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**Report of the visit of Dr. Justice A.S. Anand, Chairperson NHRC
to the Institute of Mental Health & Hospital (IMHH) Agra on 30th
January 2006**

Dr. Justice A.S. Anand, Chairperson, NHRC visited the Institute of Mental Health & Hospital, Agra (IMHH) on 30 January 2006. He was accompanied by Shri Chaman Lal, Special Rapporteur, NHRC. The Chairperson was received by Dr. Sudhir Kumar, Director, IMHH and Dr. R. Singh, Medical Supdt., Dr. Ashok Kumar, Divisional Commissioner, Shri Sanjay Prasad, District Magistrate and Shri Rajiv Krishna, SSP, Agra were also present during the Chairperson's visit to the Institute. The Chairperson particularly appreciated the presence of Dr. Smt. M. Broacha, Ex-HOD Psychology Deptt. Agra University and a Member of the Management Committee of the Institution.

Dr. Sudhir Kumar, Director assisted by Shri R. Singh, Medical Supdt. and Dr. Ajay Kumar Srivastava, Psychiatric Social Scientist briefed the Chairperson about the history of the Institute and its present status as an autonomous Institution ordered by the Supreme Court in 1994 and the subsequent involvement of the NHRC in overseeing the functioning of the Institute following the Supreme Court mandate dated 11.11.97. Dr. Sudhir Kumar also explained the objectives for the functioning of the Institution laid down by the Supreme Court while granting it an autonomous status. The briefing session was followed by a round of the campus which included visit to OPD, Patients' Wards in both Male and Female Sections, Bio-chemical Lab., Occupational Therapy Unit, Family Ward, Library and the Half Way Home.

The Special Rapporteur has been visiting the Institute periodically since 2000 and reviewing the progress of implementation of the orders issued by the Supreme Court in September 1994 and the directions issued by the NHRC from time to time under the Supreme Court mandate dated 11.11.97. The last such review was carried out by him on 7th March 2005. The report was considered by

the Commission and forwarded demi-officially to the Chief Secretary U.P. by the Commission's J.S on 2nd August 2005. Although formal ATR has not been received, the briefing/presentation by the Director covered the state of compliance of the Commission's directions. Matters falling within the jurisdiction of the Director have been addressed with due seriousness. However, a number of issues falling in the jurisdiction of the Management Committee and the State Government are still pending. The observations made and directions given by the Chairperson in his visit are recorded below:

ADMISSION AND DISCHARGE

Outdoor Patients: Admission & Discharge procedure has been streamlined and brought in full conformity with the provision of the Mental Health Act 1987. A total of 20220 patients attended the OPD in 2005-06 (from 1.4.05 to 31.12.05) as compared to 23839 in 2004-05. This shows a substantial increase in the daily OPD average from 77.15 to 86.41. It may be mentioned that the OPD average has been increasing steadily from 55.10 in 2000-01. The proportion of old cases attending OPD has increased from 76.37% in 2004-05 to 79.45% in 2005-06 (up to December). The OPD is equipped with essential infrastructural facilities to provide comfort to patients and their families such as Desert Coolers, Water Coolers and proper seating arrangements. The OPD is manned by two Psychiatrists, one Clinical Psychologist and two Social Workers. However, Social Workers are not qualified Psychiatric Social Workers, which is a major deficiency of the staffing pattern of IMHH, Agra. The following seven Specialty Clinics are functioning for specialized diagnostic and therapeutic services:

- | | |
|---------------------------------|------------------------|
| i) Sex Clinic | v) De-addiction Clinic |
| ii) Child and Adolescent Clinic | vi) Geriatric Clinic & |
| iii) Headache Clinic | vii) Epilepsy Clinic |
| iv) Epilepsy Clinic | |

Indoor Patients: Earlier the Institute had a sanctioned bed strength of 718. It was reduced to 600 by the Management Committee in its meeting on 18.5.04 to streamline the Care and Services as per the Supreme Court directions. The Institute has 30 Wards including 4 Paying Wards, one Family Ward and one Short-stay Ward. Besides there are two Infirmatories - one each in Male and Female Section for intensive care and management of physically ill psychiatric patients, The following statistics will show a smooth flow of admissions and discharges.

Year	<u>Admissions</u>			<u>Discharge</u>			<u>Avg. Occupancy</u>
	Male	Female	Total	Male	Female	Total	
2003-04	1950	599	2549	2118	649	2767	495.81
2004-05	1679	510	2189	1699	545	2244	427.98
2005-06	1533	499	1982	1446	427	1873	493.13

The above statistics clearly reveal emphasis on OPD treatment and careful approach to hospitalization in tune with the modern approach to Mental Health Care.

Voluntary Admissions: The percentage of involuntary admissions at IMHH Agra was 89% at the time of the First Review made in 1999-2000. Human Rights implications of the issue were explained to all concerned at all levels. It is less than 1% since 2002-03. The figure for 2005-06 (upto December) is 0.61% as against 0.59% in 2004-05. The use of Section 19 of the Mental Health Act which provides for admission of mentally ill persons under special circumstances on application by a relative or friend is being made very sparingly. However, the legal provision regarding the limit of hospitalization up to 90 days in case of

admissions made u/s 15, 16 and 19 is not being adequately appreciated. A total of 1982 patients were admitted during the period 1.4.2005 to 31.12.2005. The Chairperson wanted to know a break-up of these cases as admissions u/s 15 (voluntary admission of an adult person), Section 16 (admission of a minor person on request by guardian) and section 19 (admission under certain special circumstances on application made by a friend or relative) and category-wise the number of those among them who remained in the hospital for a period exceeding 90 days. This information has not been furnished although a period of more than one month was given to the Institution. It is hoped that required permission from the competent Court has been obtained for continued hospitalization of persons admitted u/s 19 beyond 90 base which is a mandatory requirement.

The number of patients received under Reception Orders is surprisingly very low at IMHH Agra. 2 male and 11 female patients were received for treatment and 3 male for observation in 2005-06. In the year 2004-05, 7 patients were received for treatment – 4 male and 3 female - which included two UTPs. The Under-trial Prisoners of UP are generally not sent to IMHH Agra.

FAMILY WARD

Family Ward is meant for those patients who are admitted along with a family member. 800 patients – 544 male, 207 female and 49 children were admitted in Family Ward in 2005-06 (upto December). In 2004-05, 982 patients – 651 male, 287 female and 44 children were admitted. 753 patients were discharged from family ward in 2005-06 and 848 in 2004-05. The admission to Family Ward has shown a steady rise from 2002-03 (709) to 2005-06 (800 for 9 months). The discharge of patients from Family Ward is very smooth.

AVERAGE LENGTH OF STAY

The average length of stay in Close Ward (non-Family Ward) is 59.07 days during the period of review. It is as low as 10.80 days for the Family Ward.

LONG STAY PATIENTS

The Chairperson took special interest in understanding the problems of long stay patients and interacted with some of them in both male and female sections. The number of patients with stay of above 2 years on the day of visit was 74 – 30 male and 44 female. 18 male and 32 female patients are languishing for more than 5 years. 10 male and 5 female patients out of these have completed more than 30 years in the Institute. The following summary will be found very revealing:

	Male	Female
1. Fit for discharge	1	20
2. Abandoned and fit for discharge	6	nil
3. Abandoned not fit for discharge	3	nil
4. Destitute and fit for discharge	2	nil
5. Destitute and unfit for discharge	5	nil
6. Unfit for discharge	1	2
7. Fit for discharge but needs supervision after discharge	nil	6
8. Fit for discharge but needs rehabilitation	nil	3
9. Can be discharged but only after special efforts	nil	1

The Chairperson appreciated the Institute's efforts in reducing the number of long stay patients by tracing the families of cured patients and persuading them to accept their wards. 110 patients were sent to their Home

with Hospital Escorts in 2002-03, 20 in 2003-04, 31 in 2004-05 and 20 in 2005-06 (till December, 2005).

With special efforts of the Institute, 4 long stay patients languishing in this Institute for 20 years and more were sent to Manipur on 26.4.05, one of them Y. Keso Singh had been languishing since 13.12.64. Similarly, 3 female patients of Orissa were sent to an NGO ASARA at Bhubaneswar on 29.8.05 with cooperation of the Women & Child Development Department, Orissa. One of them Kumari Ohagiri has been languishing in this Institute since 16.12.96. The Institute is pursuing the restoration of the following patients to their respective States through the State Government concerned. The Chief Secretary of the States concerned have been requested to arrange repatriation of the following out-State patients to a Mental Health Institution of their State where they may find the atmosphere more conducive to their treatment:

1. Ms. Shanti Shabnam received from Mahila Ashram, Kanpur on 12.2.97. She was diagnosed to be a case of Schizophrenia with mild mental retardation. After her mental condition improved, she revealed the names of her parents who live in Bangalore. However, letters sent through Regd. Post have been returned undelivered. Her transfer to NIMHANS will provide her a more favourable atmosphere and help in her restoration to her family.
2. Ms. Sonia received from Beggars Home Ayodhya on the order of City Magistrate, Faizabad on 12.4.84 was diagnosed to be a case of Schizophrenia. After treatment, she gave her address in Chennai, Tamil Nadu. However, letters sent on that address have been returned un-received. As part of treatment she requires Psycho therapeutic and Psycho social intervention. The language barrier makes proper communication with the patient difficult. Her transfer to any Mental Hospital in Tamil Nadu will facilitate her treatment, family tracing and re-integration with the family.

3. Ms. Umarani, a Tamil speaking female was admitted on 17.9.85 on the order of City Magistrate, Agra. She was diagnosed to be a case of chronic schizophrenia. After treatment, her mental condition improved and she gave her address of Chennai, Tamil Nadu. However, letters sent on that address have returned unreceived. Her case is similar to that of Ms. Sonia above.
4. A Telgu speaking female Ms. Markandi Gotrum @ Soramma was admitted on the order of CJM, Agra on 16.2.2001. After treatment, her mental condition improved and she indicated that she is a resident of Andhra Pradesh. She is under observation of Bipolar Affective Disorder with Hypertension with cholecystitis with cholelithiasis. She has shown some improvement on medicinal treatment and now require Psycho Therapeutic and Psycho Social Intervention which is difficult to arrange due to language barrier. Her transfer to any hospital to Andhra Pradesh will facilitate her treatment and family tracing and re-integration with the community.
5. A Bengali speaking female Ms. Manju @ Ms. Savanti was received from Nari Niketan, Allahabad on 29.8.98 by the order of CJM, Agra. She has a case of Epilepsy with mental retardation with psychosis. After treatment her condition has improved and she has revealed her address at Simartala, West Bengal. She requires Psycho Therapeutic and Psycho Social Intervention which is difficult to arrange because of language barrier. Her transfer to West Bengal will facilitate her treatment, family tracing and re-integration with family.
6. An unknown female who later disclosed her name as Ms. Rehana was admitted on 5.2.96 under the orders of CJM, Agra. She was diagnosed to be a case of Paranoid Schizophrenia. After treatment her mental condition has improved and she revealed the names of her father and husband who are resident of Madhubani, Bihar. Letters sent on that address have, however, come back

undelivered. Her transfer to a Mental Hospital of Bihar –RINPAS Ranchi may facilitate her family tracing and thereafter re-integration with her family.

MENTALLY RETARDED PERSONS

As many as 16 mentally retarded persons, all female are admitted in IMHH against the provisions of the Mental Health Act. One case (Salima) was received from the District Jail, Meerut in 1988, 5 were brought by Police, the rest were received from Women Protection Home/Observation Home Kanpur, Meerut and Allahabad. Five admissions were made in 2005. The Director is advised to examine all these cases and satisfy himself that proper reception orders were received for their admission. Matter may also be taken up with the court concerned, as the admission of Mentally Retarded Persons is legally objectionable.

DEATH OF PATIENTS

Death rate at IMHH has been controlled considerably over the last six years as would be seen from the following statistics:

9 patients had died in 2000-01, 4 in 2001-02, 6 in 2002-03, 5 in 2003-04, 6 in 2004-05 and 5 in 2005-06 (up to December). The Special Rapporteur examined in detail all the 5 cases of death reported during the period of review. 2 male and 3 female patients died during the period 1.4.05 to 31.12.05. Post Mortem was conducted in all the cases and intimation was also sent to NHRC as per the directions issued vide Commission's D.O letter No. 11/14/01/PRP&P dated 21 January 2004.

Post Mortem examination report regarding death of Sushil Kumar Awasthi, 53 years, has not been obtained. The findings of the post mortem examination on the death of Rani Seth on 17.12.2005 (aged 48 years at the time of admission on 7.9.87) are required to be furnished.

One of the deaths reported during this period is a case of suicide. Male patient Ram Ji aged 27 years admitted on 25.7.05 and diagnosed as a case of Schizophrenia committed suicide by hanging on 16.8.05. The Director informed that the internal inquiry conducted into the incident revealed no lapse on the part of any medical or Para-medical staff. The suicide of a patient should be viewed as a major failing irrespective of the outcome of inquiry into its causes.

ESCAPE OF PATIENTS

The incidence of escape which was a cause for concern till 2002-03 seems to have been controlled. 133 patients had escaped from the Institute in 2000-01, 106 in 2001-02, 69 in 2002-03. The number came down to 24 in 2002-04, 14 in 2004-05 and 14 in the current year (up to December). Although the incidence of escape has come down after 2002-03, the escape of 14 patients in the current year (till December) calls for concerted action to ensure that the trend is not reversed.

HOSPITAL SERVICES

The Institution has fulfilled almost fully the Supreme Court directive of upgrading the diagnostic and therapeutic facilities. The Chairperson was pleased to see the State-of-art diagnostic and therapeutic facilities and took special interest in the working of modified ECT. The following figures would show progressively good performance of Hospital facilities:

Year	No. of ECT	No. of Tests in Biochemical Lab.	<u>Psycho-diagnosis</u>		<u>Psycho Therpay</u>	<u>Psycho-Therapy (Indoor)</u>	
			OPD	Indoor	OPD	Individual	Group
2000-01	8187	17779	288	151	48	170	428
2001-02	8406	20467	302	173	93	206	394
2002-03	6606	21371	324	246	105	321	411

2003-04	6566	27256	366	197	246	316	311
2004-05	7007	29538	476	359	366	145	198
2005-06	5278	20310	444	410	329	165	209

There has been no significant achievement by way of addition of new diagnostic or therapeutic facilities during the period of review except the procurement of a Photo Colourimeter and Psychological Tests and Equipments numbering 41 orders for which were placed last year.

In the last year's review it was mentioned that one new Na/K/Li Analyser was under process of purchase. This is likely to be purchased in 2005-06. The proposed procurement of the following instruments in 2005-06. could not be processed for purchase due to financial constraint:

1. Five parts Hematology Analyser
2. Hormone and Psychiatric Drug Analyser
3. HPLC-High Performance Liquid Chromatography
4. PCR-Polymer Chain Reaction

The following target of introducing tests in 2005-06 as mentioned in the last review report is not likely to be achieved before 31 March 2006 as the required equipments/instruments could not be purchased due to financial constraints.

A. TESTS FOR BRAIN NEUROTRANSMITTERS

1. Serotonin
2. Dopamine
3. Cortisol Norepinephris
4. Cortico Steroids
5. Hydroxy Indole
6. Hydroxy Indoly 1-3-Acetic Acid

B. HORMONE PROLACTIN ESTIMATION

C. ESTIMATION OF PSYCHIATRIC DRUG-LEVEL IN BLOOD-

1. Canbamezapine
2. Valporic Acid
3. Phenytoin
4. Tricyclic Anti-depressant

CHILD AND ADOLESCENT PSYCHIATRIC UNIT

The Unit created for catering to the needs of children suffering from emotional and psychiatric problems has started functioning w.e.f. 1.4.05 and handled 428 OPD cases and 49 admissions in Family Ward. A lecture on "Mental and Psychological Problem of Children and Adolescent" by the Director, IMHH Psychologist and Pediatrician was held in St. Patrick's Girls College, Agra. It was attended by 200 girls of Class X, XI and XII.

SCHOOL MENTAL HEALTH PROGRAMME

A Quiz Contest on the topic "Our Scriptures" was organized in Schools of Agra and collaboration with Kabir Peace Mission in which 10,000 students of 14 Schools participated and 512 prizes were given.

RECREATION THERAPY UNIT

Recreation Therapy Unit under the leadership of an enthusiastic member of the staff Dr. Mrs. Kusum Rai has been actively looking after the entertainment needs and welfare of the patients. The Unit was augmented with installation of an LCD Projector and a Theatre size Screen installed in the Auditorium of the Institute. Regular screening of entertaining and educational Movies continued during the period of review. Four separate Film Shows for male and female patients are being organized every month. The Recreation Authority Unit actively organized a Cultural Programme on festivals like Holi, Deepawali and sports events like Volleyball, Kabbadi, Badminton & Cricket match etc. To celebrate new year, 2 batches of female patients of 10 each were taken to Sikandara for Picnic on 31 December 2005 and 2nd January 2006 under the supervision of a Lady Instructor and Attendants. A short cultural programme arranged by the staff with participation of inmates was appreciated by the Chairperson. The

Chairperson's address on the occasion, rich in feelings and emotions, was a morale booster for all.

As local co-ordinator of the Kabir Peace Mission, Director Dr. Sudhir Kumar organized a symposium on Positive Thinking on 27 November 2005 which was attended among others by the Commissioner, Agra, Commissioner, Lucknow, Commissioner, Income Tax Lucknow and Director, H.R.D Network Agra Project. The dignitaries interacted with staff members, employees, indoor patients, guest and general public.

OCCUPATIONAL THERAPY

Lack of O.T facilities has been a marked weakness of the IMHH ever since the NHRC's monitoring started in 2000. The Chairperson was pleased to note a significant progress made since last review. He visited the Tailoring, Carpentry of Male Section and the O.T. room of Female Section. The O.T. Section which was earlier having only tailoring and carpentry trades, has been augmented with addition of candle making, envelop making, chalk making and weaving trades. The female O.T. Unit is equipped with tailoring, embroidery, painting and craftwork with recreational and reading facilities. Besides, these patients are also engaged in different activities of the Institute and paid remuneration of Rs. 25 per day.

The number of patients working in O.T. Unit has increased from 32 – 7 male and 25 female in 2004-05 to 60 –15 male and 45 female patients. While the number of patients engaged in kitchen duties is 12 –5 male and 7 female against 13 – 7 male and 6 female noticed at the time of last review, the number of patients engaged in agricultural work, all male has increased from 32 to 42. Four male patients are working in General Store like before. The total number of patients working in O.T. Unit and other Misc. duties has, thus, increased from 82 to 119 during the period of review.

STAFF POSITION

There has been no improvement in staff position since the last review made in March 2005. While appreciating the rationalisation of staffing pattern affected by the Management Committee by creating a number of additional posts, the Chairperson remarked that the improvement remains on paper as a number of original posts let alone the additional ones, remain vacant as before. About 50% of the sanctioned professional and para-professional posts of various categories are lying vacant. This is adversely affecting the efficient running of hospital facilities and slowing down the developmental activities like academic/professional courses, Rehabilitation, Community Outreach Programme and Training.

The faculty position is unsatisfactory. Post of Associate Prof. Psychiatry (1), Associate Prof./Reader, Clinical Psychology (1), Lecturer Psychiatry (2), Lecturer, Clinical Psychology (4), Lecturer Psychiatric Social Worker (1), Lecturer Psychiatric Nursing (1) are required to be filled in order to fulfill the Supreme Court directive for starting teaching, training and research activities. As regards the hospital and supervisory positions, 38 posts are lying vacant in an authorization of 56 with key vacancies. All the sanctioned posts of Sr. Psychiatrists (4), Jr. Psychiatrists/Medical Officers (6), Clinical Psychologists (3), Sr. Matron (1), Sr. Resident (1) and Jr. Resident (3) are lying vacant. In Class III staff category, 96 posts are lying vacant in the sanctioned strength of 128 with following considered as key vacancies:

- | | | |
|-----------------------------|------------------------|---|
| 1. Staff Nurse | - 48 (sanctioned 62): | 12 vacancies are temporary filled on contract basis |
| 2. Occupational Therapist | - 1 (sanctioned 1) | |
| 3. Teacher for Special Trg. | - 1 (sanctioned 1) | |
| 4. Vocational Instructors | - 5 (sanctioned 5) | |

The shortage of Nurses was particularly noticed by the Chairperson. He was shocked to learn that a Nurse is supposed to look after 80 to 90 patients in day shifts (7AM to 1PM and 1PM to 7PM) and as many as 250 to 300 patients in the night shift (7PM to 1AM). The Mental Health Rules 1994 lay down a scale of one Nurse for 3 patients.

LIBRARY

The steady growth of Institute Library commended in the previous reviews is seen to have slowed down. Only 135 Books were procured in 2005-06 as against 503 in 2004-05. However, with special efforts, the total number of Books has increased from 1771 to 2116 during the period of review through Book exhibition and Internet download. The number of international Journals subscribed was 14 in 2005-06 against 15 in the previous year. Similar reduction is noticed in a number of Magazines and Newspapers subscribed. 145 Journals were procured during the period of review against 111 in 2004-05. However, Dr. Sumitra Mishra, Incharge, Library informed the Chairperson that the budget constraint has forced the temporary suspension of subscription for the international Journal (14).

While appreciating the addition of the Card-cabinet in the Library, the Chairperson remarked that such activities should now be computerized. The Chairperson also pointed out the inadequacy of Internet access which is available only in the Supdt's room. The Director informed that two more would be arranged shortly including one for Library.

PROGRESS REGARDING PROFESSIONAL COURSES

Providing professional and Para-professional training in the field of psychiatry, clinical psychology, psychiatric social work and psychiatric nursing is one of the objectives set out by the Supreme Court for this Institution while

granting it an autonomous status. The Institute had obtained approval from the Ambedkar University, Agra for affiliation on 25.2.04 to run the following courses:

1. M.D. Psychiatry
2. M.Phil and Ph.D. in Clinical Psychology.
3. M.Phil and Ph.D. in Psychiatric Social Work.
4. Diploma in Psychiatric Nursing.
5. P.G. Diploma in Clinical Psychology.

The Commission has been told in every review that the efforts are being made to start these Courses. In the last review in March 2005, the Director had expressed the hope that M. Phil in Medical and Social Psychology would be started from July 2005. He now informed the Chairperson that the matter is pending with Dr. Baba Ambedkar University for approval of fee structure and gave a fresh assurance of starting this course w.e.f. 1.4.2006. The Special Rapporteur who has been closely reviewing the progress finds the assurance given by the Institute not at all realistic. However, the approval from the Rehabilitation Counsel of India (RCI) is also required before this activity is started. Application to the RCI has been sent on 17 February 2006.

TRAINING IN MENTAL HEALTH

The IMHH provides short-term training to students of MBBS, BAMS, Diploma Nursing, BSc Nursing, Master of Social Work, Post Graduate Psychology Courses of various Governments and Private Institutions. 27 Batches of students had received this training in 2004-05. In the current year (up to December 2005), 386 students in 22 Batches received this training.

RESEARCH ACTIVITIES

The Institute is actively engaged in research activities and has performed very well during the period of review as would be cleared from the following data:

	2004-05	2005-06
1. Research paper published	7	9
2. Submitted for publication	12	5
3. Presented in Conferences	6	12
4. Under preparation	2	3
Total	27	29

Research leading to Ph.D. Psychology Course

Seven students were registered for Ph.D Psychology since 2000 including two in 2005. Two students –Ruchi Jain and Sumitra Mishra registered in 2000 and 2001 respectively have been awarded degree during the period of Review. One student is engaged in research leading to D.Litt.

COMPUTERIZATION

There has been no progress since the last review which had recorded a commendable beginning in computerizing the OPD registration. It was planned that Stand-alone Systems would be purchased for Lab. OPD, Registration, OPD Doctors' Rooms, OPD Psychology Lab. Accounts Section and Library to be later networked with a software developed as per felt need. The step-one software was developed and is being used for storing out-patient information at OPD computer. A digital camera has been acquired for OPD and as mentioned in the last review report, photographs of patients and guardians were to be fed with the computer in every record for which provision had been made in the software. This could not be achieved so far because of erratic functioning and poor maintenance of the camera. As per plan, computers were required to be purchased for Record Room, Registration Desk, Doctors' rooms, Accounts Section and Psychology Lab. at OPD. Further, certain modifications are required to be made in software in OPD which is later to be improvised for networking. The Institute has not been able to purchase hardware or to upgrade and further develop the software due to shortage of funds.

HALF WAY HOME

A Half Way Home for male patients was started in the Family Ward campus in the year 2000 with intake capacity of 10. Since its inception, 132 inmates were taken to Half Way Home and 118 of them were subsequently discharged and restored to their families. Only 13 patients out of these had to be readmitted. In the year 2004-05, 17 patients were transferred to Half Way Home and the total of 19 were restored to their families. In 2005-06 (till December), 26 patients were transferred to Half Way Home and 23 were discharged and restored to their families.

While appreciating the efforts of the Institute in running a Half Way Home within the campus of this Institute, the Chairperson remarked that this could be taken at best as a Quarter Way Home. A proper Half Way Home is required to be established away from this Institute and it can purposefully be run by an NGO. The Chairperson urged the DM. Agra to identify a suitable NGO which could be associated with this activity.

ACTION AID INDIA

The Chairperson was pleased to interact with the Coordinator, Smita Srivastava and 4 volunteers of Action Aid who are engaged since September 2002 in rehabilitation of cured long stay patients. The Coordinator Smita Srivastava explained the working of the unit. Their team is presently working on Discharge Group comprising 18 members and a Rehabilitation Rroup comprising 22 female members. The Discharge Group is engaged in activities like Group prayer, Yoga, Physical Exercises, Drawing and Painting, Music and Dance, Role Play and Indoor Games. The Chairperson was shown products of knitting and embroidery work done by some of the patients. The Action Aid Group is credited with the rehabilitation of 10 female patients including 3 of Orissa during the period of review. The members of the Group had visited and made a number of trips to places outside such as Bhubaneswar, Allahabad, Dehradun, Kanpur and

Etawa in connection with follow-up. The following data gives a good account of the performance of the AAI during April 05 to December 2005:

1. Letters written for rehabilitation	- 66
2. Letters written for follow-up	-77
3. Phone-calls for Rehabilitation	-31
4. Phone-calls for follow-up	-36
5. Visits for rehabilitation	-14
6. Visits for follow-up	- 3
7. Rehabilitation of female patients	-10

COMMUNITY MENTAL HEALTH SERVICES

The following table would show a progressive decline of this important activity:

Year	Number of visits	Number of patients
2002-03	72	Not available
2003-04	47	2298
2004-05	23	1849
2005-06 (till Dec.05)	18	1790

With the stoppage of Community Mental Health Service at Farah in Distt. Mathura and Bah in Hathras District, a marked decline was noticed in this important activity in the review meetings held in 2003-04 and 2004-05. Efforts are being made to intensify this activity. During the period of review, a Satellite Clinic has been started at Ramakrishna Mission at Vrindavan. New Satellite Clinics have been started at Tundla and Fatehpur Sikri in the month of January 2006.

The Institution is also sending one psychiatrist every month to the following Institutions. The number of visits made in the period of review and patients examined is shown against each:

	<u>No.of visit</u>	<u>No. of inmates Examined Screened</u>
1. Rajkiya Bal Grah, Balkeshwar, Agra.	06	060
2. Rajkiya Samprekshan Grah (Kishore), Roshan Bhawan, Collectorate, Agra.	09	047
3. Rajkiya Samprekshan Grah (Mahila) Kalindri Vihar, Agra.	08	026
4. Central Jail Agra	06	048
5. Mother Teresa Home, Agra	03	027
6. Distt. Jail Agra.	06	048
	<u>38</u>	<u>256</u>

WORKS

The progress of construction works undertaken in compliance with the Supreme Court's directions, has been commended in all previous reviews made by the Special Rapporteur. The funds constraint has started adversely affecting this activity also. In 2005-06 (till December), only 4 renovation works were completed which included renovation of P.G. Library. Four renovation works are shown in progress. Only one renovation work – renovation of kitchen will start shortly. As regards new works, only 3 works have been completed which includes a Dinning Hall of 100 capacity in Female Ward. New works of renovation, construction are not being undertaken due to financing constraints. It is worth mentioning that 35 works within an estimated cost of Rs. 378.90 lakhs

were cleared by the Management Committee for 2005-06. Only 9 of these with an estimated cost of Rs. 50.27 lakhs have actually been undertaken.

The water supply to IMHH is ensured by one overhead tank of 15 lakh Ltr. capacity fed by four Submersible Pumps. The need for one more overhead tank was pointed out by the Commission way back in 1999. The Director informed that the I.I.T Delhi has, on inspection, declared the present overhead tank dangerous and its use has been restricted to 60% of its capacity. Because of the funds constraint, this essential requirement also remains unmet.

MANAGEMENT COMMITTEE

The directions of the Supreme Court regarding the holding of mandatory quarterly meeting of the Management Committee have not been followed by IMHH with due seriousness. In the year 1997, the Management Committee had met thrice. It met twice in 1999, 2001 and 2003. Only one meeting was held in 1998, 2000 and 2002. Some improvement was noticed in 2004 and 2005 when three meetings were held. The statement of the Director that the meetings of the Management Committee are being held regularly now, is not supported by facts. In the year 2005-06, only two meetings have been held – on 27 June and 29 October 2005. The Chairperson pointed out to the Divisional Commissioner-cum- Chairman, Management Committee, the mandatory obligations of holding 4 meetings every year.

FUNDING

The IMHH Agra has been experiencing the funds constraint ever since, it was made an autonomous Institution and given well defined tasks of improving infrastructure and Hospital services. Following the directive of the Supreme Court given in 1994, the Institution receives from the State Government budgetary allocation calculated at the rate of Rs. 250 per indoor patient per day. The annual allotment is calculated on the basis of actual daily strength on each day. The Supreme Court had empowered the Management Committee of the

Institute to enhance the levy fee. The Management Committee in its meeting held on 18.5.2004 acting on the directions of the Supreme Court resolved to enhance the fee from Rs. 250 to Rs. 500 per patient per day w.e.f. 1.6.2004. However, the enhancement could not be effected till now for want of response from the State Government. Since 1994, the pay scales of staff have been revised twice and market price of every item of equipment and medicine has gone up. It is worth mentioning that the levy fee at Ranchi, RINPAS was enhanced to Rs. 500 per bed per day in 1999 and the Institute has also been receiving from the Government separately substantial funds for infrastructural development. The IMHH Agra has brought about all development and improvements in services without receiving any separate grant for development. The Chairperson felt that the State Government must clear the proposal of the Management Committee and enhance the levy fee in order to enable the Institute to discharge its obligations in respect of tasks given by the Supreme Court. The steady progress that was being achieved by adding new and modern tests/equipments is seen to have been stalled in the period of review. It may be mentioned here that the Management Committee had sanctioned 23 proposals for purchase of equipment worth Rs. 121.51 lakh for 2005-06. Due to financial constraints, orders could be placed for only 3 items costing Rs. 17 lakhs which includes RO Plant for drinking water and essential accessories for the Incinerator procured under the advice of the Pollution Control Board. The Chairman also felt that the levy money should be paid to the Institute on a flat rate for 600 beds instead of calculating it on the basis of daily bed occupancy.

CONCLUDING REMARKS

The performance of IMHH has been consistently good ever since NHRC started reviewing its achievements formally in 2000. The execution of tasks given by the Supreme Court has been progressing satisfactorily. Hospital facilities have been improved considerably and a marked improvement is noticed in the standard of treatment and care of patients. Sincere efforts are being made

to upgrade the O.T. facilities which are still not up to the mark. The Community Outreach Programme is now receiving good attention after some deficiencies were noticed in the last two years. The Chairperson appreciated the standard of hygiene and general cleanliness and the on-going beautification of the campus. He found the atmosphere in the Wards very much relaxed without any sign of morbidity which is commonly encountered in Mental Hospitals. While the progress in a vital field of the mandate given by the Supreme Court viz. starting of P.G. and Diploma Classes is extremely slow, the Institute is doing a commendable job in training the students of Allopathic, Ayurvedic, Homeopathic, Nursing, Psychology and Social work deputed from different Institutions Government as well as Private. The Chairperson wants the State Government to appreciate the budgetary constraints of the Institute and accept the proposal of the Management Committee to enhance the annual grant. Only after this is done, the Institute can fill up the faculty posts, procure necessary equipment and facilities and start the Professional Courses. It would be a pity if all the talent available at the IMHH is not utilized to start this activity which is related to the problem of shortage of qualified mental health professionals in the country.

Chaman Lal
3.4.2016

(Chaman Lal)
Special Rapporteur

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