Second Report of review of activities of the Institute of Mental Health and Hospital (IMHH),Agra by Dr. Lakshmidhare Mishra, IAS (Retd.), Special Rapportuer, NHRC.

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Human Right is a multifaceted concept. It has implications for a person at home at the educational institution, at the work place, at hospitals and clinics (including mental health hospitals), at conferences (Seminars, Symposia and workshops), in the functioning of democratically elected peoples' institutions (Parliament, Legislative Assembly and Legislative Council), in the functioning of local self governing bodies (Corporations, Municipalities, Notified Area Councils, Panchayats at the district, taluka and village level), custodial institutions (Central Jails, District Jails, Special and Circle Jails, Sub-jails and Open Air jails) etc.

In the context of dealing with mental illness and mentally ill persons the implications are:

At home:

- treating the mentally challenged persons with dignity, decency, kindness, compassion and commiseration;
- not suppressing the information that some one at home has been afflicted by mental illness;
- not causing the slightest delay in taking the patient to a mental health hospital for check up, diagnosis and admission as IPD patient, if considered necessary by the psychiatrist/clinical psychologist;
- staying with the patient in the family ward/open ward (as the case may be);
- arranging to meet and interact with the patients at the hospital at as frequent intervals as necessary (if it is not found convenient to stay with the patient);

- ensuring that after the patient has been effectively treated and found fit for discharge he/she is taken home, is received well and given the best of care and attention, ensuring strict and timely compliance with medicines prescribed;

- taking the patient to the hospital after sometime after the patient has been discharged for follow up;

- infusing hope, faith and conviction in the mind of patient all the time that (a) everything has not been lost (b) he/she (the patient) can be effectively treated, cured and can resume a normal life (c) mental illness is not a curse, not a fatality; its causes can be scientifically identified and scientifically dealt with.

At the hospital

- not refusing any one medical check up, diagnosis and admission as an IPD patient, if necessary;

- not subjecting any mentally challenged person or even the persons accompanying the patient to any abusive or offensive treatment or treatment which will border on cruelty or torture;

- treating each and every case of mental illness with dignity, decency, courtesy, kindness, empathy and sensitivity;

- constantly infusing that hope and faith which act as best timely healers and creating a climate of robust optimism that all is not lost and the even tenor (equilibrium) of life can be regained and life restarted with the same freedom and spontaneity, excitement and joy which characterized it before the person was afflicted with mental illness.

These implications were uppermost in the mind of the apex court in a number of cases and in particular in the following:

- Writ Petition (Civil) No. 339/86, 201/93 and 448/94 read with writ petition (civil) No. 80/94, Rakesh Chandra Narayan Petitioner Vs. State of Bihar decided on 8th September, 1994.

- Contempt petition No. 73 of 1991 in Writ Petition No. 339 of 1986 decided on 9th April, 1991, Rakesh Ch. Narayan petitioner Vs. State of Bihar.

- Writ Petition (Civil) No. 339 of 1986 decided on 20th October, 1986 Rakesh Ch. Narayan Vs. State of Bihar, 1986 (Supplementary) SC 576.

- Writ Petition (Civil) No. 339 of 1986 decided on 27th September, 1988 Rakesh Ch. Narayan Vs. State of Bihar, 1989 (Supplementary) (1) SC 644.

- These were also the considerations which weighed in the mind of the apex court when it entrusted the responsibility to NHRC of monitoring and overseeing the State of affairs in the management of 3 mental hospitals at Agra, Gwalior and Ranchi on 11.11.97.

- These considerations were uppermost in my mind when I had visited IMHH for the first time in February, 2007 as also when I visited IMHH for the second time in January, 2008 (21.01.08 to 24.01.08).

- At the time of my first visit I had recorded certain redeeming features in the management of the hospital as also certain grey areas. At the time of my second visit I wanted to see for myself the extent of improvement which has been brought about by way of compliance with the observations made by me at the time of the first visit. A gist of the observations made in Feb. 07 and the extent of compliance are as under:

A gist of observations made after the last visit in Feb. 2007.	**Extent of compliance**
I. The present building is too old with construction of most of the blocks dating back to 1859. The existing arrangement of the State PWD carrying out the repairs is not very satisfactory.	I. Most of the structures were raised with lime and mortar and have outlived their utility. Seepage has developed at a number of points and cracks (both horizontal and vertical) at a few others. The PWD needs to survey all the Blocks and work out comprehensive proposals for repairs instead of attending to them on a piecemeal basis.

II. The waiting space in the OPD for the relatives of the patients who accompany them to the OPD is inadequate.	II. Two measures have been adopted – One short term and another Long term. As a short term measure, sitting capacity in the waiting hall of OPD has been increased by placing more three seaters inside and 12 red stone benches outside. On account of biting cold (temperature at Agra around third week of January had gone down to O° celcius) the stone benches were found to be left unused but the three seaters were being made full use of as a result of which the congestion had been eased to some extent. - As a long term proposition a new OPD Block is under construction with a dimension of 72 metre x 4.2 metre or 33, 600 sq.ft. This will comprise of the following: - Waiting hall for about 150 OPD patients with a size of 23 metre x 18 metre or 4140 sq.ft.; - Plasma TV set; - Newspaper stand; - Drinking water; - Toilets; - Wheel chairs (to facilitate movement of physically handicapped persons); - Necessary sloping has been provided to facilitate movement of wheelchairs. - Dispensing unit on the first floor.

	The entire structure is being raised after carrying out seismic tests and after providing all checks and safeguards so that all aspects relating to foundational and structural safety, adequate lighting and ventilation, functional comfort and convenience are fully taken care of.
III. The dispensing unit is not an integral part of OPD. Relatives of the patients have to walk about 1/3rd of a kilometer to the dispensing room to collect medicines leaving the patients alone in the OPD.	III. A new Dispensing unit has been started at the OPD itself for the time being to dispense medicines to OPD patients free of cost as a temporary measure. A full fledged dispensing unit has, however, been provided in the plan of the new OPD Block.
IV. The total area of the Institute is 172.84 acres of which 33 acres is farm land. Part of the farm land is within the boundary wall housing the patients' wards while the rest is outside and is under encroachment. The IMHH has a number of proposals in the pipeline for future expansion and growth of the Institute. It may not be possible to go ahead with these proposals until & unless the encroachment is removed and the vacant space is made available to the Institute.	IV. The matter has been brought to the notice of the Divisional Commissioner who is the Chairman, Managing Committee of IMHH. He, in turn, has directed the ADM (City) to take necessary action. So far, however, the encroachment has not been removed. Removal of every encroachment has obvious political implications as any such attempt brings in its trail a number of political pressures which eventually frustrate the attempt. Since administration at the local level has so far failed to carry out eviction of encroachers, the matter may have to be taken up at the highest political level (as was done at the time of visit of Hon'ble Member – Shri P.C. Sharma with Chief Minister, Rajasthan on 30.1.2007 at the time of visit to mental hospital, Jaipur) so that through political persuasion/direction the process of eviction may be carried to its logical close.

V. The water supply system comprising of one overhead tank of 1.5 million litre capacity is quite old (15 to 20 years) and has outlived its utility. Since no repairs to the system are possible (supporting beams have developed cracks) the tank would need replacement at an estimated cost of Rs. 1 crore. If the replacement is not carried out in time the tank is likely to collapse causing a large scale dislocation in water supply system.	V. Budget Provision has already been made for construction of a new overhead tank estimated to cost Rs. 101 lakh with a capacity of 650 kilo litres of water. The proposal has already been approved by the Managing Committee in their last meeting held on 12.05.07.
VI. Current arrangements for supply of power are both erratic and inadequate. There is no full power back up for all the wards through a DG set. The problem can be solved by (a) installing another transformer of 250 KVA capacity and (b) going in for a second DG set.	VI. Proposal for an additional 250 KVA transformer has been initiated. All the strategic points have been connected with DG set.
VII. The total number of posts lying vacant is 242 (32 in class-I & class-II and 210 in class-III and class-IV). Such large scale vacancies are causing serious problems in smooth management of the hospital.	VII. Some improvement has taken place in filling up vacancies such as: - four general duty medical officers, one senior resident psychiatric, three psychiatric social workers have already been selected and joined their duties; three Diplomats of National Board (DNB) (one of them being a DPM in Psychiatry and two with extensive experience in Psychiatry) have been interviewed, selected and orders of appointment are being issued.

VIII. A suggestion/grievance ventilation box should be installed at a conspicuous point.	VIII. A suggestion/grievance ventilation box has been installed at the OPD main gate and at the administrative block.
IX. There was a clear note of dissatisfaction in the quality of chapattis which was being served. The quality of wheat supplied to the hospital is of very poor quality. It was full of chaff and in the present form was found unfit for human consumption.	IX. There are two sources for procurement of wheat i.e. one through FCI and second through rate contract. The quality of wheat now supplied through FCI appeared to be better as also the quality of atta and chapattis except that there is too much of burning of chapattis at the time of making which can be avoided by using a better quality *tawa*. In regard to the quantity of food, its quality in terms of nutritive value and kilo calorie, a separate note is appended at Annexure-I. The IPD patients (both male and female) in course of my visit to the wards and interaction with them expressed their satisfaction both with quantity and quality of food.
X. Dr. B.R. Ambedkar University has accorded permission to open a few specialized and post graduate courses in Psychiatry but is yet to communicate the approval to the fee structure despite repeated reminders. No meetings with the VC have materliased despite repeated attempts.	X The previous Vice Chairman has been replaced by a new one who has visited the IMHH on 5.12.2007. He has expressed his satisfaction with the infrastructure and facilities obtaining in IMHH. He was keen that affiliation of IMHH with the University should be granted at the earliest. As a step in this direction, he has constituted a panel of a few eminent experts/professionals to visit IMHH on 25.1.2008. The composition of the panel is as under:- 1. Prof. D. Nagaraja Vice Chancellor, National Institute of Mental Health and Neuro Sciences, Bangalore (NIMHANS).

	2. Prof. Prabhat Sithole HOD, Department of Psychiatry C.S. Medical University, Lucknow. 3. Prof. Amulya Ranjan Singh HOD and Coordinator, District Mental Health Programme Department of Clinical Psychology RINPAS, Ranchi.
XI The response of authorities of S.N. Medical College, Agra to admission, diagnosis and treatment of mentally ill persons for associated ailments related to ENT, Orthopaedics, Opthalmology, Cardiology, Gynaecology etc. referred to by IMHH has not been very positive but largely indifferent and negative.	XI Prof. N.C. Prajapati has joined as Principal of S.N. Medical College and his attitude and approach to admission, diagnosis and treatment of mentally ill persons referred to by IMHH for associated complications has been much more proactive than the one prevailing hitherto. Problems, however, still persist due to unreasonable and impractical terms and conditions being imposed by the authorities of S.N. Medical College in regard to (a) provision of staff such as attendants, sweepers etc. (b) provision of medicines. These will have to be sorted out through further dialogue and discussion at the level of the Director and Principal on the one hand and at the level of Secretary and Director, Health Service and Director, Medical Education on the other. The budget provision of every referral institution needs to be simultaneously augmented by the State Government.

Since my last visit in February, 2007 a number of qualitative changes and improvements have taken place in the working of various departments and it is worth enumerating some of these changes and improvements as under:-

I **Communication System:**

- A digitalized EPABX system has been installed and all strategic points have been connected with intercom facilities.

- The Institute has got fax, e-mail and broadband facility for facilitating speedy communication.

- A proposal to enhance the existing capacity further is under consideration.

II **Accommodation:**

- One Type-IV, 6 Type-IV and 2 Type-III residential quarters have been constructed for officers and para medical staff easing the problem of paucity of accommodation to some extent, though not substantially.

III **Road connectivity:**

- Main road passing through the Institute has been renovated. Roads and driveways connecting various wards in the IMHH complex have been constructed.

- An internal road from OPD to the main campus has been constructed to transport the patients from OPD onwards.

IV **Procurement and dispensation of medicines:**

- Medicines are being procured on rate contract basis and stored for 6 months to 1 year on the strength of an assessment of the genuine need done by the MO in charge of the concerned department and indented by him. The stock of essential medicines which are being indented and stored is adequate. There has not been a single occasion when scarcity of medicines has been felt.

V **Human Resource Development:**

- A new skill training programme in kitchen/cooking skills for the benefit of the female patients and for their economic rehabilitation was launched on 17th December, 2007 with the following objectives:-

  - imparting cooking skills and also keeping them productively engaged;
  - ensuring observance of a disciplined daily routine once they get back to their family/community.

- Long stay patients who are being maintained on medication and patients who are ready for discharge are eligible to join this skill training programme.

- Training in the cooking skill is being imparted on 2 days a week i.e. Monday and Tuesday between 10 AM to 12.30 Noon.

- Training comprises of (a) preparation of tea and snacks (vegetable pakode, bhelpuri, peanuts, fry of various food items) and (b) preparation of routine food items like rice, dal, roti, vegetable curry etc.

- The female patients are allowed to consume the food prepared by them.

VI Significant addition to skills/trades being imparted at the female rehabilitation and occupational therapy unit:

New skills/trades which are market oriented have been introduced in the female rehabilitation and occupational therapy unit with a view to augmenting marketability of their skills. The new trades/skills are:-

- woolen items (pullover, scarf, cap, socks);
- jute items (doormats, wall hangings, bags);
- macramé thread items (holder, wall hangings);
- embroidery work;
- utilization of waste/left over items (to produce decorative items, asan, muffler etc.);
- painting work;
- cloth bags.

VII Significant strengthening by way of addition to various units of IMHH:

Psychological Laboratory:

A specialized software captioned, 'Computerized Research Assistance Interpretation Programme' which facilitates scoring and interpretation of

Rorschack Psycho diagnostic has been introduced. This will generate a comprehensive interpretation report indicating strength and weakness of ones personality, psychopathology and guidelines for psychotherapies. The software has been acknowledged as number one system in the world.

Biochemical Laboratory:

Name of the equipment – Electrolyte Analyser 9180

Manufacturer – ROCHE

Functions: The equipment has been installed for estimation of Ionuiz sodium (Na+)/Potassium (K+)/Lithium (Li-_/Chloride (CL+)/Calcium (Ca+). The analyzer is based on the latest technique of ion selective electrode. One of the most important therapies i.e. lithium estimation is done with this instrument. Additional test for estimation of Calcium Ca+ and Chloride can also be done on the analyzer.

Equipments procured for ECT Unit:

I Name of the instrument - Non invasive blood pressure monitoring pulse oximeter.

Model - Comet BP

Model No. - Larsen and Toubro Ltd.

Functions: It provides 10% oxygen saturation, measurement of blood pressure and pulse rate simultaneously at any time. It also has got the facility for alarm. Data of 16 patients can be recorded at a time.

II Ventilator

Model – SUR

Model No. - 90005

Make – Sur Electrical Co. Pvt. Ltd.

Functions: It maintains adequate ventilation at a time when the patient's respiration is compromised or the patient is in a situation of respiratory arrest. Ventilation is maintained till such time the patient is capable of normal respiration on his own after undergoing proper treatment in expert hand. It is a life saving machine and is essential for resuscitation.

PG Library:

The following significant additions have been made to PG library:-

- computer;
- educational satellite provided by the Rehabilitation Council of India;
- ten international journals;
- two national journals.

Additionally, 241 new books have been ordered.

VIII Significant growth and development in Research Unit:

The achievements of the Research Unit of IMHH which have been recognized by the Department of Scientific and Industrial Research, Ministry of Science and Technology, Government of India comprise of the following:-

- Ph.D. has been awarded to Ms. Bhagwanti for her work in Schizophrenia by Jawaharalal Nehru University in 2007;
- From 2 research papers in 1999 the number of such papers has gone upto 57;
- In 2007 and 2008 alone, 11 papers have been presented;
- A new research Project on the effect of remunerative jobs on psychopathology and psychosocial functioning of hospitalized chronic schizophrenic patients has been approved by the Indian Council of Medical Research;

- Six papers written by faculty members of IMMH have been published in 2007 while three more have been submitted for publication.

IX New Training Programmes for nursing staff from outside colleges:

Interaction with 33 nursing students drawn from MM College of Nursing, Mullana, Ambala and 19 students of R.K. Mission College of Nursing brought out the following:-

- they have adjusted to the environment at IMMH exceedingly well;
- they feel completely at home in the class room;
- they view the teaching learning process with a lot of excitement and joy;
- they find the curriculum and course content of the training programme relevant, interesting and worthwhile;
- they view their profession (of nursing) with a lot of pride and distinction, will go back to their respective educational institutions with a wealth of knowledge and experience, courage and confidence, dedication and commitment.

Upon completion of the course the student will be able to –

- describe the concept of mental health, mental illness and emerging trends in nursing;
- explain the contributory factors of mental illness, its prevention and control;
- identify the symptoms and dynamics of abnormal human behaviour in sharp contrast to normal behaviour;
- demonstrate a desirable attitude and skills in rendering comprehensive nursing care to the mentally ill.

While these are some of the redeeming features, grey areas or areas of concern continue to persist. Some of these came out in course of my interaction with OPD and IPD patients, some in course of visit to various wards and a few others in course of interaction with medical officers, para medical staff and other members of IMHH family. These are serialized below in relation to various activities in the hospital.

Physical infrastructure:

I **Access to Potable water:-**

Agra city is heavily polluted and access to safe, clean and potable water is a dream. Such access will be possible through the following:-

- Pipelines for supply of water and those for sewerage will have to be laid carefully so that there is no inter mingling in the event of any crack or damage caused to any pipeline. This has not been ensured.

- Overhead tank is required to be cleaned once every 6 months in the minimum to remove silt and other impurities. This is not being done.

- Samples of water are required to be drawn from the main source of supply and sent to an approved laboratory for test. On the basis of test and bacterial and chemical impurities found, further measures for purification are to be taken. This is not being done regularly and the findings of the test are not being compiled for corrective action.

II **Access to uninterrupted supply of electricity:**

- There is no uninterrupted supply of electricity to Agra city. The supply is characterized by interruptions and trippings. The voltage is also very low. Even though a separate transformer of 250 KVA capacity has been purchased and installed and all strategic points have been provided with generators to meet any contingency on account of failure of electricity, the physical environment inside the wards was dull and uninspiring due to low voltage.

III **Internal road communication:**

- All the roads inside IMHH need to be paved and widened with a view to facilitating the movement of ambulance, stretcher and wheelchair. All the wards need to be provided with good road connectivity. In particular, the existing Kharanja path needs to be converted to a paved road for better transport and for improving the aesthetic look of the campus.

IV **Adequacy of residential accommodation:**

- There has practically been no significant addition to construction of new staff quarters since 2004-2005. The percentage of satisfaction as of now was about 25% which is quite low. The nursing staff in particular need to stay inside the campus to attend to emergencies as also to provide nursing care to other complicated cases (Paranoid, Schizophrenia, Bipolar affective disorder, severe depression etc.). Over a period of time it should be our endeavour to provide new residential units on the one hand and persuade majority of the members of the IMHH family to stay inside the campus. This will promote a sense of belonging and comraderic among the members.

Management:

- Prof. Sudhir Kumar is functioning as Director of the Institute w.e.f. 31.1.2004. He has reached the maximum of the scale Rs. 18000 – Rs. 22,400/-. The scale of pay of Directors of equivalent institutes like IMHH is Rs. 26000/-. Besides, they are entitled to the following additional benefits:-

    1. Non practising allowance @ 25% subject to the condition that the basic does not exceed Rs. 29,500/-.
    2. Dearness and additional dearness allowance.
    3. City Compensatory Allowance.
    4. Rent free residential accommodation, vehicle with a driver and telephones.
    5. Clinical research/educational allowance.
    6. Newspapers subscription allowance.

Keeping the heavy load of work and the responsibility involved and on the basis of representation of the Director, the Managing Committee has recommended since 15.5.2007 to raise the scale of pay of the Director, IMHH to the same level as above. This is awaiting approval of State Government since 22.8.2007.

- Stagnation in a particular position for several years leads to demotivation. It would, therefore, be in the fitness of things and in the larger public interest that such stagnation be removed either by considering the incumbent for promotion to the next higher grade or by sanctioning a stagnation allowance.

- A proper scheme of delegation of administrative and financial powers in favour of the Director has not yet been worked out and approved by Government as suggested by me at the time of my first visit (Feb.07) keeping in view the following principles:-

  - need for administrative and financial autonomy so essential to efficiency;

  - need for uninterrupted (meaning thereby no vacancies) and dedicated service;

  - character, calibre and integrity of personnel;

  - need for strict observance of discipline and code of conduct.

- No scientific job study has been carried out as yet to identify the nature of work attached to a particular job and number of persons required to man that job. Posts are being sanctioned from time to time without any scientific norm but are not being filled up thereby giving rise to an administrative vaccum for years.

- Even now the number of posts lying vacant in various categories is as under:-

	Sanctioned	**In Position**	**Vacant**
Class-I	20	08	12
Class-II	38	15	23

Class-III	128	34	94
Class-IV	260	147	113
Total:	**446**	**204**	**242**

N.B. Of the 128 sanctioned posts (Class III) 34 have been outsourced.

- More than fifty percent of the sanctioned professional and para professional posts of various categories remaining vacant (even one year after my first visit) is bound to cause serious operational difficulties in providing timely, adequate and effective care to patients as also in running various academic/professional courses.

- **Human Resource Development:**

- There is no Institute within the State which is capable of imparting psychiatric training to the nursing staff. Such facilities exist at NIMHANS, Bangalore but the nursing staff when deputed are reluctant to leave their hearth and home and go to Bangalore to receive such training which is key to the human resource development of such personnel. This may be attributed partly to age and partly to likely dislocation to the even tenor of life at one place. This, to say the least, is not a reflection on the morale, motivation and dedication of the nursing staff but is simply indicative of the fact that they do not want to put up with any dislocation to them and to their family members which such deputation outside is likely to cause.

Funding:

- The IMHH has received allocations from the Government of U.P. at the enhanced rate i.e. Rs. 500/- per patient per day upto September, 2007. Release of funds is not a normal or natural process but a highly bureaucratic and cumbersome one. The allocations, I was given to understand, are not on the basis of sanctioned bed strength of 600 but on the basis of actual expenditure which is not a very rational or sensible proposition. Besides, the entire release process involves a lot of infructuous paper work which is totally avoidable.

- It was maintained and rightly so that with increasing emphasis on outdoor treatment and community mental health programme the number of indoor patients is likely to come down in future. With the variation in the number of indoor patients the funding requirement cannot be varied as there are several contingent liabilities which will continue to be discharged regardless of that variation.

- Government of Uttar Pradesh (Deptt. of Health) should accept this and streamline the procedure for sanction and release of funds accordingly.

Problems faced from referral institutions:

At the time of my first visit (Feb.07) I had reported about the unhelpful and unsympathetic attitude and approach of authorities of S.N. Medical College to the patients referred by IMHH. Such cases continue to be referred but the unhelpful attitude also continues to persist and unreasonable conditions (placing sweepers and ward boys, sending drugs or paying for drugs) continue to be imposed. If death of the patient takes place in the hospital where the case has been referred no formal intimation is sent by the treating physician; the person escorting the patient has to report to the referring MO that death has taken place. It was most distressing to hear that even patients in serious condition have been discharged by the authorities of S.N. Medical College.

Similar problems are faced by IMHH when cases of female mentally ill persons are referred to the Chief Medical Officer, District Women's Hospital, Agra. Such a referral is indispensable as facilities for gynaecological investigation do not exist in IMHH. It has been observed that such cases are either turned away or not attended to with sufficient urgency and seriousness of concern. The case of one Smt. Ramdulari who developed bleeding from vagina after being administered ECT twice was brought to my notice. On 11.1.2008 she was referred to the District Women's Hospital, Agra for gynaecological examination but instead of conducting the said examination her case was sent for ultrasound test to Medical College, Agra which adversely affected her condition and delayed subsequent recovery. The Director, IMHH has registered a formal protest through his letter dated 17.1.2008 addressed to Chief Medical Officer, District Women's Hospital but without any response from the latter so far.

Such instances underscore the point that the hospital authorities need to be more empathetic and sensitive to all such cases which are referred to them.

Problems faced from the judiciary and others:

Three cases of male mentally ill persons and 8 cases of female mentally ill persons were brought to my notice. All these are cases of involuntary admission where the patients were brought to the hospital by orders of judicial magistrates. The patients have been effectively treated and have been found to be fit for discharge but they cannot be discharged without a formal order of the CJM by which they were admitted to the hospital. Such orders are not forthcoming resulting in protracted correspondence, anxiety and concern in the mind of the patient and his/her relatives and eventually a lot of botheration to the authorities incharge of administration of IMHH. These cases are briefly analysed as under:-

Male Mentally Ill persons:

1. **Dillip Verma:**

- Date of admission - 24.8.2007
- Age – 25 years
- Admitted by the order of CJM, Lucknow vide letter dated 23.8.2007 u/s 28 of MHA, 1987.
- Address - 371 Sant Nagar, 3 Mehar Devi Talab, Kapoorthala (Punjab).
- Diagnosis – Paranoid Schizophrenia
- Condition at the time of admission – Paranoid delusion, auditory hallucination, poor self care.
- Condition now – fit for discharge with advice for regular follow up and medication.
- On the basis of current assessment, the patient has been declared medically fit. He can travel on his own. He can manage his affairs on his own and additionally can be a source of support to his family.

- The CJM, Agra was addressed on 13.11.2007 to issue the order of discharge. The CJM in turn has asked the Director to take the patient to CJM, Lucknow. The Director, IMHH does not find this to be a workable proposition.

Suggestion:

The order of the CJM may be legally in order but difficult to comply with. The case needs to be transferred from CJM, Lucknow to CJM, Agra. This can be done only by the High Court, Allahabad or Lucknow bench. The right of the patient to get transferred can be agitated before the High Court by an advocate to be deputed by the District Legal Aid Society of which District Judge is the Chairman.

2. **Aman Singh:**

- Date of admission – 29.4.2006
- Age – 29 years
- Admitted by CJM, Agra on 29.4.2006 as also by DM letter No. 1010/15JA/2005-06 u/s 22 of MHA, 1987.
- Address: S/o Dheeraj Singh, Village Dongra Khurd PO Maroda, Tehsil – Mahrauni, District Lalitpur (U.P.)
- Diagnosis – Schizophrenia.
- Condition at the time of admission – decreased sleep, assaultive, violent, muttering to self, withdrawn.
- Condition now – fit for discharge with advice for regular follow up and medication.
- The patient is keen to go back home. There has been protracted correspondence between Director, IMHH, Agra and DM, Lalitpur, SSP, Lalitpur, CJM, Agra but the CJM, Agra is insisting that police escort should come from Lalitpur to escort the patient and he cannot be

escorted to Lalitpur with police escort from Agra. The issue is pending unresolved for nearly one and half years.

Suggestion:

The matter needs to be brought to the notice of Home Secretary, Government of U.P. for issuing direction to DM, Lalitpur to send escort for escorting the patient from Agra to Lalitpur.

3. **Gurudutt Kumar:**

- Date of admission – 5.3.2007
- Age – 45 years.
- Admitted by father u/s 17 of MHA of 1987.
- Address – S/o Deviram, 1299 Bhim Nagar, Sadar Bazar, Mathura, U.P.
- Diagnosis – Schizophrenia.
- Condition at the time of admission – withdrawn, poor personal care and hygiene, occasional irritability, tobacco consumption.
- Condition now – fit for discharge with advice for regular follow up and medication.

Problems in issuing order of discharge:

- Father litigant and reluctant to take the patient home; keeps on writing to authorities.
- The CJM is apprehensive that issuing an order of discharge in favour of the patient (who has been clinically declared fit for discharge) would embroil him in avoidable complications since the father is litigant and is reluctant to take the patient home.

Problems of female patients (8):

Eight female patients (Shanti, Madhupriya, Manila, Sabiya, Phoolwati, Anita, Laxmi, Poonam) have been referred from Nari Niketan, Meerut and have

been admitted in the Institute on 1.6.2005 u/s 28 of MHA, 1987. They have been effectively treated, substantially cured and are fit to be discharged and sent back to Nari Niketan, Meerut. There has been protracted correspondence between the authorities of IMHH and Supdt., Nari Niketan, Meerut, ADM, Meerut city, CJM, Agra but orders of release are yet to be passed by the CJM. All the 8 patients are continuing in IMHH, Agra even though they are fit to be discharged.

2. **Unknown Mahila alias Markandi Gautam alias Sauramma:**

- Date of admission – the patient was brought by Saharanpur police by order of City Magistrate, Saharanpur and was admitted in IMHH on 6.2.2001 by order of CJM, Agra u/s 22 of MHA, 1987.

- Diagnosis – Bipolar affective disorder.

- Physical illness – Hypertension with Cholecystitis and Cholelithiasis.

- Current status – the patient is maintaining well for past 3 years.

- Address as told by the patient in Telugu and deciphered by others – C/o Shri Cnerpapal Narayana (brother), Bhimavaram village, Srikakulam district (Near Vijayawada Railway Station), Andhra Pradesh.

- Genuine difficulties in handling the case – the patient speaks only Telugu and does not understand Hindi. This poses a serious problem in communicating with the patient.

- Present status of the case – there has been protracted correspondence with the Chief Secretary, Government of A.P., Secretary, Department of Social Welfare, Government of A.P. and Principal Secretary, Department of Social Welfare, Government of A.P. requesting that the patient may be transferred to any other mental hospital in A.P. to facilitate follow up of the treatment, tracing of the family and her eventual rehabilitation. The patient can be transferred by order of judiciary i.e. CJM Agra and sent back to A.P. with police escort. This is not happening. There is no response from the Government of A.P.

3. **Kiran Sharma:**

- Date of admission – The patient was brought by guardian (father) and got admitted on 28.5.2007.
- Diagnosis – Schizophrenia.
- Current status – the patient has been effectively treated and clinically substantially cured.
- Efforts for discharge – there has been protracted correspondence with the guardians to come and take back the patient (including telephonic contact with the father) but without any tangible results so far.

4. **Unknown Mahila:**

- Date of admission – 5.12.2007. The patient was brought by members of Bajaj Committee (an NGO) to IMHH. The patient was admitted under orders of CJM, Agra.
- **Diagnosis:** This is a case of mental retardation with T.B. in the spine and old deformities.
- **Current status:** The Director, IMHH has written to the NGO that cases of mental retardation are not to be entertained in IMHH as per the provisions of Mental Health Act, 1987 and, therefore, the NGO should take steps to get the patient removed to Women's Protective Home, Agra or Mother Teresa Home. There is no response from the NGO so far.

5. **Agyat Saleema:**

- **Date of admission:** The patient was referred from District Jail, Meerut and was admitted at IMHH on 7.5.88 by order of CJM, Agra u/s 16 of MH Act, 1987.
- **Current status:** The patient has stayed for full 19½ years in IMHH, has been treated effectively and has recovered substantially. On the strength of the full postal address furnished by her after her recovery efforts have

been made to contact the family members (brothers) in Karnataka. The family members (brother and brother-in-law) reported in IMHH on 26.12.2007 along with required documents. The case has since then been taken up with CJM, Agra for issuing an order of discharge. The CJM refused permission on the ground that a report should be obtained from District Jail, Meerut regarding the cause of stay over there. The District Jail, Meerut has been moved by fax on 29.12.2007 but without any response so far. On being informed that the brother of the patient is a driver in railways the Director, IMHH has addressed a letter to the Chairman, Railway Board requesting him to trace the brother of the patient (who seems to be untraced) and persuade him to come to the hospital so that his sister who is fit to be discharged may be discharged.

The following conclusions emerge from an objective and dispassionate study of the correspondences exchanged on the above subject:-

1. When patients are brought either by the police or an NGO or a warder from a jail or any other person the case is placed before the CJM, Agra for issue of a placement/admission order under relevant provisions (Section 22) of the MH Act, 1987.

2. After the patient is admitted as per orders of the CJM, Agra is effectively treated, recovers and is fit for discharge a letter of request is placed before the CJM, Agra to issue an order of discharge u/s 25 of MH Act, 1987.

3. Very often prompt orders are not passed on such letters of request issued by IMHH. Instead, conditions are laid down which Director, IMHH finds difficult to comply with.

4. This prolongs stay of the mentally ill person in IMHH.

5. The capacity (number of beds) of IMHH being limited and incidence of mental illness being on the increase all over the country including U.P. such delay in taking decisions and issuing orders for discharge of the patient is not in the larger public interest.

6. Protracted correspondence with family members, employers of relatives of the patient and NGOs who had brought the patient concerned do not produce the desired result. Instead, they consume a lot of valuable time, energy and resources of the Institute which could be productively utilized for more bonafide purposes.

7. Medical officers of IMHH are summoned by the CJM but sometimes they are made to wait for hours. The IMHH is short of staff and absence of a Medical officer for hours on infructuous court duty causes a lot of dislocation in the work of the Institute.

8. Postal communications are erratic and do not bring any response for months. This becomes very frustrating.

22.1.2008

Visit to OPD and interaction with OPD patients (10.30 AM to 12.30 Noon):

1. Name of the patient - Vijay Shankar

   Age – 35 years.

   Address – Firozabad, U.P.

   Educational Qualification: upto Class V.

   Vocation: works in glass and bangles.

   Complaints: Does not want to work, keeps on wandering, does not care for the 4 children he has, has reduced appetite and sleep. Has come to IMHH for the first time by spending Rs. 120/- by auto rickshaw.

   Comments: This is the case of a lower middle class industrial worker whose affliction with mental illness could cause havoc to the even tenor of an otherwise quiet and placid existence.

2. **Name of the patient – Smt. Savitri Devi**

   Age – 45 years

   Address – Chata, Mathura, U.P.

   Complaints: She sees delusional dreams, starts hitting children and goes out of the house.

Comments: There is nothing in this world which is comparable to the mother's treasure of love for her children. When such a mother who is a reservoir of such love and affection for children falls mentally ill, it is bound to cause havoc to the family. The redeeming feature in this case is that she is not alone in this world as would be evident from the fact that she has been accompanied by her husband and brother-in-law.

- The expenditure from Mathura to Agra, a distance of 45 km has cost Rs. 195/- for 3 members of the family. This goes to show how absence of an economical and efficient public transport system in India drives the poor and lower middle class people to financial hardships.

- The redeeming feature in this case is that (a) she came to know from others of the same village who had come to IMHH for treatment and got good results and (b) she has come to IMHH in the nick of time.

3. **Name of the patient – Balim Khan**

Age – 30 years
Address – Hathras, U.P.

How has he come to IMHH – came to IMHH 2 to 3 times with mother in the past but is coming alone for the last 8 months.

Vocation: Works in handicrafts.

Complaint: He contested the election for the post of Village Pradhan and got 140 votes while his contestant got 150 votes. He has spent a lot of time, energy and resources in the said election and feels that he has been let down by the people. After the defeat he started taking to heavy drinks. He has severe migraine in his head.

Comments: Even though decentralized and democratically elected Panchayatiraj System has been introduced in the wake of 73rd Constitutional amendment with best of intentions the election to local self governing bodies involving a close nexus between money, criminal elements and political forces seems to be working havoc on the village life which was hitherto

simple and unpolluted. This is how the patient in this case, a young man in the prime of youth has been driven to desperation, taken to drinks and has been a victim of mental illness.

4. Name of the patient – Ram Prakash:

Age – 45 years.

Address – Bah, Agra.

Complaints: Starts alternately laughing and crying, gets irritated, starts running away from home and takes recourse to violence (beating others). He recovers but due to discontinuance of drugs he relapses to the old world of stupor and illness. He had to incur an expenditure of Rs. 350/- for both to and fro journey to IMHH.

Comments: This is the case of a patient who is undergoing psychotic treatment for 16 years. He has been admitted to the IPD also a couple of times. He has recovered but is not able to comply with drugs on a continuous basis. We need strong advocacy on compliance with drugs for such people. We also need to put up 2 visual posters – one where the patient is recovering and is able to lead a normal life due to timely compliance with drugs and another who has a history of recovery and relapse due to discontinuance of drugs.

5. Name of the patient – Manoj

Age – 22 years.

Address – Shahganj, Agra. Has come with mother and uncle.

Complaints: Does not want to work, keeps on wandering and sometimes runs away from home, talks big (I would make a film) and refuses to comply with medicines.

Comments: This is the sad story of a young man in the prime of his youth who is otherwise bubbling with energy and vitality. Mental illness has made him disoriented and he has lost the sense of purpose and direction in life. The additional dimension of the tragedy is that in the country side invariably

all family members work and when one of the members is mentally ill and requires hospitalization there are few members who are willing and keen to come and stay with the patient in a family ward as that would entail loss of earnings which they can ill afford in a situation of unemployment, under employment and low earnings. This makes reimbursement of the loss of opportunity for work imperative but we do not have as yet any such scheme to compensate the loss.

6. Name of the patient – Durgbir Singh

Age – 18 years

Address – Bah, Agra.

He first came to IMHH in July, 2007 and has now come for the second time with his father.

Complaints: He indulges in fist fights, had attempted to assault a child sometime back, to counter his violence his family members had hit him hard in his eyes causing haemorrage in the left eye. Additionally, he does not take medicines and throws them away.

Comments: Violence ordinarily begets violence but it should not be so in case of a mentally ill person. For he does not know what he is doing when he tends to be violent or tends to assault others. His violent action should not bring violent reaction; this instead should beget more kindness and compassion. What happens in real life is, however, quite to the contrary due to pervasive ignorance and illiteracy. This particular case where one of the eyes of a mentally ill person has been badly hit by the family members should be a lesson for posterity; it should be prevented and should not be repeated. To do so we need to convert this story into a strong IEC package to tell others, 'do not react to the violence of a mentally ill person by violence; instead temper it with extra kindness and compassion, patience and resilience.

7. Name of the patient – Rajnish Kumar:

Age – 19 years.

Address – Kanpur (287 kms. from Agra).

Seven relatives have accompanied the patient entailing an expenditure of Rs. 1200/- (one way).

Complaints: He shouts, calls names and pelts stones at others. He also keeps on repeating that dead women and men are harassing him; sometimes it's a woman and at some other time it's a man who are about to seize him. He has been undergoing treatment with faith healers for the last 4 years and has come to IMHH for the first time. Seven family members who have accompanied the patient are prepared and willing to stay with him by turns if a decision is taken to admit him.

Comments: Health and medical care are matters which come one hundred percent within the zone of science and scientific outlook. There is absolutely no place for faith healers who exploit the simplicity, innocence and guilelessness of the rural folk entirely to their advantage. They exert influence and corrupt young minds and often it is too late by the time the corrupt and pernicious practices of such people surface. The only way by which such satanic forces in a gullible society can be countered is to undertake strong advocacy efforts through which the dangers inherent in such make beliefs and obscurantist practices can be exposed and guileless rural folk can be made aware not to get betwitched by these elements. Additionally, to regulate and control the pernicious practices of such evil forces of society, the State Government could think of enacting a law at the earliest.

8. **Name of the patient – Hari Shankar:**

Age – 19 years

Address – Bulandshahr, U.P.

He has come to IMHH for the first time with his father.

Complaints: He is obdurate, irritable in temperament and intense all the time. He often goes out of home, starts wandering, breaks and damages household goods, has reduced appetite and sleep. His father is willing to stay

with him if a decision is taken to admit him. He himself, however, is insistent to go home and does not want to get admitted and treated in the hospital.

Comments: In handling all such difficult cases the MOs and nursing staff at IMHH will have to create an environment – both physical and emotional which would assure and reassure the mentally ill person that (a) home is no substitute for the hospital as it cannot ensure the type of care and attention which the latter can provide and (b) in human life one should not jump to the easy conclusion that all doors have been closed and everything is lost; instead, the dominant note which should sustain beings is that there is always scope for hope, correction and improvement. Again IEC comes to play a major role in resurrecting this hope and faith.

9. Name of the patient – Suresh Chandra:

Age – 50 years

Address – Auriya, U.P.

He is a graduate, drives tractors and has come to IMHH with his brother for the first time.

Complaints: He remains tense all the time. The tension started about a year ago. He suffers from sleeplessness even though his appetite is normal. He has come to IMHH after spending Rs. 1500/- every month for quite some time. He is willing to get admitted in IMHH as an IPD patient for his treatment.

Comments: Treatment of mental illness in the hands of private practitioners is expensive. Besides, we come across quite a number of so called treating physicians who are quacks and who exploit a gullible patient to the hilt. We need, therefore, to design a set of very strong IEC messages such as (a) Treatment of mental illness is prolonged, is expensive and should be availed of in Central and State Government managed hospitals where it is mostly free as are proximate to the place of stay of the patient (b) IMHH should open more and more satellite community clinics so that such treatment can be carried to the doors of the ordinary rank and file who can ill afford the luxury of such expensive treatment (c) that the specialized facilities which are

available at IMHH are not available with private practitioners should be widely publicized in local newspapers like Jan Satta, Navbharat Tiems, Amar Ujala, Dainik Jagaran etc. as also through television networks. This would spread awareness about IMHH as also would discourage people to turn to private practitioners at considerable expense, time and effort.

10. Name of the patient – Sushil Kumar:

Age – 17 years.

Address – Tajganj, Agra.

He has come to IMHH with his uncle for follow up. He was showing unusually abnormal behaviour during the last 7 months. He was admitted to IPD, IMHH and has recovered by 60%. He has got back the peace and tranquility of mind. He is regular in timely compliance with drugs and has not discontinued even once. His uncle is fully satisfied with the line of treatment and the response of the patient.

Comments: This case could be projected as a success story through IEC materials to be displayed within the premises of IMHH.

11. Name of the patient – Ram Avtar:

Age – 55 years.

Address – Shahganj, Agra.

He is staying alone at Shahganj while all his relatives are staying at Etawah. He is working as a home guard sepoy.

Complaints:

About 7 years ago there was an outgrowth in his left hand. He had a number of sleepless nights on account of excruciating pain on account of the said growth. With great difficulty he was able to get sleep for 2 hours. He used to see a lot of dreams and was always having a lot of anxiety and tension. Since he is alone and no family member is available to stay with him he wants to avail of OPD treatment only and does not want hospitalization.

Comments: Admission to IPD should be a matter of discretion for the treating psychiatrist and not for the patient. This fundamental and scientifically determined truth will have to be hammered hard on the minds of the relatives of the patient as also the patient himself.

12. Name of the patient - Naubat

Age – 65 years

Address – Mathura

Complaints:- He keeps on smoking bidis, unnecessarily speaks a lot, has reduced sleep and does not want to do any work. His wife is also ailing but he has 5 sons who look after him. He prefers OPD treatment.

Comments:- A person of his age (65) will obviously be not in a position to work. We have to ensure that he gets old age pension of the State Government.

13. Name of the patient – Sunharilal:

Age – 56 years.

Address – Aligarh. He has come to IMHH with his son by incurring an expenditure of Rs. 300/- (for both).

Complaints: He has been admitted to IMHH earlier twice. This is a case of relapse due to non compliance with drugs. He left the village and was traced during the last 3 months and has now come back home. He is violent and beats his mother. He would blow the conch and wake up the entire village at odd hours. He has become a source of great inconvenience to the village.

Comments: While the treating psychiatrist will take an appropriate decision about his admission, an additional factor (over and above the clinical symptoms which may necessitate admission) which should weigh in his mind is that by hospitalization we would be saving him from the hostility of the villagers while simultaneously saving the village from him as a source of disturbance to the even tenor of life of the village community.

14. Name of the patient – Smt. Rama:

Age – 40 years

Address – Ferozabad, U.P.

Peculiarity of the case:- Her husband left her 11 years ago and left for Gujarat. He has not cared to send any letter or money. She is left with a 6 year old son who has problems in one of his eyes. She stays with her mother-in-law and works in a glass and bangle making unit. People of the village hurl unfounded and unjustified insinuations at her that she is responsible for murder of her husband (even though her husband may still be alive). She is not in a position to verify the whereabouts of her husband and, therefore, is passing her days in severe anxiety and tension; She has reduced sleep on account of tension, she has severe migraine in her head too. She has been admitted twice to IMHH but is yet to recover fully.

Comments: The Parliament in its wisdom has passed a legislation in 2005 called Prevention of Domestic Violence Act, 2005. A husband deserting his wife, not keeping any contact, not taking any pains to enquire about her welfare and welfare of the children and not remitting any amount home are some of the worst possible specimens of negligence and violence. The State Government has a Women and Child Development Department which is responsible for enforcement of the Provisions of this Law. That Department cannot sit as a mute spectator to this ugly spectacle of negligence and violence; it must act and act decisively so that while the culprit is punished the woman of the house who stands deserted is also taken care of.

Visit to inpatients department (IPD) – both male and female wards and interaction with patients:

The IMHH has a sanctioned bed strength of 600 beds. There are in all 30 wards which include 4 paying, 24 non paying, one family ward and one short stay ward. Each ward complex comprises of a ward, a bathroom, attached toilet and a dining hall. Through the RO Plant potable water is reportedly made available to all the inmates.

During my last visit in February, 2007 I had inspected the wards to satisfy myself on the following:-

- number of beds, fans, water coolers and desert coolers;
- quality of mattress, bedsheet, pillow and blankets(4) in each ward;
- personal hygiene of inmates;
- clean, green and overall pleasing ambience;
- cleanliness of dress;
- neat and tidy toilets;
- adequacy of protective warm clothings;
- avenues of recreation;
- warmth of care and attention of the nursing staff.

I did not, however, have enough time to interact with the IPD patients individually and in a group. During the second visit I found time to interact with them individually and in a group and the impressions emanating there from are stated as under:-

Impressions arising out of visit to female ward:

- In all there are 22 mentally ill female patients, one of whom is mentally retarded.
- The interaction unfolded the tragedy of a patient Vidya who after being afflicted with mental illness had set fire to her house. She still has the remnants of the wound inflicted to her belly in that tragic accident. The treatment of the wound at home took place 6 to 7 months back but is not complete as yet. She is required to be sent to S.N. Medical College for further specialized treatment. She remains unmarried till date.
- Yet another sad story that unfolded itself through the interaction is that of patient Kiran Sharma. She has been admitted in the ward about 8 months back. Her father is at Allahabad. Even though he had got her admitted

he does not come to meet her. The patient herself is a teacher, is too keen and eager to go back home but despite telephone calls twice, the response from the father continues to be negative.

- Patient Savitri Patel has been effectively treated and is in a near normal condition but as in the case of patient Kiran Sharma, her husband also does not respond positively and has not come to take her so far.

Redeeming features in the female ward:

- All female patients are being subjected to a regular check up of their BP, weight, and all other gynaecological parameters once a month.

- As and when necessary, cases are being referred to both S.N. Medical College/Lady Layal College (District Women's College) for gynaecological investigations and specialized treatment.

- The physical environment inside the ward, the drive way, dining hall, toilet and the point where all female patients (22) had assembled at the time of my visit was neat and tidy.

- The creativity and passion for an immaculately clean and congenial environment was visible in abundance through alpana which is a combination of multiple colours carved out by the patients in the drive way to the female ward.

Grey areas:

- Even though the temperature was below freezing point at Agra at the time of visit, I did not find adequate protective garments with the inmates. Some of them were wearing garments which were torn and which had holes in them while a few did not have any cap/hat on their head. The dangers of exposure to cold were explained to them in my presence.

- In case of those female patients who have been effectively treated and who have substantially recovered and yet whose parents or husbands were not turning up to take them back, no serious efforts have been made

by the authorities of IMHH to depute social workers to visit their family members and persuade them to take back such patients who have recovered, who are in a normal state of body and mind and who would not pose any source of threat or inconvenience to any one in the neighbourhood or in the community.

Visit to the male ward (No. 20,21 and 23) interaction with inmates therein and impressions emanating therefrom:

Redeeming features:

- Several inmates (Jagan Singh, Shiv Singh Yadav, Rajeev in ward No. 23, Mohammad Haneef, Brajpal, Chetan Chauhan, Sambhu Dayal, Ramraj Jadav, Om Veer, Rajesh in ward No. 21, Lal Chand, Vishnu, Manoj Kumar, Gurudutt in ward No. 20) reported that from a situation of addiction to ganja, cannabi and liquor, reduced sleep, reduced appetite and less desire for work, they have improved appetite, improved sleep and normal instinct to work and play. Their reaction to the quantity and quality of food, overall care and attention by the medical officers and nursing staff was positive and encouraging.

- Several inmates were in their normal self and sense, watching the television, cutting jokes with each other and with the hospital staff and playing volleyball and badminton. Mohammad Haneef sang a song the import of which is as under:-

'Life is like a house taken on rent
One has to change it one day or the other
When death sends the signal
One has to come out
Every one comes out of the dust
And has to return one day to the dust.'

Grey areas:

- Mental illness has brought about division in the family, in the community and society, rift between father and mother and other relatives. In case of patient Gurudutt, his father does not want to take him back while he has

no such problem with his mother. He has been effectively treated, has substantially recovered and is ardently desirous of going back home (he is confident that after going back home he can earn atleast Rs. 1500/- per month) but his father is dead against his home coming. Instead he (his father) wants that he should be detained in the hospital for another 6 months.

- Equally pathetic or rather tragic was the case of an inmate Ajay Khadagwal who developed mental illness about 10 years back but was not taken care of by family members. They instead incarcerated him and kept him under chains for 2 years. Ever since he was admitted in IMHH about 3 months ago he has been feeling much better and is desirous of returning home but so far none has turned up to enquire about his health, far less taking him back home.

Suggestion:

Engaging a schizophrenic patient in a warm and yet informal conversation will make him/her feel better. While the Psychiatrist should do it while taking rounds, the frequency of such interaction may be limited. Instead of putting 2 schizophrenic patients together, it may be useful if a patient who has already been treated and who is fast on the way to recovery is put near the bed of a schizophrenic patient so that he could keep the latter engaged in good conversation and prevent him to withdraw to a stupor. This suggestion may be tried out at IMHH, Agra on an experimental basis and if the experiment yields good results it may be replicated elsewhere. If not, the experiment may be abandoned.

Visit to the kitchen and dining hall and interaction with inmates at the dinner time (6 PM on 22.1.2008):

Redeeming features:

- As against the minimum food intake of 510 gms recommended by the ICMR the total intake (carbohydrate + oil/fat + vegetables + pulses) in IMHH comes to 1170 gm for male and 1110 gm for female patients for

breakfast, lunch and dinner. In terms of quantity the food served can be said to be sumptuous, wholesome and nutritive.

- In terms of nutritive value it comes to 3177.56 kilo calorie for male and 2969.56 kilo calorie for female patients.
- Extra diet is being provided to both male and female undernourished patients which is of the order of 605 kilo calorie.
- The total protein intake per patient per day comes to 89.3 gm for male and 81.3 gm for female patients.
- Special meals are served once a week and on festival days which has a nutritive value of 42 kilo calorie extra.
- Thus the total nutritive value of food per patient per day comes to 3219.52 kilo calorie for male and 3010.96 kilo calorie for female patients.
- For undernourished patients it will be of the order of 3824.52 kilo calorie and 3615.96 kilo calorie for male and female patients respectively while the protein intake for each of these patients is of the order of 105.3 gm and 97.3 gm respectively.

Reaction of the patients at the dining table:

- Food was being served with a human touch.
- The quality of chapattis has improved (compared to what I had observed last time) on account of the following:-
  - better quality wheat is being obtained from the market;
  - the kitchen is procuring finely ground atta from atta chaki installed in the Institute itself;
  - electric dough kneader is being used;
  - the cooks are being told to use minimum dry atta while rolling the chapattis;

- the flame of the gas burners is being adjusted while baking the chapattis.

- There is no restriction on the quantity of any food item.
- Food is being served hot.
- There is minimal wastage due to disciplined way of cooking and serving food.

Unfinished tasks to be attended:

- Of the thirty wards dining tables have been installed in 8 wards; for the rest food is being served on the floor which is quite an unhygienic practice.

- The suggestion made at the time of first visit to play music in a subdued tone in the dining hall (apart from other areas) from a few selected films like dosti, insaniyat, jagruti, jagte raho, mother India, bandini, do aankhe baarhat, teri surat mere aankhe, ashirwad, anand, parineeta, baiju bawra, mamata, guide, bharat ek khoj is yet to be fully implemented.

Suggestions:

- The new kitchen block is under construction. This is expected to bring about a qualitative change and improvement in the physical environment of the existing kitchen which is an old building and which in the absence of a chimney wears a blackish appearance. It is absolutely necessary that care be taken even at this stage to instal the following in the new kitchen building:-

  - chimney manufactured by a reputed company to ensure that there is total outlet for all the smoke to go out of the kitchen;

  - platform for washing vegetables with potas permanganate with outlet for water to go out;

  - platform for cutting vegetables;

  - cooking range of a large size manufactured by a reputed company;

- an enclosure made out of stainless steel with a temperature controlling device to store food in a scientific manner, to ward off flies and to ensure that food served is hot.

Visit to Occupational Therapy (OT) units and interaction with both male and female inmates:

Female Occupational Therapy Unit:

Redeeming features:

- In all there are 30 inmates who are learning and applying trades/skills to action.
- Eight new trades/skills have been introduced since my last visit in February, 2007.
- One electronic sewing machine has also been installed.
- The skills/trades being imparted are in conformity with the aptitude, preference and interests of the inmates.
- The inmates seem to have taken to the new trades/skills with a lot of excitement, joy and involvement.
- The end products (makram, jute bag, cloth bag, sweater, decorative items, paintings) are of good quality and have been displayed in exhibitions outside the mental hospital; these have been commended for their quality and workmanship.
- The Instructress – Smt. Kulwant Kaur has taken to her job with a lot of excitement, personal involvement and joy.
- The picture made by one of the female inmates – Ms. Ansu Agarwal in particular is of excellent quality.

Male Occupational Therapy:

This unlike the female OT has a number of sub units such as chalk making, candle making, binding, tailoring, durry weaving and carpentry. In all

about 15 inmates were at work with separate instructors for each trade/skill. Interaction with the inmates/artisans brought out the following redeeming features:-

- they enjoy doing the jobs assigned to them;
- these trades/skills are in conformity with their aptitude, preference and interests;
- they would, on release from the hospital, very much like to continue with these trades/skills for a meaningful vocational rehabilitation;
- even though some of them (like Brajkishore) have started learning the trade/skill only 2 days back, the pace and progress of learning is quite good;
- the workmanship of yet another inmate (Suresh) was found to be very good. Suresh came to IMHH about 45 days back for treatment. He was studying in a High School when he got addicted to drugs. He was in particular intoxicated by gutka and was in a bad shape when he came to the hospital. He has now completely withdrawn from drugs and will never think of going back to drugs once again. A total transformation has overtaken him.
- two inmates under the guidance of one instructor are making one durry in 2 days and joy and the durries are of good quality.

Interaction with Director, Joint Director, Medical Superintendent and other faculty members:

I met the Director and other members of the family of IMHH from 9 AM to 12 Noon on 23.1.2008. I spoke to them for about half an hour to bring out clearly the philosophy of selfless and dedicated service which they need to place uppermost in their mind to be worth their salt as members of the prestigious family of IMHH and as distinguished members of a very dignified profession in the world. They shared the following concerns with me and also offered a few suggestions for further strengthening of the hospital:

Problems and concerns:

1. Patients are being effectively treated, they also substantially recover and are ready for discharge but there are 2 factors which inhibit the process of timely release. These are (a) relatives do not respond even when contacted, they seldom turn up at IMHH and are reluctant to take back the patients on account of the very strong social stigma attached to acceptance of mentally ill persons even if they have been fully cured (b) there are problems in getting timely release orders from the judiciary and, therefore, release is delayed.

2. Even though there is increase in the percentage of patients who are voluntarily admitted, problems in the matter of bringing the patients to the hospital in time and getting them admitted still persist partly due to taboos and stigmas attached to mentally ill persons and partly due to economic reasons (cost of transport, loss of wages due to one of the earning family members being required to stay with the patient and attendant expenditure in staying with the patient in an expensive city etc.). There are cases where even the patient who has been effectively treated and cured is abandoned by relatives. A cruel, heartless, hide bound and tyrannical society does not make rehabilitation – physical and emotional of the patient possible due to constant barbs and insinuations being hurled at such patients for no fault of theirs. Twenty to thirty percent of guardians who bring the patient leave abruptly leaving the patients to their fate and at the mercy of IMHH.

3. The overall approach of the judiciary in entertaining requests from IMHH for timely release of patients who have been effectively treated and cured has not been very helpful. There is a lot of time lag involved in dealing with such requests, queries are raised and directions are given which the authorities of IMHH often find difficult to comply.

4. Mental retardation cases cannot be admitted in IMHH under relevant provisions of MHA, 1987 but such cases are referred to by the judiciary under specific reception orders which the IMHH has no option but to

comply even though they may not have the expertise to handle such cases.

5. The attitude of the Government hospitals and other general hospitals in entertaining cases of mentally ill persons who have other associated complications (related to kidney, prostate, ENT, eye, cardio vascular etc.) has not been very helpful either. They (as in the case of S.N. Medical College, Agra) lay down absurd and impractical conditions which are difficult to comply.

Suggestions:

1. **Physical infrastructure:**

- There should be a separate geriatric and paediatric ward exclusively to deal with problems of mental illness of children and elderly persons.

- A separate intensive cardiac unit (ICU) should be set up to deal with myocardial infraction cases. This could be an integral part of the modified ECT. Dr. Madhu Sharma, currently the anaesthetist incharge of the modified ECT could be imparted specialized training in cardiology to handle such cases.

- Within the existing infrastructure the possibility of starting a new dental unit could be explored.

- There are 2 libraries in the Institute. One is PG Library and the other one is the patients' library. In view of the contemplated teaching programme for MD in Psychiatry likely to materialize soon with affiliation with Dr. B.R. Ambedkar University, 2 national journals, 10 international journals and 241 books have been ordered. The library is also subscribing 20 newspapers. There are, however, 3 limitations in effective utilization of the library. These are : (a) the library timing is upto 5 p.m (b) there are no reading rooms attached to the library and (c) there is no e-connectivity between the PG library and other divisions/sections of IMHH. Since the PG library building is quite old, as also the electrical wiring, no e-connectivity is immediately possible till we go in for a new library building with reading

rooms, arrangement for separate storage of books, journals and academic papers and arrangement for photo copying, micro filming etc. While construction of a new library building is estimated to cost Rs. One crore, an additional grant of Rs. 25 lacs would be needed for modernization of the library (including computerization of the books, journals etc. and for e-connectivity). These are irreducible barest minimum requirements for any modern library and should be provided.

Special problems and concerns of the nursing staff as observed in course of interaction with them:

1. At the ratio 10:1, 60 nurses are needed for IMHH. As of now only 33 are in position (including the matron). Of them, only 17 are regular while 16 have been engaged on contract basis without any job, income and social security. This makes the task of provision of effective nursing care and attention extremely difficult.

2. The uniform allowance @ Rs.700 once in 5 years was fixed several years earlier. While the monetary limit has been raised to Rs. 1200, the periodicity of supply remains unchanged i.e. once in 5 years. Since the life of a uniform may not last that long the periodicity may be brought down to 3 years.

3. The washing allowance @ Rs.50 per month is quite low. It should be raised to Rs. 1200 annually in the minimum.

4. As of now, of 33, only 12 are staying inside the campus. (they are enjoying the facility of rent free accommodation). The accommodation available is a makeshift one and not a proper residential accommodation. Sixteen staff nurses who have been engaged on contract basis are eligible to stay in the campus of IMHH but on payment of rent. There are 7 nurses who have their own accommodation outside but since residential accommodation is available inside the campus they are not entitled to any HRA.

Comments: Nursing is a perennial activity. No mentally ill person can remain without nursing care and attention even for a moment. Out sourcing nursing as an activity is (as is the case now) therefore, a violation of the spirit of provisions of Contract Labour (Regulation & Abolition) Act, 1970 according to which only jobs and processes which are casual and intermittent in nature can be outsourced. Since nursing as a job, process or operation is perennial i.e. of sufficient duration engagement of 16 nurses on contract basis is not in order. Secondly, it is also a violation of the spirit of Equal Remuneration Act,1976 in as much as for the same job the same category of workers i.e. staff nurses are having two different sets of conditions of service including different rates of honoraria and allowances.

Suggestions:

1. Sixty nurses in the ratio of 10:1 and according to requirement should be sanctioned by the State Govt. at the earliest.

2. All of them should be sanctioned on regular basis.

3. Pending this, the invidious distinction between regular and contract in dealing with a category of employees who are fundamental to promotion, protection and preservation of human rights of all patients (mentally ill persons) should be removed. They should be entitled to the same pay, allowances and terms & conditions of service and employment.

4. Once the State Govt. accords sanction for creation of 60 posts of nursing staff on a regular basis the power of recruitment should be delegated to the Director, IMHH.

5. Since this is an essential service meant to be available on duty round the clock – residential accommodation (free of rent) for all the nursing staff should be planned in advance.

Meeting with senior officials of District Administration under Chairpersonship of Revenue Divisional Commissioner, Agra on 23.01.08 from 7.30 PM to 9.30 PM:

The above meeting was held at my specific request with a view to sorting out some of the outstanding problems of IMHH, Agra. The meeting under Chairmanship of Divisional Commissioner, Agra was attended by DM, SP, ADM (City), CDMO, CJM, a representative of S.N. Medical College, a representative of UP Jal Nigam, a representative of Agra Vikas Pradhikaran, Director, IMHH and other senior officers of IMHH. The following issues introduced by me were taken up for discussion seriatem:

I **Pace and progress of construction of overhead Tank (Rs. 101 lakh), Kitchen (extension) (Rs. 39 lakh) and 50 bedded new hospital ward (Rs. 84 lakh):**

It was impressed by me on all concerned that (a) these new structures were directed towards alround improvement and strengthening of the hospital (b) past experience shows that due to poor quality of raw materials, poor quality of execution and poor supervision the newly constructed buildings develop cracks (both vertical and horizontal), seepage and leakage of rainwater and eventually lead to considerable weakening of the structure. What was needed, therefore, was alround vigilance and surveillance right from the beginning to take, in particular, care of the following:-

- foundational strength and safety;
- structural strength and safety;
- mixing of sand, cement and chips in right proportion;
- use of concrete mixture for mixing the materials in right proportion;
- curing the new structures (new roof cast, new columns raised etc.) for atleast 15 days;
- using chemical adhesives at the time of casting of columns, roof and other RCC structures;

- treatment of the roof through grading plaster, bitumen or other chemical devices to protect the roof intact and prevent seepage of rain water etc.

For this purpose, it was suggested by me that a surveillance or vigilance committee may be constituted by the local administration to keep a constant vigil on the quantity and quality of materials, quality of execution (including curing) and quality of maintenance.

II Removal of encroachment:

It was emphasized by me that IMHH needs the land under encroachment (about 10 acres) for its future expansion and growth. The need for urgent removal of the encroachment has been brought to the notice of the revenue authorities of the district by IMHH but the encroachment could not as yet be removed due to jurisdictional dispute between 3 police stations namely (a) Lohamandi (b) Jagdishpura and (c) Hari Parvat. It was urged by me that this dispute should be resolved at the earliest, the encroachment removed on priority and vacant possession of land be handed over to IMHH.

III Construction of boundary wall (700 metre long) for IMHH:

This is an approved project. It is needed in the larger interest of ensuring security for the institute. It was urged by me that help of district administration is needed in execution of the project as the local population in Naglabar village, P.S. Jagdishpur use the space as an open toilet and, therefore, are resistant to construction of the boundary wall.

IV Soliciting understanding, cooperation and positive intervention of the judicial authorities of Agra:

The problems faced by the administration of IMHH in securing court orders for timely release of patients who have been effectively treated and who after clinical examination can be said to have substantially recovered, and are fit for discharge, whose family whereabouts/postal address are known and who can be sent back home even on their own (without any escort or without any family members or relatives coming to take them) were brought to the notice of the

Divisional Commissioner. The five specific cases which figure at page 18-20 were also brought to this notice. It was also urged by me that these cases could be discussed between the CJM, Agra and a senior medical officer being deputed by the Director and a solution could be found provided the former could spare some time out of his very busy schedule. Despite best efforts, however, on the part of Director, IMHH it has not been possible to have any such meeting or interaction so far and, therefore, the impasse continues to be unresolved.

It was further urged by me that IMHH has been statutorily mandated to deal with cases of mental illness whereas cases of mental retardation which IMHH is not competent to handle both statutorily and professionally are being thrust on it by specific orders of CJM, Agra.

V There have been a number of cases of wandering lunatics which are brought by the police to IMHH under reception orders of CJM. They are effectively treated and substantially cured but IMHH is handicapped in sending them back home for rehabilitation in the absence of the postal address of the home of their parents which the police does not care to collect at the time of producing them before the Court or at the time of bringing them to the hospital.

It was urged that the police in all such cases must ascertain the nationality (some of the wandering lunatics happen to be Nepalis or Bangladeshis as well), antecedent and background and full postal address of all such persons so that there is no difficulty on the part of IMHH authorities to send them to the right destination after they have been treated and cured.

VI **<u>Management related problems:</u>**

As the Divisional Commissioner happens to be the Chairman of the Managing Committee the following management issues were specifically brought to his notice for his intervention:-

- allocations by the Department of Health, Government of U.P. should be related to the sanctioned strength of beds (600 in case of IMHH) and not to expenditure as is the case now. This may be impressed on the Chief Secretary and Principal Secretary, Health at the earliest.

- whenever cases of mentally ill persons who have associated complications (related to eye, ENT, prostate, kidney, lever, pancreas, cardio vascular, respiratory etc.) are referred to Government Medical College and Hospitals like S.N. Medical College, District Women's Medical College etc. (which have got both OPD and IPD) they should be unconditionally entertained, admitted and the best possible treatment and nursing care and attention provided. This does not invariably happen; instead impossible and impractical conditions are imposed which are difficult to comply with.

These cases are being referred as (a) IMHH does not have the facility to do all types of blood test, gynaecological and pregnancy tests (b) IMHH does not have facilities for specialized treatment relating to eye, ENT, kidney, prostate etc.

It was, therefore, urged that such issues should be brought to the notice of the Health Department so that the latter could issue a set of circular letters/instructions to all hospital authorities to entertain and treat all these cases in a normal and natural manner with utmost urgency and seriousness of concern. While pregnancy/gynaecological tests could be referred to District Women's College all other cases could be referred to S.N. Medical College or such other College as may be in existence or as may be decided.

Miscellaneous:

- The 61st annual conference of the Indian Psychiatric Society is scheduled to be held within the premises of IMHH sometime in January-February, 2009. This will be a major academic and scientific event which is likely to be attended by about 4000 delegates (both national and international). The event coincides with 150th Anniversary of IMHH (which was founded in 1859). On the strength of inputs I had from Director, IMHH, I suggested to the Divisional Commissioner the following:-

  - a nodal officer may be appointed by the district administration for coordinating and facilitating various issues centering round this event;

- recommendations of the Managing Committee will be needed for fund raising from various bodies (Tourism, Agra Development Authority etc.);

- sponsoring visits of delegates to various places of historical and cultural interest in and around Agra.

The event will be academically and professionally relevant for all members of the teaching and treating faculties of IMHH including the research and development wing on account of the following:-

- it will provide a rich outlet for sharing of ideas, experiences and latest changes and developments in the field of psychiatry and clinical psychology;

- it will enrich both the literature and experience on the subject of psychiatry and clinical psychology;

- the medical officers who have been recruited afresh will get an opportunity to participate in an international event and to refine and sharpen their ideas and experiences.

- Courses have been started in Psychiatry as per directions of the Supreme Court but IMHH is yet to be affiliated to Dr. B.R. Ambedkar University and course fees are yet to be fixed. An Expert Committee (to which reference has been made at page 7) constituted by the Vigilance Committee of the said University will be visiting IMHH on 25.1.2008 and will be submitting their report to the Vigilance Committee. This long pending issue needs to be vigorously pursued with the Vigilance Committee by the Divisional Commissioner as the Chairman, Managing Committee so that affiliation (on the strength of the report of the Expert Committee) could be considered and obtained.

Visit to Community Satellite Clinic, Brindaban:

Concept of Satellite Clinic:

The rationale for community based mental health in India has its origin from 3 sources. The first is the realization that treatment of mentally ill persons in mental hospitals might be counterproductive. The second is the realization that institution based psychiatry through trained professionals can be very expensive. There may also be severe constraints of trained professionals to deliver the desired service. The third is the discovery that para professionals could, with short and simple orientation and training, deliver reasonably satisfactory mental health care.

Against this perspective, Dr. Vidya Sagar in late 50s began to involve family members in the treatment of mentally ill persons who were admitted to Amritsar Mental Hospital. He had a 900 bed hospital which was short of staff and the relatives who brought in new patients were asked to stay on to assist in provision of nursing care. Every evening he used to organize an assembly of relatives in an open case conference in which he used to encourage them to understand the symptoms of illness, methods of treatment and in the process was able to remove age old myths about incurability of mental illness. Through group counselling the relatives learnt the essential principles of mental health care and were motivated towards improvement in their own way of life. From the modest and yet rewarding experiment of Dr. Vidya Sagar to Psychiatric Units in general hospitals, crash programme of NIMHANS Bangalore, the rural mental health programme started at PGIMER, Chandigarh, the NMHP, 1982, the pilot model programme launched by NIMHANS at Bellary in Karnataka in the 80s, the Barwani experiment with a 3 tier model for delivery of mental health services, we have travelled a long way and PHC based rural mental health programme is increasingly being accepted as less expensive and more result oriented.

Scenario in U.P.:

The Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India conducted a national survey of mental health resources from May to July, 2002. On the basis of the findings of this survey the following informations reveal the magnitude of the problem of mental illness in

U.P. (after Uttaranchal was carved out in November, 2000), the infrastructure available vis a vis the need and how they reinforce the need for and importance of community satellite clinics in larger numbers:

Population - 16.60 crores

Major and minor mental disorders - 16,60,528 + 83,02,640 = 99,63,168

Number of hospitals (State managed) – 3 (Bareilly, Agra & Varanasi)

Number of beds – Government – 1750
Private – 275

Number of Psychiatrists required – 1660

Number of Psychiatrists available – 115

Deficit - 1545

Number of clinical psychologists required – 2490

Number of clinical psychologists available – 20

Deficit – 2470

Number of Psychiatric social workers required – 3320

Number of Psychiatric social workers available – 35

Deficit – 3285

Number of Psychiatric nurses required – 220

Number of Psychiatric nurses available – nil

Deficit – 220

From the above, it is evident that the magnitude of the problem of mental illness in U.P. is severe, infrastructure is inadequate and need for decentralized community service imperative.

Community Satellite Clinic, Brindaban:

While there is urgent and imperative need for starting more and more decentralized community mental health programmes in U.P. in a big way, IMHH

has been making sincere efforts to provide such services. It has so far not been successful to operationalize such services for Fatehpur Sikri and Tundla while it has been able to operationalize a clinic at Brindaban with the help of R.K. Mission since 2001 with the deployment of one MO, one staff nurse and one social worker. A clinical psychologist – Dr. Manoj Pande from IMHH is visiting the clinic every 2nd Friday of the month. More than 100 patients are seen on an average everyday when the clinic is operational. On 11.1.2008, the day the clinic was last open there were 111 old and new patients. On the day of my visit i.e. 24.1.2008, 20 new patients who had come earlier on 11.1.2008 were examined by Dr. Manish Jain, the Psychiatrist in presence of Dr. Manoj Kumar Pandey, the Clinical Psychologist.

Classification of patients:

There are 2 major categories of mental illness namely psychotic and neurotic who are being examined at the Satellite clinic. While there are a few neurotic cases (epilepsy) majority of the patients fall in the psychotic category (depression). Majority of the patients being Sadhus it is not clear how they could be victims of depression. The MO – Dr. Manish Jain does not have much clue about this. The probability of the cause could be financial. As it appears many persons renounce the world not of their own but on account of social compulsions but they are at a loss as to how to eke out a decent livelihood after renouncing the world.

There is yet another category of cases which come from a low social background from different States (Brindaban being a place of religious importance). Majority of this category belongs to West Bengal. The reason as to why they turn out to be victims of depression is that their earnings being limited they have very little to fall back upon in a distant and alien soil (they cannot speak Hindi and find it difficult to identify themselves with the local people). It is this alienation coupled with financial reasons which makes them victims of depression.

In course of my brief stay of over 2 hours (10.30 AM to 12.30 Noon) at the Satellite Clinic I interacted with a number of patients and their relatives. The first

one who is a girl of about 18-19 years and who is attending B.A. 1st Year Class in a local college has been a victim of depression. By complying with anti depressant drugs she reported that she was feeling much better. Her mother who is a school teacher has ensured timely compliance with drugs by the patient.

The father of a patient came and complained that the patient (5½ years old) slept for 53 hours at a stretch after consuming the medicines. On a more detailed examination it was found that the patient was suffering from convulsion, had multiple problems such as a squint in the eye, not able to walk properly and did not have a normal growth. This case which appears to be one of overdose of medication needs to be referred to the Paediatric Department of S.N. Medical College for getting multiple tests conducted so that a correct diagnosis and treatment will be possible.

The father further complained that the MO who had examined the patient earlier did not examine him thoroughly and did not think it to be a fit case for reference to the Paediatirc Department of S.N. Medical College. The complaint needs to be investigated.

The third patient of the day I interacted with is a victim of Paranoid Schizophrenia. It was a case of non compliance with drugs. His brother who brought him works as an agricultural labourer but was gracious enough to say that he would stay with the patient if he is admitted to IMHH while another patient who also is an agricultural labourer was reluctant to go to IMHH for admission on the ground that it would entail loss of wages.

The community at Brindaban (mostly floating population) is so heterogenous that its difficult to do anything by way of community mobilization and spread of awareness to the effect that (a) mental illness is not a curse, nor a fatality (b) it is fully preventable and curable (c) do not suppress or belittle or minimize the problem, take the patient to the hospital in time and comply with the drugs.

The hall provided by R.K. Mission as also the adjoining room for examination of patients is commodious and could accommodate charts and posters etc. containing messages relevant for psychiatric patients in simple and

bolchal Hindi. The central message as a part of the IEC package should be (a) all is not lost (b) even though life may not be the same again, a mentally challenged person could be effectively treated, cured, rehabilitated and reintegrated into the mainstream of family and society. Since the clinic is set up twice a month such messages could be displayed in large boards which could be prepared by IMHH at Agra and brought to various centres (including Brindaban).

Executive Summary of observations, conclusions and recommendations:

Alike in the lives of individuals as in the lives of institutions, there is always scope for correction, improvement and qualitative change. IMHH, Agra has been no exception. It has responded constructively to all the observations and suggestions made by me in the preceding year's report (Feb.07) and has demonstrated a few perceptible changes and improvements during the last one year (between the date of last inspection and the present one). The positive changes and improvements are listed hereunder:-

I **Physical infrastructure:**

To deal with the problem of space and with a view to removing existing congestion and overcrowding in the OPD, the following short term and long term measures have been taken:-

Short term:

- sitting capacity in the waiting hall of OPD has been increased by placing more three seaters inside;

- twelve red stone benches have been put outside.

Long term:

- a new OPD Block which will be quite spacious is proposed to be constructed;

- this will comprise of a large waiting hall with all facilities and amenities for 150 OPD patients and their relatives accompanying them;

- this will also comprise of a new dispensing unit on the first floor so that patients do not have to travel long distances after they have been screened, ailment diagnosed and medicine prescribed.

Construction of a new overhead tank:

- budget provision has already been made for construction of a new overhead tank estimated to cost Rs. 101 lakh with capacity of 650 kilo litres of water.

Installation of an additional 250 KVA transformer:

- proposal has already been initiated;
- all strategic points have been connected with DG set.

II **Human Resource Development:**

Affiliation with Dr. B.R. Ambedkar University:

- a panel of eminent experts has been constituted by the Vigilance Committee of the University;

- the panel is all set to visit IMMH on 25.1.2008.

Strengthening of Library:

The following significant additions have been made to P.G. Library:-

- computer;
- educational satellite provided by the Rehabilitation Council of India;
- ten international journals;
- two national journals;
- 241 new books have been added.

Significant growth and development of Research Unit:

- Ph.D. has been awarded to Ms. Bhagwanti for her work in schizophrenia by Jawaharlal Nehru University in 2007;

- From 2 research papers in 1999 the number of such papers has gone upto 57;

- In 2007 and 2008 alone, 11 papers have been presented;

- A new research project on the effect of remunerative jobs on psychopathology and psychosocial functioning of hospitalized chronic schizophrenic patients has been approved by the Indian Council of Medical Research;

- Six papers written by faculty members of IMHH has been published in 2007 while three more have been submitted for publication.

New Training Programmes for Nursing Staff:

In implementing training programmes for 33 nursing students drawn from MM College of Nursing, Mulana, Ambala and 19 students of R.K. Mission College of Nursing, IMHH has demonstrated its professional expertise in conducting such training programmes which the trainees have found extremely interesting and useful.

New skill training programme in kitchen/cooking skills for the benefit of female students:

- the programme was launched on 17th December, 2007 with laudable objectives of keeping women inmates productively engaged and for ensuring observance of a disciplined daily routine once they get back to their family/community;

- long stay patients who are being maintained on medication and patients who are ready for discharge are eligible to join the programme;

- training which is being imparted on 2 days (Monday and Tuesday) between 10 AM to 12.30 Noon comprises of simple recipes which are locally relevant, can be easily learnt and applied in day to day life.

Significant addition to skills/trades being imparted at the female rehabilitation and occupational therapy unit:

- new skills/trades which are market oriented have been introduced in the female rehabilitation and occupational therapy unit with a view to augmenting marketability of their skills.

III **Significant strengthening by way of addition to various units of IMHH:**

Psychological Laboratory:

- a specialized software captioned, 'Computerized Research Assistance Interpretation Programme' has been introduced. This will generate a comprehensive interpretation report indicating strength and weakness of ones personality, psychopathology and guidelines for psychotherapies.

Biochemical Laboratory:

- a new equipment called, 'Electrolyte Analyser 9180' has been installed for installation of Lonuiz sodium.

The analyzer is based on the latest technique of ion selective electrode. One of the most important therapies lithium estimation is done with this instrument.

Modified ECT Unit:

Two new equipments namely non-invasive blood pressure monitoring pulse oximeter and a ventilator have been installed. While the first provides 10% oxygen saturation measurement of BP and pulse rate simultaneously at any time the ventilator maintains adequate ventilation at a time when the patient is in a situation of respiratory arrest.

IV Loadership and direction:

The post of the Director, IMHH is equivalent to the rank and status of a Head of the Department of the State Government. Dr. (Prof.) Subodh Kumar who has been elevated to the rank of a full fledged Professor w.e.f. June, 1999 and who has been functioning as Director, IMHH w.e.f. 31.1.2004 has continued to provide effective leadership and direction to the various activities of IMHH which includes a proper manpower planning, human resource development, coordinating the functioning of various departments and ensuring effective accountability, discipline and control. Additionally, he has made significant contribution in the following areas:-

- preparation of 41 research papers for national and international conferences;
- publication of 45 research papers in national and international research journals;
- providing direction for publication of 16 research books for MD in Psychiatry;
- providing direction for 17 dessertations.

For the benefit of the patients and for securing their welfare and total well being he has been instrumental in providing the following with installation of modern equipments and placement of professionals:-

- a highly developed department of Clinical Psychology;
- an air conditioned and computerized electrical treatment unit;
- an air conditioned and computerized organic chemical workshop;
- 2 fully equipped occupational therapy units for both male and female patients;
- Psychiatric treatment units for children and adolescents;

- A dental diagnosis and treatment unit;
- A short stay ward and 60 bedded family ward;
- A half way home for rehabilitation and reintegration of patients (into the family and social mainstream) who have been effectively treated and who are fast on the way to recovery;
- Outdoor and indoor games;
- Colour television;
- Journals, periodicals and newspapers;
- Film shows once a week through LCD projector;
- Organizing sports competitions once a year;
- Organizing cultural meets/events on special occasions.

• The measures initiated as above have produced a few encouraging results such as:-

- Average OPD attendance is progressively on the increase (both in terms of absolute number and percentage of both old and new patients);
- Long stay of patients is progressively getting reduced due to continuous concerted efforts;
- During 2007-2008, 34 male and 7 female patients have been sent home with hospital escort/special effort;
- There is progressive increase in number of visitors to patients per day;
- Number of deaths is coming down;
- Suicides and attempts to commit suicide are coming down (due to 24 hours helpline);

All institutions evolve and grow historically and over a period of time. In that sense, no institution is fool proof and some grey areas in management and functioning can be always be found. Some of the grey areas in IMHH which were found in course of visit are:-

Physical infrastructure:

- there has practically been no significant addition to construction of new staff quarters since 2004-2005; the percentage of satisfaction as of now in as low as 25;

- a sizeable area of the Institute (about 10 acres) continues to be under encroachment;

- condition of roads inside IMHH leave much to be desired;

- wherever structures are old, there are major problems of repair and maintenance.

Human Resource Development:

- there are no Institute within the State which is capable of imparting psychiatric training to nursing staff;

- the nursing staff when deputed for psychiatric training are reluctant to leave leaving in the process most of the nursing staff psychiatrically untrained.

Management of the Institute:

- a proper scheme of delegation of administrative and financial powers in favour of the Director has not yet been worked out even though the Government notification according autonomous status to the Institute was issued several years ago.

- no scientific job study has been carried out as yet to identify the nature of work attached to a particular job and number of persons required to man that job;

- posts are being sanctioned from time to time without any scientific norm but are not being filled up there by giving rise to an administrative vaccum for years;

- a large number of posts in Class III and Class IV (about 200) are being outsourced as per the decision of the Managing Committee but sufficient checks and safeguards have not been laid down to pin down the manpower agency to perform according to the norms and standards laid down for each post.

Problems faced from referral institutions:

- the overall attitude and approach of all referral institutions continue to be unhelpful;

- the indifferent and insensitive approach to problems related to admission and treatment of all cases referred to came out in the high level meeting chaired by the Divisional Commissioner, Agra on 23.1.2008 (evening);

- it is distressing to note that even patients in a serious condition have been discharged by these referral institutions before the full course of treatment could be given.

Problems associated with funding:

- the current allocations are not on the sanctioned bed strength of 600 but on the basis of actual expenditure which is not considered sensible;

- allocations are not released in time (the last allocation has been received upto September, 2007 only).

Problems associated with judiciary:

- Patients are admitted on reception orders of Chief Judicial Magistrate but after they have been effectively treated and have substantially

recovered and the Court of CJM is approached with a request to release them, release orders are not being passed; instead conditions are laid down which IMHH finds difficult to comply.

Problems associated with family members/relatives of the patient:

- Relatives bring the patients but do not have the desire to stay with them once they are admitted in IMHH;

- After the patients have been effectively treated and are ready for discharge, relatives of patients are contacted after obtaining the address from the patients) but they do not respond, seldom turn up and even when turn up are reluctant to take back the patients on account of the very strong social stigma against acceptance of mentally ill persons.

- There are strong economic factors (cost of transport, loss of wages due to one of the earning family members being required to stay with the patient and attendant expenditure in staying with the patient in an expensive city) which inhibit timely admission of the patients;

- Pervasive ignorance, illiteracy, a very casual and disoriented approach to compliance with medicines prescribed are factors responsible for non compliance and relapse which is indeed tragic.

Conclusion:

As was observed in the earlier inspection report neither the Director, IMHH nor any of his colleagues is directly and personally responsible for any of these grey areas. These are partly environmental, partly attitudinal and partly procedural problems and we need to resolve them by constant liaison, coordination and follow up with all concerned. There were two important directions in the judgement of the Supreme Court referred to in page 2 and 3 of the report and subsequent ones referred to in the earlier report and they are:- (a) the mental hospitals at Agra, Gwalior and Ranchi must be converted to full fledged autonomous institutions (b) there must be integration between treatment, teaching, training and research in these autonomous institutions. Even though

the State Government of U.P. issued a formal order granting autonomous status to IMHH several years ago formal orders delegating administrative and financial powers in favour of the Director in a large number of areas (execution of works, procurement of medicine, procurement of tools and equipments, miscellaneous purchases, deputation of staff, execution of contracts, enhancement of diet charges, alteration of scales on the higher side) are yet to be issued. There is acute shortage in the cadres of Psychiatrists, Clinical Psychologists, Psychiatric social workers and on account of these shortages more than 50% of the vacancies in various cadres remained unfilled even one year after the first inspection. Despite all these drawbacks, IMHH has several redeeming features. It has a managing committee headed by a Divisional Commissioner who is very positive and proactive. It has a very large area (a still larger area will be available after the encroachment over 10 acres of land has been removed and vacant position handed over to IMHH) which can be productively utilized for future expansion and growth. IMHH has a dynamic and strong willed Director who can make things happen despite hurdles. The Divisional Commissioner and Collector, Gwalior have been very positive and responsive to the genuine needs of IMHH all throughout. All these prompt me to feel and believe and recommend that IMHH in the long run should be converted to a Regional Centre of excellence in mental health.

To work out a proposal with full administrative and financial implications I would suggest the following:-

A visit may be organized for the Director and the Medical Superintendent to the following institutions:-

1. To mental hospital at Dharwar in Karnataka to study and adopt the pattern and procedure adopted by that management for computerized record keeping for all patients – both OPD and IPD.

2. To mental hospital at Jaipur to study the manner in which geriatric ward has been perceived and the work plan executed as also the excellent IEC packages which have been displayed on the walls of the hospital.

3. To Shishu Bhawan, Cuttack (close to Orissa High Court Premises) to study the manner in which mental illness and retardation problems of children are being handled.

These visits may be organized at the earliest in the larger public interest.

The existing practice of engaging even essential staff like nurses on contract basis is highly immoral and unethical on account of the following reasons:-

- nursing is a perennial activity;
- nursing is relevant in both normal times as well as in emergencies;
- we need nurses around us in a hospital of the size and complexity of operations like IMHH round the clock with a high level of morale and motivation;
- such morale and motivation will not be forthcoming if the nurses are appointed and engaged on contract basis;
- nature of work of a nurse remaining the same we can ill afford to discriminate nurses on contract basis from nurses on regular basis in terms of their pay and allowances;

It is, therefore, strongly recommended that (a) nurses be appointed on 10:1 basis (b) all of them be appointed on regular basis (c) IMHH authorities should not take recourse to any contractual appointment for any category where the nature of work is perennial.

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Annexure - I 40

Patients Diet
Calculation of calories & Protein

Food-Articles		Increased On pt.'s demand	Male(M)	Female (F)
1.	Atta 450/400 gm	+50gm	500 gm/ day	450 gram
2.	Daliya 40 gm/ day		11 gram	11 gram
3.	Dal 40 gm/30 gm	+3.0gm	43gm	33gm
4.	Ghee		25gm	25gm
5.	Sugar		50gm	50gm
6.	Milk		300 gm	30gm
7.	Rice (Kheer)		l1gm	l1gm
8.	Bread 12Piecs/wk		2 per day	
9.	Vegetables 480 gm	+50.0 gm	530 gram per day (100 gm potatoes and 430 gm green +others)	

Calculation

I. Daily Diet	Calorie MjF	Protein MjF
1. Wheat (Atta) (346x.5 kg)	1730/1557	59/53
2. Daliya 3.46 x 11 gm	38.06/38.06	1.8/1.8
3. Dal 350 x 43 gm	150.5/115.5	9/7
4. Ghee 9 x 25 gm	225.0/225.0	
5. Sugar 4x 50 gm	200.0/200.0	
6. Milk U7x 300 gm	351.0/351.0	12/12
7. Rice (kheer) 345 xU gm	38.0/38.0	
8. bread	170.0/170.0	.5/.5
9. Vegetable	225.0/225.0	. 2/.2 (approx.)
10. Banana (4 per week)	50.0/50.0	
Total-	3177.56/2969.56 cal.	84.3/76.3 gm

II. Special Meal Given once a week & on festivals		
Kabuli Chana/Razma/Matar (50 gm)	180+7 (25.7 cal./ day)	10/10 (1.4 gm/day)
Paneer (Twice a month) (50gm)	200+15 (13.33 cal. / day	50/50 (3.5 gm/day)
Karhi (Once in week) (100 gm)	20.5/20.5(3 cal./ day)	.9/.9 (.1 gm/day)
	Total-42 calories	5gm

III Extra diet (provided to under nourished patients male + female both)		
Egg. -1	70	6 10
Milk 250 ml	335	
Banana- 2	200	
Total calories -	605/605	16/16 gm

- Thus total calories per patient per day (1+11) = and total protein per patient per day = 3219.52/3010.96 calories 89.3/81.3 gm

- To under nourished patients total calories per patient/per day (I+II+III) = 3824.52/3615.96 & total protein per patient/per day (1+11+111) = 105.3/97.3

Steps taken to improve quality of Chapati after advice of Honourable Dr. L. Mishra during his visit in February, 2007

1. Director, IMHH, Agra had a talk with Director, FCI, Agra to provide the institute good quality of wheat.

2. The institute has obtained better quality wheat from the market.

3. The kitchen is procuring finely ground Atta from Atta Chakki, installed in the institute itself.

4. Regular use of electric dough kneader is ensured.

5. The supervisor Dr. K. Chauhan and I/c Kitchen Dr. B. Agrawal made a visit to the kitchen of Central Jail, Guru Dwara, Guru ka Tal, Agra and Taj View Hotel to see/learn the system adapted and appliances procured by them for systemic work in the kitchen to provide hygienic, good quality and nutritious food to the consumers.

6. Insisting upon the cooks, employed in the kitchen, to use less/minimum dry Atta while rolling the chapattis.

7. Regular maintenance and repair of gas burners.

8. Proper adjustment of the flame of the gas burners while baking the chapattis.

वर्ष 2007-08

जनबरी से दिसम्बर तक

	दिनांक	डाइट के अतिरिक्त भोजन सामग्री
1.	01.01.07	स्पेशल खाना (दोपहर) पंच सितारा होटल व्दारा (नव वर्ष)
2.	23.01.07	प्रसाद- बूँदी एवं पंचामृत (बसन्त पंचमी)
3.	26.01.07	लडडू, स्पेशल खाना, टाफी एवं चोकलेट (गणतंत्र दिवस)
4.	02.03.07	समोसा, गुझिया (होली)
5.	02.05.07	प्रसाद-पंजीरी फल एवं लडडू (बुद्ध पूर्णिमा)
6.	12.05.07	पेठा
7.	25.05.07	पेठा
8.	08.06.07	पेठा
9.	22.06.07	पेठा
10.	20.07.07	पेठा
11.	27.07.07	पेठा
12.	01.08.07	सिवंई (ईद)
13.	15.08.07	बूँदी के लडडू (स्वतंत्रा दिवस)
14.	28.08.07	घेवर (रक्षाबन्धन)
15.	04.09.07	पेठा
16	08.09.07	प्रसाद- पंजीरी, फल एवं मिठाई (जन्माष्टमी)
17.	14.10.07	सिवंई (ईद)
18.	21.10.07	बालू शाही (दशहरा)
19.	29.10.07	बूँदी के लडडू (करवाचौथ)
20	07.11.07	बूँदी प्रसाद (धनवन्तरी दिवस)
21.	08.11.07	पेठा व खील खिलौने (छोटी दीवाली)
22.	09.11.07	बालूशाही (दीपावली)
23.	11.11.07	बूँदी के लडडू (भाई दूज)
24.	17.12.07	हलुआ
25.	20.12.07	केक (छविगृह में कार्यक्रम के वाद)
26.	25.12.07	केक (क्रिसमस)