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**REPORT ON THE VISIT OF SHRI CHAMAN LAL,
HONORARY REPRESENTATIVE, NHRC TO THE HOSPITAL
FOR MENTAL HEALTH, BHUJ (GUJARAT) ON
4-5 OCTOBER, 2007**

As directed by the National Human Rights Commission, I visited the Hospital for Mental Health, Bhuj on 4-5 October, 2007 to review the compliance of the Commission's directions on "Quality Assurance in Mental Health" related to the report of Dr. Channabasavanna Committee constituted by the Commission in 1997. Before visiting the hospital campus, I held a brief meeting with Dr. Surya Kant Bheda, CDMO and Chief Surgeon, Kachchh-cum-Director, General Hospital, Bhuj and Dr. M.P. Tilwani, Psychiatrist Incharge, Mental Hospital, Bhuj to finalize the modality of the review. Dr. R.H. Bakre, Programme Officer represented the Commissionerate of Health Services, Gujarat in the discussion and the subsequent visit to the Institution. The review was concluded with a meeting with Collector, Bhuj. The observations/suggestions of the visit follow.

HOSPITAL INFRASTRUCTURE

The Hospital for Mental Health, Bhuj was established in 1957 with a capacity of 16 beds. It caters to the mental health needs of districts Kachchh, Banaskantha and Patan with a combined population

of 52.116 lakh (10.42 % of the total population of Gujarat). Dr. Channabasavanna Committee did not actually visit this Institution and their report is based on the replies received to the questionnaire and a briefing of the Committee by the then Medical Superintendent, HMH Bhuj at Ahmedabad. The Institution was then having only close ward facilities run in a prison like structure consisting of cells, encircled by a perimeter wall with a room for the watchman at entrance. The hospital building was totally destroyed in the earthquake of January 2001. A two storey new building constructed by HUDCO at a cost of Rs. 70 lakh provided out of M.P. Local Area Development Funds has come up in its place. The work was started in January 2003 and the building was handed over to the Incharge Psychiatrist in May 2004. As the building has not yet been taken on its charge by the PWD and there are some procedural hurdles, its regular annual maintenance is suffering. However, urgent needs of maintenance are being met through the Rogi Kalayan Samiti (RKS) constituted by the Government of Gujarat on 10.10.2005 for the betterment of hospital services. The Psychiatrist Incharge Dr. Tilwani informed that matter has been referred to the State HQs. for resolution.

Regular outpatient services at this hospital were started only in 1997. Before this, a Psychiatrist used to be deputed from the Hospital for Mental Health, Jamnagar to conduct a monthly OPD at General Hospital, Bhuj. The hospital services were seriously hit by the earthquake of January, 2001. Indoor admissions had to be totally stopped. The patients under treatment were transferred to the Hospital for Mental Health, Jamnagar. However, the OPD services continued uninterrupted and were further expanded by field visits covering different parts of the cyclone affected area in rotation. The normal functioning of the hospital was resumed in September 2001 with the installation of a temporary pre-fab structure to meet the requirement of short-stay admissions of patients accompanied by a family member. Regular indoor admissions were resumed only after the new building was commissioned in June 2004. The new building has been designed with care to meet the requirement of 16 patients (30 can be accommodated easily), OPD, hospital services including occupation therapy and provided with some open space for developing a garden. OPD facilities are inadequate and need improvement.

ADMISSION AND DISCHARGE

Admission and discharge of patients are governed by the provisions of the Mental Health Act, 1987. The following data would show a smooth admission and discharge of patients:

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Year	Total Admission		Total Discharge	
2005	128		114	
2006	164		149	
2007 (till 2/10)	204		197	
II				
Year	Total admissions	Admissions on voluntary basis u/s 15 of MHA	Admissions under special provisions u/s 19 of MHA	Admissions under court orders
2005	128	16	105	7
2006	164	31	123	10
2007 1.1.07 to 2.10.07)	204	39	148	17

While admissions under court orders constitute less than 10% of the total admissions (5.47% in 2005%, 6.10% in 2006 and 8.33% in 2007), the bulk of admissions are under the special provision of Section 19 of the Act, which allows admission of mentally ill persons on the request of a friend or relative. Their proportion can be seen to be as high as

82.03% in 2005, 75% in 2006 and 72.55% in 2007. This provision has an ample scope for misuse resulting in violation of the patients' human rights. While the ceiling of 90 days for hospitalisation laid down in section 19 is being observed, a detailed examination revealed that while ensuring the literal compliance of the above provision the spirit of the provision is being compromised. Perusal of records and discussion with the incharge Psychiatrist revealed that patients admitted u/s 19 M.H.A are routinely discharged on completion of 90 days even if their continued treatment is considered necessary. In such case, the patient's family is advised to arrange the reception order from the court for a fresh admission. A much needed pro-active approach demands that the hospital should itself approach the court on the basis of the medical record supported by the willingness of the family and obtain order in every such case. Abrupt suspension of treatment of the patient in order to comply mechanically with the provisions of Section 19 of the Act is found to be leading to repeat admissions in many cases.

FINANCE

The report of Dr. Channabasavanna Committee mentions the Annual Plan Budget as Rs. 10 lakh and non-Plan Budget about half a

lakh. I seriously doubt the correctness of this statement. The non-Plan Budget has to be higher than the Plan Budget. The following statement for the years 2005 onwards when Indoor admissions were resumed would show a consistently satisfactory funds position for the running of the hospital:

Year	Plan		Non-Plan		Total allotment		Percentag of utilisatio r
	Allotment	Utilisation	Allotment	Utilisation	Allotment	Utilisation	
2004-05	2,40,000	2,73,000	24,22,000 +30,000 for medicines	13,92,000	26,92,000	16,95,000	61.85%
2005-06	3,00,000	4,76,000	35,96,000 +70,000 for medicines	24,49,000	39,66,000	29,25,000	73.75%
2006-07	8,90,000	11,21,000	24,00,000 + 50,000 for medicines	24,48,000	33,40,000	35,69,000	106.86%
2007-08 (from April to Sep.)	7,20,000	5,79,207	8,00,000 + 90,000 for medicines + 1,25,000 NCD	7,80,340	17,35,000	13,59,847	78.39%

The proportion of expenditure on medicines and patients diet was 8% and 11%, respectively in 1998 when Dr. Channabasavanna Committee had examined the functioning of this Institution. It is significant to note that the proportion on medicines fell to 1.56% in

2004-05, increased to 3.24% in 2005-06 but again fell to 1.45% in 2006-07 and 1.19% in 2007-08. Similarly, the proportion of expenditure on food has come down to 2.22% in 2005-06 (There were no indoor admissions in 2004-05) and 2.15% in 2006-07. It has registered a small rise to 3.32% in 2007-08. Obviously, the proportion on establishment charges (largely salaries) has increased from 74% to around 95%.

The scale of food fixed in 1958 and revised in 1972 is based on caloric intake of 2500 calories per person per day. The daily expenditure on food per patient has dropped from Rs. 19.46 in 2005-06 to Rs. 15.48 in 2006-07. It is Rs.15.36 in 2007-08 (April to September). Given the ever increasing cost of food articles, there is a need for a thorough verification to ascertain that indoor patients are actually getting the prescribed diet.

The budget allotment for purchase of medicines has been increased substantially over the last three years and an additional component of 1,25,000 under Non-communicable diseases (NCD) is also being made available in the annual budget. Psychiatrist incharge stated that Budget allotment is sufficient under all heads.

Staff

At the time of review of HMH Bhuj by Dr. Channabasavanna Committee, it did not have commensurate staff for a 16 bedded hospital with outpatient services. It had only one psychiatrist who was the overall incharge as well as the Medical Supdt. with only one nurse to assist him. Staff position is seen to have been improved considerably with creation of additional posts of one RMO, 3 Medical Officers, one Clinical Psychologist, one Psychiatric Social Worker, one Occupational therapist, one ^{EEG} EGE Technician, 6 staff nurses, one Junior Pharmacist, 2 Dressers, 4 ward boys, 4 Aaya Ben, one watchman and 3 sweepers. It has also been provided occupational therapy component of one occupational therapist and one tailor. Sanctioned posts of clinical psychologist occupational therapist and junior Pharmacist which are essential are lying vacant, only one MO is held against the sanction of three.

SERVICES

Casualty and Emergency Services

Dr. Channabasavanna Committee had pointed out the absence of casualty and emergency services. The observation is still valid with continued absence of these essential facilities. Ambulance service is being provided from the G.K. General Hospital, Bhuj. The hospital

must have an ambulance of its own, preferably a Maruti Van. for bringing patients to the hospital and also for taking them to the General Hospital for investigation purposes.

Outpatient Service

The Outpatient service is run daily from 9 AM to 1 PM and from 4 PM to 6 PM. The following chart would show steady growth of the outpatient services:

Year	No. of patients	Daily average
2004	4,225	14.08%
2005	4585	15.28%
2006	8837	29.46%
2007 (upped Sept.)	10,271	34.24%

The proportion of the new patients attending the OPD has been dropping steadily. It came down from 34.50% in 2004 to 32.67% in 2005 and fell drastically to 11.15% in 2006 and 8.56% in 2007. This needs to be explained.

It is heartening to note that the incident of patients being brought tied in ropes has dropped significantly. It was gathered from

interactions with the Nursing Staff that just one or two patients are brought in this manner in a month.

There is only one room for interviewing the patients. A new patient gets 10 to 15 minutes and old one 2 to 3 minutes. Drugs are given free of cost for 15 days to the local and one month to the outside patients. Seating arrangements for the waiting patients and family members appear all right considering the current OPD figures. Absence of a Clinical Psychologist is adversely affecting the quality of diagnosis as well as treatment. Pharmacotherapy is the only treatment administered.

Psychiatrist Incharge stated that all common medicines are held in sufficient quantity. He furnished a list of 26 medicines in this connection. The stock position in respect of 7 of these was found to be nil. These are injection HPD, Injection Promethazine, Injection FFZ, Tab. Alprazolam 0.25 mg, Tab. Diazepam 5 mg., Tab. Benzexol 2 mg. This calls for greater attention to the planning of procurement of medicines.

Psychiatrist Incharge HMH Bhuj Dr. Tilwani is also conducting psychiatrist OPD services at the General Hospital, Bhuj on every Tuesday and Thursday. A total of 861 patients were attended during

the period 1st January to 30 Sep. 2007, which gives an OPD monthly average of 95.67% (daily average of about 12).

Inpatient service

Mental Hospital, Bhuj was established in 1957 with a capacity of 16 beds. The report of the Channabasavanna Committee shows that there was only one psychiatrist (Medical Supdt. and overall incharge) with only one nurse to assist him. The staffing pattern has since been improved considerably. The bed capacity was increased by 25 vide Govt. order No. HSP No. 1099/501/A dated 13.5.99. Vide this order, the bed capacity of HMH, Ahmedabad and HMH, Vadodara was increased by 50 each and HMH, Jamnagar and Bhuj by 25 each. Dr. Bakre informed that this expansion could not be effected in any of the HMHs because no additional staff was sanctioned. The Health Department has informed the Government accordingly and the matter remains unpursued. However, perusal of the concerning file shows that additional staff required for implementing the Govt. order in respect of HMH, Bhuj amounted to only one Pharmacist and 2 Chowkidars. A post of Pharmacist is already included in the staffing pattern but it has been lying vacant from the beginning. Requirement of 2 additional chowkidars could have been met easily by approaching

the Rogi Kalayan Samiti. A flaw is also noticed in the sanction letter quoted above. It shows the existing bed capacity of MHM, Bhuj as 25 instead of 16. This needs to be clarified. The entire matter reflects an attitude of casualness.

The hospital was holding 17 patients (9 male and 8 female) on the day of my visit. I visited the male and female wards and saw all the admitted patients. There are 15 patient rooms, 6 on the ground floor and 9 on the first floor. Each room is accommodating 2 patients with the possibility of adjusting one more. The existing accommodation can easily allow 30 indoor admissions.

Availability of 8 toilets for the exclusive use of patients gives a toilet to patient ratio of 1:2 for the existing capacity and a totally acceptable ratio of 1:4 if the capacity is doubled. Availability of six bathrooms would give a bathroom to patient ratio of 1:5 which is a very satisfactory level if the capacity is increased as suggested above.

The supply of water arranged from Bhuj Municipality has improved with the replacement of the old 1/2" pipeline by 1" pipeline in 2005. Round the clock supply of water is ensured through 2 overhead tanks of 5000 litres each and an extra tank of 500 litres at the ground level. Supply of electricity with the back up of an Inverter of

appropriate capacity is satisfactory. Fans are available in sufficient numbers. A water cooler has also been provided to serve cold drinking water.

The routine shaving of head for both male and female patients adversely commented upon by Dr. Channabasavanna Committee has been stopped. Male patients are provided weekly shaving and monthly hair cut services.

Food is prepared on gas in hygienic conditions. I visited the kitchen and found it well maintained.

Recreational facilities are inadequate. Even the indoor games facilities have not been provided on regular basis. A T.V. set has been installed in a verandah on a ground floor with seating arrangement made for both male and female patients. They can use it whenever they want. This is the only recreation facility the hospital provides. 5/6 patients are literate and they showed their keenness to read newspapers. However, only one copy of the local newspaper 'Kachchh Mitra' is supplied which is meant for patients as well as staff members. Another paper 'Gujarat Samachar' used to be supplied but was stopped after the Treasury Officer raised objection, pointing out a ceiling of annual expenditure of Rs. 700/ under the relevant budget

head. Dr. Bakre, Programme Officer found it difficult to understand as to why such situations cannot be addressed by approaching the Rogi Kalayan Samiti.

I suggested to the Psychiatrist incharge that daily activities for both male and female patients should be structured from the time they wake up to the bed time making a specific provisions for physical exercises, indoor games, T.V. watching, etc.

I saw all the indoor patients numbering 17 individually and spoke to the accompanying family members. Following observations are made:

- (i) Fatmaben A. Chauhan: She was admitted on 29 September, 2007. She came on her own in a cycle rickshaw and sought admission as a voluntary patient. This Text Book Case of voluntary admission has been wrongly registered as an admission u/s 19. Her condition has improved and she wants to be discharged. However, it would be in her interest if she is persuaded to continue as an indoor patient for a few more days.
- (ii) Radhaben R. Varsani: She was admitted on 6 December 2006 as a voluntary patient. She is considered fit for

discharge. Her case was sponsored by Mahila Ashram who are now unwilling to take her back. She has been deserted by her husband. The Psychiatrist Social Worker has met her parents and found them unwilling to keep her. One NGO of Patidar Samaj (Kachchh Leuva Patel Samaj Madhapar) is prepared to take her. I spoke about her to the Chairman of the Visitor Board, CJM, SB Patel and found him fully apprised of this case and very keen to help her.

- (iii) Pujaben G. Chauhan: She was admitted on 21.5.07 under court orders. She was found wandering on streets of Bhuj in a vulnerable state and was rescued by an NGO Manav Jyot. She belongs to Betul in MP and the Psychiatric Social Worker has been able to trace her father and arrange their conversation on telephone. While he is not in a position to come to Bhuj to collect her daughter, he is willing to keep her. The patient appeared confident of leading the escort party to her house in Betul. Dr. Tilwani was advised to arrange to send her with an escort arranged by the hospital.

- (iv) **Mistu Zeenat:** This Bengali speaking female patient was found loitering on the streets of Bhuj sometime back. An Auto-rickshaw man approached the Psychiatric Social Worker of HMH, Bhuj for helping her. It is commendable that she was admitted on the basis of an application from the Psychiatric social worker, as a guardian. Efforts for obtaining orders from the competent court for her admission are being made. A Bengali interpreter has been arranged for ascertaining information about her family background.
- (v) **Divyaben Soni:** She was admitted on 18.9.07 as a voluntary patient. She had been an indoor patient earlier also. She told me that her husband is suffering from permanent paralysis of lower body. She is a skilled tailor and is currently sewing pillow covers for the hospital use without receiving any remuneration. She showed her work with childlike enthusiasm. While it may not be possible to arrange regular wages for this single case, I strongly feel she must be paid some amount by way of incentive. She should be encouraged to do this work and

sufficient work should be created to keep her occupied considering its visible therapeutic effect on her condition.

- (vi) Shri Ramesh P. Bhojwani: He was admitted on 22 June, 2007 on voluntary basis. He has been an indoor patient affected with severe depression a number of times in the past. He is an employee of Kachchh Mandvi branch of the State Bank of India. His services have been terminated on the ground of his unauthorised absence from duty since December, 2005. To me, he appears to be a victim of insensitive administrative action in disregard of the principles of natural justice which govern departmental proceedings in such cases. Psychiatric Social Worker was advised to first collect from the SBI Kachchh Mandvi Branch full facts of this case to see whether his services have been terminated after observing all legal formalities and considering the fact that he was under treatment as an indoor patient from January 2006. I requested the CJM, Chairperson, Board of Visitors also to examine this case in detail. In case this person does not

recover from mental illness, his eligibility for invalidating pension can be considered by the Department.

Testing facilities

Testing facilities are totally absent at the HMH Bhuj. All investigations are done at the General Hospital. An Auto analyser costing Rs. 91,800, received on 30.3.07 as donation from the American Associations of Physicians of Indian Origin (AAPI) has been lying unutilised and can be purposefully put to use at the General Hospital.

Modified ECT machine received as donation in May 2005 is being used as and when required. For want of an anaesthetist the machine is taken to the General Hospital along with the patient every time it is required. Records show that 16 patients were administered ECT in 2005, 35 in 2006 and 47 in 2007. Considering the physical proximity of the General Hospital to the HMH, relatively small number of patients requiring ECT and the availability of anaesthetist only at GH Hospital, the arrangement of administering ECT at the district hospital may continue and the machine can also be kept there itself.

EEG facility was installed in May 2005 and is being operated by Miss Jyotika J. Thakkar. Records show that it has been used in 36 cases from April, 2006 onwards. I was told that the earlier records were lost in a virus attack on the computer. The EEG Operator is keen to undergo training, which can be arranged by attaching her to an experienced Neuro Physician or Neuro Surgeon. Dr. Bheda assured he would arrange this. Because of non-availability of a clinical psychologist, psychological testing is not carried with the result that no formal psycho-social inputs are made into diagnosis and treatment. The Psychiatrist incharge informed that one clinical psychologist Miss Mrunal Athale was posted on ad-hoc basis and had worked from 1.4.06 to 30.4.07. Records show that she had handled 87 cases of behaviour therapy, cognitive therapy, group therapy, transactional analysis and follow-up counselling etc. The clinical psychology branch stopped working after she left. Dr. Bakre informed that the Govt. has been requested to appoint a clinical psychologist on a regular basis through Gujarat Public Service Commission. Clinical psychology section has to be set up on a firm basis after filling the post of clinical psychologist on regular basis.

Occupational Therapy

Dr. Channabasavanna Committee had pointed out the absence of occupational therapy facility. Following equipment was received after the earthquake on donation from AAPI in May, 2005:

Sewing machines	4
Embroidery machine	1
Carpentry kit	2
Computer sets for training purposes	2
Instruments of gardening	

For want of an occupational therapist and vocational instructors, occupational therapy has not been started. Although, a carpenter is available and some beginning could be made, the initiative has been totally lacking.

Death of Patients

Dr. Bachannabasavanna Committee report mentions an average of 2 deaths per year which is quite alarming considering the bed capacity of 16 patients. There is no proper documentation of deaths of patients. Death register is not being maintained. Incharge Psychiatrist stated that there has been no death of patients since admissions were resumed in 2005. Examination of records revealed a serious case of

homicide reported in the year 2000. A 20 year old patient Kuldeep Ishwar Lal Rajgor admitted on 17.5.2000 was killed on 1.10.2000 by another patient Devendra Singh s/o Ranjit Singh Rajput in a fit of rage. In the same incident, another patient Velaya Katiya was seriously injured and succumbed to injuries within 24 hours. One more patient Vinod Ratilal Soni received simple injuries. The accused was a criminal patient who was lodged in the same cell with the victims of his violent act. This is objectionable. Incharge Psychiatrist informed that the matter was promptly reported to the police which investigated the case and filed charge sheet. The case ended in acquittal giving the accused the benefit of his insanity. Smt. Jayaben Rajgaur, mother of Kuldeep Ishwar Rajgaur filed a petition in the civil court, Bhuj and was awarded compensation of Rs. 35,000 on 31.1.06. Records do not show whether any inquiry was held to determine the lapse on the part of the attending and supervising staff in this case. A serious matter indicating a strong possibility of culpable negligence is seen to have been dealt with lightly.

Escape of Patients

The report of Channabasavanna Committee says that there are no escapes of patients. However, records show the incidence of escape

is very common. There have been 18 escapes in 2005, 14 in 2006 and 10 in 2007 (till September). It is significant to note that 21 out of a total of 42 escapes involved patients staying together with their family members in the hospital.

Community outreach Programme

MHM, Bhuj is involved in providing community services in the form of psychiatric OPD monthly at Govt. Hospital Mandvi Town of Kachchh. Psychiatric diagnostic treatment camps have recently been held at villages Loriya on 21.8.07 (37 patients attended) and Dhori on 17.6.07 (45 patients attended). However, this is being done by the ICMR Project Team, which is studying the impact of the earthquake in Kachchh. A regular community outreach programme, as a component of its own functioning is yet to be taken up by the Institution.

District Mental Health Programme

HMH, Bhuj is a nodal institution for implementation of the District Mental Health Programme in district Banaskantha. The programme was operationalised recently in Sep.2007 with the involvement of an NGO Avirat. The programme covers 10 villages on every alternate Friday. The last OPD was conducted on 23.9.07 and 48 cases (women constitute 56.2%) were attended. Free medicines

were supplied for three weeks. 2 cases were identified for indoor treatment but patients' family could not be persuaded. Staff sanctioned for the project is yet to be provided.

Research activities

HMH, Bhuj has been involved in a research project funded by the Indian Council of Medical Research (ICMR). The objective of the research is to study the prevalence and pattern of mental health morbidity, assess mental health service needs and identify a service delivery model in earthquake affected population of Gujarat. The project guided by experts from the Institute of Human Behaviour and Allied Science (IHBAS) Delhi was started in March, 2005. The Staff comprising one Principal Investigator Psychiatrist class I, one Co-Principal Investigator, 3 Senior Research Follows, 2 Psychiatrists, 2 Social Workers, 3 Field Investigators and one Data Operators (total 13) has been provided. Dr. M.P. Tilwani is the Principal Investigator and Shri Arpan Naik, Social Worker Co-Principal Investigator.

The earthquake of 26 January, 2001 had affected 12.5 million population of Kachchh area. Four Tehsils, viz Bhuj, Anjar Bachao and Rapar faced the brunt and were totally destroyed. The following

casualty figures have been furnished by Dr.Surya Kant Bheda, CDMO and CS Kachchh:

Death: 15,000, amputees: 268, Paraplegia: 102, major injuries: 10,000, moderate injuries: 2,000, minor injuries: 50,000.

While the scale of destruction of life and property was much higher in Tehsils Anjar and Bachao, the research is confined only to Bhuj city and four villages of Bhuj Tehsil. Considering the uneven reach of relief and rehabilitation services the prevalence and pattern of morbidity in Anjar and Bachao area could have provided much richer data for meeting the objectives of the ambitious research project. It is a pity that no official assessment is seen to have been made till date of the mental health needs of the survivors in the worst affected areas of the district.

Board of Visitors

A Board of Visitors was constituted in July, 2002 under the provisions of Section 37 of the Mental Health Act. It is headed by the CJM, Bhuj with official and non-official members and the Supdt. Psychiatrist of HMH, Bhuj as Member-Secretary. The Board visits the hospital regularly every month. Perusal of records from 2.5.06 onwards shows that the present Chairperson CJM Shri SB Patel has

never missed a monthly visit of the Board. I called on the CJM and conveyed appreciation for the regularity with which the Board has been performing its assigned duties.

Involvement of NGOs

2 NGOs – Manav Jyot Sansthan and St. Joseph Hospital at Gandhi Dham are involved in matters relating to the admission of homeless mentally ill persons and their subsequent rehabilitation. 2 civil society activists – Syed Bhai of muslim community Zakkat and Ranji Patel and Company, Chartered Accountant have been supplying medicines. Syed Bhai has supplied medicines worth about Rs.80,000 since January, 2006. Ranji Patel and Company has supplied medicines worth about Rs.72,000 from April, 2006 to March, 2007. I was happy to meet Shri Naveen Chand Morarji and his wife who have been visiting the HMH, Bhuj every morning for the past 10 years to serve a breakfast comprising fruits, sweets, biscuits to all patients and the attending family members.

While the above is appreciated, there is no evidence of any serious involvement of NGOs in matters like education, vocational training, counselling and rehabilitation of patients. There is thus a clear need to identify a credible NGO and activate civil society

involvement in the rehabilitation of cured patients who are homeless and resourceless.

Meeting with Collector, Bhuj

Following issues were discussed with the Collector, Bhuj Mr. R.R. Varsani in a meeting held at the Circuit House which was also attended by Dr. Bheda, Dr. Tilwani and Dr. Bakre.

- 1. Approach road to HMH, Bhuj** – While a reasonably good building with adequate facilities to meet the current needs of the HMH, Bhuj has become available, the approach road passing through a congested residential area needs improvement. The magnitude of the work and its financial implications are small enough for the District Collector to arrange this from within his resources.
- 2. Wandering mental patients** - An alarmingly large number of destitute or abandoned mentally ill persons can be seen on the streets of Bhuj town. (I actually saw 3 such patients during an evening walk). Naveen Bhai, good Samaritan who serves free break fast to patients every morning told me that 40 to 50 such mentally ill persons can be seen in Bhuj. Dr. Bakre informed me that the Govt. of Gujarat has vide circular issued in January

2007 given responsibility of picking up such persons to the district forensic laboratory mobile vehicle which is available in each district. I perused this circular which contains detailed instructions regarding the handing over of these persons to the local police and their subsequent admission to the nearest HMH following the provisions of Sections 23, 24, 25, 28 and 36 of the Mental Health Act 1987. Obviously, its implementation is lacking in one of the worst affected areas of the State. The Collector was requested to look into this matter together with the District Supdt. of Police. He instructed Dr. Tilwani to get this matter included in the agenda of next law and order meeting.

Maintenance of hospital building

The matter relating to the taking over of the building by the PWD was brought to the notice of the Collector. He assured he would deal with this matter in the next monthly coordination meeting and if necessary write to the State HQs for getting the issue resolved.

Assessment of mental health needs of affected population.

The Collector appreciated the need for an immediate survey in the worst affected areas of district Bhuj - Anjar, Bachao and Rapar to


assess the mental health morbidity and mental health service needs of the affected people. This could be done through credible local NGOs. Funds for the purpose should be demanded from the State Govt. after formulating an action oriented proposal. A rough assessment could in the meantime be made immediately by the Govt. agencies working in these areas. The Collector appreciated my remark that the orthoepodically disabled victims of earthquake are entitled to benefits under the Disability Act, 1995 in terms of employment into Govt. jobs. The Collector was advised to finalise the identification of posts in various departments that could be earmarked for disabled persons.

Concluding Remarks

Implementation of the recommendations of NHRC based on the report of Dr. Channabasavanna Committee can be rated as Just Satisfactory. While staff position has been strengthened, budget allocation has been enhanced and a well designed new hospital building has been made available after destruction of the old building in earthquake, no action has been taken/initiated on the Committee's recommendation to increase the bed strength to 30. The Govt. order increasing the bed capacity by 25 issued long back in May, 1999

remains unimplemented despite the need for expansion and feasibility of the ordered expansion plan. Non-availability of a Clinical Psychologist on a permanent basis despite creation of a regular post of Clinical Psychologist keeps the standard of diagnostic and therapeutic services unsatisfactory as before. Absence of occupational therapy facilities remains a glaring deficiency of the hospital infrastructure. Community Outreach Programme has shown some progress because of involvement of the hospital with National District Mental Health Programme. Although contacts with NGOs have grown, no serious involvement of NGO sector in important activities like skills training, counselling, and rehabilitation of patients is seen. The scope of the research work sponsored by the ICMR could have been expanded and made action-oriented. An authentic assessment of the health service needs of the cyclone affected population in the worst hit pockets of District Bhuj is yet to be made. I have no hesitation in stating that the available infrastructure and hospital facilities are under-utilised while a huge segment of affected population needs the services of the Institute. I do not think HMH has the potential to become a centre of education and training in mental health on its own. I was given to understand that the Govt. has decided to convert the newly built State-

of-art General Hospital at Bhuj into a medical college. It would be in the interest of the State and also ensure proper growth of HMH, if it is made a Psychiatry unit of the proposed medical college with its bed capacity raised to 40.


2.11.07
(Chaman Lal)

Honorary Representative