

Report on the visit of Shri Chaman Lal, Special Rapporteur, NHRC to Gwalior Mansik Arogyashala (G.M.A) on March 31, 2004

As directed by the National Human Rights Commission, I visited the Gwalior Mansik Arogyashala (GMA) on 31 March 2004 for the annual review (2003-04) of the progress of implementation of the directions issued by the NHRC from time to time after it got involved in supervising the functioning of the Institution pursuant to the directions of the Supreme Court dated 11.11.97. The Institution was last visited by Justice Sujata V. Manohar, Member, NHRC on 24 March 2003. She was accompanied by the Commission's Secretary General and the Special Rapporteur. The report on her visit was considered by the Commission on 9 May 2003 and copies of the same were sent demi-officially by the Joint Secretary NHRC to the Chief Secretary, MP and Divisional Commissioner, Gwalior and Director, GMA ably assisted by Dr. Sumit Gupta, Dr. Mukesh Changulani and Dr. S.P. Joshi made a written presentation of the action taken on the directions/suggestions of the Member.

After a detailed discussion with the Director and his senior colleagues on various aspects of the working of the Institution, I took a round of the entire campus and visited the new OPD block, Open and Close Wards in both the male and female sections, prisoners' ward, library, Biochemical Lab. ECT room and the male and female Half-way Homes. The observations of the visit are recorded below:

Admission and Discharge of Patients

Admission and discharge of patients is going on smoothly in accordance with the provisions of the Mental Health Act 1987. The daily average of OPD cases has registered a substantial increase from 46 in the calendar year 2002 to 52 in the year 2003. The daily average for the period 1 January 2004 to 15 March 2004 comes to 53. A total of 19,132 patients were treated at the OPD in 2003 as against 17,008 in 2002. The frequency of the weekly OPD (satellite clinics) started at the Medical College, Gwalior in 2002 has been increased from 4 days to 6 days a week which really means daily OPD like the main hospital. A total of 988 patients were seen at the Medical College OPD in 2003 compared to 618 in 2002. Weekly OPD services are also being provided at the Civil Hospital Morar. A total of 178 patients were seen in 2003 while the figure for 2002 was 153.

The GMA is also providing weekly indoor referral services at the Psychiatry Ward of the Central Jail, Gwalior. Once a month, OPD services are provided in the District Medical Board facility at Morar by a psychologist of GMA. The most notable progress achieved in the period of review has been the commissioning of the District Mental Health Programme at Shivpuri w.e.f. 31.10.03 under the overall control of the Director GMA who has been designated as a Nodal Officer. A total of 618 patients have been attended in the bi-weekly OPDs till 15 March 2004. Besides the above, a total of 649 patients – 439 male and 210 female patients were attended at the Mental Health Camps held in Districts Shivpuri, Gwalior, Morena and Bhind in 2003-04.

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The average bed occupancy was 182.39 in 2003 against the sanctioned strength of 212. The figure for the previous year was 177. The number of indoor patients on the day of the visit i.e. 31st March was found to be 195 - 120 male and 75 female. 15 of them belong to other States, 14 to Chhatisgarh and one to UP.

The welcome trend towards more and more open ward admissions continues. In the year 2003, 1463 patients were admitted in Open ward as against 123 in Close ward giving a percentage of 7.7 for close ward admissions. A steady shift from close to open regime can be noticed from the following table:

| Year | Close ward admissions | Open ward admissions |
|--------------------------|------------------------------|-----------------------------|
| 1999 | 337 | 240 |
| 2000 | 188 | 1007 |
| 2001 | 146 | 1292 |
| 2002 | 123 | 1440 |
| 2003 | 123 | 1463 |
| 2004 (up to 15 March) | 36 | 256 |

The proportion of the involuntary admissions which was as high as 33.6% when the NHRC's intervention really began in 1999, was 7.32% in the year 2003. It was 5.98% in 2002 and 10.16% in 2001.

The average length of stay of patients in the Open ward was 9.56 days in 2003. The figure for the close ward was as high as 43.23 months. As a number of Long Staying patients have been restored to their families through special efforts during this period, the average length of stay of fresh cases,

even in close wards has registered a tremendous drop. Now efforts are being made to ensure that period of hospitalisation does not exceed 90 days. However, it is not possible to enforce this in respect of abandoned/destitute patients, whose number is fairly large.

Diet

The daily expenditure on food per patient has been increased from Rs. 27/- to Rs. 30/- as recommended by the Commission. A number of patients both male and female were found taking their morning meal. They appeared thoroughly satisfied with the quantity of food and quality of cooking. The seating arrangements and the dignified mode of serving the food were appreciated.

Diagnostic and Therapeutic Facilities

While a slight increase is noticed in the utilisation of pathology, EEG, ECT -and Radiological services, the desired improvement in diagnostic and therapeutic facilities emphasised by the Supreme Court is still awaited. The Psycho diagnosis and Behaviour Therapy techniques are yet to be developed. The Institution is not holding a single Clinical Psychologist or a Psychiatric Social worker. In this respect the GMA is far behind the other two mental hospitals – RINPAS, Ranchi and IIMH, Agra whose supervision has also been entrusted to the NHRC by the Apex Court. No progress is seen towards the establishment of ICU facility recommended by the Commission.

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Occupational Therapy

An encouraging beginning has been made, at long last, by appointing in May 2003 a vocational Instructor for the female patients. Under the overall supervision of Dr. Netra Upadhyay, SMO, Smt. Renuka Dikshit appointed as a Vocational Instructor on 12.5.03 is imparting training to female patients in stitching, knitting and embroidery. She is also looking after the recreational and rehabilitation activities like physical exercise, prayer, singing, dancing, drawing, painting, reading, culture programme and indoor games in the female section. The Occupational Therapy room has been very nicely set up and decorated with display items made by the patients. Mrs. Dikshit informed that 26 patients are regularly attending the O.T. classes. 10 of them including Meena Chopra, Neeta Verma, Saroj Kesri and Usha Jain have shown remarkable improvement in their physical and mental condition and their overall behaviour. I could notice a distinct improvement in the condition of Mrs. Meena Chopra an abandoned patient who says her husband is a Brig. and her sons are serving in army. A marked improvement was visible in the general atmosphere in the Female Section where inmates were found sullen and withdrawn during our last visit. The Commission's insistence on introduction of occupational therapy has clearly produced the desired results. Six inmates including Meena Chopra are seen to have found an outlet for their creative expression in painting.

The occupational therapy arrangements are required to be made for the male patients also. At present, the occupational therapy is missing on the male side. However, relatively calmer patients are made to join common activities such as prayers, singing, indoor games, outdoor (Volley-Val)

games. Some patients are engaged in gardening and candle-making is also being tried.

The Management Committee should fix a nominal remuneration for the patients working in tailoring, knitting and embroidery sections. The incentive will prove useful in enhancing the self esteem and sense of responsibility of the workers.

Rehabilitation of Long Stay Patients

The number of Long Stay patients with duration of stay exceeding two years is 35. 17 of them - 9 male and 8 female have been languishing in this hospital for more than 10 years.

The Action Aid India has provided a team of four volunteers headed by Dr. Shabana Khan for helping in the rehabilitation of the long stay patients. A project called MAITRI was started on 7th February 2003. The team comprising Dr. Shabana, Manisha Chaturvedi, Meenu Malviya and Rajni Mundra have prepared patient profiles of 87 inmates. Training in life skills is being provided to two groups of 10 inmates each. 19 patients have been targeted for training in social skills. The team is currently making a weekly assessment of 32 patients and data can be found very useful by the Hospital authorities. MAITRI could trace 15 families and 19 more are in the process of being traced. The group is imparting individual group counselling to patients and also taking up family counselling. 14 inmates have been restored to their families as a result of their efforts. The team is also carrying on follow up by keeping itself in constant touch with 19 patients. MAITRI is keen to be involved in the programme of sensitization and education of the community at large about the mental illness and it

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would be worthwhile to utilise their services in the District Mental Health Programme started at Shivpuri.

Staff

There has been some improvement in the staff position since the last review of March 2003. The post of Dy. Director/Assistant Professor, Psychiatry has been filled by appointing Dr. T. Jagawat on contract basis. He joined on 23.6.03 and was given temporary charge of Director in November 2003. Efforts to fill up the post of Director are still on. Following the decision taken by the Management Committee in its meeting held on 19 January 2004, Director, Medical Education, Bhopal has been requested to advertise the post for appointment of a regular Director.

A vacancy of Asstt. Professor, Psychiatry has also been filled by appointing Dr. Mukesh Changulani on contract basis against the reserved post. With the appointment of two Matrons, vacancies of Matron have come down from three to one. The staff position is still considered unsatisfactory because of the following vacancies which are crucial to the efficient functioning of the Institution:

| | |
|----------------------------------------|-----------------------------------------|
| Director | - 1 |
| Asstt. Prof. Psychiatry | - 3 |
| Asstt. Prof. Clinical Psychology | - 3 (no Clinical Psychologist held) |
| Asstt. Prof. Psychiatric Social Worker | - 3 (no Psychiatric Social Worker held) |
| Psychiatric Social Worker | |
| Clinical Psychologist | - 3 |
| Administrative Officer | - 1 |
| Nursing Supdt. | - 1 |

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| | |
|-------------------------|-----|
| Matron | - 1 |
| Staff Nurse | -25 |
| Radiographer | - 1 |
| Dresser | - 1 |
| Electrician | - 1 |
| (none Electrician held) | |


It is a matter of concern that the GMA is holding no staff at all in the Clinical Psychology and Psychiatric Social Worker Disciplines. As regards the Psychiatric Section, the Supreme Court had directed creation of 3 posts of Senior Psychiatrists in the old pay scale of 4500-5700 and three Junior Psychiatrists in the scale of Rs. 3000-4500. The MP Government had instead sanctioned 5 posts of Sr. Psychiatrists in the old scale of 3700-5000 and 16 of Jr. Psychiatrists in the scale of 2200-4000 (11 posts were already available). The actual availability of Psychiatrists is thus fairly good for the average OPD of 50 and indoor occupancy of less than 200 patients when the situation is compared to RINPAS and IIMH, Agra. The GMA is actually holding at present one Associate Professor Psychiatry, two Asstt. Prof. Psychiatry (one appointed on contract basis) and 4 Medical Officers holding Diploma in Psychiatry. Besides one M.O. Dr. Kamlesh Udenia trained from NIMHANS is also posted to GMA but is presently working on attachment with Medical College, Gwalior.

For rationalising the staffing pattern, a proposal has been sent to the Government for creating 3 posts each of Asstt. Prof. Clinical Psychology, Gr.I, Clinical Psychologists Gr.II, Asstt. Prof. Psychiatric Social Worker and Psychiatric Social Worker by surrendering 18 posts, 2 of Clinical Psychologist Gr.II, 7 of Clinical Psychologist, Gr.III, 1 of Psychiatric Social

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Worker, Gr.II and 8 of Psychiatric Social Workers Gr.III. The proposed rationalisation which also involves conversion from non-teaching to teaching category is considered essential to enable the Institution to discharge the responsibility of a training institution which is one of the key tasks given by the Supreme Court. Detailed discussions revealed that the proposal sent to the Government was prepared hurriedly and is wanting in details regarding financial implications. The Director was advised to prepare a detailed proposal for the consideration of the Management Committee for further action. The Management Committee declared autonomous by the Supreme Court is competent to decide such matters. It may be clearly stated that until the staffing pattern is rationalised and the key posts are filled, the Institution will not be in a position to comply with the directions of the Supreme Court. The Commission has been insisting on this matter for about 5 years with hardly any progress seen in the staffing pattern. The Commission may like to give time-bound directions to the Government of MP and thereafter bring the matter to the notice of the Supreme Court.

The issue of de-reservation of posts has been figuring regularly in every review undertaken by the Commission. In the discipline of Psychiatry, 4 posts of Asstt. Prof. of Psychiatry are sanctioned. 3 of these are reserved, one each for SC, ST and OBC. In Clinical Psychology, 3 posts of Asstt. Prof. are sanctioned. Two are for general category and one is reserved for ST. All the three sanctioned posts of Asstt. Prof. Psychiatric Social Worker are reserved on each for SC, ST and OBC. Three sanctioned posts of Clinical Psychologists have one reserved for OBC. Three posts of Psychiatric Social Worker have one reserved for ST. After failing in several attempts to find suitable candidates from SC, ST and OBC categories, the



Management Committee has requested the Government of MP to de-reserve these posts as a one time measure only. This was also discussed in a special meeting taken by the Chairperson, NHRC on 29 November 2002 which was attended by the Secretary, Medical Education MP.

I am given to understand that reservation of these posts in GMA is on the basis of a State-wise Reservation Roster which was being followed earlier for all the Autonomous Bodies like Medical Colleges. However, it was later revised for autonomous bodies and the roster was made Institution-wise. This has helped these Institutes to fill up such posts temporarily with general category candidates where suitable candidates could not be found among the SC,ST and OBC. The GMA should also be considered for this change.

It is not at all desirable to suggest permanent de-reservation of these posts. However, since these posts are urgently required to be filled to establish the educational training facilities like MD, DPM, M.Phil. DPN etc, the Commission may like to direct the Government of MP to fill up these posts by suitable candidates of general category for fixed periods until the legitimate incumbents from SC, ST & OBC become available.

Dr. Mukesh Changulani was appointed as an Asstt. Prof. Psychiatry on contract basis against a reserved post on 5.3.02. His initial appointment was for 11 months. It was extended by 11 months which expires on 9.4.04. He has been given third extension but only for six months. I have been watching the involvement of Dr. Changulani in every aspect of the functioning of the hospital and I have found him devoted to his job. Since it is very difficult to find qualified and experienced Psychiatrists, we should

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try to retain the services of those few who are available. The term of contract appointment could be suitably increased but by making it clear that the appointment could be cancelled whenever the rightful claimant for the post becomes available. I am sure the Management Committee will give due consideration to this opinion.

Dr. T. Jagawat, Acting Director informed that his wife Dr. Savita Jagawat is Ph.D in Clinical Psychology and is serving under CSIR as a Pool Officer. The family has been separated after Jagawat joined the GMA. It is recommended that Dr. Savita Jagawat should be considered on the basis of her qualifications and experience for the post of Asstt. Professor Clinical Psychologist after the proposed rationalisation and re-categorisation comes through.

It is a pity that the staffing pattern of the GMA does not include any post of Psychiatric Nurse. It has a sanctioned strength of 59 general purpose Staff Nurses and as many as 33 posts are lying vacant. Staff Nurses are appointed on the basis of allotment received from the State Offer Nursing Institute. I had in my first report of March 2001 requested the Management Committee to approach the Government for a special allotment of 15-20 Nurses when the next batch passed out in July 2001. I was also given to understand that qualified Nurses belonging to previous batches are also available for appointment. The suggestion does not seem to have been pursued seriously. However, The Director, GMA has written to Director, Medical Education MP Bhopal on 3.3.04 requesting for allotment of 33 Nurses to fill up the post in the following categories:

General



| | |
|------|-----|
| SCs | -11 |
| STs | - 1 |
| OBCs | -12 |

Management Committee

The improvement noticed last time in the regularity of the meetings of the Management Committee is seen to have been lost. The Management Committee which is required under Supreme Court directions to meet at least once in 3 months has held only 2 meetings in the year 2002-2003 - on 30 August and 19 January 2003.

Training of Staff

Two Medical Officers namely Dr. Subhash Upadhyay and Dr. Vijay Sakpal will be completing DPM course at NIMHANS Bangalore in August 2004. GMA is still holding a number of Medical Officers needing this training. However, no Medical Officer was sent to NIMHANS for DPM training in 2003.

Development of Training Facilities

GMA is mandated by the Supreme Court to develop training facilities in the field of Psychiatry Clinical Psychology, Psychiatric Social Worker and Psychiatric Nursing. Practically nothing has been achieved so far in this respect. However, the Institution is providing training to the Under-graduate Medical students, Post Graduate students of Medicines and to the students of Nursing school of Nursing Colleges. In 2003, the Institution received 8 MD (Medicines) and 140 MBBS students. 392 Nurses in 9 batches were

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imparted training in 2003 and 119 in 4 batches in 2004 (till 15 March). It is also worth noticing that all the Medical Officers of the GMA have been associated with the training programme for the Revised National TB Control Programme. Dr. S.P. Joshi, Psychiatrist, Dr. Kuldip Singh, Psychologist and Dr. P. Singhal, Pathology have attended Master Training Programme for Disability at Bhopal in 2003. They will be associated with the programme of training all the PHC Doctors in disability. Dr. Joshi has also been co-opted with the Medical Board for disabled.

Half-way Homes

Half-way Homes are working in both Male and Female Sections with the help of NGOs. They are located just outside the GMA campus. Since no financial aid from Centre or the State Government could be arranged till now, the expenditure on the running of these Homes is being borne fully by the Institute. The NGO have provided the staff for their running.

The male Half-way Home is being run by an organisation called SAKET. It was heartening to note that it is now being managed almost independently by one of the inmates namely Amit Kumar Bharkar who was admitted to GMA on 29.5.2000 under a court order. He belongs to District Seoni. He firmly stated that he is not interested in returning to his home. He is happy with the job of looking after the inmates of the Half-way Home. The Home was started on 24.7.99. It has so far received 114 patients selected for gradual discharge and restoration to their families. 82 of them have actually been restored to their families by the efforts of SAKET. The Home received 15 patients during the period from 1.4.03 to 14.3.04. Seven of them have been repatriated to their families. At present 12 patients are

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staying in this Home. 18 patients out of the 114 sent to the Home had to be sent back to the Hospital.

The female Half-way Home is being run by the Association for Social Health in India (ASHI) whose Vice-President Mrs. Meera Davar is the prime mover of the project. It was started on 17.5.01. The Supdt. Rajni Tomar, Craft teacher Meera Tomar and Counsellor Sunita Bhaskar explained the working of the Half-way Home. The Home is presently holding 13 patients. 9 inmates cook for the home in rotation and others are involved in the maintenance of the campus. With the occupation of recently constructed staff quarters, adjacent to the Home, the place has become lively with the presence of children who provide comforting company to the inmates in evening hours. This is one of the happiest developments since our last visit.

The team of dedicated workers led by Mrs. Davar has done a commendable job in imparting vocational training to inmates in useful skills like stitchcraft, embroidery, typing and candle-making etc. What would impress one most and can not go unnoticed is the sense of self-esteem and dignity the inmates have acquired while living in this Home. The inmates presented a group song and took pride in showing their products. The Home has received 67 inmates so far and 35 of them have been restored to their families. The case of inmate Rekha d/o Brij Kumar Sharma of Durg needs specific mention. She was received at GMA under JMFC Durg order dated 29.12.2000. I was informed that she was on bail in a case of murder at that time and was being treated at Raipur. After she recovered, the GMA sought orders from the court for her release. The court ordered on 20 April 2003 that she could be handed over to her uncle Madan Gopal Sharma if she is

considered fit for discharge. The uncle was contacted by the NGO and Mrs. Davar personally spoke to him. He showed no interest in taking her back. She is firm in not wanting to go to her uncle. She has learnt typing and can earn livelihood and live independently. This is what Mrs Davar desires. However, Rekha has to first be cleared of the criminal charge. Unfortunately, the hospital records do not throw any light on her case. No particular case is mentioned in the reception order of JM Ist Class, Durg. The file shows that the GMA has routinely written to JMFC Durg on 9.3.04 saying that she is fit for discharge using the cyclostyled proforma and omitting to mention the fact that her uncle was contacted and found unwilling to receive her. In this case the court has to be requested to resume her trial and proceed with the same expeditiously. Only after the outcome of the trial is known, can anything be done for her rehabilitation. The Director was advised to write to the Court confirming her recovery and fitness to defend herself and also the fact that her uncle is not willing to take charge of her.

Jail Ward

A Jail Ward for male patients with a capacity of 20 was opened in 1998. On the day of the visit, it was found holding 12 patients – 1 convict and 11 UTs. They are kept in close ward with nominal security leaving a good possibility of escape. As many as 9 of them are fit for return and letters have been written to the concerning courts. Prisoner patients are being received under court orders only and not directly from the jail. Their return is also through the court which takes the lot of time. I interviewed all the inmates individually to ascertain the present status of their case and form

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a rough idea of their mental condition. The following cases were worth mentioning:

1. Bhav Singh, an Under-trial in a murder case from Guna was admitted on 30.12.02 under the orders of C.J.M. Guna. This was his second admission in the Mental Hospital. The Institute has written to the court on 3.2.04 certifying his medical fitness and requesting for discharge orders.
2. Brij Kishore is an UT from Umaria, District Shahdol. He was admitted on 28.8.02. A letter was written to J.M. Ist Class Umaria on 18.10.03 certifying his fitness for return to jail and face his trial. However, there has been no response from the Govt. I found him in perfectly command of his senses. He alleged that he was admitted to Mental hospital at the instance of a Sindhi businessman who had taken his house on rent and is now trying to grab it with police help. When he was confronted with the fact that he was accused in a case under 498A, he said that his brother's wife is trying to settle some score against him. Regardless of the truth of what he has alleged his continued stay in the mental hospital after being declared cured of mental illness is unjustly causing delay in his trial.
3. Ram Swarup is an UT from Morena (case not mentioned) received under the orders of ADJ Morena on 6.8.03. He is fit for discharge and a letter has been sent to the Court on 3.3.04 for seeking discharge orders.
4. Jitendra Singh Tomar is an UT from Morena received on 6.8.03. The court order gives no particulars of his case. He is cured of mental illness and can defend himself. Orders from the court for

his discharge are being sought. It is worth mentioning that there has been no escape from the thinly guarded prisoners' ward since 1998.

Death of Patients

Four inmates of GMA died in 2003 as against 8 in 2002 and 7 in 2001. I examined the files of these cases. Three had died in General hospital Gwalior and only one at the GMA. Two of them were unknown destitutes admitted under reception orders – one from CJM Gwalior, another from CJM Jabalpur. Post-mortem was carried out in all the 4 cases. In 3 cases death was caused due to cardio respiratory failure indicating presence of lung disease in 2 cases. Shri Dharam Pal s/o Chatur Singh aged 28 died of cerebral malaria leading to renal failure. Shri Reful s/o Panna aged 50 was admitted on 7.1.03 under the orders of CJM Datia. He died on 3.12.03. Post-mortem report mentions lung disease. Someone remarked that he was anaemic at the time of admission. I have a strong suspicion that two of the deceased who died of lung disease were not tested carefully for TB at the time of admission. Now that 3 Medical Officers of GMA are associated with the Revised National TB Control Programme at Gwalior, detection and treatment of TB cases among the inmates should receive greater attention.

Works

Shri R.L. Bharti, Executive Engineer, PWD explained the construction works of the Institute. 49 Works have been completed since 1988 which includes recently commissioned new OPD building and 20 staff quarters. Six on-going works are in progress which includes a Shopping Complex with banking facilities. Five new proposals including the

construction of Post Graduate Hostel, Directors' residence, Canteen and a 100 bed Jail Ward (for the entire State) are being processed. A grant of Rs. 3 crore has also been released by the Central Government for improving the infrastructure at the GMA.

Library

Now that a qualified Librarian (Vivek Soni) has joined, the GMA Library should be upgraded to the expected level. What one finds at present is an apology for Library which is holding only 590 Books and 100 old Journals. It is shocking to note that this Institution tasked by the Supreme Court to become a centre of excellence in training and research is not subscribing to a single medical journal – national or international. During a period of 5 years (1999-2003) only 19 books were added including 3 in 2003. The contribution of GMA in the field of research is also insignificant and merits no specific mention.

General

During the visit of Justice Smt. Sujata V. Manohar, Member on 24 March 2003, presence of 12 bonded labourers rescued from village Laxmanpur of District Datia was noticed. They were admitted on 7.1.03 under reception orders of District Judge Datia for observation. 9 of them were found to be mentally retarded and the remaining 3 mentally ill. One of them has since expired and two have been returned to their families through the efforts of local administration. The Mental Health Act 1987 prohibits admission of mentally retarded persons. District Judge Datia is being periodically informed about their status and requested to issue orders for their discharge. The Court has ordered Thana Incharge Datia to arrange for

discharge of these patients. Since these persons are not in a position to offer any information about their families, they have become a permanent liability of the GMA. Only one out of the nine is mentally ill. Since as per the records, they were rescued as bonded labourers and their rehabilitation is the responsibility of DM Datia, I suggest that the Labour Commissioner, MP who is the coordinating authority for enforcement of Bonded Labour Act and rehabilitation of released bonded labourers under the Centrally sponsored schemes should be asked to look into the matter and send a report. It would be cruel and unjust to keep these persons confined in a Mental Hospital solely because that they are intellectually challenged.

While taking round of the Open ward, I interacted with a number of families of patients. They expressed satisfaction with the treatment and care of patients. A little probe revealed that they are finding it difficult to arrange food for themselves on reasonable rates. Although they are allowed to cook their food, no systematic arrangements for cooking are available. The Director informed that efforts are being made to open a canteen to cater to such needs of patients' families. Somebody suggested that the Distt. Red Cross Society is generously providing food to such families in the General Hospital. The Director was advised to approach them with a request for including the GMA in their programme.

Concluding Remarks

The progress of the GMA in achieving the objectives set by the Supreme Court while granting it autonomy can not be rated as satisfactory. This can be inferred^{also} from all earlier reports on the functioning of the

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Institution since it came under the watch of the NHRC. The standard of diagnostic and therapeutic services has registered very little improvement because of continued absence of the Departments of Clinical Psychology and Psychiatric Social Work. While the living conditions and patients' care have improved, absence of occupational therapy is a glaring deficiency, although an encouraging beginning has been made in the female section recently. The community out reach programme has now started receiving proper attention and will hopefully be carried forward.. The aim of making GMA a centre of excellence in the field of Training and Research remains a distant dream. Promises made from the level of the Minister and Secretary Medical Education in the Government of MP to the Chairperson, NHRC to improve the staffing pattern have not materialised. The Institution is still without a regular Director, although the charge of the post has been given to a Psychiatrist inducted against the post of Deputy Director which is an improvement upon the earlier practice of making the Dean, Gwalior Medical College function as Director, GMA. The Commission may like to apprise the Supreme Court of the relatively slow progress of the GMA in comparison with the Institutes at Ranchi and Agra.

Chaman Lal

21.4.04

(Chaman Lal)
Special Rapporteur

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