

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

**Subject: Visit Report of Ranchi Institute of Neuro-Psychiatry and Allied Sciences,
Ranchi, Jharkhand submitted by Shri Surajit Dey, Registrar (Law), NHRC .**

Shri Surajit Dey, Registrar (Law), NHRC visited Ranchi Institute of Neuro-Psychiatry and Allied Sciences (RINPAS), Jharkhand on 08.06.2019 for an on the spot review to evaluate the functioning of the institution.

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

Observations:

1. Major problem that has come up during the visit is the dearth of staff-doctors, para-medical volunteers causing immense inconvenience to the inmates.
2. Staffing pattern of RINPAS is still under way of approval
3. Recruitment rules for Teaching Cadre of RINPAS is still under way of approval
4. The admissions of MD AND DPM students have been stopped and permission for admissions has been withdrawn by MCI, New Delhi due to inadequate number of teachers and senior residents in Psychiatry Department. Appointment could not be done due to non-approval of Recruitment rules.
5. Difficulty managing hospital due to insufficient number of staff.
6. Portions of RINPAS land has been occupied by Birsa Agriculture University, Kanke, Ranchi
7. Payment of the Government of Bihar for the patients getting treatment is due, approximately 72,00,00,000/-
8. Wandering patients from Jharkhand and Bihar are being brought by police, NGOs, Legal State Authorities and other agencies but RINPAS is not getting help from any agencies for searching addresses so that the patient can be sent back to their homes.
9. It has also been brought to the notice that even after making proper treatment and recovery made by the patient, the relatives or the persons related to the inmates are not showing their willingness to take back mentally retarded persons who become normal.

10. It has also been reported during the visit that many of the inmates have been staying for years together notwithstanding the fact that they are aware of their places of residence, details of their addresses have been given to the authorities, but due to lack of sensitive approach by the administration, they have been languishing in RINPAS.
11. No open wards were found. However, the male and female wards were clean. Though the buildings of both the wards are old and lack appropriate maintenance but it cannot be said that it is not habitable. There are a lot of shortcomings in the wards regarding light, fan, whitewash/painting of walls which were brought to the notice of the Director and Additional Director of RINPAS.
12. There was no Mother-Child Care Unit separately where mothers with mental or neurological illness are allowed with their children up to the age of six years.
13. It has been brought to the notice that women are often projected to be mentally ill by relatives or family members and they have been brought to the mental health institution since they are unable or do not perform their domestic chores. During interaction, a woman revealed that she was left by her family at RINPAS once her husband left for Delhi and her children are in the custody of other family members.
14. There are challenges in re-uniting the patient back to their families. Families do not want to take these people back and the cause for this may be economic burden with mental illness suffered by the family members.
15. Canteen has automatic roti making machine, rice making pressure cooker and LPG operated ovens.

16. Add.

Recommendations:

1. Basic infrastructure of RINPAS needs an improvement with allotment of funds by the State Government.
2. Important works to be done by the State Government were proposed during the 63rd meeting of Management Committee. (Please refer page2 to page4 of the visit report)
3. There is a need for creation of database for all the inmates and their details relating to their places of residence, educational background, behavioral pattern, vocational training, if they are undergoing, with a view to get an idea about the future rehabilitation of the inmates after getting satisfactory mental treatment.

4. As it is reported during the visit that many of the inmates have been staying for years together, there is a need for maintaining digitized entry with proper database so that the treatment of the patient may be taken care of effectively with their respective case history.
5. It has been noticed that psychiatric patient must remain present in each visit before issuance of further medicine or treatment.
6. There is need for involvement of more number of inmates into such vocational training or skill development for their rehabilitation and re-engagement after discharge from the RINPAS.
7. A Mother-child care Unit is required where mothers with mental or neurological illnesses are allowed with their children up to the age of six years.
8. There is a requirement of Mobile Mental Health Unit Programme under the aegis of RINPAS whereby critical mental health services pre-hospital care to be provided to the under-privileged and neglected population of mentally ill, homeless and home bound persons.
9. In case of homeless persons, RINPAS should take more affirmative steps regularly with the help of NGOs and social workers, trace the inmates' families and send them, who have been recovered from mental illness, to their respective homes.
10. People who have come to RINPAS with the family support, they should also be sent back after the treatment.
11. Shortage of staff and expansion of new and specialized areas in mental health, require more funds. More number of experts in various fields, mainly clinical psychologists is necessary.
12. There is need for legally trained persons to assist judicial and quasi-judicial matters of the inmates so that they may be rehabilitated and re-united without much hassle.
13. There is need for more trained staff to understand the specific problems of some of the inmates and to act as a caregiver.
14. Endeavors must be made for eradicating the stigma associated with the illness.

Report by Mr. Surajit Dey, Registrar (Law), NHRC for his visit to Ranchi Institute of Neuro-Psychiatry and Allied Sciences, Ranchi, Jharkhand on 08.06.2019

In view of order of the Commission dated 28.05.2019, the undersigned has been entrusted to make a visit to Ranchi Institute of Neuro-Psychiatry and Allied Sciences (RINPAS) on 08.06.2019 and after making the visit, the report is given herein below:

1. It is well known that in the case of Dr. Upendra Baxi vs. State of Uttar Pradesh (1998 (9) SCC 388), the Hon'ble Supreme Court has given the powers of supervision of the functioning of Agra Protective Home and such power have been derived under the Protection of Human Rights Act, 1993. The Hon'ble Supreme Court directed that the National Human Rights Commission to be involved in the supervision of working of Agra Protective Home to ensure that it functions in the manner as is expected for achieving the objective for which it has been set up. It has also been observed that it is expected that all the authorities concerned would promptly comply with such directions given by the National Human Rights Commission.
2. In conformity with the said directions in the case of Rakesh Chandra Narayan vs. State of Bihar (2004 (10) SCC 200), the Hon'ble Supreme Court directed that the National Human Rights Commission shall also supervise the functioning of RINPAS, the way supervision has been made in respect of Agra Protective Home.
3. Various aspects of RINPS with regard to its status have been delineated herein below in short:
 - i. Staffing pattern of RINPAS is still under way of approval.
 - ii. Recruitment Rules for Teaching Cadre of RINPAS is still under way of approval.
 - iii. The admissions of MD and DPM students have been stopped and permission for admissions has been withdrawn by M.C.I., New Delhi due to inadequate number of teachers and senior

4. As it is reported during the visit that many of the inmates have been staying for years together, there is a need for maintaining digitized entry with proper database so that the treatment of the patient may be taken care of effectively with their respective case history.
5. It has been noticed that psychiatric patient must remain present in each visit before issuance of further medicine or treatment.
6. There is need for involvement of more number of inmates into such vocational training or skill development for their rehabilitation and re-engagement after discharge from the RINPAS.
7. A Mother-child care Unit is required where mothers with mental or neurological illnesses are allowed with their children up to the age of six years.
8. There is a requirement of Mobile Mental Health Unit Programme under the aegis of RINPAS whereby critical mental health services pre-hospital care to be provided to the under-privileged and neglected population of mentally ill, homeless and home bound persons.
9. In case of homeless persons, RINPAS should take more affirmative steps regularly with the help of NGOs and social workers, trace the inmates' families and send them, who have been recovered from mental illness, to their respective homes.
10. People who have come to RINPAS with the family support, they should also be sent back after the treatment.
11. Shortage of staff and expansion of new and specialized areas in mental health, require more funds. More number of experts in various fields, mainly clinical psychologists is necessary.
12. There is need for legally trained persons to assist judicial and quasi-judicial matters of the inmates so that they may be rehabilitated and re-united without much hassle.
13. There is need for more trained staff to understand the specific problems of some of the inmates and to act as a caregiver.
14. Endeavors must be made for eradicating the stigma associated with the illness.

residents in Psychiatry Department. Appointment could not be done due to non-approval of Recruitment Rules.

- iv. Difficulty managing hospital due to insufficient number of staff.
 - v. By Birsa Agriculture University, Kanke, Ranchi the part of lands of RINPAS has been occupied.
 - vi. Payment of the Government of Bihar for the patients getting treatment is dues of approximate Rs.72,00,00,000/-.
 - vii. Wandering patients from Jharkhand and Bihar are being brought by police, NGOs, Legal State Authorities and other agencies but RINPAS is not getting help from any agencies for searching addresses so that the patient can be sent back to their homes.
4. Basic infrastructure of RINPAS needs an improvement with allotment of funds by the State Government. This institute has been looked after by State and therefore, it is incumbent upon the State Government to address the issues raised during the meeting and the work to be done by the State Government accordingly.

5. Important work to be done by the State Government as per decision of Managing Committee are given herein below:

Staffing pattern of RINPAS	Decision by Management Committee
<p>The staffing pattern of RINPAS was proposed and discussed in 63rd meeting of Management Committee and the committee decided as below:</p> <p><i>The Committee discussed the issue in detail keeping in view of the above opinion of</i></p>	<p>The report submitted by the Committee constituted under the chairmanship of Dy. Director (Admn.) was discussed and proposed staffing pattern was</p>

the Finance Department, the note sheet of the above mentioned file of the Health Department, the staffing pattern 2004 and RMA rules published in the gazette on 30.09.1994 finally decided that a committee under the chairmanship of Dy. Director (Admn.), RINPAS with Medical Superintendent, RINPAS as a member and Sr. Accounts Officer, RINPAS as a member be constituted. The constituted Committee keeping in view of the above opinion of the Finance Department, the note sheet of the above mentioned file of the Health Department, the staffing pattern 2004 and RMA rules published in the gazette on 30.09.1994 would check and rationalize the proposal in terms of

(a) Reasons for abolition of the posts

(b) Reasons for creation of the posts

(c) The pay scale as per the resolution no. 660 dated 02.02.2009 of Finance Department, Government of Jharkhand

(d) The appointments and promotions made as per staffing pattern, 2004 and accordingly, formulation of proposal to Health Department, Government of Jharkhand for the decision on the issue. The cases in Anti Corruption Bureau (A.C.B.), Ranchi against some of the appointed and promoted officers and staff are

approved. The Committee also instructed Director to send the proposal to Department of Health, M.E. & F.W., Government of Jharkhand for further action. It was also resolved to put up the matters related to appointment, promotion and other related issues in next meeting.

<p style="text-align: center;"><i>pending</i></p> <p style="text-align: center;">(e) <i>The opinion on posts not listed in resolution No. 660 dated 28.02.2009 of Finance Department, Government of Jharkhand</i></p> <p>The Committee will submit a fresh proposal of the staffing pattern within fifteen days. Then Director would put up the proposal in next meeting.</p> <p>In compliance to the decision, the constituted committee, keeping in view the above points, submitted a report after checking and rationalizing the proposal of staffing pattern. The same proposal of staffing pattern is being put up for discussion and decision.</p>	
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6. While meeting with the boarders, RINPAS, it appears that there is a need for creation of database for all the inmates and their details relating to their places of residence, educational background, behavioural pattern, vocational training, if they are undergoing, with a view to get an idea about the future rehabilitation of the inmates after getting satisfactory mental treatment. It has also been brought to the notice of the undersigned that even after making proper treatment and recovery made by the patient, the relatives or the persons related to the inmates are not showing their willingness to take back mentally retarded persons who become normal into their respective houses or places of residence.

7. It has also been reported during the visit that many of the inmates have been staying for years together notwithstanding the fact that they are aware of their places of residence, details of their addresses have been given

to the authorities, but due to lack of sensitive approach by the Administration, they have been languishing in RINPAS.

8. While visiting the outdoor patients, it has come to the notice that in an average, more than 400 patients of the nearby areas have been visiting doctors, psychiatrists, counsellors for getting one month's free medicine and treatment. Of late, it has been noticed that psychiatric patient must remain present in each visit before issuance of further medicine or treatment. Registers of such visits have been maintained properly but there is need for maintaining digitized entry with proper database so that the treatment of the patient may be taken care of effectively with their respective case history if being properly maintained in such database.

9. I found out that vocational training and skill development of the inmates have been going on vigorously but there is need for involvement of more number of inmates into such vocational training or skill development for their rehabilitation and re-engagement after discharge from the RINPAS.

10. Major problem that has come up during visit is the dearth of staff-doctors, para-medical volunteers causing immense inconvenience to the inmates. The staff pattern of RINPAS was taken up for agenda meeting of 64th Managing Committee meeting where no decision was taken by the Managing Committee.

11. Effectively, the mandate that has been given by the Hon'ble Supreme Court empowering the National Human Rights Commission to monitor and supervise the functioning of RINPAS makes it expedient to ensure that mentally rehabilitated persons or persons having psychiatric problem are to be treated in a homely manner and all their rights must be protected by ensuring that State is duty bound under the Statute to provide adequate infrastructure, medical facilities/treatment for such mentally sick persons where all endeavours must be made to improve their mental health and recover from illness by eradicating the stigma associated with the illness.

12. During the visit, I did not find any open wards. However, the male and female wards were clean. Though the buildings of both the wards are old and lack of appropriate maintenance but it cannot be said that it is not habitable. There are lots of shortcomings in the wards regarding light, fan, whitewash/painting of walls which were brought to the notice of the Director and Additional Director of RINPAS.

13. I did not find any Mother-Child Care Unit separately where mothers with mental or neurological illness are allowed with their children up to the age of six years.

14. O.P.D. is in a separate building. Tokens have been issuing to the patients for treatment and giving medicines. The area is more or less properly maintained having adequate shades. Inside the building, there are various rooms designated for specific services. Inside the O.P.D., there is also separate counter for senior citizens or elderly persons.

15. Half-Way Home is under construction and Additional Director has informed that the Government has taken initiative to complete the Half-Way Home quickly.

16. However, I did not find any Mobile Mental Health Unit Programme under the aegis of RINPAS whereby critical mental health services like pre-hospital care to be provided to the most of the under-privileged and neglected population of mentally ill, homeless and home bound persons.

17. It has been brought to the notice of the undersigned that women are often projected to be mentally ill by relatives or family members and they have been brought to the mental health institution since they are unable or do not perform their domestic chores. During interaction, a woman revealed that she was left by her family at RINPAS once her husband left for Delhi and the children of her are in the custody of other family members as there was an altercation with her husband and since then, the family is not willing to take her back.

18. There are challenges in re-uniting the patient back to their families. Be that as it may, it is up to the institute to provide adequate psychiatric treatment and psychological counseling to transform such mentally challenged persons from in-patients to out-patients, which is quite apparent that the institute is doing. Having said that, in case of homeless persons, RINPAS, should take more affirmative steps regularly with the help of NGOs and social workers, trace the inmates' families and send them, who have been recovered from mental illness, to their respective homes. People who have come to RINPAS with the family support, they should also be sent back after the treatment. Dr. Subhash Soren, Director, observed that families do not want to take these people back and the cause for this may be economic burden with mental illness suffered by the family members.

19. I have also visited canteen and over saw the food preparation and also have tasted food which appeared to be of quality food. Quantity of the food has also been shown to the undersigned. It has automatic roti making machine, rice making pressure cooker and LPG operated ovens.

20. During the discussion with the Director, Additional Director and other staff members, the difficulties RINPAS is facing, have been explained to the undersigned which mainly relate to shortage of staff and expansion of new and specialized areas in mental health, which require more funds. More number of experts in various fields, mainly clinical physiologists, are necessary. There is need for legally trained persons to assist judicial and quasi-judicial matters of the inmates so that they may be rehabilitated and re-united without much hassle. There is need for more trained staff to understand the specific problems of some of the inmates to act as a caregiver as that cannot be done in general with other inmates.



















