REPORT OF SHRI CHAMAN LAL, SPECIAL RAPPORTEUR ON HIS VISIT TO THE INSTITUTE OF MENTAL HEALTH, AMARITSAR ON 8 FEBRUARY, 2005

As directed by the NHRC, I visited the Institute of Mental Health, Amritsar on 8 February, 2005 to study the living conditions of the inmates and monitor 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. Channabasavanna, former Director and vice-Chancellor, NIMHANS had visited all the 37 Govt. Mental Hospitals in the country including Dr. Vidya Sagar Govt. Mental Hospital, Amritsar as the IMH was then called. It gave a comprehensive report titled 'Quality Assurance in Mental Health' on the status of each with recommendations for improvement in tune with the provisions of the Mental Health Act, 1987. The Committee's report was released by the NHRC in June, 1999. Copies were sent to all the Mental Health Institutions and their Governments.

The Committee's report on the Govt. Mental Hospital, Amritsar makes a dismal reading and presents this mental hospital as one of the worst in the country. The Committee commented adversely under all the important heads of study such as infrastructure, staffing, outpatients and in-patients services and the

procedure of admission and discharge. The Committee found essential components of Mental Health Care such as rehabilitation services, community services and right consciousness almost totally absent.

The Government Hospital, Amritsar was established immediately after the partition in 1950 with bed strength of 50 and a total area of 26 acres. As the number of patients increased, the Govt. acquired an additional 92 acres of land, built additional barracks and wards and raised its sanctioned capacity to 811beds. It used to be a reputed mental hospital during the period 1952 to 1965 when Dr. Vidya Sagar was the Medical Supdt. of this hospital. With the departure of Dr. Vidya Sagar to Rohtak after the re-organisation of Punjab, the decline of the Institution began. The Institution came to adverse public and media notice for poor services and pathetic living conditions in late 80s and early 90s. The Punjab State Human Rights Commission, taking suo-motu notice of these reports in 1997 and again in 1999, carried out a detailed inquiry and gave recommendations for improvement.

BACKGROUND

Following the recommendations of the State Human Rights Commission, Govt. of Punjab constituted a Committee of experts in November, 1998. The Committee visited the Mental Hospital, Amritsar and studied a number of reports on the hospital including the Channabasavanna Committee Report and NHRC's recommendations. The revamping of the Institution in present form owes its origin largely to the recommendations of this

Committee. While recommending an appropriate staffing pattern and new methods of recruitment, discipline, command and control of staff, the Committee recommended that the mental hospital should be taken away from direct control of the Directorate of Health Services and put under the administrative control of an autonomous governing body more or less on the same lines as ordered by the Supreme Court for improving the functioning of the Govt. Mental Hospitals at Ranchi, Gwalior, Agra and Tezpur. Accepting the recommendations of the Committee, the Govt. of Punjab transferred Mental Hospital, Amritsar, alongwith its buildings, land, assets and liabilities to the Punjab Health System Corporation (PHSC) giving the responsibility of implementing the project for the construction of a new Institute of Mental Health at the same site on which the existing mental hospital is located. Its name was changed to the Institute of Mental Health, Amritsar. It was decided to allow the Corporation to exploit the vacant land of the hospital in the front portion of the existing site along the main road commercially for generating funds for the implementation of the project. On completion of the project, the new Institute of Mental Health along with the balance funds, if any, would be transferred by the PHSC to an autonomous trust, which would be constituted for running the Institute.

The implementation of the project started with the appointment of Dr. B.L. Goyal, former Professor and head, Psychiatry Medical College, Amritsar as Director. He assumed charge on 1.1.2001. The PHSC raised a term loan of Rs. 40 crore from the Punjab & Sind Bank, Amritsar and engaged Nagarjuna Construction Company, Hyderabad for the construction of the new

building for a 450-bedded hospital. Major portion of the old building was demolished. The portion of the old building in front portion of the hospital was renovated and patients were shifted to partially renovated old building in 2001. Taking suo-motu cognizance of the pitiable conditions of an undertrial prisoner Raksha Rani languishing in this hospital since 1983, the High Court of Punjab also took notice of the poor living conditions of the patients and ordered shifting of patients to the new building by October, 2002. However, the patients could finally be shifted to a new building in January, 2003. The office and outpatients departments were shifted in April, 2004.

Hospital Profile

Dr. B.L. Goyal, Director apprised me of the above background of the Institution and explained its present infrastructure and functioning.

After the re-organisation and assumption of control by the PHSC, a new hospital building has been constructed to accommodate 450 indoor patients. The actual number of patients on the day of the visit i.e. 8 February 2005 was 365 with the following break-up:

	Male	Female
Intermediate patients	91	68
Acute patients	66	19
Chronic patients	49	48
Forensic patients	11	nil
	217	135

Total = 352

Besides the above, 13 patients were found staying in the family care unit where a member of patient's family stays with the patient. The idea of family's involvement in the Care of mentally ill persons, which is now being practiced in most institutions was first conceived and put into use at Amritsar by Dr. Vidya Sagar.

The hospital's catchment area comprises Punjab, Haryana, Himachal Pradesh and Chandigarh. The average bed occupancy fluctuates around 350. Separate enclosures have been provided for male and female patients, which have been divided into intermediate, acute chronic and forensic wards.

The newly constructed building has all the modern facilities including Sewerage Treatment Plant, Modern kitchen and Mechanized laundry. Although the main construction work is over, and the building has been taken on charge, some small but significant jobs are pending completion. This has adversely affected the process of landscaping and the much needed beautification of the campus. A lot of debris was found lying within the campus of the building, which is acting as an eyesore. It was distressing to note that water heating and cooler services are yet to be commissioned because of the faulty installations of Geysers and water coolers.

Sanitation and Hygiene

Toilets and bathrooms have been provided in sufficient numbers in each ward. The general standard of sanitation and hygiene facilities is found to be good.

Supply of drinking water is satisfactory. However, the supply of hot water for bathing purposes, an elementary necessity in Amritsar known for its extreme cold climate, is yet to be commissioned. This was the only complaint about the living conditions received from the inmates.

Admission and discharge

Dr. Goyal informed that before he joined on 1.1.2001, all admissions used to be under reception orders issued by the courts. The Channabasavanna Committee had also observed that almost all admissions to this hospital were involuntary admissions, only 2 wards were then being used to admit acute cases on voluntary basis where family members were allowed to stay with the patients.

Admission and Discharge

Now most admissions are ordered by the Director, IMH on the basis of two medical certificates issued independently by two Doctors u/s 19 of the Mental Health Act 1987. The provisions of section 19 which permit admission of mentally ill persons on request by a relative or a friend are to be used sparingly. The patient admitted under this provision can not be detained in hospital beyond 90 days without obtaining a reception order from the competent court. The hospital authorities are fully aware of

this provision and the records showed that matter is referred to the Magistrate whenever the admitted person needs hospitalization beyond 90 days.

Discharge procedure has also been simplified. The Director discharges the patient on the basis of certification by two Doctors about his recovery and fitness for discharge. While discharging the patient, the family is given psycho education in maintenance and treatment, relapse prevention and better living style and family relations. The incidence of chronicity has been contained effectively. The smoothness of admission and discharge can be clearly seen from the following data:

Year	Number of patients admitted	Number of patients discharged
2001	141	134
2002	139	123
2003	156	94
2004	225	189

In the year 2001, all the admissions (141) were involuntary. The admissions made on reception orders constituted 28% of the total. The figure was 44.6% in 2002 and 37% in 2003 and 17.8% in 2004. In 2004, 31 patients were admitted u/s 15 which provides for admission as a voluntary patient on request by a major mentally ill person. One rarely comes across such an example of voluntary admission in Indian context.

There is a separate ward for the Forensic patients. It was found holding 12 patients, one convict and 11 UTPs on the day of the visit. UTP Jai Singh of Ambala Central Jail is the oldest case

admitted on 10.5.79. This case was detected during the visit of the Chairman NHRC to Amabala Jail on 18 October, 2003. The Commission has already moved the High Court for quashing his trial u/s 302/304 and 326 IPC. I felt happy to learn that following the intervention of the NHRC, resulting in initiation of enquiries by the Jail Authorities, some family members of the patient came to see him after a gap of many years. It is sad that Jai Singh remains silent all the time and does not communicate with anybody. Dr. Goel stated that he can be discharged and can lead a better life provided his family willingly takes him back. I have collected the following additional facts in the case of Jai Singh:

He was a UTP u/s 304 IPC and was admitted in the Government Mental Hospital, Amritsar for observation and assessment of report of his mental status from 17.11.76 to 1.12.76. In the report sent to the Sessions Judge, Karnal on 3.12.76, he was certified as a patient of schizophrenia. He was again received on transfer from Central jail Ambala on 10.5.79 under the orders of Additional Sessions Judge Kurkshetra dated 2.5.79. The order mentions that he was being sent to Mental Hospital Amritsar because no one came forward to take charge of him. The order says that "in the absence of any such order releasing the accused on security or bail, it is requested that he should be kept in Punjab Mental Hospital Ambala till he is cured". The file shows that the Hospital authorities had sent one or two reports every year to the court with copies to the Jail Supdt. except in the years 1988, 1991, 1997 and 2001 when no reports were sent. Three reports were sent in 2002 and 3 in 2003 confirming his status as a patient of schizophrenia.

In a Civil Writ petition No. 1079 of 2002 related to another inmate Raksha Rani, the High Court of Punjab and Haryana had directed the IMH Amritsar to send a status report with regard to all the UT prisoners and convicts. The information regarding mental status of Jai Singh was sent to the High Court through the Principal Secretary, Deptt. of Health and Family Welfare, Government of Punjab on 7.8.02. Thereafter another report was sent on 22.8.02, 30.10.02, 10.1.03 and 26.5.03 through Mr. Charu Tuli, Sr. Deputy Advocate General, Punjab. It is also interesting to note that the District and Sessions Judge, Amritsar had conducted inspection of this hospital on 10.10.02, 13.1.03, 28.3.03 and 15.9.03 and the status reports of all the UTP and convict prisoners including that of Jai Singh were submitted to him. A report of Jai Singh was also sent to Haryana State Legal Service Authority by the Institute on 25.8.03. In all the reports sent by the Institute, Jai Singh was declared showing no sign of recovery and continued to be shown unfit to stand trial.

Particulars of other undertrial patients were examined. Regular reports are being sent to the Courts concerned. UTP Savitri admitted on 7.5.03 is involved in a case u/s 3 IPC in the court of CJM, Banda. Efforts should be made to ascertain her home address, which is nowhere mentioned in her file.

Family Care Ward

The Family Care Ward has been an important feature of this hospital. It remained non-functional for about 2 years (2002 to 2004) because of demolition of the old buildings. It was restarted on 16 March 2004 and has been holding an average of 50 patients

since then. The average length of stay of patients in the Family Ward is just two weeks.

Long-stay Patients

IMH Amritsar is holding a number of patients whose duration of stay exceeds 15 years. On the day of the visit, out of a total of 263 patients, 211 have completed 5 years. As many as 122 of them have been in this hospital for over 15 years. I saw a number of long-stay patients in both male and female sections. Most of them are destitutes. Others have been abandoned by their families. The hospital is holding 22 destitute female patients and 11 destitute male patients. 8 patients (male) and 2 patients (female) out of these are fit to be discharged. Of these 2 male and one female have been in this hospital for more than 20 years. About 2/3rd of the Long Stay patients have not received any visitors for years. It was heartening to learn that with persuasion/psycho education and some social pressure, the Institute has been able to restore 90 long stay recovered patients to their homes. This drive needs to be pursued constantly.

The following patients who have completed 15 years in the hospital are considered fit for discharge:

1. Surinder Singh s/o Avtar Gali admitted on 17.2.87.
2. Joginder Singh S/o Pala Singh admitted on 18.12.74.
3. Pritpal Singh s/o Gurdyal Singh admitted on 6.1.82.
4. Jagir Kaur c/o Shri Gurubachan Singh admitted on 26.8.76.

SERVICES

Casualty and Emergency Services

The Channabasvanna Committee had found the General Emergency reasonably well managed but commented on the inadequacy of Laboratory facilities. Considerable improvement has been effected with procurement of a Semi-Autoanalyser. The Laboratory is now equipped to undertake Blood examination (HB, BT, CT, TLC, DLC, MP and ESR etc.), urine complete examination, Fasting Blood sugar, Blood urea, Blood group ABO, Rh, HIV, serum lithium estimation and ECG tests. Essential facilities for psychological tests and behaviour therapy have also been developed.

Out-patient Service

The new Out-patient Block is adequately equipped with all essential facilities. The OPD timings are 9 to 3 PM. The waiting Hall has sufficient accommodation with seating arrangements for 100 persons. It has 24 consultation rooms but 7 to 8 are actually used. Three Psychiatrists, two clinical psychologists and three General Medical Officers man the OPD, which has a daily average of 110 patients. Emergency services are available round the clock. The Channabasavanna Committee report had mentioned that 50% of the patients are provided free medicine. Interaction with patient's family members revealed that no OPD patient is being supplied free drugs. Dr. Goel admitted that free dry supply is available only to the indoor patients. I was given to understand that most patients can afford prescribed drugs which are not very costly. I found it difficult to agree with Dr. Goel that free supply of

drugs at OPD has to be dispensed with, as it may become a source of corruption.

The Channabasavanna Committee had observed that the records are manually maintained and the retrieval of old records is difficult and time-consuming. Although records are still being maintained manually, a lot of improvement has been effected. The records have been compiled and filed systematically and any old record can be traced within 2-3 minutes. This was actually tested. However, it is desirable to computerize the record keeping in this Institute, which has been provided one of the best infrastructure in the country.

In-patient service

I visited all the wards in male and female sections and saw the patients at their location. The patients are managed by Nursing staff in three shifts - 8 AM to 4 PM, 4 PM to 10 PM, 10 PM to 8 AM. Medical officers are available from 9 AM to 3 PM only. Emergency doctor can be contacted from 2 PM to 8 PM. Thereafter the Medical Officer is available on call only.

When the Channabasavanna Committee visited the hospital, it had no cots, mattresses or adequate toilet facilities. The patients used to defecate in the open space and take bath in the open. The linen and uniform were found inadequate and dirty. Recreation facilities were restricted to a few TV sets. Only Rs. 8 per patient per day was spent on food. Firewood was used for cooking purposes.

Almost all the observations of the Channabasavanna Committee have been satisfactorily addressed. Living conditions of indoor patients are far better now. All the patients are being provided with iron-cots and mattresses. The uniform is changed twice a week and linen once a week. The standard of sanitation and hygiene has improved. All wards have attached toilets and Bathrooms with reliable water supply. TV facilities have been provided in all the Wards except the Acute Patients' wards. The new kitchen complex meets all standards of hygiene and uses gas as a fuel medium. The patients are provided Bed-tea, breakfast, launch, evening tea and dinner. The scale of food has been standardized to ensure wholesome food of required nutritional value. Kheer is served at breakfast on Monday and Thursday. Milk is an essential item of breakfast on every day. Daily lunch includes a seasonal fruit.

No patient is allowed to be chained or tied with rope. I was informed that only one patient Geeta had to be subjected to solitary confinement for a few days in the year 2004. However, I did see one female patient in the Acute Ward bearing injuries on her arms and legs. She was in a highly agitated condition and the staff was finding it difficult to control her. Her wounds, even if self inflicted (that was the explanation) cast doubt on the level of rights consciousness and sensitivity of the staff. A few others were also noticed in similar situation. It was, therefore, difficult to believe that instruments of restraint are not being used at all to control such patients.

I enquired from the Doctors on duty at the OPD about the incidence of patients being brought tied with ropes. On a rough estimate, 5% of the patients brought to the OPD are tied with ropes. However, the ropes are removed before the patient is examined by the Psychiatrist.

In the female Intermediate Ward, I met Harvinder Kaur d/o Gurbachan Singh. She was Staff Nurse in Military Nursing Services and was boarded out on ground of mental illness. She requested that the 'Kheer' in diet should be replaced by Khichri. She said that TV in the recreation room was installed just a day before my visit.

Modified ECT was introduced from 25.2.2002 and the earlier practice of unmodified ECT was totally stopped. 586 patients received modified ECT in 2003 and 571 in 2004. In the current year (upto 7.2.05) 77 patients have been given modified ECT. Satisfactory arrangements have been made for 'waiting' and 'post recovery' period. I visited the ECT room and spoke to Anaesthetist and other staff. They confirmed that there has been no mishap since the facility was started.

Death of patients

The Statement of death of patients was examined. 12 patients had died in 1999, 9 in 2000, 7 in 2001, 15 in 2002, 9 in 2003 and 14 in 2004. There have been 2 deaths in 2005 (till 8.2.05). Particulars of all the 16 cases of death reported after 1.1.04 were examined. 11 of the deceased persons were above 60 years in age. There was only one case of below 40 category

(Sukhvinder Singh s/o Jagdish Singh, 39 years) admitted on 1.6.95, who died on 24.1.05 of Tubercular Meningitis. Dr. Goel informed that post-mortem examination is being carried out in every case of death of mental patient since September 2002. Six deaths out of a total of 16 were attributed to T.B. Incidence of TB is fairly high. It was also mentioned that TB Hospital is not willing to admit these patients.

Examination of records revealed a case of death that deserves specific mention. Patient Gulshan Rai died on 22.2.03 as a result of physical assault by another patient Manjit Singh @ Manpreet Singh. The cause of death was confirmed by the post mortem examination. The police treated as a case of accident and closed the matter. The Director rightly requested the Deputy Commissioner, Amritsar vide his letter dated IMH/2003/615 dated 25.2.03 that the matter called for a proper investigation to establish the guilt or otherwise of the assailant. No action was taken. The assaulted patient was released on 20.10.03 and had to be re-admitted on 20.5.04 under a Reception Order. I am mentioning this case so that steps are taken to ensure that such things don't occur.

Escape of Patients

The incidence of escape of patients was examined from records. A total of 11 patients escaped during the period 2002 to 2004. 4 patients escaped in 2002 and none was traced. All the escapees of 2003 (5) and 2004 (2) traced and readmitted. None of the escapee was a forensic patient. There has been no after 3.9.04. The incidence seems to have been controlled considerably.

Staff

The Channabasavanna Committee had found the hospital holding 4 qualified Psychiatrists, one Clinical Psychologist, two Psychiatric Nurses, 15 General Nurses and 60 Ward Attendants. The Medical Supdt. was a non-psychiatrist in contravention of the provisions of the Mental Health Rules, 1990. The hospital was not holding any social psychiatric social worker and occupational therapist. The staffing pattern has been improved substantially. The hospital is now authorized qualified staff in sufficient number in psychiatry, clinical psychology, psychiatric social work and psychiatric nursing. The authorization of Matron and Staff nurses has also been suitably enhanced. Occupational Therapist and Instructors in tailoring, carpentry, black-smithy, music and craft have also been sanctioned. A number of posts are, however, lying vacant.

The institution is holding six Psychiatrists besides the Director, two Clinical Psychologists, 8 General Doctors, one Matron, three Nursing Sisters, one Sister Tutor and 31 Staff Nurses, three Ward Supervisors and 178 Warders. The glaring deficiency in staff is the absence of any psychiatric social worker. Two Psychiatric Social Workers, namely, Shri Sampha Sinha and Smt. Sanju Das had joined in February 2003. They resigned after about a year and are learnt to have joined AHBAS Delhi. The usefulness of the Psychiatric Social Workers can be appreciated from the fact that the monthly average of letters written and received by the patients has fallen from 100 to just 10 as a result of their absence.

Only 3 out of a total of 33 Staff Nurses have received training at NIMHANS. None of the 8 General Doctors is trained in psychiatry.

Occupational Therapy

Occupational therapy facilities have been developed and are being run the following trades:

1. Stitching and tailoring
2. Knitting
3. Flower-making and soft toys making
4. Fancy decorated material
5. Painting
6. Candle-making
7. Detergent Powder, liquid soap and
8. Phenyl.

A sufficient number of posts of Craft Teachers, Tailors, Occupational Therapist including two posts of Chief Occupational Therapist are inclined in the staffing pattern. 24 female patients have been identified and are working in stitching and tailoring, knitting, chair canning and croatia work. 13 male patients are working in candle making, phenyl making, detergent making, stitching and tailoring units. One male patient is engaged in painting work. I visited these units and found them well equipped with machines and other materials. I saw 11 patients in tailoring unit, 5 in candle making, 3 in phenyl detergent unit. The patients engaged in work appeared more confident and self-assured than the sullen faces I saw in the wards.

Dr. Goel informed that it is proposed to introduce in screen-printing, pottery and computer training in O.T. Unit.

Mamta Kapila d/o Late N.D. Kapila was admitted on 2.6.03 under a Reception Order of CJM, Jalandhar. She has been treated for Bipolar Mood Disorder and is now considered fit for discharge. She is keen to go back and look after her ailing mother. Her sister Rajni Kapila was admitted on 21.8.02 under Reception Orders of CJM Jalandhar for a similar disease. She is also fit for discharge. Their maternal uncle and aunty have visited them twice since their admission. A number of letters have been written to her family but nobody has turned up. Mamta Kapila spoke with feeling and said that she can be a great help to her old and ailing mother.

The requirement of detergent powder, liquid soap and phenyl for the Institute is being fully met by the O.T Unit. Five male patients of the long-stay category are working as Helper in kitchen.

While the O.T. services are being run satisfactorily, there has been no concrete achievement of the Institution in rehabilitating the cured patients. This is explained to a large extent by a total absence of involvement of NGO and Voluntary Organisations.

Half Way Home

Half Way Home can be a useful institution for preparing the cured patients for return to their families and integration with life outside the hospital. However, because of non-availability of any suitable NGO to take up this work, nothing has been done so far in this direction.

Community Outreach Programme

Absence of this activity was pointed out by the Basavanna Committee. Dr. Goel informed that as a Pilot Project, Community Outreach Programme has now been planned and is to be launched at village Nagkalan near Majitha within one month. It may be stated that the Government Mental Hospitals with much less infrastructure and resources are seen to be running Community Outreach Programmes on a good scale. The IMH Amritsar was expected to have taken up this activity by now.

Training in Mental Health

IMH Amritsar is extending its services and facilities to nursing students from private school/colleges from Punjab and neighbouring States and charging a fee of Rs. 1500 per month. A total of 1356 students of diploma in B.SC & M. SC. Nursing have received this training during the period January 2004 to January, 2005. I met a number of nursing students during my visit.

The Institute is also conducting an Encapsulated Course in Suicide Prevention Techniques and Basic Mental Skills for the Medical Specialists and other P.C.M.S Medical Officers of Punjab Government. 32 Doctors have undergone this training in two batches run in December 2004 and January 2005. 13 Doctors are currently attending this training.

Teaching Programme

The sanctioned infrastructure of the IMH Amritsar is good enough to make it a center of training and research in mental health in due course. Steps are being taken to start Post Graduate Courses in Psychiatry, Psychiatric Nursing and Clinical Psychology. The NOC for this purpose has already been issued by the Deptt. of Medical Education, Government of Punjab. A Memorandum of understanding has been signed between the Deptt. of Medical Education and Deptt. of Health and Family Welfare for the reciprocal sharing of teaching clinical training, Laboratory and Library facilities of Medical College, Amritsar by students of IMH and vice versa. The Government has decided to convert the Mental Hospital into Teaching Hospital and sanctioned two posts of Professor. Two posts of Reader, two posts of Asstt. Professor and 10 posts of Jr. Resident Doctors in Psychiatry, two posts of Reader and two posts of Lecturer in Clinical Psychology and one post of Professor and two posts of Lecturer in Psychiatric Nursing. The Baba Faridkot University of Health Sciences has been approached for grant of affiliation.

Visitors Committee

The IMH Amritsar has duly constituted visitors committee, which is now meeting regularly on the third Thursday every month.

Staff Quarters

Newly built staff quarters are available for 4 SMOs, 16 M.Os, 28 Class III and 70 Class IV staff personnel. The house meant for the Director, 3 houses meant for SMOs and all the 16 houses meant for M.Os. are lying unoccupied. Only one medical officer is presently living in the campus. None else is willing to shift from their own houses in the city. Only class III and class IV staff members are staying in the hospital quarters. The unoccupied houses are being utilized to serve hostel for Nursing students.

GENERAL

I wish to mention in my report the pathetic case of a female inmate who has been a victim of the executive as well as judicial callousness for years. UTP Raksha Rani was initially admitted to the Government Mental Hospital on 24.9.84 under the Reception Orders of the Additional Sessions Judge Sangrur. She was diagnosed to be suffering from schizophrenia and discharged on 16.10.84. She was readmitted on 11.2.85 under the Reception Orders dated 6.2.85 of Sessions Judge, Sangrur. She was declared fit to stand trial on 11.11.86 and was, therefore, discharged. She was convicted by the Sessions Judge, Sangrur u/s 302, 201 IPC on 30.1.97 and sentenced to life imprisonment. She appealed to the High Court and the High Court order dated 8.11.88 set aside her conviction and ordered retrial. The Punjab Government filed SLP in the Supreme Court against the judgment of the High Court. She

was readmitted to Mental Hospital, Amritsar on 11.10.89 and sent to Central Jail Patiala in 1993 and readmitted on 13.12.94. Thereafter she remained in the Mental Hospital. She had delivered a female child during the first few months of incarceration in jail. Her child named Meenu remained with her in various jails and also in the Mental hospital. With the efforts of the Mental Hospital Authorities, the child was ultimately admitted to Nari Niketan Amritsar on 30.12.94. She is reportedly married and well-settled now in Patiala. It is learnt that the appeal filed by the State against the judgment of Punjab High Court in Raksha Rani case was dismissed by the Supreme Court and thereafter the State Government withdrew the prosecution against her. Raksha Rani was discharged on 28.8.02 in compliance with the Punjab High Court Order dated 26.8.02 in CWP 10791/2002. The judgment mentions that "the appeal filed by the State against the judgment of this case in Raksha Rani's case was dismissed by the Supreme Court and thereafter the State Govt. withdrew the prosecution against her". Records do not show the date of rejection of SLP by the Supreme Court. Nor is the date of withdrawal of prosecution revealed. Raksha Rani who had become fit for discharge from Hospital continued to languish in Jail till 28.8.2002 when the High Court discovered that her prosecution had been withdrawn by the State (when no mentioned).

CONCLUDING REMARKS

The Institution visited by me at Amritsar bears little resemblance to the one the Channabasavanna Committee had visited in 1998. Most of the recommendations made by the Committee have been implemented and substantial improvement

has been effected in every aspect of the functioning of the Institute. Investigation facilities which were described by the Committee as rudimentary have been up-graded; living conditions have been improved and occupational therapy facilities have been developed. A pilot project on community services is ready to be launched shortly. The new building designed with meticulous thought and care provides this Institution the basic infrastructure to start training and research in mental health. Steps have been taken to achieve this goal.

While mentioning the above improvements, I consider it necessary to point out certain deficiencies, which need urgent attention from the Management. The extent of psychosocial inputs to diagnosis is still inadequate and needs to be increased. The techniques of psychosocial and behaviour therapy are yet to be introduced. Barring a few individuals, the entire staff needs to be trained and sensitised in the matter of the human rights of the inmates. The absence of Psychiatric Social Workers is adversely affecting the improvements that were registered in patients' care and handling after the reorganization of the Institute. This needs to be addressed urgently.

Rehabilitation of cured patients, possible only with the involvement of the NGO sector remains neglected as before. Efforts should be made to identify a suitable NGO that could start a Half-Way Home, financial grant for which is available from the Union Ministry of Social Justice and Empowerment.

Although the efficiency of the manual record keeping systgem has improved, it needs to be computerized for better use and management of useful data.

The recommendation of the channabasavanna Committee about the need for sensitization of the judiciary remains valid as ever. While examining the records, I saw quite a few Reception Orders where the word 'lunatic' was used by the learned Magistrate oblivious of the provisions of the Mental Health Act.

There is no doubt that Dr. Goel, Director has contributed immensely to the remarkable transformation of this Institute with his professional competence and inspiring leadership. It is a matter of pride for the IMH that Dr. Goel has also been appointed the Dean of Baba Farid University of Health Services w.e.f. 7.2.05.

14/3/05

(Chaman Lal)
Special Rapporteur
14.3.2005