities such as washers, dryers and ironing.
4. There should be a separate area for receiving dirty linen.
5. Linen must be decontaminated in a separate area.
6. There must be a separate drying yard.
7. A separate room should be provided for storing the washed linen.
8. An area and staff for repairing and mending the linen should be identified.
9. Linen should be distributed in trolleys.
10. A committee consisting of MS/RMO, Chief Nursing Officer/Matron and the laundry supervisor must do condemnation of linen at least once in three months.
11. The laundry section should be connected by telephone to the rest of the hospital.

### **Medical Stores**

Medical stores should have the following:

1. Telephone facility, office room, record room and pharmacist's room.
2. Store room/main stock room to store at least 3 months requirements of the hospital drugs.
3. Refrigerators to store certain drugs to retain potency.
4. Issue counter where one week's quota of drugs is supplied for each ward. All hospital supplies other than drugs and linen are stocked here. This includes cleaning materials, toiletries for patients and equipment for the wards. At least 3 months stock should be available at any given point of time.

This store should be managed by a First Division Clerk and assisted by a junior staff.

### **Medical Records Section**

Each hospital should have a medical records section headed by an officer trained in handling of medical records. He should have adequate staff.

1. The department should have a telephone, office room and a large space to store the records of the patients. Each patient should have only one file for

continuity of records.

2. Storage should ensure that records are well preserved and maintained.
3. There should be proper retrieval system of the files.
4. All the stationery and printed forms required for the outpatient and inpatient are to be stored here. Stock of at least 3 months supply should be present. The stationery includes registration forms, admission forms in compliance with the Mental Health Act 1987, investigation forms, treatment sheets, follow-up sheets
5. There should be provision for indexing the patients by name wise and disease wise.
6. If possible file retrieval system should be computerized.

### **Waste disposal and management**

This is the most neglected area in any hospital service. There should be proper facilities to dispose both hospital waste and food waste. Biodegradable waste must be converted to compost. Infected waste must be incinerated. Food waste could be used in poultry and piggery. Other biodegradable waste must be buried.

### **Central sterilization and supply department (C.S.S. D.)**

There should be a separate CSS D department managed by one supervisor, three nurses and six attenders. This should have a reception area, a sterilization area and an issuing section. The sterilization should consist of a) Decontamination, b) Washing, c) Assembly and d) Autoclave.

### **Liaison Services**

1. There must be regular visit of psychiatrists to jails and correctional institutions if specialist care is not available locally.
2. Liaison with general hospital services must be maintained.
3. Panel of specialists must be made available to the hospital. This should especially consist of an internist/physician, gynecologist, ophthalmologist, dermatologist and dentist.
4. Liaison with NGO's and other volunteer agencies which will facilitate discharge of patients, rehabilitation activities and placement of patients in jobs or other residential facilities must be made.

### **General Guidelines for the Hospital Administration**

1. There should be a good communication system i.e. intercom, telephone, fax and Email.

2. There should be a good telephone system within the campus connecting the wards, service departments, outpatient services, consultants' rooms and the administrative office within the campus.
3. There should be a good communication system from the campus to outside.
4. Good lighting using sodium vapor lamps must be provided in the whole campus,
5. There should be one or two generators to ensure continuity of power.
6. There should be overhead tank/tanks for regular water supply.
7. Computer systems can be introduced in the hospital.
8. There should be a Public Relation Officer to attend to the grievances of the public.
9. Good approach roads should connect wards, service departments, outpatients and central office.
10. Every hospital should have at least 2 ambulances, one for shifting the patients with in the hospital and one to send to other hospitals. Other ambulance use for community mental health services.

#### **Hospital Administration**

1. The Medical Superintendent/Director shall have administrative/financial and legal powers to ensure proper functioning of the hospital. The Deputy Medical Superintendent and the RMO could assist him. Psychiatrists should hold these three posts. The Medical Superintendent should be assisted by a Lay Secretary at the level of Under Secretary to the Government of India who in turn will have enough staff to run the hospital.
2. The specific duties and areas of routine hospital functioning can be decentralized.
3. The number of beds can be divided among psychiatrists including medical superintendents to form functional units. The psychiatrist heading that unit can do admission, discharge and other routine clinical decisions. This will also ensure continuity of care and increase the personal contact with the patients belonging to that unit.
4. The MS must hold regular meetings (monthly) of the professional staff (Psychiatrists, Clinical Psychologists, Psychiatric Social Workers, and Psychiatric Nurses) to discuss matters pertaining to clinical services and ways of improving quality of care.
5. Hospital Management Committee consisting of Medical Superintendent/Deputy

- Medical Superintendent/Administrator/Resident Medical Officer, Heads of Nursing and psychiatry, Heads of supportive services such as Diet, Laundry, Medical Records Section, Engineering Section must meet monthly to ensure smooth functioning of the hospital with respect to repairs, regular supplies of articles, drugs etc.
6. Hospital Management Committee or the Medical Superintendent should have the powers to receive donations from the public, voluntary organizations or other institutions in cash or kind without any limits. Such donations should be entered in a separate register maintained for this purpose. Tax exemption for cash donations can be provided.
  7. The Drug Purchase Committee under the Chairmanship of the Medical Superintendent should form a list of drugs necessary for the coming year and submit to the Central Purchase Committee of the State. The Medical Superintendent should be a member of the State Drug Purchase Committee. However, the Medical Superintendent should have power to buy drugs worth Rs. 5000/- in emergency conditions.
  8. The purchase of linen must be made from State- approved Co-operative Societies and the State should supply a list of names of such societies, so that prompt supply is ensured.
  9. Dietary articles should be purchased from Government Agencies, Janata Bazaars, and regular Co-operative Societies or by calling for quotations.
  10. The Medical Superintendent should have power upto Rs. 5000/- for local purchase.
  11. The current procedure of the Group 'D' Staff coming under the control of overseer as practiced in some hospitals should be stopped immediately and all the group 'D' staff should come under the control of the Nursing Department.
  12. The administration should be responsible for the day to-day cleanliness, maintenance of basic amenities and services such as water supply, electricity and sewerage systems, etc.
  13. The administration should ensure the optimum utilization of all the medical and electronic equipment.
  14. The administration must ensure the maintenance of an appropriate sterilization system and also an appropriate waste-disposal system.
  15. The administration should ensure an appropriate system of inventory of medical stores, and an appropriate system of stock registers for the kitchen, linen and other supplies. A similar procedure for stores-purchase and stock-register maintenance should be followed.

16. Separate supply department should be set up to monitor the supply of essential items and drugs.
17. The administration is responsible for the maintenance of a green environment in the hospital premises. This should include planting of fruit and flowering trees, flower garden, lawn and other facilities. This could be given to a private agency on contract basis.
18. A private security agency could be employed to look after the security requirements of the hospital.
19. The Medical Superintendent of hospitals within each state must have a meeting with the health directorate/department at least once in 3 months (quarterly) and more frequently if required, to discuss administrative issues. The venue of the meeting may preferably be located in each of the hospitals in turn so that problems and progress in each can be discussed and shared. This will also reduce delays in paper work and correspondence.

### **Rehabilitation Services**

Rehabilitation forms an important component of the comprehensive mental health program. Persons with chronic mental illness develop disabilities in all spheres. Due to the advances in pharmacotherapy the patient's symptoms can be more easily controlled. Being symptom free is however, not necessarily total recovery. Efforts must be made to reduce the patients' disabilities and optimize their level of functioning. For this a well structured, rehabilitation center attached to each hospital is very much essential.

Rehabilitation is successful when a multidisciplinary team, comprising of a psychiatrist, clinical psychologist, psychiatric social worker and occupational therapist work together in a complementary manner.

Rehabilitation activities should be started in the individual wards. Structured activity of all the patients with emphasis on training in activities of daily living skills, including personal care and grooming must be ensured. This should be carried out under the guidance of the staff nurses. The family member attending on the patient should also be involved in this activity. Facilities for recreation and socialization must be provided in each ward. For example, indoor games, newspapers, television, radio, and group activities.

Apart from these ward activities there is a need for establishing a separate rehabilitation block in each hospital. Rehabilitation services could include carpentry, tailoring, candle making, paper cover making, basket making, mat weaving, bakery, printing, craft and needle work. Regionally marketable products utilizing the local available resources should determine the type of activity.

For these activities help from the State's Small Scale Industries Department could be taken. Several of the ward attenders who have knowledge of vocations like carpentry and tailoring could be sent for short-term training and be upgraded as assistant instructors.

Most of the mental hospitals have vast area of land available. Many of the patients and many of the group D' staff are from a rural background. Under these circumstances one can easily start agriculture, horticulture and dairy activities without much difficulty. Help from the agriculture and horticulture departments of the state governments could be taken. A separate supervisor deputed from the state could look after the activities.

### **DAY CARE CENTER**

Patients who are discharged from the hospital and are not engaged in household or occupational work can utilize the services of a day care center. A day care center should run from 9am to 5pm. It can be located within the hospital campus or in the community. It should be easily accessible and well connected by public transportation. Transportation could also be provided by the hospital.

1. A day care center provides a structured activity schedule, which includes recreational and occupational therapies. In addition, specialized inputs by the psychiatric nurse, clinical psychologist, occupational therapist and psychiatric social worker are to be made available.
2. The psychiatric nurse should ensure that patients are well groomed and have the necessary skills to look after their personal hygiene, take medication regularly and have the social skills for day to day interaction.
3. The clinical psychologist provides services such as a) psychological testing, especially of cognitive functions, to assess the level of cognitive deficits and help in the preparation of an appropriate work schedule, b) Cognitive-behavioral therapy to target specific problem behaviors or symptoms that have not responded adequately to treatment and c) Individual supportive therapy to enable the patient to cope with his illness, make realistic plans and function at an optimal level.
4. The occupational therapist should plan the nature of work the patient can be engaged in and monitor the work output in the section along with the instructor. Work skills can be rated and cash incentives provided for all the patients. When the patient reaches an optimal and stable level of functioning, the occupational therapist should inform the psychiatric social worker regarding the possibility of outside job placement.

5. The psychiatric social worker should be involved in working with the families and helping the patient and family to adjust. They also have to help patients return to their existing jobs or find a new occupation.
6. By attending a day care center, the patients develop a routine working habit, improve on existing skills or develop new skills. In addition, they learn to look after themselves and live in the family and community. A small category of patients may need to use the facilities of a day care on a long-term basis. Such patients may not be in a position to function independently in the community or find a job etc because of their level of disability being more but not severe enough to warrant hospitalization. In addition to the structured activity their medication can also be supervised at the center. The day care center not only enables the patient to spend his time in a useful and productive manner, but also provides a respite for the family. This enables the family members to carry on with their own work during the day and reduces the burden on them.

#### **Satellite Centers**

Day care center should be started in different parts of the city so that they are closer to the patient in the community. It is essential to involve voluntary and non-governmental organizations (NGOs) in the process of rehabilitation. They can play an important role by marketing some of the items prepared in the day care center and finding job placement for improved patients.

#### **General Amenities for the rehabilitation department**

One telephone

Toilet and drinking facility

Office room

Store room to store the raw material

Sales section.

Multi purpose all for indoor games and decoration activities

Office Staff for the rehabilitation center

2 clerks one junior and one senior and one attender

#### **Rehabilitation monitoring committee**

There is a need for an independent rehabilitation committee with the medical superintendent as the chairperson. Representatives from various public and private sector industries and companies, the banking and insurance sector, members from the State welfare and small-scale industries departments, prominent citizens and

philanthropists can serve as members of this board. Mental health professionals, NGOs working in the area of mental health as well as representation from the patient and family should also be present.

## **HUMAN RESOURCE DEVELOPMENT AND TRAINING**

### **1. Mental health professionals**

**a. Psychiatrists** -Currently it is estimated that there are only three thousands to four thousands psychiatrists in our country. Every year nearly 350 to 400 psychiatrists qualify from different post graduate training centers spread all over the country. Out of them at least 25 to 30 go abroad. For our country with a population of 96 crores, we require at least 10,000 psychiatrists, providing a ratio of 1 psychiatrist for every 25 beds. Hence there is an urgent need to start post-graduate courses like DPM and MD in many more centers and to increase the number of seats in the available centers. All the mental hospitals should become postgraduate centers.

### **b. Clinical psychologists and Psychiatric social workers.**

These mental health professionals form an integral part of the mental health team. Their services are essential for the psychosocial management of mentally ill persons. There is a need for one clinical psychologist and one psychiatric social worker for 25 patients in both mental hospital and general hospital psychiatric settings.

They should be class I officers and the designation and pay scale should be commensurate with the qualification. Till such a time as posts are created or existing vacancies filled up, provision should be made to avail of these specialized services on part-time/contract basis or as visiting consultants.

One mental hospital in each region or state can be identified as a training center and start postgraduate courses in these areas.

### **c. Psychiatric nurses**

NIMHANS is the only center offering diploma in psychiatric nursing. More centers need to be started. Nursing schools / Colleges situated in places where there is a mental hospital can start diploma and master's level courses in psychiatric nursing.



**SUGGESTED STAFF PATTERN DEPENDING ON THE NUMBER OF THE BEDS**

Staff Pattern	20 beds	21-50 beds	51-100 beds
Psychiatrist	1	2	4
G.D.M.O	1	3	4
Clinical Psychologist	1	2	4
Psychiatric Social Worker	1	2	4
Staff nurses	7	18	20
Ward attenders	6	15	30
Sweepers	6	15	-

The manpower requirement has been worked out for the over all mental health care in the institution. This would involve services provision in out patient, inpatient, and other areas of service.

**d. Inservice Training Program**

Inservice training programs should be conducted regularly and periodically for all categories including ward attenders, safaiwalas, instructors and other persons working in rehabilitation services. This will facilitate a change in attitude of the staff towards mentally ill persons and provide better health care. In addition, during the inservice training program human rights of the mentally ill should be highlighted. Subsequently adequate steps should be taken to ensure that these rights of the mentally ill are not violated.

Opportunities for continuing professional education should be provided to the professional staff. They should get necessary travel and other allowances to attend at least one workshop or conference per year.

**2. Training for Other Professionals**

For professionals who are closely associated with the functioning of the mental hospitals such as the judiciary, police and officials in charge of prisons, a series of workshops need to be conducted. These workshops need to be geared towards making them understand the nature of psychiatric illnesses and their management. More

importantly, they should be made aware of the existing laws pertaining to mental health, for e.g. the Mental Health Act 1987, the Persons with Disabilities Act 1995, the Narcotics and Psychotropics Substances Act of 1985.

The practice of referring under the Indian Lunacy Act 1912, which has already been repealed must be immediately discontinued. This process was initiated in Kerala for the judiciary by Justice VS Malimath and found to be very effective.

### **Estate Department**

There is a need for establishing a separate estate department for preservation of and maintenance of the estates, lands, properties and infrastructure of the hospital. The details of which are listed below:

- a. The administration of the hospital shall have an appropriate Estate Department or Estate Cell dealing primarily with the task of maintenance of documents/records of estate, land and properties, both movable and immovable, of the hospitals. The department/cell shall also be responsible for the following:
- b. Maintenance of proper records and registers regarding the extent of land. Estate Department shall conduct a survey and assess the extent of the land and ensure that no encroachments on the property take place.
- c. The Estate Department should also be responsible for the preparation of Land Use Plans, or Master plans, if necessary in consultation with expert bodies such as the Hospital Construction Corporation of India and to ensure that no construction and development activity inconsistent with such a master plan is embarked upon.
- d. Proper utilization of the extensive, unused land in many of the hospitals should be planned for, if necessary in consultation with the Horticulture Department of the State Government or other expert bodies, to develop an orchard, or to put the unutilized land to such gainful use without creating any third party rights or interests.
- e. The estate department should also be responsible for periodic inspections to ensure that the hospital buildings meet the basic standards for the protection of the Health and Safety of the patients and staff.
- f. It should also ensure that the space is sufficient for the number of patients admitted, and that reasonable space for specific treatment procedures, recreational activities, and receiving of visitors in terms of privacy, seating etc. is provided.
- g. It should ensure reasonable privacy for relevant bodily functions of the patients, with emergency safety procedures. The department should also ensure

the provision of adequate provisions for patients to secure their personal effects and belongings.

- h. It should ensure adequate lighting in wards, and for the security of the campus.
- i. The department should ensure that toilets are in good serviceable condition with a constant supply of water and set-up and maintain adequate sewerage and waste disposal systems.
- j. The Estate Department should also be responsible for the maintenance of the building structures, plants and machinery and keep them in a serviceable condition.
- k. The Estate Department, in so far as the requirements of Civil and Electrical Engineering services are concerned, may secure appropriate personnel on deputation from the Government, or local authority.
- l. Periodic reports from the Estate department about its functioning should necessarily be placed before the Hospital Committee for consideration and review.
- m. Estate Department should be headed by Executive Engineer/Assistant Engineer deputed from the State Department and should work under the control of the Medical Superintendent.
- n. One unit of the Estate Department comprising of Junior Engineer, Electrician, Plumber, Mason, should have residential accommodation in the campus. This will ensure that routine work/repairs take place without delay.

#### **Utilization of vacant land**

All the mental hospitals have a large area of land often without a boundary wall. With the result, encroachment of land has taken place in many hospitals. Action must be taken to by the estate department to regain the lost land. The vacant land could be utilized for:

1. Agricultural and horticultural purposes utilizing the manpower available. This can also be taken up as part of the rehabilitation program especially for patients hailing from a rural background .
2. Housing the staff quarters. Many of the staff stay outside the campus and pay heavy rents. Provision of staff quarters will enable them to attend to their duty at the scheduled time as well as facilitate patient care.
3. Building new wards like open and family wards with modern amenities.
4. A new block for rehabilitation services and outdoor games.
5. Housing a new laundry block.

6. Building a Dharmashala Complex for poor patients with the help of donations from public and corporate bodies.

### **Financial aspects**

One of the salient findings of the project was the disparity in the cost per patient across different hospitals. This needs to be immediately rectified. Hospitals, which spent at least a minimum sum of Rs. 200 per person per day, were able to provide reasonable basic amenities. All hospitals can adopt this as a minimum guideline in their budget provision.

To provide mental health care in all the three dimensions viz., preventive, promotive and curative lot of financial resources are required to initiate the process. The Government of India has approved the National Mental Health Program of 1982, but because of a lack of funds and a lack of commitment from the Government of India and State Government, it has not been possible to implement the program though islands of activity have been initiated. Several National Workshops have been held and each time recommendations have been made but no action has been taken, due to a paucity of funds.

In this regard the State Governments have held the position that unless the Government of India funds 100% of the program, they would not be able to take up the National Mental Health Program or implement the Mental Health Act of 1987. Health being a concurrent subject unless both Government of India and State Governments come to some understanding, no further action is likely to occur. In advanced Western countries health receives nearly 18% of the budget. In contrast, in India only 3% of the budget is allocated for health. In an already low budget, the allocation to mental health is even lower.

In this regard the following suggestions are made:

1. The Government of India should provide 100% of the funds for the first 5 years. For the next 5 years, the State may contribute 50% of the expenditure and the rest by the Government of India. Subsequently the State Government can take over the entire program.
2. International Agencies like World Bank could be approached. Some years ago efforts were made to obtain World Bank funding, but not pursued vigorously.
3. International Funding Agencies like WHO, ILO, Ford Foundation, Rockefeller Foundation and other similar agencies could be approached.
4. The approximate projected cost of such an endeavor would be Rs. 1500 crores.

### **Welfare measures**

People working in mental hospitals are exposed to additional pressures such as working with the chronically mentally ill, long working hours and poor work conditions. Moreover, many of the staff are posted to the mental hospital as a 'punishment transfer'. Such staff disrupt the work ethos. This practice should be immediately stopped.

In order to prevent amotivation and burnout among the staff certain incentives/extra allowances should be provided at all levels. The quarters have to be provided at least for 50% of the staff and for all emergency duty staff including medical officers. Special allowances have to be considered by each state government. Recreation facilities for the staff and their families, including children should be provided.

### **Rights of the mentally ill**

The United Nations through its Declaration on Human Rights in 1948 and again in 1975 (Rights of the Disabled) has affirmed the basic principles of human rights of the mentally ill. The Constitution of India has recognized that the mentally ill are an under privileged section of society and have a right to equal status. The rights of mentally ill have emerged as a growing concern all over the world. In the Mental Health Act (1987) Chapter - 8, Section 81, a few provisions are enunciated.

All the categories of staff in the hospital from the medical superintendent to ward attenders should be made aware of these rights through a series of orientation programs. That these rights are protected should be ensured by the hospital administration. If any violation of the rights of the mentally ill should occur, the monitoring team within the hospital should take appropriate action against the individual in addition to preventive steps.

#### **Rights of the mentally ill**

1. The right to be treated humanely and with respect for the inherent dignity of the person.
2. Right to personal liberty
3. Right to bodily integrity and appearance
4. Right to privacy
5. Right to appropriate treatment and rehabilitation
6. Right to be protected from cruelty and involuntary servitude
7. Right to be respected
8. Right to protection against exploitation or discrimination and a right to protection against abuse or degrading treatment
9. Right to community and family life once improved rather than a life of incarceration.
10. Right to refuse treatment

## Monitoring Mechanisms

1. Internal - The Hospital Committee, Board of Visitors, Board of Management could function as Internal Monitors.
2. External - There could be a Human right Cell for each Mental Hospital or at least one at State level consisting of Chairman, Human Rights Commission of the State. The Medical Superintendent of the Hospital, Directorate of Health Services/Medical Education. The Secretary, Health, or his nominee from the State. A senior Psychiatrist outside the hospital and a well recognized Social Worker.
3. The Central Health Authority dealing with implementing the Mental Health Act and a National Mental Health Program has to be strengthened and given the power of monitoring the Mental Health activities of the country including mental hospitals.
4. State Mental Health Authority established under the Mental Health Act has to be strengthened to monitor the State Mental Health Authorities.  
(Please refer Mental Health Act 1987 and Government of India Rules of 1990)
5. There should be a separate cell at the Government of India, Ministry of Health and Family Welfare with Joint Secretary as the Head. This Joint Secretary will exclusively deal with the subject of mental health.
6. There should be a separate cell at the Directorate General of Health Services level with Additional Secretary as the Head exclusively dealing with Mental Health. He could preferably a psychiatrist.
7. Currently Ministry of Social Justice and Empowerment (earlier Ministry of Social Welfare) is dealing with rehabilitation aspects of chronically mentally ill under persons with Disabilities Act of 1995. Unfortunately there is no coordination between this Ministry and the Health Ministry. There should be a mechanism of continuous intensive cooperation. Hence it is suggested a member from Social Justice and Empowerment ministry could be a member of the State Mental Health Authority and similarly a member from Health Ministry could be Member of the Central Coordination Committee formed under persons with Disabilities Act 1995.
8. Similar arrangements could be made at all the State level also