REPORT ON THE VISIT OF DR. JUSTICE SHIVARAJ V. PATIL MEMBER NHRC TO MENTAL HEALTH CENTRE THIRUVANANTHAPURAM ON NOVEMBER 3, 2005

Dr. Justice Shivaraj V. Patil, Member, NHRC visited the Mental Health Centre Thiruvananthapuram on November 3, 2005 to examine the living conditions of the inmates as part of the Commission's obligations u/s 12(3) of the Protection of Human Rights Act, 1993. He was accompanied by Shri Chaman Lal, Special Rapporteur, NHRC who made a detailed study of the infrastructure and services of the Institution on 31 October and Ist November, 2005 and identified issues requiring special attention from the Member. Shri Rajeev Mehta, Health Secretary, Government of Kerala received the Member and attended the briefing session. Dr. S. Jayram, Supdt. Mental Health Centre gave a detailed briefing on the working of the Centre and its current problems. The briefing was followed by a round of the campus which included visit to OPD, Patients' Wards – Male and Female, Family Wards, Kitchen, Sheltered workshop, Rehabilitation Centres, Recreation unit and Forensic ward. Dr. B. Mahila Mani, Director of Health Services and Dr. S. Jayaram, Supdt. escorted the team.

The Mental Health Centre, Thiruvananthapuram was visited by Dr. Channabasvanna Committee appointed by the NHRC in 1998. The report of the Committee included in the Quality Assurance in Mental Health released by the NHRC in 1999 mentions major inadequacies/deficiencies of hospital infrastructure, diagnostic and therapeutic services, admission and discharge procedures and the living conditions. The Committee had specifically recommended;

a) Immediate abolition of cell admissions;
b) Gradual conversion of Closed wards into Open wards;
c) Streamlining of admission and discharge procedures in accordance with the provisions of the Mental Health Act 1987;
d) Upgradation of investigation facilities;

e) Development of occupational therapy facilities;
f) Improvement of recreational facilities;
g) Development of rehabilitation facilities including Day Care Centre; and
h) In-service training for all staff members.

While remedial action has been taken on some of the recommendations of the Committee, a lot remains to be done in order to make the Centre realize its potential to become a Centre of excellence in Mental Health. This will be clear from the observations/suggestions of the NHRC team given below:

HOSPITAL INFRASTRUCTURE

This hospital was started by Maharaja of Travancore in 1870 as a Hospital for incurables (TB, Leprosy and Insanity). Subsequently, the name of this hospital was changed to Hospital for Mental Diseases and in 1985, it was named the Mental Health Centre. The catchment area of the hospital comprises six southern Districts of Kerala namely Thiruvananthapuram, Kollam, Pathnamthitta, Allapuram, Kottayam and Iduki and the border districts of Tamil Nadu. The Centre is spread over an area of 36 acres with built up area of 3.7 acres. It comprises 30 wards, 27 meant for patients and one each for Day Care Centre, Behavioral IUC (under installation) and rehabilitation centre. The number of Closed Wards has undergone only a marginal reduction from 16 to 13 following the recommendations of the Basavanna Committee. There has been no addition in the number of Open Wards which remains 7 as before including 3 Family Wards. It is also disheartening to note that De-addiction Ward which figured in the Committee's report as Alcohol and Drug Abuse Ward has since been closed. Two wards are being used as Medical Wards for male and female patients and 5 wards are accommodating forensic patients (4 Male and 1 Female wards). The infrastructure includes a total of 30 Cells. However, only 17 of these are being utilized for Cell admission (15 Male and 2 Female).

The provided bed strength of the hospital which was shown as 463 in Dr. Channabasavanna Committee report is now 507. The actual strength on the day of the visit (31 October) was 575 – 329 male and 146 female. 168 chronic patients and 65 other patients were found lodged in Closed Wards which gives a fairly high percentage of 40.5% as Closed ward admissions.

The hospital buildings despite being old are being kept in good condition with regular maintenance. Two buildings have been renovated after the visit by Dr. Channabasavanna Committee. A new Forensic Block, a modern Psychiatric Ward are under construction with special Central assistance. Behavioural Intensive Care Unit is ready for inauguration. A grant of Rs. 9 lakh has been received from the European Commission (SIP) for construction of Children Ward which needs an additional grant of Rs. 5 lakh. The Central Government has released special Central assistance of Rs. 2.5 crores for improvement of Hospital infrastructure. The century old Closed Female Ward needs to be demolished and reconstructed. A Master Plan has been prepared and submitted to the Government for approval.

STAFFING PATTERN

While there are only 5 vacancies in the total sanctioned strength of 323, the vacancies of Medical Record Officer (1), Nursing Supdt. Gr.I (2) are considered key posts and need to be filled at the earliest. The staffing pattern needs a re-look in the light of the norms laid down in the Mental Health Rules 1990 and the sanctioned bed capacity of the Centre. The deficiencies are shown in the chart below:

Posts	**Required as per scale**	**Sanctioned**	**Actual**
Psychiatrists	52	11	10
Clinical Psychologists	26	2	2

Psychiatric Social Workers	26	3	3
Nurses	175	70	70
Attenders	175	175	175

107 posts – 72 of Nursing Assistant, 11 of Hospital Attendant Gr.I, 5 Hospital Attendant Gr.II, 3 of Barber, 3 of Dhobi and 7 of Cooks, 4 Security Guard and 2 Daily Wages are held by Daily Wage Staff under the orders dated 4.9.2000 of High Court of Kerala. They are getting wages @ Rs. 100 per day. On an average they get 14 days of job per month. They have made a representation before the Member, NHRC and requested for their permanent employment against the existing vacancies. The team felt that the deserving ones amongst them should be selected on a merit basis following objective criteria could be considered for appointment on contract basis. The Supdt. informed that a number of Nursing attendants have left after acquiring skill and experience and found regular jobs in private Institutions. Further losses of this kind should be prevented.

Although the staffing pattern shows presence of three psychiatric social workers, the present incumbents are M.S.Ws without any background of psychiatry. Only after they successfully undergo a two year course in Psychiatric Social Work and NIMHANS or C.I.P. or RINPAS, can they be considered as Psychiatric Social Workers. This important point seems to have escaped the attention of Dr. Channabasavanna Committee. None of the Staff Nurses numbering 51 is trained in psychiatry. The Committee report had mentioned presence of 3 trained Staff Nurses but they have also left for better prospects elsewhere.

ADMISSION AND DISCHARGE

Admission and Discharge procedures has been streamlined and brought in tune with the provisions of the Mental Health Act. Year-wise statistics since 2002 are given below:

Year	Admissions	Discharge	Voluntary (Sec.15&16 MH Act	Involuntary (19MH Act)	Judicial Admissions
2002	3965	4276	3740(87.46)	66	159(4.01)
2003	3930	3778	3682(93.68)	56	191(4.86)
2004	3881	3988	3604(92.86)	46	231(5.95)
2005(up to 31st Aug)	2519	2546	2382(94.56)	9	128(5.08)

A high percentage of voluntary admissions can be clearly noticed. It would be still higher if admissions u/s 19, (admissions under special circumstances, on request from a relative or a friend of the mentally ill person who does not or is unable to express his willingness) are also treated as voluntary admissions as is being done in most other institutions. It is heartening to note that this provision is being used very sparingly.

The daily average bed occupancy has come down from 724.73 in 2002 to 618.42 in 2003, 545.61 in 2004 and 520.29 in 2005 (up to August). The Supdt. informed that the normal indoor patients strength can now be taken as ranging from 500 to 550.

The average length of stay in respect of voluntary admissions is 27.52 days which marks a great improvement over the figure of 67.6 mentioned in Dr. Channabasavanna Committee report. For patients staying in the Family Ward where one family member is allowed to stay with the patients, the average length of stay is found to be less than 21 days. While the proportion of repeat admissions was mentioned as 50% in the report (1998), its average comes to

60% for the period 2002 to 2005 (up to Aug.). The phenomenon needs to be studied in depth.

LONG STAY PATIENTS

It is remarkable that chronicity has been arrested to a significant extent. Now, only 101 out of a total of 375 patients have a stay longer than 2 years. 44 patients – 29 male and 15 female have been languishing for more than 10 years, 22 out of them – 11 male and 11 female for more than 15 years. It is worth noting that women out-number men among the patients having their duration of stay between 2-5 years. This means a larger number of female patients who are either destitutes or have been abandoned by their families. The categories 5-10 and 10-15 years have more men than women. This indicates neglect of female patients by families as a new phenomenon. The matter calls for a detailed study.

127 patients belong to BPL category. As many as 70 patients (male 28 and female 42) are homeless/destitute individuals. 19 (14 male and 5 female) out of the LSP patients have fully recovered and are fit for re-integration in family. 25 patients are recovered but require medication under supervision and are fit for being kept in Half-way Homes. 24 patients are fit for discharge (8 male and 16 female) but the families are not willing to accept them. Nine patients - male 3 and female 6 are fit for discharge but their families are not able to look after them.

The Centre is now holding 11 female patients belonging to other States who are either destitutes or abandoned by families. 3 of them belong to Tamil Nadu, 3 to MP, 1 to UP and 4 to Maharashtra. One of them named Ujala has been in this Centre since 12.6.86. Two of them - Valammal from Tamil Nadu and Parvati from Maharashtra have been here for more than 10 years. All of them can be discharged provided some organization is prepared to look after them.

A number of long stay patients were restored to their families through special efforts of the Institution during the last 5 years. Following cases are cited by way of example.

1. Anjali (Chaya) was admitted on 10-10-2000 by NGO ABHAY. Her case was referred to the District Legal Service Authority for tracing her family on the basis of information derived from sustained interviews by the psychiatric social workers. She was rehabilitated to Mahar (a Home for Bettered Women in Pune) on 11.9.05.
2. One Vantha Reddy was admitted on 17.3.04 as a wandering patient. Her family was traced and she was discharged and handed over to her cousin Venktesh Reddy and sister Roopa on 4.11.04.
3. Kiran admitted as a wandering patient was restored to her son, a teacher who responded to a write-up published in an Andhra Pradesh Newspaper at the initiative of the Centre.
4. Bashira admitted on 20 December 2002 as a wandering patient. She was interviewed a number of times to ascertain her address and repatriated to her family with help from NGO on 28.6.2003.
5. Bubly admitted as a wandering patient on 13.2.05 was restored to her husband on 13.5.05 as a result of the sustained interview by the PSW.

SERVICES

Causality and Emergency Services: Round the clock, Casualty and Emergency services have been established. 24 hour Ambulance facility is available which shows improvement over the 8AM to 5 PM availability mentioned in the Committee report. It is found that nearly all the patients reporting at the emergency are being admitted to wards. This matter needs proper examination. It indicates that patients brought to emergency are not being examined in depth to decide whether their hospitalization is really necessary.

Use of single cells for persons kept for observation is also objectionable. Proper observation facilities as recommended by the Committee have not been developed.

Out Patient Services: Out patient services are run on all days including Sundays and Holidays. OPD is functioning from 8.30 a.m. to 1 p.m. and 3.30p.m. to 5 p.m. The daily average of OPD has gone up from 42.34 in 2002 to 57.70 in 2003 to 85.72 in 2004 to 104.66 in 2005 (up to 31 August). The standard of OPD services does not seem to have registered any improvement since the visit of the Committee. The waiting facilities for patients' and family members are still inadequate although cemented slabs have been provided to increase the seating capacity of the waiting hall. There is only one Consultation Room where 3 Psychiatrists sit together and examine different patients. It should be possible to provide temporary partitions to facilitate better examination and protect the patient's privacy. There is need to establish a short stay Observation Ward. The use of single cells - objectionable even otherwise- for observation purposes is all the more undesirable. All common drugs are being supplied free to patients. The Special Rapporteur satisfied himself about the truth of this claim by interacting with some of the family members. This is also supported by the fact that expenditure on medicines has gone up from Rs. 3/- per patient in 2002-03 to Rs. 25 in 2004-05.

In-patient Services: The average bed occupancy has come down from around 800 in 1998 to 520 in the current year. Overcrowding has been controlled and the living conditions have also improved. Dr. Channabasavanna Committee had specifically pointed out inadequacies of toilets, cots and beds. Present availability of 177 toilets including 125 attached to the wards gives a very satisfactory toilet to prisoner ratio of 1:3. A total of 108 Bathrooms are also available. 94 toilets are having space earmarked for bathing, 14 number of Bath Rooms are attached to Wards. In addition, 24 number of bath space have been provided outside the wards. Bathing facilities can be considered adequate.

Round the clock, supply of water is being ensured from the Municipal Service. The Institution is also having 5 Tube-wells of its own which are, however, not being used because of efficient supply of water. However, the deficiency of a standby Generator persists although five portable Generators of 0.5 KVA capacity have been procured for administrative uses. A proposal for the procurement of a 160 KVA standby Generator is pending consideration with the Director, Health Services. This vital deficiency needs to be removed.

A Water Cooler was installed on the recommendations of the Committee at the OPD which cannot serve the indoor patients. Eleven Water Purifiers (Filters) have also been procured. However, the Special Rapporteur found only two in working order. Four of them were reported lying under repair for more than six months.

RECREATION

Recreation facilities are inadequate as before. Even the elementary facilities of TV is not available in as many as 10 Wards. What shocked the Team most was that daily Newspapers and Magazines are not being supplied to the patients despite a specific mention of this deficiency by the Channa Basavanna Committee. Only 3 Wards out of a total of 27 are receiving one Malayalam Paper daily through private organizations/individuals. This is something one could never imagine to find in the most literate State of the country which is competing with the developed countries of Europe in matters of human development index.

Food

The Diet Scale seems to have been fixed with great concern for patients' requirements, although the statement of the Dietician Meena Somaraj that it ensures a daily supply of 3500 K.cals. needs to be verified after thorough examination. The average daily expenditure on food has increased from Rs. 20 to 23 since 1999.

Black coffee is served at 5.30a.m., Breakfast (milk and bread 4 days and wheat Kanji, Bengal Gram and curry 3 days) at 7 a.m. Tea is served twice at 10 a.m. and 3.30 p.m. Between Breakfast and Lunch, an additional meal is provided at 10.30a.m. – milk and bread for 3 days and uppamavu, plantain, egg and tea for 4 days. Mutton curry is supplied on every Thursday and fish on every Tuesday and Saturday. Food is cooked under hygienic condition using Gas as a fuel. The Kitchen complex looks neat and clean. 10 patients assist the kitchen staff and receive remuneration. The Member pointed out the need for periodical medical examination of the Cooks to guard against communicable diseases. While arrangements for the distribution of food, in the ward using closed containers is satisfactory, the seating arrangements for taking meals need improvement. There are only 5 Dining Halls of 30 capacity each to cater to the need of an average strength of 520 patients.

It is distressing to note that a number of patients have not been provided Cots. The Special Rapporteur found that the male chronic ward No.30 holding 43 patients was having only 10 Beds. In the Closed ward, Female number 10, as many as 27 patients were seen without having beds. In the female Family Ward No. 10, six beds were available for 17 patients seen at the time of the visit. A number of beds were seen without mattresses. Pillows are not being issued to patients at all. There is no arrangement for keeping the patients' belongings. The Member suggested that small size steel lockers in Blocks of 8-10 could be arranged for the patients.

The family members staying with the patients in the Family Ward have to make their own arrangements for food. Most of them are managing with the food supplied to the patient with consequent loss to the patient. The Special Rapporteur was informed by some family members that they have to spend at least Rs. 30 per day for buying food from the Canteen. The team felt happy to know from the Supdt. that the Government has agreed to authorize supply of free food to one Attendant of each patient and orders are under issue. This is a

progressive measure which the Commission can recommend for adoption in other States. A copy of the Government order should be sent to the Commission.

Despite the above deficiencies, the Team found the general atmosphere at the Centre light and cheerful with no sign of depression which is normally associated with mental health institutions. Most of the patients were found relaxed and communicative. Lighting in the campus improved in response to the observations of the Committee. However, the life in the Closed Wards appeared to be harsh and sad. The Centre is facing an acute shortage of Nursing staff. It was shocking to learn that one Nurse has to look after 3 wards in the night shift (8 p.m to 8a.m). The staff shortage is also being felt in the second shift (1 p.m. to 8 p.m.). This has an adverse impact on the freedom of patients to move about within the campus. The team learnt that the patients in Closed Ward are kept locked in the afternoon and night shifts. This is a serious flaw in the management of the Institution.

Free supply of medicines to indoor patients is being ensured. The Special Rapporteur spoke to a number of family members who confirmed this. Common Psychotropic drugs numbering 23 are held in sufficient quantity.

DIAGNOSTIC & THERAPEUTIC FACILITIES

Remarkable progress has been achieved in improving the investigation facilities which were found highly deficient by Dr. Channabasavanna Committee. Facilities are now available for Lithium Test, Blood chemistry, ECG, EEG and X-ray examination. The Centre is also holding a modified ECT facility which is being utilized twice a week under the supervision of a visiting Anaesthesist. The following table will show progressive utilization of the testing facilities:

Year	ECT administered	X-rays taken	Blood & Urine routine examination	Bio-chemical Investigation
2002	78	159	N.A.	N.A.
2003	98	30	4655	904
2004	193	152	5742	1389
2005	151(up to 29.10.05)	99 (up to 8.7.05)	4640 (up to Sept)	1373 (post of JSO vacant from Sept. to Dec.

The Institution is having only two Clinical Psychologists against its minimum requirement of 10 to meet the clinical demands of outdoor and indoor patients. The following chart shows the proportion of patients referred to the Deptt. of Clinical Psychology for psycho-metric and therapeutic intervention:

Year	Neuro-psychological Assessment	Psycho-Diagnostic Formulation	Therapeutic Intervention
2003	181	542	132
2004	213	561	119
2005(till 31.10.05)	149	493	92

There is an urgent need to develop the infrastructure facility to establish Neuro Psychological Service Unit, De-addition Management and Child Adolescent Clinical Psychology Unit. Test materials and equipments are available for 26 Tests in the Deptt. of Clinical Psychology. It is also holding Casualty Behaviour Therapy Apparatus and Biofeedback –EMG. The following equipments and materials are required for the enhancement of the Clinical Psychological Department:

1. **Biofeedback Apparatus** – ECG, EMG, EEG & GSR.
2. **Behaviour Therapy** – Aversion Therapy Apparatus, Social skills Training Software, Sex Therapy Apparatus, Play Therapy Equipments (for children) and Software for Therapeutics.

3. **Psychological Tests** – WISC-R, WAIS-R, Neuropsychological Tests-Luria-Nebrasca, CANTAB-Neuropsychological test Battery, Guzell Developmental Schedule, Bailey Intelligence Assessment & Differential Aptitude Test.
4. **Software for Personality Assessment** –16PF, MMPI, EPQ, Rorschach, TAT, CAT, Sack's Sentence Completion Tests and SPSS for Windows.

OCCUPATIONAL THERAPY

Occupational Therapy facilities have been developed in 12 skills/trades. These are:

1. Bread-making Unit
2. Hospital Furniture repair Unit
3. Agriculture Section
4. Tailoring Unit
5. Art & Craft work Unit
6. Pharmacy Tablet cover-making Unit
7. Reference book-making Unit
8. Soap-making Unit
9. Ornamental Gardening Unit
10. Kitchen Unit
11. Chair-weaving Unit and
12. Broom-making Unit.

These Units were being run regularly and systematically when three O.T. Instructors provided by an NGO Sycamore Charitable Trust were working under the Occupational Therapist of the Institution. They were withdrawn about a month back. Presently a total of 56 patients – 42 male and 14 female are receiving vocational training and engaged in the following work:

		Male	Female
Agriculture Section			
(i)	Furniture Maintenance Units Chair weaving unit Soap making unit Ornamental Gardening unit	39	-
(ii)	Tailoring/Craft Unit	2	2
(iii)	Pharmacy Tablet Cover making unit	1	4

(iv)	Broom making unit	-	2
(v)	Reference Book making unit	-	5
	Kitchen	-	5

All these patients are receiving wages @ Rs. 20 per day.

A Tailoring Instructor Lathika working in the Female Rehabilitation Centre is receiving a daily wage of Rs. 60 whereas other daily wagers are paid Rs. 100 per day. The Supdt. informed that this has been decided by the Hospital Development Committee (HDC) headed by the District Collector. The team advised the Supdt. to look into this disparity and ensure proper payment to the lady.

A total amount of Rs. 59,248 was disbursed as wages during the period April 2004 to September 2005 which gives an average of 3,290 per month and Rs. 58.76 per worker per month. While enhancement in wage rate from Rs. 10 to Rs. 20 per day effected in December 2004 at the instance of the CM Kerala is appreciated, the net earnings (Rs. 58 p.m.) is very small. The Institution has a lot of untapped potential. The absence of any post of O.T. Instructor in the staffing pattern is a serious deficiency. Efforts should be made to arrange O.T. Instructors from the NGOs and strengthen this activity which has both therapeutic and rehabilitatory significance.

It is heartening to note that 10 ex-patients have been provided employment at daily wage rate of Rs. 100 per day in the Bakery Unit. The team interacted with two of them and found them full of self-esteem and confidence to live a normal life despite the background of mental illness. The Member suggested that 5-10 patients should be attached to the Bakery Unit initially for training for 4 to 6 weeks and thereafter as regular workers with payment of remuneration at the prescribed rate of Rs. 20 per day.

DEATH OF PATIENTS

Dr. Channabasavanna Committee report was silent about the mortality rate which was fairly high in 1990s – 52 deaths in 1995, 49 in 1994, 44 in 1996, 35 in 1991 and 29 in 1999. The figures for the period 2000 onward show a distinct improvement:

2000 - 14
2001 – 18
2002 – 17
2003 - 12
2004 - 10
2005 - 6
(up to October 31)

The suicide rate was also fairly high till 1999 – 5 in 1994, 4 in 1996, 3 each in 1989 & 1991, 1993 and 1999. There was no case of suicide in 2000, 2001 & 2003. However, a spurt in suicides with 5 cases occurred in 2002. There was one case of suicide in 2004 and 2 cases in the current year (up to 31 Oct).

The Special Rapporteur examined all the 16 cases of deaths relating to the period 1.1.04 to 31.10. 05 which included two cases of suicide. Female (10) out-numbered male (6). Post-mortem examination was not done in 10 cases relating to voluntary patients. In the remaining six cases, post-mortem examination was conducted but the reports were not collected by the Centre. As such the exact cause of death is not known. The following cases of suicide received vide Public Notice and attracted the attention of the High Court:

(i) Lukose, 38 years was admitted on 24.8.05 u/s 19 on the request of his father-in-law. He was agitated and unwilling for admission. He was directly admitted to single cell for observation and given treatment. After his condition improved, he was transferred to

Closed General Ward No.23 on 9.9.05. In response to a letter from the Institution, his wife came on 19.9.05 but refused to take him back. This caused deterioration in his condition. He became unmanageable and had to be transferred to single cell in ward 28 on 25.9.05. On that very day, he committed suicide by hanging at 3.30p.m. Inquest was done by the RDO and body handed over to relatives after PME.

(ii) Tharabai aged 43 was admitted on 7.10.05. She was an under-trial at Central Prison, Thiruvananthapuram but her file gives no details of her crime. She was not eating properly and was suffering from sleep disorder. She died by hanging on the door of the bathroom at 9.10 P.M on 24.10.05. She left a suicide note alleging torture in jail and the case received widespread public notice. The RDO conducted inquest. Post Mortem examination was also done.

The Supdt. informed the Special Rapporteur that the High Court of Kerala has taken suo-motu cognizance of these cases and ordered a high level inquiry into the matter. The Commission would be interested in knowing the outcome of these inquiries.

ESCAPE OF PRISONERS

The incidence of escape has been alarmingly high with 378 escapes reported in 1999, 317 in 1994, 303 in 1996, 300 in 1993 and 218 in 1992. The following figures for the period 2000 onwards show a distinct improvement but call for a continued vigilance on the part of the staff:

2000	- 256
2001	–218
2002	–124
2003	- 84
2004	- 36
2005 (up to August 31)	- 23

FORENSIC WARD

57 male and 16 female patients were found being held in the Forensic Ward on the day of the visit with the following details:

Category	Male	Female	Total
Convict prisoners	2	Nil	2
Undertrial prisoners	25	2	27
Aquitted & admitted u/s 335 Cr.P.C	12	2	14
CMP cases	18	12	30

28 male and 5 female forensic patients have spent more than 2 years in the Mental Health Centre. The following cases deserve specific mention:

Prasannan was admitted on 24.2.1988 as an under-trial prisoner in a case of murder. The file shows that reports of his mental condition are being sent regularly from 2003 onwards (2 reports every year). Only one report was sent in 2001 and Nil in 2002. His trial remains suspended because of his incapability for making his defence. He has spent 17 years of actual incarceration and as per the opinion of the Medical Supdt., his condition is not likely to improve. The District Legal Service Authority may be approached to get his trial quashed as no useful purpose will be served by keeping him as an UTP in the Mental Health Centre.

Another Under-trial prisoner Cheeni in a murder case, has been in this Centre since 10.6.93. He is over 70 years and suffering from general debility (frequent falls). He is in the Sick Ward since January 2005.

Das an Under-trial was admitted on 8.4.94 under the orders of the Sessions Judge, Kottayam. The particulars of his offence are not available in his

file where he is referred to as S.C. 91/92. Reports of his mental condition are being regularly sent to the Court. Particulars of his offence need to be collected so that his case could be examined in the light of the incarceration he has already suffered.

Babu Verghese was admitted on 21.10.93 as a UTP in a case u/s 324 IPC. The examination of his file revealed that this was his third admission. He was first brought as UTP on 17.10.87. It can be seen that he has suffered actual incarceration of over 18 years as an Under-trial for an offence which carries the maximum sentence of 3 years. This is a fit case for getting the trial quashed in view of a clear pronouncement of the Supreme Court relating to the UTPs who have been in Prison for periods longer than the maximum sentence prescribed for the offence of which they are charged. It is, however, clarified that he is not fit for discharge from the hospital. He is required to continue treatment but needs to be freed of the stigma of being a prisoner.

Salu was admitted on 17.6.96 as an UTP in a case u/s 324 IPC. He has undergone imprisonment for over 9 years against the maximum sentence of 3 years imprisonment prescribed u/s 324 IPC. His case is tragic from an other angle also. He has been suffering from Hernia and needs immediate surgical treatment. The Supdt. Mental Health Centre has made four references to the courts concerned to obtain permission without receiving any response. Taking a sympathetic view of the case, he referred him to the Medical College on 22.10.05 after a relative of Salu came forward to give consent for his surgery. However, the authorities of the Medical College returned the case that very day with the remarks that he cannot be operated upon until permission from the court concerned is obtained. The Supdt. has written accordingly to the Court on 25.10.05.

14 patients – 12 male and 2 female received from courts u/s 335 Cr.P.C are also being kept in the Forensic Ward. They are being treated like prisoners

for all purposes despite the fact they have been duly acquitted of the offence for which they tried. Even after they acquire fitness for discharge from the Mental Hospital, they are not released without obtaining a Bond from their family in accordance with the provisions of section 339 Cr.PC. Orders for their release are issued by the State Government. The procedure naturally delays their release. The Special Rapporteur saw some patients of this category who are fit for discharge but are languishing because their families are not interested in coming forward to execute a Bond for their release. One such person is K.V. Joseph who was received on 27.12.03 after acquittal in a murder case. He was found fit for discharge and recommended for release by the Board of Visitors in April 2005 and a letter was written to the Home Secretary on 8.4.05. His brother is willing to take his custody. The matter is pending with the Government despite a reminder issued on 19.10.05.

Vinod a young boy tried and acquitted for an offence under section 436 IPC was admitted on 18.1.04. He is considered fit for discharge. As he had set fire to his own house, as per the assessment of the Supdt., his father is not likely to come forward to secure his release. In all probability, his case, like many other of this kind will remain unattended and subsequently forgotton.

Christeena was admitted u/s 335 Cr.PC on 9.7.05 after acquittal in the murder of her husband. She is still not fit for discharge although her sister is willing to take her back.

Thrasiamma was admitted u/s 335 Cr. PC on 21.7.92. The initiative of the Medical Supdt. to get her operated for the cataract surgery resulting in restoration of her vision is appreciated. She is fit for discharge but needs supervised medication.

Baby Kumari was admitted on 1.11.93 as an UTP in a murder case. She has completed 12 years and is not fit for discharge. Nor is she likely to become

fit enough to defend herself. Her case could be examined by the DLSA for approaching the court for appropriate directions.

Another UTP Jaya Lakshmi is languishing as a UTP u/s 47 K.P. Act since 22.12.98 without any improvement in her condition.

The Medical Supdt. has furnished information about the release of 5 patients admitted u/s 335 during the period 2001-05. They were released after having spent period ranging from 6 years to 14 years. In all these cases the Government order makes reference to section 339. Section 339 Cr PC in the Centre is reproduced below:

(1) Whenever any relative or friend of any person detained under the provisions of section 330 or section 335 desires that he shall be delivered to his care and custody, the State Government may, upon the application of such relative or friend and on his giving security to the satisfaction of such State Government, that the person delivered shall –

a) be properly taken care of and prevented from doing injury to himself or to any other person;
b) be produced for the inspection of such officer, and such times and places, as the State Government may direct;
c) in the case of a person detained under sub-section (2) of section 330, be produced when required before such Magistrate or Court, order such person be delivered to such relative or friend.

(2) If the person so delivered is accused of any offence, the trial of which has been postponed by reason of his being of unsound mind and incapable of making his defence, and the inspecting officer referred to in clause (b) of sub-section (1), certifies at any time to the Magistrate or Court that such person is capable of making his defence, such magistrate or court shall call upon the relative or friend to whom such accused was delivered to produce him before the Magistrate or Court; and, upon such production the Magistrate or Court shall

proceed in accordance with the provisions of section 332, and the certificate of the inspecting officer shall be receivable as evidence.

The cases admitted u/s 335 are required to be dealt with under clause (1) of the section 339. It is worth noting that this section does not mention that the mentally ill person has been declared fit to be released. The conditions imposed in this section should not be applied to the patients who have been declared fit for discharge following improvement in their condition. They should be treated like cases received from the Court under reception orders and admitted u/s 27 of the Mental Health Act and discharged by the Medical Supdt. under section 40 of the Mental Health Act. The Discharge procedure laid down in section 40 of the Mental Health Act, 1987 restricts the powers of the Medical Officer Incharge in respect of only the mentally ill persons received from jail as convicts or under-trial. The Supdt. is, however, obliged to send a copy of the Discharge Orders to the Court concerned for information.

The procedure being followed in respect of patients admitted u/s 335 Cr.P.C needs to be reviewed in depth to ensure its conformity with the provisions of the Cr.PC and the Mental Health Act, 1987.

The mentally ill persons received under reception orders and referred to as CMP cases are also being treated as judicial cases just like prisoners and all such persons are also being kept in the Forensic Ward which is not only a Closed Ward but as also has extra security to guard against the incidence of escape of prisoners. As the Mental Health Act makes no distinction between voluntary prisoners and CMP cases for the purpose of their custody and treatment, the practice of keeping all the CMP cases in the Forensic Ward is legally questionable.

One Yesudas, an ex-serviceman of 32 years service to the nation was admitted as a CMP case on 22.10.05. He complained before the Member about

his admission allegedly manipulated by his opposite party in a property dispute which involves a Policeman. The Supdt. informed that he was received under the Court orders for observation and after examination has been recommended for regular admission. A reception order is awaited from the Court. The NHRC team found this man in total command of his mental faculty and felt the need for looking into his complaint as cases of fraudulent admissions in Mental hospital are a common occurrence in the country. It is clarified that the Team does not question the medical opinion furnished by the Institution. However, given the nature of complaint and high incidence of alleged injustice in various States, the Member requested the Supdt. to get this man examined by a Board of Doctors to see whether he really needs treatment as an indoor patient.

TRAINING FACILITIES

The Mental Health Centre Thiruvananthapuram has the potential to become a good Centre of Education in Mental Health. However, this would be possible only after the staffing pattern is improved to include the teaching faculty. At present, the Department of Psychiatry/Medical College Thiruvananthapuram is utilizing the facilities of this Centre for the training of MD and DPM students. A minimum of two Post Graduate students are posted here for training daily. Three Assistant Professors/Lecturers from the Deptt. of Psychiatry/Medical College Thiruvananthapuram are supervising the training of Post Graduates. MBBS students from Medical College, Thiruvananthapuram are also getting orientation and training in psychiatry from the Mental Health Centre, Thiruvananthapuram. During the period 1.10.05 to 31.10.05, 381 General nursing students, 155 BSc nursing students and 28 MSc nursing students (total 564) from outside of Kerala State attended the training programme in Mental health which is also generating income for the Institution as notified by the Government. In the same period, the training was imparted to 219 general nursing students, 101 BSc nursing students and 4 MSc nursing students. The Team urged the Supdt. to explore the possibility of starting a Diploma Course in Psychiatric Nursing.

IN-SERVICE TRAINING

In service training is receiving good attention. Training programmes are being run regularly for Medical Officers from Peripheral, Medical Officers from Mental Health Centre, Thiruvananthapuram, Head Nurses, Staff Nurses and Nursing Assistants/Hospital Attenders and other staff since 2002-03. In 2004-05, 31 Medical Officers from Peripheral, 19 Medical Officers of the Centre, 55 Head Nurses/Staff Nurses, 70 Nursing/Hospital Attenders and 18 members of Para-medical staff were put through In-service Training.

NGO INVOLVEMENT

A number of social and religious organizations are involved in the functioning of the Centre especially in the field of welfare of patients. Hindustan Latex Ltd. Thiruvananthapuram has donated one Bread-making unit to the Instituion and provides Breakfast on the first day on every Malayalam month. Sycamore Charitable Trust had provided 3 part time Special Instructors for about 18 months. The Special Rapporteur interacted with representatives of Ebenser Marthoma Church Perrokuda. The Lady volunteers are conducting Structure Communication Programme (MAITRI) Project. 20 patients have been identified for this purpose. Mata Amritanandmai Math has constructed 10 Amrithkudeeram which can be used to establish a Quarter-way Home.

HALF-WAY HOME

The idea of Half-way Home has not been tried so far. As the degree of involvement from the NGO sector is much higher in Kerala than most other places, it should not be difficult to identify a suitable NGO to open a Half-way Home. The Union Ministry of Social Justice and Empowerment has a specific project for this purpose. This could be arranged for the NGO ABHAYAM that is running the Daily Care Centre. Pending the establishment of a Half-way Home to be situated a little away from the Centre and run by an NGO, a Quarter-way-

Home can be created at the Centre itself by putting to use the 10 cubicles constructed by Mata Amritanandmai Math. The patients considered fit for discharge could be selected for this purpose and kept in Quarter-way-Home as a preparatory step for their subsequent transfer to a Half-way Home before they are finally discharged from the Hospital.

BOARD OF VISITORS

The Centre is being served by a regular Board of Visitors constituted by the Government in July 2003 under the directions of the High Court. The five Member Board is headed by a Psychiatrist Dr. Balakrishnan and includes one Clinical Psychologist and three Social Activists. The Board has made five visits to the Centre since January 2005. It is heartening to note that the District Legal Service Authority is also involved actively in the affairs of the Mental Health Centre. During the period January to October 2005 the DLSA has conducted Legal Adalats on 25 days in the Centre and attended 35 cases. One destitute patient named Chaya Anjali was rehabilitated at Pune Mahar –Home for Bettered Women as a result of their efforts.

COMMUNITY SERVICE

Dr. Channabasavanna Committee report had mentioned the absence of community services apart from training of Doctors, Nurses and Ward Staff. This omission has now been removed after the launching of the District Mental Health Programme in Thiruvananthapuram from 1.9.99 with the Mental Health Centre designated as Nodal Centre. Presently, a total of 22 outreach Clinics are functioning under this programme in different parts of the District. A total of 9221 patients have been registered. On an average 2300 patients report at these Clinics every month which includes an average of 112 new patients. 64 Full Day, 12 Half Day IEC programmes have been run by the Centre and attended by 7379 participants. One day Camp for mentally retarded persons was attended by 72

participants. 215 Doctors, 102 Nurses and Health workers, 274 Anganwadi workers, 17 Mass Media Officers, 44 High School Teachers, 199 Police Personnel and 26 Jail Warders have been trained under this programme.

The term of the five year programme expired on 31.8.04. It is still continuing with temporary extension granted by Government of Kerala. Application for the extension of the programme for another five years is under consideration of the Government of India. The team felt that considering the proved effectiveness of this programme, despite delay in its commencement, it must continue.

INTERVENTION BY THE HIGH COURT OF KERALA

The conditions of the Government Mental Hospitals in Kerala including the Mental Health Centre, Thiruvananthapuram have improved substantially as a result of the intervention of the High Court of Kerala. The affairs of the Mental Health Centres had attracted the notice of the High Court of Kerala through Writ Petition O.P.16667/1996-S filed by the High Court of Legal Aid Committee, Ernakulam on the basis of the directions of the Supreme Court in Sheela Barse Vs. Union of India. Vide its order dated 21.3.97, the High Court appointed three panels of Advocate Commissioners to inspect the three Mental Health Centres at Trivandrum, Trichur and Kozhikode. The Advocate Commissioners were directed to inquire among other things the state of supply of water, electricity, sufficiency of bathrooms, latrines, canteens and the conditions in which they are maintained sufficiency of the cots, mattress, fans, system of cooking and distribution of food, nature of medical facilities available, availability of drugs, living conditions. Vide order dated 16.1.98, the High Court constituted three-Monitoring Committees at Trivandrum, Kozhikode and Trichur under the Chairmanship of the respective District Judges of those Districts with two respectable members belonging to those places. The Monitoring Committees have been submitting reports to the High Court from time to time after visiting the

Health Centres at regular intervals. On 28.7.05, the High Court directed the Govt. to enhance the emoluments paid to the Specialists in Psychiatry, give training to the Nurses working in Mental Health Centres, start psychiatry units in Taluk Hospitals. Following the directions issued by the High Court, the Government of Kerala has constituted the Mental Health Authority and Board of visitors. Dr. D. Raju, Secretary, Kerala State Mental Health Authority informed that a proposal for rehabilitation of the long stay patients has been submitted in response to a direction received from the High Court. The Member was pleased to interact with District Judge Shri Daniel Papppachan, President and Dr. P.K. Radhakrishna Pillai & Smt. Sugatha Kumari, Members of the Monitoring Committee of the Mental Health Centre, Thiruvananthapuram. Dr. Pillai and Smt. Sugatha Kumari are associated with an NGO called ABHAYAM as President and Secretary, respectively. They explained their proposal for community-based mental health care comprising (1) a follow-up treatment unit, (2) a day-care centre for mental patients, (3) a short stay home for mental patients, (4) a home for long stay and chronic mental patients and (5) a training unit for community-health purposes. The care home is contemplated to function under the District Panchayat. The Member assured of a positive response from the Commission provided concrete proposal with full details is received. It was suggested to Smt. Sugatha that their organisation may in the meantime approach the Ministry of Social Justice and Empowerment for obtaining financial grant to run a half-way home under an existing scheme of the Ministry. The Special Rapporteur promised to send the details of the scheme with an application form. This has been done.

CONCLUDING REMARKS

Although compliance with the recommendations of Dr. Channabasavanna Committee can be broadly considered satisfactory with visible improvement seen in the Hospital administration and patients' care, some of the major recommendations of the Committee are yet to be implemented. Cell admissions

have not been totally abolished. Conversion of Closed ward into open ward is found to be slow and needs to be speeded up. While diagnostic and therapeutic facilities have been upgraded and occupational therapy facilities have also been improved, recreation facilities remain poor as before. The rehabilitation of cured patients needs more attention and participation of the voluntary center. The death rate and incidence of suicide are a serious cause for concern. While the admission procedure has been streamlined and brought in conformity with the Mental Health Act 1987, the discharge procedure in respect of admissions under Court order suffers from serious infirmities and needs a thorough review. Intervention of the High Court of Kerala through PILs filed by Social Action Groups is seen to be the major factor responsible for improvement in the treatment and living conditions of patients.

7.12.05

(Chaman Lal)
Special Rapporteur
7.12.05