'The Old Order Changeth
Yielding Place to New'

A report of review of the activities
of Gwalior Manasik Arogyashala (GMA)
to review its activities

By

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- there was no proper approach road to the hospital and the kutcha drain in front of the hospital building which is full of stench and foul smell was a source of nuisance as well as pollution to the hospital environment;
- while the number of OPD patients progressively increased (daily average being around 60+) the space in the documentation centre was limited and the records of OPD patients were yet to be fully computerized;
- in the open ward there was no sitting or sleeping arrangement for relatives who had to lie on the bare floor which was painful in winter months;
- patients in the open ward were not properly watched;
- the occupancy in the closed ward was much less than sanctioned capacity;
- there were more beds in wards than what they could accommodate; this resulted in congestion;
- despite sincere efforts on the part of hospital administration in entering into protracted correspondence with family members and Collector of the district the response was negative which contributed to long stay of patients ranging from 1 year to 15 years;
- despite sincere efforts to advise the patients to stay on for full course of treatment and not to leave, there have been cases of LAMA or leaving against medical advice in both open as well as closed wards which was detrimental to the interests of patients;
- scales of diet (Rs. 26/- per patient per day) were rather low;
- no professional nutritionist or dietician was available to certify if the food cooked and served contained the desired nutritive value;

Change is the Law of Nature. This aphorism is relevant to the life of an individual as it is to the life of an institution. Such change albeit transformation comes by way of evolution in a normal, natural and sequential manner. Sometimes it is induced internally from within and without much tremor while sometimes it is induced from outside with or without a cataclysm. In either case, change is desirable if it is associated with a genuine and qualitative conversion in the lives of the people alike in the affairs of an Institution and not a cosmetic one.

This was broadly the impression I had at the time of my second visit to Gwalior Manasik Arogyashala (henceforward to be referred as GMA) on 11th and 12th February, 2008. My first visit to GMA had taken place on 6th January, 2007. During the interregnum of this little over one year the working environment in GMA has, for reasons to be briefly indicated later, been surcharged with a lot of tension and strained human relationships. As a result of timely and appropriate intervention on the part of the Divisional Commissioner – Mr. Singh, Chairman of the Managing Committee, there was change of guard resulting in replacement of Dr. Ramgoolam Razdan, Ex-Director by Dr. (Mrs.) Jyoti Bindal, Professor and Head of the Department of Gynaecology and Obstetrics of Gajra Raja Medical College (to be hence forward referred to as G.R. Medical College), Gwalior w.e.f. 14.9.2007. This, however, is an adhoc decision in as much as Dr. (Mrs.) Jyoti Bindal has been appointed as Director, GMA in addition to her own duties as Professor and Head of the Department of Gynaecology and Obstetrics, G.R. Medical College, Gwalior by the order dated 14.9.2007.

At the time of my first visit I had observed and brought out in my report the following deficiencies in the environment and working of GMA:-

- vacancies in senior cadres (Assistant Professors) continued for a long time;
- similar vacancies in para medical staff (Nurses) continued;
- the process of sanction/creation of new posts and filling up of existing posts (sanctioned) was tardy and time consuming;

- the library of GMA with only 200 books was rather small without any reading room, without E-connectivity with different departments/ divisions and without any access to foreign journals;

- even after a patient in jail ward had been effectively treated and was fit for discharge as early as 17.9.2003 the patient overstayed for 4 years as escort services could not be provided by the police of the concerned district (Durg);

- Similar was the case of Dr. Anuradha Moga in the halfway home for female patients; even if effectively treated and fully cured she could not be sent back as she had only one sister who was also mentally ill;

- The interpersonal relationship in GMA left much to be desired due to inexplicable reasons;

- There was adhocism in the decision making process in several fronts;

After Dr. (Mrs.) Jyoti Bindal assumed charge and during the last 5 months of her incumbency a spate of welcome changes has taken place. These are as under:-

- Interviews have been held for the following posts and the process of selection has been completed:-

    - two Assistant Professors, Psychiatry;
    - one Assistant Professor, Clinical Psychology;
    - one Clinical Psychologist;
    - one Psychiatric Social Worker;
    - nine male nurses;
    - gardener on daily wage basis.

- Departmental Promotion Committee meeting has been held and the process of promotion of eligible staff members has been completed;

- Approval of the Managing Committee for a new female closed ward (the old female ward building suffered from congestion and a number of

other deficiencies due to poor quality structure and want of timely repair and maintenance; it had practically outlived its utility) obtained;

- Approval of the Managing Committee for starting one ICU has been obtained;

- The Managing Committee is required to meet normally once in 3 months but it has met thrice during the last 4 months (24.9.2007, 18.12.2007 and 30.1.2008) to transact important official business which was pending for disposal;

- Similarly Purchase Sub Committee, Selection Sub Committee, Technical Sub Committee and Rehabilitation Sub Committee have also met once or more than once (depending on need) to transact official business;

- The Director has made herself accessible to all specialists, general duty medical officers, para medical staff and other staff members (Gr. III and Gr. IV) for ventilation and redressal of grievances, if any;

- A totally open, transparent and convivial environment has been created with complete harmony in interpersonal relationships and respect for dignity and decency of individuals working in GMA;

Considering the fact that most of the buildings are old and the State of their maintenance has been rather unsatisfactory a number of new initiatives have been taken to improve the physical infrastructure and work environment as under:-

- ➢ Construction of a new female ward at an estimated cost of about Rs. 87 lakhs which is under process will ease congestion and overcrowding in the existing female closed ward; the new ward has been designed well with provision for adequate lighting and ventilation;

- ➢ A new overhead water tank with a capacity of 3 lakh litres and at an estimated cost of Rs. 17 lakh is under construction;

- Existing water tanks are being cleaned by using state of art technology with mechanized dewatering sludge removal, high pressure cleaning, vacuum cleaning, antibacterial spray and ultraviolet radiation;

- Solar water heating system has been installed by M.P. Urja Vikas Nigam to facilitate regular supply of hot water in winter;

- A new canteen building adjacent to the OPD has been constructed and is ready for formal inauguration. The building has 2 storeys, has been well constructed with an impressive look and has all the functional requirements (well equipped kitchen, arrangement for servicing of food, washing etc.). This will be a source of great relief to the relatives of patients who come from far off places at considerable expense leaving home at unearthly hours and yet who do not get anything to eat in the absence of a canteen;

- Through the world space music channel a sincere effort has been made to soothe the nerves of the mentally ill persons in the closed and open wards, in the dining hall, OPD and halfway homes in line with the suggestion made by me at page 28 of the report of my first visit;

- Through an annual maintenance contract of all instruments and gadgets a sincere effort has been made to ensure their functioning round the clock;

- Existing books, journals and periodicals have been manually catalogued while e-connectivity in the library is under process;

- Through participation in exhibitions and putting up a stall in Shilpa bazaar in Gwalior Trade Fair a planned and coordinated effort for sale of crafts in the Occupational Therapy (OT) units has been made.

- ➢ Outsourcing of laundry by mechanized industrial laundry has been started. This involves collecting clothes from the hospital daily for washing, cleaning and ironing;
- ➢ A proper nameplate indicating the name of the department along with room number in bold and bright letters has been fixed at the entrance of the respective unit which was not there earlier;
- ➢ Under the overall guidance of the Director and with the active involvement of two faculty members i.e. Dr. G.S. Kakkad and Dr. Nand Kishor; Yogic exercises have been organized. In all about 20 patients from different wards who have been effectively treated and who are fast on the way to recovery are participating in these exercises. Their overall reaction to the beneficial impact of the exercise was positive.
- ➢ Due to the personal interest evinced by the Director and under her direct personal supervision the overall standards of cleanliness in all the wards have considerably improved;
- ➢ Similarly there is a marked change in personal hygiene of patients on account of change of dress and linen and ensuring adequacy of mattresses, linens, blankets and warm protective clothings;
- ➢ A new initiative of general check up at OPD of mentally ill persons has been taken;
- ➢ A new initiative of meeting all registered NGOs to start day care centres and longstay home has been taken.

Problems, constraints and challenges:

Autonomy:

- The first redeeming feature in the judgement of the Supreme Court in W.P. No. 339 of 1986 Rakesh Ch. Narayan Vs. State of Bihar is grant of autonomous character to GMA, Gwalior, RINPAS, Ranchi and IMHH, Agra. Autonomy, as it was observed by me in one of my earlier reports on visit to

RINPAS in February, 2007 does not mean licence to do anything and everything; it does not mean exercise of powers in a unilateral or arbitrary manner either. It means freedom to do a number of things in a constitutional manner with expedition and speed within a scheme of sufficiently delegated administrative and financial powers. Autonomy brings freedom and opportunity to introduce reform and to produce results in less time and cost.

- GMA was accorded an autonomous status by the State Government by a gazette notification dated 25.10.94. A Managing Committee was constituted with the Divisional Commissioner as the Chairman and Collector, SP, Secretary, Public Health and Family Welfare or his representative, a nominee of the State Government who will be a woman, Principal, G.R. Medical College, Director, GMA as members. The same notification provided for constitution of the following sub committees:-
  - finance and accounts/sub committee;
  - purchase sub committee;
  - medical sub committee;
  - rehabilitation sub committee;
  - welfare sub committee;
  - selection sub committee;
  - works sub committee.

- The implications of grant of autonomy were:-
  - they will generate resources internally;
  - fees to be collected from the patients (who can afford to pay) for admission, fees for investigation and treatment as also student's fees will go to the autonomous corpus.
  - the central objective was to spend more for the welfare of the patients by way of :-
    - purchasing and installing new medical equipments (like CT scan, MRI);

- maintenance of equipments (old and new);
- providing medicines free of cost to BPL patients;
- ensuring hospital cleanliness;
- improving living conditions for IPD patients as well as students;
- introducing new activities (like yoga, pranayam, meditation) for patients.

- Even though in terms of the said notification the managing Committee has full administrative and financial powers and the Director, GMA has full powers of a State Level Head of the Department there are certain limitations which inhibit application of true and effective autonomy as would be evident from the following:-

  - no specific order for delegation and exercise of specific administrative and financial powers in favour of Director, GMA as a State Level HOD has been issued by the State Government as has been done in case of 5 medical colleges so far;

  - power for creation of Class I, II, III and IV Posts rests with the State Government; the Director can fill up Class III and IV posts only after getting permission from the State Government and after following the existing Government rules (rule 20.6 of the autonomy rules); this consumes a lot of time;

  - sanction for purchase of drugs/furniture/machine/equipment is given by the Managing Committee but Director can purchase these items only by following a purchase procedure within the ambit of government policy;

  - GMA had full authority to purchase drugs on the basis of open tender prior to 1.4.2007. This power is no longer in existence. According to the Central Drug Policy laid down by the State Government for the financial year 2007-2008 issued in August, 2007, a nodal officer has been appointed at the Central level. All hospitals are also required to

appoint a nodal officer within their respective institutions. The central nodal officer will review and coordinate all matters pertaining to purchase of drugs by the respective health and medical care institutions. All proposals for purchase of drugs/ equipments will be sent to the Central Drug Cell, Directorate of Health Service on a quarterly basis.

While the Central Drug/Equipment Purchase Policy may have been issued with a lot of good intentions to streamline the purchase and introduce an element of transparency, it does involve a lot of clerical work which is repetitive (in as much as fresh indents will have to be prepared and sent every year on a quarterly basis), time consuming and fraught with the possibility of human error. Bed strength, occupancy rate and the type of psychotic and neurotic drugs needed and quantity thereof being well known. Director, GMA should have full powers for purchase of drugs on the basis of open tender as was the case prior to 1.4.2007. She should be in a position to purchase according to requirement sufficiently in advance and ensure storage of drugs 100% according to the requirement of the hospital.

- Under Government Purchase Rules GMA cannot indent drugs for more than 3 months. Such a policy may give arise to a situation of artificial scarcity.

- Sanction of the Managing Committee is required for purchase of the following:-

  - national/international journals;
  - air conditioning and central air cooling of ECT Deptt./ Recovery Room/Wards/Doctor's duty room and other work places.

- However, these purchases are all conditional on the State Government purchase rules. Restrictions imposed by Government on purchases to be made from time to time, frustrate the objectives of autonomy.

- To illustrate, according to an executive order issued by the State Government no expenditure can be incurred (except food) and no orders can be placed with any supplying agency for purchase of tools, equipments, drugs and furniture after 31st January every year. The rationale of and applicability of the

State Government's order to GMA is not clear as GMA gets a fixed grant from Government and not a headwise budget and the said grant does not lapse after the financial year.

- Yet another issue which dilutes autonomy is the fact that GPF, DPF, anticipatory pension and GIS matters are still being routed to Treasury through Dean, Medical College even though GMA is an autonomous body. This causes unnecessary or avoidable delay.

- The sum total of impression which one gets out of this whole exercise is that what is given in one hand is taken away by the other.

Manpower planning, outsourcing and regularization:

- The table below gives the number of sanctioned posts, number of posts filled up, number of posts lying vacant, number of persons posted as regular and number of persons posted on contractual basis:-

Class	No. of Sanctioned Posts	No. of posts filled up	No. of posts lying vacant	No. of persons posted on regular basis	No. of persons posted on contractual basis
Class I	11	2	9	1	1
Class II	22	17	5	15	2
Class III	95	59	36	43	16
Class IV	85	65	20	-	-

- Whether a job should be performed by an incumbent on a regular or contractual basis would depend on the nature of job itself. To determine the nature of a job a scientific job study needs to be carried out. No such study has been conducted and yet persons have been put on contractual basis without rhyme or reason. Normally such jobs which are casual, sporadic or intermittent would have warranted contractual appointment; if not, all sanctioned posts should have been filled up on a regular basis.

- I was given to understand that under the autonomy notification issued by the State Government in October, 1994 services for cleaning and security can be outsourced.

- These are perennial jobs, should ordinarily be manned by regular employees and should not have been outsourced. Without, however, going into the merits of this issue as to whether they should have been outsourced or not, the more important question which needs to be answered is whether sufficient checks and safeguards have been laid down to pin the manpower agency down to perform according to the norms and standards laid down for each post and the actual quality of performance.

- In case of GMA while issuing the advertisement strict conditions were laid down such as:-

  - definite number of employees required to perform a particular job;
  - employees are to be paid minimum wages;
  - deductions towards provident fund and ESI are to be made;
  - workers should be present in uniforms;
  - cleaning is to be done by machines;
  - financial penalty will be imposed if conditions are not fulfilled.

- As stated by the Director so far there is no default on the part of the Contractor who is providing 18 workers and a supervisor daily for cleaning and has lived upto the expectation of the management.

- According to Rules 20.6 of Autonomous Rules outsourcing can be done only against vacant posts. The Rules should actually provide that outsourcing should be related strictly to the nature of job (casual or sporadic or intermittent) and the genuine needs of the institution and should not be related to vacancy.

- Autonomy rules do not permit outsourcing for attendants; only security and cleaning outsourcing is permitted. This causes serious problems as would be evident from the following:-
  - according to mental health regulations and norms there should be a ratio of 1:5 between attendants and patients;
  - by this norm, GMA should have 42 attendants in every shift for 212 sanctioned beds or a total of 42X3 =126 attendants for all the 3 shifts;
  - GMA has got only 42 sanctioned posts of attendants and finds it extremely difficult to manage;
  - Since outsourcing the work of attendants does not figure in Autonomy Rules Managing Committee has no powers to accord permission to the Director, GMA to outsource this particular category of job;
  - Director, GMA is inhibited from going to Department of Medical Education for getting a sanction for creation of balance 84 posts of attendants on a regular basis as per the genuine requirement of GMA.
- The only way out is to amend the Autonomy Rules and authorize the Managing Committee to accord permission to the Director to engage 84 attendants (over and above 42 which GMA already has) to meet this genuine requirement.
- The Director perceives the urgent need for outsourcing of the following jobs in the larger public interest:-
  - electrician;
  - plumber;
  - gardeners;
  - extra barbers;
  - extra dhobis;
  - extra cooks;
  - people to serve food.

- This is on account of the fact that these are maintenance jobs which need to be performed as and when the occasion warrants; while maintenance was being done by PWD prior to introduction of autonomy rules it is not so now.

Regularization:

- Medical Education Department, Government of Madhya Pradesh has issued an order No. F-2-80/5/1/55 Bhopal dated 8.3.2007 for regularization of all the non clerical contractual staff. The name of GMA does not, however, figure in the order. GMA, therefore, is unable to regularize the non clerical (NC) contractual staff. The omission which is inadvertent needs to be corrected urgently.

Reluctance of Psychiatrists, Clinical Psychologists and Psychiatric Social Workers to join on contract basis:

- It was earlier stated that interviews have been held on the basis of advertisements issued and offers received for the following posts:-

  - Assistant Professors, Psychiatry – 2;
  - Assistant Professor, Clinical Psychology – 1;
  - Psychiatric Social Worker -1;
  - Nine Male Nurses;
  - Gardener on daily wage basis.

- Of the individuals selected on the basis of their performance in the interview, the following have joined:-

  - Dr. Ranjeet Kumar – Assistant Professor in Clinical Psychology;
  - Shri Lakshminarayan Rathore – Clinical Psychologist Class II;
  - Shri Nand Kumar – Psychiatric Social Worker.

- The Director stated that all these appointments are on a contract basis on a consolidated salary for a three year contract (the consolidated salary varies from category to category;

- This turns out to be a major disincentive for able and meritorious persons who get better offers and would like to try their luck elsewhere in preference to GMA;

- This is the reason as to why two Assistant Professors, Psychiatry who were interviewed and selected have expressed their unwillingness to join as considering the workload and the responsibility which they are required to shoulder the consolidated wage of Rs. 18000/- which has been offered to them on a three year contract basis was found to be unattractive by them.

Residential accommodation:

- Unlike other welfare institutions operations in all hospitals (including mental health hospitals) are carried out round the clock. It is imperative, therefore, that the Director, all specialists, general duty medical officers and para medical staff are provided accommodation inside the campus. At present against 213 sanctioned posts 143 have been filled up and 70 posts are vacant. 82 posts have been proposed for sanction by Government. As against this only 46 officers and employees are staying in Government accommodation inside the GMA campus while 160 are staying out. It is desirable that for future a planning is made for construction of atleast (160+82) or 242 staff quarters.

- Provision of residential accommodation for the staff nurses is absolutely necessary and desirable. It should be made available to all staff nurses free of rent. I was given to understand that those staff nurses who are on contract basis cannot be given the facility of rent free accommodation. This is anomalous and discriminatory. The nature of duties and responsibilities being one and the same all staff nurses must be extended the rent free accommodation facility.

Funding:-

The funding for the last 3 years has been of the following order:-

Table – II

Year	Amount	Whether Central or State Government
2004-2005	Rs. 233.33 lakh	100% State Share
2005-2006	Rs. 225.00 lakh Rs. 213.00 lakh	State Share Central Share
2006-2007	Rs. 310.00 lakh	State Share.

The funding has been inadequate in relation to the need/expenditure. The average expenditure per patient per day has been of the order of Rs. 350/-the break up of which is as under:-

Diet	-	Rs. 26/-
Drugs	-	Rs. 42/-
Clothing	-	Rs. 40/-
Electricity & Water	–	Rs. 24/-
POL	-	Rs. 2/-
Security & Cleaning	–	Rs. 30/-
Staff salary & allowances	-	Rs. 186/-
Total	-	**Rs. 350/-**

GMA has a big catchment area comprising of M.P., Chhattisgarh, U.P., Rajasthan and Orissa. According to the guidelines issues by the NHRC under the 'Quality Assurance Scheme' the grant per patient should be a minimum of Rs. 500/- as against which the present grant is Rs. 250/-. The State Government of U.P. and Jharkhand have already raised per patient grant to Rs. 500/- in respect of IMHH, Agra and RINPAS, Ranchi respectively. It should be done for GMA by the State Government of M.P. as well without fail and without further delay.

Visit to OPD and interaction with OPD patients and relatives accompanying them:

1. **Name of the patient - Inder (Male)**

Age – 26 years

Address – Khurai Tahasil, Sagar district.

Other details - Suffering from depression for a long time. Came with father and uncle. Father has left leaving him with the uncle. Is married with three children. Had to incur an expenditure of Rs. 150/- for travel.

Past History: Came to GMA earlier on 6.2.2007 and was admitted for 5 days. His uncle reports that he did not get much relief after the treatment. Prior to coming to GMA he had undergone treatment with Dr. (Mrs.) Swarnakanta Malhotra who was earlier Superintendent, GMA (1975-97) but also did not get any relief from that treatment.

Current Status – He is now being treated as an OPD patient and is required to take medicines for 6 months. His uncle assured me that he would take personal care about the compliance with medicines without fail.

2. **Name of the patient – Bharat Varma (Male)**

Age – 14

Address – Gwalior City

Ailment – Is unable to sleep. Has severe migraine. Has reduced appetite. Talks rather incoherently.

Other details:- This is the second time that he has come to GMA. His treatment is continuing for 3 months and he is complying with the medicines. He is required to take the medicines for a total period of 6 months (including 3 months he has been under treatment).

Current status:- He is feeling much better than before. His health is better than before.

3. **Name of the patient – Iswar Prasad Thakur (Male):**

Age:- 43 years

Address:- Village – Usri, District - Narsinghpur.

Ailment:- Has less desire to go to work. Rolls in the dust. Collects pables. Has normal appetite and sleep.

Social and Economic background:-

Comes from a lower middle class family. He is working as a constable in Police. Is married and has a family of 4 members.

Past History:- Was admitted to GMA earlier from 4.11.2007 to 15.11.2007. Has come to GMA with his nephew for the third time.

Current Status:- On account of compliance with medicines has started feeling better and has started going to work.

4. **Name of the patient – Ashok Babu (Male):**

Age:- 25 years.

Address:- Barkheda, Rajgarh, Madhya Pradesh.

Ailment:- Does not speak for days together. Has reduced appetite and sleep.

Social and economic background:- Comes from a lower middle class family. His mother is also a victim of mental illness. Father has reduced eyesight, was unable to come and, therefore, his aunt has brought him.

Past History:- He had undergone treatment in Jaipur Medical College and Hospital earlier and came to GMA as he did not get the desired relief at Jaipur. His treatment at GMA has started about 2 months back. Since then he has been regularly complying with the drugs as past experience tells him that discontinuance of the drugs would result in relapse. He expressed his gratitude to Government of Madhya Pradesh for having provided him with a Deendayal Upadyay Health Card which entitles him to free treatment upto Rs. 25,000/-.

5. **Name of the patient – Mukesh (Male):**

Age:- 22 years

Address:- At/PO Nawalpur, District Sagar, Madhya Pradesh.

Ailment:- Used to hurl abuses, quarrel with and beat others. Was remaining indifferent and listless. Has been ailing for the last 2 years.

Socio-economic background:-

Comes from a lower middle class family. Has 26 members in the family (in a joint family set up).

Current Status:-

As a result of treatment in GMA his condition has registered considerable improvement. He has better appetite and sleep now than before. He no longer indulges in quarrel with others nor does he hurl abuses at others any longer. He is willing to work.

6. **Name of the patient:- Kundan Singh (Male):**

Age:- 44 years.

Address:- At/PO Bilhari, District Sagar, Madhya Pradesh.

Ailment (Past History):- For the last 14 years he is having insomnia i.e. he has been unable to sleep. He had undergone treatment in a private clinic at Jabalpur. Is undergoing treatment at GMA for the last 2 years. Has come to GMA with his brother-in-law for follow up.

Social and economic background:-

Is a small farmer and comes from a lower middle class background. Has a joint family set up with 18 members. His brother has been looking after him all these years since he fell ill.

Current Status:- He gets medicines for one month free of cost from GMA. Compliance with medicines gives him sleep, strength of body and peace of mind. Non compliance brings sleeplessness, misery and relapse.

7. **Name of the patient – Saraswati (female)**

Age:- 43 years

Address:- Village Ganj Basauda, Madhya Pradesh.

Ailment:- She talks too much and incoherently too. Suffers from loss of appetite and sleep.

Social and economic status:- She is married with 3 children and comes from a lower middle class family. She had undergone treatment for mental illness only once when she was with her in-laws. Thereafter, they have stopped taking interest about her treatment. She has come to GMA with her father and there is none from the side of the in-laws.

Current status:- She has come to GMA for the third time for follow up. Her treatment is going on for full one year. She is regularly complying with the drugs and her overall condition has registered improvement.

8. **Name of the patient:- Mamata (female):**

Age:- 20 years.

Address:- Babina, Jhansi, U.P.

Ailment:- She has reduced sleep, reduced appetite, tends to run away and throws things away with force.

Socio-economic status:- She is married for 5 years and is pregnant. Four persons have accompanied her including her mother and husband. Her father recently met with an accident, has fractured his limbs and is indisposed at home. She had to sell her mangal sutra for Rs. 200/- to meet the cost of travel to GMA for the first time.

Current status:- It was explained to her mother that she may be required to be admitted for further investigation and treatment and in that eventuality she (mother) may be required to stay with her. The mother expressed her willingness to do so. She also undertook to personally ensure the patient's compliance with drugs.

9. **Name of the patient – Irsad (Male):**

Age:- 19 years.

Address:- Ramaji Ka Pura, Gwalior.

Ailment:- He is a victim of epileptic seizure. Has been regularly coming to GMA for the last 2 years for treatment with his father.

Current Status:- Earlier the fits used to come almost every day. Now they come once or twice a month. This is on account of regular compliance with the drugs. The overall impact of compliance with drugs has resulted in a dramatic recovery from the earlier condition to the present one of restoration of health of the body and stability of mind.

10. **Name of the patient:- Bhayalal (male)**

Age:- 30 years

Address:- Vidisha, Madhya Pradesh

Ailment:- Reduced Sleep and appetite.

Current Status:- He has come for follow up as also for collecting medicines which are not available either at the district or sub divisional headquarters hospital or at the PHC level. They are available in the open market at a much higher price. Medicines are issued free of cost from the dispensing centre of GMA for all OPD patients for one month and when they get exhausted the patient has to come again to GMA to collect which entails additional expenditure on account of travel. As a result of compliance with medicines there is considerable improvement in the condition of the patient.

11. **Name of the patient:- Ghanshyam (male):**

Age:- 26 years

Address:- At/PO Shankargah, District: Sagar, Madhya Pradesh.

Ailment:- Has been suffering from Schizophrenia with fits of anger, irritation, reduced sleep and appetite.

Socio-economic status:- Comes from a lower middle class family. Is married with wife and 3 children. Had to incur an expenditure of Rs. 150/- on travel by train.

Current Status:- The treatment is going on for the last 3 years and has produced some perceptible impact. There is improvement in appetite and sleep. He has been able to travel on his own.

12. Name of the patient: Parvat Singh (Male):

Age:- 20 years.

Address:- Gadai Jat, Shivpuri (Madhya Pradesh).

Ailment:- Suffers from migraine.

Social and economic status:- Comes from a lower middle class background with a joint family set up with 2 brothers and one sister.

Current Status:- Has come to GMA for the second time partly for follow up and partly for collecting medicines (the medicines issued for one month have been exhausted). On account of regular compliance with drugs is feeling much better.

13. Name of the patient – Santosh Gupta (Male):

Age – 35 years.

Address:- At/PO Devsar, District Sidhi, Madhya Pradesh.

Ailment:- Is suffering from mental illness for the last 8 years.

Socio-economic status:- Comes from a lower middle class family, is married with wife and three children (his wife has read upto Class XII). Has spent Rs. 700/- on travel to Gwalior.

Current Status:- He has been undergoing treatment for mental illness for the last 5 years even though the treatment in GMA is for the last 3 years. During these 3 years of treatment of GMA, there has been a turn around in his condition and he has responded well to the treatment.

A gist of findings arising out of interaction with OPD patients:

- Most of the patients come from a lower middle class background with a few exceptions.
- They have a large family size in a joint family set up (the number going upto 26 in one case).
- Despite the rail concession arranged with the initiative of GMA, they are coming from long distances, are accompanied by 3 to 4 relatives on an average and, therefore, have to incur considerable expenses on travel. This is largely on account of the fact that M.P. (even after bifurcation of Chattisgarh w.e.f. 1.11.2000) is a large and sprawling State and Gwalior is quite far from many districts like Satna, Rewa, Sidhi etc.
- Besides, people have to travel to GMA, Gwalior as treatment in some of the Departments of Psychiatry in some other medical colleges and hospitals like the one at Rewa has not yielded them the desired result.
- Married women have to be escorted to GMA for treatment by their parents as they do not receive the care and attention that is expected by them in their in law's families.
- In lower middle class and BPL families absence from work of an earning family member who has to willy nilly stay with the patient entails loss of income and there is no way by which this loss can be compensated. This is how mental illness in one member of the family is generally resented by others as in addition to loss of employment and earnings it entails a number of other attendant liabilities (staying with the patient, arranging ones food on ones own, taking the patient back home after discharge, bringing him to the hospital for follow up and for collecting medicines, buying medicines from the open market at considerable expense as the full requirement of medicine is not met by the hospital etc.).
- While GMA issues medicines to all OPD patients after examination for one month free of cost they have to come again after one month for collecting the medicines as the same are not available at the district or sub divisional headquarters hospital or at the PHC.

- Even though many patients have come to GMA rather late after incurring considerable expenses in private clinics, their response to the line of treatment provided by the GMA and their overall reaction to the impact of the treatment was found to be good. They are generally satisfied about the overall ambience in the OPD, the manner in which they are received and examined, the waiting time for registration, examination and collection of medicines.

From the OPD I went to the registration counter where old and new patients are being registered. It was observed that 10,368 new patients and 12,489 old patients have been registered in the OPD in 2007 making a total of 22,857 patients which is marginally higher than 2006 (22,674) in terms of number and percentage.

- The space in the record room or documentation centre attached to the OPD is rather limited as was observed by me in January, 2007. Instead of fixing wooden cupboards to the wall as suggested at the time of last visit it will be desirable if the entire record room-cum-documentation centre is shifted to a larger room. We need the following arrangements to be made in the new record room:-

  - for every patient (both old and new) a new file is to be opened; the names of patients should be alphabetically categorized;
  - the file should be in a bound volume and the papers inside are to be properly stitched so that they are not torn or misplaced or lost (as is usually the case with all government offices/institutions);
  - the files should be maintained yearwise; each file should be allotted one hospital serial number;
  - sufficient number of steel racks of atleast 10' height and 3' width should be purchased so that all the files can be properly kept yearwise and retrieval becomes much easier;
  - all new cases registered should be computerized by the data entry operator;

- each file should contain the following:-
    - personal data (name, age, sex, address, occupation etc.);
    - name of the informant;
    - gist of complaint/illness;
    - past history of psychiatric illness and other associated illnesses (appendicitis, cardio vascular and cardio respiratory diseases, communicable diseases);
    - personal history (marriage, divorce);
    - family history (was the form of mental disorder diagnosed as genetic);
    - premorbid personality (how was the personality before illness).

Simultaneously the following measures should be taken:-

- strict confidentiality should be maintained about each and every case;
- research scholars can study these cases but cannot make use of them for publication in shape of any write up in any newspaper, journal etc. far less publish the photograph of any mentally ill person in any newspaper or journal (as has been the case with regard to a few GMA patients earlier);
- the people at the registration counter should be trained to be civil, courteous and considerate towards the patients;
- they should be trained not to raise their voice but speak in a soft and subdued one.

From the registration counter I went to the physician's rooms to have a first hand impression of the manner in which the OPD patients are being handled. The impressions after the visit are as under:-

- the room sizes are small but there is proper sitting arrangement (chairs have been provided for 1 patient and 2 relatives);

- the doctor spends on an average 15 to 20 minutes per patient (the duration may go up depending on the seriousness of condition of the patient);

- one patient coming from Bhind who works as a rickshaw puller and is in the BPL category stated that he is not in a position to afford the cost of medicines prescribed unless they are issued free of cost;

- another patient complained that all the medicines prescribed are not available in the hospital and, therefore are not issued. Instead, the patients are advised to buy them from open market. The patients coming generally from poor families find it extremely difficult to buy medicines from open market.

Suggestion:-

- Medicines to all BPL families should be issued free of cost.
- To enable the hospital authorities to know and satisfy themselves as to whether an OPD belongs to the BPL category or not an advertisement should be issued in all the local dailies that persons belonging to BPL category and coming to GMA for treatment should bring a certificate of proof of being below poverty line.
- Normally a prescription for a medicine should not be issued without ensuring that the medicine is available in the store as this practice puts the poor patients in a fix (not knowing what to do, not having the capacity to buy from open market).

I also visited the newly constructed canteen building which is adjacent to the OPD building. It has a total floor space of 1250 sq. metre and can accommodate 30 persons at a time in the 2 dining halls. This when formally opened will be a source of great relief to the patients and their relatives coming from far off places being able to eat some snacks before going in formal check up.

ECT Room:

The main ECT room is air conditioned whereas the recovery room is not. On an average about 6 to 8 patients are being administered modified ECT every day. The number goes upto about 20 on Monday. The pace of recovery in the recovery room is normally within ½ an hour. Not a single case of mortality or morbidity has been reported on account of modified ECT so far. The number of ECTs administered both in regard to OPD and IPD patients between 1997 and 2007 with break up between male and female patients is indicated in a table below:-

Table - III: **Total ECT given during 1997 to 2007:-**

Year	Outdoor Patient			Indoor Patient			Grand Total
	Male	Female	Total	Male	Female	Total	
1997	2176	1200	3376	873	455	1328	4704
1998	2382	1241	3623	826	227	1053	4676
1999	639	357	996	559	154	623	1619
2000	225	114	339	1305	402	1707	2046
2001	85	50	135	1593	675	2268	2653
2002	36	28	64	1441	735	2176	2240
2003	36	14	50	1415	637	2051	2101
2004	30	6	36	1348	605	1953	1989
2005	18	5	23	1385	659	2044	2067
2006	18	X	18	1291	548	1839	1857
2007	6	3	9	1309	434	1743	1752

The 3 physicians administering modified ECT (Dr. Mundhra, Dr. Kakkad and Dr. Upadhyay) suggested purchase of a new ECT machine, constant current device, multiparameter and ventilator. The proposal which is sensible and justified should be placed before the Purchase Sub Committee and Managing Committee and the equipments should be in place after observance of the due purchase procedure.

Pathological Laboratory:

During my last visit I had suggested that facilities for investigation into the following profiles of blood may be installed in the laboratory:-

- Uric acid;
- Rheumatoid factor;
- ASO;
- Prostate specific Antigen;
- Hepatitis B;
- HIV/AIDs.

It was clarified that as the process for starting the examination of the above blood profiles was on, a ban order was received from Government of M.P. stipulating that no purchase orders can be issued after 31st January. It was indicated that the tender process for strengthening the pathological laboratory by purchase of equipments to undertake the above tests would begin in the next financial year i.e. w.e.f. 1.4.2008.

Investigation into, preparation of reports on the profiles of blood and submission of the report to the concerned department in time is a perennial process; it is a highly responsible one too. Regretfully the post of Laboratory technician has been filled up on a contractual basis which is not a proper arrangement. It should have been filled up on a regular basis.

The Director was advised to send a formal proposal to the Department of Medical Education, Government of Madhya Pradesh to regularize all such posts which are being filled on contractual basis without any rationale or adequate justification.

Right of inmates of the hospital to food which should be sumptuous, wholesome and nutritive:

Right to food (or absence of hunger) and nutrition is an integral part of right to life as in Article 21 of the Constitution. An average man requires approximately 2000 to 2400 kilo calories a day. A person who does heavy work requires not less than 2800 kilo calories per day. An average woman having a body weight of 45 kg would

require about 2400 kilo calories partly because her weight is less and partly because she is expected to do less heavy work than a male. It has been observed that mentally ill persons possibly due to the impact of psychotic drugs have a higher appetite than an average or normal person. The nutritive value of their food will, therefore, be somewhat higher than normal.

The nutrients required in a person's daily diet, their quantities and the common sources of nutrients are indicated in the table below:-

Table – IV

S.No.	Nutrient	Requirement	Sources
1.	Protein	1 gm per kg of body weight.	Pulses, rice, wheat, milk, fish, meat, eggs etc.
2.	Fat	50 gm	Oils, butter, ghee, milk, eggs etc.
3.	Carbohydrates	300 gm	Cereals, sugar, jaggery, milk, root vegetables such as potato etc.
4.	Minerals a) Calcium	065 gm per adult 1 gm per child	Milk, milk products, eggs, green vegetables, unhusked cereals and whole gram.
	b) Iron	12.15 mg	Vegetables, fruits, fish and meat.
5.	Vitamins a) Vitamin A	3000 to 4000 I.U.	Leafy vegetables, milk, fish, liver oils, yellow vegetables, eggs, carrot and yellow sweet potato.
	b) Vitamin C	50 mg	Tamarind, amla, guava, all citrus fruits, eggs, lime, orange etc., sprouted pulses, leafy vegetables etc.

	c) Vitamin D	400 I.U.	Fish, Liver oils, milk
	d)Vitamin group i) Thiamin	1 to 2 mg	Under milled cereals, pulse, parboiled rice, whole wheat
	ii) Riboflavin	1.8 to 3.0 mg	Leafy vegetables, eggs, fish, milk and milk products.
	iii) Nicotinic acid	10 to 15 mg	Under milled cereals, pulses and parboiled rice.

Impressions at the time of visit to kitchen and dining table to watch how and what quality of food is being prepared, composition of nutrients thereof, manner of serving food etc.:-

- The kitchen is rather small without any modern chimney and exhaust fans, without adequate lighting and ventilation, without platforms for washing, cutting and storing prior to cooking, without any container made of stainless steel to store food hot before serving etc.

- Although it was peak of winter and green leafy vegetables and vegetables with fibrous roots (methi, palak, mushroom, carrot, peas, capsicum, radish, beat, salgam, bathua, coriander leaves etc.) are grown and available in abundance there was not much evidence of these forming part of the food package;

- Chapattis in the absence of chapatti making machine were being made on the floor which was not a very hygienic practice;

- There was no electric kneader as well for converting atta into a paste before making chapattis;

- There is too much of potato along with rice which is indicative of too much of carbohydrates and less of protein (except dal) and much less of vitamin and minerals.

- The quality of rice and wheat supplied by FCI was poor.

Stand of the Management:

- They are strictly observing certain dietary guidelines for mentally ill persons.
- The guidelines permit variation in the recipe for breakfast, lunch and dinner every day.
- Seasonal variations in availability of fruit and vegetables are kept in view while deciding the composition of food.
- They are ensuring total food intake of more than 510 gms as recommended by ICMR and total kilo calorie of 2510.5 for female and 3023.1 kilo calorie for male patients.

Suggestions:

- We should completely renovate the existing kitchen building or go in for construction of a new kitchen as they are doing at IMHH, Agra with the following ingredients:-
    - a modern chimney regardless of the type of fuel used;
    - sufficient number of exhaust fans;
    - fly proof wire mesh all around;
    - fly proof automatic closing doors;
    - floors made of an impermeable material;
    - a platform for washing vegetables daily with potash permanganate;
    - a platform for cutting vegetables;
    - an electric kneader for preparing paste out of atta prior to making chapatis;
    - chapatti making machines, mixers and grinders;
    - adequate number of taps inside the kitchen;
    - LPG and hotplates;

- Container made of stainless steel to keep the cooked food hot prior to being served;

- Cooking and serving utensils to be made of stainless steel.

Dining table: manner of serving food:

I happened to be present when lunch was being served to inmates of one of the wards. My impressions are as under:-

- dining room and table are immaculately neat and tidy;
- except two mentally retarded patients and an elderly person, other patients sat on the bench behind the dining platform in a quiet and orderly manner;
- food served was hot;
- there was no restriction on the quantity;
- in the absence of a chapatti making machine, chapattis were found to be burnt at a few points;
- food was being served with a human touch;
- soft and subdued music was being played at the time of serving of food which would soothes the nerves of patients;
- the patients generally appeared to be happy and satisfied while taking food.

Suggestion for the State Government:

The current diet charges have been fixed by the State Government at Rs. 26/- per head which is grossly inadequate to ensure sumptuous, wholesome and nutritious food. The GMA authorities, as a matter of fact, are incurring an expenditure of Rs. 30/- per head committing thereby an irregularity. They are, however, doing something which is desirable in the interest of nutrition of the inmates. The State Government may, therefore, revise the dietary charges to Rs. 30/- per head in the minimum with retrospective effect i.e. the date from which GMA is incurring an expenditure of Rs. 30/- per head.

Right of inmates to potable water:

Since laundry services have been outsourced, water is required primarily for cooking, bathing and for the toilets. I was given to understand that the current availability of water for all these purposes is more than adequate. This will be further strengthened after the new overhead water tank which is under construction with a capacity of 3 lakh litres is commissioned. Sanction for installation of a solar water heating pump has been received and once this is installed supply of hot water for bath in winter months will be assured. I was further given to understand that overhead water storage tanks are being regularly cleaned by using the state of art technology with mechanized dewatering sludge removal, high pressure cleaning, vacuum cleaning, antibacterial spray and ultraviolet radiation.

Suggestion:

Samples of water should be collected and sent to approved PHE Laboratories to ensure the following:-

- water is free from chemical and bacteriological impurities;
- it is free from excess of iron, calcium, sodium, sulphur, magnesium and floride;
- it has no colour, no hardness and no alkalinity.

Right to sanitation:

- There are in all 57 toilets with toilet patient ratio at 1:3.75 which is an ideal one.
- Adequate quantity of water for flushing is available.

Suggestion:

- Most of the toilets are Indian Commodes. There are physically and orthopaedically handicapped patients, patients who may be victims of rheumatoid arthritis, whose connective tissues may have been damaged or elderly people who may find it difficult to use Indian Commodes. The inmates and their relatives need to be consulted and basing on their ideas and

suggestion for conversion, if any, a proposal for conversion of Indian Commodes to W.C. with estimates of cost of such conversion should be placed before the Works Sub Committee/Managing Committee and the conversion work carried out at the earliest.

Library Services:

During my last visit I had observed that the GMA professionals have no access to foreign journals and such an access was absolutely necessary to keep themselves abreast of the latest changes and advances in the field of Psychiatry, Clinical Psychology and psychiatric social work. It was clarified at the time of the present visit that approval of Managing Committee will have to obtained for purchase of national/international journals and purchases will be effected as per Government of M.P. Purchase Rules. Similarly the work of e-connectivity between the library and various departments and conversion of 48 lines into centrax system will be effected after getting necessary sanction from the Managing Committee and as per Government Purchase Rules.

Recreation for the inmates:

A separate and spacious recreation room for the inmates has been provided which is well lighted and ventilated and which provides for the following:-

Local Newspapers – Dainik Jagaran, Dainik Bhaskar, Nai Duniya;

National Newspapers – Navbharat Times, Hindustan Times, Times of India.

Journals - Nandan, Sarita, Grih Lakshmi and India Today are available for use of inmates. Indoor games facilities such as carom board, table tennis and chess are also available.

Mentally ill persons are also human beings endowed with the same creative ingenuity and talent (dance, drama, music, painting, sculpting, cartooning) as anyone else. Search for this talent, creating a climate for giving vent to this talent and according public recognition to the manifestation of the talent is one of the surest ways of instilling hope, faith and confidence in the minds of these persons (who are not responsible for what they are) that they matter and we

care for them and their creativity. For this purpose and on all festivals (Janmastami, Eid, Holi, Dusserah, Christmas etc.) and special occasions (15th August, 26th January, etc.) competitions in dance, drama, music, painting and cartooning should be organized and prizes distributed by GMA administration.

Human Resource Development for the hospital in house staff:-

There are a number of ways by which we can refine and sharpen human resources. These are (a) training (b) participation in seminars, symposia and workshops on mental health (c) contribution of papers (d) publication of papers in various journals (e) activating research and making it action oriented (f) delivering guest lectures and (g) awarding medals/trophies for outstanding research/creative work.

In course of a meeting with the Director and other officers of GMA it transpired that this is rather a grey area as would be evident from the following:-

- no psychiatric training has been imparted to the nursing staff so far;
- even though it was mentioned that orientation and training are being imparted to Class III and Class IV staff to inculcate discipline, accountability and to induce behavioural changes to treat human beings with civility, courtesy, consideration there was no evidence of such orientation/training;
- even though there are 24 sanctioned posts of medical officers all of whom are in position, and every now and then Psychiatric Conferences are being held in different parts of the country, their participation has been rather limited. To illustrate, 4 Psychiatric Conferences have been held at Chandigarh (2005), Mumbai (2006), Calcutta (2008), Gwalior (2006) only 5 faculty members have participated therein. They are:-
    - Dr. S.B. Joshi;
    - Dr. Kuldeep Singh;
    - Dr. A. Dohre;
    - Dr. V. Satpal;
    - Dr. P. Singhal.

- It was very disheartening to note that not a single paper by any faculty member of GMA has been contributed so far, not to speak of publication of a paper.

- Human Resource Development initiatives are, therefore, at a low ebb in GMA.

Teaching:

Unlike RINPAS, Ranchi where a new teaching block was inaugurated by the Chairperson on 24.7.2007, not much progress has been made in the domain of teaching either at GMA or IMHH, Agra. At the latter, atleast a panel of experts constituted by the Vigilance Committee of Dr. B.R. Ambedkar University has visited IMHH on 25.1.208 and have submitted their report to the University and it is expected that affiliation with the University will follow. After this and subject to the sanction by the Medical Council of India (MCI) a 3 year course in M.D. Psychiatry may be introduced. As far as GMA is concerned a letter had been received from Shri R.R. Das, Registrar, Jiwaji University, Gwalior as early as 8.7.97 intimating the following:-

> 'This University will have no objection if G.R. Medical College establishes teaching for M.D. and Diploma in Psychiatry under the aegis of Gwalior Manasik Arogyashala provided the Institute complies with all the requirements laid down by the Medical Council of India, State Government and Jiwaji University for establishment of such teaching department'.

On 6.12.96 Department of Medical Education, Government of M.P. have also sanctioned a sum of Rs. 2 lakh for getting the permission of Government of India for starting the courses in M.D. Psychiatry and Diploma in Psychiatry. The ball is now in the Court of the Director, GMA to establish contact with MCI and to persuade the latter to depute a team for inspection of GMA to satisfy itself as to whether facilities for starting the above courses exist in GMA or not.

Interaction with IPD patients and findings thereof:-

- Table-V gives the admission and discharge figures in closed ward which are on the decline:-

Table – V

Year	Admissions			Discharges		
	Male	Female	Total	Male	Female	Total
1998	331	84	415	317	82	399
1999	269	68	337	280	76	356
2000	132	36	168	114	37	151
2001	106	57	163	118	35	153
2002	94	29	123	94	34	128
2003	96	27	123	73	29	102
2004	131	29	160	117	23	140
2005	103	49	152	92	33	125
2006	107	27	134	115	39	154
2007	113	36	149	114	27	141

- Table VI gives the admission and discharge figures in open ward which are on the increase:-

Table VI

Year	Admissions			Discharges		
	Male	Female	Total	Male	Female	Total
1999	158	82	240	130	69	199
2000	736	276	1012	614	293	907
2001	816	499	1315	739	505	1298
2002	X	X	1292	X	X	1116
2003	X	X	1440	X	X	1375
2004	1085	421	1506	1040	422	1462

2005	1091	564	1655	995	524	1519
2006	1105	651	1756	942	653	1595
2007	1239	608	1847	1183	605	1788

- Table VII gives details of long stay of psychiatric patients:-

Table VII

	Male	Female	Total
More than 15 years old	7	4	11
More than 10 years old	2	5	7
More than 5 years old	7	18	25
More than 2 years old	19	18	37

- The average bed occupancy is 91% with 192 beds being occupied pr day. Twenty to twenty five patients are readmitted per month.

1. **Name of the patient – Dr. Anuradha Moga (Female):**

Age:– 45 years

Address:- 1. C/o Chachajee
4, Green Park Greenland
Party Flat, Barsana, Ahmedabad, Gujarat.

2. Smt. Sujata Moga
Colony H-10, Indore, M.P.

Socio-economic background:-

Her father was founder of G.R. Medical College and mother was a pathologist in the same College. Both are no more. The patient herself is a brilliant product of the same College founded by her father, being a gold medalist in gynaecology.

Past History:

This is a pathetic case which I had the occasion to study during my earlier visit (6.1.2007). The patient at that time was in the Half Way Home being managed by one NGO called Volunteers Association for Social Health of India (ASHI). She, a victim of Schizophrenia appeared to have been substantially cured and was able to interact with me in a normal and natural manner. Regretfully her parents are no more and her only sister at the other end (Smt. Sujata Moga) was also mentally ill. While efforts were on to rehabilitate her in a job locally (like a private gynaecological clinic or nursing home) a friend of her turned up at the Half way Home in the first week of July, 2007 and the NGO concerned handed her over to the so called friend who took Anuradha Moga to Mumbai enroute Delhi. At Delhi she seems to have been admitted and treated in AIIMS (16.7.2007 till 11.9.2007) by Dr. R.K. Chaddha, Dr. Nand Kumar, Dr. Kushal Jain and Dr. Rohit. The history of her illness as recorded by them in the history sheet is as under:-

- delusion of persecution;
- auditory hallucination;
- irritable mood;
- aggressive/violent;
- disorganized behaviour;
- poor sleep;
- low appetite;
- poor self care.

The history sheet reflected a significant socio-occupational dysfunction characterized by:-

- intrusive behaviour;
- grandiose delusion (connection with God);
- increased libido;
- singing and dancing.

There is an element of mystery as to what happened between 6.7.2007 and 16.7.2007 when she was removed by her friend and when she was expected to be staying with her and what necessitated her admission to AIIMS at Delhi. It is not yet

clear or certain if adequate care had been taken by the NGO to verify full facts including antecedents of Ms. Anuradha Moga's friend before taking a decision to hand her over to her friend. After her discharge from AIIMS she seems to have been brought and dropped at the Half Way Home by her friend. She is now undergoing treatment in the closed female ward of GMA and her condition was found to be not very good.

2. **Name of the patient – Radha (Female)**

Age:- 40 years.

Address:– Nari Niketan, Gwalior.

Socio-economic background:- Comes from a poor family. Has only one daughter whom she wants to meet desperately. Her daughter was staying at the Nari Niketan, Gwalior and it appears that she has been unceremoniously transferred to Nari Niketan, Indore without any ostensible reason. This incident has made the mother feel most unhappy and she does not want to be sent back to the same Nari Niketan where her daughter has been so ill treated.

Current Status:- She was admitted to GMA on 12.5.2007. Her condition was reported to be stable.

Suggestion:- Nari Niketans come under the administrative control of Women and Child Development Department. Their overall management leaves much to be desired. The case of Nari Niketan, Agra has already come under the scanner of the apex Court of India and NHRC. There is a large measure of truth in the allegations against them. This particular complaint i.e. why the daughter of the patient Radha was unceremoniously transferred to Indore needs to be investigated. The Director should take up this complaint with Women and Child Development Department through her administrative Department i.e. Medical Education Department for a discrete enquiry and report to NHRC.

3. **Name of the patient:- Usha Jain (Female):**

Age: – 45 years

Address: – Anandilal Jain, Freeganj, Ujjain.

Ailment:- Paranoid Schizophrenia

Date of admission: 17.3.98

History of the case:- This is yet another pathetic case (like Dr. Anuradha Moga) where the patient has been deserted by her husband who is a practising private physician at Ujjain. They had a son who is staying with the husband. Her brother stays at Ujjain too. GMA has been writing to the brother from time to time that (a) his sister is fit to be discharged (b) he may come to take her. There is no response so far.

Current Status:- The patient is educated (has passed M.A. examination) and her condition is reported to be stable.

Suggestion:- Since there are a number of female inmates in the closed ward who are non-literate and non-numerate services of literate and educated ones may be utilized for making them literate and numerate with some minimal orientation and training. This will also provide an escape route from depression and an outlet for self expression.

4. **Name of the patient:- Yasmin (Female):**

Age:- 20 years.

Address:- Women's Protective Home, Bhopal.

Ailment:- Mental retardation with Psychosis

Date of admission:- 30.5.2007

Current Status:- Her condition is reported to be stable. She has engaged herself productively in envelope making in the occupational therapy unit for women. She expressed an ardent desire to go home.

5. **Name of the patient – Meena Chopra (Female):**

Age:- 55 years.

Address:- Unknown.

Ailment:- Schizophrenia, migraine, depression.

Date of admission:- 28.3.1998

Current Status:- The patient's condition has not registered much of an improvement. She has virtually lost her memory and is not able to recollect who are at home. Under the circumstances she tends to be a long stay patient.

6. **Name of the patient – Shashi (Female):**

Age:- 32 years

Address:- Mercy Home, Gwalior, M.P.

Ailment:- Psychosis seizure.

Date of admission:- 24.9.201.

Current Status:- Her condition is stable and manageable and even though she is fit for discharge; there is a bit of uncertainty as to whether she can be sent back to the same Home from where she came.

7. **Name of the patient – Bhagawati (Female):**

Age – 40 years

Address – Nari Niketan, Gwalior.

Ailment – Schizophrenia with reduced sleep and appetite.

Date of admission: 29.5.2001.

Current Status:- Her condition is stable and she is fit for discharge but Nari Niketan, Gwalior on 1.11.2007 has declined that it cannot receive her back without stating any ostensible reason.

8. **Name of the patient – Subhadra Soni (Female):**

Age – 35 years

Address – Pandit Colony, Bhind.

Date of admission: 2.1.2008

Current Status:- Her condition is stable. On 28.1.2008 her husband had come to see her. She has a 3 year old son who stays with the husband. There is a possibility that her husband may come again to take her back.

Comments and Suggestions:

- Nari Niketan is a shelter Home for Women and girls who have been trafficked for commercial sexual exploitation, subsequently rescued and sent to these Homes for rehabilitation and reintegration into the mainstream society. As has been brought out in a recent publication of NHRC captioned, 'Human Rights Manual for District Magistrate' 'the standard of care and support services prevailing in government and privately run shelter homes are appalling in quality and quantity'.

Six out of 8 female patients with whom I had an interaction have come from these Homes to GMA for treatment as they developed mental illness in some form or other. It is ironical, therefore, that once they have been effectively treated and are fit for discharge, they should be sent back to the very same Shelter Home from where they came and where they developed symptoms of mental illness. Proactive intervention of Women and Child Development Department is needed to set matters right in all such Shelter Homes for women and children. This issue needs to be sorted out through a dialogue between Medical Education Department and Women and Child Development Department.

Interaction with inmates of Half Way Home (Male):

- The Half Way Home (Male) which was being managed by the Consumer and Civil Rights Association, a Gwalior based NGO as was observed by me during my first visit is now being managed directly by GMA. The circumstances under which the NGO left the management of the Home are not known. The outcome of interaction with 5 inmates of the Home is as under:-

1. **Name of the inmate – Pankaj Sanodia:**

   Age – 25 years.

   Address – Chhindwada

Ailment:- Schizophrenia.

Current Status:-

- He is fit for discharge;
- He is married with wife and one son and one sister;
- Protracted correspondence is going on with members of the family but there is no response;
- the inmate can be sent home with proper escort after obtaining permission of CJM, Gwalior;
- the inmate provided a cell phone number of one of his friends and requested that he may be contacted and requested to come to Gwalior so that he can go home with him.

Suggestion:- Necessary action may be taken by the Director accordingly.

2. **Name of the inmate:- Jeetendra**

Age:- 30 years.

Address:- Sagar, M.P.

Occupation:- Farmer.

Ailment:- Schizophrenia.

Current Status:-

- He is fit for discharge;
- His brother works as a Police Constable and had come to meet him after he was admitted to GMA;
- He is married with wife and 2 children;
- GMA administration has been corresponding with his home as per the address given by him but there is no response;

- The inmate gave his residence telephone number and requested administration to contact his home in that number so that he can return home and take up farming, his principal avocation.

Suggestion:- Necessary action may be taken accordingly.

3. **Name of the inmate - Mansukh**

Age:- 30 years

Address:- Jabalpur

Ailment:- Mania

Date of admission:- 29.9.2007

Current Status:-

- he is fit for discharge;
- he has expressed a desire to return home;
- GMA administration has been corresponding with his home in the address given by him but there is no response;
- The inmate is confident that if discharged he can travel and reach home on his own.

Suggestion:- In such cases, the Psychiatric social worker who has joined recently could be deputed to establish contact with the people at his home as per the address given by him and thereafter and depending on the positive response from his family members, steps may be taken to release him and send him his home with police escort from Gwalior to Jabalpur.

4. **Name of the patient – Lakshmi Narayan**:

Age:- not known.

Address:- Village Bhatni district Vidisha

Ailment:- Schizophrenia.

Current Status:-

- He is fit for discharge;
- He is keen and eager to go home;
- GMA administration has written to CJM, Gwalior and to his home at the address given by him;
- There has been no response;
- Nobody has come so far nor anybody is sending a reply to the letter.

Suggestion:- Same as in case No. 3.

5. **Name of the patient - Sabbir**

Age:- 40 years.

Address:- Malhahar Road, Dewas.

Ailment:- Schizophrenia.

Date of admission:- 9.5.2003.

Current Status:-

- He is fit for discharge;
- He was brought and got admitted by his father;
- The GMA has addressed 9 letters to CJM, Gwalior and 3 times conveyed messages through telephone which are simultaneously being translated and then sent in Hindi but none has cared to respond so far.

Comments and suggestions:-

- It was evident that patients who have stayed long enough in a Half Way Home, who have been effectively treated, who have substantially recovered and who are fit for discharge are not somehow acceptable to their families on account of the social stigma attached to mental illness. Despite protracted correspondence with their family members/relatives there is no response, not to speak of anybody coming to take them.

- GMA cannot think of sending such patients back home even with escort as they are likely to be subjected to a cruel and inhuman treatment at home.

- A more practical and feasible solution to this mind boggling problem is (a) plan for a long stay Home where the substantially cured patients can stay and can be looked after by the State and (b) simultaneously plan for economic rehabilitation of such patients by formation of Self Help Groups, ensuring access to technology, credit, raw materials and market so that they can be autonomous groups standing on a foundation of individual and collective self reliance. This is not an easy and simplistic proposition and would involve a lot of planning and preparation. There may be initial setbacks but those failures will pave the way for eventual success. It was heartening to note that both Long Stay Home and Day Care Centre were already in the agenda for future action of the Director. The Managing Committee and the State Government should extend full support to these innovative ideas and make them a reality through physical (infrastructural) and financial support.

Half Way Home (Women):

1. **Name of the patient – Kiran Thakkar:**

   Age:- 45 years.

   Address:- Mahasamund, Chhattisgarh.

   Date of admission:- 18.2.2006

   Social background:- Comes from a lower middle class joint family set up, is married, has parents, one brother and three children (2 boys and 1 girl) at home. There are also 2 sisters who are married – one at Bhopal and another at Jabalpur. GMA has been writing to both of them as also to the parents but has not received any response so far. The brother sometime back had responded that he is ready to take her back but has not turned up thereafter.

2. **Name of the patient – Sangeeta:**

   Age – 40 years.

   Address:- Durga Nagar, District Vidisha.

Ailment:- Refuses to eat (on account of reduced appetite), is morose and withdrawn, does not want to work but wants to return home.

Current Status:- Extremely weak and emaciated. Her brother had shown some inclination sometime back to come and take her but has not turned up so far.

3. **Name of the patient:- Neeta Varma:**

   Age – 40 years.

   Address:- Balaghat, M.P.

   Qualification:- She is a B.Sc. degree holder.

   Ailment:- Highly fatalistic, has resigned herself to some unseen and unknown superior force who she feels has not done justice to her and is unable to recollect how she landed up at the Half Way Home.

   Current Status:- She is adept in cooking, knitting and tailoring. She is also literate and is interested in teaching others. She has 2 sisters – one at Bhopal and another abroad. She has point blank refused that she does not want to go back to them. Her father who was in State Civil Service and an ADM is no more.

4. **Name of the patient – Sumitra:**

   Age:- 25 years

   Address:- Calcutta.

   Current Status:- She is keen and eager to go back to her ancestral home in Calcutta where she has her parents and one brother. The brother, however, is not prepared to take her back to the parental fold.

5. **Name of the patient – Shaila Batra:**

   Age – 57 years.

   Address: Itarsi, M.P.

Current Status:- Her husband is very old, is a heart patient and is not prepared to receive her. The letter of refusal has been received by GMA.

Comments and suggestions:-

- It is evident that the mentally ill persons (women) who have been effectively treated, have partially or substantially recovered and are staying in the Half Way Home run by an NGO i.e. Volunteers Association For Social Health of India (an NGO of 50 years standing) come from a widely different socio-cultural background. Their physical growth, thought process and life style are quite different. Some have responded to the line of treatment well and are, as a matter of fact, fast on the way to recovery while a few others have not (like Sita who in the Half Way Home (Women) does not want to have any eye contact and is totally unresponsive). It is necessary and desirable that on the basis of their current status GMA does a thorough screening and classifies them under the following heads:-

  1. Substantially recovered;
  2. Partially recovered;
  3. Condition remains unchaged.

- Those who have substantially recovered and in whose case nobody from the family is willing to come and take charge should be rehabilitated either through wage employment or self employment under the joint supervision and guidance of the NGO and GMA.

- Those who have partially recovered should continue to receive treatment from GMA but at the Half Way Home under the direct personal supervision of the NGO managing the Home (particularly to ensure timely and regular compliance with drugs).

- Those whose condition has not registered any change or improvement should be got readmitted in GMA for continued treatment under the supervision of attending physicians.

- Simultaneously for the second and third categories efforts for establishing contact with family members/other relatives through psychiatric social workers of GMA should continue so that after being effectively treated and after having substantially recovered they are sent back home wherever our efforts to make them acceptable and send them back have succeeded.

Visit to open wards and interaction with patients Male Openward:

1. **Name of the patient – Abdul Rashid**

   Age – 25 years

   Address – Shivpuri

   Ailment – Depression, fear psychosis.

   Current Status:- He has been admitted to the open ward a week ago by his father. The cause of depression was that his wife had filed a case against him under the Prevention of Dowry Act, 1961 and this was too much for him to put up with. The case has since been disposed off in his favour and the divorce proceedings with his wife are also complete. The father is hopeful that his son may recover soon.

2. **Name of the patient:- Sukhna**

   Age:- 17 years.

   Address:- Khamkheda, District Vidisha.

   Ailment:- Changes in behaviour, erratic

   Date of admission:- 6.2.2008

   Current Status:- He was looking extremely weak, anaemic and emaciated with 35 kg of weight (even though the haemoglobin count was 12.2% mg). He needs to be given extra protein diet so that he can regain normal weight of 62.7 kg at his age. His father who is staying with him was advised to ensure compliance with both diet and medicine as may be prescribed.

   Suggestion:- Such patients need special care and attention, vigilance and surveillance of the doctors attending on them. The Director, GMA will have to

ensure that there is no culpable negligence in providing such extra care and attention to these cases.

3. **Name of the patient – Kinesh:**

Age – 25 years

Address – Guna

Ailment – Mania

Date of admission: 5.2.2008

Current Status:- The patient was in a pathetic state. There were injury marks on his face, the bridge on his nose and lips were swollen and he was hardly able to speak. He was sitting in an isolated corner with soiled clothes and appeared to be totally withdrawn even though his father was present with him.

Suggestion:- The patient needs special care and attention of the doctors who are attending him. The Director will ensure that this patient receives the extra care and attention which is due to him.

4. **Name of the patient – Bhura Patel:**

Age:- 35 years.

Address:- Chattarpur.

Ailment:- Schizophrenia with reduced appetite and sleep and without any desire to work.

Date of admission:- 6.2.2008.

Current Status:- He has been ailing and suffering for the last 10 years.

Suggestion:- The patient needs special care and attention of the doctors who are attending him.

Female openward:

1. **Name of the patient:- Archana Srivastav**

Age – 33 years.

Address:- Ambikapur, Sarguja.

Ailment:- Reduced appetite and sleep.

Date of admission:- 2.2.2008

Current Status:- This is a case of delayed admission. The patient was brought to GMA after making her undergo treatment at considerable expense outside Gwalior without much success. She is a widow while her father is a retired teacher. The father reported his satisfaction with the line of treatment to which the patient is responding well.

2. **Name of the patient - Sudha:**

Age – 26 years.

Address – Shivpuri (old).

Ailment:- Talks too much, no sleep, reduced appetite.

Date of admission:- 28.1.2008

Current Status:- Her condition is stable. She has responded well to the line of treatment.

3. **Name of the patient – Neetu Namdeb:**

Age:- 25 years.

Address:- Pipat, Tahasil Bijawar, District Chhattarpur.

Ailment:- Talks a lot incoherently and irrelevantly. Suffers from reduced sleep.

Date of admission:- 1.2.2008

Current Status:- Her condition is stable. She is responding well to the line of treatment. Her appetite and sleep have improved. She is happy with the treatment.

Suggestion:

Those family members/relatives who come to stay with the patients from far off places are also human beings and deserve human treatment. There is no extra bed for them and even in cold winter months they have to lie on the floor. This is inhuman treatment to say the least. I had, therefore, suggested at the time of first visit that consistent with the space which is available an extra bed which may be smaller than the patient's bed and at a lower height may be put.

It appears that the suggestion did not receive the attention that it deserved. It was taken to the Managing Committee which decided that stools (instead of beds) should be provided for them. The Director has accordingly placed orders for stools.

No extra space, as a matter of fact, was needed for a smaller bed at a lower height. The smaller bed could go under the larger (the main) bed and again taken out when needed. The earlier suggestion is reiterated as (a) while attendants (family members/relatives) have to take care of mentally ill persons, they as human beings also need rest; otherwise they will drowse off during day time next day leaving the mentally ill persons to fend for themselves which is hardly desirable and (b) if a smaller bed with a loft inside is provided as it has been done at RINPAS, Ranchi the patient as well as the relatives can keep their personal belongings and valuables, if any.

Visit to occupational Therapy (OT) units and interaction with inmates:

This (both male and female OTs) is one of the best managed units on account of the leadership, creativity and sustained interest of both the Instructor (particularly the Lady Instructor) and the Supervisor. I had visited both the male and female OT units and had recorded my appreciation at the time of my last visit (6.1.2007). It was a treat to visit them again and interact with the Instructor, Supervisor and the patients. They were unanimous that the training in skills being imparted in the OT has helped to reduce boredom, ensured productive utilization of time and instilled a lot of excitement and joy. There were a few significant additions such as jute bags, canvas paintings, plastic toys and plastic flowers. These products have been displayed at Shilpa Bazar of Gwalior Mela and have fetched good return.

The Superintendent, Central Jail has been requested to depute an Instructor who in addition to his own duties at the jail should impart training in more trades/skills to inmates as suggested by me at the time of my last visit. There has not been any response. This should be followed up and intervention of Collector/DM Gwalior solicited to ensure the early visit by the Instructor from the jail.

Interacted with a few inmates in the female OT and the outcome of interaction is as under:-

1. **Name of the patient - Usha**

   Age – 40 years.

   She is an M.A. in Political Science. Her husband is a doctor at Manmad near Nasik. She had one child who stays with her husband. Her brother stays at Ujjain in M.P. She is keen and eager to go back. GMA has also written to her brother but there is no response. There were 2 others (namely Yasmin and Radha) with whom I interacted and the details of the interaction, my comments and suggestions have been given in detail at page 41 and 42.

Meeting with the Director, Psychiatrists, Clinical Psychologists, Social Workers and other general duty medical officers

12.2.2008

12 Noon – 2 PM

At the outset I explained to all present the background of NHRC's involvement in overseeing the management of 3 mental health hospitals/institutes at Agra, Gwalior and Ranchi w.e.f. 11.11.97 and how visits of Chairpersons, Members and Special Rapporteurs from time to time since then were intended and directed towards total quality improvement in management. In particular, these visits have focused on the following 3 aspects emerging from the judgement of the apex Court:-

- grant of autonomy to these 3 institutes by issue of a formal order of State Government and translating the same into action;

- integration of teaching, training, treatment and research;

- promoting total well being of the patients, their rehabilitation and reintegration into the family, community and mainstream social development.

I impressed on the Director and others present on the following:-

- familiarize with Bhure Committee Report, 1946, Muralidhar Committee Report, 1961, National Survey of Mental Health Resources (2002) and the following orders of the Supreme Court:-

  - W.P. (Criminal) No. 432 of 1995;
  - Civil Writ Petition No. 334/2001
    Civil Writ Petition No. 562/2001;
  - Erwady – Saarthak PIL;
  - W.P. (Criminal) No. 237/1989
    Sheela Barse Vs. Union of India.

- familiarize with patients in all wards;
- take weekly once an administrative round and daily one ward round regularly without fail;
- there should be a human touch at the time of registration at the OPD, at the examination room (to screen OPD patients), at the time of admission, if such admission was considered absolutely necessary and desirable in the larger interest of the patient, throughout the duration of stay of the patient and at the time of discharge;
- similar human touch should be extended at the time of serving food, at the time of imparting skill/trades at the OT, while administering modified ECT, at the dispensing unit, at the get together for parents/guardians/ relatives and patients meet, at the Half Way Home, at the satellite clinics and at every conceivable point of contact with the patients and persons accompanying them;

- constant coordination and liaison should be maintained with specialists in local medical college and hospital where cases of mentally ill persons with associated complications are referred for specialized treatment;

- Since research was one of the grey areas in GMA I highlighted the importance of action research in the following areas:-

  - Schizophrenia and related psychiatric disorders;
  - Affective disorders;
  - Anxiety and Somatoform disorders;
  - Childhood Psychiatric disorders;
  - Psycho-sexual disorders;
  - Substance abuse related disorders;
  - Women's mental health;
  - Geriatric Psychiatry;
  - Psycho Pharmacology;
  - Psychiatric genetic research;
  - Bio-psychosocial research.

- These areas of research have not received the type of attention in India which they have received in the West. We have been lagging behind due to lack of resource and infrastructure. Since a lot of Work has been done in these areas elsewhere and a lot of literature is available, I requested them to familiarize themselves with the wealth of knowledge on the subject. For this, the library of GMA would undoubtedly need strengthening, I emphasized.

- I also emphasized yet another area in which GMA was very weak and that is the area of IEC or Information, Education and Communication. Mental illness is not a curse like the curse of sage Durvasa to Shakuntala, not a fatality. It was fully correctable provided diagnosis, admission and treatment were in time and there was regular compliance with drugs. Regretfully, however, we have a society which is mired in bundles of fads, taboos, irrational and unscientific make beliefs. We need to demystify this aura of false consciousness and replace it by a rational and scientific temper. This will be

possible partly through print and partly through electronic medium. For this we need to design a set of socially relevant messages which can carry hope, faith and conviction to the people at large that (a) a mentally ill person is not an untouchable (b) he/she like others is a human being entitled to the same dignity and decency like others (c) he/she can be effectively treated and cured and can rejoin the social mainstream. The print medium can be in shape of charts, posters, illustrated paintings while the electronic medium can be in shape of quizzes, curtain raisers etc.

- I also shared with the Director and others the experiences and success stories emanating from my visit to other hospitals and notably in the areas of :-

  - potable water;
  - environmental sanitation and personal hygiene;
  - sumptuous, wholesome and nutritious food;
  - creating a clean, safe and congenial environment inside the kitchen where food for hundreds of people are being prepared daily;
  - human resource development (through training, participation in seminars, symposia and workshops, presentation and publication of papers etc.).

The Director and about 18 officers of GMA from different disciplines participated in the discussion which followed and offered their ideas and suggestions on a wide range of issues as under:-

1. Dr. Kuldeep Singh who had attended Psychiatric Conferences in Chandigarh and Nainital in 2006 and 2007 respectively had experienced the problem of leave which should be sorted out. He emphasized training of psychiatric social workers and as also all peripheral doctors under the Health Department (Civil Surgeons, Assistant Surgeons etc.). He suggested posting a clinical psychologist once a week in the jail ward.

2. Dr. Dohre who had also attended the conference at Nainital in 2007 suggested an intensive involvement of media (both print and electronic) to

expose and condemn the cruelty and insensitivity of a stigmatized society and positively highlight the importance of timely diagnosis, admission and treatment of all mentally ill persons.

3. Dr. Joshi made the following suggestions:-

- survey of mentally ill persons in the community should be carried out with the involvement of Departments of Social and Preventive Medicine of Medical Colleges;

- similar surveys should be conducted in schools and other educational institutions to identify the incidence of substance abuse which was on the increase;

- teachers in schools should be counseled with the help of Indian Paediatric Society;

- the admission and discharge procedure under the Mental Health Act should be streamlined and made simpler after a dialogue/discussion with police and judiciary;

- the undertrial prisoners who spend several years in the prison without trial tend to develop mental illness; this needs to be prevented through close observation; attention and care apart from speedy trial and disposal of cases;

- series of psychiatry conference at Agra, Aligarh, Jabalpur and Gwalior should be organized; these will provide immense opportunities for research.

4. Dr. Subhas Upadhyay emphasized the importance of psychiatric training for nurses which can be started in the mental hospital itself. He also highlighted the importance of psychiatrists, clinical psychologists and psychiatric social workers working in unision with a team spirit for one common cause or objective. The team approach would also promote a multi sectoral approach. Interview rooms should, however, be provided to them separately.

5. Dr. Satpal suggested that the frequency of review meetings with internal faculty and guest lecturers should be stepped up. She also pleaded in favour of grant of a set of special incentives such as sanction of special leave for the psychiatric conferences and payment of TA/DA for writing and presenting papers.

6. Dr. J.C. Mishra suggested that PHC doctors should be trained in mental health. The curriculum, course content and duration of such training should be finalized after discussion with Director of Health Services.

7. Dr. Singhal suggested that e-connectivity with apex institutions and higher centres of learning like NIMHANS should be established and facilities of video conferencing should also be provided.

8. Dr. Kakkad suggested that all operations (from beginning till end) in the modified ECT should be computerized. He suggested that a full fledged yoga centre should be established for the benefit of larger number of patients getting admitted to GMA. He also suggested total modernization of the kitchen by installing a chimney, providing sufficient number of exhaust fans, platform for washing and cutting vegetables, electric kneader, automatic chapatti making machine, stainless steel container to keep food hot and heated food trolley to serve hot food. He also suggested that a full time dietician/nutritionist should be sanctioned to advise on the nutritive value of food and to have vigilance over the quality of food to ensure that it does not go down.

9. Dr. Manu Dixit who oversees the functioning of OT suggested that such new trades/skills should be introduced which are simple, easy to learn and marketable. She also felt that the products of Half Way Home which is functioning within the premises of GMA should bear the name of GMA.

10. Dr. Vinay Maurya highlighted the problem of discharge of patients who have been found fit for discharge due to difficulty and delay in getting orders of CJM prior to discharge.

11. Dr. B.M. Sharma suggested that the following instruments are needed for conducting certain new pathological tests such as:-

- Floroscent microscopy;
- RFT;
- LFT.

12. Dr. Asha Gupta suggested that a new EEG machine should be purchased and ECG machine should be repaired before 31.3.2008. She also suggested that a very good diagnostic wing should be constructed on the first floor of the existing pathological laboratory and should be fully equipped with MRI and CT scan. She suggested that the ECT room should be fully air-conditioned.

13. Mr. Nand Kumar gave a number of valuable suggestions such as:-

- psychiatric orientation should be provided to all doctors at district, sub divisional and PHC level;
- contact should be established with local newspapers and they should be persuaded to carry stories/articles of mental illness in a positive and constructive perspective;
- similarly the local station of All India Radio and TV should be requested to have regular programmes on mental illness with a view to removing mindsets or ill perceived notions about mental illness;
- GMA should open a helpline so that any body intending to bring a patient can get correct tips about OPD and admission procedure;
- Exclusive IEC packages on mental health should be prepared by GMA and displayed all over so that literate patients and their relatives can receive the right messages and internalize them;
- Exclusive school mental health programmes should be formulated and conducted with GMA's initiative.

14. Dr. Ranjit Kumar suggested that GMA should introduce a M.Phil Course in Clinical Psychology. It should prepare training packages for the attendants to make them through training more civil, courteous, kind and considerate towards patients.

15. Shri Lakshminarayan Rathore highlighted the role of Ayush (Systems of medicines other than Allopathy) in treatment of mentally ill persons. The indigenous systems of Indian medicine which can come handy in such treatment are:-
    - ayurveda;
    - yoga;
    - yunani;
    - siddha;
    - homeopathy.

    This is in conformity with the policy of Government of India according to which these systems of Indian medicine have a role in treatment of mentally ill persons. The State Government may, therefore, consider to establish a separate centre for exploring this possibility.

16. Dr. Ashok Jain suggested that those patients who are being rehabilitated should receive training from the Industrial Training Institutes (ITIs) subject to the norms and parameters fixed for training in such institutions.

Meeting with Divisional Commissioner and Collector:

12.2.2008 (4 PM to 5 PM)

It has been stated earlier that the Divisional Commissioner as the Chairman of the Managing Committee has been evincing keen interest in the smooth, orderly and progressive management of GMA. He despite his heavy preoccupations has been convening meetings of the managing Committee at regular intervals and has been taking prompt decisions on all pending and vital issues in a manner which will contribute to the furtherance of the development and growth of GMA. This was evident from the fact that he took time off his busy schedule and came down to GMA along with the Collector (on a day which has been declared as a day of mourning due

to death of a Cabinet Minister in a car accident) and gave a patient hearing to what I had to say about certain outstanding issues pertaining to GMA such as:-

1. Provision of land for future growth of the Institute by way of setting up of the following new institutions:-

   - Drug Deaddiction Centre;
   - Geriatric Ward;
   - Child Guidance Centre;
   - Diagnostic Centre;
   - Yoga Centre.

I had placed the requirement of land for these purposes at a modest figure of 5 acres to which the Divisional Commissioner readily agreed. He also agreed to provide government land in the vicinity of GMA.

2. **Construction of a pucca drain in front of GMA:**

The kitchen drain in front of the hospital has been one of the pollutants, emitting foul smell, harbouring flies and mosquitoes and polluting the environment inside the hospital. The work to convert it to a pucca drain for smooth flow of water has been taken up at an estimated cost of Rs. 4,10,300/- which will be borne on a 50:50 basis by GMA and District Administration in accordance with the principles of Jan Bhagidari Scheme (People's Participation Scheme). The Collector and DM, Gwalior - Shri Shrivastav with whom this matter had been taken up earlier was good enough to bring the letter of sanction pledging the District Administration share of 50% amounting to Rs. 2,05,150/- on the following terms and conditions:-

- the district administration's share of 50% amounting to Rs. 2,05,150/- will be released on receipt of utilization certificate in support of expenditure of the full amount;
- the work should be executed according to approved plan and estimates;
- all dues should be settled only after book measurement of the exact work done;

- contact should be established with the technical officers of Planning Unit of the PWD to get the work inspected at regular intervals;

- the work should be completed in a period of 3 months from the date of issue of the letter of sanction by the Collector (12.2.2008).

The Divisional Commissioner was requested to use his good offices with the Chief Engineer, PWD to get the work completed at the earliest.

3. Shifting of Private Bus Stand/adjoining GMA:

This was a source of nuisance as it causes a lot of congestion in traffic towards the hospital. In the larger public interest this should be shifted to a distant location.

4. Placing the Dharmashala currently being owned and managed by the Municipality at the disposal of GMA:

There is a Dharmashala situated in the premises of GMA which is owned by the Municipal Corporation. It was established in earlier days when there was no concept of open wards and relatives of patients of closed ward needed a place to stay. It is mostly being misused today by antisocial elements. It was suggested to the Divisional Commissioner that the Dharmashala may be handed over to GMA to convert it to a Day Care Centre.

Meeting with the District and Sessions Judge, Gwalior

12.2.2008

(5 PM to 6 PM)

The following issues were discussed with the District Judge:-

I Issue of Dr. Anuradha Moga:

She was effectively treated and was fast on the way to recovery in the Half Way Home. It is at this stage that she was taken away by a family friend – Miss CH. Angre. Regretfully, due to mishandling of the case she has gone in for a severe relapse and was dumped back in a pathetic condition in GMA. The issue of initiating legal action against the culprits was discussed. District Judge was of the view that a

case should be filed by GMA against Miss Angre and the NGO concerned which was responsible for handing over the patient without a thorough scrutiny of the credentials of Miss Angre should also be impleaded as a party (respondent).

II **Issue of release orders by CJMs:**

In view of the difficulties and delay in securing such release orders from the CJMs concerned it was agreed that a conference of all CJMs of the State should be organized which could be inaugurated by the Hon'ble Chief Justice of the High Court. All issues pertaining to issue of release orders in favour of mentally ill persons who have been declared medically fit and yet who continued in the mental hospital due to delay in issue of the release order and related matters could be discussed in the conference.

III **Role of District Legal Aid Society in support of mentally ill persons:**

In all such matters where a person has been effectively treated and has substantially been cured and yet who was unacceptable to his/her home because of peculiar mindsets or who having been sent home by the GMA was being subjected to ill treatment. District Legal Aid Society of which District Judge is the Chairman must play a proactive role in securing judicial redress for the aggrieved/victim. Details can be worked out after discussion in the proposed conference as above.

District Mental Health Programme:

The Ministry of Health and Family Welfare vide letter No. 15011/2/07 PH dated 24.4.98 and on the basis of a proposal for setting up a satellite clinic submitted by the State Government sanctioned the District Mental Health Programme for Shivpuri in M.P. It was made clear by the Ministry of Health and Family Welfare that the programme may continue but may be taken over by the State Government after a period of 5 years. The grant sanctioned, received and utilized for this according to the approved pattern was as under:-

Funds released by Central Government – Rs. 1.15 Crore
Amount received by GMA - Rs. 40,71 lakh
Amount representing the final instalment
of the grant from Government of India - Rs. 68.08 lakh

Government of India had sanctioned one post of psychiatric specialist, one post of clinical psychologist, one post of psychiatric social worker, 4 posts of nurses, one clerk-cum-statistician, driver, nursing urduly and sweeper one each.

Achievement of the Project so far:

- Over 3000 mentally ill persons have been and are being treated by the Satellite Clinic Centre at Shivpuri free of cost.
- Between January, 2004 to July, 2007 over 30 camps including drug de-addiction camps have been organized at the district level in which over 1500 patients have been examined.
- Over 2000 patients between 2004-07 have been given psychotherapy, behavioural therapy and counselling.
- Over 203 mentally ill persons have been issued certificates after assessment of their IQ.

How exactly the satellite clinic activities are being conducted:

- The Psychiatrists, Clinical Psychologists and Psychiatric Social Workers are coming to Shivpuri from GMA once a week (every Tuesday).
- In course of preliminary screening if it is found that the extent of mental illness is severe, such cases are being referred to GMA (as there are no wards in satellite clinic centre).
- In course of such screening training to ANMs and Health workers is also being imparted.
- Parents and guardians are also being imparted psychotherapy, behavioural therapy, counselling and guidance.
- Between December, 2004 to July, 2007 a number of awareness generation programme about mental health was conducted.

- IEC materials (charts, posters, training manual, booklet, how to take care of epilepsy patients, primary health care to patients who are victims of depression and stress etc. are being prepared and disseminated.

- Basic messages pertaining to Psychiatry related diseases are being broadcast and telecast.

Problems:

A few positions such as one Psychiatric specialist, one clinical psychologist and 4 nurses are vacant hampering the pace and progress of implementation programme to a large extent. There are serious problems of funding which if not addressed in time may result in closing down the entire exercise. This needs to be taken up with the Principal Secretary, Medical Education Department, Government of M.P.

Future Plan:

- It is proposed to have 10 beds with ECT provision.
- It is proposed to intensify public awareness programmes.
- It is proposed to impart mental health related training to all medical officers and staff nurses of Shivpuri district.
- It is proposed to impart retraining to ANMs and Health workers.
- It is proposed to start day care centres and training centres for bringing about changes in the lives of mentally retarded children.

Executive Summary of impressions, observations and conclusions:

- In Writ Petition (Civil) No. 338 of 1986 Rakesh Ch. Narayan Vs. the State of Bihar and Others, Shri M.S. Dayal, the then Union Health Secretary in his report to the apex Court dated 11.7.94 had recommended:-

  'An important point for toning up the administration of RMA is to post an appropriate person as the Director of RMA assisted by the Medical Superintendent and a Dy. Director (Administration). The first Director,

RMA should be a person who, besides being a person of confirmed integrity should have a strong background in modern scientific approach to the treatment of mental patients and their social and occupational rehabilitation'.

- The tenure of such a person appointed to the post of Director should be for a period of 3 years.

- The apex Court approved in toto the recommendation of the Union Health Secretary – Shri M.S. Dayal. Accordingly Dr. P.S. Gopinath, Addl. Professor of Psychiatry, NIMHANS was appointed as the first Director of RMA, Ranchi for a period of 3 years from the date of joining.

- The guiding principles (continuity as opposed to adhocism) which governed appointment of Director of RMA, Ranchi are applicable to GMA as well.

- Regretfully and as would be evident from the following table no fixed tenure of 3 years has been given to any incumbent Director, GMA since the year the post of Director was created.

S.No.	**Name of the Director**	**Period of appointment or tenure**
1.	Dr. M.K. Gupta	3.6.96 to 8.12.96
2.	Dr. A.K. Haritwal	9.12.96 to 31.7.98
3.	Dr. V.K. Joshi	19.8.98 to 28.10.99
4.	Dr. G.C. Baijal	28.10.99 to 28.9.2000
5.	Dr. S.R. Agarwal	28.9.2000 to 31.3.2003
6.	Dr. T.N. Pradhan	1.4.2003 to 22.7.2003
7.	Dr. G.C. Baijal	23.7.2003 to 11.11.2003
8.	Dr. T. Jagawat	12.11.2003 to 21.7.2004
9.	Dr. (Smt.) Shaila Sapre	22.7.2004 to 13.6.2005

10.	Dr. Ramgoolam Razdan	14.6.2005 to 8.6.2006
11.	Dr. Ramgoolam Razdan	7.7.2007 to 13.7.2007
12.	Dr. (Smt.) Jyoti Bindal	14.9.2007 till date.

- Continuity in tenure of any incumbent to a post in general and to post of Chief Executive in particular is absolutely essential for the following objectives:-
  - complete familiarization with the management of enterprise, mandate, overall work environment, nature and character of people involved;
  - complete mastery over the tasks assigned, scientific management of tools and equipments procured and installed, direction/course taken and goals to be reached;
  - reasonable opportunity and timeframe to carry the tasks to their logical conclusion.
- This has not been the case with GMA and this, apart from many other reasons, has been detrimental to the functioning of GMA.
- Learning from the past experience a fair opportunity should be provided to the current incumbent to do justice to her assignment.
- This is on account of 2 reasons:-
  - her appointment has been in the wake of developments which themselves do not speak well of management of such an old and prestigious institute like GMA;
  - she has initiated a number of positive steps and is about to launch a number of more such initiatives which need time to be taken to their logical conclusion.
- The Medical Superintendent is the second in line of command to aid and assist the Director in discharge of his/her duties. We need to create a post of Medical Superintendent for a number of reasons such as:-

- he/she would take over the responsibility of coordinating all matters pertaining to treatment of patients;

- he/she would relieve the Director of his/her onerous responsibility in regard to monitoring, supervision and coordination of all matters pertaining to hospital management;

- The Director should be left comparatively free to devote his/her time to thinking, planning, managing and directing the development and growth of the Hospital/Institute.

- Adhocism has been the keynote in the management of GMA for years which is positively detrimental to the health of the Institute.

- To illustrate, officers of the rank of Asstt. Professor, Psychiatry and Asstt. Professor, Clinical Psychology (which are Group A posts) are being appointed on contract basis for a period of 3 years with a consolidated salary of Rs. 18000/- which is very wrong and inappropriate.

- There is no wonder that candidates are reluctant to apply and even if selected are reluctant to join as appointment under any such term and condition acts as a disincentive.

- If such posts remain vacant for a long time it will weaken the delivery mechanism in respect of all the 4 components which the apex Court had emphasized i.e. treatment, training, teaching and research. This is exactly what has happened to GMA.

- Grant of autonomy to GMA has not been of much consequence as would be evident from the following:-

  - GMA was accorded autonomous status by a gazette notification dated 25.10.94 and a Managing Committee was constituted with the Divisional Commissioner as the Chairman but no specific order for delegation and exercise of specific administrative and financial powers in favour of Director, GMA as a State Level HOD has yet been issued

by the State Government and has been done in case of 5 medical colleges so far;

- Power for creation of Class I, II, III and IV posts rests with the State Government; the Director can fill up Class III and Class IV posts only after getting permission from the Government and after following the existing Government Rules (Rule 20.6 of the autonomy rules); this consumes a lot of time;

- Sanction for purchase of drugs/furniture/machine/equipment is given by the Managing Committee but Director can purchase these items by following a purchase procedure within the ambit of government policy;

- GMA had full authority to purchase drugs on the basis of open tender prior to 1.4.2007. This power is no longer in existence.

- While the Central Drug/Equipment Purchase Policy may have been issued with a lot of good intentions to streamline the purchase procedure it does involve a lot of clerical work, repetitive, time consuming and fraught with the possibility of human error.

- Bed strength, occupancy rate and type of psychotic and neurotic drugs needed and quantity thereof being well known, Director GMA should have full powers for purchase of drugs on the basis of open tender as was the case prior to 1.4.2007.

- Under Government Purchase Rules GMA cannot indent drugs for more than 3 months. Such a policy may give rise to a situation of artificial scarcity.

- Sanction of the Managing Committee is required for purchase of the following:-

    - national/international journals;
    - air conditioning and central air cooling of ECT Deptt./Recovery room/Wards/Doctor's Duty room and other work places.

- These purchases are all conditional on the State Government Purchase Rules. Restrictions imposed by Government on Purchases to be made from time to time frustrate the objectives of autonomy. This is also detrimental to the interests of human resource development.

- To illustrate, according to an executive order issued by the State Government, no expenditure can be incurred (except food) and no order can be placed with any supplying agency for purchase of tools, equipments, drugs and furniture after 31st January every year. This has made matters extremely difficult for the Director GMA to do any perspective planning with regard to future purchases.

- A number of posts against the sanctioned ones are lying vacant while a few have been filled up on contract basis.

- Whether a job should be performed by an incumbent on a regular or contractual basis would depend on the nature of job itself. For this a scientific job study (involving job description, job classification and job analysis) needs to be carried out. No such study has been conducted and yet persons have been put on contractual basis.

- According to Rules 20.6 of Autonomous Rules outsourcing can be done only against vacant posts. The Rules should actually provide that outsourcing should be related strictly to the nature of job and the dire needs of the institution and should not be related to vacancy.

- GMA needs 42 attendants in every shift and 126 attendants in 3 shifts while it has got only 42 sanctioned posts of attendants. Consequently it finds it very difficult to manage security.

- Since outsourcing the work performed by attendants does not figure in the Autonomy Rules, the Managing Committee has no powers to accord permission to Director, GMA to outsource this particular category of job.

- The only way out is to amend the Autonomy Rules and authorize the Managing Committee to accord permission to the Director GMA to engage 84 attendants by way of outsourcing to meet this genuine requirement.

- Against 213 sanctioned posts of officers and staff members in Gr. A, B, C and D, 143 have been filled up and 70 posts are vacant. 82 posts have been proposed for sanction by Government. As against this only 46 officers and employees are staying in Government accommodation inside the GMA campus. While 160 are staying out. A proper planning should be made for construction of at least (160+82) or 242 staff quarters keeping in view the possibility of future expansion and growth of GMA.

- Interaction with OPD and IPD patients brought out the following:-

  - most of the patients come from a low middle class background;
  - family size in a joint family set up is large;
  - the distance between the places the patients come from and the hospital is considerable;
  - the patients who are invariably accompanied by relatives (parents, guardians, uncle, aunt, husbands/wives etc.) numbering 1 to 5, going upto 8 in a few cases have to incur sizeable expenditure in undertaking the journey;
  - since earnings of working family members are already limited (due to lack of avenues of stable and durable employment and non enforcement of minimum wages) such a large number of family members accompanying the patient entails loss of income or opportunity cost which is never reimbursed and also adds to other attendant liabilities.
  - This sometimes leads to large scale indebtedness;
  - There is lack of awareness about precise location of the hospital. GMA is in the outskirts of the city without a single hoarding from the side of district/municipal administration of the city indicating the direction of the

road leading upto the hospital or the distance in Kms from the bus stand and railway station;

- The travel from the bus stand or railway station entails considerable efforts and additional expenditure;
- On account of this lack of awareness relatives of the patients first take the latter to private clinics entailing heavy expenditure without any tangible results;
- It is only at a fairly late stage and after being driven to desperation that they come to GMA;
- There are other social compulsions arising more out of superstitions than out of any reason or rationality which cause this delay;
- After married women who were otherwise normal prior to their marriage develop mental illness at the homes of their in-laws due mostly to ill treatment in the hands of the in-laws (which is often dowry related, sometimes related to sterility and sometimes to advent of girl offsprings) they are spurned/castigated and do not receive the care and attention which is ordinarily expected by them in their in-laws families. For this reason, they are invariably brought by their parents, not in-laws and not even by their husbands to the hospital;
- The relatives carrying the patients usually leave by train or bus at the late evening/night hours reaching the bus stand/railway station at the destination point in the early hours of the morning. From there, they hire an auto rickshaw or man driven rickshaw to reach the hospital. They are left with little or no time for morning ablutions or food.
- After reaching the hospital they wait in the OPD for long hours for registration and for their turn (the waiting period goes upto 2 to 4 hours).
- Once after screening by the MO concerned a decision is taken to get the patient admitted in the hospital and wherever there is an open ward and in cases of acute illness relatives are required to stay with the

patient, they, partly out of domestic compulsions and partly out of financial constrains and other personal reasons are reluctant to stay with the patient, leaving the latter in the lurch.

- This indifference came out clearly from a father who happened to be a retired school teacher and who openly gave vent to his unhappiness partly on financial grounds and partly on grounds of personal discomfort and inconvenience in staying in the ward with his daughter.

- Such uneasiness arisen partly out of make beliefs that medicines and treatment should produce some instant results, partly out of domestic compulsions but largely on account of absence of facilities and amenities for the relatives in the open ward of the hospital.

- Medicines are issued to OPD patients free of cost for one month in the maximum. The situation of compliance with their medicines is not uniform. Sometimes, when a schizophrenia patient is left alone, he/she in a fit of rage tears the prescription and throws it away. Sometimes he/she may gulp the medicines meant for 2 doses in one go with serious consequences and sometimes may throw away the medicines altogether resulting in non-compliance.

- Either the patient or the relatives or both (depending on their condition and local situation) will have to come after the medicines have been exhausted to collect them afresh as also for follow up. This entails additional expenditure.

- Psychotic and neurotic medicines are not available either at the district or sub divisional hospital or at the PHC. They may be available at the market but at a prohibitive rate which is unaffordable for a patient belonging to the average income group/below poverty line.

- The condition of many patients in open and closed wards was found to be pathetic. One patient in open ward was found to have swelling in both face and lips and bruises on the bridge of the nose, another patient in the middle of his youth in the closed ward was found to be

terribly underweight (35 kg when he should be weighing at least 60 kg), malnourished, dehydrated and completely emaciated. Several women were found to be anaemic and underweight. All such cases should have caught the attention of medical officers taking the rounds but that has not happened as the rounds themselves are not regular. In all such cases special diet should have been provided to deal with underweight and malnutrition but that has not been done. These cases and similar cases in future should receive utmost personal priority attention of the Director and the treating physician. The number of rounds should improve too in a manner which should help in (a) detecting serious general ailments along with mental illness (b) establishing a rapport and emotive bond with the patient.

- After a patient has been effectively treated and has substantially recovered and can otherwise be declared fit to be released he/she has to be sent back home. This poses the following difficulties:-

  - If it is an involuntary admission i.e. under reception order from the Court of CJM brought by the police or an NGO, the patient will have to be produced before the CJM for release order. The Court of CJM sometimes attaches conditions prior to effect the release which the hospital authorities find it difficult to comply;

  - When a patient is brought by the police or NGO to the hospital with a reception order, they do not furnish the address of the patient and it becomes difficult to send the patient back home even if release order has been passed by the CJM as no address or whereabouts of the patient are available.

  - Wherever the patients are got admitted by the relatives and home address of the patient is available, hospital authorities do enter into protracted correspondence with the relatives but invariably there is no response. Wherever there is a response it is invariably negative either on the ground of old age or illness or lack of earning capacity.

- Whenever patients have been effectively treated and are fast on the way to recovery they are sent to Half Way Home (wherever such Homes exist) for effective rehabilitation and for reintegration into the mainstream society. Many of these patients (both women and men) with whom I have interacted have shown their eagerness to return to their respective homes and start a normal life in the avocations to which they are used but they cannot be sent back home as there is no response or negative response from their family members/ relatives/friends.

- There are psychiatric social workers in GMA who are empathetic and sensitive but they are yet to take up home visits and offer counselling to parents, relatives and guardians of patients. A systematic programme of such home visits should be drawn up and detailed accounts of such visits and counselling offered should be available on record. The psychiatric social workers need to be given a thorough orientation prior to their home visits.

Conclusion:

While there are a number of unfinished tasks the Director has prioritized them and has set herself heart and soul in the right direction in accomplishing these tasks in a time bound manner. Some of these tasks which have been prioritized for future are:-

- regularization of contractual staff;
- deputation for training of doctors and nursing staff at conferences;
- raising the per capita expenditure per patient from Rs. 250/- to Rs. 500/-;
- starting a day care centre as suggested by me in my last inspection report dated 6.1.2007;
- starting a long stay home as suggested;
- starting a drug deaddiction centre as suggested;

- starting a Child Guidance Clinic;
- start a Psychological Laboratory;
- starting a programme teaching M.Phil in Clinical Psychology and Psychiatric social work and M.D. Psychiatry;
- filling up of all sanctioned posts lying vacant;
- creation of new posts related to job study.

These are genuine needs of GMA and the goals have been set correctly. Their accomplishment would, however, require unstinted cooperation and support of the Principal Secretary, Medical Education Department – Shri P.S. Dani who had responded positively to my present visit and had deputed one Senior Medical Officer – Dr. Baijal who after retirement is working as a Consultant to Directorate of Health Services (DHS). I propose to meet him sometime in April, 208 or May, 2008 along with the Director so that all these issues which have been prioritized as also constitution of a Board of Visitors and convening regular meetings of Mental Health Authority under Chairmanship of Principal Secretary, Department of Medical Education, Government of M.P. can be attended to with a sense of urgency and seriousness of concern.

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