

Report of Shri Chaman Lal, Special Rapporteur, NHRC on his visit to the LGB Regional Institute of Mental Health Tezpur Assam on 31st March-1st April, 2005

As directed by the NHRC, I have visited the LGB Regional Institute of Mental Health Tezpur (Assam) on 31st March-1st April 2005 to study the living conditions of 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 the various aspects of Quality Assurance in Mental Health in the country. The Committee headed by Dr. S.M. Channabasavanna, former Director and Vice Chancellor, NIMHANS had visited all the 37 Government Mental Hospitals in the country including the LGB Institute of Mental Health Tezpur, Assam as this Institution was then called. It gave a comprehensive report titled 'Quality Assurance in Mental Health' on the status of each with recommendations for improvement within 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 visited by the Committee and their Governments.

The Channabasavanna Committee's report on the LGB Institute of Mental Health Tezpur presents a fairly good picture of the administration and management of the Institute with the remark that "this Hospital ranks among the better Government Hospitals in India". While commenting favourably on the hospital services, living conditions and spirit of team work of the senior staff, the Committee gave the following suggestions for improvement:

1. Introduction of Emergency services and Open ward admissions with the provision for family members to stay with the patients.
2. Quality Psychiatric Care in terms of modern drugs, modified ECT and psycho social treatment in wards and OPD.
3. Need for starting rehabilitation facilities such as horticulture for the ward patients.
4. Upgrade Lab. facilities for essential investigations.
5. Improve the support services like kitchen, laundry, pharmacy, stores and maintenance.
6. Provide recreational facilities in each ward.
7. Make this Institute a teaching hospital with Post Graduate students posted in the wards.

Background

Dr. S.K. Deuri, Director, Dr. B.K. Hazarika, Medical Supdt. and Dr. T. Saikia, Asstt. Medical Supdt. briefed me about the history of the Institution and its growth upto the present level. Established as 'Tezpur Lunatic Asylum' on 1st April 1876 with 21 patients transferred from Dhaka, the Institute was initially being looked after by an Overseer (an officer like the Assistant Jailer) under the overall supervision of Civil Surgeon of Darrang District who acted as the Supdt. In the year 1910, the post of Overseer was upgraded to that of Dy. Supdt. The Institute was renamed as Tezpur Mental Hospital in 1922. After the destruction of the old building in a major fire accident, the Institution was provided a new building in 1932 with an authorized capacity of 690 Beds – 566 male and 124 female. In 1932, a separate post of Supdt. was created to make the administration of the hospital independent of the Civil Surgeon, Darrang. The admissions

were only through reception orders issued by the Courts under the provisions of the Indian Lunacy Act 1912. The concept of voluntary admission was introduced much later in 1962. A number of improvements in infrastructure diagnostic and therapeutic facilities, occupational therapy, care and treatment of the patients were effected during the period from 1951 to 1976. The Institution acquired great credibility and reputation under its first Supdt. Dr. N.C. Bordoloi. With the departure of Dr. Bordoloi in 1976, the Institute suffered some deterioration. The post of the Supdt. remained vacant for about a year and the control went back to the Civil Surgeon.

In the year 1992, the Supreme Court of India in its judgement in writ petition (C) No. 237/1989 *Shiela Barse vs. Union of India* declared the admission of non-criminal mentally ill persons in jails as illegal and unconstitutional. Finding the Assam Government lacking in response, the Supreme Court appointed a senior Advocate Shri Gopal Subramaniam as Commissioner and directed him to visit all the District Jails of Assam and Tezpur Mental Hospital. In his report submitted to the Supreme Court, Dr. Subramaniam stated that the State Government Mental Health Institution at Tezpur could serve the needs of the local people not only in Assam but for the entire North East region and should, therefore, be taken over by the Government of India and administered through an autonomous Board of Administrators. In compliance with the directions of the Supreme Court, an interim Board of Administrators was constituted in October '1984. The hospital was renamed Lokapriya Gopinath Bordoloi Institute of Mental Health in 1987. In the year 1998, the post of the Supdt. was upgraded to that of Joint Director of Health Services, Assam and redesignated as Director of the Institute.

The Institute was ultimately taken over by the Government of India through the North Eastern Council (NEC) in February 1999 and renamed the LGB Regional Institute of Mental Health. The old building of the hospital was gradually renovated to suit the requirements of a modern Psychiatric Institution. Additional faculty posts were created and Residency scheme was introduced. The diagnostic and therapeutic facilities were upgraded. The Pathological Lab. was modernised to cope with new demands and a new Administrative Office cum Academic Section with classroom Lecture Hall Library, Internet and Computer access facilities was created.

A Nursing hospital was set up in the campus for accommodating the newly appointed Nurses. The hospital staff was put through the orientation courses in order to expose them to the new developments in Health Care. A comprehensive Master Plan has been prepared for the development of the Institute into a full-fledged regional resource center for treatment, training research and community services in Mental Health.

After receiving the above briefing from the Director, I took a round of the entire campus which included visit to OPD, Pathology Lab. Emergency and Day Care Centre, Patients Ward in both male and female sections including the Jail ward, kitchen, recreation center and female occupational therapy unit. The observations are recorded below head-wise.

Hospital Infrastructure

A lot of improvement has been effected since the inspection made by Channabasavanna Committee particularly after the Institution came under

the control of the NEC. The old Cells have been renovated and converted into wards. Cell admissions have been totally stopped.

To make the wards manageable, the larger wards have been converted into small pavilions for better care and control. Although the overall standard of sanitation and hygiene has also improved, the toilet to prisoner ratio in the female section (1:11, only 8 toilets are available for an authorized capacity of 90 Beds) is still not satisfactory. The Director informed that the Female Section shifted to its present location only in December 2004 is still in the settling stage and this deficiency will soon be made up.

Gaps in the boundary wall have been filled but the wall is found to be varying in height leaving the possibility of breach at some places. It also needs strengthening at some places. The Institute buildings are located on either side of a public road open to traffic. The construction of a By-pass undertaken to remove this deficiency is nearing completion.

Admission and Discharge

The admission and discharge are governed by the provisions of the Mental Health Act, 1987. Most of the admissions are now found to be voluntary. The following statement would show that admission and discharge are going on smoothly:

Year	Admission	Discharge
2002	1285	1266
2003	1283	1296
2004	1242	1251
2005	321	305

(upto 31st March)

Daily average of OPD cases

Year	Total number of OPD attended	Daily average
2002	16499	52.71
2003	20304	64.87
2004	27034	86.37
2005 (upto 31 st March)	8114	105.37

Daily Average Bed Occupancy Rate

Year	Number of Beds provided	Average occupation Per day	Average Bed occupancy(%)
2002	336	276.11	82.18
2003	336	282.33	84.00
2004	336	258.57	76.96

It is significant to note that the reduction in bed occupancy rate is accompanied by corresponding increase in the OPD attendance which is in tune with the new thinking on hospitalization of mentally ill persons.

The proportion of involuntary admissions (under reception orders) is less than 5% as indicated by the following statement:

Year	Total Admissions	Admissions under Reception Order	
2002	1285	27	2.1%
2003	1283	27	2.1%
2004	1242	26	2.09%

Emergency Services

The Channabasavanna Committee had pointed out the absence of casualty and emergency services or short stay wards. Emergency service

was started from September 2001 and runs efficiently in two shifts. The Emergency unit is manned by one Doctor from 3 p.m to 9 p.m every day. 38 cases were attended in March and all were referred to the OPD the following day. In the year 2004, a total of 495 patients – 345 male and 150 female - were attended at the Emergency unit.

OPD

OPD runs from 9A.M to 3.30P.M. A team comprising one Psychiatrist, one General Medical Officer and two Resident Doctors runs the daily OPD. Services of Clinical Psychologist and Psychiatric Social Workers are available on referral basis only. Not more than 10% of the patients seen by the Psychiatrist are examined by the Clinical Psychologist. The number of patients examined by the Psychiatrist Social Worker is just 5%. The seating capacity in the Waiting Hall is insufficient to cope with the daily OPD average of around 100 patients. The Director informed that the new OPD building proposed in the Master Plan would have the seating arrangements for 200 persons. Basic drugs are supplied free to all patients. No fee is charged at present. The Director informed that it is being contemplated to start registration fee of Rs. 5 for OPD and Rs. 50 for indoor admission.

In-Patient Services

On an average 5% of the persons examined at the OPD are admitted as indoor patients. The earlier system of paying patients has been stopped. The In-patient services continue to be of Close Ward type only which was adversely commented by the Channabasavanna Committee. However, the wards have been re-organised by converting the earlier three wards into

seven wards or pavilions - each provided with basic facilities of hygiene and sanitation. The actually symptomatic patients are kept in smaller wards so as to be given better care. The provision for Open wards has been made in the Project Report which is to be implemented in a phased manner.

Although beds, cots with mattresses and linen have been provided, the facility of bedside lockers is still absent.

Access to the Female wards is through the Male section. The Director informed that a separate independent entry to the female section is being provided.

Diet scale has been worked on the basis of calorie requirements 2500 to 2800 calorie for male and 2200 – 2500 for female patients. While a ceiling of Rs. 30/- per patient per day has been fixed, actual expenditure on food is found to be ranging from Rs. 22 to 24. Patients were found happy with the quantity and quality of food. Food is brought in hygienic containers using cycle Rickshaw and served in plate and cups in the Dining Hall or Verandahs. Supply of water for drinking and washing purposes is satisfactory. Water is supplied through dedicated lines from the PHED with an overhead tank of 1,20,000 litres capacity and reservoir of 75,000 litres.

Kitchen

The kitchen building is old and beyond economical repairs/renovation. Construction of a new kitchen complex should be the topmost priority. Gas is used as cooking fuel. Nine Cooks are running the kitchen. Some of the cured patients could be involved as helpers to work in the kitchen.

Hospital Services

Treatment facilities have registered considerable improvement since the visit of the Channabasavanna Committee in both OPD and Indoor wards. While Specialist psychiatric consultation is available to all the patients, psychological testing and necessary treatment by the Clinical Psychologist is provided on referral basis. Medicines are given free to the OPD and indoor patients.

The Channabasavanna Committee had commented on the absence of Behaviour Therapy services. This deficiency persists. The Director informed that it is proposed to start a Behaviour Therapy Unit by purchasing the following equipments:

1. GSR Biofeedback Bio-trainer GBF-2000.
2. Pulse Biofeedback Bio-trainer –PBF-3000.
3. EMG Biofeedback Bio-trainer MBF-4000.
4. Multi Behaviour Therapy MBT-498.

Department of Clinical Psychology is now having equipment and material for conducting as many as 35 Tests. In the year 2004-05, a total of 1144 patients – 129 outdoor and 1015 indoor patients were examined by the Department of Clinical Psychology. The Department of Psychiatric Social Works examined 1441 patients – 137 OPD and 1304 indoor patients. Department of Psychiatric Nursing examined 1038 referral cases – 60 OPD and 978 indoor patients.

Average Length of Stay

The average length of stay is well within 90 days. It was 77.35 in 2002, 79.19 in 2003 and 74.95 in 2004. It is heartening to note that the provisions of section 19 of the Mental Health Act which provides for admission of a mentally ill person on an application made by a relative or friend are being correctly comprehended and no such persons is allowed to be lodged for more than 90 days without obtaining the orders from the competent court. However, a few violations of this provision could be seen for reasons which the Director has convincingly explained. Female patient Poona Pamung of Arunachal Pradesh was admitted on 29.4.02 by her family. She has shown considerable improvement and is considered fit for discharge. Three letters and seven telegrams have been sent to her family saying that she is fit for discharge and should be taken back. Mrs. Sonia P. Deuri, Incharge, P.S.W. Department has contacted the family on telephone. The family has not responded. Beti Sangkam of Arunachal Pradesh was admitted from 8.11.04. She is also considered fit for discharge and a number of telephonic contacts have been made with her family but no one has turned up to take her back. The Director feels that since their condition does not warrant continued detention, it would not be fair to obtain a reception order for keeping them in the hospital. Since the legality of their detention beyond 90 days can be questioned, the Director was advised to bring the matter to the notice of the competent Court in order to satisfy the provision of section 19 of the Mental Health Act, 1987.

Long Stay Patients

On the day of the visit, the Institute was found holding a total of 253 – 181 male and 72 female - patients. 227 belonging to Assam and 26 to other States as indicated below:

Nagaland	- 7
Arunachal Pr.	-12
Manipur	- 2
West Bengal	- 2
Tripura	-1
Meghalaya	-1
Bihar	-1

The number of inmates admitted under the reception orders – 12 male and 12 female – constitute 9.4% of the total admissions.

The number of long stay patients (exceeding two years) was 34 on 31st March 2005. 28 of them have been languishing for more than 10 years. Of these 17 have completed 15 years and more. 13 of them are destitutes. In six cases, correct addresses of their families are not known. In 9 cases, families are not responding to correspondence. Six of these are not willing to go out and would prefer to stay in the hospital. It is heartening to note that the number of Long Stay Patients has come down from 63 as of 31st December 2002 to 61 on 31st December 2003 to 55 in 2004. Their number was 105 in 2000. Chronocity seems to have been controlled to a considerable extent.

Pathology Laboratory

The Hospital was having only routine blood and urine test facilities when the Channabāsavanna Committee had visited. A modern Pathology

Lab. was started in 2001 in the OPD which serves both out-door and indoor patients. Dr. A.C. Sarmah, Asstt. Prof. Assisted by a paramedic is looking after the Pathology Lab. The Lab. is equipped to undertake almost all essential investigations under the heads (i) Hematology (ii) Serology and Microbiology and (iii) Biochemistry. The Pathology Lab. has been provided with a Semi-auto Analyser Machine. It is proposed to upgrade the Pathology Lab. by adding facilities for the following Tests:

1. Electrolyte Analyser (Sodium, Potassium and Lithium estimation).
2. Blood Cell Counter (fully automatic).
3. Thyroid function Test (T3.T4.TSH)and other Test Analyser.
4. Development of Microbiology Department.

The hospital has a portable X-ray Unit (60 m.a type). On an average 10 X-rays are taken every month. It is proposed to be replaced by a 250 m.a plant.

The Channabasavanna Committee's report had pointed out the absence of modified ECT facility. The facility has since been set up and provided with all necessary infrastructural facilities. The unit is functioning efficiently under the control of a qualified Anesthetist.

The Master Plan of the Institute includes phased introduction of CT Scan, EEG and Electro-sonography machine as recommended by Prof. M.N. Deka, Dean of Medical Science who has visited this Institute as a Member of the Indian Medical Council.

Occupational Therapy

It is interesting to note that O.T. facilities were developed in this Hospital way back in 1948 with the appointment of an Occupational Therapist. However, the Channabasavanna Committee had found these facilities to have become defunct since the post of occupational therapist has been lying vacant for years. There has been some improvement in recent years with the establishment of a Day Care Centre in February 2001 where long stay female patients are being provided training in stitching, embroidery, knitting weaving and painting by an ex-patient. Ms. Kunwali Mahajan appointed as a casual worker is paid wages at half the prescribed daily wage rate because the Day Care Centre functions from 11 A.M to 3 P.M. The Incharge Mrs. Sonia Deuri informed that the Centre will now be functioning from 9 A.M to 3 P.M. every day. She should then be paid full daily wage as prescribed by the District Administration.

Nine female patients were seen working in the O.T. Unit at the time of the visit. The Incharge informed that five of them are regular workers. It was heartening to note that one of these workers Geetali Saikia is attending the center regularly even after being discharged as an indoor patient. The Centre has made a profit to the tune of Rs. 20,000. However, workers are being paid a lump-sum of Rs. 100 per month in a manner that appears to be arbitrary. Director was advised to get the wages fixed by appointing a Wage Fixation Committee which should consider the average output and prescribe equitable wages for unskilled, semi-skilled and skilled categories. No worker should be kept in unskilled category for a period exceeding three months. Upgradation from semi-skilled to skilled category should be

decided on the recommendations of the Incharge based on the proficiency and performance of the worker concerned.

The Institution is without any facility of O.T. for the male patients. The Director informed that preparations are being made to start horticulture activity for male patients. The State Government Departments of Agriculture and Fisheries have been requested to prepare the plan and estimate for horticulture, poultry, Dairy farm and fisheries etc. in the available unused land for engagement and subsequent rehabilitation of male patients. The progress however, seems to be slow.

Jail Ward

On the day of the visit i.e. 1st April, 05, the Institute was found holding 7 prisoner patients – 6 male and 1 female. I met all of them and collected the following information which will be found shockingly significant from the human rights angle:

- (i) The sole female UTP patient Parbati Mallik of P.S. Silchar, Distt. Cachar was admitted on 9.5.77 when she was 21 years old. As per the record, she was a UTP in connection with the murder of her mother 4 years back. She was found suffering from acute depression and was totally withdrawn. Noticing her response to treatment, a letter was written to the Supdt. District Jail, Silchar on 23.1.78 declaring her fit for trial and requesting for relevant papers regarding her case. The file throws no light on what

happened till 31.9.86 (8 years) when another letter declaring her fit for discharge (not asking for any papers) was written. Two months thereafter on 3.1.96, she was shown unfit for discharge. This was repeated in the letter dated 25.5.2000 and 14.8.2001. On 30.10.02, IG Prisons, Assam was informed that she was fit for discharge and can take OPD treatment from Tezpur Jail. On 16.11.02, IG Prisons asked the Director, I.M.H about the relevant court orders by which she was shifted to the Mental Hospital, Tezpur and whether OPD treatment in Silchar Medical College was possible. On 6.12.02, the Institute wrote to the IG Prisons that her case file contains no court papers other than 4 medical certificates and that OPD treatment in Silchar Medical College was possible. There was no response from the IG Prisons till March 2004 when the Institute wrote letter dated 23.3.04 requesting for her discharge and return to the jail. IG Prisons, Guwahati wrote back and again asked for the relevant court orders. The Institute replied on 1.4.04 . File ^hows no progress after that.

I saw this patient in the female ward and found her quiet and withdrawn. Doctor K. Pathak, Incharge Unit III and Dr. Mrs. Oli Roy Chakraborty, Sr. Resident were of the opinion that her continued hospitalization is not necessary. Had she been discharged in early years of hospitalisation, her case could have been decided. Even

if she had been convicted of murder, in all probability she would have been granted premature release by this time. She has been a UTP for 32 years, found sometime fit and sometime unfit for defending herself.

- (ii) Machang Lalung was admitted on 14.4.51 at the age of 23 years as a UTP of Guwahati jail u/s 326 IPC. The file shows that for 15-16 years he was regularly produced before the Board of Visitors and at their instance letters were written from time to time to the Magistrate Kamrup and Guwahati showing him unfit to defend himself. The Board wrote to Magistrate Kamrup Guwahati on 9.8.67 informing that Shri Lalung was fit to stand trial. On 10.8.67, the Superintendent wrote to the Secretary to the Government of Assam saying that he was fit for trial and should be taken back to the jail. The Secretary wrote back on 5.9.67 asking for particulars of his case. No reply was sent. Instead every year a letter was sent certifying his insanity. On 3.11.94, he was declared fit in a letter addressed to the CJM Guwahati. Nothing happened. The file then shows a letter dated 2.2.2002 from the Secretary to the Government of Assam to the Supdt. Jail Guwahati asking him to go through the jail records and produce the UTP before the Magistrate. Nothing heard from that end till date.

I saw the person now aged 77. He is a quiet person who loves working in the hospital garden

without communicating with anybody. The Medical Supdt. told me that this man is not on any psychotropic medicine for several years and is free of any active signs of mental illness. He has received no visitors for more than 40 years. He remains a UTP in a case u/s 326 IPC for 54 years. I wonder if this criminal case has any meaning or significance.

- (iii) Khalilur Rehman was admitted on 1.12.69 as a prisoner from Nagaon Distt. Jail. He has been in judicial custody since 1963. The file shows that his conviction u/s 302 IPC was set-aside by the High Court on 30.4.68 i.e. before his admission to mental hospital. It was wrong to have treated him as a prisoner all these years. He was entitled to receive treatment for mental illness as a free man. The Institution wrote to his family in July 1984 about his discharge. On 10.8.84, the family wrote back saying that they will take him if he is fit. A month later they wrote, they are too poor to take him back. The Institute requested the IG Prisons on 5.9.2000 for his repatriation since he was fit for discharge. On 14.9.2001, the Supdt. Jail Nagaon wrote to O.C. Police Station Lakhimpur to take charge of the patient. On 8.4.02, IG Prisons, Assam wrote to the Officer Incharge of the PS concerned to locate his family or nearest relative. The matter stays there. This man is 70 years old and he has been in Mental Hospital for 35 years even after gaining fitness for discharge.

- (iv) Sona Mani Deb was admitted on 5.7.72 at the age of 16 years. His file shows that in the judgement of the case u/s 302 IPC delivered on 8.11.71 the Sessions Judge, Lakhimpur had found him 'not guilty' on account of being insane at the time of occurrence. The order said that he should be lodged in jail for treatment and observation. He does not show any active signs of mental illness and helps in ward activities. He is a destitute with no family to receive him. Since he was not convicted, he was to be admitted as a free person and not as a prisoner. He has been suffering this unjust treatment for 32 years.
- (v) Hema Kanta Changmai was admitted as a UTP in a murder case from Dhemaji on 4.1.03. Six monthly reports required to be sent about his condition, have not been sent. The Director was advised to send a report to the Court concerned immediately.
- (vi) Mohd. Noor Islam, UTP in a theft case admitted on 14.2.05 and Mustafa Ahmed, UTP in a murder case admitted on 18.2.05 are recent cases. First monthly report on their condition has been sent to the court concerned. The Director assured that the court will be informed regularly about their mental fitness for standing trial.

The case of one Anil Kumar Burman also deserves mention. He was admitted on 9.12.72 as a case received from Dhubri jail. The file contains the judgment dated 15.7.69 acquitting him of the charge. His family wrote to the Secretary to the Government, Assam on 20.4.74 followed by a reminder dated 2.7.74 requesting for his release. As there was no response from any authority, he seems to have been written off by his family. On 31.10.96 the Institute wrote to Supdt. Jail requesting him to arrange his release. The Supdt. wrote back on 13.11.96 expressing helplessness since his record was not traceable. The Institute took special interest in his case and based on information collected from him kept writing to certain persons in his village. Ultimately a letter written to the Headmaster of his village school did the miracle. His son-in-law came along with some villagers and got him released on 30.3.05. This man was admitted in the Mental Hospital as a convict on 9.12.72 after being acquitted in a murder case ordered on 15.7.69. The file shows that he was fit enough to be discharged at least from 20.4.74 onwards. Even if that was not possible, he should have been kept as a non-criminal mentally ill person and not in the Jail Ward. His detention in hospital as a prisoner for 33 years is a sad commentary on the state of human rights of mentally ill persons in our country,

While pointing out the omissions of the Institution and other authorities in preventing the violations of human rights of these persons, I wish to include in my report the case of one Chagan Kostur Begul alias 'Monkeyman' hailing from Dhule, Maharashtra. He was admitted on 2.7.2001 by local Police as a wandering mentally ill person of Sonitpur. In the very first report sent to the police, he was declared fit for discharge. As this man belongs to Maharashtra, the local police sent a wireless message to Maharashtra requesting to send an escort for arranging his discharge, but

there was no response. On 8.11.01, the Institute again wrote to the PS but nothing happened. On 13.3.02, a letter was written to his family through the Sarpanch of his Gram Panchayat in Hindi. A reply dated 28.8.02 was received from his brother saying that the family is too poor to come for collecting him and he should therefore be sent under the arrangements of the Institute. Accordingly, he was restored to the family by special efforts of PSW staff of the Institute on 19.5.04.

Death of Patients

The Channabasavanna Committee report mentions an average of 10 to 20 deaths including 1 to 2 suicides every year. Examination of records reveals that as many as 51 patients had died in 1994. The situation seems to have been brought under control as can be seen from the following statement:

Year	Number of deaths of patients	Year	Number of deaths of patients
1995	20	2000	6
1996	12	2001	2
1997	5	2002	5
1998	16	2003	5
1999	13	2004	4

While post-mortem is not being conducted, every case of death is discussed in the 'Death Conference' introduced since December 2003. The minutes of the Conference relating to the death of Sujit Kumar Chaudhri on 30.11.02 and Milan Chander Dega on 11.2.04 were perused. After a detailed discussion about the cause of death, the deficiency in infrastructural services was identified. The deliberations led to the identification of need for upgrading the cardiology facility.

Escape of patients

The Channabasavanna Committee had mentioned an annual average of 10-12 escapes. The menace seems to have been controlled as can be inferred from the following statement:

Year	Total
1994-98	26
1999-03	12
2004	3

Medical Record Section

Although medical records are being maintained manually, the retrieval was tested and found to be quite fast. Commendable interest has been shown by Dr. Saikia to salvage the old records and give a new look to the Record Room where records dating back to 1897 are being maintained with a lot of care.

Computerisation

This is one area where not much has been done. The Director informed that computerization will be introduced shortly for storing retrieval and net working purposes.

Recreation Facilities

Recreational facilities are inadequate as before. Even the elementary facility of TV has not been provided in wards. The patients have to go the Community Hall to watch TV. Not many do.

Community Services

The Channabasavanna Committee had pointed out the absence of the community services. The Institute started a monthly Psychiatry Clinic for the community services at Biswanath Chariali Civil Hospital, 80 km. away from the Tezpur on 7th April 2001 – World Health Day. This Extension clinic is now regularly held on the last Friday of every month and an average of 200 patients attend the OPD. Free medicines are supplied on this service. The beneficiaries are from the Districts of Sonitpur, North Lakhimpur and Dhemaji. The center also attends patients coming from various tea estates. The medical team deputed for this purpose comprises one Psychiatrist, two Medical Officers, one Psychiatric Social Worker/Clinical Psychologist/Psychiatric Nurses, one Pharmacist besides having 2 to 4 psychiatric nursing students and 2 to 4 visiting students. The Psychiatric nursing students undertake psycho education activities under the supervision of the faculty tutor. The following table would show the growing popularity of this service:

Year	Number of satellite Clinics	Total patients	New patients
2001	10	441	189
2002	12	1446	291
2003	12	1834	283
2004	12	2370	390
2005 (till 28 Feb.)	2	558	84

Thus a total of 6649 mentally ill persons have benefited from the community psychiatric services since April 2001.

Library

The Institute is having a well equipped and nicely furnished Library located in the Administrative Block. Three out of a total of six rooms are being utilized as Reading Rooms and have been fitted with Air conditioners. The number of Books (1331) as of 1.4.05 is not bad considering that 988 were added during the last three years. The Library can boast of the some of the highly valuable titles in the field of psychiatry, clinical psychology, child psychology, psychiatric nursing and psychiatric social work. The Library is subscribing to 14 international and 2 Indian Journals. The Library has 3 computers with Internet connections and the installation of advanced Library software package i.e. 'SOUL' is under processing.

Training, Education and Research Activities

The Channabasavanna Committee had recommended that the hospital should be made into a teaching hospital with Post Graduate students posted in the wards. Substantiated progress has been made in this area since the visit of the Committee. This is one of the few Mental Hospitals which is running a regular Diploma course in Psychiatric Nursing for Staff Nurse since October 2001. The course with capacity of 10 students has been recognized by Assam State Nursing Council and Indian Nursing Council. The fourth batch is currently in progress. However, records reveal that a total of only 21 Nurses have been trained in three batches run so far - 16

from Assam, 2 each from Nagaland and Meghalaya and one from Manipur. This useful facility appears to be under-utilised.

The Guwahati University has given clearance for starting Post Graduate Degree Course in Psychiatry, Psychiatric Social Work, Clinical Psychology and Psychiatric Nursing. Permission from the M.C.I. and All India Council of Technical Education is being sought. The infrastructure required for running these courses has been developed to a considerable extent. The Director is hopeful that these courses Institute will start from October 2005.

The Institute has been providing short-term exposure training for 10 days to one month in psychiatric treatment for nursing for the students and Doctors of the following Institutions:

1. Government Ayurvedic College, Guwahati.
2. Government Homeopathic College, Jorhat.
3. Government Homeopathic College Navgaon.
4. Nursing students of Baptist Christian Hospital, Tezpur.
5. Nursing students of Kanaklata Civil Hospital Tezpur.
6. Nursing Hospital of Catholic Hospital Borgaon.
7. Nursing students of Mission Hospital of Jorhat.
8. Nursing students of Rural Development Centre, Manipur.
9. Nursing students of Regional Institute for paramedical and nursing Aizawal.
10. Nursing students of College of Nursing Guwahati.

The Institute is also providing academic assistance in the form of lectures to students of psychology from Goahati University, Guwahati Pachung University, Aizawal, Tezpur College, Tezpur and Kaliabar College, Nagaon.

Staff

LGB Regional Institute of Mental Health has been provided adequate staff for meeting its current commitments. It is authorized a total of 296 posts – 249 in Hospital, 19 in Academic and 29 in Administrative Departments. There are only 31 vacancies – 25 in Hospital, 5 in Academic and 1 in Admn. Departments. Except Group 'A' posts, most of vacant posts are being managed by contractual/casual arrangements. The staff position is indicated below in respect of key posts:

Name of the post	Sanctioned	Held	Vacancy	Remarks
A. Admn. Deptt.				
1. Director	1	1	-	
2. Chief F&AO	1	1	-	
3. Accounts Officer	1	1	-	
4. Asstt. Admn. Officer	2	2	-	
5. Project Engineer	1	-	1	Advertised
B. Academic Deptt.				
1. Prof. Of Psychiatry	1	1	-	
2. Associate. Prof. Psychiatry	4	2	2	
3. Asstt. Prof. Psychiatry	2	2	-	
4. Asstt. Prof. Pathology	1	1	-	
5. Asstt. Prof. P.S.W.	1	1	-	
6. Asstt. Prof. Nursing	1	1	-	
7. Asstt. Prof. Micro-Biology	1	-	1	
8. Asstt. Prof. Clinical Psychology	1	-	1	
9. Nursing Tutor	3	2	1	
C. Hospital Department				
1. Medical Supdt.	1	1	-	
2. Dy. Medical Supdt.	1	1	-	
3. Asstt. Medical Supdt.	1	1	-	
4. Clinical Psychologist	3	1	2	

2. Dy. Medical Supdt.	1	1	-
3. Asstt. Medical Supdt.	1	1	-
4. Clinical Psychologist	3	1	2
5. P.S.W.	4	-	4
6. Dietician	1	-	1
7. Pharmacist	2	2	-
8. Sr. Pharmacist	1	-	1
9. Matron	1	1	-
10. Asstt. Matron	1	1	-
11. Ward Sister	5	5	-
12. Staff Nurse	51	46	5 (13 Nurses are holding DPM)
13. Lab. Technician	4	2	2
14. Occupational Therapist	1	-	1

Staff Quarters in the Campus

A total of 129 quarters are available in the campus. Barring 22 which have been abandoned because of poor conditions, all are occupied. Persons holding key posts or providing essential services are staying in or adjacent to the campus.

Personnel Problems

The Institute is facing a grave and complex administrative problem arising from the absorption of the earlier staff of Assam Government into the new autonomous set-up. At the time of the taking-over of the Institute by the Government of India, it was holding 200 persons in various posts against a total sanction of 262 non-tenure posts. All these persons, who were employees of Assam Govt., opted for the new set up and have been receiving pay and allowances at the Central Government pay rates. On the recommendations of the Empowered Committee constituted by the NEC to oversee the process of permanent absorption of the employees, 190 posts

have been re-designated in May, 2002 to suit the requirements of the modern Institute after obtaining approval from DONER, Govt. of India. The E.C. has recommended that the newly recruited employees of the Institute are to be given pension benefits under the EPFO Scheme. This is not acceptable to the inherited employees whose present numbers is 167. Some of them have completed more than 20 years of continuous service under the Government of Assam and consider themselves entitled to Government pensionary benefits. On the recommendations of the E.C., these employees were absorbed pending a decision on the pension matters. The DONER, the Government of India has stated that the inherited employees are not to be considered as Govt. of India employees. The inherited employees are agitating for pensionary benefits admissible to the Central Government employees including the provision of Family Pension, Leave Encashment, Half Pay Leave and the GPF etc. This matter has a great bearing on the morale of the staff and harmony in the prestigious set-up that has been created. I have spoken to Dr. Kamal Toari, Secretary, NEC and requested for his immediate intervention.


Board of Visitors

A Board of Visitors duly constituted and notified by the North Eastern Council in 2000, comprises Professionals, Social activists and Academicians in the field of 'Mental Health'. The 8-Member Board made 2 visits in 2001, 6 in 2002, 3 in 2003, 5 in 2004 and one in the year 2005.

Concluding remarks

While describing this hospital as one that 'ranks among the better Government Hospitals in India', the Channabasavanna Committee had made a number of recommendations to upgrade the diagnostics and therapeutic facilities, improve treatment and care of patients, initiate rehabilitatory measures and start professional courses for medical and para-medical personnel. Some of these recommendations have been satisfactorily implemented as can be seen from the improvement of hospital's infrastructure, opening of Emergency and Day-care services, upgradation of Pathology Lab., providing of modified ECT and development of teaching facilities. However, there are still some areas of deficiency, which need greater attention and better performance from the hospital leadership. Admissions are totally close ward type and open ward facilities are at the proposal stage as part of the Project report. Occupational Therapy, an essential component of mental health care, is yet to evolve in a real sense in this hospital. Recreational facilities remain inadequate as before. Matters concerning criminal patients received from jails need greater care and concern. Construction of a new kitchen block with modern facilities is a pressing requirement. The Institution has yet to realize an optimum, let alone full potential to become a Center of Education and Research in Mental Health, the infrastructural facilities in staff and equipment for which have been set up to a great extent. The complex personnel problems arising from the inheritance of old staff belonging to Assam Govt. call for early settlement. There is hardly any involvement of the NGO Sector in the

management of this Institution. This lacunae has to be removed by identifying some credible NGOs and involving them in the well-being of the patients particularly for setting up a Half-Way Home with financial grants available from the Ministry of Social Justice and Empowerment, Govt. of India.


(Chaman Lal) 3/5/05
Special Rapporteur
3.5.05