Review of the Performance of Mental Health Hospital, INDORE

By

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Review of the performance of Mental Health Hospital, Indore by Dr. Lakshmidhar Mishra, IAS (Retd.), Special Rapporteur, NHRC on 5.8.2008:

Alike in the lives of individuals as in the lives of institutions there is always a scope for improvement and correction and, therefore, there is no need for giving up in despair over infirmities and deficiencies in the management of any institution. Sometimes there are oddities and hangovers of the past – a legacy of history which make the task of bringing about alround qualitative improvement and change difficult and time consuming but patience and resilience eventually paves the way for change. This is true of mental health hospital (hence forward to be called MHH), Indore to a large extent. The hospital which is 91 years old was in a bad state till 2000. It had no boundary wall, no pavement, no proper arrangement for supply of potable water, no occupational therapy unit, no proper sitting space for OPD patients and their relatives. The various deficiencies and infirmities were brought out in the earlier reports of Shri Chaman Lal, former Special Rapporteur (August, 2004) and 2 reports of the State Human rights Commission, Bhopal.

After the visit by Shri Chaman Lal, a NHRC team comprising of Member – Shri P.C. Sharma, Shri R.K. Bhargav, Secretary General and Smt. Aruna Sharma, Joint Secretary visited the hospital on 16.12.2006 to review its functioning. The Member had observed at that time that the hospital was in shambles; the only encouraging thing about it was the

missionary spirit with which the doctors were working and making the best use of the available resources.

Around the same time Government of India had sanctioned a sum of Rs. 3 Crore as financial assistance to the State Government for upgrading the existing infrastructure and other expansion activities for MHH, Indore. Of this Rs. 2.40 Crore was meant for raising new structures including a new building for the hospital with an inpatient department, OPD, rehabilitation centre, occupational therapy unit and Rs. 60 lakhs were meant for purchase of equipments for the hospital. Around the same time, a sum of Rs. 44 lakh was also allocated from the Autonomous Society of MGM Medical College and Hospital for construction of a building of 155 beds and purchase of furniture and equipments.

Dr. Virendra Singh Pal joined the MGM Medical College and Hospital, Indore as Asstt. Professor, Psychiatry on 8.8.2001 and has been posted as Superintendent in-charge of MHH, Indore w.e.f. 7.7.2007. During this short span of one year he has taken a number of initiatives to bring about the desired qualitative change in the physical infrastructure and work environment of the hospital. The old blocks have mostly been abandoned and those which could be renovated have been renovated. A pavement has been constructed to effectively arrest the earlier problem of lack of approach to the hospital due to accumulation of water during rainy season. A boundary wall has also been built. A water storage tank with a capacity of 12,000 litres of water has been constructed. There

are, however still a number of unfinished tasks which require priority attention. Before, however, going to deal with the unfinished tasks it may be appropriate to mention as to what was the scenario around and prior to 2000 and what has been done to remove some of the deficiencies adversely affecting the smooth functioning of the hospital during the last couple of years.

What existed before	What exists now
I There was an entrance gate without any connecting concrete approach road.	I A concrete approach road connecting the hospital building to the main road has been built.
II OPD block was without any space for sitting, no benches for patients and their relatives (which made them sit on the floor) no potable water, no toilet, no news paper stand etc.	II The OPD block has been renovated. Fourteen benches have been put for use of patients and their relatives. Total capacity of the hall (52) is in conformity with the average out turn of patients. Arrangement for supply of potable water has been made. Two local newspapers i.e. Dainik Bhaskar and Nai Duniya have been provided.
III Old female Ward No. II presented an extremely	III Female Ward II has been completely renovated by a

unhygienic environment. It had a rough floor which was difficult to wash or clean. This added to its untidiness.	new flooring, plastering of the walls, chipping off the plaster of the ceiling and replastering, tiling of the wall upto 1.5 metre and tar felting of the roof.
IV Female Ward No. I was in same State as Female Ward No. II.	IV Female Ward No. I has also been renovated in the same manner as above.
V Varandah in front of Female Ward No. III was in a poor and debilitated state. Ward No. III itself smacked of an unclean and unhygienic environment.	V Ward No. III (female) has been fully renovated by plastering of wall, grading plaster of the roof, bitumen treatment of the roof and flooring in Kota stone for both the ward and the verandah.
VI Varandah in front of all the stores had a rough floor which was difficult to clean and wash.	VI New flooring, tiling, water proofing of the roof of the verandah has been done.
VII Male Ward (old) was in a bad shape but continued to function till 2003.	VII A new Male Ward has been constructed, inaugurated and made functional in 2003. All patients (male) have been

	shifted to the new ward. There are sufficient number of toilets, bathrooms and provision of supply of adequate quantity of water. There is also provision for supply of potable water treated through acqua guard.
VIII Operations in the old laundry were manual. This gave rise to a lot of water logging which in turn gave rise to an extremely unclean and unhygienic environment. There was no proper platform facility for cleaning, drying and pressing.	VIII A mechanized laundry with hydro extractor and drier (50 kg capacity) has been installed and is functional. The clothings from the wards are being collected in the morning and being delivered after cleaning, drying and pressing the same day evening.
IX Till 2000 food in the old kitchen building was being prepared with coal giving rise to a smoky environment. The utensils being used were made of aluminum which resulted in accumulation of dirt making it unhygienic for the	IX The kitchen building has been completely renovated. It has been fitted with one large size exhaust fan. A platform has been raised for cleaning, cutting and washing of vegetables. Coal has been replaced by Indane gas. Mixture and grinder have

inmates.	been provided. All aluminum utensils have been replaced by new utensils made of stainless steel which are more clean and hygienic.
X Earlier afternoon tea was being served in open buckets which was a very crude and unhygienic practice.	X Tea is now being served through stainless steel glass.
XI Quality of food was poor earlier. Food was being transported from the kitchen to the wards manually which consumed time and in the process the food got cold.	XI The dining hall has been renovated. Small tables in the dining hall have been provided for the inmates to take their food. The diet schedule is as under:- 6 AM to 8 AM – Tea 8 AM to 9 AM – breakfast 12.30 Noon to 1.30 PM – Lunch 4 PM to 4.30 PM – Tea 7 PM to 8 PM – Dinner Curd and banana have been added to the menu for lunch and dinner.

	The diet chart has been approved by the dietician. The nutritive value of food is as under:- 2442 kilo calorie – for men; 2223 kilo calorie – for women. There is a general provision store for storing rice, wheat, atta, maida, suji and all other ingredients of food in a clean and hygienic condition. The ration is being drawn everyday from the general provision store to a smaller store which is attached to the kitchen. There is close supervision of the quantity of ration which is drawn and brought to the kitchen to prevent possibility of pilferage and waste. Cooking and serving of food with a human touch in under multi level supervision of kitchen in charge, male and female nurse in charge and Doctor

	incharge.
XII The flooring of recreation room – cum – OT for women inmates was rough and the plaster of the walls was of poor quality.	XII The flooring has been redone. The walls have been replastered. Tiling of the wall upto 1.5 metres has been done. Extra space for keeping musical instruments has been provided. The recreation room is fully functional in a much more pleasing environment.
XIII Earlier office room was like a railway platform without adequate lighting and ventilation.	XIII The office environment is now far more congenial. Cubicles have been provided making the functioning of one visible to the other thereby ensuring complete openness and transparency. Adequate lighting and ventilation has been provided.

All these constitute silver linings in the management of the hospital which is under the benign care and supervision of Dr. Ashok Bajpayee, Dean of MGM Medical College and Hospital (which is the parent body of MHH, Indore) and that of Dr. Virendra Singh Pal, the Superintendent. There are, however, a number of grey areas which need to be highlighted so that they receive timely attention of authorities and get corrected.

Grey areas in functioning of the hospital:

I. Even though a sum of Rs. 72 lakh received in February, 2008 has been fully utilized in renovation of the blocks as indicated earlier the quality of workmanship leaves much to be desired. Vertical and horizontal cracks have appeared at a number of points including the room of the Superintendent. Some stitching has been done on the walls here and there but that has not arrested the cracks. There is profuse leakage and soakage of the walls as well as the roof. Vertical cracks are usually settlement cracks and will adversely affect the safety of the structures sooner or later. This requires to be discussed with the PWD and further preventive and corrective measures taken soon after the rainy season is over.

II. As against the bed strength of 155 the occupancy is 90 which is less than 60%. There is, however, not enough space for accommodating 155 beds; consequently the minimum space of one metre between 2 beds has not been maintained.

III. There is no provision for any cup board/bed side locker in the space between the 2 beds as there is very little vacant space.

IV. The relatives of the patients have no place to sleep even on the bare ground. I met one elderly couple whose only

son suffering from Schizophrenia has been admitted. The father has been badly bruised by the boy but their affection for their only son being unbounded they are lying on the floor of the ward where the son has been admitted. They narrated their plight and predicament on account of old age, an aggressive and violent son compounded by the misery and suffering on account of there being no space for them to lie and for their personal belongings to be kept.

V. The Superintendent mentioned that patients are not allotted beds but are sent to the wards and they occupy the beds as they like. This is a very unsatisfactory arrangement. The patients must be allotted beds. If there is a Schizophrenic Patient who is totally withdrawn and who does not communicate the hospital authorities need to put near him another patient who has registered some recovery and who will be in a position to communicate with him so that such communication contribute and hasten the pace of recovery.

VI. Even though the kitchen has been renovated there is no chimney to provide an outlet for smoke. There is no electric kneader, no chapatti making machine and no large size stainless steel container for keeping the food hot before it is served.

VII. The nutritive value of food should be 3000 kilo calorie in the minimum for men and 2500 kilo calorie in the

minimum for women. This should go up further as and when they are required to work in the occupational therapy (for which currently the facilities i.e. space, equipments, instructors as also number of skills/trades are limited).

VIII. Even though aquaguards have been provided for purification of drinking water (which are maintained on annual contract basis) samples of water meant for drinking are not being sent to approved PH laboratories for test. It is, therefore, not possible to certify if the water supplied for drinking is free from chemical and bacteriological impurities as also from excess of iron, sulphur, magnesium, sodium, floride etc.

IX. There is no library. The steel almirah where 60 to 70 books have been kept in the room of a junior medical officer is an excuse for a library. There is not a single journal either Indian or foreign. There is no reading room.

X. The pathological laboratory is accommodated in a very small room and has a few equipments to conduct the minimal number of tests such as HB%, TLC and DLC, Urine, stool and sputum. Shri Chaman Lal had recommended in August, 2004 that serum lithium test should be introduced. He had also recommended purchase of an auto analyzer. These suggestions are yet to be implemented.

The MHH, Indore needs to set up a fully equipped biochem laboratory with additional staff (minimum three persons) and equipments where a number of additional investigations can be taken up in tune with the present day requirements.

XI. Since there is no clinical psychologist on a regular basis no psychological tests (projective test, IQ test etc.) are being undertaken.

XII. The modified ECT is not air conditioned nor is the recovery room. There is no anaesthetist either to administer anaethesia before administering ECT and watch the entire process till recovery of the patient.

XIII. The man power planning in the hospital has been lopsided. Initially there were 7 posts of Asstt. Surgeons. Six out of seven have been converted to Asstt. Professor, Psychiatry of which only 3 have been filled up and the remaining three being reserved are lying vacant (as no candidate in the reserve category is available). There are 62 positions in various categories i.e. Gr. A,B,C and D lying vacant which is a serious impediment for smooth functioning of the hospital.

XIV. The Superintendent is required to be in touch with the Divisional Commissioner, Collector, SSP, District Judge and, CJM in connection with discharge of his day to day duties. There is, however, no vehicle sanctioned for him

along with sanction of a driver's post. Even the driver for the hospital ambulance is being borrowed from the MGM medical College and hospital at the time of need. The Supdt. does not have a stenographer either.

XV. In all there are 97 positions in the hospital but the residential accommodation is available only for a few. There is urgent need for 62 staff quarters of the following description:-

D type -	2
E type -	6
F type -	20
H type -	30
Total -	**62**

Indore is a sprawling city and in the absence of staff quarters both the medical and paramedical staff have to commute long distances at considerable expense and loss of time in transport.

XVI. The Department of Psychiatry, MHH, Indore is running a Community Satellite Clinic at the district hospital, Dewas under the District Mental Health Programme. All consultants of MHH, Indore are providing regular OPD Services to the patients at the Satellite Clinic twice a week. For their mobility one vehicle with a driver is absolutely essential and the same should be sanctioned without any hesitation or delay. The same vehicle can be used for health camps, exhibitions when a lot of charts,

posters and other exhibition materials are required to be transported.

XVII. Currently the Superintendent has financial powers for purchase upto to Rs. 25,000/- and the Dean, Medical College has financial powers for purchase upto Rs. 1 lakh. This includes purchase of medicines, furniture, other sundry store items (food items included). Considering the steep rise in prices of commodities there is need for enhancement of these powers i.e. Rs. 1 lakh for the Superintendent and corresponding increase for the Dean.

XVIII. Currently the power for recruitment of Group 'A' and 'B' posts are with the State Government and for Group 'C' and 'D' posts with Dean, MGM medical college. The Superintendent does not have any powers of recruitment. Since powers for recruitment of Group 'C' and 'D' posts have been given to Director, GMA, Gwalior, in the same analogy these powers could be given to the Supdt., MHH, Indore.

XIX. Drug Management:

In 2008, the State Government implemented 'Dava Neeti' i.e. Drug procurement Policy according to which all Government hospitals have to spend 80% of their budget on purchase of medicines from Laghu Udyog Nigam and remaining 20% budget on purchase of medicines through open tender process.

In course of discussion with the Superintendent it transpired that the latter i.e. Laghu Udyog Nigam is not able to supply the full requirement of drugs and sometimes the hospital management is being forced to buy certain drugs which were neither asked for nor needed by the hospital. This needs to be sorted out by the Principal Secretary and Director, Medical Education with Industries Department which is the administrative department for Laghu Udyog Nigam.

Visit to the OPD
5.8.2008 9 AM to 12 Noon

The hospital runs OPD services daily. The table below gives the OPD figures during the last 4 years:

Table I
OPD registration figures

Year	New patients Registered			Old patients registered			Total
	Male	Female	Total (A)	Male	Female	Total (B)	
2004	980	589	1569	6557	3399	9956	11525
2005	1145	738	1883	8289	4107	12696	14579
2006	1481	845	2326	8336	4029	12365	14691
2007	1520	834	2354	9561	4584	14145	16499
2008 Up to(Feb'08)	209	142	351	1225	829	2454	2805

Redeeming features

A number of flex boards have been displayed in the OPD room as also in the adjoining Varandah explaining (a) nature of mental illness (b) symptoms (c) line of treatment (d) other preventive and corrective measures. These may be indicated in detail as under:-

I board: It is related to general information on mental illness.

II board: It covers the clinical features of mania and its treatment.

III board: It covers the clinical features of Schizophrenia.

IV board: It deals with the problem of lack of insight on the part of mentally ill persons.

V board: It explains in detail the dhal syndrome and how to deal with it.

VI board: It deals with the various factors which contribute to suicide.

VII board: It presents a numerical account of number of persons affected by various forms of mental illness.

VIII board: it displays the names and designations of consultants and the OPD days specifically allotted to them.

IX board: It deals with behavioural problems afflicting children and adolescents.

The messages in all the boards have been given in simple bolchal Hindi so that relatives of the patients who are literate could read and internalize them.

Complaint box:

The patients or the relatives accompanying them could register their complaint/grievance which will be collected, analysed and correctives provided.

Registration counter:

For all new cases relevant information about family history, personal history, demographic data is being collected from the relatives accompanying the patient and the case records are being maintained accordingly. A sum of Rs. 5/- (which is nominal) is being charged per OPD patient and a token is issued accordingly.

There is no data entry operator and no arrangement for storing and maintaining computerized data about the patients.

Record Room:

There are in all 7 steel racks but only a few of them are being utilized. The records have been maintained year wise and OPD registration number wise. The space available inside the record room is too small. The Supdt. explained that the

record room in its present form is a purely temporary arrangement and will be shifted to the new building which is coming up at an estimated cost of Rs. 3.5 Crores.

OPD Doctor's room

The room size is too small (a portion of the space is being utilized to keep 60 to 70 library books in a steel almirah). I was given to understand that examination of a new patient takes about half an hour to 45 minutes while examination of old patients who come primarily for follow up or collection of medicines takes much less time. Since on an average about 2 persons accompany a patient (the number goes up to 5 in a few cases), 2 additional chairs should be provided in the room for these relatives.

Dispensing unit

The drugs are issued from the Central store to the dispensing unit. The pharmacist indicated that (a) as on date there is no scarcity of any particular drug (b) no patient has ever been returned on the ground that there are no medicines available & (c) dispensation of medicines to patients/relatives is as prompt as it could be.

ECT

All equipments required for modified ECT have been procured and installed. The only 2 deficiencies are (a) the room is not airconditioned (nor is the adjoining recovery room) & (b) there is no full time anesthetist. MHH, Indore has to rely

on the anesthetist from MGM medical college and hospital which is 8 kms away. This causes avoidable difficulties in proper planning for administering the ECT.

The space and facility in the recovery room is also inadequate.

Pathological Laboratory

The space, facilities and equipments are extremely limited. Currently only some routine investigation (as already observed at p.11) are being undertaken.

It is felt that after the new building comes up, it will be desirable to start a full fledged biochemical laboratory with the required number of biochemists and laboratory technicians. Additional items for investigation can be taken up and new equipments to facilitate the same could be procured. Some of the new items which could be taken up for investigation are (a) serum lithium (b) blood urea & uric acid (c) HDL & LDL (d) rheumatoid factor (e) ASO (f) prostate specific antigen (PSA).

Clinical Psychologist

There is no full time clinical psychologist attached to the hospital. However, a Clinical Psychologist –Dr. Sanjeev Tripathi who works at the satellite clinic, Dewas every Tuesday & Friday under the District Mental Health Programme visits MHH, Indore once a week i.e. every Wednesday to attend to psychological tests of mentally ill persons. There is, however, no psychological laboratory in MHH, Indore which is a dire need.

Psychiatric Social Worker

Interaction with Dr. (Ms) Victoria Daniel , the psychiatric social worker brought out a number of problems associated with rehabilitation of mentally ill persons after they have been treated, are fit to be discharged & sent home. These are listed as under:

I. The initial address furnished by the relatives of the patient who bring him/her for treatment is often found false.
II. Even the contact phone number furnished by them is later found to be incorrect.
III. Despite repeated letters of request the relatives do not turn up to take a discharged patient home.
IV. The relatives change their address but do not keep the hospital informed.
V. Even when the address is correct, the relatives refuse to acknowledge the social relationship with the patient.
VI. The relatives refuse point blank to keep a mentally ill person with them even after the latter has been effectively treated and is fit for discharge.
VII. They make a strange request that the patient may be kept in the hospital for a few more days even after the patient has recovered and there is no justification to keep him/her in the hospital.
VIII. The hospital authorities are threatened with dire consequences if they refuse to comply with such strange & unreasonable requests.

IX. There are a lot of political pressures exerted for not discharging mentally ill persons.

X. Sometimes the relatives make an abortive bid to somehow get the patient readmitted by giving false informations.

XI. Formidable difficulties are faced in getting police escort for escorting a discharged patient back home.

The Commission in consultation with State Governments concerned may suggest amendments to Mental Health Act, 1987 to stringently deal with such irresponsible and negligent attitude and behaviour on the part of the relatives of the patients who commit such acts of sacrilege but escape with impunity as there is no provision in the present law to deal with them.

Interaction with OPD patients

I. Rajesh Jadhav (25) was brought by Suresh Jadhav with complaints of loss of sleep and appetite and outbursts at intervals. He is being brought to MHH, Indore for the last one year. He has been suffering from psychosis.

II. Gayatri (33) has been brought by her relatives with complaints of reduced sleep and appetite. The doctor in charge explained that she is being treated for depression but she discontinues the medicine being mentally disturbed on account of alcoholism of her husband thereby heightening the possibility of relapse.

III. Patient Mansingh (70)'s relatives have come to collect the medicines. This is the pathetic case of mental illness of an elderly person who finds it extremely difficult to fend for himself and is helplessly dependent on family members.

IV. Shahid (35) who was earlier suffering from schizophrenia has now recovered, is able to lead an autonomous existence which was evident from the fact that he has come to collect the medicines on his own. This case confirms the thesis that mental illness is not a fatality, not inevitable but is fully correctable.

V. The mother of the patient Rakesh reported that the patient was earlier violent and aggressive and had disturbed sleep. He has substantially improved due to compliance with medicines prescribed but there are still some residual symptoms.

VI. Patient Lakshmibai has been brought to the hospital for the first time with complaints of loss of sleep and appetite. She has been showing aggressive, abusive and violent behaviour for the last 15 years but none cared to bring these symptoms to the notice of a psychiatrist in a hospital.

VII. Patient Neelam (55) resident of Dewas was treated in the hospital 2 to 3 years back but due to non-compliance with medicines she has relapsed into the very same condition in which she was found earlier.

VIII. Patient Baba Sahib (45) resident of Swarna bagh colony has been brought to the hospital with the chief complaints of wandering aimlessly, shouting and indulging in

violence. He is under treatment in the hospital for some time but there is no improvement in his condition due to non-compliance with medicines.

IX. Patient Rajendra Prasad, resident of Ratlam has been brought to the hospital on account of side effects of medicines. The doctor-in-charge observed that he is suffering from 'rabbit mouth syndrome' due to long term treatment with anti psychotic drugs.

X. Patient Shyam Chandra (43) resident of Sarang Chandna in Bihar has been suffering from schizophrenia and seeking regular treatment from OPD. He was talking incoherently which goes to show that he has not been compliant about medicines for which there is no improvement.

XI. Patient Aman Singh, resident of Khargone developed mental illness on account of a land dispute. The illness got precipitated after sometime when the dispute was not resolved. Currently he is well maintained on medicines.

XII. Patient Asif Ali (39), resident of Khargone is suffering from epilepsy since last 2 years. After he started taking psychotic drugs regularly the frequency of seizure has come down. He stated that when medicines get exhausted he can neither afford to come to the hospital nor can he afford to buy the medicines from the open market.

XIII. Patient Iftikar (40) resident of Ratlam is taking OPD treatment for the last one year and is fast on the way to recovery.

XIV. Patient Bane Singh (70) has come to the OPD with complaints of reduced sleep and abusive behaviour. A resident of Shajapur he has been brought to the hospital by his son after incurring an expenditure of Rs. 300/- which is beyond their means. He presented a pathetic picture of poverty, deprivation & mental illness. Such patients are in dire need of counselling to carry conviction to them that all is not lost and life can be started afresh.

XV. Patient Neetu's mother told that she has already spent Rs. 1.5 lakhs for treatment of her daughter by going to a private Clinic. She regretted her decision for not bringing her daughter to MHH, Indore earlier. She, however, feels happy and relieved that her daughter has responded well to the treatment and her in laws are now ready to accept her.

XVI. Patient Krishna (35) came from Dewas with complaints of muttering and gesturing to self. She has been suffering from schizophrenia for the last 5 years. Her husband stated that he has already spent Rs. 50,000/- on her treatment in a private clinic. Currently she is responding well to the treatment and is fast on the way to recovery.

Interaction with the OPD patients and their relatives brings out the following lessons:

- Delay in bringing a mentally ill person to the hospital would cause havoc and would take the patient to a point of no return.
- Noncompliance with drugs would inevitably result in a relapse.

- Poverty of the patients is compounded by their ignorance when driven to desperation and being unaware of the existence of a Government hospital like MHH, Indore where treatment is free of cost they incur heavy expenditure beyond their means by going to private clinics & get into a debt trap.
- There is need for more psychiatric social workers who can be trained to provide counselling to relatives of such patients who go to private clinics even though they are fleeced by those clinics that they should bring the patients right at the commencement of ailment to MHH, Indore instead of taking them elsewhere. Such counselling should be both drug related and behavior related. It should take place at the OPD, at the time of admission in IPD as also at the time of discharge. The counselling should have elements of civility, courtesy, kindness and compassion which are as important as timely compliance with drugs for a fast recovery.
- There is an urgent and imperative need for a hospital helpline and ambulance facility to bring such patients who cannot afford the expenses to come to the hospital to be brought there, otherwise home service should be delivered to such patients.
- The hospital should also provide concessional bus and train fare for such poor and indigent

patients who come from far off places by incurring loan from others & thereby getting into the debt trap. The hospital can do so by writing to the MP State Road Transport Corporation and Railways.

- Repeated messages should be flashed in print and electronic media that mental illness is neither a sin nor a crime; it is not a fatality, not inevitable. It is fully preventable and correctable. It can be prevented partly by maintaining a kindly & conducive home environment and largely by not creating a situation through the action & conduct of family members so as to cause anxiety, depression, psychosis of fear and so on. It can be fully corrected by timely diagnosis (which will be possible if the patient is brought to the hospital in time) and timely compliance with drugs. The best form of recovery for such patients is the kindness and compassion with which they are treated at home after they have been discharged from the hospital.

Interaction with IPD patients and their relatives:

Patients are admitted in the IPD both voluntarily as also through reception orders of the Courts. The admission and discharge figures during the last 4 years are indicated in the Table below:

Table II
Admission Figures

Year	CJM Order		Voluntary		Prisoners		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
2004	64	19	79	35	13	00	156	54
2005	59	7	65	35	04	00	128	42
2006	11	09	66	19	14	00	91	28
2007	13	17	123	48	5	00	141	65
2008 Up to Feb'08	03	01	15	06	00	00	18	07

Table III
Discharge figures

Year	CJM Order		Voluntary		Prisoners		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
2004	06	27	76	35	11	00	93	62
2005	04	16	61	30	12	00	77	46
2006	15	08	48	34	40	00	32	42
2007	8	07	98	27	7	00	113	34
2008 Up to Feb'08	01	01	18	8	01	00	20	09

Female Ward No.I

I. Choti Bai is the case of a schizophrenia patient, whose condition is stable on medication but cannot be

discharged as the address where she is to be sent cannot be found.

II. Bina came from Nari Niketan, Ujjain. She has been treated well, her physical health appears to be good but she does not want to leave the hospital and go back to the Nari Niketan where apparently she has been subjected to unfriendly treatment. She demanded that she be given a little more milk. The Superintendent explained that as per the approved dietary schedule every patient is provided 200 ml per day and there was no need to increase this further within the limited amount sanctioned for diet.

III. Patient Newali was also brought by the police from Nari Niketan, Ujjain sometime back. She has been effectively treated but can not be sent home as her home address is not available.

IV. Patient Girija was brought by her brother who is a doctor (despite her reluctance) and is four years younger. She has been diagnosed as suffering from manic illness and is on the way to recovery.

Female Ward No.2

In all there are 10 patients in a comparatively younger age group of 16-25, of them two are mentally retarded who should not have been admitted as apart from the provisions of Mental Health Act, 1987, the MHH, Indore is not equipped to treat such cases.

Male Voluntary Ward

I. Patient Arjun (18) has been admitted on 4.8.08. He is a school dropout who stopped going to school after class VIII. He has been diagnosed to be suffering from manic disorder.

II. Patient Vinod Kumar is suffering from chronic schizophrenia and is one of the long stay patients (the duration of stay ranging between 8 to 10 years).

III. Patient Jitendra (16) is an old manic patient at a tender, formative and impressionable stage of human development.

IV. Patient Rajiv (40) is showing signs of improvement with timely medication.

V. Patient Bhaiyalal suffering from mental retardation since 8.10.98 (with an IQ of 44).

VI. Patient Lakshmi Narayan (74) is yet another MR and long stay case, having been admitted on 24.5.82 and continuing since then.

VII. Patient Keshu is a case of chronic psychosis with MR and also a long stay patient.

VIII. Patient Bablu was admitted through reception orders of CJM, Badwani and is a case of chronic schizophrenia.

IX. Patient Navneet was admitted voluntarily, has been effectively treated and is awaiting discharge w.e.f. 5.6.08 but the patient has problems in being able to recognize the relatives.

X. Patient Nitin, a case of schizophrenia has been readmitted on 27.6.08. It is a case of relapse & the treatment could be prolonged.

XI. Patient Ramchandra, one of the long stay patients admitted on 29.2.88 and is a case of MR. He is otherwise hardworking, helps the kitchen work, amenable to discipline & is of good human behaviour.

All the beds in male voluntary ward were full. More demand for voluntary admission has been forthcoming and, therefore, additional space is needed necessitating expansion of the ward.

Visit to recreation-cum-rehabilitation centre for females

One of the exercises which can have a profound effect on the stability and equanimity of mind of the mentally ill persons is recourse to yoga and pranayam. This has been found to be immensely beneficial at GMA, Gwalior. Pending availability of more space for the yoga centre, Yogic exercises can be conducted in the open in winter & summer months for those mentally ill persons who have undergone treatment for sometime as IPD patients and have become reasonably fit to do these exercises. The duration of the programme may be from 8AM to 9AM in the morning in winter and 7AM to 8AM in summer. Training can be imparted to one or two staff members who have a genuine interest in these exercises so that they can act as instructors. Services of Yoga Instructor from the Central Jail may also be hired. In due course a full fledged Yoga

Centre can be constructed where classes can be conducted in the closed space in a more systematic & methodical manner.

The space available in the centre is moderate and there were a few patients who were found to be depressed and totally withdrawn. There were, however, a few others who have learnt the skill of making rakhis, artificial frames, painting on handkerchief and Ladies' purse. They were also found to be full of zest and joy for life. They sing individually and in chorus to the accompaniment of music. There is urgent need for having 2 separate vocational skill training-cum-rehabilitation centres, one for male and another for female and need for introduction of additional skills/trades after ascertaining individual preferences & interests.

Kitchen & Dining Hall

Mr. Iqbal Khan is in charge of the kitchen which has a limited space, one exhaust fan, no chimney, no electric kneader and no chapatti making machine. The 5 cooks, however, appeared to be skilled and experienced, the quality of rice and atta appeared to be good and foodgrains appear to have been properly stored. Both cooking and serving of food is under multi-level supervision of kitchen in charge, male and female sister in charge and one of the medical officers in charge. Food is being transported to the dining hall by trolleys.

I went to the dining hall during lunch time (1230 to 130 PM) and spent quite some time in watching the process of serving of food. Food, wholesome and sumptuous, is being

served with a human touch. It was, however, observed that there are a few patients who on account of the state of debility and other physical handicaps are not able to squat properly on the floor and not able to take food in a normal & natural manner. Such patients need to be helped. Footwear should not be allowed to be brought to the dining hall and it should be ensured that all patients thoroughly clean their hands before they settle down to take their food.

There were instances of 2 patients pouring out food on the floor or pouring water into the food or leaving the dining hall abruptly without consuming the full meal. All such cases need close personal supervision.

Adequacy of other amenities for the patients

The cots, toilets, fans, bed patient ratio, toilet-patient ratio is as under:

Item	Female Ward	Ratio according to the patient	Male ward	Ratio according to the patient
Cots	54	1:1	30	1:1
Toilets	09	1:6	06	1:5
Fan	18	1:3	16	1:2
Bathroom	09	1:6	04	1:7

Adequacy of quantity of water supplied

Access to potable water @ 40 litres per head for drinking and @ 135 litres per head for cleaning, washing, cooking, bathing and flushing the toilet is adequate. Sources of water supply are (a) Narmada Line (3) (b) boring (2) and water

tankers for storage. In all 12000+litres of water is stored in the storage tanks which is as per the above norm.

Adequacy of lighting and ventilation:

There is no dedicated DG generator set but inverters have been fitted to deal with interruptions, tripping, load shedding and to provide power backup.

Adequacy of check up of health of patients

Daily health check up for both men (weight, BP, pulse, temperature etc.) and women is being done by resident doctors with proper recording.

Adequacy of facilities for treatment of referral cases

Serious ailments (cancer, cardio-vascular complications, infection in respiratory track, immunological disorders, appendicitis, prostate enlargement complications, complications centering round eye, ear, nose, throat etc) are being referred to multi-speciality Maharaja Yaswant Hospital which is fully equipped to provide these services. It was reported that there is good coordination between mental health hospital and general hospital both of which are integral part of the same medical college and Hospital.

Adequacy of telephone services

Very often relatives of the IPD patients ring up to ascertain (a) how the patient is responding to the line of

treatment (b) what is the present status of his/her health. There should be an arrangement for (a) recording the above (b) passing on the same to the Superintendent or other officers of administration (if the Supdt. is on leave) for corrective action. And (c) conveying to the relatives how the patient has responded to the line of treatment and his/her present status. This is a two way communication process which if implemented properly, would instil a lot of hope, faith and conviction in the minds of the relatives of the patient that all is not lost and the patient can start life afresh.

In patient services, tidiness of the wards, change of dress and linen, adequacy of mattresses, linen, blanket, warm clothing etc., observance of privacy, measures for antilice, anti-bug, anti-malaria, use of mosquito repuants etc.

The Superintendent stated that all efforts are being made to keep the wards neat and tidy. Dresses/uniforms are changed at least once a day and in mentally retarded cases as and when required. The manually operated laundry in the past has been replaced by a mechanised Laundry which collects the clothings early morning and delivers the same in the evening every day. The number of mattresses, linens, blankets and warm clothes are adequate. Deworming operations are carried out once in every 6 months. Anti lice treatment is being done at regular intervals. Anti malarial treatment is also provided as and when required. Mosquito nets have been provided in the wards as also ultraviolet lamps to ward off mosquitoes and flies. Utmost efforts are being made to maintain privacy of all inmates.

The Supdt. further observed that all psychiatric disorders are being treated regularly and adequately. Case files after admission of a patient in IPD are being maintained properly. Junior resident doctors are available round the clock in the campus of the MHH, Indore and can be summoned during emergency any part of the day and night to attend to emergency cases. A Drug De-addiction Centre is being run by the Indian Red cross Society in the same campus. Doctors, nursing staff and other subordinate staff are available round the clock.

Pschiatric training of Nurses

There are in all 33 staff nurses with 35 posts of staff nurses lying vacant. At the ratio of 1:10, 33 staff nurses for 155 beds are more than adequate and it is not understood how additional 35 posts of staff nurses were sanctioned. In any case, there is no apparent need or justification for sanction of these posts. Of the 33 staff nurses in position (their existing qualification is BSc nursing) not a single one has undergone psychiatric training. It may be highly desirable as also in the larger public interest if a phased programme could be drawn up and the staff nurses deputed for training to NIMHANS, Bangalore. Alternatively, inhouse facility with a faculty of 5 in the Deptt. of Psychiatry MGM Medical College and Hospital (with 1 Associate Professor and 4 Asstt. Professors) could be developed to impart such psychiatric training.

Rehabilitation and reintegration of patients into the mainstream of the family, community and civil society

The Superintendent stated that this is a serious problem. After a patient has been treated and fit for discharge, orders of CJM under which the patient was admitted are solicited for such discharge. Sometimes there is delay in getting such orders and the hospital authorities take recourse to the provisions of S.40 of MHA, 1987 to discharge the patient. Prior to the discharge, letters are sent to parents, guardians and relatives but the response from the same is always a mixed one. In a very few cases the relatives show willingness to take the patients back home but in majority of the cases, there is reluctance to take them back; there is instead an insistence to extend hospitalization of the patient(s). This is nothing short of callousness or insensitivity without the basic realization that (a) MHH, Indore has a limited number of beds (b) if a few patients are forced to stay longer than what is necessary it will restrain the possibility of other patients being admitted (c) the hospital has limited resources –human, material & financial and is not like a milch cow that one can squeeze any amount of milk to squeeze it dry. During 2008, 36 patients (6 male and & 30 female) have been discharged but in the absence of adequate number of psychiatric social workers (there is only one working at present) for home contacts, it is not possible to confirm (a) how these patients were received in the family of parents-in-laws (b) what is the kind of treatment being meted out to them (c) what is the status of compliance of drugs & (d) what are the current avocations in which these patients (who have been treated and discharged) have been engaged (wage employment or self employment) and how productive as the same.

As has been observed earlier, there is no occupational therapy for male patients and the existing recreation cum-occupational therapy for female patients provides very limited avenues for learning some rudimentary and traditional skills. In such a situation and as was observed/suggested in my first review report on RINPAS, Ranchi (Feb 25-27, 2007) the State Government concerned must play a more proactive role by (a) taking a cenus of such patients who have been discharged and sent home (b) ascertaining their preferences and felt needs (c) selecting skills/trades to be imparted (d) identifying master trainers & imparting training to them (e) locating institutions where the treated and released patients could be trained (f) provision of tool kits for training (g) facilitating access to credit & market etc.

As far as MP is concerned, this has not happened. The State Government has not evinced much interest nor taken any initiative for an effective rehabilitation of these mentally ill persons who have been treated, discharged and sent back home.

Death Audit

It appears that mortality figures were quite high prior to 2000 (on an average 10 to 15 every year). There has been a significant decline in the number of deaths since 2002 as would be evident from the following table:

Year	Number of deaths (male)	Number of deaths (female

2003	04	01
2004	Nil	02
2005	03	03
2006	Nil	03
2007	Nil	02
2008	Nil	02

Such deaths may take place either in MHH, Indore or in the referral hospital where the case has been referred for specialized treatment. In either case a detailed report should be prepared and submitted to the competent authority. It should be clearly stated that best possible efforts have been made to save human life and there has not been any evidence of culpable negligence. All deaths occurring in the mental hospital are currently subjected to post mortem.

Abscond of Patients

The number of abscond cases decreased after open wards were started and after relatives have been permitted to stay. This is evident from the following figures:

Year	No. of male patients absconding	No. of female patients absconding
2004	64	02
2005	43	Nil
2006	47	Nil
2007	30	Nil
2008	22	Nil

District Mental Health Programme, Dewas

The DMHP seeks to implement the aims and objectives of NMHP (1982 & later revised in 2003). The DMHP is based on the model of DMHP of NIMHANS, Bangalore in Bellary district of Karnatak with suitable modification. This was a pilot programme of 5 years duration sponsored by the Ministry of Health & Family Welfare commencing from 1997. At the end of 2002, 28 districts in 25 States are having DMHP and during the next 5 years a total of about 100 districts are expected to have the programme. After 5 years, the State Governments are required to continue the programme with their own resources.

DMHP, Dewas

This is in operation from 26.04.05. The MGM Medical College, Indore has selected Dewas district to implement the programme for the following reasons:

- Dewas is 30 kms away from Indore; it is well connected by road/rail;
- It has a well established Government as well as non-Govt. Health Care Delivery System;
- It is also a developed district with a number of industries;
- No mental health service was available at Dewas earlier.

The objectives of DMHP, Dewas are as under:

- To provide substainable basic mental health services to the community and integrate these services with other health services;

- To facilitate early detection and treatment of patients within the community itself;
- To ensure that the patients and their relations do not have to travel long distances to go to hospitals or nursing homes in the cities;
- To ease the pressure off the mental hospital, Indore;
- To remove the stigma attached to mental illness through change of attitude & public education;
- To rehabilitate mentally ill persons who have been discharged from the mental hospital within the community.

The following services are available at DMHP, Dewas:

- A regular OPD is running every Tuesday and Friday in Mahatma Gandhi Hospital, Dewas;
- One or two mental health camps are being organized every month at the Block level;
- Free medicines are being distributed at every OPD and camp;
- Regular training programmes are being organized for doctors and paramedical staff of Dewas district;
- Regular IEC activities and awareness programmes are being organized in Dewas.

Between April 2005 when it was launched, a total number of 6139 patients have been treated at the OPD Dewas with the break-up as under:

Year	Number of patients attended to
2005	952
2006	2627
2007	2110
2008 (upto March 2008)	450
Total	6139

Similarly, a total number of 1660 patients have been treated between May, 2005 to October 2007 at the mental health camp of Dewas district.

In all 28 Medical Officers and 353 paramedical staff have been trained under the DMHP. In all 292 disability certificates have been distributed under the DMHP.

The IEC activities are reported to be quite encouraging. Some of the highlights of these activities are as under:

- Competitions among students of local Government and private schools have been organized as a regular feature;
- During the Mental Health Week (4.10.07 to 10.10.07) competitions in drawing, essay writing and debate were held among High School and Higher Secondary Schools;
- Orientation programmes for teachers and students for local Govt. and private colleges have been organized;
- Mental retardation (MR) workshops have been conducted for parents, caretakers and MR pupils;

- Similar orientation programmes have been organized for District Judge, Staff, Advocate and Police on mental health and legal issues;
- 2000 calendars depicting signs and symptoms of various mental illness have been printed with colourful pictorial illustrations and messages in Hindi; such calendars were distributed among primary health workers who have close contact with the community;

- Following books on mental health –one in English for medical officers and another in Hindi for paramedical staff have been published and distributed.

- Mental Health Manual for Primary Care Doctors;
- Mental Health Manual for paramedical staff & Primary Health Workers.

Three to five thousand pamphlets depicting signs and symptoms of various mental illnesses have been distributed among primary health workers and pupils of villages.

Perspective Plan for future

It is proposed to intensify these IEC activities and extend mental health services to Primary Health Centre (PHC) level. The following activities are proposed to be taken up:

- Four mental health clinics will start for continuous treatment and follow up at Block/PHC level;
- The Block/PHCs are:
- Kannod, Bagli, Sonkatch and Tonk Khurd.
- Training of all Government Doctors in Mental Health will be completed in one year;
- Orientation programmes for anganwadi workers, Panchayat Secretaries, Patwaris and Sarpanches will be organized.

A full time Psychiatrist and Staff Nurse will be needed to start indoor facility at Dewas district headquarters hospital.

Meeting with Principal Secretary, Medical Education and Director, Medical Education at Ballabh Bhawan, Bhopal on 6.8.08

At the end of the day long review at Indore (8am to 5 pm on 5.8.08) I had a very useful review meeting with Principal Secretary, Medical Education – Sri M.M. Upadhyay and Director, Medical Education. The review covered all outstanding issues involving the management of both MHH, Indore and GMA, Gwalior. A gist of the points raised by me in the meeting for consideration of the State Government is placed at annexure-I.

Executive Summary of observations,conclusions and recommendations

- MHA Indore has several limitations. The first limitation is the limited land area (6 acres). The

second limitation is the black cotton soil which is tricky for any structure. The third limitation is the old and antiquated structure is in an extremely bad shape. The fourth limitation is there are no staff quarters.

- The limited land area cannot be increased since a boundary wall has already been constructed. It is a different matter if the State Government wants to allot at least another 4 acres of land (minimum 10 acres of land required for a 155 bed hospital) a portion of the boundary wall can be demolished and the additional land area can be optimally utilized.
- Even though the old block has been declared unsafe and is lying abandoned it has not yet been demolished. This needs to be demolished so that in the space to be made available, a new structure can be raised.
- Plan and estimates for raising a new structure at an estimated cost of Rs. 3.5 crores have already been administratively approved and technically sanctioned. The question is: how soon the structure should be got ready, what it should accommodate and what checks and safeguards need to be taken into account before commencement of the execution work. These details need to be worked out properly right now.
- It is evident that for raising any structure on a black cotton soil, certain minimum checks & safeguards need to be adopted. These are (a) pile foundation

(b) providing a very strong DPC (c) providing a strong plinth protection (d) going in for pest control at the construction stage & (e) making the entire structure earthquake proof (keeping the earthquake which struck Koyna Dam in 1967 (which is not very far from Indore & which caused large scale damage)

- Already large scale horizontal and vertical cracks have appeared on the walls of one of the existing structures which is housing the OPD, office, record room, Pathological Laboratory, ECT, Doctor's room, Superintendent's room, Male ward (4) and Female ward (4), kitchen, dining hall, recreation-cum-rehabilitation room etc. There is profuse seepage and leakage of water all round. This goes to show that the elementary checks and safeguards have not been taken while taking up the renovation work and consequently the latter could not sustain itself.
- Similar mistake or omission should not be repeated while going in for construction of the new block at an estimated cost of Rs. 3.5 crore.
- A stitch in time saves nine –should even now be the guiding principle.
- All repairs to vertical and horizontal cracks as also leakage and seepage should be taken up after the rains in consultation with the Central Building & Research Institute (CBRI), Roorkie which has the accumulated wealth of wisdom and expertise in civil engineering –the best in the country.

- While taking up construction of the new block at an estimated cost of Rs. 3.5 crore, care should be taken to pay particular attention to the following:

  - OPD space in the new block should be much larger than now and should provide for sitting space for at least 150 persons (Patients and their relatives together);
  - There should be provision for adequate lighting and ventilation;
  - There should be provision for (a) potable water (b) toilet (c) television (d) newspaper stand for the convenience of all OPD patients and relatives accompanying them;
  - A new canteen building should be constructed or in case land for the same is not available, it should be accommodated in the new block; there should be sitting space with chairs and tables for at least 100 persons in the canteen at a time;
  - An observation room should be specifically provided for violent and aggressive patients who can be given sedatives and kept in this room for observation;
  - The OPD registration counter should have by at least 2 counters –one for the old and another for the new cases and be manned by at least 4 persons – 2 men & 2 women who should be trained to be civil, courteous

and considerate to all patients and their relatives;

- The post of a data entry operator should be sanctioned to maintain computerized data about (a) personal history (b) family history (c) demographic details (d) details about the nature of the ailment and treatment received in the past.
- The record room, dispensing and the Doctors' consulting chambers should both be an integral part of the OPD;
- The doctor's consulting chambers should be large in size with adequate lighting and ventilation, with at least 4 chairs for the patients and their relatives in front of the doctor's table, with provision of potable water;
- The dispensing room should have adequate stock of medicines, should be properly arranged with labels in steel racks with expiry date for each drug clearly written and so managed as would minimize the dispensing time (to be not more than 5 minutes);

The following procedure should be adopted for registration:

- For every patient one file should be opened;

- The names of the patients should be alphabetically catalogued (indexed);
- All files should be neatly arranged in as many steel racks as required and of sufficient height (15') and width (3');
- Each file should be allotted one hospital serial number and kept year-wise so that it should not take more than one minute to trace a file;

Each file should certain in brief the following:

- Personal data (name, age, sex, address, occupation etc);
- Name of the informant;
- Chief complaint/illness;
- History of present illness;
- Past history of psychiatric illness and other associated illnesses, if any;
- Personal history (marriage, divorce etc);
- Family history (was the form of mental disorder diagnosed as genetic);
- Premorbid personality (how was the personality before illness);

The following norms and guidelines should be kept in mind and training imparted to the staff in charge of registration counter and record room as under:

- Strict confidentiality should be maintained about each and every case;
- No information should be parted with either from the registration counter or from the record room to any outsider (except those who have access to them for official purpose);
- Research scholars can study these cases but cannot make use of them for publication in any newspaper, journal etc;
- The patients should be clubbed under 2 categories namely (Antyoday card) Income up to Rs. 10,000/- per annum) where the treatment is totally free and green card (income between Rs. 10,000/- to Rs. 20,000/-_ where 25 to 50 per cent of the patients are given free treatment. Such decisions about free treatment should be taken by the Superintendent on the basis of interaction with patients;
- The Superintendent on a preliminary assessment of the economic condition of patients coming from far off places either by bus or train incurring heavy expenses which is beyond their means should make out a case for concessional bus and write to rail fae the concerned authorities in favour of these patients;
- The pathological laboratory which is functioning in a small space with minimal facility should be sufficiently strengthened with a biochemist and required number of laboratory technicians as also required number of equipments (microscope, centre

fuses, calorimeter, auto analyzer, ESR measuring equipment etc). As and when it is decided to take up new items are for investigation, new equipments/corresponding to the item for test should be procured. Over a period of time, it should be possible to take up 20 to 25 items for test in the Laboratory.

- In view of increase in the incidence of autoimmune disorders (the human body producing antibodies which become the worst enemy of the body and which go on damaging the connective tissues), we should plan for setting up a physiotherapy unit where various forms of treatment such as wax bath, traction, short term diathermy etc could be provided for rehabilitation of these patients (suffering from reactive arthritis, rheumatoid arthritis etc).
- There should be a proper liaison and coordination between the Mental Health Hospital and the Medical College & Hospital to which cases having associated complications (appendicitis, cardio-vascular and cardio-respiratory diseases, other communicable diseases, gynecological complications etc) are referred for specialized treatment. There should not be an occasion when such cases are turned away or discharged in the middle of treatment as has been reported in a couple of cases elsewhere;
- If despite best of care & attention deaths take place either in the MHH or in the referral hospital, such

deaths should be audited (over & above post mortem) and the audit reports should be prepared by the treating physician and submitted to the competent authority for record.

- Occupational therapy is one of the most effective tools of rehabilitation of mentally ill persons being treated in a MHH. Regrettably, this is conspicuous by its absence in MHH, Indore. For this, the planning process should consist of (a) having 2 separate OT blocks with as many sub blocks (depending on the number of skills/trades) one for male & another for female inmates (b) selecting as many skills/trades as are easy to learn, as are market relevant and for which technology is locally available (c) procuring and installing tools & equipments necessary for on the job training as well as manufacturing (d) selecting instructors (separate for male and female) for imparting training, retraining, exercising supervision and control over the manufacturing process and (e) evaluating the content, process and impact of the entire programme.
- The process of skill training should be continued and reinforced by the State even after the mentally ill persons have been discharged & sent back home. This initiative is singularly lacking today on the part of the State.
- Yoga and Pranayam are 2 other effective tools of rehabilitation. Patients who have been effectively

treated and who are fast on the way to recovery should be motivated to participate in these exercises. Over a period of time, a Yoga centre or meditation centre building should be constructed where regular yoga, meditation and pranayam classes can be conducted with the help of qualified and trained yoga teachers. Pending this yoga classes can be conducted in the open (not more than 20 in one batch) with the help of existing faculty members.

- While the dining hall has been renovated and small tables have been provided for the inmates to take their food & curd and banana have been added to the menu for lunch the nutritive value of food is much less than the desired such as;

Desired nutritive value	Current nutritive value
1. Male - 3000 kilo calorie	1. Male -2442 kilo calorie
2. Female – 2500 kilo calorie	2. Female -2223 kilo calorie

The required/desired nutritive value of food will be much more than this once 2 separate OT units are started and women & men start working in these units. In any case, the services of a qualified and experienced dietician should be requisitioned from MGM Medical College for a thorough study of the diet schedule and nutritive value of food and steps taken to introduce necessary correctives on the basis of the dietician's report.

- Samples of water should be regularly collected, sent to approved PH Laboratories for test and correction action taken on the basis of test reports.
- Overhead water storage tanks should be regularly cleaned by using the state of art technology with mechanized dewatering sludge removal, high pressure cleaning, vacuum cleaning, anti-bacterial spray and ultra violet radiation.
- While the toilet patient ratio (1:6) is in order, most of the toilets are Indian commodes. Considering the fact that there are physically and orthopaedically handicapped patients, patients who are victims of rheumatoid arthritis, whose connective tissues may have been damaged or elderly people who may find it difficult to squat on Indian commodes, a few Indian commodes in both male as well as female wards should be converted to Western Commodes at the earliest.
- Library and training are 2 primary tools of human resource development. The library in MHH with 60-70 books exists by name only. We need to plan for a proper library-cum-reading room in the new block which will be taken up for construction soon by way of (a) caring out separate & sufficient space for the Library & reading room (b) equipping the same with steel almirahs with front made of glass (c) adequate pest control of the building and regular chemical treatment of books (d) putting sufficient number of chairs and tables in the reading room for research

scholars/students (e) providing e-connectively between the Library and the departments to facilitate easy access to information etc;

- Training may be divided into 3 parts (a) training of Medical officers & (b) training of paramedical staff (including staff nurses) and (c) training of class III & class IV staff. In view of the limited officers and staff members deputing them for training outside would be administratively inexpedient & expensive. The desired alternative would be to create inhouse facilities in MGM Medical College & Hospital so that the officers & staff could be trained there with the help of experts to be inducted from outside. While class III & class IV staff need to be given attitudinal and behavioural training psychiatric training for the 33 staff nurses is a must (none of them has received this training so far). Deputing them to NIMHANS, Bangalore for the said training is an inconvenient & expensive proposition. Such training should, therefore, be imparted with the help of experts in MGM Medical College only.

To conclude, all these issues have been discussed at length with Sri M.M. Upadhyay, Principal Secretary, Medical Education and Director, Medical Education, Government of MP at Bhopal on 6.8.08. They need to evince a more positive & proactive interest in these issues for their most expeditious settlement.

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