Report on the review of activities of Manasik Arogyashala, Gwalior, Madhya Pradesh

Date of review: **6.1.2007**

I visited the hospital for the mentally ill at Gwalior (to be hence forward referred to as GMA) from 8.30 AM to 6.30 PM on 6.1.2007. Prior to this and immediately after my arrival at Gwalior (from Bhopal) on 5.1.2007 (evening) I had spent over 2 hours with the Director to apprise myself in detail about various aspects of management of the hospital. I went round the OPD, 3 Blocks of closed ward having mentally ill persons (212), the open ward, the jail ward, the halfway homes for both male and female mentally ill persons on way to rehabilitation, the recovery room, the pathological laboratory, the central store, the kitchen, the dining hall, the newly constructed conference-cum-meeting hall etc. I also discussed with the Director, Medical Officers, Administrative Officer, Paramedical staff, administrative staff, persons manning the OPD and the documentation centre and representatives of 2 NGOs manning the halfway homes about administration of the hospital, existing physical infrastructure, proposals for construction of new blocks, adequacy and effectiveness of psychiatric services, support services, occupational therapy, proposals pending with the State Government, sanctions received and modalities of acting on the sanction (both creation of new posts as well as taking up construction of new blocks etc.).

To make the review meaningful I had circulated a checklist of points covering hospital administration, bed strength and occupancy, adequacy of amenities for patients, types of wards (open ward, closed ward, jail ward and half way homes), adequacy and effectiveness of support services, psychiatric services, mortality data and causes of death etc. This was supplemented by a new checklist of points on the strength of the visit such as proportion of involuntary admissions, continued hospitalization of persons admitted beyond 90 days and mandatory permission to be obtained from the CJM concerned u/s 19 of Mental Health Act, 1987, number of patients who have left the hospital against medical advice (LAMA) etc. The review report is based on the response to the questionnaire, the impressions emanating from my visit to various wings of the

hospital and interaction with Director, Medical Officers, paramedical and administrative staff, patients, NGOs and others.

Historical background:

The Mental Hospital, Gwalior was initially started as an asylum in 1935. It was converted to the status of a full fledged mental hospital in 60s. In 1992 a writ petition was filed in the Supreme Court alleging inhuman conditions in various mentally ill hospitals in the country. The apex court allowed the writ petition in 1994. In doing so they directed that the three mentally ill hospitals at Agra, Gwalior and Ranchi should be developed as full fledged model hospitals with facilities of teaching, research and treatment. The apex court had also observed that these three hospitals should be made fully autonomous and be registered as Societies under the Registration of Societies Act, 1860 (as amended up-to-date). The apex court had entrusted NHRC with the responsibility of overseeing the management of the hospitals with a view to securing compliance with its various directions as also with a view to bringing about continuous improvement and qualitative change in the management thereof.

Administrative Structure:

The GMA was registered as a Society in 1996 in pursuance of the above direction of the apex court. It is under the administrative control of the Department of Medical Education, Government of Madhya Pradesh. There is a Principal Secretary, Health who is in overall charge of Health Department to whom Secretary, Medical Education Department is accountable.

There is a Managing Committee with the Revenue Divisional Commissioner, Gwalior as the Chairman and Collector, SP, Dean of the Local Medical College (Gajaraja Medical College) and two others nominated from the Public Sector enterprises located at Gwalior as members (incorporation of 2 members as nominees from the Public Sector is on the basis of a decision taken in the last meeting of the Managing Committee held on 12th December, 2006). The Director is the Member Secretary of the Managing Committee. The Managing Committee has constituted a few other Sub-Committees such as

- Appointments Subcommittee with the Director as the Chairperson;
- Finance Subcommittee with the Director as the Chairperson;
- Construction Subcommittee with ADM, Gwalior as the Chairperson;
- Medical Subcommittee with Dean, Medical College as the Chairperson;
- Rehabilitation Subcommittee with Superintendent of Police as the Chairperson.

The Director is assisted by a Deputy Director and Associate Professor (Psychiatry). The post was being manned Dr. Tushar Jagawat since 23.6.2003. His wife, a doctor was also working in the hospital in a ICMR research project. After working for 3 years in the hospital he resigned w.e.f. 10.10.2006 and has left GMA. As it transpired in course of my interaction with others associated with the management of the hospital, departure of Dr. Jagawat is not a simple and innocuous event but seems to have been motivated on account of an unpleasant incident which took place in one of the meetings of the Managing Committee. The State Government (Medical Education Department) should be requested to investigate into this incident and take preventive and corrective action so that it does not act as a spring board for demotivation and demoralization of others who will be selected subsequently to join in one of the senior management positions in the hospital.

There are five posts of Asstt. Professors of Psychiatry currently lying vacant. The posts were sanctioned in 1996. Dr. Sumeet Gupta and Dr. Mukesh Chunglani manned these posts from 24.12.98 to 23.4.2995 and 2003 to 2004 respectively. The remaining 3 posts were never filled up. According to the established Procedure the posts were advertised in October, 2006 and simultaneously letters were sent to Heads of Departments of Medical Colleges to sponsor names of persons with experience of Post Graduate teaching in Psychiatry. So far only three applications have been received and interview will be held in the last week of January, 2007. For the remaining two posts, they will be re-advertised soon.

Next in order of hierarchy are 24 sanctioned posts of Medical Officers all of which are in position, five being Psychiatrists with Diploma in Psychiatry

Management. The remaining 19 hold the basic degree in MBBS with 5 of them specializing in gynaecology, radiology, anaesthesia, pathology and ophthalmology.

There is one administrative officer whose services have been placed by the State Government on deputation in consultation with the State Public Service Commission. He is assisted by the requisite ministerial staff.

The para medical staff comprise of the following:-

Sl. No.	Posts	Sanctioned	In Position
1.	Nurses	59	30
2.	Medical Social Worker	1	1
3.	Pharmacist	4	2
4.	Radiographer	1	1
5.	Class IV staff (attendants)	42	40
6.	Sweeping Staff	6	3

Shri Y. Satyam, Addl. Secretary, Medical Education Department, Government of M.P. has, in response to proposals for sanction of additional staff conveyed over telephone on 5.1.2007 sanction of the following 8 additional posts:-

- Asstt. Professor in Clinical Psychology for teaching, psychological testing, counselling, group therapy, psychotherapy and behavioural therapy - 2
- Asstt. Professor in Psychiatric Social Work - 2
- Clinical Psychologists (Class II) - 2
- Psychiatric Social Worker - 2

It was understood that sanction of these posts have been approved by the Finance Department of Government of M.P. Formal sanction would be issued only after approval of the Cabinet Committee. Thereafter the posts would be

advertised and filled up. This process needs to be followed up with the State Government.

Existing Physical Infrastructure:

The hospital is located at Jail Road connecting to National Highway No. 3 i.e. Agra – Bombay Road. Even though OPD, other wards, half way homes etc. are located differently they are all within the premises of the hospital.

Some sincere efforts have been made by the hospital administration to provide as much greenery to the premises of the hospital as possible.

There is no arrangement for collection of hospital waste and garbage. Accumulation of garbage and other waste materials create an unclean and unhygienic surrounding. Their removal on a regular basis in a scientific manner needs to be discussed with the authorities of Gwalior Municipal Corporation and action taken accordingly.

OPD

The existing physical space available in the OPD Block can accommodate 150 patients and persons accompanying them (on an average 2 to 3 persons accompany one patient, the number varying according to the severity of the ailment). The daily out turn of patients in OPD was 63.28 in 2005 and 62.12 in 2006. It is encouraging that the out turn of patients at the OPD is progressively on the rise since 1998. The total number of OPD registered patients in 2006 is 22,674. A statement containing yearwise break up of new and old patients registered in the OPD and average out turn of patients per day and per month is given at Annexure-I.

There are 3 Psychiatrists and 2 general medical officers who are attending to the OPD patients. There is a dispensing centre for dispensing medicines for these patients. Steps are being taken for computerization of old records in the OPD. The space in the documentation centre attached to the OPD is rather limited for documentation and storage of all records – old and new. Instead of keeping the records in the almirahs and going in for additional almirahs which will consume more space it will be a better proposition to carve out wooden

cupboards fixed to the wall with locking arrangement. This will take care of much larger number of records than now.

My interaction with a number of out patients and their relatives accompanying them brought out the following:-

- Waiting space with facilities of drinking water, toilet etc. is adequate;
- The psychiatrists (3) and general duty medical officers (2) attend to the needs of the patients with care and concern, civility, courtesy, patience and kindness;
- The waiting period both at the OPD and dispensing centre is minimal.
- Consultation at the OPD and subsequent treatment has yielded good results for them;
- There was hope, faith and confidence that the mentally ill persons will be effectively treated and cured.

Open ward

There are 2 such wards, one for male and another for female with 20 as the capacity for each. The patients are allowed to stay with the family member(s). There is no extra bed for the family members and they mostly rest on the floor (going out for food, snacks etc.). This may be inconvenient and uncomfortable in winter months. Consistent with the space which is available and the space which will be needed to put an additional bed the possibility of putting an additional bed (which may be somewhat smaller than the patient's bed) may be explored. This suggestion is made keeping in view the increasing number of open ward admissions.

At the time of visit the condition of one patient who was resting in the open (in a raised platform) was a matter of concern. He was in a state of stupor and did not respond to any query. It may not be safe to leave such patients alone

and unattended (as any fall due to slight turning of sides could cause serious - bodily injury to the patient).

The average duration of stay of patients in the open ward is 12.37 days.

Closed ward

The closed ward admissions constitute less than 10% of total admissions. There are in all 3 Blocks for male and 2 Blocks for female patients with the following capacity:-

Male Block (3)

Block A	-	27 inmates are in position against a capacity of 37.
Block B	-	37 inmates are in position against a capacity of 40.
Block C	-	Jail ward – 6 inmates (2 convicts and 4 undertrials) against a capacity of 20.

Female Block (2)

Block A	-	25 inmates are in position against a capacity of 25.
Block B	-	24 inmates are in position against a capacity of 30.

Assessment of space vis-a-vis bed strength:

A visual assessment of the space in the closed wards vis-à-vis bed strength gives the impression that there are more beds in the wards than what they can accommodate. This gives rise to overcrowding. In the guidelines contained in a publication captioned 'Quality Assurance in Mental Health' issued by the NHRC in 1999, no norms about number of beds which a particular space can accommodate have been indicated. According to the norms obtaining in the Department of Preventive and Social Medicine in Gwalior Medical College and Hospital the total area in the respective ward in the mental hospital should be 3 times the space required for the beds. With a view to reducing over crowding the Director should work out the number of beds which the existing space in the closed wards could accommodate, submit a separate proposal for construction of an additional Block to be used as a closed ward and after the new Block is ready should work out repositioning of the beds so that congestion is removed and patients have enough space to move about.

Six statements on (a) details of long stay psychiatric patients in closed wards as on the date of visit, (b) yearwise break-up of admission and discharge of patients (both male & female) in the closed ward (1998 to 2006), (c) yearwise break up of admission and discharge of patients (both male and female) in the open ward (1998 to 2006), (d) yearwise break-up of death and absconds of patients (both male & female) (1998 to 2006) in the closed ward and (e) yearwise break-up of death and absconds of patients (both male and female) (1998 to 2006) in the open ward are contained in Annexure-II, Annexure-III, Annexure-IV Annexure-V and Annexure-VI respectively.

The length of psychiatric patients in the hospital varies between 1 year to 15 years. In response to the reasons for such long stay it was clarified by the Director and other Medical Officers that protracted correspondence is going on between the hospital administration and family members of the patients but the same has not produced the desired results in the past on account of the following reasons:-

- The postal address provided by the family is not correct;
- There is frequent change of postal address of the families;
- Sometimes on a reference being made by the hospital administration, a reply is received from the Collector of the district (to whom the reference was made) that 'x' relative/family member himself/herself is quite old and, therefore, is not in a position to receive and look after the mentally ill person even after he has been treated and discharged. Efforts are then made to place the patient at the disposal of an NGO and the patient is discharged only after willingness is received from the NGO concerned to take over the responsibility.

A time bound campaign has been launched to (a) obtain the correct postal address of long stay patients/their family members by tapping a number of sources and (b) discharge such patients after obtaining the correct postal address. Such a campaign has produced the desired result in as much as 40 long stay patients have been discharged during the past three months. In any case, orders of the Chief Judicial Magistrate concerned are being obtained to allow a patient to stay beyond 90 days. There are 12 such recent cases (6 male

and 6 female). Patients are being admitted as per conditions laid down in the Mental Health Act, 1987. It was encouraging to note that over the years percentage of voluntary admissions is increasing. This could be attributed to (a) better services provided by the hospital and (b) increased public awareness.

System of registration of patients:

All old patients who are visiting the hospital for consultation and follow up are being allotted a new registration number from first January of that year. For the period from 1.1.2006 to 31.12.2006, a total number of 22,674 patients have been registered at the OPD. Of them 13,937 are old and 8737 are new. The number of patients registered between 1.1.2007 to 6.1.2007 is 413 which shows that on an average 70 persons are being registered per day.

The percentage of patients discharged in the closed ward is roughly 1/3rd of the number of patients admitted. The percentage of patients discharged in the open ward is, however, more than 50% of the number of patients admitted. This is so as relatives accompany patients in the open ward whereas there is always the problem of tracing the address of relatives of patients in the closed ward which delays discharge.

Left against Medical Advice (LAMA):

LAMA means leaving hospital by the patients with their relatives wilfully against the medical advice of the treating physician after duly informing him. This is different from abscond which means leaving hospital by the patients without informing the concerned doctor. Despite best efforts to impart professional advice to the patients to stay on for treatment and not to leave when treatment was not complete there have been cases of abscond which are more in the open ward (between 19 to 51 in 2000 to 2006) than in closed ward (between 22 to 1 in 1998 to 2006). Patients leave not on account of any unsatisfactory support service or any problem arising out of treatment. Their action and conduct in this regard appears to be purely voluntary but borders on being unilateral and irresponsible.

Death of Patients:

There have been no deaths in the open ward while the number ranges between 4 to 6 in 2005 and 2006 in the closed ward. Deaths have occurred only in such cases where the patients came to the hospital in a critical condition. Such deaths have taken place either on account of acute gastroenteritis or old tubercular infection or cardio-respiratory failure or repeated bleeding or anaemia or rectal proplapse. Post mortem reports are available in all these cases of natural death.

Support services available:

The support services may be divided into the following categories such as:-

- Medical (modified ECT);
- Emergency psychiatric services;
- Extension services.

The modified ECT or electro-convulsive therapy is available round the clock on a shift basis. Similarly emergency psychiatric services are available round the clock on shift basis. These services are manned by one psychiatrist and one physician (general duty medical officer). The extension services are provided under national and district mental health programmes at Shivpuri (110 Kms. from Gwalior). One Psychiatrist from GMA visits Shivpuri once a week (every Friday) to provide the following services -

- See and examine the patients in OPD;
- Educate Medical Officers and Paramedics in Psychiatry;
- Go to the periphery to educate the public (through camps, melas and demonstrations).

Similarly another psychiatrist goes form GMA to Morar (in Gwalior City) once a week (every Monday) to examine and issue certificates to the mentally ill on behalf of the District Medical Board.

The extension services are provided through the District Headquarters Hospital at Shivpuri and Gwalior.

Service Centre at Gwalior Central Jail:

There is a separate mental ward in the Central Jail, Gwalior which is visited by a Psychiatrist from the GMA once every week (Monday). There are 55 patients in the mental ward of the jail (54 male + 1 female).

Services provided through Gajaraja Medical College and Hospital:

As of now, the OPD service in the Psychiatric Unit of the Medical College and Hospital, Gwalior is provided by GMA. According to the orders of the Supreme Court in Shila Barsne case, a full fledged department of Psychiatry should be in place in every medical college and hospital. After the Gajaraja Medical College and Hospital has got a full fledged Psychiatric Unit as a part of its department of medicine, the position of manning the OPD service in the medical college and hospital by the GMA may be reviewed.

Adequacy of amenities for patients:

Meticulous care is being taken by the hospital administration to ensure provision of the following services to the patients:-

- Diet @ Rs. 30/- per patient per day (breakfast, lunch, afternoon snack and dinner) is being provided strictly according to the scales and guidelines laid down by the ICMR and recommendation of the State Government of Madhya Pradesh;

- No professional dietician is available but the dietary scales are being monitored strictly on the basis of weight, haemoglobin and blood sugar;

- A general duty medical officer and psychiatrist make an overall assessment of the status of health of the mentally ill persons in the GMA;

- On the basis of the food which is being served for breakfast, lunch, afternoon snacks and dinner, the following calorie value is said to be ensured:-
    - Wheat – 1041 Calorie

- Rice - 347 Calorie
- Pulses – 315 Calorie
- Breakfast – 225 Calorie
- Sugar – 120 Calorie
- Oil – 315 Calorie
- Vegetables – 100 Calorie
- Milk – 292.5 Calorie
- Fruit – 50 Calorie

Total calorie value for males – 2843
and for females – 2285

This is considered to be adequate.

I visited the kitchen at the time of preparation of food (during lunch time) and found that rice/wheat and pluses have been stored in right quantities in hygienic and sanitary conditions and that fruits (banana) and vegetables including leafy vegetables being used for cooking lunch were fresh.

To get a feel of the actual quality of the food served and the reaction of the patients I spent over ½ an hour with the inmates as their food was being served around 1230 noon. It was heartening to hear that as a result of the intervention of NHRC tables have been provided in the dining hall (the inmates were sitting on the floor and taking food earlier which was not very hygienic). In all there were 12 tables and about 100 people can take their food together in one batch meaning thereby that 212 inmates of the hospital will have to sit in 2 batches. The breakfast, lunch and dinner timings have been fixed accordingly and appropriately. The tables as also the floors were found to be immaculately neat and clean.

I spoke to a number of patients to elicit their reaction about the quality of life in the hospital, quality of food, their pastimes and recreational values. It was difficult to elicit a natural and spontaneous response from one and all. On account of pervasive depression, many patients were not willing to open up, many were reluctant to even start taking food after it has been served while a few spoke in appreciative terms about their life in the hospital and even invited me to share food with them. The diversity of tastes and preferences also came out clearly. While most of the patients expressed their preference for chappatis one patient from the south spoke about his preference for South Indian Food (idlis,

rice, dahi bhat etc.). In deference to his preference a beginning could be made to introduce a few South Indian dishes for breakfast like idli with sambar, badai, coconut chutney, upama etc. and if the reaction/response of other patients is positive it could be extended to lunch and dinner as well.

Other amenities for the patients:

Electricity:

The hospital is having regular supply of electricity to all departments though occasionally there are a few interruptions and trippings in supply. Power backup from a 50 KVA diesel generator is available. There are ventilators in all wards. In all 160 fans have been installed and all are functional. The fan patient ratio is 4:3.

Water Supply:

The hospital is having its supply of water from bore well as well as from the Gwalior Municipal Corporation. Full quantity of water against requirement of 18000 litres of water for all the inmates is assured. Supply of water is uninterrupted to all wards, OPD and other departments. Hot water is being provided for bath to the patients daily by warming water on gas heater. Sanction has been received for installation of a solar water heating system. Provision for supply of cold water through water coolers in summer has been made.

Conservancy Services:

In all 57 toilets in the ratio of 1:4 have been installed with adequate supply of water and flushing arrangement and all are functional.

Laundry Services:

Currently the services are manual. It is necessary to urgently instal a mechanical laundry service at an estimated cost of Rs. 4/- to Rs. 5/- lakh. The Director proposes to place this before the Management Committee in its next meeting and would be in a position to send a formal proposal to the Secretary, Medical Education Department, Government of Madhya Pradesh only after obtaining the approval of the Management Committee. This is necessary and desirable and should be done at the earliest.

Haircutting services:

A male barber is available to provide hair cutting services. It is necessary to provide the services of a female barber considering the number of female patients both in the closed as well as open wards. Sanction for this should be obtained from the Department of Medical Education, Government of Madhya Pradesh.

Pathological Laboratory:

Facilities for investigation into the following profiles of blood are available in the Pathological Laboratory:

- ESR
- Haemoglobin
- Blood Group
- Blood Sugar
- Triglyceride
- Blood Urea
- Creatinine
- Pregnancy Test
- VDRL
- Vidal
- Serum Lithium Estimation

Facilities for investigation into the following other profiles of blood need to be installed in the laboratory:-

- Uric acid
- Rheumatoid factor
- ASLO
- Prostate Specific Antigen (PSA)
- Hepatitis B
- HIV/AIDs

A statement containing the total number of investigations done in the laboratory between 1999 to 2006 and details of investigations done in 2006 is placed at Annexure-VII.

Procedure for indenting and storage of drugs:

The indenting of drugs is being done centrally on the basis of an assessment of the quantity of drugs required annually. According to the established procedure orders for supply of drugs can be placed with the approved suppliers only after obtaining the concurrence of Small Industries

Development Corporation of Madhya Pradesh. Normally there is a time span of 2 weeks between the date of indent and supply. Procurement of drugs is done at competitive rates and recourse to local purchase is taken only in exceptional cases. So far no scarcity or crisis has arisen in regard to availability of drugs as per requirement.

Repair and maintenance of the hospital building:

This has been entrusted to the State PWD. The doors and windows of the building are in good condition with adequate lighting and ventilation to OPD, all wards, halfway homes and administrative block. Problems of leakage and seepage, if any, are being attended to and corrected in time by the State PWD.

Cleanliness:

The job of sweeping has been substantially outsourced on contract basis. There are only 4 permanent sweepers/sweepresses. Floors are cleaned 4 times a day with observance of proper hygiene and sanitation. The overall status of cleanliness of the hospital premises (except the garbage lying accumulated by the side of the boundary wall which invites flies and mosquitoes) was found satisfactory.

Dress and Linen

There is change of dress and linen daily. Supply of mattresses, linen, blankets and uniforms etc. is considered to be adequate.

Disinfectants:

Measures for anti-lice, anti-bug and anti-malaria (mosquito repellant) are being taken and are considered adequate.

Telephone Services:

The hospital is having one IPABX (16 lines) with inter connectivity to all departments. Expansion of this to 48 lines is being planned. Separate and independent phone connection to the Director and Administrative Officer are available.

Library facility:

There is a small library with about only 200 books. The Director and the professional staff of the hospital have no access to foreign journals. In view of the rapid advancements in the field of psychiatry it is necessary that the Director and the professional staff keep themselves abreast of the latest changes and advances in the field of psychiatry and have access to all professional literature (books and journals included both indigenous and foreign).

Occupational therapy:

There are 2 types of activities being conducted in the occupational therapy centre namely:

- Imparting of certain trades/skills conforming to aptitude, preference and interest of the patients;

- Recreational activities to reduce boredom and drudgery and instil zest and joy, excitement and animation to an otherwise dull and routinised environment in which the patients spend most of their time.

- The trades/skills which are being imparted are:

    - Candle making;
    - Toy making;
    - Shawl making;
    - Flower making (out of both paper and plastic);
    - Painting and photo binding;
    - Embroidery, stitching and knitting;
    - Soap making.

All these activities have been possible with only one instructor. Despite constrains and heavy odds she has taken a genuine and passionate interest and involvement in imparting these skills and some of the products brought out by the trainees could be feasts for other's eyes and objects of real beauty. Simultaneously, the Instructor has been conducting prayer and meditation, yoga and pranayam and imparting basic skills in dance, drama and music. The Superintendent of Central Jail should be requested to depute an Instructor on payment of some honorarium so that it should be possible to impart training in more trades/skills to the inmates.

Jail ward

Six criminal patients – 2 convicts and 4 undertrials were found lodged in the jail ward on the date of visit. A statement containing details (name, father's name, age, sex, full postal address, date of admission, designation of the officer under whose orders admitted to the hospital, convict or undertrial prisoner, relevant section of the IPC and present status – fit or unfit) is placed at Annexure-VIII.

The current status of one of the inmates in the jail ward which is a cause for concern due to apathy of authorities concerned is as under:-

> Undertrial prisoner Nand Kumar S/o Nehar Ram was admitted on 17.9.2001 for treatment as per orders of Judicial Magistrate 1st Class, Durg (Chhatisgarh). He was declared fit for discharge on 17.9.2003. Reports are being regularly sent to Superintendent, District Jail, Durg, Judicial Magistrate, 1st Class and DGP, Bhopal but till ate (6.1.2007) nobody has turned up to take charge of him. He as of date is fit for discharge.

Halfway Homes

There are 2 Half Way Homes – one for male and another for female. Patients who have been effectively treated are put in the Half Way Homes for sometime for maintenance and rehabilitation before they are acceptable to their family members/relatives and before they can be sent to them. They are sent to Half Way Homes only on the basis of an assessment that the patient is capable of taking care of himself or herself with some minimal support. In case of relapse the patient is brought back to the hospital. The capacity of each Half Way Home and the number of inmates in position in the Home are as under;-

Half Way Home (Male)

Capacity	In Position
20	9

Half Way Home (Female)

Capacity	In Position
20	16

The responsibility for management of the Homes is entrusted to NGOs of repute and standing who have the experience and professional expertise for discharging this onerous responsibility. The GMA gets to know and select the NGOs for this responsibility on the basis of the information made available by the office of Collector, Gwalior which maintains the list of NGOs registered in Gwalior district under the Society's Registration Act. The proposal for entrusting the responsibility for management of a Half Way Home to one or more NGOs on the basis of their proven track record, sensitivity and interest is placed before the Rehabilitation Sub-Committee for consideration. The NGO concerned is entrusted with the responsibility for management only after approval by the Sub-Committee.

On the basis of the decision taken in the meeting of the Rehabilitation Sub Committee the Consumer and Civil Rights Association, Hanuman Chauraha, Janak Ganj, Gwalior has been entrusted with the responsibility for managing the Half Way Home for male inmates.

I interacted with the 9 inmates in the Half Way Home for males. All of them appeared to be in a state of good health. Except 2 inmates who appeared to be somewhat withdrawn and indifferent to my queries, the rest appeared to be fully in their senses, full of zest for life and were able to respond to my queries in a normal and natural manner. One of them could spontaneously recite the song from the film ***Do Aankhe Baare Haat*** **"He Maalik Tere Bande Ham ....."**. One of the inmates who seems to have been substantially rehabilitated is willing to go back to his native place but his mother is too old and seems to have expressed her reluctance to receive him as she is apprehensive about her ability to look after him in the event of a relapse. Each case has its own peculiarities and complexities and requires a different handling. There cannot be any standaridization in the approach to deal with these cases.

The Half Way Home for female inmates is being managed by the Volunteers of Association for Social Health of India (ASHI). Its an old NGO of about 50 years standing. President Mrs. Meera Davar was present along with her colleagues at the time of visit. The Home was started on 17.5.2001 with 59 patients. So far 52 patients have been sent back to their families fully fit for reintegration into the mainstream of the society. The NGO provides treatment to the inmates with the help of 2 doctors, occupational therapy (through imparting training in simple trades/skills) with the help of an Instructor and avenues of recreation (through prayer, meditation, yoga and pranayam). It also teaches them to cook and serve food (at the time of visit around 1330 hrs. the inmates were having lunch with the food cooked by them).

Like the inmates in the Half Way Home for males, the inmates in the Half Way Home for females presented a wide diversity of socio-economic-cultural background, diversity of traits and characteristics, preferences and interests. Some of the inmates have completed 5 years in the Half Way Home but over 10 to 15 years in GMA (from the date of admission). The process of rehabilitation is not yet complete for them and reintegration into the mainstream of the society is becoming increasingly difficult. Some are ready to be sent back on the basis of current assessment of the status of their health but there is none who is willing to receive them back.

I observed one such case of an MBBS doctor with specialization in gynaecology as an inmate (Dr. Anuradha Moga) in the Half Way Home. She appears to have been fully cured and was able to interact with me in a normal and natural manner. She is ready to be sent back for reintegration into the social mainstream. Regretfully she has only one sister at the other end who is also mentally ill. Dr. Anuradha cannot, therefore, be sent back to her sister. She can only be rehabilitated in a job locally (like in a Private Gynaecological Clinic or nursing home) which suits her aptitude, professional qualification, experience and expertise. Mrs. Davar indicated that the NGO is working in that direction only.

In course of discussion, Mrs. Davar offered the following points for consideration:-

- Patients who have stayed long enough in a Half Way Home, who have been cured even by 90% and have been sent back to their native place appear to have been abandoned later by their family or relations.

- Such cases (who have not been fully cured) stand a possibility of relapse as treatment at their family or with relations may suffer by default. Visiting the GMA over long distances and at considerable expense (on account of travel) may not be also easy. Therefore, sending patients who have not been fully cured back to their family or relations is not a sound proposition. She was, therefore, of the view that Long Stay Home is a much better and more logical proposition than Half Way Home. Such a concept which on the face of it appears to be logical and convincing needs to be worked out together with logistical and financial implications and a firm proposal sent to the Department of Medical Education, Government of M.P. for their consideration.

- I also interacted with Shri R.B. Singh Kushwa, Secretary, Consumer and Civil Rights Association, Gwalior, the NGO looking after Half Way Home for male patients. In course of this interaction the following points were raised by Shri Kushwa:-

    - Intimation is sent about mentally ill persons who have been abandoned and who are roaming by the road side to the Incharge of local Police Station. The police are usually indifferent to take any action in such cases as they apprehend that dealing with the mentally ill is a laborious and time consuming process which is likely to drag the police into avoidable litigations. The mentally ill person in the absence of protection from the police and the civil society becomes an easy victim of violence and physical abuse.

    - Whenever an NGO approaches the Court of CJM prior to securing admission of the mentally ill in a hospital it has to undergo the following operational constraints and difficulties:-

- An undertaking is required to be furnished by the NGO that it has to assume responsibility to take charge of the patient on his/her discharge from the hospital and restore him/her to the protective custody of family and relations.

- Such an undertaking becomes difficult as it is not known when the patient will be fully cured. Besides, the patient has always a genuine difficulty in remembering and furnishing correct address of his/her home.

- Rehabilitation is a major problem. There is no proper and firm policy of Government for providing/securing such rehabilitation – physical, psychological and emotional as also economic. NGOs with their limited resources find it extremely difficult to secure a full fledged rehabilitation of a mentally ill person.

- Earlier when the case of a mentally ill person was being presented in the Court of CJM, the latter used to straight away issue a direction to the Incharge of the mentally ill hospital for providing facilities for complete treatment and for handing over the patient to a suitable NGO for maintenance and rehabilitation after the patient was treated and fully cured.

- CJMs all over M.P. (including Gwalior) are now insisting on a medical report about every mentally ill person before passing an appropriate order. It takes on an average 3 to 4 days to obtain such a medical report for the mentally ill person from the hospital authorities. It becomes difficult for the NGO to take care of the mentally ill person for this interim period as it does not have the resources for the same.

The NGO offered the following suggestions for treatment and rehabilitation of abandoned mentally ill persons:-

- Schemes for their proper treatment and effective rehabilitation should be prepared under the leadership and direction of District Level Legal Service Authority headed by the District Judge with involvement of incharge of the mentally ill hospital, police, municipal corporation and local NGOs;
- The District Level Legal Service Authority should arrange to provide free legal aid to facilitate the admission of abandoned and helpless mentally ill persons in the hospital concerned;

- The Superintendent of Police of the district concerned should have a regular meeting of the SHOs of all Police Stations in his jurisdiction to ensure that protection in terms of physical safety and security is provided to all abandoned mentally ill persons;

- The Collector and District Magistrate along with the Commissioner, Municipal Corporation should make available physical space for rehabilitation of abandoned and helpless mentally ill persons;

All these are very valuable suggestions and deserve to be acted upon by the concerned authorities.

Development of Training Facilities:

There are clear directions of the apex court to the effect that training facilities in the field of psychiatry, clinical psychology and psychiatric social work should be provided by the mentally ill hospitals. As far as GMA is concerned it should be possible to provide these training facilities in a full fledged manner only after the 5 sanctioned posts of Asstt. Professors (which are now lying vacant) as also the newly sanctioned 8 posts are filled up.

As of now, however, with all limitations of staff, GMA is imparting training to the undergraduate medical students of Gajaraja Medical College and Hospital and Post graduate MD (medicine) students of the same institution.

Planning New Infrastructure:

The GMA has received a grant of Rs. 2.13 crores during the current financial year (2006-2007). A statement containing the break up of this amount for specific projects is enclosed at Annexure-IX. The details of the new infrastructure in brief are:-

- Family open ward and private room;
- Clinical psychology and psychotherapy block;
- Rehabilitation/occupational therapy block;
- Modern library building;
- Child psychology and psychiatric rehabilitation;
- Jail ward;
- Water storage tank.

Besides, it is also proposed by way of planning new infrastructure to have (a) a de-addiction centre (b) OPD for super specialists (geriatric, psychiatry, marriage counseling, headache, epilepsy etc.). Tenders have already been invited for taking up construction of the new blocks for which sanction has been received. It appears that while the sum of Rs. 2.13 crores sanctioned by the Government of India may accommodate the cost of construction of the physical structures and equipments it may not meet the recurring expenditure on account of new and additional staff to manage the new institutions.

Additionally, sanctions for the following have been received from different authorities of the State Government:-

- A sum of Rs. 4.20 lakh for installation of solar power by the State Energy Development Corporation;

- A sum of Rs. 4.18 lakh by M.P. State Small Industries Development Corporation for computerization of different wings of GMA;

These projects should be made operational without any loss of time.

In course of my interaction with Director and other medical officers, the following suggestions were offered by them:-

I There should be a day care centre to take care of mentally ill persons who are being discharged from the hospital with a view to keeping them productively engaged. There should be a proper arrangement for collecting these persons according to their convenience, bringing them to the hospital for check up and dropping them back at the day care centre after check up. A series of occupational and recreational services need to be provided at the day care centre to keep the mentally ill persons who have been discharged from the hospital productively engaged and physically and mentally healthy. Such day care centres exist in Australia and the experiment has been found to be very useful. Atleast one acre of land will be needed for setting up a day care centre. This is a very sound and sensible proposition. The Collector, Gwalior – Shri Srivastav who was present at the time of discussion also agreed to extend a helping hand for this purpose. A Project Proposal should be formulated and put up before the Managing Committee. The concurrence of the State Government should be sought after obtaining the approval of the Managing Committee.

II It was felt in course of discussion that deaddiction has to be an exclusive arrangement and cannot be done in open wards. It should, therefore, be planned to have an exclusive Drug Deaddiction Centre as an integral part of GMA in due course.

III Rehabilitation and reintegration of mentally ill persons into the mainstream of the society have several facets and all these need to be discussed with NGOs. Ways and means of finding avenues of gainful employment for all these persons who have been treated in GMA and substantially cured should be explored.

IV Enough space within the premises of GMA is available for setting up a full fledged yoga and meditation centre. To start with, services of a Yoga Professional could be availed of on honorarium basis and yoga classes can be conducted at such time as may be convenient to the mentally ill persons.

V **Sale of Craft Items:**

There is no properly planned and coordinated effort for sale of crafts. The crafts themselves need to be refined to cater to the prevailing needs of the market. The services of a professional need to be hired for this purpose to enlarge and refine the range and quality of products. The M.P. State Small Industries Corporation and Handicrafts Board need to be approached by the GMA for this purpose.

Board of Visitors:

VI The Mental Health Act, 987 has removed the powers of decertification from the Board. Nevertheless, the Board of Visitors is needed for regular inspection and monitoring under the said Act. The Board is expected to inspect the mentally ill hospital at least once a month. A book is required to be maintained to enter the observation and remarks of the Chairman and members of BOV regarding the state of affairs in a hospital and details of the admission in a previous month. The Board of visitors for the GMA is due for reconstitution. It should be reconstituted with the membership of such people who have the urge, inclination and commitment to genuinely serve the interests of the mentally ill persons. This may be brought to the notice of Principal Secretary, Health, Government of M.P.

VII The following points came out in course of my interaction with nursing staff:-

1. As against sanction for 59 posts only 30 have been filled. This leaves a huge gap which puts avoidable strain on the existing nursing staff. Filling up all the sanctioned posts brooks no further delay. Besides, 1 post of Nursing Superintendent and 1 post of Matron are lying vacant. These are to be posted by the Medical Education Department. The latter should take steps to have them in position at the earliest. This needs to be followed up by the Director.

2. There are only 12 quarters available for the nurses within the premises of the hospital. Gwalior is a sprawling city of distances and due to want of residential accommodation within the compound of GMA a

large number of nursing staff have to stay outside and have to travel long distances to reach GMA. They get Rs. 50/- towards conveyance allowance. This was fixed several years ago and considering the increase in fuel and cost of propulsion as also increase in scooter/taxi charges in the meanwhile the conveyance allowance needs revision. Simultaneously the proposal for construction of additional quarters should also receive due and timely consideration.

3. The nature and character of work of the nursing staff is such that it is fraught with occupational risks (they have to handle sizophrenic patients who tend to be violent; they also have to deal with patients in the jail ward who are usually violent). A proposal for payment of a special pay (20 to 25% of the basic) or risk allowance (a fixed amount) as may be found expedient should be considered sympathetically in favour of the nursing staff. There should be provision for a common rest room for nurses as well.

General

Considering the nature of work in a mental hospital which is sensitive and which requires round the clock surveillance and vigilance, a very high level of dedication and commitment there are a couple of considerations which are crucial for successful functioning of such an institution. These are:-

- Selection of an incumbent to man the post of Director who has the professional competence and the ability to provide leadership and direction as also to carry all – MOS, paramedical staff, administrative staff etc. with him;

- Providing reasonable continuity of tenure (say 3 to 5 years at a stretch) to the Director as also to the Dy. Director instead of offering them contractual appointment and extending the contract every 6 months as is the case now;

- Providing an attractive scale of pay to the Director, Dy. Director, all MOs, all para medical staff, administrative staff etc. on the same pattern as that

of NIMHANS, Bangalore (details of the scales at NIMHANS are given in Annexure-X);

- Carrying out a scientific job study by the Staff Selection Unit of the Ministry of Finance for a proper and scientific correlation between the nature of work, volume of work, sensitivity, complexity and strain associated with work and the actual number of persons who will be needed to man different positions/assignments and recommending to the State Medical Education Department for sanction of the required number of additional posts as is justified as the basis of work measurement study;

- Delegation of sufficient administrative and financial powers in favour of the Director in the larger interest of enhancement of his operational efficiency on a day to day basis.

- The three institutes (Ranchi, Gwalior and Agra) which are being monitored by the NHRC could be brought under the administrative control of one National Institute so that there is parity in scales of pay and terms and conditions of service and employment amongst the medical officers and paramedical staff.

To illustrate, GPF Accounts of staff are kept with the AG office. Payment of advances from GPF is made with the approval of the Dean of Gwalior Medical College and Hospital. This could have been easily delegated to the Director. It could be done even now.

Conclusion:

The entire exercise of visit to GMA and review of its activities was undertaken with a human rights dimension. The fundamental human right enshrined in Article 21 of the Constitution includes the right to live with human dignity and the right to health. The Supreme Court has ruled that maintenance and improvement of health is one of the obligations which flows from Article 21. The mentally ill have a fundamental human right to (a) receive quality mental health care (b) be treated with dignity and decency in their day to day life and (c) be entitled to a neat, clean, safe, hygienic and humane living condition in the

hospital. The Chairperson and Members of the Commission as also the Special Rapporteur in the past have been undertaking visits to the mentally ill hospitals with this human rights dimension. This dimension has to be kept alive in the OPD, closed and open wards, half way homes and in all the activities which take place inside the mentally ill hospitals. Keeping this broad perspective in view, it will be appropriate if the following three suggestions are kept in view and implemented by the hospital management with some priority and sense of urgency:-

(i) The Director, Medical officers and Para-medical officers engage themselves in a dialogue with the mentally ill persons in a humane and empathetic manner all the time. This will infuse a lot of hope and confidence in the minds of the mentally ill persons to live and live with dignity and honour, happiness and joy.

(ii) With a view to soothing the nerves of the mentally ill persons, it will be appropriate if selected songs from the following films could be played in the closed and open wards, in the dinning hall as also in the OPD and half way homes:-

- Bandini;
- Do Aaankhen Baare Haat;
- Teri Surat Mere Aaanke;
- Anand;
- Parineeta;
- Baiju Bawra;
- Mamata;
- Guide.

On the basis of the response/reaction of the patients, after the music from this film has been completed, the Director could think of selecting a few more songs from films which are devoted to correctional aspects of human behaviour.

(iii) Prayer, meditation, yoga and pranayam have tremendous beneficial effects on human mind. Even though the instructor/incharge of occupational therapy is organizing some of these activities at present, they need to be made more better and more systematically organized. The Director may place a proposal

for construction of a full fledged yoga center with creation of a new post of yoga instructor and place the same before the Managing Committee for its consideration and approval. After obtaining the approval of the Managing Committee, the Director may send the proposal for formal sanction of Medical Education Department, Government of Madhya Pradesh.

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Annexure-I

Gwalior Mansik Arogyashala
(G.M.A.) – M.P.

Annual Status Report
(As on 2006)

Table-Outdoor Patients:

Year	New Patients	Old Patients	Total	Average	
				Per Day	Per Month
1998	6985	9517	16502	X	X
1999	6674	7142	13816	39	1151
2000	6150	8185	14535	40	1211
2001	6612	9435	16047	43	1283
2002	7105	9983	17088	46	1424
2003	7428	11704	19132	52	1594
2004	8334	12331	20665	56.08	17.08
2005	9014	14086	23100	63.28	19.25
2006	8738	13937	22674	62.12	18.89

Table – Outdoor Patients – Satelite Clinic:

Years	Medical College (Madhav Dispensary) O.P.D	Civil Hospital Morar's O.P.D.	D.M.H.P. – Shivpuri O.P.D.	Health Camps and Mela's	Central Jail Gwalior
2002	618	153	X	X	30
2003	988	178	179	105	32
2004	533	052	2385	340	27
2005	890	1200	3144	420	55
2006	--	1350	1749	--	50

Annexure-II

Table – Long stay Psychiatric patients in closed wards 2006

	Male	Female	Total
Old more than 15 years	7	4	11
Old more than 10 years	2	5	7
Old more than 5 years	7	22	29
Old more than 2 years	19	18	27
Old more than 1 year	13	5	18
Old patients between 6 months to 1 month	35	10	45
Total	**83**	**64**	**147**

Annexure-III

Table – Admission & Discharges Closed Ward:

Year	Admissions			Discharges		
	Male	Female	Total	Male	Female	Total
1998	331	84	415	317	82	399
1999	269	68	337	280	76	356
2000	132	36	168	114	37	151
2001	106	57	163	118	35	153
2002	94	29	123	94	34	128
2003	96	27	123	73	29	102
2004	131	29	160	117	23	140
2005	103	49	152	92	33	125
2006	107	27	134	115	39	154

Annexure-IV

Table – Admission & Discharges Open Ward:

Year	Admissions			Discharges		
	Male	Female	Total	Male	Female	Total
1999	158	82	240	130	69	199
2000	736	276	1012	614	293	907
2001	816	499	1315	739	505	1298
2002	X	X	1292	X	X	1116
2003	X	X	1440	X	X	1375
2004	1085	421	1506	1040	422	1462
2005	1091	564	1655	995	524	1519
2006	1105	651	1756	942	653	1595

Annexure-V

Table – Death & Abscond Close Ward:

Year	Admissions			Discharges		
	Male	Female	Total	Male	Female	Total
1998	4	5	9	20	02	22
1999	1	2	3	16	00	16
2000	3	1	4	9	0	9
2001	4	4	8	0	0	0
2002	4	6	8	5	0	5
2003	4	X	4	3	X	3
2004	X	1	1	3	X	3
2005	3	1	4	4	1	5
2006	3	3	6	1	X	1

Annexure-VI

Table – Death & Abscond Open Ward:

Year	Admissions			Discharges		
	Male	Female	Total	Male	Female	Total
1999	X	X	X	X	X	X
2000	2	1	3	15	4	19
2001	1	1	2	13	6	19
2002	X	X	3	X	X	27
2003	X	X	4	X	X	X
2004	X	X	X	37	7	44
2005	1	1	2	49	10	59
2006	X	X	X	36	15	51

Annexure-VII

Year	Total Points	Total Investigations
1999	1915	5574
2000	1816	7678
2001	1976	7728
2002	2493	10212
2003	2325	9791
2004	2339	11179
2005	2277	10342
2006	2456	11585

Annexure-VIII

Information about the admitted Patients in Jail Ward of Gwalior Mansik Arogyashala

S.No.	Name & Father's Name	Age at the time of admission	Sex	Address of the Patient	Date of admission	Admitted by whom	Accused/ undertrial	Act	Pres-ent Status
1.	Shri Nand Kumar S/o Nohar Ram	26	Male	Village Malerkena Thana Apurda.	16.9.2001	JMFC Durg (Chattisgarh)	Prisoner	354,323	Fit
2.	Shri Gokul	30	Male	Central Jail, Satna, Central Jail, Gwalior.	18.8.2006	Addl. Judge, Gwalior, M.P.	Prisoner	302	Unfit
3.	Shri Jalandhar S/o Laldas	25	Male	Not known. Village Chainpur, Thana Phulwari, Patna.	23.9.2005	2nd Addl. Judge, Mandla, M.P.	Accused	450,302	Unfit
4.	Shri Pappu	26	Male	Central Jail, Bhopal	17.12.2006	JMFC Bhopal, M.P.	Prisoner	294,323, 506	Fit
5.	Shri Raghuvir	30	Male	Jail – Datiya	23.12.2006	JMFC Bhaader, M.P.	Accused	328	Unfit
6.	Shri Saligram	35	Male	Central Jail, Gwalior	31.12.2006	CJM Gwalior, M.P.	Prisoner	302,307	Unfit

Annexure-IX

भारत सरकार से ग्वालियर मानसिक आरोग्यशाला के उन्नयन हेतु प्राप्त धनराशि रू. 02.13 करोड के अन्तर्गत स्वीकृत कार्य

ए- निर्माणकार्य

क्र.	कार्य का नाम	प्रशासकीय स्वीकृति क्र. एवं दिनांक	प्रशासकीय स्वीकृति की राशि	निविदा पीएसी राशि	कार्य की स्थिति
1.	फेमिली ओपन वार्ड एवं प्राइवेट रूम का निर्माण	संचालक का पत्र क्र. भवन/06/3018 दिनांक–30.05.2006	20,00,000.00	17,39,000.00	हेण्डओवर हो चुका है कार्य शीघ्र ही प्रारम्भ होगा।
2	क्लीनिकल साइक्लॉजी/रू.कोथेरेपी ब्लॉक का निर्माण	संचालक का पत्र क्र–भवन/06/3021 दिनांक–30.05.06	20,00,000.00	17,39,000.00	–तदैव–
3	रिहेबिलिटेशन/ऑक्यूपेशन थेरपी ब्लॉक का निर्माण	संचालक का पत्र क्र–भवन/06/3003 दिनांक–30.05.2006	30,00,000.00	26,07,000.00	–तदैव–
4	मार्डन लाइब्रेरी का निर्माण	संचालक का पत्र क्र–भवन/06/3006 दिनांक–30.05.2006	20,00,000.00	17,39,000.00	–तदैव–
5	चाइल्ड गाइडेंस ब्लॉक का निर्माण	संचालक का पत्र क्र–भवन/06/3004 दिनांक–30.05.2006	13,16,000.00	11,44,000.00	–तदैव
6	जेल वार्ड का निर्माण	संचालक का पत्र क्र–भवन/06/3012 दि.–30.05.2006	30,00,000.00	26,07,000.00	–तदैव–
7	वाटर स्टोरेज टैंक का निर्माण	संचालक का पत्र क्र–भवन/06/3015 दि–30.05.06	17,50,000.00	15,21,000.00	–तदैव–

बी–सौरउर्जा– आरोग्यशाला में सौर उर्जा संयत्र लगाने हेतु म0प्र0उर्जा विकास निगम द्वारा फर्म इनटाईम टैक्नीकल सर्विसिस–भोपाल को सौरउर्जा संयत्र लगाने केआदेश जारी किये गये है। प्राक्कलन राशि रू. 04.20लाख

सी–कम्प्यूटर– आरोग्यशाला में कम्प्यूटरी करण हेतु म0प्र0लघुउद्योग निगम को आदेश जारी किये गये है. सामग्रीप्राप्त हो चुकी है। प्राक्कलन राशि रू. 04.18 लाख

डी– बुक/टूल्स– आरोग्यशाला के बुक्स/टूल्स/साईटेस्ट सामग्री क्रय की कार्यवाही प्रक्रिया में है।

ई– फर्नीचर फर्नीचर क्रय की कार्यवाही प्रक्रिया में है।

संचालक
ग्वालियर मानसिक आरोग्यशाला
मध्यप्रदेश ग्वालियर

Annexure-X

National Institute of Mental Health and Neuro Sciences
(Deemed University), Bangalore – 560 029

Dated: 7.9.2006

Sl. No.	Name of the Post	Scale of Pay Central 5th Pay Commission – Pay Scales)
1.	Professor	Rs. 18400-500-22400/-
	Addl. Professor	Rs. 16400-450-20900/-
	Associate Professor	Rs. 14300-400-18300/-
	Assistant Professor	Rs. 11625-325-15200/-
	Medical Superintendent	Rs. 18400-500-22400/-
	Rsident Medical Officer	Rs. 12000-375-16500/-
	Sr.G.D.M.O.	Rs. 10000-325-15200/-
	GDMO	Rs. 8000-275-13500/-
	PG Junior Residents	Rs. 9400/- I year Rs. 9725/- II year Rs. 10050/- III year
	PG Senior Residents (after completion of 3rd year Jr. Residency)	Rs. 10290/- IV year Rs. 10645/- V year
	PG/Non PG Senior Residents	Rs. 10940/- I year Rs. 11295/- II year Rs. 11650/- III year
2.	Chief Technician	Rs. 5500-175-9000/-
	Senior Technician	Rs. 4500-125-7000/-
	Junior Technician	Rs. 4000-100-6000/-
	Sr. O.T. Technician	Rs. 5500-175-9000/-
	O.T. Technician	Rs. 4500-125-7000/-
	Junior Technician	Rs. 4000-100-6000/-
	Electro Diagnostic Assistant	Rs. 5500-175-9000/-
	Urodynamic Lab Technician	Rs. 4500-125-7000/-
	E.E.G. Technician	Rs. 4500-125-7000/-
	Supervisor Radiographer	Rs. 5500-175-9000/-
	Radiographer	Rs. 4500-125-7000/-
3.	Sr. Nursing Tutors	Rs. 7450-225-11500/-
	Nursing Tutors	Rs. 6500-200-10500/-
	Ward Supervisor	Rs. 5500-175-9000/-
	Staff Nurse	Rs. 5000-150-8000/-

Sl. No.	Name of the Post	Scale of Pay Central 5th Pay Commission – Pay Scales)
4.	Administrative Officer Asstt. Administrative Officer Manager Grade-I Office Superintendent Upper Division Clerk Lower Division Clerk	Rs. 10000-325-15200/- Rs. 6500-200-10500/- Rs. 5500-175-9000/- Rs. 4500-125-7000/- Rs. 4000-100-6000/- Rs. 3050-75-3950-80-4590/-
5.	Chief Bio Medical Engineer Scientific Assistant (BME) Junior Engineer Senior Electrician Workshop Supervisor (BME) Laundry Supervisor Electronic Technician (BME) Draughtsman Boiler Operator Telephone Technician Electrician	Rs. 14300-400-18300/- Rs. 5500-175-9000/- Rs. 5500-175-9000/- Rs. 4500-125-7000/- Rs. 4500-125-7000/- Rs. 4500-125-7000/- Rs. 4500-125-7000/- Rs. 4500-125-7000/- Rs. 4000-100-6000/- Rs. 4000-100-6000/- Rs. 4000-100-6000/-
6.	Driver (Special Grade) Driver (Grade I) Driver (Grade II) Driver (Ord. Grade)	Rs. 5000-150-8000/- Rs. 4500-125-7000/- Rs. 4000-100-6000/- Rs. 3050-75-3950-80-4590/-
7.	Group-D Gr.I Group-D Gr.II Group-D Gr.III Group-D Gr.IV	Rs. 2750-70-3800-75-4400/- Rs. 2650-65-3300-70-4000/- Rs. 2610-60-3150-65-3540/- Rs. 2550-55-2660-60-3200/-
8.	Rehabilitation Assistant Instructor Rehabilitation Assistant Instructor (Gr. I) Rehabilitation Assistant Instructor (Senior)	Rs. 4500-125-7000/- Rs. 5000-150-8000/- Rs. 5500-175-9000/-