Report on the visit of Shri Chaman Lal, Special Rapporteur to Mental Hospital, Indore on 3.8.2004

As directed by the NHRC, I visited Mental Hospital Indore on 3 August 2004 to study the living conditions of the inmates and monitor the compliance of the directions issued by the Commission on the recommendations of the Channabasavanna Committee constituted by the Commission in 1998 to look into various aspects of Quality Assurance in Mental Health Care in the country.

The Committee headed by Dr. S.M. Channabasvanna, former Director and Vice Chancellor NIMHANS visited all the 37 Government Mental Hospitals in the country and gave a comprehensive report on the status of each with recommendations for improvement in line with the provisions of Mental Health Act 1987. It visited Mental Hospital Indore on 18/19 September 1998. Their report titled 'Quality Assurance in Mental Health' was released by the NHRC in June 1999. Copies were sent to all the Institutions and their Governments.

The Committee's report on Mental Hospital, Indore makes a dismal reading and presents this mental hospital as one of the worst in the country. The Committee found all the wards as CLOSED wards. The supply of water and electricity was inadequate. Sanitary conditions were pathetically poor. The open space in the campus was found dirty with 'pigs and dogs in plenty'. The toilets in the female ward had no doors. More than 50% of the patients were found sleeping on the floor. Cots were provided to others but without mattresses, sheets and pillows. The quality of food provided at a

scale of Rs. 14 per day per patient was poor. The Committee made the following suggestions by way of recommendations:

- The main building, which currently houses the male patients, should be demolished and a new building with open and family wards should be built. There should be a separate ward for patients with a criminal record. The female ward has to be renovated. The water supply, electricity, toilet, and other basic facilities have to be improved. A compound wall with a gate has to be built.
- Majority of the admissions should be made voluntary.
- All vacant posts should be filled up. Posts of clinical psychologists and psychiatric social workers and psychiatric nurses need to be created.
- The number of posts of nurses should be increased and some of the motivated and committed ones should be identified and deputed for inservice training in psychiatric nursing.
- The number of staff quarters to be increased.
- A separate kitchen with gas facility to be constructed. Food should be prepared hygienically under the guidance of a dietician.
- Ambulance facilities to be provided.
- Laboratory facilities to be upgraded to provide at least serum lithium and other investigations routinely required.
- Medical record section to be improved.
- Psychosocial intervention has to be provided as routine care and rehabilitation work taken up seriously.

Dr. Ram Ghulam Razdan, Associate Prof. MGM Medical College, Indore and Supdt. Mental Hospital gave a detailed briefing covering all aspects of the functioning of the hospital. His colleagues Associate Prof. Dr. V.S. Pal, Dr. Ujwal Sardesai, Dr. Pali Rastogi and Dr. Abhey Paliwal were also present. Dr. Mrs. S. Bose, Vice Dean, MGM Medical College was kind enough to accompany me during the round of the campus which included visit to OPD, Wards (both male and female), Laboratory, Medical General Stores, Kitchen and Occupational Therapy rooms. I also had the benefit of interaction with Dr. V.K. Saini, Dean Medical College.

Hospital Profile

Medical Hospital, Indore was established in 1917 as an asylum in the Holkar State. In 1950, the name was changed to Mental Hospital. It was brought under the administrative control of MGM Medical College Indore in 1998 which is being governed by a Governing Council headed by the Minister, Medical Education and an Executive Council headed by the Divisional Commissioner, Indore. The Hospital is spread over an area of 6 acre including half an acre under encroachment since long. Following the recommendations of the Channabasvanna Committee, campus is now, somewhat secured by constructing a compound wall with a Gate. The encroached area lying outside the boundary wall.

The Hospital has a bed strength of 155. It was found holding 105 patients – 41 male and 75 female on the day of the visit i.e. 3 August. Hospital's catchment area includes the bordering districts of Gujarat, Maharashtra and Rajasthan also. 21 patients belong to other States – Rajasthan 14, Maharashtra 3, UP 3 and Haryana 1. There are 8 wards – 4

each for male and female patients. The hospital building was found in pathetically poor condition by the Channabasvanna Committee. Considerable improvement has been effected since then. Wards have been repaired and made habitable. A new Male ward of 30 capacity was commissioned on 21.4.03. Still one female ward (No.2) needs renovation and is presently abandoned. Occupational Therapy Unit (male) working from a dilapidated (declared as abandoned) building also needs to be reconstructed. Similarly, the kitchen complex is also in bad shape declared as abandoned but in use. It needs fresh construction since any repair/renovation would be uneconomical.

Complying with the recommendations of the Commission based on the report of the Channabasvanna Committee, all cell structures have been closed and the wards which were Closed wards, have been converted into open wards. Although there is no separate ward for prisoner patients, they have been segregated into a separate portion of the male section. There is a separate ward for paying patients opened on the recommendations of the Committee which was found holding 10 voluntary patients. A small garden developed with some help from the patients is also a welcome addition which has improved the general look of the campus.

Water Supply and Sanitation

Round the clock, supply of water is ensured by two boring wells with 6 overhead tanks of a total capacity of 7000 liters in the female and 3 overhead tanks with a total capacity of 5000 litres in the Male Section. The inmates were found satisfied with the supply of water for drinking, bathing and washing purposes. All patients have access to purified drinking water

from three coolers fitted with Aqua-guard filters. Inmates are issued toothpaste and soap although very few of them are actually using these items. A little more effort is needed to train severely afflicted patients in activities of daily living.

Availability of 24 toilets, all inside the wards, gives a toilet to prisoner ratio of 1:6.45. Availability of 20 bath-rooms gives a bathroom to prisoner ratio of 1:7.38 for the authorized capacity of 155. These arrangements are considered satisfactory.

Admission and Discharge

The Committee had observed that all the admissions to this hospital were being made through court orders only with no voluntary patients having ever been admitted. The situation has improved considerably as would be clear from the following data on admissions and discharges which are now strictly governed by the provisions of the Mental Health Act 1987.

On 31 December 2000, the hospital was holding 153 patients. In the year 2001, 130 patients were admitted and 117 discharged. In 2002, 175 patients were admitted and 177 discharged. The figures for 2003 are 265 and 235 respectively. In the current year (upto 31 July 2004), 212 patients have been admitted and 188 discharged. One can see a smooth flow of admissions and discharges.

It is significant to note that while there were no voluntary admissions till the end of the year 2001, 19 voluntary admissions were registered in 2002, 164 in 2003 and 103 in the current year (up to 31 July). The percentage of voluntary admissions comes to 10.8% in 2002, 61.88% in 2003 and 48.55% in the current year. The fall in the percentage of voluntary

admissions in the current year can be explained by the fact that a relatively much larger number of reception orders have been received from the Courts this year --- 109 in 7 months as against 101 in the entire year 2003.

The OPD figures since Ist January 2001 are tabulated below:

Year	New	Old	Total
2001	1571	14398	15969
2002	1406	11520	12926
2003	1448	9770	11218
(Up to 31 July 2004)	865	5748	6618

The OPD average of less than 40 does not present a good picture and reflects poorly on the popularity of the hospital. Through discreet inquiries I received unconfirmed reports about an atmosphere of professional jealousy and intrigue involving some sections of the subordinate staff which is responsible for driving people to private practitioners, some of whom were earlier posted here. I advised the Supdt. and his colleagues to take this as a challenge and strive hard to improve the efficiency and credibility of the hospital. I am sure the Dean Medical College would like to go into the root of this matter. In any case the OPD attendance must go up as it is far below the potential of the established services.

The average bed occupancy is 130 although a peak of 155 was recorded in December 2001. The minimum (105) was recorded in July 2004. The same was the level of occupancy on the day of the visit. Low occupancy is also a matter of concern since it is not accompanied by any increase in the OPD attendance.

The average duration of stay of voluntary patients is 40.74 for male and 30.47 for female computed for the period June 2003 to July 2004. 10 patients had stayed for less than 72 hours during this period. They seem to

have left as a result of dissatisfaction with the treatment and have therefore not allowed to be included in the above calculation. A sincere effort is being made to arrest chronicity in new cases.

Long-stay Patients

Out of a total of 105 indoor patients seen on the day of the visit, 65 were long stay patients with duration of more than 2 years. 37 of them have been languishing for more than 5 years. In 13 cases (2 male and 11 female), families are not accepting the patients even after they were declared fit for discharge. Families of 14 cured female patients are not traceable. I was introduced to 3-4 cured female patients who said they are not willing to return to their families. It is tragic that they prefer life in a mental hospital to what they expect from the society outside. A female patient Kanku of 28 years was admitted in 1999 in compliance with an order received from the Collector Mandsaur She was found to be a mentally retarded person. The District Women and Child Development Officer Mandsaur requested the hospital to send this patient to an NGO called 'Swadhyay Manch' Mandsaur in August 2003. She is still languishing in the Mental hospital because of non-availability of Police escort. The hospital is writing to RI, Distt. Reserve Police Lines whereas orders in this case are required from the Collector. Another female patient Rupa Bai of 40 years admitted on 21.10.93 is reported to have developed resistance to treatment. Alternative treatment is to be decided. She may respond to modify ECT.

I was informed that in cases of 3 male patients and 13 female patients who were fit for discharge, the discharge orders from the courts have not been received despite reminders. It is also interesting to note that the

reception orders received from the court are of two categories: a) where the Institution is asked to treat the person and inform the court and b) where the person is to be released after treatment and the court informed. During the period January to July 2004, a total of 109 reception orders were received. Only in 4 cases (3 male and 1 female), the Court had directed the hospital to hand over the cured patients to the family members after discharge. As per the provisions of S.40 of the Mental Health Act, the Supdt. is authorized to discharge the patient on the recommendations of the psychiatrist and mark a copy of the discharge order to the court concerned. In my opinion, all admissions made against reception orders should be governed by this provision. The Commission may like to obtain legal opinion on this matter.

Contrary to the provisions of the Mental Health Act 1987, 30 mentally retarded persons are being held in this hospital. However, all these cases are more than 5 years old. Even though such reception orders are still being received occasionally, the Institution has been effectively resisting the admission of mentally retarded persons by pointing out the legal position.

The Discharge orders from Courts have been obtained in respect of 17 mentally retarded persons. The court has ordered that these persons should be sent to NGO Ashadham in Ujjain. However, Ashadham is not accepting them. In the case of remaining 9, their families are not willing to take them back. Continued stay of mentally retarded persons in a mental hospital is against the provisions of the Mental Health Act and is a serious matter. However, the Institution has no option but to keep them until some alternate arrangements for their rehabilitation are made.

Escape

Escape of patients seems to have been a recurring problem of this hospital although the report of Channabasvanna Committee is silent on this point. However, there has been no case of escape of female patients. 23 male patients had escaped in 2001, 13 in 2002, 27 in 2003 and 24 in 2004 (till 31 July). The number is alarmingly large and reflects poorly on the security of the hospital. Barring one Head Constable and 3 Constables provided for guarding the prisoner patients, the hospital does not have any security staff. Considering the security implications of escape of mentally ill persons, it is recommended that the hospital must be provided a standing guard of at least half a section of Home Guard personnel for security purposes.

Death of Patients

The mortality rate appears to be fairly high in this hospital, although this aspect has also been missed by Channabasavanna Committee. As many as 26 patients have died since Ist January 2001, 12 patients – 3 male and 9 female had died in 2001. 8 patients – 2 male and 6 female died in 2002. In the year 2003, 5 patients – 4 male and 1 female died. This year, there has been only one case of death of a female patient till 31 July 2004. The drop noticed in incidence of death should be maintained. The death cases reported since 1.1.2001were analysed.

Age-wise, 6 cases – 5 female and 1 male belong to less than 25 years category and only 4 cases –2 male and 2 female to above 50 years. The bodies were handed over to families in 8 cases only. The unclaimed bodies were kept in the Mortuary for 7 days and thereafter given to the Anatomy

Deptt. of the Medical College. These are kept for one month before being used for dissection purposes.

Perusal of individual files shows that the cause of death has not been mentioned in any case. All that is mentioned is a non-specific cause-cardio vascular Arrest (CVA). In one case (Jyoti age 25 died on 11.9.02) chronic renal failure has been mentioned as the cause of death. In case of Jamuna, (33 years, died on 21.11.02), the case of death is mentioned simply as 'shock'. While every death has taken place in the Referral Hospital, an attitude of casualness is evident in documentation. The exact cause of death is required to be mentioned in every case. I understand that there is a proforma prescribed by WHO which is meant to document a comprehensive account of the death of a person mentioning the underlying disease, the immediate cause and the contributory factors leading to death. Case of death of a patient should be viewed seriously and effort should be made to record the exact cause of death.

Staff

The hospital is having 5 qualified Psychiatrists including two attached from the MGM Medical College. The Supdt. Dr. Ram Ghulam Razdan, Associate Prof. And Dr. V.S. Pal, Asstt. Prof. Are also required to look after the Psychiatric unit of the Medical College. Of the six sanctioned posts of Asstt. Prof. Psychiatry, 3 are lying vacant. Efforts are on to fill up these posts. No posts of Clinical Psychologists or Psychiatric Social Worker are sanctioned. There is only one Medical social worker. 17 Nurses are held against the sanctioned strength of 18 but none of them is trained in psychiatric nursing. They can be put through an orientation course of short duration at RINPAS or Institute of Mental Health and Hospital Agra where

training facilities and expertise for such training exist. The following key vacancies need to be filled at the earliest:

1. Administrative Officer -1
2. Matron -1
3. Nursing Sisters -2

Services

Casuality and Emergency Services

The Duty Doctors provide casualty and emergency services. However, outside the office hours (8 AM to 2 PM), the Doctor is available on call only. Although the hospital has been provided an Ambulance following the recommendations of the Channabasavanna Committee, no Driver has been posted. The Supdt. was advised to raise the matter in the next meeting of the Executive Council.

Out patient services

OPD works from 8 AM to 2 PM on all days excepting Sunday. Although it was reported that patients are given free drugs, interaction with waiting families revealed that some medicines are required to be purchased from the market. The name of the Clozapine costing Rs. 4-5 per tablet was specifically mentioned. Dr. Ram Ghulam and his colleagues later admitted that while common baseline drugs such as Olanzapine, Haloperidol, Chlorpromazine are always held in sufficient quantity, there was some delay in the procurement of the Clozapine. He also mentioned that there is always a time lag in ensuring free supply of medicines whenever a switchover to a newly marketed medicine takes place. However, he asserted that the system of purchase of medicines is de-centralised and sufficient funds are available

to meet the requirements. Interaction with the families of waiting patients did not confirm this.

The available space for the families of patients in the OPD is not adequate. The seating arrangement needs improvement. The toilet shown to have been provided in the OPD is actually meant for the subordinate staff.

In-patient Services

No patient is now being kept in Cells; nor is anyone chained. Significant improvement has been achieved since the Channabasavanna Committee reported that 50% of the patients were sleeping on the floor and no mattresses, no pillow and no blankets are provided to the patients. The hospital is physically holding 170 beds in good condition against the sanctioned capacity of 155 indoor patients. All beds have been provided with mattresses. However, I could see that the items were for display purposes in some wards where, in view of the deplorable condition of the patients, these items are kept with the sister Incharge. The Supdt. confirmed that full care is taken to protect the patients from extreme cold and heat. Chappals are issued but very few patients are actually allowed to wear them regularly.

The Hospital is without a proper laundry service. The Committee's recommendation that it should have a mechanized laundry, can be implemented only after a suitable places is provided for the purpose. The old laundry unit has been declared as abandoned. The existing arrangements for washing of hospital clothes are not satisfactory.

The segregation of female patient is seen to have been planned with a good deal of professional concern and care. Ward No.1 is holding cured patients who can independently look after themselves with hardly any need of supervision. In Ward No.3, (ward no.2 is abandoned) mentally retarded

and chronic psychiatric cases are kept which need a little supervision. Ward No.4 is holding chronic cases and old patients. In the new female ward, acute patients are admitted for observation. They are either discharged after recovery or sent to the above wards in accordance with the gravity of the disease and progress of recovery. Sadly, no such segregation is seen in the Male Section where patients have been classified into 3 categorised regarding their condition.

1. Paying patients
2. Cases referred by court and
3. Prisoner patients.

Channabasavanna Committee had commented adversely on the quantity and quality of food served to the patients. They had recommended a scale of food valued at least 2500 calories. The Supdt. informed that the diet plan for the patients has been formulated scientifically to ensure supply of food at a scale of 2442 calories to male and 2223 calories to female patients. The daily expenditure on food per head has also been increased from Rs. 14 observed by the Committee to Rs. 26 which compares well with the scale of Rs. 30 per head per day fixed by the Supreme Court for the Mental Hospitals at Ranchi, Agra and Gwalior whose functioning is being supervised by the NHRC. The kitchen building is not only dilapidated but also hygienically unsafe due to a very poor standard of sanitation around the site. The shortage of utensils observed by the Committee has been removed. Every patient has a personal set of utensils – A thali, 2 katori, one glass and one mug. Service of food has been improved. Patients are made to sit in lines outside the ward and fed together.

Laboratory

The hospital is having a small Lab. where routine blood and urine examination is done. Lab. facilities need to be upgraded to provide for serum lithium test which is essential for a Mental Hospital. An automatic analyzer is also considered necessary. However, this would be possible only if a Biochemist is provided to the Hospital.

There is no provision for psychological test to provide psychosocial inputs to diagnosis. Nor is there any facility of psychological and social therapies. Treatment is mainly with medical drugs without even ECT. Although, a modified ECT has been installed, it has been lying unused for want of an Anesthesist. Since no post of Anesthesist is sanctioned in the staffing pattern, a proposal has been sent to the Government to create this post by surrendering the sanctioned post of psychiatrist which involves no additional financial implications. This is an essential requirement which must be met to ensure an efficient functioning of the hospital.

Occupational Therapy

The hospital is sanctioned one post of Occupational Therapist (male) and Occupational Instructor (female). Visit to the female occupational therapy unit revealed that a few patients have been trained in drawing and painting. Some items of embroidery were also laid for display. Two or three patients appeared seriously interested in these activities. Two volunteers of Action-aid are doing commendable work under 'MAITRI' project aimed at teaching activities of daily living to a few severely afflicted female patients. They have also taken up the task of tracing families of the cured female patients languishing since long and helping in their discharge

and return to society. Male patients are not receiving any worthwhile attention through occupational therapy. The structured programme put by the occupational therapist seemed unrealistic. It mentioned OT activities and outdoor games in the forenoon.

Community Mental Health Services

The hospital is running community mental health services in Distt. Badwani about 130 km away from Indore with the help of an NGO called Ashagram since September 2003. A psychiatrist visits Badwani every Saturday where an OPD is held with average attendance of 40 patients including 6-8 new patients. The following day a mental health camp is held in the rural areas. So far 40 camps have been held in tribal areas of Pati, Bokrata, Selawad, Rosar and Chikhaliya with average attendance of 58 patients. The hospital has also been made a nodal center for the District Mental Health Programme being introduced in the adjoining Distt. Dewas under the 10^{th} Plan.

Training in Mental Health

The hospital is extending its services and facilities to Medical Officers and Nurses as part of their familiarization/training in mental health. 8 Medical Officers from Distt. Hospital were imparted 15 days' training. The hospital has imparted short duration (10 days to 30 days) training in psychiatric nursing to 125 general nurses and 59 BSc (Nursing) students during the period January 2003 to July 2004. 15 students undergoing MSW Course were also imparted 3 months training in Mental Health at this hospital.

Prisoner Patients

Four undertrial prisoners are taking treatment as indoor patients. Their files were perused. Surinder Nath s/o Baij Lal, 50 years old was admitted by order of CJM, Bhopal on 23.10.03 as a case of schizophrenia paranoid. However, the documents received from the jail do not give any information about the criminal case in which he is being tried. He was declared fit for discharge on 23.2.04 and CJM Bhopal was requested for permission which is still awaited.

Khum Singh, 25 was admitted on 16.4.04 under orders dated 15.4.04 of Judicial Magistrate, Ist Class, Barwani for mental health check up. He is required to undergo EEG, CT Scan and psychological tests. The Supdt. Sub Jail, Mandleswar was requested on 22.4.04 and reminded on 13.7.04 to make arrangements for the desired tests. The Supdt. gave me to understand that such help can also be arranged through the Hospital Rogi Kalyan Samiti, an innovative measure of the MP Government in operation in most Districts.

Half Way Homes

The concept of the Half Way Homes to ensure proper integration of released patients with family and society is yet to be tried in this Institution. Two NGOs working in the field of mental health can be encouraged to take up this work. I met Shri Avinash Bhateja and Reena Khot of NGO SAMARPAN. This NGO set up in 1999 is running a Day Care Centre ASRA for destitute persons and mentally retarded persons. They have also held a psychiatric camp and are keen to take up a survey of mental illness in the region. I was also introduced to Shri Sudhir Bhai Goyal, Founder

Executive Director, Sewa Dham Ashram Ujjain. Sewa Dham Ashram run under the auspicious of Ujjain Senior Citizens Forum set up in 1986 is involved in social work in diverse fields including leprosy and HIV/AIDS. In July 2003, they had accepted 3 female and 4 male patients from the Mental Hospital Indore for rehabilitation. They are willing to take a few more from among those who are cured and have nowhere to go. Both these NGOs can be encouraged to set up Half Way Homes under the scheme introduced by the Union Ministry of Social Justice and Empowerment. Particulars of the scheme have been supplied to the Superintendent in this connection.

Action-aid Initiative

A commendable initiative called MAITRI has been taken by Action-aid India at Mental Hospital Indore. The project launched on 18 March 2004 aims at rehabilitation of mentally ill long abandoned female patients. A team of volunteers comprising Shweta A John and Neelam Soni was given a group of 30 patients diagnosed as mentally retarded with some schizophrenic symptoms. They have been targeted for training in activities of daily living and social skills in group work. Results are visible in enforcing daily routine and patients have learnt to take care of themselves with a little assistance and supervision. The project also includes the task of family tracing and restoring the cured patients to their families.

Housing Facilities for the staff

The Hospital has 10 staff quarters including 8 which have been written off by the PWD. Only 6 personnel –one class III and five class IV are presently living in the campus. The housing facilities are utterly

inadequate. The Institution needs the following as per its sanctioned strength:

Type D quarter for Supdt./Dy.Supdt.	2
Type E for Asstt. Prof.	6
Type F for Admn. Staff	4
Type G for nurses	20
Type H for class IV staff	30

Computerisation

Medical records are being maintained manually but retrieval is fairly fast. However, record keeping needs to be improved by introducing computerization. The Supdt. informed that computerization is b eing proposed for maintaining records of outdoor and indoor patients and medical stores to begin with.

Concluding Remarks

Although compliance with the recommendations of the Basavanna Committee can be broadly considered satisfactory with visible improvement seen in the hospital management and patients' care, the Institution still lacks in infrastructure and essential diagnostic and therapeutic facilities. Occupational therapy is yet to evolve in this hospital in real sense. Creation of posts of Psychologist, Psychiatric social worker and Anaestheist are absolutely essential requirements. Construction of a new kitchen complex, O/T units and a proper laundry are essential requirements which need urgent attention. A proposal for the upgradation of the Institution with financial assistance from the Govt. of India is under consideration in the Union Ministry for Health and Family Welfare. Commission may like to recommend its early finalisation in view of the potential of this Institution to

enhance the range and quality of its services. Some efforts have been made to identify and associate credible NGOs in the activities of the hospital. There is good scope for greater involvement of NGO sector in working for the rehabilitation of long staying patients.

Chal

(Chaman Lal) 19.8.04
Special Rapporteur