Report of review of activities of the Institute of Mental Health and Hospital, Agra by Dr. Lakshmidhar Mishra, IAS (Retd.), Special Rapporteur, NHRC.

Date of review: 14th to 16th February, 2007

I visited the Institute of Mental Health and Hospital, Agra from 14th to 16th February, 2007 to review the pace and progress of its activities. The Institute earlier known as Agra Lunatic Asylum is one of the oldest institutions of its kind in the country and was established in 1859. It was renamed as mental hospital in 1925. It was being managed under the Provisions of Indian Lunacy Act, 1912 and Mental Hospitals Manual, 1937 till 1993 after which all admissions and discharges are being carried out under the Provisions of Mental Health Act, 1987.

In Writ Petition (Civil) No. 339/86, 901/93 and 448/94 read with Writ Petition (Civil) No. 80/94 Rakesh Chandra Narayan Petitioner Vs. State of Bihar respondents the apex Court of India entrusted to NHRC the responsibility of supervision of the functioning of Agra, Gwalior and Ranchi Mental Asylums w.e.f. 21.11.1997. Following the directions issued by the apex Court the Mental Asylum, Agra was renamed as Agra Manasik Arogyashala and was made an autonomous institution with clearly stated objectives such as total improvement and qualitative change in treatment and care of mentally ill persons including their rehabilitation as also simultaneous development of activities for professional teaching, training and research. Government of U.P. formally declared Mental Hospital, Agra as an autonomous institution vide gazette notification No. 126 dated 15.8.94. They have later renamed the hospital as Institute of Mental Health and Hospital vide G.O. No. 4086 dated 5.7.2001.

My visit was undertaken primarily with a view to identifying the strength and weaknesses in management and suggesting measures for a qualitative change and improvement. Prior to the date of visit, a comprehensive questionnaire covering various aspects of

administration and management of the Institute had been sent to the Director. The visit centred round (a) visit to various departments of the Institute (b) interaction with Director, other Psychiatrists, medical officers, social workers, Psychologists, para medical staff etc. (c) discussion with Revenue Divisional Commissioner - Dr. Ashok Kumar and Chairperson of the Managing Committee, Collector – Sanjay Prasad, Chief Medical Officer Incharge of District Health – Dr. C.M. Mawar, Dr. A.K. Jain, Officiating Addl. Director, Medical about various outstanding issues concerning the management of the hospital as also its future expansion and growth. Prior to my departure I also spoke to Shri Arun Kumar Mishra, Principal Secretary, Health, Government of U.P. and apprised him about my visit to the Institute, the outstanding issues affecting the present management as well as future development and growth of the Institute and requested him to pay personal attention in getting these outstanding issues resolved.

The following redeeming features came out very clearly at the end of my 3 day visit to the Institute:-

- The layout of the hospital with good drive ways, small pavements surrounded by small grassy lawns is excellent, the surrounding is sylvan, there is a picture of green all around, the hospital is located in a very large area (172 acres) and there is a boundary wall of sufficient height to ensure security. There is also adequate lighting and ventilation everywhere.

- All cases right from OPD to the Wards (both open wards and closed family wards), admission, counselling, discharge etc. are being attended to with utmost urgency and seriousness of concern with the minimal waiting time for patients.

- Through prompt handling of cases and an intensely humane approach the Director, other psychiatrists, social workers, para medical staff have been able to generate trust and

confidence in the mind of the patients and their relatives. This is the single most important attribute of success in the functioning of a mental health hospital.

- The impact of treatment on the overall health and psyche of the patients is perceptible. Several patients (both men and women) who were discharged from the hospital and who have come back for follow up have been effectively treated, have regained their normal health, psyche and lifestyle and are able to manage their lives on their own. When I met some of these patients waiting at the dispensing centre to collect their medicines there was a feeling and clear sign of satisfaction on their faces.

- The quality of counselling (both drug related and behaviour related) is very good. It promotes awareness among the patients and relatives about the importance of taking the drugs according to prescribed dosages and duration. It instils a lot of hope in their minds that all is not lost. It imparts a new sense of urgency and seriousness among the patients and relatives that timely observance of treatment, and correct drug and diet schedule would be beneficial in the long run to the mentally ill persons.

- A good number of messages written in simple and bolchal Hindi of interest and relevance to mentally ill persons have been displayed at a number of conspicuous points.

- While a few human lives have been lost (some natural and some unnatural) several lives have also been saved due to timely intervention by the nursing staff.

- The observance of all norms and scales of diet, change of dress, linen, mattresses, protective warm clothing etc. was found to be very good.

- The hospital through installation of incinerator and autoclave and their proper functioning has been able to ensure scientific management of hospital waste material.

- Through installation of an R.O. (reverse osmosis) plant it has been possible to ensure supply of adequate quantity of potable water to kitchen, all wards and support services (like conservancy services), agriculture/horticulture within the premises of the hospital, staff quarters, biochemical laboratory etc.

- The rates at which various services are being made available is the most reasonable compared to the rates in private clinics. This is what came out from the lips of one of the patients who spent Rs. 50,000/- + in a private clinic in Kanpur, did not get the desired relief and has been relieved of his suffering only after coming to the Institute and after getting effectively treated and cured at a nominal cost.

- The quality of training in crafts imparted to the patients both in the male and female wards is excellent. Such training has resulted in (a) productive engagement of patients in socially useful and productive work (b) bringing out the best of imagination, ingenuity and creativity of the patients (c) relieving them of psychological stress and strain and (d) giving them a sense of fulfilment that despite illness they can create objects of beauty.

- The relatives of the patients are treated with the same dignity and decency, care and attention as the patients themselves.

- The most outstanding redeeming feature is the rapport and bonhomie which has been established between the Director, other supervisory officers, the class III and class IV employees and the patients and their relatives. This came out

very clearly and convincingly in course of my rounds of visit to the OPD, the wards, record room, computer room, biochemical laboratory, x-ray room, EEG room, modified ECT room, occupational therapy for both male and female mentally ill persons, research officer's chamber, chamber of psychologists, general store, medical store, dispensing room, R.O. Plant, room where the incinerator and autoclave have been installed, dining hall, kitchen, laundry etc. It also came out very clearly in course of a cultural programme where a number of budding artists amongst the class III and IV employees as also among the mentally ill persons presented excellent performances under the able compeering by Dr. (Ms.) Kusum Rai, Head of the Children's Unit.

Grey areas:

Physical infrastructure:

- The present building is too old with construction of most of the blocks dating back to 1859. The existing arrangement of the State PWD carrying out the repairs is not very satisfactory.

- The waiting space in the OPD for the relatives of patients who accompany them to the OPD is inadequate (barely enough for 50 persons as against 150 which should be the ideal norm).

- The dispensing unit is not an integral part of OPD (as in Gwalior Mansik Arogyashala). Relatives of the patients have to walk about 1/3rd of a kilo metre to the dispensing room to collect medicines leaving the patient alone in the OPD.

- The total area of the Institute is 172.84 acres of which 33 acres is farm land. Part of the farm land is within the boundary wall housing the patient's wards while the rest is outside and is under encroachment. The Institute has a number of proposals in the pipeline for future expansion and growth of the Institute such as

- Separate hostels for boys and girls
- Child and adolescent ward
- Geriatric ward
- A 50 bedded new ward
- Extension of family ward
- A new building for OPD
- A modern library
- A modern kitchen

It may not be possible to go ahead with these new constructions until and unless the encroachment is removed and the vacant space free of encroachment is made available to the Institute.

- The hospital has got one overhead tank of 15 lakh litres capacity which is fed by 4 submersible pumps. The entire water supply is through PVC pipe lines. A chlorinator has also been installed for ensuring supply of safe drinking water to the patients and staff. The system being quite old (15 to 20 years) has practically outlived its utility. The supporting beams in the overhead tank have developed cracks. These deficiencies appear to be irreparable (according to the latest advice of engineers). Since no repairs are possible, the tank would need total replacement at an estimated cost of Rs. 1 crore. The tank is being currently filled by 1/3rd of its capacity. This is manageable as we are in winter months. Full tank supply would need to be resumed during summer. For this a new overhead tank will have to be in place. If the existing tank is not replaced, it is likely to collapse which would mean break down of the entire water supply and severe dislocation in the smooth running of the hospital.

- Current arrangements for supply of power is both erratic and inadequate. There are problems of severe fluctuations in supply and low voltage. A transformer of 250 KVA capacity has been purchased and installed but it does not meet the full requirement of power for the Institute. Besides, there is no full power back up for all the wards through DG set. There are

serious consequences of dislocation in management of the hospital on account of frequent interruptions and trippings. This problem can be solved by installing another transformer of 250 KVA capacity as also by going in for a second DG set of the requisite potential to take care of the problem of dislocation as and when it occurs.

Administrative:

- In pursuance of the directions of the apex Court the Institute has reorganized and rationalized the staffing pattern. Several redundant/non essential posts have been abolished while new essential and para professional posts of various categories are currently lying vacant. The total number of such posts is 242 (32 in Class I and Class II and 210 in Class III and IV). Such large scale vacancies are already causing serious problems in smooth management of the hospital relating to treatment, care and rehabilitation of patients as well as various other developmental activities.

Ventilation and redressal of grievances:

- There is no mechanism for ventilation and redressal of grievances of the staff as well as the patients. A suggestion/ grievance ventilation box should be installed at a conspicuous point preferably near the entrance to the hospital. A Board should also be displayed at the entrance which should explain the mechanism and procedure for filing grievances in writing and putting the same in the suggestion/complaint box.

Other specific facilities and amenities:

- In an open interaction with about 100 patients in one of the lawns of the Institute on 14th (AN) soon after lunch I was given to understand that the general level of satisfaction with the overall ambience, care and attention including quality of diet is very good. The same evening (6.30 PM) I had the occasion

to oversee the quality of food served in one of the dining halls. There was a clear note of dissatisfaction with the quality of chappatis which were being served. It was, on a specific query from me, stated that the chappatis were too coarse and were not edible. On 15th morning in course of inspection of the general store I had the occasion to see the poor quality of wheat supplied to the hospital. It was full of chaff, which needs to be screened before the wheat could be converted to atta. In any case, in its present form the wheat was found unfit for consumption.

Other grey areas:

I. To provide professional and para professional training in the field of psychiatry, clinical psychology, psychiatric social work and psychiatric nursing is one of the objectives set out by the apex Court for the 3 mentally ill hospitals at Agra, Gwalior and Ranchi. By way of compliance of the above objective the Institute had submitted a proposal for the following courses to Dr. Bhim Rao Ambedkar University, Agra for affiliation along with the demanded fee. The University in anticipation of approval by the academic council has accorded permission to start the following courses:-

- M.D. (Psychiatry)
- M.Phil and Ph.D in clinical psychology
- M.Phil and Ph.D in psychiatric social work
- Diploma in Psychiatric nursing
- P.G. Diploma in clinical psychology

The University, however, is yet to communicate the approval of the fee structure despite repeated reminders. No meetings with the Vice Chancellor has been possible so far and the latter has remained incommunicado, cold and aloof.

II The Institute has to depend a lot on the S.N. Medical College in a number of ways. Since it does not have specialists of ENT, orthopaedics, ophthalmology, cardiology, gynaecology

etc. it has to send mentally ill persons who may be having one or the other problems related to these disciplines to S.N. Medical College. Regretfully the experience of the Institute with the Medical College has been far from satisfactory. The problems faced with the Medical College are:-

- patients are not easily admitted;
- there are cases where patients have been discharged even after admission and before receiving requisite treatment without any rhyme or reason;
- absurd conditions are imposed unilaterally and arbitrarily by the Medical College which cannot be complied with under any circumstances whatsoever such as -
    - placing sweepers/sweepresses and ward boys at the disposal of the hospital to deal with psychiatric patients.
    - asking for drugs to be sent from the Institute for these patients.

A patient is a patient regardless of whether he/she has registered himself/herself at the Institute of Psychiatry or the S.N. Medical College. Each and every case of a patient deserves to be treated with kindness and compassion, urgency and seriousness of concern. It should be noted that every patient is a living God who has dawned on the earth in disguise of a patient to test the benevolence and good samaritanism of all of us who are supposed to be custodians of these patients. This is what has been graphically depicted in the story of King Rantideva in Srimad Bhagabat. This regretfully has not been the case within the authorities and in particular, with the Principal, S.N. Medical College. Such a stiff, rigid

and insensitive attitude has not been of much avail in providing care and protection to the mentally ill persons, far less in ensuring their rehabilitation.

Neither the Director and his colleagues are responsible for these grey areas. They have put in their best possible efforts and have been fighting against heavy odds but without much success. I fully empathise with them.

There are a few other grey areas which are beyond the control of the Director or his colleagues. These are:-

- manual operations in the kitchen are time consuming, where food is being prepared on a bulk scale; manual operations do affect quality;

- field studies are few and far between as the Psychology department is acutely short of staff;

- all abscond/escape cases are being reported to the police but the latter do not take timely action;

- the hospital is burdened with a large number of cases of mentally challenged/deranged/retarded persons. There should be separate Homes to be set up by Social Welfare Department of the State Government to take care of these persons instead of the Institute being called upon to discharge this onerous responsibility all by itself.

Management of the Institute:

The Institute is a registered society under the Societies Registration Act and is under the administrative control of the Department of Health and Family Welfare, Government of U.P. The Director of the Institute is the chief Executive Officer. He is appointed by the Government of U.P., is usually the senior most psychiatrist nominated by the Managing Committee who is assisted

by the Medical Superintendent and Finance Officer in discharge of his day to day duties.

There is a Managing Committee vested with the responsibility for promoting the highest quality of growth and development of the Institute. The Commissioner, Agra Division is the Chairman while the Principal Secretary, Department of Health and Family Welfare, Government of U.P. is the Vice Chairman. The composition of the Managing Committee is indicated at Anneuxre-I.

The Managing Committee has a number of sub Committees such as:-

1. Finance Sub Committee
2. Purchase Sub Committee
3. Rehabilitation Sub Committee
4. Works Sub Committee
5. Selection Sub Committee separately for selection of Group A, B, C and D.

The composition and functions of these Sub Committees are at Annexure-II, III, IV, V and VI respectively.

Prof. Sudhir Kumar is functioning as Director of the Institute w.e.f. 31.1.2004. There is a Medical Superintendent next in hierarchy to the post of Director. Dr. O.P. Gangil, M.D. (Psychiatry) is functioning as Medical Superintendent and Joint Director of the Institute w.e.f. 1.8.2006.

Overall Staff Position:

No scientific job study has been carried out from the beginning to identify the nature of work attached to a particular job and number of persons required to man that job. Instead posts have been sanctioned from time to time without any scientific norm but have not been filled up thereby giving rise to an administrative vacuum for years. Currently 50% of the sanctioned professional and para professional posts of various categories are vacant causing a terrible dislocation in smooth management of the Institute/Hospital.

This was discussed with Dr. Ashok Chandra, the Divisional Commissioner. In view of the G.O. No. 3273/5-7-2006-15-8/96 dated 16.1.2007 enhancing the levy fee from Rs. 250/- to Rs. 500/- by the Health and Family Welfare Department, Government of U.P., the Commissioner agreed that the process of filling up the essential professional and para professional posts should start. It can be taken up in a phased manner, starting with Class I and II and going up to Class III and IV in order of priority and strictly according to need. It was also felt that Director should be given complete freedom in deciding on the mode of selection and terms and conditions of recruitment keeping in view (a) the need for uninterrupted and dedicated service in a public utility service (b) character, caliber and integrity of personnel (c) need for strict observance of discipline and code of conduct. In the larger interest of smooth and efficient management of the hospital the following broad principles of personnel management should be kept in view:-

I. Persons of proven character, integrity and caliber and efficiency who are due for promotion should be retained in the Institute in the promotional pay and grade in larger public interest.

II. On the same principle persons who are due to retire within a few years (1 to 5 years) should be retained in the Institute and not sent out on transfer.

III. All proposals for transfer of Senior and Junior Psychiatrists and Technicians should be considered in consultation with the Director.

IV. Whenever a new person is being posted it should be done after a thorough verification of his/her character and antecedents. The guiding principle should be: 'If you have the urge and inclination, passion and commitment to work in a public utility service or any other welfare organization,

you are welcome. If not it will be much better if you remain away from the organization instead of putting up a façade to be in the organization to utilize scarce public resources for your private gain'.

V. Sr. Psychiatrists/Medical Officers who have been entrusted by the Director with additional responsibilities over and above their normal work should be compensated on payment of an honorarium as considered appropriate and reasonable. It was observed that such additional responsibilities are often required to be discharged both within and outside the Institute. Wherever they are outside the Institute, they involve travel and onerous responsibility which must be adequately compensated.

VI. The same should apply to persons in Class III (Technical) as well.

VII. Sr./Jr. Psychiatrists, Medical officers and para medical staff are often required to deal with psychiatric patients who could be violent and aggressive. Such working is fraught with occupational risks and hazards. Besides, the hours of work are odd and often compel the treating physicians to remain away from their home for long hours. In consideration of such occupational risks and hazards they should be eligible to receive a risk allowance. A formal proposal should be formulated and sent to Government of U.P. to this effect.

Out Patients Department:

The OPD is situated on the ground floor of the PGI building to provide diagnostic and treatment facilities to mentally ill persons. These services are provided on all working days from 8 AM to 2 PM. A patient is accompanied by one or two persons. The average outturn of patients at the OPD is around 100. The present waiting

hall can accommodate barely 50 persons. There is, therefore, an urgent and imperative need for providing additional space for atleast 100 persons (over and above the present 50).

Even though the registration hours are between 8 AM to 12 Noon, it was good to know that OPD timings remain valid till the last patient has been seen.

Essential facilities such as drinking water, toilet, lighting, ventilation etc. are available. The registration charges are @ Rs. 10/- per patient but could be waived in the event of inability to pay. Poor patients, however, get medicines free of cost.

The diagnostic and therapeutic services in the OPD are provided by 2 psychiatrists, one clinical psychologist and 2 social workers. After registration the patient is sent to the social worker who collects and records the history of the patient by interviewing him/her in an exclusive room. The patient is thereafter sent to the Psychiatrist for assessment of his/her mental status and treatment.

I spoke to the registration in charge around 11 AM to know the type of mentally ill persons who are registering at the counter and their average age group. By 11 AM, 64 mentally ill persons had registered themselves (male 42, female 22) and the break up of the age group to which they belonged is as under:-

Young persons (18 years)	-	2
Middle aged persons (35+)	-	54
Elderly persons (50+)	-	8

There were no violent patients in need of sedation at the time of my visit. The entire process of registration, examination, issue of prescription for medicine, collection of medicine from the dispensing unit involves almost a day. For wage earners accompanying the patients it involves loss of wages for a full day (this was confirmed by interacting with an elderly person who had accompanied his

schizophrenic daughter to the OPD) but there is no way by which it could be compensated by the Institute.

There have been occasions when a patient has to be sent back due to his inability to pay unless he/she is able to produce a BPL certificate/card in which case the charges could be waived. Such a problem is particularly acute in case of poor patients coming from neighbouring States of Madhya Pradesh, Bihar etc.

Seven speciality clinics are functioning for the following diagnostic and therapeutic services such as:-

- Sex clinic
- Headache clinic
- De-addiction clinic
- Epilepsy clinic
- Child and adolescent clinic
- Lithium clinic
- Geriatric clinic

Table - I below gives a year-wise break up of the old and new patients attending the OPD and their percentage of the total number of registrants etc.:-

Table - I

Year	Old (%)	New (%)	Total
2000-2001	9615 (56.29)	7466 (43.71)	17081
2001-2002	10315 (63.10)	6033 (36.90)	16348
2002-2003	12392 (66.24)	6315 (33.76)	18707
2003-2004	12793 (69.35)	5742 (30.65)	18735
2004-2005	18207 (76.37)	5632(23.63)	23,839
2005-2006	21919 (79.87)	5521 (20.12)	27440
2006-2007 (from 1.4.2006 to 31.12.2006)	19820 (80.79)	4713 (19.21)	24533

Table – II below gives the average daily OPD attendance

Table – II

Year	Old	New
2000-2001	31.02	24.08
2001-2002	33.27	19.46
2002-2003	39.97	20.37
2003-2004	41.91	18.52
2004-2005	58.92	18.23
2005-2006	70.93	17.87
2006-2007	85.43	20.32

The ratio between the old and new patients is 4:1.

On the basis of the summary of history of patients recorded by the social worker, the mentally ill persons are reported to be having the following complications:-

- Sleeplessness
- Muttering to self
- Short temper
- Irritable/getting worked up at the slightest provocation.
- Hearing voices
- Seeing pictures
- Inability to work
- Suspicious
- Fearful
- A feeling of worthlessness
- Taking less food than what is necessary for biological survival.
- A feeling of constant uneasiness
- Palpitation

Computer room:

An accurate and up-to-date database has been built up with reference to all OPD patients who have been registered. Database for about 12000 cases has been built up so far. The database helps in storage and retrieval of records. This is a very essential input to

the entire process of storage of records as mentally ill persons tend to tear up slips/prescriptions despite counselling.

Record room:

There are 2 record rooms close to the OPD. All OPD records have been kept in the record room since 1965. On an average about 25000 cases are registered annually in the OPD and records of about 3000 cases of inpatients are required to be maintained. Maintaining records of such a large number of persons manually is a formidable task. The enormity of this task is compounded further due to a massive termite attack, shortage of space, shortage of racks of the right size etc. It is advisable to maintain all such records year-wise and separate rack-wise.

Inpatients Department:

All patients are not required to be admitted. The decision to admit a person largely depends on the chronic character of illness and is taken by the doctor. It may vary in the ratio of 25:1. Associated management problem is one of the factors which is kept in view while deciding in favour of admission.

The Institute has a sanctioned bed strength of 600 patients. There are in all 30 wards which include 4 paying, 24 non paying, one family ward and one short stay ward. For inclusive care and management of physically ill psychiatric patients there are two infirmaries, one each in male and female section. Each ward complex consists of a ward, bathroom, attached toilet and dining hall. Through the R.O. Plant potable water is made available to all patients.

I inspected a couple of wards. Each ward has sufficient number of cots, beds, fans, water coolers and desert coolers. Every bed has a mattress, bedsheet, pillow and blankets (4). Bedsheet is changed once a week. Dress and linen are changed regularly twice

a week. Patients take bath regularly. However, no hot water is provided to them for bath in winter months. This is inhuman and a gross violation of human rights. Since geysers are expensive and their installation may take time it is advisable that in winter months (November – March) water should be centrally heated and supplied to the wards. If this found to be unmanageable, the arrangement for heating water for every ward may be made separately and hot water supplied for bath.

Two barbers have been engaged for haircut and shaving of male patients. Care is taken to change the blades to prevent the possibility of a person getting affected by HIV/AIDs. There are no female barbers for female patients. This may be necessary and a decision to engage female barbers may be taken by the Director.

Anti-lice and anti bug measures are being taken. Fogging of malatheen in the wards is being done as a preventive measure to ward off malaria.

What struck me most after a visit to a few male and female wards are the following:-

- At the entry point itself certain basic messages and instructions in simple bolchal Hindi about dos and do nots for patients and their relatives have been inscribed on the wall which are very good from the point of simplicity, comprehensiveness and relevance.

- The overall ambience is clean, green and pleasing.
- The cleanliness of dress and habits is striking;
- The toilets are neat and tidy;
- The care and attention of the nursing staff are praiseworthy;
- Sufficient number of protective warm clothings have been provided.

- Sufficient avenues for entertainment of patients exist.

- Sufficient care and precaution has been taken to preempt recourse to suicide on the part of patients (like putting the fans at heights which are unreachable, not providing dupatta to female patients etc.).

- Such is the extent and warmth of care and attention that female patients who have been effectively treated and who are in a position to be sent back reacted on being asked that they do not want to be sent back either to their hearth and home or to women's protective homes but instead would prefer to continue in the female ward itself.

I inspected both the kitchen and the dining hall. The operations in the kitchen are manual except one flour kneader which has been donated by a local NGO called Mahila Shanti Sena and one Mr. Mukesh Jain, Proprietor of Oswal Printers and Publishers costing Rs. 44000/-. This was commissioned at the time of my visit. Over a period of time our endeavour should be to make all operations in the kitchen automatic (like the kitchen in NDA, Khadagvasla (Pune) so that the required quantity of food of the prescribed quality and calorie value to the required number of patients can be conveniently served in less time.

While food is being prepared centrally in one kitchen it is being sent to different wards by trolley and thereafter served. The timings for service of food are:-

Breakfast	-	7 AM
Lunch	-	12 Noon
Afternoon Tea	-	3 PM
Dinner	-	6.30 PM

Annexure -VII gives an indication of the food and ancillary items which are supplied for breakfast, lunch and dinner though the calorie value against each item could not be precisely indicated.

This should be worked out and the Institute should satisfy itself that the minimum calorie value of all the food items supplied per day is not less than 3000.

Physically sick patients and patients doing physical work are given extra calories. All patients are given special food once a week and on the occasion of festivals. On 15th August and 26th January, the patients are given sweets along with special food. On religious festivals (Kheel Batasa, Holi, Diwali, Eid and Christmas) they are served special food (matar paneer, puri and special curry) and sweets.

At the time of visit to one dining table at the time of service of evening meal at 6.30 PM, I found that while the food items served were sumptuous the quality of chappatis left much to be desired (this has been dealt by me earlier while dealing with grey areas of management in the hospital). This is on account of the poor quality of wheat supplied by Food Corporation of India through Government. I have discussed this issue with Shri Rajeev Kumar, ADM (Civil Supplies) and have requested him to pay personal attention and take urgent action to improve the quality of wheat which is being supplied.

Closed Ward:

Between 1.4.06 to 31.12.06 a total number of 1532 patients have been admitted in the closed ward of which 1243 were male and 289 were female. There are no children.

Table-III and Table-IV placed below give the year-wise break up of inpatients admitted in the closed ward as also the number of patients discharged and the break up between male and female patients.

Table - III

Admissions:

Year	Male	Female	Total
2000-2001	2399	762	3161
2001-2002	2238	668	2906
2002-2003	2035	563	2598
2003-2004	1950	599	2549
2004-2005	1679	510	2189
2005-2006	1961	628	2589
2006-2007 (from 1.4.2006 to 31.12.2006	1826	545	2371

Table – IV

Discharges:

Year	Male	Female	Total
2000-2001	2164	710	2874
2001-2002	2149	667	2816
2002-2003	1988	580	2568
2003-2004	2118	649	2767
2004-2005	1699	545	2244
2005-2006	1832	561	2393
2006-2007 (from 1.4.2006 to 31.12.2006	1668	502	2170

Family Ward:

The basic concept of family ward (which is not the same as open ward in other hospitals) is to admit the patients along with their

family members so that the patients may be treated in a family environment. It has been observed that such an arrangement significantly reduces the average stay of patients as compared to the normal closed ward system. Unlike the normal closed ward (where children are not allowed) children below 18 years can be admitted in the family ward.

Table V and Table VI below give a year wise break up of the total number of admissions and discharges in the Family Ward during the last five years:-

Table – V
Admission (2002-2007)

Year	Male	Female	Child	Total
2002-2003	494	192	23	709
2003-2004	594	262	34	891
2004-2005	651	287	44	982
2005-2006	711	281	57	1049
2006-2007 (from 1.4.2006 to 31.12.2006)	494	214	131	839

Table – VI
Discharges (2002-2007)

Year	Male	Female	Child	Total
2002-2003	454	174	23	651
2003-2004	567	267	34	868
2004-2005	555	256	37	848
2005-2006	705	291	65	1061
2006-2007 (from 1.4.2006 to 31.12.2006)	465	209	127	801

I paid a visit to the family ward on 15.2.2007 at 6.00 PM. There were 11 females, 20 males and one girl child below 18 years. I had the following broad impressions at the time of visit:-

- Separate wards for male and female patients exist.
- The security arrangements are foolproof.
- The relatives of the patients who are staying with the latter are provided separate benches to sleep. Each patient has been provided with a bedside locker.
- Most of the relatives being poor have not brought with them any proper bedding or protective woolen garments. They were advised to use one out of the 4 blankets provided to the patient.
- On an average 1 to 2 persons accompany the patient. Only one person is allowed to stay with the patient while the other person is sent to the dormitory. The relatives are allowed to take food in the Institute's canteen.
- Breakdown of the joint family system, atomized family structure, neglect of children and childhood, physical and mental torture, marital discord, break down of love relationship, bundles of fads, taboos, obscurantist ideas and practices, witchcraft etc. (mental illness being related to irrelevant social ceremonies) are some of the factors responsible for mental disorders like panic disorder, phobia (fear), obsessive compulsive disorder, too much of stress and strain, anxiety and depression bipolar affective disorder, addiction to narcotics, schizophrenia etc.

Counselling:

This calls for intense counselling on the part of psychiatrists, medical officers and social workers both at the time of admission, in

course of treatment and at the time of discharge. There are 2 types of counseling. One is drug related and the second is behaviour related. The first falls in the domain of medical officers while the second becomes the primary responsibility of social workers. The second one is primarily directed towards making mentally ill persons feel and believe that (a) they are also free citizens of a free country and are entitled to a decent and dignified existence like any other citizen (b) the treating physicians, psychologists, social workers, nurses etc. are one of them and not one outside them. Such counselling would generate a ray of hope, faith and conviction among the mentally ill persons to the following effect:-

- They can be effectively treated and fully cured;
- There could be a possibility of relapse if they do not observe the counsel of the medical officer and do not come for a follow up.

It would also establish a rare rapport and bonhomie between the two.

Table VII below gives an indication of average occupancy, Table VIII of average stay, Table IX of number of long stay patients, Table X and XI of percentage of involuntary admissions and average number of visitors to patients per day respectively and Table XII of number of patients who have already been sent home with hospital escort/special effort:-

Table - VII

Average Occupancy (of 600 beds)

Year	Rate
2000-2001	572.46
2001-2002	417.42
2002-2003	421.48

2003-2004	495.81
2004-2005	497.98
2005-2006	427.36
2006-2007	508.65

Table - VIII

Average duration of stay

Year	Family Ward	Closed Ward
2000-2001	11.44	80.88
2001-2002	11.72	87.81
2002-2003	11.90	86.53
2003-2004	12.44	84.52
2004-2005	08.20	85.47
2005-2006	10.28	54.18
2006-2007	11.82	62.49

Table IX

Number of long stay patients

Year	Male	Female	Total (%)
2001-2002	96 (26.44)	85 (53.45)	181 (34.67)
2002-2003	39 (11.89)	76 (57.14)	115 (24.94)
2003-2004	19 (6.04)	64 (42.38)	83 (18.04)
2004-2005	28 (11.33)	55 (49.10)	83 (23.12)
2005-2006	31 (10.37)	45 (38.13)	76 (18.23)
2006-2007	29 (8.74)	44 (29.14)	73 (13.52)

A complete list of long stay patients has been documented but is not being reproduced here for constraint of space. The Institute has initiated the following steps to reduce the long stay of patients who have responded to their treatment and who have recovered reasonably well:-

- Letters are being sent to guardians;
- Making improved patients write the letters themselves to guardians;
- Sending back the patients to their home with escorts.

Since these efforts are not producing the desired results fresh efforts should be made to issue regular advertisements in the Hindi dailies (Jan Satta, Amar Ujala and Dainik Bhaskar) about the patients who have been cured reasonably well requesting their parents/guardians to come and take the patients back home.

Table – X

Percentage of involuntary admissions

Year	% of involuntary admissions
2000-2001	0.9
2001-2002	1.40
2002-2003	0.42
2003-2004	0.86
2004-2005	0.59
2005-2006	0.71
2006-2007 (from 1.4.2006 to 31.12.2006)	0.34

This shows that majority of the admissions are voluntary and that over the years there has been tremendous spurt in number and

percentage of voluntary admissions. This could be attributed to improvement in hospital conditions, improvement in care and attention provided to patients and improvement in effectiveness and credibility of the treatment provided by the hospital.

The few cases which come under involuntary admissions are on account of the reception order cases received from the Court and are negligible in number.

Table – XI

Average Number of visitors to patients per day

Year	Male	Female
2004-2005	3.94	.098
2005-2006	4.73	0.94
2006-2007	7.21	1.13

The number of visitors is not only small but it shows a striking difference in terms of male and female patients visited by the visitors concerned.

Table – XII

Number of patients sent home with hospital escort/special effort.

Year	Male	Female
2002-2003	89	21
2003-2004	08	12
2004-2005	18	13
2005-2006	20	13
2006-2007	39	14

Death and abscond cases:

Table XIII and XIV placed below give the details of death and abscond cases respectively.

Table – XIII

Details of death cases

Year	Male	Female
2000-2001	5	4
2001-2002	2	2
2002-2003	5	1
2003-2004	1	4
2004-2005	4	2
2005-2006	2	3
2006-2007	2	--

Details of the 2 death cases which are of recent occurrence (one on 1.10.1996 and another on 31.12.2006) are given as under:-

1. Shri Chandra Pal (23) S/o Shri Rajeswar Singh was admitted on 5.9.2006 u/s 17 of Mental Health Act as a voluntary boarder. He was kept in the family ward and his father stayed with him. Later he was transferred to the closed ward on written request of the guardian on 19.9.2006. It was confirmed that he was suffering from Schizophrenia. He committed suicide by hanging himself in a desolate place on 1.10.2006 possibly around 9.30 AM. The guardian and police were immediately informed. The Incharge of Police Station, Hariparvat was requested to get the post mortem of the deceased on 1.10.2006. The post mortem report is awaited.

Preliminary enquiry has revealed that he was calm and quiet in the morning of 1st October, 2006, took bath and had breakfast along with other patients of his ward. There were no signs of depression as observed by the ward staff and fellow patients. It appears that after breakfast he quietly slipped away and committed the avoidable act possibly on account of a sudden impulse which is quite common in psychotic patients suffering from Schizophrenia.

2. X (unknown identity) was admitted by order of City Magistrate, Agra and was brought by the police on 27th October, 1986 at the age of 18 years. His identity and place of residence are unknown. The patient was thoroughly examined at the time of admission, his case was discussed in staff conference twice and was diagnosed as a case of mental retardation with Schizophrenia. He was also found to be deaf and dumb.

The patient developed severe cough and breathlessness in 2001. He was referred to the district hospital and was seen by a senior physician. He was diagnosed as a case afflicted with rheumatic heart disease with mitral stenosis with impending CHF. He was seen by Dr. V.K. Jain, Head of the Department, Cardiology, SNMC, Agra and was put on the same treatment. Thereafter, he developed breathlessness and irregular heart rhythm. On 5.9.2006 echo cardiography was done and diagnosis was further confirmed as a case of mitral stenosis with tricuspid regurgitation with pulmonary hypertension. His left atrium was dilated. He was found to be having artrial flutter with fast ventricular response. His condition deteriorated but he recovered after treatment. As winter set in he developed similar problems and he was once again referred to SNMC Agra when he showed no response to the treatment in the Institute. He was admitted to the Department of Cardiology/Medicine at SNMC, Agra on 20.12.2006 and expired on 31.12.2006. An intimation was sent to PS, Madan Mohan Gate, post mortem has been performed and the report is awaited.

There are 2 types of deaths i.e. natural and unnatural. In natural deaths there is no cause for concern as all possible efforts are made to attend to the patient and preempt death if it is avoidable and hence there is no need for any enquiry. It is the 2nd category of death cases which is a cause for concern as (a) they come all of a sudden (b) they cannot be preempted as there is no forewarning about the impending tragedy as happened in the case of Shri Chandra Pal. In all such cases under the 2nd category, there is a definite need for investigation into the causes and circumstances of such tragic events. From the manner in which the details of the 2 death cases were presented prima facie there does not appear to be any need for suspicion of foul play.

Table – XIV

Details of abscond cases

Year	Male	Female
2000-2001	36	--
2001-2002	33	--
2002-2003	21	--
2003-2004	24	--
2004-2005	14	--
2005-2006	16	--
2006-2007	14	1

It was reported that most of the abscond cases in the past could be attributed to collusion of employees of doubtful character and antecedents. Such employees have been sent back to their parent departments (from where they came on deputation). Consequently vigilance and surveillance over the movement of employees have been tightened as also the extent of care and

attention and this has helped in reducing the incidence of abscond cases.

Table XV placed below gives the details of cases of patients who left against medical advice (LAMA). This takes place only in such cases where guardians are not ready to stay with the patients in family ward nor willing to shift the patients to closed wards due to personal reasons.

Table – XV

Details of LAMA

Year	Male	Female
2000-2001	87	10
2001-2002	63	10
2002-2003	46	2
2003-2004	24	2
2004-2005	15	2
2005-2006	55	8
2006-2007	44	4

Biochemical Laboratory

A fully equipped laboratory (air-conditioned) with a fully automatic auto- analyser has been established on the first floor of the Institute building to provide facilities for all routine blood and urine tests of all new admissions as well as specific diagnostic pathological and bio-chemical tests. The items of tests (44) are fairly comprehensive at the rates considered most reasonable. The details of diagnostic pathological/biochemical tests for which facilities are available are as under:-

- Blood Sugar
- Serum creatinine
- Serum Protein
- Lipid Profile
- Blood Urea
- Serum Billirubin

- Serum Cholesterol
- HDL/LDL Cholesterol
- SGPT
- VDRL
- Serum Chloride
- Thyroid Function Test (T_3, T_4, TSH)
- Potassium
- Blood Group
- BUN
- Urine Sugar and Protein
- SAG
- Serum Albumin
- SGOT
- Vidal
- Serum Calcium
- Sodium
- TLC, DLC, ESR, MP, Hb
- Uric Acid
- HIV
- Sputum of AFB
- Enzymes

It was reported that with the equipments available the following additional tests can be conducted:-

- Phosphorous
- GGT
- LDH
- Amylase
- HBD
- Magnesium
- CPK
- ACP
- LIP
- TIBC
- CPK
- ACP
- LIP
- TIBC
- CPK MB
- CHE
- PLIP
- T_3
- Iron

Over the years there has been progressive increase in the number of tests (both pathological and bio chemical) which is encouraging. Table No. XVI placed below indicates the year wise break up of the number of tests undertaken in the laboratory.

Table – XVI

Year	No. of tests undertaken
2000-2001	17,779
2001-2002	20,467
2002-2003	21,371
2003-2004	27,256
2004-2005	29,538

2005-2006	25,621
2006-2007 (from 1.4.2006 to 31.12.2006)	21,528

Budgetary and financial constraints stand on the way of procuring the equipments/instruments for undertaking the following tests:-

A. **Tests for Brain Neurotransmitters:**

- Serotonin
- Dopamine
- Cortisol norepinephris
- Cortico steroids
- Hydroxy Indolyl – 3- Acetic Acid

B. **Harmone Prolaction Estimation**

C. **Estimation of Psychiatric drug level in blood**

- Canbamezapine
- Valporic acid
- Phenytoin
- Tricyclic anti-depressant

The issue will have to be taken up with Principal Secretary, Health, Government of U.P. so that necessary budgetary provision can be made for purchase of the following instruments which are essential for undertaking tests under A B and C as outlined above:-

- Five parts hematology analyzer
- Hormone and psychiatric drug analyzer
- HPLC – high performance liquid chromatography
- PCR – polymer chain reaction
- Na/K/Li analyzer

Modified ECT:

Modified ECT is a refreshing departure from the electrical shock treatment which was being administered in a very crude form and which smacked of intense cruelty and, therefore, a violation of human rights. The present treatment through modified ECT is very effective and dependable. Such treatment comes quite handy in

cases of severe depression, excitement and in dealing with patients who are otherwise unmanageable. The unit is fully equipped with a computerized ECT machine, ventilator, lanyngoscope, suction machine, pulse oximeter, air in oxygen converter, bedside ECG and EEG monitor, cardiac defibrillator and Boyles apparatus. Latest and very safe medicines are used for inducing brief anaethesia before administering ECT.

Table XVII placed below gives the year-wise break-up of the total number of cases of ECT and average number of ECTs per day:-

Table - XVII

Year	Total No. of ECT	Average No. of ECT
2000-2001	8187	26.46
2001-2002	8406	72.12
2002-2003	6606	21.31
2003-2004	7103	22.91
2004-2005	7007	22.60
2005-2006	6660	21.55
2006-2007	558 +	24.07

I was delighted to observe the professional excellence and the immaculately neat and tidy manner in which the modified ECT is being administered by the anaesthetist (Dr. Mrs. Madhu Sharma) and her very able team.

Psychology Unit:

Psycho-diagnostic services for both out and inpatients may be categorized as under:-

- Psycho diagnosis;
- Psychosis therapy;
- Group therapy.

The routine diagnostic services include diagnostic formulation, assessment of intellectual functions, screening for organic involvement and personality assessment.

Table XVIII placed below gives Year wise break up of details of the services rendered for both OPD as well as indoor patients:-

Table – XVIII

Year	OPD			Indoor		Total
	Psycho Diagnosis	Psycho-sis Therapy	Psycho Diagn-osis	Psycho-sis Therapy	Group Therapy	
2000-2001	288	48	151	170	428	1025
2001-2002	302	93	173	206	394	1168
2002-2003	324	105	246	321	411	1407
2003-2004	366	246	197	316	311	1436
2004-2005	476	366	359	145	198	1544
2005-2006	523	385	534	259	270	1971
2006-2007	403	136	674	218	188	1619

Equipments to provide the above services are available. Cognitive behaviour therapy and supportive psychotherapies constitute the primary modalities of psychological treatment to the patients (both out and in patients). Necessary equipments for psychological treatment are available.

Placement Training:

Post Graduate students of Psychology are placed in the Institute by various Universities for short term training. The students are provided orientation and training on psychological assessment and treatment. Between 1998-99 and 2005-2006 eight such placements have taken place.

Half-way Home:-

The basic concept of Half-way Home is to create a conducive environment through placement of treated patients in a separate enclosure which will act as a transition and which will enable and facilitate these treated and improved patients to be on their own to a large extent which will have the way for their full rehabilitation and reintegration into the mainstream of society.

There is a Half Way Home in the Institute as an integral part of the Family Ward. As on date there are only 6 inmates in this Home. These inmates have free access to the campus as well as to the city. A separate dining hall, recreation and reading facilities have been provided to them. They are engaged in various occupational activities of the Institute and remunerated for their services.

The activities in Half Way Home range from a wake up call at 600 hrs till going to bed by 2100 hrs interspersed by physical exercises, bathing, breakfast, occupational activities, lunch, evening tea, recreational avenues (volley ball, carom board, badminton, other indoor games for which facilities have been provided by the Institute), dinner, viewing television, reading newspapers etc. It is a very systematically drawn up healthy schedule.

It would have been ideal if a non governmental organization would have taken over the management of the Halfway Home. Since this has not happened, the Home continues to be managed by the Institute though there are obvious limitations in doing so due to acute shortage of qualified personnel.

Since inception 149 inmates have been taken to the Home and 143 have been discharged. However, 15 had to be readmitted following relapse of the ailment.

Table XIX placed below gives the year-wise break up of the number of persons registered and discharged in the Halfway Home.

Table – XIX

Year	Registration	Discharge
2000-2001	31	23
2001-2002	21	23
2002-2003	16	16
2003-2004	22	20
2004-2005	17	19
2005-2006	31	31
2006-2007	11	11

I paid a visit to the Halfway Home and spent sometime with the inmates (3). Of the three, one appeared to be partially withdrawn and did not clearly respond to the queries. The second person, though eager and willing to be sent back is not acceptable to the family (this is on the basis of response from the family which was addressed by the Institute). Its only the third person who appeared to be somewhat normal, who is acceptable to the family and can be sent back with a hope that he may be reintegrated into the social mainstream.

Occupational Therapy:

There are 2 occupational therapy (OT) units – one each for male and female patients. The latter are being trained by 2 separate Instructors (one each for the male and female OT Units) in the following vocations:-

- Envelope making
- Candle making
- Laundry
- Dona making (improvised cups)
- Chalk making and weaving
- Dury making

- Tailoring
- Carpentry
- Spiral binding
- Cane binding
- Lamination
- Painting
- Knitting and embroidery making
- Idol making

The persons who are engaged in these activities are being remunerated @ Rs. 25/- per day. This was reduced to Rs. 10/- per day but has again been restored to Rs. 25/- by a recently issued revised order of the Director. I paid a visit to both OT Units. The following strikingly positive outcomes of this training and manufacturing process in the OT came out in course of the visit:-

- mentally ill persons are being productively engaged;
- the OT Units have provided an outlet for flowering of imagination, ingenuity and creativity of the patients;
- such an outlet has relieved them considerably of their stress and strain;
- there is a new excitement and joy of creation of objects which could be feasts for the eyes of others:
- such productive engagement facilitates and hastens recovery.

The 2 Instructors who are responsible for imparting training have done a commendable job and deserve to be complimented for their excellent contribution.

Table XX gives the details of the year-wise break up of the number of patients engaged in the OT:-

Table – XX

Year	Kitchen		OT		Agriculture		General Store	
	Male	Female	Male	Female	Male	Female	Male	Female
2004-2005	7	6	7	25	32	--	5	--
2005-2006	8	21	18	45	42	--	14	--
2006-2007	--	12	13	35	46	--	2	--

Library:

There are 2 Libraries in the Institute. One is the PG Library and the other is meant for the patients. The PG Library building is very old (80 to 100 years old) and has developed major problems (cracks, seepage etc.) which need immediate repair. If seepage persists for long it may adversely affect the quality of books, journals and periodicals. There is a proposal for construction of a modern library at an estimate cost of Rs. 50 lakhs and this should be carried to its logical conclusion as early as possible.

As of now, the PG library is well stuffed with books related to Psychiatry, neuro psychiatry, clinical psychology, social work, psychiatric nursing and biochemistry. The total number of books and journals available is of the order of 2283 and 2138 respectively. The Institute is subscribing to both national and international journals since 1999. Twenty National and fourteen International Journals were subscribed in 2005 but no International Journals could be subscribed in 2006 and 2007 due to acute financial constraints.

Training in Mental Health:

The Institute provides training to students of allopathic, ayurveda, homeopathy, nursing, psychology and social work deputed from different institutions of U.P. and other States. Five hundred students have been given such training between April, 2006 to December, 2006. Professionals of the Institute are periodically

deputed for participation in professional conferences, seminars and workshops to keep them abreast of the latest developments in the field of mental health. While professionals from psychiatric and other disciplines are being deputed for training no social worker has been deputed for training so far. This could be attributed to the fact that (a) there is no association of social workers at the national or state level and (b) no intimation has been received above any conference in social work.

Research:

The Institute is actively engaged in research activities to identify the causes and remedial measures of mental illness. An independent unit has been set up in the Institute to promote research projects. Till date 45 papers have been published in the journals of Psychiatry and other allied sciences. Eight papers have been submitted for publication and 50 papers have been presented in different professional conferences and symposia. The following constitute the areas of research:-

- Burden of care
- Quality of life
- Cognitive functioning
- Projective techniques
- Substance abuse
- Stressful life events
- Psycho pathology
- Rehabilitation
- Personality
- Gender differences
- Paid work activities
- Hypnotherapy
- Past life therapy
- Stigma.

The following constitute some of the silver linings in the area of research:-

- Six students have been registered for research leading to Ph.D. degree in Psychology.

- Two serving officers of the Institute have been awarded Ph.D. degree in 2004 and 2005 respectively.

- A very large number of research projects have been submitted and successfully executed.

- It would be possible to provide professional and para professional training in the field of psychiatry, clinical psychology, psychiatric social work and psychiatric nursing once affiliation of the Institute with Dr. Bhim Rao Ambedkar University is finally sanctioned by the University.

Child and adolescent Psychiatric Unit:

Table XXI placed below gives year wise break up of number of children admitted for observation/treatment in the child and adolescent psychiatric unit which has started functioning in the outpatient's department from 1.4.2005.

Table XXI

Children admitted for observation/treatment

Year	Male	Female	For Observation in Emergency
2004-2005	77	35	13
2005-2006	130	53	9
2006-2007	151	55	7

There is, however, no full fledged child and adolescent ward for inpatients. This has been projected as a future plan of activity. This deserves the priority attention of the Department of Health and Family Welfare, Government of U.P.

Community Mental Health Service:

The Community Mental Health Scheme provides an outreach to patients (mentally ill persons) who cannot afford the luxury of coming to the Institute at Agra. It is with this end in view that 3 community health centers were started at Farah, Bah and Rama Krishna Mission Hospital, Vrindaban. Due to compelling circumstances, the community services at Farah and Bah were discontinued in 2002-2003 respectively. Currently the Institute is running a satellite clinic at R.K. Mission, Vrindaban. Two new satellite clinics have been started at Tundla and Fatehpur Sikri in January, 2006.

A team comprising of a Psychiatrist, Clinical Psychologist and social worker visits the clinic at Vrindaban twice a month and at Tundla and Fatehpur Sikri once a month to provide the following services:-

- training medical and para medical personnel at the Community Health Centres:
- diagnosis and treatment of psychiatric disorders;
- follow up visits;
- psychotherapy;
- community education;
- individual/family counseling;
- free distribution of medicines;
- participation in health melas.

The following other mental health activities are promoted by the Institute:-

- celebrating mental health week annually;

- displaying mental health education posters in the OPD of the Institute (a mention of this has already been made earlier);

- visiting various other allied institutions and delivering lectures on various topics related to mental health in those institutions;

- contacting key informants and respectable persons at the village level;

- involving electronic and mass media.

Table XXII and XXIII placed below refer respectively to the number of visits and number of patients by the teams of the Institute and visit of the teams to various other institutions meant for care and protection of children:-

Table – XXII

Year	No. of Patients	No. of Visits
2004-2005	1849	23
2005-2006	2365	28
2006-2007 (from 1.4.2006 to 31.12.2007)	1140	11

Table - XXIII

Place	No. of Visits	No. of Patients screened.
Rajakya Bal Griha Balkeswar, Agra	13	36
Rajakiya Shamprekshya Griha	--	--
Rajakiya Sham Prekshya Griha (Mahila) Agra.	6	54

Central Jail, Agra	7	56
Mother Teresa Home, Agra	9	170
District Jail, Agra	10	126
Tundla, Agra	4	24

Recreation Therapy Unit:

Recreation is important to relieve mentally ill persons of their stress and strain and could act as an aid to their recovery. The Institute has a separate building and playground for recreational activities. The Unit promotes a number of indoor and outdoor games and a variety of recreational facilities. Annual sports are organized for patients on the Republic Day every year.

There is an auditorium with a capacity to accommodate 500 people at one time located in the centre of the campus. Cultural programmes are being organized from time to time for recreation of the patients. This provides an outlet for imagination, artistry and creativity of the patients. They also forge a link between people belonging to various communities. The Cultural Committee of the Institute plans these programmes with the active involvement of patients, staff members and guest artists.

I had the opportunity to watch and participate in such a programme on 15.2.2007 (AN) which was very ably complied by Ms. Kusum Rai, a paediatrician and currently head of the child and adolescents Unit.

Music has a remarkable effect on the psyche of people in general and on that of the patients in particular. I, therefore, suggested to the Director that music from the following films could be played selectively in a subdued tone in the OPD, open wards, family wards, halfway home, dining hall, occupational therapy centres and

at such points where the patients congregate. Some of the films from where such music could be selected are:-

- Dosti
- Insaniyat
- Jagte Raho
- Mother India
- Bandini
- Do Aaankhe Baar Haat
- Teri Surat Meri Aaankhe
- Ashirwad
- Anand
- Parineeta
- Baiju Bawra
- Mamata (Hindi version of original Uttar Phalguni in Bengali)
- Guide
- Bharat Ek Khoj (Discovery of India)

Concluding remarks:

In an Institute of such repute and standing the following components are essential for continued smooth operations and success:-

- a safe and sound physical infrastructure properly designed, with adequacy of space, lighting, ventilation, conservancy facilities, mechanized laundry, kitchen, dining table, round the clock facilities for supply of potable water, energy, annual contracts for repair and maintenance etc.;

- quality of human resource (both medical officers, para medical staff, psychologists, social workers, ministerial staff, sweeping staff, attendants) – honest, sincere, unassuming, passionately committed/dedicated to their tasks, disciplined etc.;

- Human Resource Development through library, teaching, training, research etc.

- Quality of tools and equipments essential for diagnosis and treatment, annual contracts for repair and maintenance for uninterrupted and trouble free service;
- Mechanized arrangement for disposal of hospital waste;
- Occupational therapy for keeping the mentally ill persons productively engaged;
- Cultural and recreational programmes to relieve the mentally ill persons of their stress and strain.

It was a happy augury to find that the Institute of Mental Health and Hospital at Agra has all this (except teaching in a conventional sense) and something more. That something lies in the kindness, compassion and commiseration of the medical officers and para medical staff towards mentally ill persons on the one hand and a climate of rapport and bonhomie built up by the Director of the Institute towards all colleagues, co-workers and employees on the other. He is affable but firm and principled. He is considerate but uncompromising as far as observance of discipline and good conduct is concerned. He is alive 24 hours physically and mentally to the genuine needs of the Institute as well as welfare of patients and staff members. The quality of academic and research outputs speaks of his relentless pursuit of excellence. There is a solidarity and emotive bond between the Head of the Institute and all others. This will undoubtedly stand the Institute in good stead. The Chairman of the Managing Committee as also the Vice Chairman has been found to be very positive and supportive of all that the Institute needs. The Health and Family Welfare Department, Government of U.P. needs to take cognizance of this and extend its unstinted cooperation, support and help so that the Institute can grow from stature to stature and strength to strength and carve out a place for itself amongst world class institutions dedicated to the welfare of mentally ill persons.

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Annexure – I

Management Committee

1.	Commissioner Agra Division, Agra.	Chairman
2.	Principal Secretary to the State Government Health and Family Weflare, U.P.	Vice Chairman
3.	District Magistrate, Agra	Member
4.	Senior Superintendent of Police, Agra	Member
5.	Principal/Vice Chancellor K.G. Medical University, Lucknow.	Member
6.	Director Institute of Mental Health and Hospital, Agra.	Member
7.	Director Medical Care, U.P Health Services, Lucknow.	Member
8.	Additional Director Medical, Health and Family Welfare, Agra Division, Agra.	Member
9.	Dr. Rati Homi Khambata Member Retired Associate Professor M.L.B. Medical College, Jhansi.	Non Official
10.	Dr. Anil Kumar Agrawal Member Retired, HOD, Department of Psychiatry K.G.M.U., Lucknow.	Non Official

Annexure – II

Sub Committees- (a) Finance Sub-Committee

1.	Director Institute of Mental Health and Hospital Agra.	Chairman
2.	Finance Officer Institute of Mental Health and Hospital Agra.	Member Secretary
3.	Medical Superintendent Institute of Mental Health and Hospital Agra.	Member
4.	Joint Director (Treasury) Institute of Mental Health and Hospital Agra.	Member
5.	Office Incharge, General Store, Institute of Mental Health and Hospital Agra.	Member

Annexure – III

Purchase Sub Committee

1.	Additional Director Medical Health and Family Welfare Agra Division, Agra.	Chairman
2.	Medical Superintendent Institute of Mental Health and Hospital Agra.	Member Secretary
3.	Finance Officer Institute of Mental Health and Hospital Agra.	Member
4.	Officer Incharge, Occupational Therapy Institute of Mental Health and Hospital Agra.	Member
5.	Store Officer/Store Incharge, General Store Institute of Mental Health and Hospital Agra.	Member

Annexure – IV

Rehabilitation Sub Committee

1.	District Magistrate Agra.	Chairman
2.	Psychiatric Social Scientist Institute of Mental Health and Hospital Agra.	Member
3.	Joint Director Department of Harijan and Social Welfare.	Member
4.	District Governor Lion Club, Agra.	Member
5.	Psychiatric Social Workers Institute of Mental Health and Hospital Agra.	Member

Annexure – V

Works Sub Committee

1.	Director Institute of Mental Health and Hospital Agra.	Chairman
2.	Medical Superintendent Institute of Mental Health and Hospital Agra.	Member Secretary
3.	Finance Officer Institute of Mental Health and Hospital Agra.	Member
4.	Architect/Town Planner Agra Vikas Pradhikaran.	Member
5.	Executive Engineer, Prantiya Khand, PWD, Agra.	

Annexure – VI

Selection Sub Committee

Group – A

1.	Commissioner Management Committee Institute of Mental Health and Hospital Agra.	Chairman
2.	Director Institute of Mental Health and Hospital Agra.	Member Secretary
3&4.	Two Member of Management Committee Institute of Mental Health and Hospital Agra.	Member
5.	Expert (to be nominated for each selection by the management committee)	

Group B, C & D

1.	Director Institute of Mental Health and Hospital, Agra.	Chairman
2.	Medical Superintendent Institute of Mental Health and Hospital, Agra.	Member
3.	Management Committee Member (female) Institute of Mental Health and Hospital, Agra.	Member
4.	Senior Clinical Psychologist Institute of Mental Health and Hospital, Agra.	Member
5.	Expert (to be nominated for each selection by the management committee).	

There shall be one representative each of scheduled castes/scheduled tribe.

Annexure – VII

Details of food daily given to the patients admitted in Agra Manasik Arogyashala

Sl. No.	Details/Name of the Item	Charge Category	General Category
1.	Atta (Male) Atta (Female)	450 gm 400 gm	450 gm 400 gm
2.	Rice (Male/Female)	60 gm	40 gm
3.	Daliya (Male/Female)	40 gm	40 gm
4.	Pulse (Male) Pulse (Female)	40 gm 30 gm	40 gm 30 gm
5.	Ghee/Oil (Male/Female)	20 gm	20 gm
6.	Ghee for puri (Male/Female)	40 gm	40 gm
7.	Salt (Male/Female)	14 gm	14 gm
8.	Sugar (Daliya) (Male/Female)	20 gm	20 gm
9.	Sugar (Kheer) (Male/Female)	30 gm	30 gm
10.	Sugar (Tea) (Male/Female)	15 gm	15 gm
11.	Sugar (Milk) (Male/Female)	15 gm	15 gm
12.	Sugar (Pana) (Male/Female)	15 gm	15 gm
13.	Turmeric (Male/Female)	1.5 gm	1.5 gm
14.	Coriander (Male/Female)	1 gm	1 gm
15.	Chilli (Male/Female)	1 gm	1 gm
16.	Khatai (Male/Female)	1 gm	1 gm
17.	Jeera (Male/Female)	1/5 gm	1/5 gm

18.	Tea (Male/Female)	2 gm	2 gm
19.	Rice Diet (Male/Female)	350 gm	350 gm
20.	Kichadi Diet (Male/Female) Rice Moong Ki Daal	220 gm 110 gm	220 gm 110 gm
21.	Milk (Morning) (Male/Female)	300 gm	300 gm
22.	Kheer Rice (Male/Female)	40 gm	40 gm
23.	Fruits (Male/Female)	250 gm	
24.	Bread (Male/Female)	4 piece	4 piece
25.	Vegetable (Male/Female) (Morning + Evening)	480 gm	480 gm

The quantity may increase or decrease as per the requirement.