A report on inspection of the activities of Mental Hospital, Varanasi (13.7.2007 to 16.7.2007)

Justice Shri Y. Bhaskar Rao, Member, NHRC paid a visit to Mental Hospital, Varanasi from 13.7.2007 to 16.7.2007 for an on the spot review of its activities. He was assisted in the process by Dr. Lakshmidhar Mishra, Special Rapporteur, NHRC.

Soon after arrival Justice Shri Rao addressed a meeting of officers of Health, Prison, Judiciary and General Administration Departments. The meeting was attended amongst others by the District Judge and the Chief Judicial Magistrate, Varanasi. Names of all the officers who attended the meeting are given in Annexure-I.

The Special Rapporteur introduced Justice Rao to the officers and initiated the discussion. He referred to the fundamental right to life as in Article 21 of the Constitution and emphasized the point that a mentally ill person was also a human being, entitled to the same dignity and decency as any other human being. He/she was also in need of special care and attention both at home and in the hospital by way of kind and compassionate treatment, timely medication, rehabilitation and reintegration into the mainstream of social life.

He referred to the following judgements of the Supreme Court which have emphasized from time to time the need for handling the mentally ill persons with special care, compassion and commiseration:-

- Rakesh Chandra Narayan Vs. Government of Bihar, W.P. No. 339 of 1986;
- Sheela Barse Vs. Union of India and Others, 1993 4 SC 204;
- Chandan Kumar Barik Vs. State of West Bengal 1995 Suppl. (4).

He referred to the National Mental Health Programme (NMHP), 1982 which aimed at the treatment of mental disorders within the community by using the existing infrastructure. This was followed by the Mental Health Act, 1987 which repealed the Indian Lunacy Act, 1912 and Lunacy Act, 1977 with a view to protecting human rights of this most vulnerable section of the society.

The opportunity to directly intervene and oversee the functioning of mental hospitals all over the country including 3 premier mental health institutions at Ranchi, Agra and Gwalior came for NHRC with the order of apex Court entrusting this responsibility to the Commission on 11.11.97 in W.P. No. 1900/81 read with W.P. (Civil) No. 339/86, No. 901/93 and No. 448/94. A project was launched in June, 1999 with Dr. S.M. Channabasavanna, then Director, NIMHANS, Bangalore as the Project Director and 'Quality Assurance in Mental Health' an excellent guide book as the end product of the Project. Since then the Chairperson, Members and Special Rapporteurs of the Commission have been visiting and conducting detailed reviews of the functioning of the mental hospitals all over the country and in the light of their observations the Commission has been issuing directions to these institutions from time to time.

He thereafter requested the Member to address the gathering.

Starting with the concept of health as not mere absence of disease but physical, mental, psychological and emotional total well being of an individual the Member termed the 'Right to Health' as a matter of fundamental human right and termed it as fundamental duty of the State to promote, protect and preserve the health of all individuals. Health included mental health and providing special care and attention to a mentally ill person was an important responsibility of the State since such persons cannot fend for themselves. Since they are not in a position to protect and safeguard their interests this responsibility befell on the hospital authorities. Special care was required to be taken by all concerned to ensure that the stay of such persons – be it in jail or mental hospital was minimal. He referred to the case of stay of a mentally ill person in Assam jail for 54 years and how the apex Court eventually had to come to the rescue of such a person and release him while awarding heavy penalty to all those who were responsible for such incarceration.

The Member referred to the special problems of those mentally ill persons who have recovered but are not acceptable by their family and relations. Such persons should be maintained at the cost of the State and such a provision exists in Chapter VIII (Section 78) of Mental Health Act. Section 78 reads as under:-

"Section 78 – Cost of maintenance to be borne by Government in certain cases – the cost of

maintenance of a mentally ill person detained as an inpatient in any psychiatric hospital or psychiatric nursing home shall, unless otherwise provided for by any law for the time being in force, be borne by the Government of the State wherein the authority which passed the order in relation to the mentally ill person is subordinate, if (a) that authority which made the order has not taken an undertaking from any person to bear the cost of maintenance of such mentally ill person and (b) no provision for bearing the cost of maintenance of such a District Court under this Chapter.

Section 79 deals with the procedure for submitting an application to District Court for payment of cost of maintenance out of the estate of the mentally ill person or from a person legally bound to maintain him."

He requested the District Judge, Varanasi (present in the meeting) who happens to be the Chairman, District Legal Authority to ensure that such persons were maintained at the cost of the State and that the procedure as laid down in Section 79 of Mental Health Act, 1987 was complied with.

The Member suggested that a Register of conviction should be maintained both by the jail authorities as well as the mental hospital authorities with the following entries:-

- Nature of offence and Section of IPC under which convicted;
- Age;
- Date of admission;
- Date of discharge.

Concluding the discussion the Member referred to a number of judgements of the apex Court and the directions issued therein which under Article 141 of the Constitution were binding on all Courts. Under Article 144, all authorities – civil and judicial were required to act in aid of the Supreme Court. It was incumbent on all those present in the meeting as well as not present to view these provisions of the Constitution with urgency and seriousness of concern and act accordingly.

Member accompanied by the Special Rapporteur paid a visit to the mental hospital from 9.30 AM to 12.30 Noon on 14.7.2007. He went round the female barracks, kitchen and dispensary meant for female patients followed by the male barracks, kitchen and dispensary meant for male patients, the laundry, the agricultural farm, the occupational therapy unit (5 looms), the laundry (manual), the water supply system (storage tank and pipes for distribution), the drug storage unit, the drug dispensing unit, the OPD unit and so on. He interacted with the patients, pharmacists, cooks, dhobi, attendants (both male and female), the instructor incharge of the occupational therapy unit, the agriculture overseer, the security guards etc. Later at the close of the round of visits he met the

representatives of the local media and shared with them a brief resume of what he had seen and his overall impressions.

The Collector and DM, Varanasi – Mrs. Meena came later to call on the Member during his stay at Circuit House and apprised him about the chronic problems faced by her in the district and in particular the problem of adulteration of milk, milk products, drugs, khandsari etc. On a request from Member, she agreed to enhance the quantity of water meant for the mental hospital by linking the water supply system in the hospital with the municipal supply in the city. She also assured the Member to pay her personal attention to some of the outstanding problems of the mental hospital.

On the basis of the round of visit, subsequent discussion which took place and continued follow up by the Special Rapporteur the present review report has been prepared the components of which are presented seriatim as under:-

I Historical background, location, distance etc.

The hospital was established in 1809 (about 200 years old). The buildings which were constructed at that point of time continue without much modification till date. Meant initially for indoor treatment of criminal psychiatric patients of neighbouring provinces, by 1970 non criminal patients started getting admission by Government order No. 15/A/2227/66 Chikitsa (Kh) dated 26.6.2007. OPD facilities came up subsequently.

The hospital is located near the police lines and at a distance of 6 kms. from the Varanasi Railway Station.

The Health Department, Government of U.P. has fixed the jurisdiction of the hospital to cater to the needs of the following districts:-

1.	Varanasi	
2.	Chandauli	- 35 km.
3.	Bhadoi	- 50 km.
4.	Balia	- 155 km.
5.	Gazipur	- 77 km.
6.	Mirzapur	- 60 km.
7.	Sonbhadra	- 100 km.
8.	Azamgarh	- 90 km.
9.	Mau	- 125 km.
10.	Jaunpur	- 60 km.
11.	Gorakhpur	- 220 km.
12.	Maharajganj	- 270 km.
13.	Deoria	- 200 km.
14.	Padrauna	- 270 km.
15.	Basti	- 280 km.
16.	Siddharthanagar	- 340 km.

The criminal patients from Himachal Pradesh are also being sent to Mental Hospital, Varanasi.

II Physical Infrastructure:

The hospital has a total area of 26.91 acres of which barely 50% (13 acres) have been built up and is covered by a high perimeter wall. The remaining 50% of the area lies outside the perimeter wall and is being leased out by way of auction annually.

A 200 year old building has inevitable problems of repair and maintenance which if not attended to in time would give rise to

serious problems involving safety of inmates. The following in particular need special attention:-

- There are in all 8 barracks (5 male and 3 female). There is no DPC (damp proof compound) giving rise to a possibility of water emerging from the floor due to capillary action.

- The concept of brick, cement and plaster 200 years ago being unknown most of the structures have been raised with the help of lime and mortar. The safety of the structures could be ascertained by making a reference to National Building Research Institute (NB RI), Roorkie.

- There is no RCC structure or RCC roof; the roofing has been done by tiling. Such tiles need replacement from time to time; if not replaced, they may break and fall causing accidents.

- No ceiling fans have been provided. The heat and humidity of summer months (April – September) add to the discomfort of the inmates of the barracks.

- Lighting and ventilation in all the barracks are inadequate.

- Repair of locking arrangement, repair of drainage, sewerage and drinking water pipes (which over a period of time are likely to be worn out) need constant attention from the point of safety, security and hygiene.

Considering the various pros and cons and going by the long life of the building repair work will be risky and cost ineffective too. Wood work is also outdated and have developed cracks at many points. Their repair is expensive, tiresome, risky and difficult. Barracks/ buildings are outdated and unsafe and total collapse at any point of time is inevitable though unpredictable. The only alternative is demolition of the existing structure though one by one in phases and to go in for a new construction. Initially, the Director of the Mental Hospital had sent an estimate of Rs. 11.82 Crores for this purpose (March, 2002). Subsequently on 25.11.2003 on instructions from the headquarters at Lucknow this was revised to Rs. 3.67 Crores (as headquarters found it difficult to accommodate Rs. 11.82 Crores). The same project proposal and estimates have been revised from Rs. 3.67 Crores to Rs. 5.05 Crores by U.P. Rajkiya Nirman Nigam. The final sanction for this amount is awaited.

The approach to this issue (repair and maintenance) as of now is adhoc, piecemeal and unscientific. To illustrate, during 2006-2007, a sum of Rs. 8.29 lakh was allotted which was grossly inadequate. For 2007-2008 an estimate for repair of barracks, hospital and roads (inside the hospital) is pending with the Directorate of Health Services (DHS) for according administrative approval/technical sanction. This does not include the cost of repair of the false ceiling and white washing of office building (in which office, medical store and OPD are located). For this fresh estimates are needed and the same will have to be prepared by the Junior/Asstt. Engineer.

Instead of adopting such a piecemeal approach it may be desirable to have all the repair estimates prepared in one go, get the administrative approval/technical sanction in one go and get the repairs carried out sufficiently in advance of the rainy season.

Administrative Infrastructure:

A statement containing the designation, number of sanctioned posts, number of people in position and number of positions lying vacant is contained in Annexure-II.

The total number of indoor patients between January to December, 2005 was 448 (NCL), 72 (A Class) and 19 (C Class). The number during the corresponding period in 2006 went upto 498 (NCL), 51 (A Class) and 9 (C Class). Between January and June, 2007 the number is 254 (NCL) 25(A Class) and Nil (C Class).

The maximum number of patients (both criminal and non-criminal) who can be accommodated and treated in the hospital is 331 excluding OPD patients which ranges between 80 to 100 every day.

In the ratio of 1 medical officer for every 25 patients a minimum number of 13 MOs should have been sanctioned for indoor patients and 4 MOs for OPD patients. The actual sanction (6) is less than 50% of this number while the number of MOs (including the Director) in position is only 3 or 25% of the number of MOs as per requirement. The norm laid down for sanction of staff nurse is 1 staff nurse for every 10 patients. Following this norm a minimum number of 25 to 30 staff nurses (taking the occupancy of

indoor patients as 250 to 300 on any given day) should have been sanctioned. As against this not a single post of staff nurse has been sanctioned so far. There are in all 50 posts of attendants sanctioned and all the 50 are in position but it is difficult to put attendants as substitutes in place of staff nurses both in terms of educational qualification, professional experience and expertise and quality of special care and attention to patients.

Similarly in the same ratio a minimum of 30 sweepers and sweepresses should have been in position for proper upkeep and maintenance of cleanliness of the hospital. As against this only 14 posts of sweepers/sweepresses have been sanctioned while 12 are in position (one has retired recently). It is necessary to sanction 16 additional posts of sweepers/sweepresses.

A brief description of the Director and other Senior/Junior medical officers and the problems caused on account of their transfer and posting are indicated below:-

I **Director – Dr. (Mrs.) Nalini Gaur**

She assumed charge as Director, Manasik Chikitsalaya on 10.7.2007. Prior to this she was Superintendent-in-Chief, District Women's Hospital, Varanasi. She is continuing to occupy the staff quarters allotted to her as Superintendent-in-Chief, District Women's Hospital which is at a distance of 7 kms. away from Manasik Chikitsalay. Dr. Gaur is a gynecologist by discipline and does not have any prior experience of working or overseeing the work of a psychiatric hospital. Her predecessor – Dr. P.N. Singh was a pathologist and was Superintendent-in-Chief of Shree Shiv

Prasad Gupta Hospital as well as Director, Manasik Chikitsalaya. He continued to occupy the staff quarters in the premises of S&G hospital and never shifted to the staff quarters meant for him in the mental hospital.

II Dr. R.P. Pandey

He was a senior psychiatrist in Balarampur hospital and has joined as senior psychiatrist, Manasik Chikitsalaya on 2.6.2007. There are 2 Senior staff quarters – one meant for the Director and another for the Senior Psychiatrist. Both are very old buildings (200 years) and are in a bad shape. Besides, half the Director's bunglow is hitherto being used as OPD. This is a very inconvenient arrangement as OPD patients accompanied by relatives will be coming to the OPD portion of the bunglow and there will be no privacy left for the Director.

Dr. Pandey has not yet found it convenient to move to the staff quarters meant for the Senior Psychiatrist but is staying out by making some private arrangement.

III Dr. Amarendra Kumar, Senior Psychiatrist

Dr. Kumar has received his orders of transfer to the establishment of Chief Medical Officer, Varanasi in the first week of July, 2007. No substitute has been posted in his place. Director (Administration) in the office of Director, Health Services has issued a circular to the effect that MOs under orders of transfer will have to be shifted within a week regardless of whether the substitute has joined or not failing which he/she will be proceeded

against. The order of Director (Administration) dated 29.6.2007 transferring Dr. Amarendra Kumar without posting a substitute lacks sensitivity in as much as :-

- There are already 4 vacancies of Senior Psychiatrists;
- The office of CMO, Varanasi is not in such urgent need to have services of Dr. Amarendra Kumar;
- No substitute has been posted and relief of Dr. Kumar without posting and joining of the substitute will cause a lot of dislocation to the working of the hospital and in particular to the interests of 80 OPD patients.
- Dr. Kumar is a Senior Psychiatrist (Level I) having completed 13 years of service; his services should be utilized in a premier Psychiatry hospital like the one at Varanasi;
- Even though the post is Level-II, Dr. Kumar should be allowed to continue at Mental Hospital, Varanasi where he has acquitted himself extremely well much to the admiration of colleagues, staff and patients.

In course of discussion between the Special Rapporteur and Addl. Director, Health – Dr. I.C. Srivastava on 16th July, 2007 (11 AM to 12 Noon) the latter assured that Dr. Kumar will not be relieved until and unless his substitute joins.

Considering the fact that dealing with mentally ill persons in general and mentally ill persons who are convicts/UTPs in particular is full of sensitivities, the Principal Secretary, Health may

be requested to issue clear instructions to Director, Health Services to keep these sensitivities in view before effecting orders for posting and transfers of senior and junior psychiatrists.

Unlike Gwalior, Agra and Ranchi, there is no managing committee to oversee the day to day management of the hospital and to take decisions to deal with both normal as well as emergency situations. The Managing Committee at Gwalior, Agra and Ranchi is headed by the Divisional Commissioner and has amongst others the Collector, SP, CMO, Municipal Commissioner, District Agricultural Officer, District Animal Husbandry and Veterinary Officer, Supdt. Jail, Horticulturist, Executive Engineers, PWD (R&B), PHD, Electrical, Principal of the Medical College and hospital, if any etc.

Small Sub Committees for different areas (works, law and order, basic facilities and amenities, liaison and coordination with courts, rehabilitation, reintegration with the mainstream of the society etc.) have been formed at Agra, Gwalior and Ranchi to deal with specific issues and problem areas. This has worked well within the ambit of delegated administrative powers and broadly meets the requirements of autonomy (which was emphasized by the apex Court in W.P. (Civil) Nos. 339/86, 901/93, 448/94 and W.P. No. 80/94). There is no such arrangement in Mental Hospital, Varanasi. All decisions relating to day to day management of the hospital are taken by the Director and Superintendent-in-Chief of the hospital.

Human Resource Development:

Training is an important tool of human resource development. Training imparts information and skills. Training removes doubts, misgivings and reservations. Training imparts civility, courtesy, consideration and decorum. Training makes human beings more kind, catholic, compassionate and considerate. Importance of such training cannot be over emphasized both for medical officers, para medical staff, attendant, administrative and security staff in any mental hospital.

Regretfully, there is no arrangement/provision of orientation and training for the personnel working for mental hospital, Varanasi. Since the staff have to deal with criminal elements in the custody of the hospital it is imperative that through orientation and training they learn the art and technique of reformative behaviour with the inmates i.e. civility, courtesy, consideration and decorum.

UP. does not have an Institute of Public Health as at Nagpur in Maharashtra for imparting training in Mental Health. While Government of U.P. should plan to have such an Institution in place at the earliest, a calendar of training programme may be drawn up and training imparted with the help of resource persons drawn from different sources both within and outside Varanasi.

Out Patient's Department:

The OPD patients come from Varanasi, Chandauli, Gazipur, Jaunpur, Azamgarh, Sant Ravidasnagar, Mirzapur, Allahabad and

other districts of Eastern U.P. The distance of these places from the mental hospital has been indicated earlier. They travel either by bus or train at considerable expense and inconvenience. Due to dearth of space there is no proper sitting accommodation for them and most of them sit on benches and few chairs (60 to 65) provided by the hospital under shade of the trees and in the open space adjacent to the room of the Director. The average daily turnout of patients ranges from 80 to 90. There is no proper arrangement for supply of potable water or toilets for them as also for the relatives accompanying them.

The Special Rapporteur as directed by Member personally met 32 such OPD patients from 12 Noon to 1 PM on 16.7.2007. He enquired of them and their relatives about (a) brief history of the illness (b) brief family history (c) line of treatment prescribed earlier (d) extent of compliance with the treatment prescribed (e) whether it's a case of follow up or relapse and (f) financial position with reference to daily average earnings, cost of treatment, gap between the earning and expenditure and how the same is being bridged etc. The outcome of the interaction with the patients and their relatives is indicated seriatim as under:-

1. Dinesh Kumar (30)

He has a history of psychiatric illness for about 3 years for which he went in for treatment with a private psychiatrist at Varanasi. As he found the treatment prohibitively expensive he came to mental hospital Varanasi about 10 months back. He is now responding to the treatment and progressing well.

2. **Rekha Devi (22)**

She is reporting to the hospital for the first time with her husband and mother. She has complaints of epileptic feats (convulsions) and behavioural disorders. She as well as relatives were advised to ensure compliance with the drugs and line of treatment prescribed.

3. **Rakesh (25)**

He is an ex indoor patient of the hospital who is currently on outdoor treatment for the last 7 months. Suffering from behavioural disorders he is reported to be progressing well.

4. **Maniram**

He is an under trial prisoner. He has been treated for mental illness and after treatment was placed before the Board of Visitors for the hospital. The Board declared him mentally fit and recommended his transfer to the concerned jail. He is being transferred back to the jail with police escort on 16th itself.

5. **Vijay Bahadur Singh:**

He is an ex Indian Air Force person from Jaunpur who has received indoor treatment at this hospital earlier. He is now progressing well with outdoor treatment.

6. **Smt. Ragini Devi (24):**

Wife of Rajesh Kumar, resident of Azamgarh. She was treated as an indoor patient of the hospital some time back. After

discharge she is being brought by her husband for regular follow up (as an OPD patient) and is progressing well.

7. **Asha Devi:**

She is a new patient brought in by the family members for the first time to the mental hospital with complaints of mental problems along with very poor appetite and loss of sleep.

8. **Aswini Kumar Shukla:**

This is a case of bipolar mental disorder for which he had received indoor treatment in the hospital earlier. After his discharge about a year ago he has been reporting regularly as an OPD patient for follow up and is progressing well with the treatment.

He is a resident of Vindhyachal in Mirzapur district.

9. **Gupteswar Singh:**

This is a follow up case where the patient is progressing well and is ready to go back to his home – Adalhat in Mirzapur district.

10. **Anita (16):**

This is a new case from Gazipur district. She is receiving treatment as an OPD patient for the last 6 months and is progressing well.

11. **Om Prakash (45):**

He hails from district Chandauli. This is an old case of 4 years. After discharge from the hospital he is receiving OPD treatment and is progressing well. His only complaint was that he has to spend about Rs. 70/- to visit the hospital towards conveyance charges.

12. Ram Janam:

This again is an old case of 2 years. He was admitted to the hospital (voluntary admission) and remained there for about 2 months. After discharge he has been regularly visiting the hospital for follow up and has been progressing well.

13. Prabhunath Pandey:

He hails from Buxar district in Bihar. This is a case of mental retardation with psychotic disorder. He has been regularly attending as an OPD patient for the last 6 months and is progressing well.

14. Izhar Ali:

He hails from Gazipur district. He has been attending as an OPD patient regularly from February, 2007 and is showing signs of improvement from psychiatric illness.

15. Afsana:

Daughter of Umar Ali from Bari Bazar, Varanasi. She has been receiving treatment at the hospital as an OPD patient for the last one year and is showing signs of improvement from Psychiatric illness.

16. Pyare Lal:

He has been undergoing treatment as an OPD patient for the last month and is showing signs of improvement.

17. Kanhaiya:

He is coming all the way from Kanpur (about 400 kms.) for collecting medicine for his son. He represented that the case may be transferred to nearby Bareilly mental hospital to save time, energy and resources spent on account of travel over long distances.

18. Khurshida Begum:

She is reporting for the first time at the OPD with one of her neighbourers. She has come from Sonbhadra (165 km. from Varanasi) with complaints of talking more, talking irrelevant or big at times, remaining hyperactive with decreased sleep. Her case has been provisionally diagnosed as one of bipolar mood disorder.

19. Satya Narayan (48):

He has been regularly reporting for the last few years at the OPD for follow up from Machhodari in the old city of Varanasi.

20. Vikash:

Hails from Sajo in Varanasi district. Is a patient suffering from epileptic feats, has been under anti epileptic medication and is showing signs of improvement.

21. Santosh:

Santosh from Deoria district has been regularly attending OPD and is showing signs of improvement.

22. Kabita Dubey:

She has come to the OPD for the first time with her mother for treatment of migraine. Her mother who appeared to be in great distress ventilated her grievance that Kavita's father is also a mental patient but does not want to visit hospital and take medicine.

23. Ajay Shankar Pathak:

He hails from Varanasi city. He is regularly attending as an OPD patient for quite sometime and is showing signs of improvement.

24. Saifuddin:

He hails from Lallapura, Varanasi. He is regularly attending as an OPD patient and is progressing well.

25. Dinesh Singh Yadav:

He hails from Gazipur. He is regularly attending as an OPD patient for the last 6 months and is progressing well. He reported that he is regular in complying with drugs prescribed.

26. Dillip Kumar Pal (18):

This is a sad case involving a boy in the prime of his youth who has come as an OPD patient with his father who happens to be Tahasildar in Chandauli district. He has been suffering from mental illness for the last 4 months. His father on being asked as to why he slept over the illness of his son for such a long time explained that mental illness is a stigma in a callous and insensitive society and he did not venture to make his son's illness public for fear of the fact that he will be unacceptable in the society as a prospective bachelor. He has now realized his mistake and wants his son admitted to the hospital for indoor treatment.

27. Aarti (13):

Her mother complained of low general intelligence, roaming around and her case has been diagnosed as one of mental retardation with behavioural problems.

28. Mohammad Hasim:

He hails from Lohata Varanasi and has been attending the hospital as an OPD patient, though rather irregularly. He admitted that he has not been able to maintain compliance with drugs prescribed, that he has less appetite and sleep. He was advised to maintain compliance with drugs.

29. Manoj:

He is a new patient from district Chandauli who has been brought to the OPD by his family members. It appears that he went to Tamil Nadu in search of a job, fell ill and had to be brought back home about a week back.

30. Kailash Kumar Mishra (30):

This was a typical schizophrenic case where the patient was muttering to himself and was totally oblivious of the realities in the outside world. He was irregular even in regard to his attendance at the OPD although this is a fit case for admission for indoor treatment. At the time of our meeting he was found to be drinking water contained in a dirty plastic bottle bit was not oblivious of the reality. The consequences of his falling a victim to water borne diseases were brought to the notice of his mother who was with him at the time of our meeting.

31. Sunil Kumar:

Initially he had complained to talking more and irrelevant, running away from home and disturbed sleep. His case has been provisionally diagnosed as one of psychotic disorder.

32. Bablu Pal (25):

Initially he had complained of becoming abusive, assaultive, destructive, roaming around and disturbed sleep. His case has been provisionally diagnosed as one of Schizophrenia.

While all OPD patients were being attended to and nobody was left out, there is no proper arrangement for registration of all patients. As a matter of fact, there should be 2 separate registration counters, one for male and another for female and cases of all patients turning up at the OPD counter should be recorded in a register. Thereafter a file for each patient should be prepared giving full details of the case. These files should be kept in a separate room in ladder type steel racks alphabetically and year wise. This will facilitate taking out the file at the time of reference by the treating physician. Simultaneously full details of every case should be entered in the computer so that a computerized data base is also available.

Year-wise break up of number of patients in OPD is as under:-

Year	Number of Patients
2000	4820
2001	8237
2002	9611
2003	11069
2004	15110
2005	17579
2006	19155

In course of his rounds on 14th Member interacted with the following inmates:-

Section IV (Female)

1. Radha
2. Lakshmi Devi
3. Sheela
4. Sailabala
5. Gulsan :- All of them expressed a desire to go back to their respective homes. Member directed that their cases should be placed before Board of visitors and they can be sent back only if they are declared mentally fit by the Board.

Section III (Male)

1. Sunil Viswakarma – expressed a desire to be sent back home

2. Kailashpati Mishra - wanted a job in the hospital

3. Ram Kumar Yadav – expressed a desire to be sent back home

4. Gajraj yadav – expressed a desire to be sent back to the jail from where he had come.

The status of patients in jail ward / barracks and year wise breakup of convict and under trial insane who are also psychiatric indoor patients is given as under:-

Year	Convicted	UTPs	Total
2000	27	47	74
2001	38	43	81
2002	20	61	81
2003	16	68	84
2004	14	64	78
2005	22	71	93
2006	9	51	60

Facilities and amenities for the indoor patients (both male & female)

I Procurement, storage and dispensation of medicines:-

Medicines constitute the lion's share of the total budgetary allocation in as much as out of the allocation of Rs. 234.094 Lakh during 2006-2007 about Rs. 46.5 Lakh was spent on medicine. Even though the budgetary allocation for 2007-08 is still awaited sufficient stock of medicine is available. Member inspected the store and found that the condition of the room where medicines have been stored need a lot of improvement. He felt that the poor condition in which medicines have been stored may eventually affect the quality & potency of drugs.

Medicines are being purchased from the Rate contract list of Central Medical Stores Department, Lucknow or ESI Delhi. After approval by the Purchase Committee the MO in charge of drug

store sends the indent to the manufacturer who thereafter arranges the supply by his distributor or self as it suits him.

II FOOD

Kitchen building:

The existing kitchen building being in a bad shape is currently under renovation. A hall nearby is being used temporarily for kitchen purpose. Lighting and ventilation as also standards of cleanliness inside the building need improvement.

Kitchen Staff:

One sanctioned post of cook is lying vacant on the side of the kitchen in the male block while there is no sanction on the female side at all. Similarly no Kahar (helper) has been sanctioned for either of the kitchens. Consequently, the cooking work is being done by male and female attendants.

It is recommended that the requisite number of posts (both cook and kahar) should be sanctioned for both the kitchens after conducting a work study of the requirement.

Menu, timing and expenditure:-

Breakfast - The menu comprises of Kheer (30 gm rice + 15 gm sugar + 250 ml milk per patient)

Lunch - The menu comprises of rice – 175 gm,
Atta – 290 gm, pulses 58 gm, Fat 30 gm, potato- 60 gm, green vegetable- 175 gm

Dinner - The menu is the same as Lunch.

Timing There are 2 sets of timings i.e. one from November to February and another from March to October

November to February timing:

Break fast	6 AM
Lunch	11 AM
Dinner	4 PM

March to October timing:-

Break fast	5:30 AM
Lunch	10:30 AM
Dinner	5:00 PM

There is no provision for serving any afternoon tea & snack.

Service of food:

Food is being served by attendants in the barracks. There being no trolley service as in Agra and Ranchi, food is being carried from the kitchen to the barracks. In the absence of any dining table the inmates are being served food on the floor of the Varandah of the barrack.

Source from which food ration is being procured

There is a small agricultural farm where seasonal vegetables (cauliflower, cabbage, salgum, brinjal, cucumber, tomoto, radish,

carrot, lagun etc. in winter and potato, onion, garlic, lady's finger, tinda, gourd, beans etc. in rainy season) are grown and supplied to the kitchen.

Rice and wheat were being supplied from FCI depot on the strength of a permit from the food and civil supplies Deptt. Since March-07 the FCI has discontinued delivery of rice and wheat on the strength of permit and therefore, these two items will have to be procured from open market at higher rates.

The Special Rapporteur brought this matter to the notice of the DM and she assured to take up the matter with FCI for restoration of the supplies as before.

Milk is being procured on a daily basis from Paras Cooperative Dairy and eggs are being procured from open market by the contractor.

The scale of expenditure:- Rs. 20/- per patient for voluntary admission the hospital is charging Rs. 70/- per month which does not meet the full cost of diet. The balance amount (gap between the amount actually spent and amount charged) is being subsidized by Government.

Calorie value of food:-

Adult patients (both male & female) who are under going treatment have a heightened appetite on account of the effect of psychotic drugs and therefore, they need high calorie food (between 3500 to 3800 calories). It was, however, clarified that the

calorie value of breakfast, lunch & dinner together comes to 2500 calories which appears to be inadequate.

Other issues of concern in food:-

The timings for service of food have been fixed according to the provisions of Mental Hospital Manual (revised from time to time – the last such revision was in 1963). These timings leave a huge gap between dinner and breakfast (more than 12 hours). This is likely to cause acidity and gastric problems. The hospital authorities need to consult a qualified dietician and take necessary corrective action according to the dietician advice.

III Drinking water:-

Currently water is being supplied from a tube well through pipes to different barracks. It is being bleached and stored for use in a storage tank. There is no arrangement for filtration. There is an overhead tank with a capacity of 50,000 Litres which is being filled thrice daily. Even though the storage capacity is adequate the water cannot be said to be potable i.e free from chemical and bacteriological impurities. The sample of water being supplied at present has never been sent to an approved Laboratory for test and its potability certified. Since, access to Potable water is the fundamental right of every human being according to directions of the apex Court its availability and distribution must be ensured. For this purpose, installation of a mineral water plant through reverse osmosis (RO) process is the only answer (as has been done in the Government. mental Hospital, Agra.

IV Toilet:

There are in all 27 toilets for 269 patients (as on 16.7.07, which works out to a ratio of 1:10 as against the ideal ratio of 1:6 The toilets are, however, old, manually flushed by buckets of water, there being no cisterns. Water available for such manual flushing is, however, adequate.

V Laundry:

Laundry service is being provided by a single washer man who collects the clothes section wise around 8 AM and delivers them around 5 PM everyday. The entire operation is manual. There is provision for an automatic Laundry in the renovation plan.

VI Change of Linen:

The bed sheets and pillow covers are changed twice every week. The condition of bedsheets & pillow covers was observed to be not tidy.

VII Electricity:

As against the required load of 50 KW only 40 KW load has been sanctioned. There is frequent interruption and tripping which hampers the quality of services in the hospital. There is a diesel generator set but due to scarcity of fuel (diesel) it is not functioning optimally. The power back up for the barracks is, therefore, provided by inverter.

There should be a separate transformer installed to ensure 24 hours uninterrupted supply of power. State Health Deptt. should take it up with the State Energy Deptt./ U.P. State Electricity Board for getting the transformer installed on a priority basis.

VIII <u>Telephone:</u>

There is only one telephone for the office of the Director and no PCO. It was felt that installation of a public booth inside hospital premises will bring outsiders which is not desirable from the security point of view. This will also be contrary to the Provisions of Mental Hospital Manual.

IX <u>Ambulance:</u>

The ambulance van was supplied by the State Government in 2001. It is used for transporting seriously ailing patients to other hospitals and non-criminal voluntary cases to their homes if their relatives do not turn up to take them back. The van is also used for lifting medicines from Divisional AD store and Lucknow head quarters store. The POL available for the ambulance van is adequate.

X <u>Library-cum-reading room for patients:</u>

There is no library-cum-reading room for patients. Newspapers and weekly magazines are kept with attendants in barracks but the use of the same by the inmates is rather restricted.

XI **Recreational avenues:**

The recreational avenues for the inmates include volleyball, carom, chess but these avenues have to be consistent with lockup timings.

XII **Yoga and meditation centre:**

No such avenue has yet been made available. Considering the salutary impact of Yoga and Pranayam on human mind it may be worthwhile to engage a yoga teacher who will be able to initiate a number of inmates (both criminal and non criminal) into this very worthwhile physical and mental disciplining process.

XIII **Occupational therapy:**

This could be an important tool of rehabilitation of mentally ill persons provided (a) the skill/trades which are imparted are in conformity with their aptitude, preferences and interests (b) professionally qualified and trained skill training instructors are in position to impart skill training (c) a conducive climate is created in which the mentally ill persons are physically and emotionally involved in the skill training process (d) a market is available for the end products & (e) mentally ill persons are suitably remunerated for the contribution made by them.

The occupational therapy unit in the mental hospital, Varanasi is an excuse for a full fledged and optimally performing unit. There are only five weaving looms with barely five learners at a time from 8 AM to 10 AM and 2 PM to 4 PM. Barely thirtyfive

patients are being trained annually. The yarn for the looms is procured locally and the finished product (clothing materials) are being used for preparation of uniforms for both criminal and non-criminal inmates. No wages are being paid to the inmates contrary to the practice adopted at Ranchi, Agra & Gwalior.

Required space being available for expanding the activities of the occupational therapy unit, it is possible to introduce a number of new skills/trades such as file covers, envelopes, file boards, cartons (medicine boxes), candles, wooden toys, photo frame, other crafts (by way of illustration) etc. A self contained proposal for introducing these skills/ trades may be prepared & sent to the State Government.

XIV Modified ECT:

No modified ECT has been installed as yet. A proposal to this effect has been sent and is still awaiting the approval of State Government.

XV Deaddiction ward:

There is no deaddiction ward attached to the hospital. Considering the increase in the incidence of substance abuse and its likely impact on mental illness deaddiction ward is a prime necessity. A proposal for having such a ward may be formulated and sent to State Government.

XVI Facilities for pathological investigations:-

No such facilities are available in the mental hospital. All the blood & urine profiles are sent to Pandit Deendayal Upadhyay hospital for investigation and report.

It may be necessary and desirable to have in place such facilities such as X-ray, ultrasound, EEG, all blood and urine tests including serum lithium estimation.

Similarly facilities for conducting various psychological testings should also be introduced.

There is no X-ray machine even though one post of radiologist has been sanctioned recently.

What type of patients are kept in the hospital section?

Patients reporting for psychiatric treatment are kept in the hospital for their effective treatment by way of control of aggression and violent behaviour. After some time and after they have recorded some progress they are shifted to barracks for continuing their treatment further. Other inmates having minor physical ailments like fever, cough, joint pain are also kept in the hospital section.

What is the nature of counseling to OPD patients/relatives?

OPD patients are usually given medicines for one month and advised to revisit hospital for follow up. Invariably their family members/relatives come to the hospital for follow up and treatment.

In view of the considerably long distances which the patients and their relatives have to travel to visit the hospital it may be worthwhile to write to the State Transport Deptt./ State Road Transport Corporation for subsidized transport on humanitarian grounds.

Redeeming and disquieting features which come to notice:

There are two redeeming features which came out very clearly in course of Member's visit to the hospital. These are (a) there has not been a single case of escape of a patient from the hospital & (b) there has not been a single case of suicide. This is a very good reflection on the effective vigilance and surveillance exercised by the hospital administration and the security staff in particular. The other redeeming features are (a) despite a series of deficiencies and shortcomings the mentally ill persons who are coming to the hospital for OPD consultation & treatment are by and large satisfied with the care and attention which they receive in the hands of medical officers and pharmacists- this is very encouraging (b) the quality of food served is generally sumptuous and nutrition's and the care and attention paid to maintenance of sound health of inmates are by & large encouraging.

The disquieting features are many but the most notable amongst them are:-

1. Mentally ill persons are staying in the hospital for a long time with considerable physical and mental suffering.

2. The average number of deaths of patients in the hospital is much larger than reported in other hospitals.

These are further analysed as under:-

I. Long stay patients includes 26 non-criminals and 18 criminals. The long stay was attributed to limited number of meetings of the Board of visitors headed by the District Judge. The Board meets only twice a year which is not enough to do justice to large number of pending cases. Even after a patient has been examined by the psychiatrist /medical officer and has been declared medically fit for discharge, there is delay in arrangement of police escort by concerned jails for transfer of such patients. Reasons for long stay of non-criminal patients could be attributed to the following reason:-

- Some homeless/ destitutes have been ordered admission by Magistrates long back and they are still continuing in the hospital.

- Some patients have been admitted (mostly by taking order from Magistrates) by relatives & family members giving false address in admission paper.

- Some positive steps have been taken by the hospital authorities to reduce the long duration of stay such as:-
    - documenting address with photograph of the patients;
    - recording telephone numbers wherever the same are available;
    - sending letters/reminders to the relatives in the event of the patient registering progress in recovery, inviting them to come and receive the patient at the time of discharge.

The stay of a patient in the hospital should be as long as it is necessary in the interest of recovery and rehabilitation of the patient and no request for discharge against medical advice should be entertained. It is encouraging to note that the incidence of 'left against medical advice' (LAMA) has been minimal in the mental hospital, Varanasi.

The only significant omission in dealing with problems of patients has been 'no home visits'. This has been so as no social workers have been sanctioned for the hospital. Such workers would have provided a vital link between the hospital authorities and patients/ their relatives.

Equally significant omission is the absence of ' Halfway Homes'. No efforts have been made to identify a good, reliable and committed NGO who has the professional experience and

expertise in dealing with mentally ill persons who can shoulder the responsibility of running a 'Half way Home'. This could have acted as a powerful institutional tool for full recovery, rehabilitation and reintegration of mentally ill persons into the mainstream of the society.

II Large number of deaths of inmates year after year is yet another disquieting feature in the management of the mental hospital. Death of an inmate could take place on account of a variety of reasons. Sometimes when the patient is admitted the symptoms of illness which cause death are not very clear at the time of initial examination. These symptoms develop later. There is a possibility of the patient meeting with an accident on account of which he sustains injury which does not heal. He may also contact infection from his fellow beings. Cardiovascular or respiratory complications develop later which were not found in the beginning at the time of admission.

The death takes place not in the psychiatric hospital where the patient is admitted but in any other Government hospital to which the case of the patient might have been subsequently sent for specialized treatment. In all such cases it is expected of the treating physician in the Government. hospital to record a detailed note comprising of the following (a) the diagnosis of the ailment (b) the symptoms (c) the line of treatment advised and taken recourse to (d) the response of the patient & (e) the cause of death.

The following observations are made in most of the death cases pertaining to mental hospital, Varanasi:-

- Number of death cases is very high. Between Jan 06 to Dec. 06 six patients had died while between Jan 07 to June 07 another three deaths have taken place.

- Year wise break up of death cases between 2000 to 2006 is as under:-

Year	Total number of death cases	Criminal	Non criminal
2000	2	1	1
2001	7	6	1
2002	3	1	2
2003	8	4	4
2004	17	10	7
2005	12	6	6
2006	6	3	3
2007 upto June	3	-	-

All the deaths as above have taken place in the following hospitals:-

- Pandit Deendayal Upadhyay Government hospital, Varanasi.
- S.S.P.G. Distt. Hospital, Varanasi.
- Specialized hospital, Benaras Hindu University

- In all these the post mortem reports have been received in the format prescribed by NHRC which is a detailed one.

- There is, however, no such format for a detailed report from the treating physician in the hospital where the death took place covering all the five areas as enumerated earlier.

- In case of convicts or UTPs the cause of death is investigated into by a Magistrate. If the convict or the UTP has come from another district the Magistrate of that district undertakes the responsibility for conducting such investigation.

- It has been observed that the investigating Magistrate does not come to Varanasi where the death has taken place but summons the medical officer of the mental hospital who referred the case for specialized treatment or the treating physician of the hospital where the patient was treated or both and conducts the investigation at a place which is far away from the place of occurrence. This causes a lot of avoidable difficulty for the administration of the mental hospital where the staff strength is already less and absence of any one of the MOs for about a week (including the journey period) will cause further dislocation in the working of the mental hospital.

Analysis of a few cases of death (period 1.01.06 to 31.12.06)

1. Name of the patient - Ram Bharat Tiwari.

Father's name - Ram Aksheban Tiwari.

Name of the village- Ganganagar P.O. Adampur P.S. Jehangir ganj Distt. Ambedkar Nagar

Age - 50 years.

Status This is a case of non-criminal voluntary admission and hence no Magisterial enquiry required.

Date of admission 10.06.06

Date of death 14.06.06

Cause of death Syncope as a result of congestion, heart failure and coronary occlusion and Coma. Hemorrhage could be attributed as the immediate cause of death.

The patient was treated in the hospital of BHU (where his case was referred to) and he died there. The post mortem has been conducted promptly on 15.6.06 and copy of the report has since been received in the mental hospital.

II	Name of the patient	-	Veerendra Singh
	Father's name	-	Ramdhari Singh
	Addres		Vill. & P.O. Nevada, P.S. Khanpur, Distt. Ghazipur.
	Age	:	27 years.
	Status of the patient	-	This is a case of non-criminal/ voluntary admission. Hence no magisterial enquiry required.

He was admitted in the mental hospital on 7.12.05. The case was referred to Pandit Deendayal Upadhyay Government hospital soon thereafter and he died on 25.01.06. Cardio respiratory arrest has been identified as the main cause of death. A death certificate has been received but there is no detailed report from the treating physician about the circumstances under which the patient died and whether best possible efforts were made to save his life. The post mortem report still awaited.

III	Name of the patient:-	Om Prakash
	Father's name	Nekram
	Address	Banau village, P.S. Alapur, Distt. Badayun – U.P.
	Age	25 years

Status of the patient - He was admitted in MH Varanasi on 28.4.03 under orders of Judicial Magistrate, Badayun. The case was referred to Pandit Deendayal Upadhyay hospital where he died on 4.11.06.

Asphyxia and Septicemia (as a result of Lungs infection) have been identified as the main causes of death. A copy of the post mortem report was received on 11.12.06. The detailed report from the treating physician is, however, yet to be received.

IV Name of the patient Pramesh Gupta

Father's name Ram Ugraha Gupta.

Address Vill. Rameyayee P.S. Puramjit Ka Makan Dalibag Narahi, Distt. Haszat ganj, Lucknow.

Age 35 years

Status of the patient :- He was admitted to mental hospital by Judicial Magistrate I class, Lucknow on 15.0.06. Soon thereafter the case was referred to Shiv Prasad Gupta hospital and Sarasundar Lal hospital, BHU. He died on 14.06.06. The post mortem report has been received on the same day. Septicemic shock as a

result of multiple infected wounds has been identified as the cause of death by the SPG hospital while necrotizing fascistic and cellulites along with septicemia have been identified as the causes of death by the second hospital. There is no detailed report on the line of treatment provided at both the hospitals. The magisterial enquiry has taken place but the repot is still awaited.

V	Name of the Patient	Sibakant Mishra
	Father's Name	Vilas Mishra
	Address:-	N 11/58 Ranipur, Maharajganj, P.S. Belupur, Distt. Varanasi.
	Age	40 years
	Status of the patient:-	This is a case of non-criminal voluntary admission. The patient was admitted to mental hospital, Varanasi on 5.8.05. and his case was referred to Pandit Deendayal hospital for specialized treatment thereafter. He died on 23.01.06. In the death certificate received from the treating

hospital Cardio- respiratory failure has been identified as the cause of death. Neither the post mortem report nor any detailed report from the treating physician has been received. This being a case of non-criminal voluntary admission, no magisterial enquiry is required to be conducted.

VI	Name of the patient	:	Vishnu Bist
	Father's name	:	Hoshiar Singh
	Address:		Mehabuba Labana, Patelnagar, Distt. Dehradun
	Age	:	26 years

He was admitted to the mental hospital under orders of Chief Judicial Magistrate, Dehradun and was referred to Pandit Deendayal Upadhyay hospital and Shiv Prasad Gupta hospital. He died on 17.01.07. The post mortem report has been received. Septicemic shock as a result of bilateral multiple lungs abscess with evidence of anaemia has been identified as the cause of death. There was, however, no evidence of anaemia at the time of admission. When subsequently the case was referred and he underwent investigation the haemoglobin level was found to be 9.8 gm% on 2.01.07. He was given medicines and iron tablets for low haemoglobin count but it did not pick up. Both the death certificate and post mortem reports have been received but a detailed report

from the treating physicians in the two hospitals has not been received as yet.

VII	Name of the patient	:	Munna @ Rampratap.
	Father's name	:	Raja
	Address	:	Vill & P.S. Girba, Distt. Banda.
	Age	:	45 years
	Status of the patient	:	He was admitted to mental hospital under orders of Chief Judicial Magistrate, Banda on 3.4.2005. His case was subsequently referred to Pandit Deendayal Upadhyay hospital where he died on 14.03.07. Since neither the post mortem report nor any report from the treating physician has been received, the cause of death could not be ascertained. Repeated reminders are being sent but post mortem report has not been received even after expiry of 4 months.

Remarks:- The patient was treated in mental hospital Varanasi by Dr. Jai Singh Jadav, psychiatrist who had personally accompanied the patient to the

Specialist hospital but the latter reported that the patient was brought dead.

This is another case where the magisterial enquiry is yet to take place. It transpired that according to the existing procedure the magistrate will take up the enquiry at Banda and not at Varanasi where the death had taken place. He will send for the psychiatrist of the mental hospital and the treating physician of the specialist hospital for interrogation about the circumstances under which death took place. This does not appear to be a very convenient arrangement in as much as on account of there being very few medical officers in the mental hospital absence of the psychiatrist for at least a week would cause severe dislocation to the working of the hospital. It is, therefore, desirable that the magisterial enquiry should take place at Varanasi either by the magistrate coming down from Banda or by the magistrate at Varanasi itself. The issue was discussed by the Spl. Rapporteur with the DM Varanasi and she was requested to reverse the orders issued by her predecessor – Shri Rajesh Agarwal and issue a revised order by assigning the task to one of the Magistrates of Varanasi (and not a Magistrate from outside) to facilitate a proper magisterial enquiry in time without causing any dislocation to the working of the mental hospital, Varanasi.

Procedure for submission of post mortem report :-

- The post mortem is required to be done on the same day.

- The copies of the P.M report – one meant for the O/c PS or SHO and another meant for the Superintendent of Police are delivered to the police officer accompanying the body for necessary action.

- The third copy is sealed at the P.M house and sent to the district headquarters hospital.

- SSPG hospital is the headquarters hospital for Varanasi.

- The sealed cover is to be opened only at the time of Magisterial enquiry or demand from a court. In actual practice the mental hospital, Varanasi is handicapped in having access to a copy of the P.M. report which provides the most important clue to the death of a patient.

Special problems of mentally ill persons in Central Jail, Varanasi:

This is a 150 years Central Jail where overcrowding seems to be the dominant note is as much as against a capacity of 900 there are 2300 prisoners (most of them are life convicts). Of them 51 are mentally ill. Being life convicts they are continuing in the Central Jail for a long time. Most of them constitute a serious threat to the health,safety and well being of other inmates. A moot question was raised in course of review by the Supdt. Central Jail as to whether these life convicts who are mentally ill should remain in Central Jail or should be sent to the mental hospital. According to the existing arrangement the psychiatrist of the mental hospital is going to the Central Jail to examine these mentally ill persons once

in 3 months. The correct arrangement would be to (a) allow them to be shifted to the mental hospital (b) subject them to closer supervision and vigilance in terms of care and attention (c) increase the manpower in the mental hospital to handle this added responsibility and (d) create a climate for good conduct, medical fitness and acceptability by the family members so that the release of these life convicts who are also mentally ill can be hastened and the process of their reintegration into the mainstream of the society can be facilitated.

The following staff members ventilated their grievances before Member for redressal:-

1.	Sadanand Pandey	-	Chief Pharmacist.
2.	Rajmani Sharma	-	Chief Pharmacist
3.	Durga Prasad Pandey	-	Pharmacist
4.	Subhash Maurya	-	Pharmacist.
5.	Suresh Mauriya	-	Attendants
6.	Mukhram Singh yadav	-	"
7.	Pramod Kumar Choubey		"
8.	Ram Prasad	-	"
9.	Sudama Devi	-	Female Head Attendant.

The pith and substance of their grievance is as under:-

- Sri Sadanand Pandey is looking after the job of Chief Pharmacist which is lying vacant for some time. The post of Chief Pharmacist is a gazetted one. Sri Pandey, however, is drawing a scale of Pay of Rs. 5500- Rs. 9000/- which is

meant for a non-gazetted post. No special allowance has also been sanctioned in his favour for discharging the duties attached to a senior post.

- Sri Durga Prasad Pandey is a diploma holder in Pharmacy and is entitled to a scale of Rs. 5000- Rs. 8000/- which diploma holders in Pharmacy are drawing elsewhere in UP while he is drawing a scale of Rs. 4500 – Rs. 7000/- This anomaly should be removed at the earliest.

- The attendants represented that their scales of pay require revision since they are getting much less remuneration which has no co relation with prices of goods / commodities prevailing in the market on the one hand and the stress & strain attached to the post of an attendant on the other.

- The female Head attendant pleaded that the number of female attendants is quite low compared to the number of patients and should be increased in the interest of better supervision and provision of better care and attention.

- Others represented for construction of staff quarters which at present are very few (28) compared to the number of officers & staff (100+)

Executive summary of conclusions and recommendations:

- A 200 year old hospital has inevitable problems of repair and maintenance which if not attended to in time with sufficient

sense of urgency and seriousness of concern would give rise to serious problems of safety.

- In terms of concrete action this would involve the following:-
  - each block (including administrative block and barracks) needs to be thoroughly inspected, cracks, if any, (both horizontal and vertical), leakage/seepage, if any, detected and both preventive and corrective action taken.
  - normally such an assessment should be done sufficiently in advance and preferably before the advent of rains, estimates for the repairs got prepared, administratively approved/technically sanctioned, repair work undertaken and completed in time much before the onset of rains.

- The main drive ways/pathways inside the hospital should be got paved to facilitate movement of trolleys for transport of food stuff from the kitchen to the barracks.

- If in the course of technical scrutiny it is found that certain blocks are beyond repair or that repair would be prohibitively expensive, demolition of such blocks should be taken up in a phased manner.

- This should be simultaneously backed by a programme for construction of new blocks (separate for male & female

patients). In undertaking construction of such new blocks adequate care may be taken & ensure (a) adequacy floor space is created so that proper gap between beds is maintained (which is not the case now) (b) there is adequate lighting & cross ventilation (c) inflow of flies & mosquitoes is prevented.

- On the whole considerations of security & safety should be balanced with those of aesthetics, comfort & convenience of inmates in the new blocks.

- The process of demolition and new construction would generate a lot of garbage. These should not be allowed to accumulate but removed to a far off place at the earliest. This is to ensure that the environment inside the hospital is clean and hygienic in the longer interest of health of inmates.

- A psychiatric hospital of such long standing catering to the psychotic needs of over 300 mentally ill persons from as many as 15 antlying districts should preferably be manned by a qualified and experienced – psychiatrist instead of going by the principle of exploring promotional avenues for non-psychiatrist members of the medical profession.

- Half of the Director's bungalow is being used for OPD. This is not a very convenient arrangement from the point of privacy of the Director and his family members in as much as each OPD patient is accompanied by on an average by 2 to 3 persons. There is need for proper planning of an OPD block

as in Gwalior & Ranchi mental hospitals with sitting arrangement for at least 150 to 200 persons (average outturn of OPD patients beings 80 + 1 relative per OPD patient) as also arrangements for (a) potable drinking water (b) toilet (c) lighting & ventilation (d) television for recreational avenues (e) observation room where violent/ aggressive patients can be kept under observation with sedatives.

- Separate rooms with attached bath/toilet be provided for (a) Director (b) Sr. Psychiatrist (c) Clinical psychologist and (d) social workers (as and when new posts of clinical psychologist and social workers are sanctioned and the incumbents are in position).

- It is essential that the present Director (who is continuing to occupy the staff quarters allotted to her as Supdt. In Chief, Distt. Women's Hospital which is 7 Kms. away from the mental hospital) shifts to the Director's bungalow to look into matters of day today management as also to attend to emergency situations.

- A principled policy of transfer and postings is a must for the mental hospital which is already severely handicapped on account of large number of vacancies in different grades (Psychiatrists, medical officers, staff nurse, pharmacists etc.) The implications of shifting an existing incumbent (like Dr. Amarendra Kumar) without posting of a suitable substitute in a situation of vacancies should be carefully examined before taking a final decision.

- There is urgent and imperative need for constitution of Managing Committee to take all important decisions in matters of day today management. The composition of the Managing Committee may be in the same pattern as that of Gwalior, Agra & Ranchi.

- A number of sub committees may be formed under the Management Committee to take charge of specific areas of responsibility. The Managing Committee and sub committees may function within a scheme of delegation of administrative & financial powers.

- Most of the OPD patients and their relatives come from outlying stations and from poor families. They come either by bus or train and have to incur considerable expenditure in traveling long distance. It may be appropriate for the hospital authorities to make out a case for facilitating travel of these persons at concessional rates by moving the State Transport Deptt. as well as the MD of the State Road Transport Corporation. A similar suggestion of the Special Rapporteur at Dharwar had evoked positive response from the authorities concerned.

- In addition to the various facilities and amenities which have been suggested for the comfort and convenience of OPD patients earlier, the following arrangements should be institutionalized for a smooth & efficient functioning of OPD:-

- there should be 2 separate registration counters – one for male and another for female;

- one file should be opened for every mentally ill person(both old and new ones);

- these files should be kept in a record room with ladder type steel racks and should be arranged alphabetically and calendar year wise;

- arrangement should be made for computerization of all patients, their family history, past medical history, diagnosis, line of prescribed treatment, follow up (so that in case of any patient whose hospital registration card is missing or whose prescription is missing the same can be retrieved from the computer records.

- similarly all home visits by social workers (as and when the posts of social workers are sanctioned and the incumbents are in position) and reports submitted by them should be computerized;

- full postal address and telephone numbers of patients and relatives, relationship with relatives who are accompanying the patient should also be computerized.

- The reorganization of the hospital building plan to sum up and reiterate should provide for the following:-

    - automatic kitchen and laundry;

- arrangement for storage and filtration of sufficient quantity of potable water to meet the full requirement of office, OPD, barracks, staff quarters, kitchen, laundry, toilet etc.

- construction of staff quarters for all the 100 + staff members and officers (at present only 28 against 100+);

- construction of a large hall for OPD patients with separate sitting space for male & female members with all facilities and amenities with an observation room for keeping violent patients under observation;

- separate room with adequate lighting & ventilation for all medical officers (psychiatrists, clinical psychologist, social workers alike);

- rest rooms for officers and staff members;

- Library equipped with latest books – journals (both indigenous & foreign) for all medical officers/ psychiatrists with reading room facility;

- Library for patients with facility of a reading room where the patients (non-criminal) could sit and read newspapers, journals etc. during prescribed hours;

- a separate injection room where sensitivity tests should be under taken prior to administering injections;

- installation of a dining table in each barrack to enable patients to take their food in a proper manner instead of taking food on the floor of the verandah of the barrack as is the case now;

- installation of an incinerator with auto clave for disposal of hospital waste materials;

- construction of more toilets to improve toilet patient ratio to 1:6 with a view to making living more hygienic.

- a separate transformer with the required load (50 KW) to ensure 24 hours uninterrupted supply of electrical energy;

- providing for a PCO booth as well as a canteen by side of the road jut in front of the hospital gate.

- The reorganization plan should also provide for the following:-

    - installation of a modified ECT room (air-conditioned) with full manpower and gadgets;

    - a recovery room adjacent to the ECT room which should also be air conditioned;

    - a pathological laboratory with a qualified pathologist where basic blood profiles can be tested;

- an x-ray unit with a qualified x-ray technician;
- an EEG and ultrasound unit with qualified technicians;
- an enlarged occupational therapy unit with introduction of more skills/ trades to be imparted, with necessary tools and equipments and manpower (instructors);
- a deaddiction ward with necessary tools and equipments and manpower to man it;
- two separate emergency rooms one for male and another for female patients where patients brought under emergency situations can be kept under observation for some time.
- the existing arrangement of sending all mentally ill patients who are having other general complications (other than mental illness) to hospitals (Pt. Deendayal Upadhyay, BHU, SPG etc) is not a salutary one. A large number of deaths have taken place and are taking place even now (on an average 5 to 6 every year). Post mortem reports are not available in all cases. Except a death certificate in a few cases no detailed reports on the cause of death, circumstances in which death took place, whether all possible efforts were made to save life of the patient are available. It was not possible to visit all concerned hospitals to have the facts fully verified by having an interaction with

medical officers of the hospitals concerned. In view of this it is necessary to issue the following guidelines to deal with all cases of death in an appropriate manner:-

i. all patients must be thoroughly critically examined at the time of admission in MH, Varanasi;

ii. if any patient is suspected to be suffering from anaemia, the sample of blood must be sent for test and if on the basis of test it is found that haemoglobin content in the blood is less the treatment should start straight away to improve the haemoglobin content;

iii. while sending the patient for any specialized treatment to another hospital full history of the patient on the basis of the first examination must be sent;

iv. the medical officer of the mental hospital who is sending the patient for specialized treatment to another hospital should keep himself abreast of the condition of the patient from time to time by enquiring of the same from the treating physician;

v. the treating physician should maintain a proper record of the condition of the patient on a day to day basis and in case the patient does not show any sign of improvement he should keep the medical officer of the mental hospital informed. If

despite best efforts the life of the patient could not be saved the treating physician should prepare a detailed report indicating the circumstances under which the death took place. He should send a copy of this report to Director of the mental hospital while sending the body for post mortem.

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'ANNEXURE-I'

	Name	Designation	Signature
1.	Dr. G.P. Kashyap	Medical Officer Distt. Jail, VNS	
2.	Dr.S.B. Singh	Medical Supdt., Central Jail, Varanasi	
3.	Suresh Chandra	Sr.Supdt.Jail Central Jail, VNS	
4.	Dr. P.M. Srivastava	Addl.Director/Supdt. Including S.S.P.G. Hospital, Kabirchawra, VNS.	
5.	Dr.P.C.Shukla	Chief Medical Supdt. Pt.Deen Dayal Upadhyay Govt. Hospital, Varanasi	
6.	Dr.V.K. Srivastava	C.M.S. LBS Hospital Ram Nagar, Varanasi	
7.	Dr. K.K. Mishra	Joint Director, AD Office Varanasi	
8.	Dr. K.N. Singh	City Magistrate, VNS	
9.	Dr. P.N. Singh	Director, PHC/CHC	
10.	Dr. R.P. Pandey	Sr. Psychiatrist	
11.	Dr. Mrs. N. Gaur	Director Mental Hospital	

Annexure-II

STAFF POSITION

Following is the list of sanctioned working/ vacant posts of officers/ staff in Mental Hospital, Varanasi

Group A :-

Name of sanctioned post		On Sanction	Presently working	Vacant post
Director & Superintendent-in-chief		1	1	-
Group B				
1.	Psychiatric	6	2	4
2.	Radiologist Label 2	1	-	1
Group C				
1.	Incharge (Pharmacy)	1	-	1
2.	Chief Pharmacist	4	4	-
3.	Pharmacist	3	3	-
4.	Head Clerk Gr.2	1	-	1
5.	Sr. Assistant	1	-	1
6.	UDC	1	1	-
7.	LDC	1	1	-
8.	Store Keeper/clerk	1	1	-
9.	Farm Supervisor	1	1	-
10.	Lady instructor	1	1	-

Annexure-II

List of sanctioned working/vacant group D employees in Mental Hospital, Varanasi

Sl.No.	Name of Sanctioned Post	On sanction	Presently working	Vacant
1.	Chief Head Attendant	1	1	-
2.	Head Attendant	4	4	-
3.	Attendant	50	50	-
4.	Gate Keeper	4	4	3
5.	Blacksmith	1	1	-
6.	Washerman	1	1	-
7.	Gardner	2	2	-
8.	Barber	1	-	1
9.	Wasket packer	1	1	-
10.	Store Keeper	1	-	1
11.	Tailor	1	1	-
12.	Weaving Instructor	1	1	-
13.	Mason	1	1	-
14.	Peon	1	1	-
15.	Bullack cart driver	1	1	-
16.	Head Sweeper	1	1	-
17.	Sweeper	11	-	-
18.	Sweepers	3	2	1