

**REPORT ON THE VISIT OF DR. JUSTICE SHIVARAJ V. PATIL,
MEMBER NHRC TO HOSPITAL FOR MENTAL HEALTH
VADODARA (GUJARAT) ON 27.4.2006**

Dr. Justice Shivaraj V. Patil, Member NHRC visited the Hospital for Mental Health (HMH) Vadodara (Gujarat) on April 27, 2006 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. He was accompanied by Shri Chaman Lal, Special Rapporteur, NHRC who made a detailed study of the infrastructure and services of the Institution on 26 April with special reference to the recommendations of Dr. Channabasavanna Committee constituted by the NHRC which had visited all the Government Mental Hospitals in the country including this Hospital in 1998. The Special Rapporteur identified the issues requiring Member's special attention. Dr. Rakesh Shah, Supdt. HMH briefed the Member about the origin and growth of the hospital, its infrastructure and current problems and challenges. Dr. R.H. Bakre, Programme Officer and Dr. B.B. Pandya, Regional Deputy Director were present as representatives of the commissionerate of health services Gujarat. The briefing was followed by a round of the campus which included visit to OPD Wards – Male and Female, Kitchen, Dining Hall, Female Occupational Therapy Unit, Rehabilitation Centre including Male Occupational Therapy Unit and Family Ward. The visit concluded with a meeting with the Members of the Board of Visitors and the Legal Aid Committee. The Member also had a brief interaction collectively with the senior staff in the Supdt's room and individually with key functionaries at their work place. The observations/suggestions of the NHRC team are given below:

HOSPITAL INFRASTRUCTURE

The Hospital for Mental Health (HMH) Vadodara was established by Sir Sayaji Rao Gaikwad in 1898. It was handed over to the Government of Bombay after Independence in 1948 and was taken over by the Gujarat Government in 1960 when the bed capacity was 155. In 1991, the bed strength was increased to 300 - 200 for male and 100 for female patients. The Hospital campus surrounded by high walls comprises a number of buildings spread out in a haphazard manner over an area of 77414 sq. meter. The Administrative Offices and the OPD are located in one Block which is highly congested. Both Male and Female sections of the hospital are divided into (a) Criminal Patient Ward, (b) Intensive Psychiatric Care Unit (IPCU) ward, (c) Semi-improved Ward, (d) Chronic Ward and (e) Improved Ward. This segregation based on the condition of patient and requirement of treatment and care is a commendable feature of the HMH, Vadodara.

Following the recommendations of the Channabasavanna Committee, the open ward facilities have been upgraded. Open ward is now functioning from a new building which offers reasonably good facilities for a family member/friend to stay with the patient. Newly constructed rehabilitation Centre building is accommodating the male O.T. Unit and provides accommodation for a Half Way Home.

The Supdt. informed the team that HMH Vadodara has received a grant of Rs. 3 crore from Government of India under the Tenth Five Year Plan for upgradation of infrastructure. The grant is being utilized for:

- a) Renovation of existing building and new road -Rs. 1 crore

- | | |
|------------------------------------|------------------|
| b) Construction of new building; & | - Rs. 1.50 crore |
| c) Equipment & furniture. | - Rs. 50 lakhs |

He gave the current status of utilization of this grant. The Member remarked that while taking up any fresh constructions, it must be ensured that the normal running of the hospital is not disrupted, that the proposed construction takes into account future requirements, that its design corresponds to functional requirements of supervision and control and the structure is patient-friendly.

ADMISSION AND DISCHARGE

All admissions are governed by the provisions of the Mental Health Act 1987. It is heartening to note that the records of indoor admissions are being separately maintained for (i) admission u/s 15 & 16, (ii) Section 19 & (iii) Court orders. A flaw was detected in the discharge statistics presented by the Supdt. Patients not returning from Leave of Absence granted u/s 45 of the Act are being treated as discharged. Section 45 of the Mental Health Act clearly states that in case the mentally ill person is not brought back to the Hospital on the expiry of the leave granted to him, the matter is to be reported to the competent court which would, after making necessary inquiry, issue appropriate orders for the return of the patient to the Hospital. The Supdt. stated that in case a patient on LOA does not return within 60 days, he is considered discharged from the Hospital. This is clearly in contravention of the provisions of section 45. The number of such patients are found to be very large as indicated below:

Year	No. of patients not returning from LOA
2000	- 70
2001	- 77
2002	-191
2003	- 25
2004	- 25
2005	- 13

Patients who abscond are also being considered as discharged. It was explained to the Supdt that all figures of discharge must relate to the provisions of Section 18, Section 40-44 of the MHA, 1987.

SERVICES

Casualty and Emergency Service

Dr. Channabasavanna Committee had adversely commented on the absence of Casualty, Emergency services, Short Stay Ward and Ambulance facilities. There has been no improvement in this regard during the last 11 years as all these facilities are still not available. Ambulance service is, however, being provided by the H.M.H through out-sourcing.

Outpatient Service

OPD is functioning from 9AM to 1 PM and 4 PM to 6 PM on Monday to Friday and 9AM to 12 Noon on Saturday. This shows a significant improvement since the visit of Dr. Channabasavanna Committee whose report mentions that OPD services were run twice a week on Tuesday and

Friday from 9 AM to 1 PM. Two Psychiatrists, one Clinical Psychologist and two Social Workers are available on duty during OPD hours. There is only one Interview room which is being shared by two Psychiatrists. Considering the workload, the OPD must have at least four interview rooms.

Steady increase in the OPD attendance and average daily OPD in recent years can be seen from the following:

Year	Number of Patients	Daily average
2002	11331	37.77
2003	15887	53.25
2004	20649	66.24
2005	25212	82.93
2006	6465	87.00

(till March 31)

The proportion of new patients is 10% of the total. The incidence of patients being brought tied with ropes has come down. The Matron informed the Special Rapporteur that on an average 3 to 4 patients are brought tied with ropes every month.

The Member visited the room of Clinical Psychologist Hema Behn Acharya who informed that on an average 3 to 4 patients are referred to her every day and she devotes half an hour to each. The Member visited the social workers' room and interacted with social worker Smt. Meenakshi Patel who has put in 35 years of service. The Member was impressed with the professional acumen and commitment of Smt. Meenakshi Patel, Social Worker who is doing commendable work without holding a formal

qualification in Psychiatric social work. The Member remarked that her job involves her with the patient's needs and concerns starting from "before admission" and extending to "after discharge".

Inpatient Service

HMH Vadodara has an authorised strength of 300 beds – 200 male and 100 female. Since a fairly large number of patients are granted Leave of Absence, the actual number of indoor patients present on any day is within 250. On the day of the visit i.e. 27.4.06, the hospital was holding 204 patients excluding 17 on Leave of Absence. The daily average occupancy during the last 5 years has been:

2002	272
2003	220
2004	234
2005	216

The utilization of the bed capacity was ranging from 105% to 123% during the period 1997-98 to 2001-02. It was 79% in 2002-03, 75% in 2003-04 and 78% in 2004-05.

The Channabasavanna Committee had pointed out the inadequacy of living arrangements and need for repair of the old structures. Although some repairs have been carried out and the wards look better now, the living conditions are still far from satisfactory. The availability of a total of 56 toilets gives a toilet to patient ratio of 1:6 which is acceptable, but the maintenance is poor. The Special Rapporteur on inspection of the male ward found that the toilets have no supply of running water and the standard of sanitation is uniformly poor throughout the campus. This observation was

made by the Member also at more than one place during the round of the campus. In the female ward, 59 patients are sharing 12 toilets and 4 bathrooms. Maintenance is slightly better.

Although it was claimed that beds are held in sufficient numbers and no patients are sleeping on ground, the male criminals' ward was found without any beds. The Hospital was holding 2 criminal patients on the day of the visit, both without beds, whereas 15 beds were displayed neatly arranged in the IPCU where no male patient was seen on the day of the visit. A statement furnished by the Supdt. to the Special Rapporteur shows holding of beds as 204 on the day of the visit. Obviously there is a shortage of beds considering the authorised capacity as 300. It shows that no appreciable improvement has been made since Dr. Channabasavanna Committee pointed out that only 60 to 65% patients were sleeping on cots. The Supdt. informed that a supply order for 150 additional cots has been placed on 27.3.06 and supplies are expected within 2 weeks. The hospital has already received 300 mattresses out of funds provided by the State Govt. It appears that orders for purchase of a number of essential items including cots were placed after information about visit of NHRC team was received.

Following the recommendations of Dr. Channabasavanna Committee Report, 324 bedside lockers have been purchased on 31 March, 2006 and will be allotted to patients. While male section is having 2 water coolers without aqua guard filter, the open ward and OPD have been provided water cooler each fitted with aqua guard. Female section is not having this facility. The Supdt. informed that 10 additional water coolers and 10 aqua guard filters have been procured and are awaiting installation. With this, all

sections of the hospital will be covered with this essential facility. One hot water geyser each is available in male and female ward. Two more has been procured and now are under installation. Orders have also been placed for mechanised laundry (100 kg) and the supply is expected by 30 April, 2006.

The Member commented on the prison-like structure of wards and suggested that the iron doors should be removed by normal doors with transparent windows to facilitate watch on the inmates without giving them the feeling of being in detention.

The Team visited the Kitchen housed in a separate building. The Member appreciated the arrangements for preparation of chapattis on large-scale and suggested addition of a kneading machine. Member suggested that Shri V.Prakash, Director, Central Food Research Institute, Mysore can be contacted to collect information about indigenous machines and devices which can be useful in running of large-scale kitchens. The Supdt. was advised to ensure regular monthly medical examination of the cooks which is not being done. The Team was happy to see the dinning hall furnished with newly procured plastic tables (50) and chairs (300).

The scale of food was fixed in 1958 and revised in 1962 only to effect change over to metric system. It is claimed that the scale has been worked out on 2500 caloric requirement. This needs to be verified in the light of the fact that daily average expenditure on food is Rs. 15/ per patient per day. A charitable trust Jalaram Temple Trust supplies free meals, lunch and dinner to all inmates on every Tuesday and Friday. The Trust is supplying lunch

and dinner every day for all the family members/relatives of patients admitted to open ward.

The Channabasavanna Committee had reported that the proportion of voluntary admissions was just 15%, 23 admission were under section 19 and 63% under Court orders. Following figures show a definite improvement in the situation:

Year	Percentage of admission u/s 15	Percentage of admission u/s 19	Percentage of admission under Court Orders
2002	13.48	73.04	13.48
2003	29.44	63.86	6.70
2004	33.06	59.35	7.58
2005	16.43	80.66	2.90

In a significant development, the proportion of admissions u/s 19 which provides for admission under special circumstances on request from a friend or relative has increased enormously. The Supdt. confirmed that the limit imposed on the period of hospitalization as 90 days without obtaining reception orders from the competent court is being followed. However, this calls for greater check to guard against the possibility of wrong admissions. The Average Length of Stay (ALS) is four months. This should be calculated separately for Family Ward, to study the impact of the presence of a family member with the patient on the length of hospitalisation.

LONG STAY PATIENTS

Analysis has been carried out by taking the figure as of 19.4.06. 91 out of a total of 221 patients i.e. 41.17% were of more than 2 years category. 54(24.43%) of them have completed more than 10 years. 33 of them have

been languishing for more than 15 years. 10 patients – 7 male and 3 female are destitutes. Families of 58 patients – 34 male and 24 female are traceable but non-cooperative. None of these patients is fit for discharge. They all need long-term indoor treatment. However, 9 male patients can be managed in community or Half Way Homes. This calls for special attention from the Government and Civil Society. Following cases deserve specific mention:

1. Ms. Keyuri Shah – She was admitted on 7.11.92 and diagnosed as a patient of schizophrenia. After the death of her parents, her brother used to visit her occasionally. Later, he lost interest in her. In 2003, when she suffered a fracture and court order was obtained to send her home for speedy recovery, her brother brought a stay order against her discharge from the hospital. She is now reconciled to her life long stay in HMH, Vadodara.
2. Shri Anup Singh, another patient of schizophrenia has been in this hospital for over 5 years. Initially his parents used to visit him some time. After their death, his brother, a wealthy businessman living in a posh area of Vadodara has totally abandoned him. Despite several contacts made by the social worker, he has never bothered to visit Anup Singh. His plea is that they are all scared of him.
3. A millionaire female patient Shradabehn has been in the Institute since 3.8.90 when her age was 48 years. She is unmarried. Her parents expired. She has two brothers but both of them have expired. Her sisters-in-law are not taking any interest in her. Her huge property is in a state of neglect with the tenants refusing to vacate

premises. A local lawyer Vinayak Bhai one of her ex-tenants narrated to the Member the difficulties he is facing in his effort to institute a trust for the management of her property. ADM Shri G.R Chaudhary was requested to bring this matter to the notice of the Collector.

PATHOLOGY SECTION

Laboratory facilities available at HMH, Vadodara are confined to routine blood and urine examination as before. Serum Lithium estimation facility, considered essential for mental health institutions, is yet to be developed. Other essential Testing facilities such as HIV screening and Hepatitis B' screening are also not available.

The hospital is authorised class III posts of one Sr. Pharmacist, 2 Junior Pharmacist and one Lab. Technician. The incumbents are working satisfactorily although without any supervision or guidance from the regular Pathologist as would be seen from the following figures for the period January to March, 2006:

Blood	ESR	Urine	PS for MP	Bio-chemical	Total
1360	410	888	508	25	3191

Dr. B.B.Pandya, RDD assured that weekly visit of one Govt. Pathologist will be arranged. (This has been done, as intimated by the Supdt. on phone, at the time of finalisation of the report).

ECT FACILITY

Modified ECT facility was started from September 2002 with the help of a part time visiting anaesthetist. Since 7.7.03 the Institution is having one Medical Officer class-II Dr. Shweta Shah who holds a diploma in anaesthesia. Records show that the number of patients who received ECT treatment was 55 in 2002, 164 in 2003 and 80 in 2004. The Supdt. could not offer any convincing explanation as to why use of modified ECT universally accepted as a crucial treatment in the management of acutely ill patients has remained suspended since January, 2005.

A digital EEG machine 32 channel with colour screen has been purchased recently and installed in a cabin near the family ward. Its location cannot ensure its optimum utilisation. Moreover it has not yet been put into regular use for want of a regular neuro-Surgeon. It may be difficult to arrange a visiting specialist Neuro Physician provided in the staffing pattern. As a possible solution one of the Psychiatrists should be sent to NIMHAS for a short training, say 3 months, to acquire necessary expertise.

CLINICAL PSYCHOLOGY SECTION

Dr. Channabasavanna Committee had commented adversely on the absence of facilities for Psychological testing, psychotherapy, and behavior therapy. With the posting of one Clinical Psychologist since January, 2006, a definite improvement has been effected. The following figures pertaining to the period January to April (26 April), 2006 indicate a promising beginning of the Department of Clinical Psychology:

Services provided	Total No. of patients
Projective test	71
IQ test	58
Organic test	19
Psychotherapy *	33
Relaxation	14
Diagnostic Interview	4
Total	199
Average per day 2	

Psychotherapy includes Behaviour therapy, cognitive therapy, RET therapy, De-addiction counselling, marital counselling and family counselling.

The Clinical Psychologist informed the team that she examines an average of 4-5 patients per day. This is not supported by the data relating to the period January to April, 2006. Records show that in the month of March and April, no diagnostic interviews were conducted by the Clinical Psychologist. The output of the Clinical Psychology Section can be improved further.

The Clinical Psychology Section has facilities for psycho test numbering 22 which include Rorschach test, 16 personality test type A to E, House-tree – person test (child abuse) etc. The clinical psychology has projected for requirement of Neurological Battery.

RECREATION FACILITIES

T.V., radio and broadcast facilities have been provided in both male and female sections. Weekly movies are screened for indoor patients. Besides, periodical recreation programmes like Bhajan, games, music programmes are also arranged occasionally. Selected patients are taken out on picnics in groups. However for indoor patients numbering around 250 with literacy level of 40 to 50 % only 2 daily newspapers are being supplied. The Supdt. was advised to increase it to 5 and also start supply of a popular Gujarati magazine.

OCCUPATIONAL THERAPY

Dr. Channabasavanna Committee Report had rated the occupational therapy facilities as 'minimal'. Significant improvement has been achieved in this field since then. The Hospital is providing vocational training and gainful employment in 12 trades to male and 11 trades to female indoor patients. Assistance of NGO Vardana Foundation is being found very useful in running 3 O.T. Sections (Phenyl, Agarbatti and Candle) in the male section and 3 in female (Paper work, Fabric painting and Diva painting). The Team visited tailoring, Raksha making, greeting card, knitting, Broom making, Mattresses making in the female and Tailoring, Carpentry, screen printing in the male sections.

On the day of the visit, a total of 42 patients – 27 male and 15 female were found engaged in O.T. sections. Besides 17 male and 16 female patients were engaged in house keeping, gardening, food distribution dish washing and office work. Surprisingly, no patient was being used in

kitchen. The Member interacted with both male and female patients in O.T. Unit. He suggested addition of Bakery and Soap making sections. Patients working in the O.T. Section are paid incentive at the rates rationally fixed by the Hospital Committee. The Member advised Occupational Therapist to select patients for different trades, particularly trades like carpentry on the basis of their aptitude. Farming was also one of the O.T activities run by Mahavir Foundation till sometime back. It has now been stopped with consequent adverse effect on the maintenance of the campus.

The following statement shows a certain decline in the output of O.T. Units since 2001-02:

Year:	2001-02	2002-03	2003-04	2004-05	2005-06
					(in rupees)
Incentive paid to patient	33263	19693	22038	5451	10704

DAY-CARE CENTRE

A Day-Care Centre running in the female O.T. Wing is an important feature of the HMH, Vadodara. However, the number of patients attending the Day-Care Centre had steadily decreased from 44 in 1998-99 to 29 in 2004-05. In the current year, the number was 8 in January, 6 in February, 8 in March and 8 in April. The Member was pleased to meet Naseem Bano, an ex-patient who is regularly attending Day-Care Centre and working in the tailoring unit. The Supdt. informed that she has been supplied a free sewing

machine by the Vardana Foundation. The Member was impressed with the courage and positive attitude of this brave lady who gave a moving account of her struggle in bringing up two school going children. Special Rapporteur requested the ADM Shri G.R. Chaudhary to arrange exemption of her children from payment of school fee.

DEATH OF PATIENTS

The incidence of death of patients is very much under control as can be seen from the following statement:

Year	<u>No. of Deaths</u>		Total
	Male	Female	
2002	2	3	5
2003	6	2	8
2004	3	2	5
2005	2	1	3
2006	0	1	1

(till March 31)

The Special Rapporteur scrutinized the records and found that Post Mortem has been done in every case. 13 out of a total of 22 patients were above 50 years in age. 9 died in the Referral Hospital and 13 at HMH Vadodara. The death of Vinod Narabhoram, Contractor (male) aged 55 on 9.11.04 appears to be a case of homicide. The Post Mortem report gives the cause of death as "death due to carnio cerebral damage following trauma". The injuries could and should have been detected in the inquest report itself. The handling of this case shows casualness, if not connivance on the part of the supervisory staff.

ESCAPE OF PATIENTS

The incidence of escape of patients has assumed serious proportions from 2005 onwards. 15 patients escaped from the Hospital in 2005 against 5 in 2004. In the first three months of 2006, 9 escapes have already occurred. All the escapes are from Open ward. The Supdt. feels that escapes are caused because of lack of security arrangements. The phenomenon needs to be examined in detail to identify the causes and take remedial measures.

CRIMINAL PATIENTS

HMH, Vadodara receives 8-10 patients from prisons every year. 50 % of them are referred for observation and 50% for treatment by courts concerned. There were only 2 criminal patients on the day of visit. The Special Rapporteur spoke to them individually.

The case of undertrial prisoner Barkiya Ramji Gimbali deserves special mention. He is an undertrial prisoner since 1974 in session case 3/1974 u/s 302 of Session Judge, Dadra and Nagar Haveli, Silvassa. He was admitted under Session, Dadra and Nagar Haveli, Silvassa reception order No. DSJ/DN.Pol/365/2003 dated 28.11.03. This was his 3rd admission in the HMH, Vadodara. His trial has remained suspended since 1974 because of his inability to defend himself. He has been allotted 90% disability completely ruling out any possibility of his recovery and fitness to stand trial. HMH, Vadodara wrote to the Session Judge, Dadra and Nagar Haveli, Silvassa for changing his status to civil patient. The Session Judge replied on

2.1.06 that the court cannot order this and instead the State Government should be approached. There can be no doubt about mental illness of this person and also about his need for continued treatment. What needs to be appreciated is whether he should continue as an undertrial prisoner even after it has been certified that he is permanently disabled as regards his mental ability to understand the nature of proceedings and defend himself. He has been a UTP for 32 years without any progress of his case. Following the precedent set by the Commission in Charanjit Singh murder UTP of Tihar Jail, and Jai Singh murder UTP of Central Jail, Ambala, the Team recommends that the Commission may approach the High Court of Gujarat to quash his trial. After the trial is quashed this unfortunate person will continue as a mentally ill person without the stigma of a prisoner, which imposes additional restrictions on his liberties within the premises of the hospital.

STAFF

When Dr. Channabasavanna Committee visited the Institute in 1998, the Supdt was the only Psychiatrist and the sanctioned post of Psychiatrist Class-I was lying vacant. The Institute is now having 3 Psychiatrists – Dr. Rakesh Shah, Supdt. Dr. Pinal Gandhi, Psychiatrist Class I and Dr. B.H. Buch, ex- Supdt. Hospital for Mental Health, Ahmedabad held on contract appointment against the post of lady Psychiatrist (fixed pay). The post of Clinical Psychologist, Class-II, has also been filled. The staffing pattern does not include any sanctioned post of Psychiatric Social Worker. 2 posts of Social Worker are sanctioned. One is held by Smt. Meenakshi Patel who has put in 35 years experience in Mental Health and displays abundance of skill of a qualified social worker. The Team was impressed with the

comprehensive patients' profiles prepared by Dr. Meenakshi Patel. One more social worker has joined on first appointment recently. The Member exhorted him to imbibe the dedication and commitment of Smt. Patel.

The nursing staff comprises one Matron, 3 Head Sisters incharge and 26 Staff Nurses. None of them is trained in Psychiatry. The Team pointed out the need for a short training course for nurses in Psychiatry, which can be arranged at NIMHANS or RINPAS. Absence of the post of Pathologist is another major deficiency in the staffing pattern.

Based on the recommendations made by a National Workshop of Experts in Mental Health in Feb. 2000, which are contained in the NIMHANS Report titled 'Minimum Standards of Care in Mental Health' the number of posts required and currently sanctioned is shown below discipline-wise:

Post	Required	Existing
Psychiatrist		
Class I	6	3
Class II		12
Clinical Psychologist	12	1
Psychiatric Social Worker	12	2 Social Worker
Nurses		
Psychiatric Nurses	60	30 nurses
Ward Aids	60	45

Inadequacy of the existing staffing pattern needs no elaboration.

BUDGET

The total budget for this Institution has increased from Rs. 171.8 lakh in 2002-03 to Rs. 220.31 lakh in 2005-06. However, the expenditure on medicines expressed as percentage of the total budget has come down from 6.64% in 2002-03 to 3.79% in 2005-06. This puts a question mark on the claim that requirement of free supply of drugs is being met 100%. Expenditure on food has, however, averaged around 7.5% during this period. The Supdt. did not express any difficulty regarding allotment of funds under any head.

NGO INVOLVEMENT

Involvement of NGO sector in the hospital activities is another significant feature of HMH, Vadodara. As already mentioned, Jalaram Temple Trust is supplying free food to all the patients on every Tuesday and Friday and to patients' attendants in the Family Ward on every day. Mahavira Foundation had provided a Gardner for two years and helped in improving the campus maintenance by running farming and horticulture activities. The organization also provides train/Bus fare to relatives of poor patients to visit the Hospital. Vardana Foundation is keen to be involved in rehabilitation activities and has developed a software for hospital activities. They have also helped in developing O.T. facilities. Other NGOs such as Sevathirth, Vikas Jyoti Trust, TRU are involved in activities of awareness generation about mental health.

The Member praised the role of civil society with specific mention of Jalaram Trust, Mahavira Foundation and Vardana Foundation in his address to the Media persons after the conclusion of the visit.

ACADEMIC ACTIVITIES

MSW students, MA (Psychology) part I & II students from M.S. University are regularly posted. Besides, periodically Nursing students from Nadiad Muniseva Ashram, Dahod, Vadodara and Bharuch Nursing College are also posted for clinical experience. The following figures present a fairly good picture of the training output of the Institution:

	<u>Number of Students Trained</u>			
	2002	2003	2004	2005
MSW	6	6	8	8
MA Psychology Part I	4	4	2	2
MA Psychology Part II	4	4	3	3
CCP	11	10	15	17
Nursing	20	30	Nil	105
No. of Workshops to train Medical Officers	1	2	2	2
No. of Workshops to train Teachers	0	10	0	0
No. of Workshop to train Nursing staff and Attendants	3	1	6	6
Hospital visit from other Institutes	6	22	23	23

COMPUTERIZATION

An ambitious programme has been finalized by the Computer Savvy Supdt. for computerising in the working of the Institute. Presently one PC is

installed in the room of the Superintendent HMH. Orders have been placed to purchase 21 PCs to cover all important wings of the Institution such as Administration, Patients' Wards, Registration Counter, Social Worker, Consultant Medical Officer, Clinical Psychologist, OT Units, Medical Store & Library. A connection with GSWAN is being obtained. NGO Vardana Foundation has prepared softwares for hospital under the Netherlands Government Project which are under trial. Government of Gujarat is also preparing software for general administrative purposes.

COMMUNITY OUTREACH PROGRAMME

HMH is involved in Community Psychiatry Activities by running on every working day from 4.30 p.m. to 5.30 p.m. by Clinics in the following specialties:

- | | |
|--|-------------------|
| i) Epilepsy Clinic | - Every Monday |
| ii) Child Guidance Clinic | - Every Tuesday |
| iii) Sex Education Clinic | - Every Wednesday |
| iv) De-addiction Clinic | -Every Thursday |
| v) Clinic for relatives of
Chronically ill patients | - Every Friday |

HMH Vadodara is the nodal Institute for implementation of District Mental Health Programme in Godhra. They have also been running OPD at Limdi District Surendra Nagar till 1.3.06. Now Limdi is covered by Hospital for Mental Health Ahmedabad. HMH is running OPD (10 to 12 noon) Services at the following places:

District Mental Health programme became operational on 1.3.06. Till 26.4.06, 5 OPD Clinics were held at Sehra, Lunavada, Santrampur, Halol and Shivrajpur. A total of 173 patients were examined. No patient turned up at Lunavada where OPD was held on 8.3.06. Similarly at the OPD held at Halol on March 2006, only one patient attended. This calls for intensification of efforts. Two Health Camps were held in April at Lunavada and Halol. A total of 87 patients attended. Besides, 32 Medical Officers, 61 Nurses, 50 Family Health Workers, 25 Sarpanch and 25 Primary School Teachers have so far been trained under the programme. This shows a good beginning of the programme.

A commendable initiative of HMH Vadodara is the formation of a Self-help Group - an Association of Relatives of Chronically Mentally Ill Patients (ARCMIP). The Association provides forum to the families of mentally ill persons to share their anxieties and difficulties and exchange useful information regarding treatment and rehabilitation of patients. More than 400 families have been enlisted as members. One representative of the Association is always present during OPD hours for interaction with the patients' families. The team was pleased to interact with Shri N.K. Shukla, Secretary.

HALF WAY HOME

HMH Vadodara claims to have established a Half Way Home for mental patients which is located in the new building of rehabilitation center. The Special Rapporteur visited the HWH and found it accommodating 3

patients. Sudhakar Rao belongs to M.P. and was admitted as a wandering mentally ill person under the orders of JMFC Mandvi on 13.9.03. His family has been traced in MP. His nephew came 2-3 times but subsequently lost interest in him. Sudhakar Rao is fairly stable in mental condition. He is not keen to go back to his family and has reconciled to his life here. Another patient lodged in the so called HWH is Parshu Ram who was also received from Mandvi under Reception Orders. It has not been possible to extract any information about his family from him. He is also not interested in leaving this place.

Keeping these two patients in what is supposed to be a HWH betrays total ignorance of the concept of Half Way Home. A Half Way Home is to be established by some NGO and run from a place outside the Hospital where patients considered fit for discharge are prepared through a suitably structured programme including vocational training in some useful trade for their re-integration with community. It is however heartening to learn that sanction for establishment of a proper Half Way Home under a scheme of Ministry of Social Justice and Empowerment has been received by NGO Vardana. The Supdt. should now identify patients for this Half Way Home.

BOARD OF VISITORS

A Board of Visitors has been constituted in February 2003 under the provisions of Mental Health Act, 1987. The Board is headed by the District Collector, Vadodara and has 11 official members including District Session Judge, Vadodara, State Disability Commissioner, Gandhi Nagar, Head of Department of Social Work or their female nominee, M.S. University, vadodara, and Head of Department of Education and Clinical Psychology.

Supdt., HMH Vadodara is the Member Secretary. There is no non-official member to represent the civil society. The Board has been meeting regularly every month. However, the scrutiny of the Minutes Register made by the Special Rapportuer revealed that not a single meeting out of 15 held by the Board since January, 2005 has been attended by the Collector, Vadodara. Only in one meeting held in March, 2006, Additional Collector Mr. G.R. Chaudhary had represented the Collector. D.J. has also been consistently absent in these meetings.

An important feature of HMH, Vadodara is the legal aid committee comprising the Session Judge, one judge from District Court, President of the Bar Association, Vadodara and Head of Department of Psychiatry, SSG Hospital, Vadodara. Records show that this committee has not been meeting regularly. It held no meeting in 2005.

CONCLUDING REMARKS

Implementation of the recommendations of the NHRC based on the report of Dr. Channabasavanna Committee is found to be just satisfactory. Admission procedure has been streamlined, admission and discharge are running smoothly and average length of stay has come down indicating an effective control over the incidence of chronicity. However, discharge procedure needs to be re-examined in detail in the light of the observations made regarding discharge of patients on Leave of Absence. With recent ~~posting~~ posting of a Clinical Psychologist, a glaring deficiency in the staffing pattern has been removed. Still, the overall staff position remains as inadequate as

before in disciplines of clinical psychology, psychiatric social work and nursing.

There has been hardly any improvement in the living conditions and level of sanitation which had attracted adverse comments from Dr. Channabasavanna Committee. The maintenance of Campus is certainly poor. It may be mention that the State Government has taken some steps recently to provide better living facilities to the patients.

Testing facilities have not shown any advancement. Even the modified ECT facility introduced in compliance with the recommendations of Dr. Channabasavanna Committee is seen to have been suspended for no valid reasons.

Significant achievements have been made in developing and sustaining OT facilities for both male and female patients. The involvement of the NGO sector in the activities of the Institution is another laudable feature of HMH Vadodara. While patients' rights are being honoured and protected and one finds the general atmosphere free and relaxed, recreational facilities need to be upgraded.

The young Superintendent Dr. Rakesh Shah appears to be a serious minded professional with flair for innovation and creativity. The Institution is doing very well in the field of Community Outreach Services and Academic activities despite its limited resources and severe administrative constraints.



(Chaman Lal)
Special Rapporteur
1.6.2006