A report of review of the performance of Regional Mental Hospital, Yerwada, Pune – 411006 by Dr. Lakshmidhar Mishra, IAS (Retd.), Special Rapporteur, NHRC

Date of Review: 23.7.2008

This is a 93 year old hospital which was commissioned in the year 1915. The hospital is functioning in its own building with a total built up area of 45,475 metres which accommodates 155 small and large structures which are scattered at different points. Adequate space is available inside to meet all functional requirements. There are 2 approach roads to the main hospital with a boundary wall. Around the open space of some wards there are well maintained gardens with over 40 species of trees, tree ponds, 2 ponds with lotus flowers and an overall sylvan surrounding. There are approximately 5 to 6 parks inside for recreation of both male and female inmates. The primary responsibility for construction of new structures and repair and maintenance of the existing structures rests with the State Public Works Department. There is an annual maintenance contract for electrical appliances while PWD (Electrical) takes overall responsibility for all electrical works. There is an internal civil works committee for issue of work orders and physical execution of works upto Rs. 25,000/- and for work programmes costing higher than this amount approval of competent authority (Dy. Director and beyond) is necessary. A District Purchase Committee under the Collector also monitors the purchase of all essential items (food grains, drugs, raw materials for occupational therapy, books, journals, periodicals, recreational items etc.). Adequate preventive measures are being taken to ward off further damage/deterioration to the building by way of (a) timely repair work (b) pest control.

There are 3 types of mental hospitals such as small (below 250 beds), medium (250 to 500 beds) and large (higher than 500 beds). Regional Mental Hospital, Yerwada, Pune with a bed strength of 2540 beds belongs to the third category. There are on an average 20 to 40 cots in a block with a minimum gap of 1 metre between 2 beds. Small bed side lockers have been provided in a few wards for patients who have been effectively treated and who have substantially recovered. There is no

congestion or overcrowding in the hospital in as much as the average occupancy ranges between 1600 to 1700 per day which is approximately 75% of the sanctioned strength of the beds. The last 3 years' figures are:-

2005-06 - 1661
2006-07 - 1668
2007-08 - 1636

The table below shows the type of construction work, amount involved, the authority to whom the proposal has been submitted and the stage where the proposal is pending.

Table-I

Present stage of showing sanction construction work of Mental Hospital - Yerwada Pune – 06

Type of work	Amount in Rupees	Details about proposal	Remarks
Total 10 Quotations of compound wall around new dormitories	5993739/-	H. Dir Health Services, Mumbai. Letter No DHS/SN/07-08/Con T9/C 3 Dt 5/2/01	Not yet sanctioned
Electrification	1342911/-	D.D.H. Pune by Letter No38995-96 Dt 11-10-07 submitted by D.H.S.	Not yet sanctioned
Tar work of internal street	1966223/-	D.D.H. Pune Letter No41382-83 dt 19/11/07 submitted to Ad. Director Health Services, Mumbai	Not yet sanctioned
Electrification work of ward N 122 (Swagat & Sujay ward)	1342911/	Letter of Dir. H.S.Mumbai dt. 1/2/08	Not yet sanctioned
Development and reconstruction of various internal roads.	4387456/	Letter of Dir. H.S.Mumbai dt. 5/2/08	Not yet sanctioned
Two proposal about internal Build. Const. At R.M.H. Pune	3377226/	Proposal pending at D.H.S. Mumbai level.	
The ward compound wall of east-south, east-west boundary wall of R.M.H. Pune.	1367458/	Proposal pending at Govt. level.	
Proposal of repair and construction of Banglow No 6 R.M.H. Pune	130346/-	Proposal pending at Govt. level.	
Cement and concrete construction of ward no 1 to 4.	999192/	Proposal pending at Govt. level.	

Internal construction development	3356257/	Proposal pending at D.H.S. Mumbai level.	
Grill work, concrete flooring a compound wall construction, internal road construction at dormitory no 4 & dormitory 1 to 4.	11737615/	Proposal submitted to D.H.S. Mumbai.	
Construction of toilet blocks for male/female ward	19872173/	Proposal submitted to D.H.S. Mumbai. Dt 28.2.08	
Ward construction in female section	31108601/	Proposal submitted to D.H.S. Mumbai. Dt 28.2.08	
Ward construction in male section	31108601/	Proposal submitted to D.H.S. Mumbai. Dt 28.2.08	
Construction of 60 bedded hospital for female patients.	11036396/	Proposal submitted to D.H.S. Mumbai. Dt 28.2.08	
Construction of 60 bedded hospital for ale patients.	11036396/	Proposal submitted to D.H.S. Mumbai. Dt 28.2.08	
Ward repair and electrification work.	1753590/	Proposal submitted to D.H.S. Mumbai. Dt 28.2.08	

Human Resource Development and Management

The management of the hospital is supervised by the Medical Superintendent. Dr. Bhailume took over as Medical Superintendent w.e.f. 12.6.2008. There is no Managing Committee nor are there Sub Committees in charge of various aspects of management (diet, amenities, civil works, purchase etc.) pertaining to the hospital as in Mental Health Hospitals at Agra, Gwalior and Ranchi. The total number of posts may be divided into 4 categories such as Grade A, B, C and D. The number of posts sanctioned, number of posts filled up and number of posts lying vacant are given in the table below:-

Table-II

Group	Sanctioned	Filled	Vacant
A	43	30	13
B	6	3	3
C	27	241	37
D	627	606	21
Total	**954**	**880**	**74**

The work pertaining to various divisions/sections has been distributed amongst the psychiatrists and medical officers as under:-

Table – III

S.No.	**Name of the Officer**	**Work allotted**
1.	Dr. Gulabani	Patient section psychiatric social worker.
2.	Dr. Bahale	Medical Information System, OPD Administration.
3.	Dr. Thade, Dr. Talnikar	Linen Section.
4.	Dr. Pendharkar	Kitchen Management.
5.	Dr. Rajure	Dead Stock Female Section Administration.
6.	Dr. Madhekar	Drug Store.
7.	Dr. Bhailume	Medical Equipments, Training Programmes.
8.	Dr. Ghorpade, Dr. Gosavi	Occupational Therapy.
9.	Dr. Tapase	Dead Stock Management.
10.	Dr. Kalyankar	Public Works Activity.
11.	Dr. Patil	Public Works Activity.
12.	Dr. Sivsamkar	General Security.
13.	Dr. Jadhav	General Security.
14.	Dr. Deshpande	Laboratory, X-ray Department.
15.	Dr. Chaudhury	Environmental Cleanliness.
16.	Dr. Kamble	Environmental Cleanliness.

Table-IV indicates allotment of wards to psychiatrists and medical officers as under:-

S.No.	Name of Officer	Ward allotted
1.	Dr. M.V. Deshpande	Male Observation Ward.
2.	Dr. B.N. Kalyankar	Male Section-II.
3.	Dr. A.B. Gadekar	Male Section-I.
4.	Dr. S.J. Mahamuni	Male Section-III.
5.	Dr. P.B. Mahajan	Male Fit Ward.
6.	Dr. (Mrs.) M.R. Bahale Dr. R.B. Mohite	Acute Patient's Ward
7.	Dr. S.B. Bedse Dr. S.M. Pendharkar	Sujay Ward.
8.	Dr. R.S. Keskar	Male infarmary.
9.	Dr. R.S. Jadhav	Male Weak Ward.
10.	Dr. P.L. Sirsumkar	Female Observation Ward.
11.	Dr. S.B. Madekar	Female Infarmary Ward.
12.	Dr. H.V. Talnikar	Female Fit Ward.
13.	Dr. U.R. Tapase	Female Section-I.
14.	Dr. (Mrs.) R.H. Goswami Dr. D.V. Neel	Female Section-II.
15.	Dr. P.B. Patil	Female Section-III.
16.	Dr. (Smt.) A.S. Kamble Dr. (Mrs.) S.B. Rajure	Female Section-IV.
17.	Dr. (Mrs.) H.S. Gosavi	Male Visit Room
18.	Dr.(Mrs.) R.M. Tanu	Female Visit Room.

Training:

Training is an essential input of human resource development. It informs. It equips the individuals who receive training with skills such as life skills, communication skills, survival skills, attitudinal skills, vocational skills,

managerial, entrepreneurial and supervisory skills. It dispels doubts, disputes, reservations and mindsets and places issues in a correct perspective which is also holistic. Training could be both induction as well as refresher course. Training could be both one time as well as recurrent depending on need and impact. Training is relevant for both professionals as well as non-professionals.

In a mental health hospital we have psychiatrists, clinical psychologists and psychiatric social workers. We have general duty medical officers as well as para medical staff such as staff nurses and technicians. We have also Class III (Ministerial) and Class IV (attendants and sweepers). All of them are in need of training and retraining. The curriculum, course content and textual materials for such training are bound to be different. The training institutions and training instructors are also bound to be different. The hospital authorities were not able to throw light on all these aspects of training for all categories of personnel. Nor were they able to throw any light as to whether a calendar of training has been drawn up year after year and if any evaluation of the content, process and impact of such training has been undertaken.

They were equally casual about the need for deputing professionals (psychiatrists, clinical psychologists and psychiatric social workers) for seminars, symposia and workshops. There was no evidence as to whether people have been encouraged to write and present papers in these seminars/workshops and whether these papers have been published.

Description of wards:

The table below indicates the type of wards with break up between male and female wards:-

Table-IV

Type of wards	**Male**	**Female**	**Total**
Paying ward	1	1	2
Medico Legal	1	-	1
Epilepsy	1	1	2

Observation	1	1	2
Infirmary	1	1	2
Partially recovered	2	2	4
Treatment resistant	2	1	3
Total	**9**	**7**	**16**

Duration of stay of patients

The table below indicates the duration of stay of the patients and break up between stay of male and female patients:-

Table-V

Number of Patients	**Duration of Stay**
398	0-3 months
250	3 to 6 months
168	6 to 12 months
274	1 to 5 years
155	5 to 10 years
194	10 to 20 years
144	Above 20 years
102	Above 30 years
Total - 1685	

Justification for long stay, ways and means to bring down the stay etc.

Long stay of patients is eventually a reflection on the management of the hospital; it is also a reflection on the overall attitude and approach of the family members/relatives of the patients towards the patients. The following table would indicate the break up between male and female patients (including children) and duration of stay of each category of these patients:-

	Male	**Female**	**Children**		**Total**
			Male	**Female**	
0 to 3 months	262	136	-	-	398
3 to 6 months	140	109	-	1	250

6 to 12 months	113	55	-	-	168
1 to 5 years	154	117	3	-	274
5 to 10 years	89	64	-	2	155
10 to 12 years	82	111	1	-	194
Above 20 years	71				
Above 30 years					
Total	**957**	**720**	**4**	**3**	**1684**

In course of review it transpired that family members/relatives of patients are reluctant to take the patients back home even after the latter have been effectively treated and have substantially recovered. Some of the family members/relatives put a lot of pressure on the hospital authorities to keep the patient in the hospital longer than what is necessary for some reason or the other which is not altogether rational or scientific.

The table below gives the diagnostic categorization (indoor) of patients as on 30th June, 2008:-

Table-VII

S.No.	Diagnosis		Male	Female	Child		Total
					M	F	
1.	Organic Mental Disorder	New Old	8 -	- -	- -	- -	8
2.	Affective Psychosis	New Old	16 92	13 25	- -	- -	29 117
3.	Schizophrenia	New Old	84 521	66 432	4	3	
4.	Neurosis	New Old	7				7
5.	Mental Retardation	New Old	4 82	32 70			36 152
6.	Epilepsy	New Old	22 91	74			22 165

7.	Addiction	New Old	11 16	- -	- -	- -	11 16
8.	Other	New Old	2 1	3 5	- -	- -	5 6
	Total	New Old	122 835	58 662	- -	- -	180 1504

Frequency of supervision of the wards:

The hospital authorities ensure a normal living environment with the irreducible barest minimum creature comforts, facilities and amenities in the wards through a close knit system of vigilance and surveillance as under:-

- The Medical Superintendent, Dy. Superintendent, Senior Psychiatrist, Matron etc. take weekly surprise rounds to inspect living conditions in the wards;
- The Medical Superintendent, Matron and Supervisor take daily morning rounds;
- The general duty medical officer also takes daily rounds of duty;
- The nursing staff take evening and night rounds;
- The Dy. Superintendent and Senior Psychiatrist take surprise night rounds;
- The Visitor's Board chaired by CJM also take supervisory rounds once every month.

Check up of the health of the inmates:

- Medical examination of all patients soon after admission and once every month thereafter takes place on a regular basis.
- Status of health of patients who are on ECT treatment is also assessed daily.

- Prompt follow up action is being taken on the basis of clinical examination and diagnosis.

- Patients suffering from cardiac complications, infection in respiratory track and other associated complications are referred to Sasoon General Hospital, Chest and Civil Hospital, Aundh.

- There has not been a single occasion when any such case referred by the Regional Mental Hospital, Yerwada, Pune has been turned down or has been received with indifference.

- A close and constant liasion and coordination is being maintained by the Medical Superintendent, Regional Mental Health Hospital, Yarwada with Sasoon General Hospital, Chest and Civil Hospital, Aundh.

Role of the Visitor's Committee

A Visitor's Committee has been reconstituted vide the following:-

I G.R. Public Health Department No. VC 2002/No 286/Health 3/dated 27.6.2002.

II Addl. Director, Health Services (mental Health) Letter No Public Health Service/Mental Health/Visitor's Committee/RMH/06 dated 8.3.2006.

III Government Resolution No. Mental Health/2007/299/Health-3, Mantralay, Mumbai dated 21.7.2007.

The composition of the reconstituted visitor's Committee is as under:-

I	Director, Health Services, Mumbai	-	President
II	Commissioner, Handicapped Welfare, Pune or his representative	-	Member

III	Addl. District & Sessions Judge and Chief Metropolitan Magistrate, Pune	-	Member
IV	Superintendent, Central Jail, Yerwada, Pune	-	Member
V	Dr. Vasudeo Parlikar Psychiatrist, Kamal 61/11 United Western Society, Karvenagar, Pune – 41.	-	Member
VI	Prathamesh Kinkar Clinical Psychologist, 6 Aishwarya Kunj, Dangar Patil, Near Vadgaon, Pune – 41	-	Member
VII	Dr. Prasanna Dhabolkar Psychiatrist, Kalavishva 855/H-16, Vasant Bahar Society Gokhale Nagar, Pune.	-	Member
VIII	Smt. Anuradha Patil Social Worker, Karve Institute of Social Sciences, Pune.	-	Member
IX	Smt. Geeta Rao, Psychiatric Social Worker Karve Institute, Pune.	-	Member

X Superintendent - Member Secretary
RMH, Pune.

Role and functions of Visitor's Committee

- On every 3rd Saturday which is the date of meeting of the Committee they take a round in the kitchen, wards (both male and female), OPD etc. and give suggestions/instructions.

- Mentally ill persons are admitted in the IPD on the strength of reception orders of CJM. The relatives of such patients are informed to come and take them back after the patients have been effectively treated and have substantially recovered. There are a large number of cases where the relatives are reluctant to come and take back the patients even after they have recovered. Such cases are put up before the Committee for a decision.

Admission and readmission of patients

- Patients are admitted either by voluntary method or by orders of the Court.

- At the time of admission, the family members/relatives of the patients are required to deposit a sum of Rs. 22/- per day or Rs. 660/- per month for meals in advance (as per GR No. MHS/1093/CR-176/Health-3 Mantralay, Mumbai – 32 dated 30.3.95.

- The fees required for conducting tests in the laboratory and ECT are Rs. 100/- and Rs. 720/- respectively.

- Patients having income certificate by Tahasildar regarding annual income below Rs. 20,000/- are entitled to free treatment.

Readmission:

- When a patient is on leave of absence (LOA) he could be readmitted to the Regional Hospital if his/her condition worsens.

- Patients who are admitted by voluntary method and patients who are discharged by the Visitor's Committee cannot be readmitted on old papers.

- Decision about readmission is taken either by the Medical Superintendent or in his absence by the Dy. Medical Superintendent or the Psychiatrist.

Check list of points containing basic information about a patient which are taken into account by the Psychiatric Social Worker at the time of admission of a patient:

The hospital has systematically drawn up a check list of points containing the following basic informations about a patient at the time of admission which will be otherwise quite handy later such as:-

- full name of the patient;
- name of the informer and his address;
- education/occupation of the patient;
- if married, whether both husband and wife are living together;
- offsprings, if any; their age;
- original nature of the ailment and symptoms;
- original nature of the patient – whether open, free and frank or reserved or indifferent/withdrawn or peevish/irritable;
- whether the patient has been mixing freely with friends and relatives;
- special habits/addictions;
- whether the patient had episodes of mental illness previously;
- whether any treatment taken earlier; if so where, when and what type;
- what was the outcome of the previous treatment;

- what was the beginning of the episode of mental illness;
- is the patient epileptic;
- if the patient gets convulsion, since when and what is the duration;
- whether any relatives of the patient are suffering from mental illness;
- whether there is any special reason which provoked and triggered mental illness;
- whether the patient had a history of entric fever, pneumonia, TB any other respiratory track infection in the past;
- Date of last menstrual period (if the patient is a female);
- Total number of deliveries/abortions, if any.

Information, Education and Communication (IEC)

One of the most striking features of the Regional Mental Hospital, Yerwada, Pune is an honest and sincere attempt on the part of the hospital authorities to display/disseminate a set of instructions and guidelines through a number of boards at the very entrance to the hospital so that the family members/relatives of the patients, if literate, could read them, internalize them and make a serious and sincere effort to apply them in their day to day lives. The English translation of these instructions/ guidelines which are in Marathi are:-

- Health is complete physical, mental and social well being of an individual;
- Patients who are quiet, serene, tranquil and tension free will have good mental health;

- While facing a problem, one should face it courageously without getting disturbed or without losing confidence so that he will not get mental stress;

- Children, our succeeding generation, should live and grow in an appropriate environment for their physical and mental development;

- Over protected and over disciplined children who turn out to be wastrels or vagabonds may get mental illness;

- All queries of children should be responded in a normal and natural manner and in time;

- Nothing should be done which would inculcate inferiority complex in children;

- Addiction, accident, superstitions, child marriages etc. are important contributory factors for mental illness;

- It is desirable to maintain a healthy, cordial and contented family environment;

- Poor physical health adversely affects mental health; it is desirable, therefore, to always keep physically fit;

- Principles like adherence to truth and non violence are eternal; they should always be kept in mind for adherence;

- Avoiding mental illness is the best way of preventing it.

A board at the entrance gives a few useful tips for the patients as well as their family members/relatives such as:-

- Please do not pressurize on the issue of admission of any patient in this hospital as it is already over burdened.

- If the psychiatrist/Medical Officers on duty feel necessary regarding admission of any patient then only the patient will be admitted after complying with the following:-

  - after getting required Court orders;
  - after verifying relevant documents.

- Please do not take any type of help for this from any outsiders or any unauthorized person.

- No help should be solicited from this hospital regarding Court work. All matters pertaining to transportation of a patient to and from the Court, filing an application in the Court, submitting an affidavit in the Court, decision about expenditure on meals and getting admission orders from the Court should be attended to by the guardian of the patient himself/herself at his/her own expense and responsibility.

- It is mandatory for the patient to be present in front of the Magistrate of the Court concerned.

- Please avoid any unauthorized transaction of money in hospital premises. Please contact authorized persons only and insist on getting a proper receipt after depositing admission fees. If you are lax and careless about these matters your complaint will not be entertained later on.

- A voluntary boarding patient (VB) should sign himself/herself in the prescribed form.

- In order that a patient is entitled to free treatment (he/she is not required to deposit any fees) he/she should bring the relevant income certificate to the effect that his/her annual income is less than Rs. 20,000/- from the Tahasildar of the taluka concerned. Such a certificate should be deposited within 15 days from the date of admission; otherwise he/she will be charged as per Rules.

- Please give maximum information about the patient at the time of admission.

- Please furnish correct and uptodate information regarding the patient as the line of treatment would depend on such information.

- The responsibility for any complaint or false information is on the guardians.

Right to food:

As in the case of admission of patients a set of extremely useful guidelines have been laid down such as:-

- First wash vegetables and then cut them;
- Keep vegetables on medium flame while cooking;
- Cover the utensils while cooking;
- Do not throw leaves of onion, cabbage, cauliflower and raddish here and there; these leaves may be used as Vegetables;
- Pulses should be sprouted and then used in diet;
- Preserve vitamins in food by using tamarind;
- Use fruits and salads in diet;
- Use potato and sweet potato with peelings;
- Cook rice with adequate quantity of water;
- Use wheat flour and jower flour as it is.

- Good and nutritious diet if handled with untidy hands and improper methods may prove dangerous to life; it is imperative, therefore, that we follow the following rules as a part of the Code of Conduct for the kitchen:-

  - Wash your hands with soap and water before handling food items;

- Keep your nails trimmed and clean;
- The cook must be provided with apron, gloves and scarf and they must be kept clean;
- Cooking utensils must be clean;
- Do not keep the dirty clothes for used utensils near cooked food;
- Dirty clothes should not be used for moping hands;
- Cooked food should always be kept covered;
- Avoid flies;
- Utensils used for serving, churning or replacing food from one utensil to another should not be kept on the ground directly;
- Spilled over food on the ground should not be remixed again in cooked good food;
- Avoid handling of food by ill persons and persons with wounds;
- Cover your face with a handkerchief while sneezing and coughing.

Diet scale:

Diet is provided as per Civil Medical Code Part-II. There are 2 scales of diets – one recommended for mental hospitals (general class) and another recommended for mental hospitals (special class). The scales are as under:-

Mental Hospital
(General Class)
Table – VIII

Foodstuff	Vegetable (gms)	Non Vegetable (gms)	Remarks
Rice Bread	110 85	110 85	Since the foodgrains such as wheat, jower,

Wheat	195	195	bajra have been decontrolled and also rice is available in sufficient quantity.
Other cereals	-	-	
Pulses	110	85	
Leafy vegetables	85	85	
Root vegetables	110	110	Fasting rice has been substituted by these articles.
Other vegetables	85	85	
Sugar/jaggery	42	42	
Vegetable oil/fat	28 ml	28 ml	
Butter	14 gm	14 gm	
Milk	340 ml	225 ml	
Groundnut	14 gm	14 gm	
Fish/meat	-	85	
Tea	7	7	
Salt	14	14	
Condiments and spices	14	14	Present ingredients are:- - black pepper; - cloves; - cinnamon; - chillies; - coconut; - coriander seeds; - ginger; - garlic; - jeera; - turmeric

Menu for mental hospital diet (general class)

Time Veg	Quantity (in gms./ml)	Non Veg	Quantity (gms./ml)
7 AM Tea	170.0	Tea	170.0
Milk	30.0	Milk	30.0
Sugar	14.0	Sugar	14,0

Tea leaves	3.5	Tea leaves	3.5
9.30 AM Bread Butter Milk Usal (of pulses)	85.0 14.0 170.0 30.0	Bread Butter Milk Usal (of pulses)	85.0 14.0 165.0 30.0
12 Noon Rice Dal Leafy Vegetables Root vegetables	110.0 55.0 85.0 55.0	Rice Dal Leafy vegetables Root vegetables	110.0 55.0 85.0 55.0
4 PM Tea Milk Sugar Tea leaves Groundnuts Jaggery	170.0 30.0 14.0 3.5 14.0 14.0	Tea Milk Sugar Tea leaves Groundnuts Jaggery	170.0 30.0 14.0 3.5 14.0 14.0
7 PM Chapati Dal Root Vegetables Other Vegetables Milk / curds	195.0 25.0 55.0 85.0 110.0	Chapati Mutton Root Vegetables Other Vegetables	195.0 85.0 55.0 85.0

Diet for mental hospitals (Special Class):

Table - X

Foodstuff	**Vegetarian (in gms)**	**Non Vegetarian (in gms)**
Rice	110.0	110.0
Bread	85.0	85.0
Wheat	140.0	140.0
Other Cereals (non rationed)	-	-

Pulses	85.0	85.0
Leafy Vegetables	85.0	85.0
Root Vegetables	110.0	110.0
Other Vegetables	85.0	85.0
Fruits	One	One
Sugar/jaggery	85.0	85.0
Vegetable oil/fat	20.0 ml	28.0 ml
Butter	14.0	14.0
Fish	-	55.0
Ghee	14.0	14.0
Milk	455.0 ml	340.0 ml
Sags	28.0	28.0
Oats	28.0	-
Eggs	One	One
Curry stuff (condiments and spices)	14.0	14.0
Meat	-	170
Tea	7.0	7.0
Salt	14.0	14.0

Special class full diets are applicable to all paying patients including special class patients at this hospital except those paying Rs. 9/- and Rs. 12/- per day. The Superintendent of the Mental Hospital has the discretion to give special class to such non paying patients whom they consider as used to this diet.

Menu for Mental hospital diet

Special Class (full diet)

Table - XI

Time	Vegetarian Description	Quantity (in gms/mls)	Non Vegetarian Description	Quantity (in gms/mls)

of foodstuff		of foodstuff	
7 AM Tea	170.0	Tea	170.0
Milk	30.0	Milk	30.0
Sugar	14.0	Sugar	14.0
Tea leaves	3.5	Tea leaves	3.5
	85.0	Bread	85.0
9.30 AM Bread	24.0	Butter	14.0
Butter	170.0	Milk	170.0
Milk	28.0	Porridge	28.0
Porridge –		Cereal	
Cereal	14.0	Sugar	14.0
Sugar			
	110.0	Rice	110.0
12 Noon Rice	55.0	Dal	55.0
Dal	85.0	Leafy	85.0
Leafy vegetables	55.0	vegetables	
Root vegetables	21.0	Root	55.0
Pudding Cereal	14.0	vegetables	
Sugar	110.0	Fish	55.0
Milk	0	Pudding	-
Eggs		Sugar	14.0
		Milk	110.0
		Eggs	One

N.B. - 28.0 gm of vegetable oil (and fats) is to be used as cooking medium.

- 14.0 gm of ghee is to be applied over chapattis.

- 14.0 gm condiments and spices may include green spices such as coriander leaves, green chillies, ginger, mint, black pepper and coconut (fresh or dried).

While these are the norms and parameters laid down by Government of Maharashtra in Food and Nutrition Department the diet scale for mental health patients in Regional Mental hospital is as under:-

TABLE - XII

Present					Proposed				Additional Recommended		
Srl	Menu	Scale	Calories (Kcal)	Protein (gm)	Menu	Scale	Calories (Kcal)	Protein (gm)	Scale	Calories (Kcal)	Protein (gm)
1	Chapati (Wheat)	M-1 E-1 100 gr each 195 gr wheat	667	23.6	Chapati	M-2 E-2 Each About 75 gm total 300gm	1000	35	105	333	35
2	Rice	M-1 wati E-1 wati 110 gr rice	380	8	Rice E-1 150 gm	M-1 ½ wati rice	500	11	40	120	3
3	Dal	M-1 wati E-1 wati 110 gr rice	183	12	Dal	M-1 wati E-1 wati Each 35 gr Total 70 gm	239	15	15	53	3
4	Usal of pulses	M-1 wati 55 gr each	183	12	Usal of pulses	1 wati each 70 gr	239	14	15	65	3

5	Leafy vegetables	85 gm	22	3	Leafy vegetables	100 gm	25	0	13	3	0
6	Other veg	85 gm	27	1.6	Other veg	100 gm	34	3	15	7	1
7	Bread (Breakfast)	85 gm	283	5	Bread (Breakfast)	100 gm	333	6	15	50	3
8	Sugar	42 gm	168	0	Sugar	50 gm	200	0	8	32	0
9	Milk	340 ml	398	146	Milk	340	398	146	0	0	0
10	Root Veg	110 gm	107	1.8	Root Veg	110 gm	107	1.8	0	0	0
11	Edible oil	28 gm	255	0	Edible oil	28 gm	255	0	0	0	0
12	Banna Or Sweet lime	185 gm for class patients or medically recommended	35	0	1 banana for each patient	85 gm	35	0	85	35	-

WEEKLY SPECIAL DIET											
Present					**Proposed**				**Additional Recommended**		
1	Boneless chicken	85 gm	95	14	Boneless chicken	100	116	17	15	21	3
2	Egg	1 Qty	35	5	Egg	1 Qty	35	5	0	0	0
3	Soyabean Cake	50 gr	200	20	Soyabean Cake	50 gr	200	20	0	0	0

More about right to food in Regional Mental Hospital, Pune

- The raw material for food is weighed in front of the dietician and the diet committee;
- The scale of food is calibrated periodically by the authorized agency;
- The diet committee also supervises storage and handling of food in a hygienic manner;
- The kitchen staff is periodically medically screened;
- While serving the food in the respective wards the serving staff take adequate care to ensure that every patient is given adequate food and that food is served with a human touch;
- The nutritive value of food (breakfast, lunch and dinner together will be around 2800 kilo calorie);

- The diet committee comprises of the Dy. Superintendent, Matron, Dietician and Senior Supervisor as permanent members. It meets everyday at 9 AM in the kitchen itself where the grocery items and vegetables are brought by the suppliers. The articles are weighed and screened in presence of the members. If it is found that any particular vegetable is not upto the mark an alternative supplier is fixed or the Superintendent is authorized to buy.

Silver linings in the kitchen

- Exhaust chimney is available;
- There are in all 8 exhaust fans;
- Tiling on the kitchen wall has been done upto 1 metre;
- A platform has been provided for washing, cleaning and cutting vegetables;
- There is an electric kneader;

- Stainless steel containers are available in every ward to carry food from kitchen to the ward;
- Dining halls are available in 3 wards;
- Dietician supervises the nutritive value of food;
- Patient's opinion and suggestions are taken into account twice a week;
- Special meals are served on every national and festival holidays.

Right to water

Water is being supplied by Pune Municipal Corporation to all the wards of the hospital. A filtration plant which is owned and managed by the Pune Municipal Corporation ensures that water is free from chemical impurities. The water supplied is @ 135 litres per head for cleaning, washing, cooking, bathing and flushing the toilet. Samples of water meant for drinking are being regularly drawn and sent to an approved public health laboratory. Perused the test reports submitted by Dy. Director, State Health Laboratory, Pune dated 12.6.2008, 11.7.2008 and 14.7.2008. All the 3 reports have testified on the basis of samples of water sent and tested that water is good for drinking.

- Every ward has been provided with solar water heating system; hence there is no problem in regard to supply of hot water for bath of inmates in winter.
- Water coolers are available in 3 wards. In rest of the wards earthen pots are provided in summer season.

Electricity and lighting:

- Lighting is adequate in terms of laminates and voltage;
- New 152 electric poles have been installed in the hospital;
- Additionally 202 streetlights have been provided;

- 456 CFL fittings and 572 tubelight fittings have been provided in various wards;
- 263 fans have been installed in various wards;
- Back up services through a diesel generator set (82.5 KVA) have been provided to deal with situations which arise due to interruptions and trippings.

Cots, toilets, fans, bed patient ratio, toilet patient ratio, fan patient ratio

Patient to bed and patient to fan ratio is fairly adequate. Most of the toilets comprise of Indian commode. There are physically and orthopaedically handicapped persons and persons afflicted with arthritis whose connective tissues have been damaged who would need western commode (WC) as sitting on the Indian commode would be too painful for them. A few toilets should, therefore, be of WC type for the comfort and convenience of these patients.

As of now the patient toilet ratio is lower than the one prescribed by Channabasavanna Committee (1:6). To meet the patient toilet ratio as per norms a proposal for construction of additional 80 toilets have been submitted to the State Government.

Supportive Services:

Silver linings:

- The intercom system in the hospital is fully functional;
- Each ward has been provided with a TV set for recreation of the patients.
- Additionally, indoor sports materials like chess, carom, ring ball etc. have also been provided to each ward;
- Newspapers, journals and periodicals in Marathi are also made available in different wards and are being made use of by the inmates.

Grey areas:

- Library is an important input of human resource development. It is through books, journals and periodicals on clinical psychology, psychiatry and psychiatric social work that the medical officers can keep themselves abreast of the latest changes and developments in the field of psychiatry, clinical psychology and psychiatric social work and can refine and sharpen their wealth of information and ideas.

- Library services can be optimally utilized if (a) there is e-connectivity between the library and all other departments (b) there is a reading room fully furnished (c) library is kept open throughout the day and preferably upto 6 PM (d) the cataloguing of books and all other reference materials is computerized. This is not so in regard to the library of the Regional Mental Hospital, Pune as would be evident from the following:-

  - it's a small library with 274 books, the break up of the books under different subject heads is as under:-

Subject		Books
General	-	09
Psychopharmacology	-	156
Child Psychiatry	-	02
Psychology	-	04
Medicine	-	50
Neurology	-	nil
Applied Science	-	nil
Religion	-	nil
Social Work	-	nil
Mental Health	-	nil
Language	-	33
Pure Science	-	16
Miscellaneous	-	02
Total	**-**	**274**

- more books should have been kept on mental health, behavioural and occupational therapy, clinical psychology and psychiatric social work.

- fewer still are the journals (both Indian and foreign) subscribed.

- cataloguing in the library has not been computerized;

- there is no e-connectivity between the library and various other departments of the Regional Mental Hospital.

Drug Management:

- A category drugs are ordered from DHS, Mumbai while B and C category and emergency medicines are procured at the hospital level and supplied to different wards as per indent.

- All latest psychotic as well as neurotic drugs are available in the central drug store and there has not been any occasion for artificial scarcity of drugs.

- Drugs are issued to OPD patients for a period of one month.

Present status of Pathological/bio chemical laboratory in the Regional Mental Hospital, Pune:

- The Pathological laboratory is well equipped to conduct all routine investigations such as:-
  - VDRL;
  - Serum Lithium estimation;
  - X-ray;
  - EEG;
  - Hepatitis B;
  - Routine blood and urine tests;
  - HIV screening;
  - ECG.

- Patients having an income below poverty level i.e. below Rs. 20,000/- per annum are treated free of cost. The charges for the rest have been fixed as under:-

  - OPD registration (for 7 days) Rs. 5/-;
  - Indoor patient bed charges per day – Rs. 10/-;
    (this includes diet charges)
  - blood test for each one of the following components:-
    - HB;
    - TLC;
    - DLC;
    - ESR;
    - Blood Group and RH testing;
    - Blood sugar, protein, sodium & potassium – Rs. 15/-

- urine, stool, sputum	-	Rs. 20/-
- malaria testing	-	free
- cytology	-	Rs. 35/-
- histopathology	-	Rs. 35/-
- coulter sensitivity	-	Rs. 45/-
- pregnancy	-	Rs. 45/-
- x-ray (standard)	-	Rs. 30/-
- IVP	-	Rs. 100/-
- Barium Salon	-	Rs. 30/-
- Barium mil	-	Rs. 50/-
- Barium anima	-	Rs. 50/-
- Ultra Sonography (full)	-	Rs. 50/-
- Ultra Sonography (half)	-	Rs. 30/-
- Ultra Sonography (Special)	-	Rs. 100/-

-	CT Scan	-	Rs. 300/-
-	CT Scan (Chest and others)	-	Rs. 400/-

Present status of Psychological tests:

There is a separate room for the clinical psychologist for counselling of patients as also for conducting psychological tests. All facilities for the psychological tests are also available. However, the clinical psychologist who was on contract basis has left and a substitute is yet to be selected afresh.

Casualty and emergency services, treatment of acute psychosis, schizophrenia, acute exacerbation of psychiatric disorders, alcohol and drug withdrawal cases

- All cases of acute exacerbation of psychiatric disorders are put in observation wards;

- For intensive management through ECT (modified), for drug and alcohol withdrawal cases medical wards (infirmary) are used;
- A board is displayed at the admission rooms showing the name of emergency staff on duty;
- One MO is placed for 24 hours duty;
- One psychiatrist and medical officer are also placed for evening duty;
- All MOs and psychiatrists have to do compulsory night duty;
- The hospital emergency duty chart for the psychiatrist and medical officers for every month is drawn up in advance and all concerned are also informed in advance.

OPD:

- The daily outturn in the OPD is about 50 to 80 patients;
- Seating arrangements for as many patients, their relatives and family members are available;

- All basic facilities and amenities such as drinking water and toilet facilities are available;

- New patient's registration and examination takes about 30-40 minutes;

- Old follow up cases are seen by Medical Officers; these cases take about 5 to 10 minutes each.

Grey areas:

Patients come from far off places with their family members and relatives; they would be leaving in the late hours of the night to reach the Regional Mental hospital in the early hours of the morning. They would evidently be in need of canteen services for their breakfast. Regretfully no such facilities are available.

Interaction with OPD patients:

1. **Name of the patient** – Hema Manohar Dumke (girl)

Name of the father who has brought the patient – Manohar Laxman Dumke.

Age – 20 years even though the patient looks like a girl of 10 years.

History of the patient - This is a case of distress birth. There was prolonged labour pain and the mother had symptoms of mental illness. The mental illness in the child started soon after birth. There was prolonged labour and delivery was delayed. The child was admitted to Sasoon hospital soon after birth.

Current Status: The patient gets fits every now and then and falls to the ground. She has been registered in the OPD for the first time on 28th February, 2008 and has been brought to the hospital 4 times after that. She used to get 8 fits per month earlier but after treatment the number of fits have come down to 3 to 4 times. The child falls to the ground as

soon as she gets a fit and, therefore, is in need of constant care and attention so that there is no injury to her health.

2. **Name of the patient -** Pandurang Gangadhar Bhavsar, Pune

The patient has been undergoing treatment for Schizophrenia in different hospitals for the last 10 years and there is a marked improvement in his condition due to timely and regular compliance with medicine. As stated by the patient's wife, his condition is reported to be stable with normal sleep and appetite.

3. **Name of the patient** - Masu Rodoba Jadhav from Shirur: District Pune.

This is a case of Schizophrenia for which the treatment is going on for the last 4 years. The patient has been brought by her husband (by spending Rs. 50/- by bus) who is a rural artisan, makes baskets and earns Rs. 60/- per day but has been overtaken by his wife's condition.

4. **Name of the patient** – Avinash Popat Mhetre

Address - Village Chikali district, Pune.

This is a case of Schizophrenia and the treatment is going on for the last 5 years. On account of regular and timely drug compliance the condition of the patient has shown signs of improvement. He is fast on the way to recovery and is personally satisfied with the line of treatment and its outcome. He is now in a position to grow vegetables – tomato, cauliflower, brinjal, lady's finger and earns on an average Rs. 100/- per day by sale of vegetables. He has got all the medicines that he needs for his treatment. He used to get epileptic fits earlier but now with treatment the frequency of fits has come down.

5. **Name of the patient** – Pratap Vithal Ingole (18 years)

Address – The patient comes from Hingoli district. Has been accompanied by his brother – Mukund by name. Together they have spent Rs. 73/- towards bus fare.

This is a case of schizophrenia and the patient is under treatment for the last 3 years. Even though the illness started about 6 years back the patient was brought to the hospital only 3 years back. Thus there was a delay of 3 years in commencement of the treatment. Now with the treatment going on for the last 3 years (he has been admitted 3 times) there is some sign of improvement. The patient keeps calm and quiet but complains of joint pains. The patient's personal tragedy has been compounded by the fact that (a) it's a large family with 6 brothers (b) 5 out of 6 brothers are working on 5 acres of agricultural land owned by the family (c) without any source of irrigation the income from land under dry conditions is extremely limited (d) the patient is not in a fit condition to work (e) to and fro journey to the hospital involves an expenditure of Rs. 73/- per head.

6. **Name of the patient** – Manoj Jagnath Kate

Address - He hales from Dapodi in Pune district.

This is a case of Schizophrenia and the treatment is going on for one year. Due to proper drug counselling and compliance with drugs the patient has shown signs of recovery. His sleep and appetite which were disturbed earlier on account of ailment are much better. The patient feels that he is perfectly fit to work and earn wages. As a matter of fact, he is working in a petrol pump, is in his full senses and is able to tell the prevailing rate for petrol and diesel.

7. **Name of the patient** – Pushpa Ashok Gaud.

She has been brought to the hospital by her son – Machhindra by name. This is a case of acute Schizophrenia and the patient is under treatment for the last 7 years. She was earlier taken to a private practitioner in a private hospital where the expenses amounted to Rs. 1000/- per month. Her son working as a watchman in a private company for the last 4 months. The son reported that with timely and regular compliance with drugs the condition of the patient has shown sings of improvement.

8. **Name of the patient** – Hemant Londhe At/PO Hadapsar

The patient has been brought by his mother. This is a case of epilepsy where the treatment is going on for the last 15 years. There are no fits now and with timely and regular compliance with drugs both appetite and sleep have also returned to normal. The patient is staying with his daughter. There are no fits now. He has come for a review of his case when it will be decided by the psychiatrist as to whether drugs should be continued further or not.

9. **Name of the patient** – Maya Ramesh Sonarshid

Address - She has come from Chakan in Pune district. She has read up to 10th Standard. This is a case of both bipolar affective disorder and schizophrenia where the treatment is going on for the last 5 years (the patient was admitted in 2003). She has been brought to the OPD for the 2nd time (last time she was brought was on 9.1.2004). As reported by the relatives (a) the patient is indulgent and abusive (b) she does not get any sleep at night (c) she is chewing tobacco (d) she removes clothes from her body. The patient has 3 children (13,10 and 7 years old). She comes from a large joint family with 19 members. The patient was first taken to Sasoon General Hospital and later to RMH, Pune. The husband is willing to stay with the patient, if admitted.

Interaction with IPD patients and outcome thereof

Male Ward No. 3

1. **Name of the patient** - Rajesh Kamble

   Age – 42 years

   Address – Bhosari in Pune district.

   The patient had a fall from the 3rd floor of the building, he was living, had got a head injury and was under neurological treatment. The patient is working in the Health Department under Pimpri Chinchward Municipal Corporation. He has 3 sons and one girl child. There is no family history of any mental illness. There is no other complication associated with his

illness. His BP and all other blood profiles are normal. He stated that he is feeling much better at present. He is required to stay in the hospital for 15 days.

2. **Name of the patient** - Prakash Ramchandra Gawade

This is the case of a Schizophrenic patient who has been admitted to RMH for the third time. He has partially recovered but is unable to communicate. His both appetite and sleep, however, are normal. He is reported to be participating in the recreational activities of the hospital.

3. **Name of the patient** – Subhas Arjun Kale

Age – 42 years

This is a case of Schizophrenia at an early stage. The patient has been admitted to the hospital for the first time. He has substantially recovered and is a fit case for discharge. The case is being placed before the Visitor's Committee for a formal decision. The address of relatives is available with the hospital authorities. They have been addressed. The patient is likely to be discharged in a few days time.

4. **Name of the patient** – Bapu Dondiba Katam

Age – 55 years

Address - Shivajinagar, Pune.

This is a case of bipolar affective disorder. The patient has been admitted to RMH for the first time and is currently in the observation ward. Antipsychotic drugs are being administered regularly since the date of admission (about 7 days back) but there is no improvement. The patient's response to the medication is essentially negative. Would evidently need prolonged treatment.

5. **Name of the patient** – Rajesh Devram Hivrale

Age – 28 years

Address - Punjabi Bagh, New Delhi.

Otherwise prosperous and doing well in life (he has a thriving business of export of T-shirts) he has been suffering from Schizophrenia since last 5 years. He is employed by the Delhi Municipal Corporation (MCD) while his wife is working as a staff nurse in Government Hospital, Pune. While his appetite and sleep are normal he states that he is having fits for the last 5 years and that he is finding it difficult to control his temper.

6. **Name of the patient** – Yogesh Keshav Porade

Age – 19 years

Address - Pune City

Educational qualification – 10th pass

The patient was admitted for treatment of Schizophrenia by his father on 5.6.2008. Since then due to proper drug and behavioural counselling and management the patient is showing signs of improvement. His appetite and sleep are now normal.

7. **Name of the patient** - Hrishikesh Shahane

Age – 23 years

Address - District Ahmednagar.

He was admitted in March, 2008 for treatment of Schizophrenia. There is no family history of Schizophrenia. Three of his sisters have been married and elder brother is working. The patient had multiple episodes in the past. The case is now being treated as one of resistance Schizophrenia. Six courses of modified ECT have been administered but there is not much of an improvement.

8. **Name of the patient** – Kashinath Janginar from Karnataka, working in Bhiwandi as a mason.

Age – 22 years

The patient was admitted by his father in March, 2008 with complaints of heaviness in head. One course of modified ECT has been administered. His condition appears to be stable. Letters have been sent to his relatives on 17th July, 2008 and response is awaited.

9. **Name of the patient** – Manik Gite

Age – 42 years

Address - Parle, District Beed (Marathwada region).

He was admitted for treatment of Schizophrenia on 29th May, 2008. Modified ECT has been administered twice. He has responded well to the line of treatment even though he has still problems of communication with his relatives.

10. **Name of the patient** – Puspadanta Shastri

Age – 33 years

He hails from Beed district in Marathwada region.

The case has been diagnosed as one of Schizophrenia. The patient has been admitted for the 3rd time, the first admission being on 28th May, 2008. The basic problem was non compliance with drugs. Now with better compliance his condition has registered improvement. One course of ECT has been administered. The treating physician suspected some outgrowth in Thyroid gland and have referred the case for further investigation to Sasoon hospital. The report is awaited.

11. **Name of the patient** - Anand Kamble

Age – 30 years hailing from Pune.

This has been diagnosed as a case of bipolar affective disorder. The illness persisted for 3 years even though he has been admitted only on

2nd April, 2008. His condition is reported to be stable even though occasionally there are variations in his mood which alternates between joy and sorrow, hope and despair, laughter and tears.

12. **Name of the patient** – Machindra Thombare

Age – 24 years

He hails from Sangamner in Ahmednagar district.

This has been diagnosed as a case of chronic Schizophrenia. He has been admitted for the second time on 11th July, 2008, the last admission being 2 to 3 years back. No ECT has been administered so far even though he has started responding well to the line of treatment since 11th July, 2008. His demeanours and behaviour have been reported to be normal. He works in high own form. He needs to be kept for a few more days for complete recovery.

Impressions at the time of visit to various wards/sections:

1. **Male Section** – 3 DH Prerana Ward

- No dining table in the hall;
- There is a lot of music and recreational activity;
- Satyanarayan Pooja is being celebrated in all the wards;
- On such occasions sweets are being distributed to all inmates;
- Yoga is being taught by sister/nurse to the patients.

2. **Visit to Kitchen** (12 Noon):

The lunch which was about to be served comprised of -

- 200 gms of rice;
- 55 gms of dal;
- 85 gms of vegetable (palak, potato mixed);
- 2 chapatis of 100 gms per patient;

- Chapattis have not been made properly; it is burnt in the edge as also in the middle;
- Rice/wheat quality not upto the mark;
- Tawa in which chapattis are being baked is not good;
- Kitchen staff (30 male, 15 female) are being medically examined once a week.

3. Visit to lunch room at the time of lunch:

Observations:

- In the absence of dining table food is being served on the floor;
- The patients are carrying their footwear to the place where they would eat their lunch;
- They are not washing their hand and mouth before taking food;
- The chapattis are hard and burnt and are inedible;
- One patient – Kachru Shahaju Chavan poured cold water on his food while another patient – Balu Koli refused to eat the chapatti served to him.

4. Reception room:

- Observation ward has 70 beds;
- Occupancy was 69 patients in 69 beds;
- Proximate to the OPD it is meant for recovery of patients;

- The status of admission and discharge on 23.7.2008 is as under:-
    - New admissions – 3
    - Readmissions - 3
    - Section admission – 3
    - Section discharge - 6
    - Home discharge - 0
- Recovery room is not air conditioned;
- Bedsheets are not in good condition; they need to be changed;
- Considerable seepage in Ward No. I

General impressions about OPD:

- Turn out of patients in OPD is quite low;
- This is on account of the fact that all the districts surrounding Regional Mental Hospital, Pune are implementing district mental health programme;
- There is evidence of correct address not being furnished by family members/relatives at the time of admission;
- There is evidence of a lot of resistance to treatment in RMH;
- IEC materials are well visualized, well illustrated and contain a number of socially relevant messages;
- ECT room is not air-conditioned;
- There is no arrangement for stay of family members/relatives after a decision is taken to admit a patient;
- There is no deaddiction centre attached to the hospital for treatment of patients who are victims of substance abuse.

- There is no day care centre or half way home facility either for rehabilitation of patients who have been effectively treated.

Occupational Therapy:

- Two separate occupational therapy units – one for male and another for female with a capacity of 120 to 150 inmates are in existence.

- The skills/trades/crafts which are being imparted are:-

  Male – tailoring, carpentry, weaving, coir, caning, file and envelope making greeting cards, discharge cards, diwali lanterns etc.

  Female – rangoli making, painting, rakhi making, screen printing, knitting, tailoring embroidery etc.

- The end products coming out of OT units etc.:-

  - garments;
  - furniture;
  - mattress from coir;
  - carpet (from old sarees);
  - cloth for mattress;
  - files;
  - envelopes;
  - greeting cards;
  - discharge cards;
  - diwali lanterns;
  - cane chairs;
  - rakhis.

- For every trade there is a trained person appointed as Instructor such as carpenter, tailor, weaver, cane man, trained attendants who are recruited a per Government Rules.

- The sole objective behind the process of imparting these skills/trades is rehabilitation of patients who have been effectively treated and who have reached a stage of looking after themselves. It is difficult to say if this objective is being fulfilled as most of the trades are traditional and there are a few to meet modern market needs.

Inpatient services, tidiness of the wards, change of dress and linen, adequacy of uniforms (including adequacy of mattresses, linen, blankets, warm clothing etc.)

- All wards are well lighted and ventilated.
- Soap, hair oil, towel, mirror etc. have been provided for use of the inmates and to maintain their personal hygiene.
- The wards are broomed and washed by the support staff.
- Depending on need the inmates are assisted in maintaining their personal hygiene.
- Three pairs of uniforms and a jacket for winter, a blanket and mattress with pillow are provided per patient.
- The uniforms and bedsheets are sent for washing every day.
- The wards have toilet blocks with bathroom and enough privacy for changing clothes.
- Antilice treatment is being given regularly.
- There being no bugs antibug operations are not needed.
- Larvicidal solution is sprayed regularly by the corporation monitored by the Malaria Officer.

Mortality and death audit:

- The number of deaths during the last 5 years have been unusually very high as would be evident from the following:-

  2003 - 49

  2004 - 58

2005 -	86
2006 -	51
2007 -	76
2008 - (upto 30.6.08)	18

- The number of deaths are also progressively on the increase except 2006 when it came down to 51 only to go upto 76 in 2007.

- Death of an inmate could take place either in RMH or in the hospital where the case is referred for specialized treatment of associated complications (associated with mental illness). In either case audit of death is necessary by the treating physician who should, in each and every case of death prepare a report covering the following:-

  - when admitted;
  - nature of illness;
  - symptoms at the time of admission;
  - whether adequate care was taken to prevent death and save human life;
  - whether the status of health of the patient was closely monitored.

- No break up of deaths which have taken place in RMH and in the referral hospital where a particular case was referred for treatment of associated complications is available with RMH.

- No confirmation was forthcoming as to whether (a) death was preventable and (b) whether the best possible efforts were made to prevent deaths.

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

- The number of patients who have been discharged during the last 3 years is as under:-

  2005 - 2021

  2006 - 2024

  2007 - 2102

- It transpired that most of the patients are treatment resistant; they recover partially with frequent exacerbations. Non-drug compliance is the primary reason for such exacerbation.

- It further transpired that there are (a) large number of cases where the patients are fit for discharge but they cannot be discharged without the orders of CJM under whose orders the patients were admitted (b) even after the patients have been effectively treated and are due for discharge they cannot be discharged as there are no relatives or family members to take them back home.

- In case of indifferent or negative response from family members/relatives, the mentally ill persons will have to be maintained at the cost of the State in certain cases or out of the income from the estate of the mentally ill person or from a person legally bound to maintain him. For this purpose, a clear procedure has been laid down in Section 78 and Section 79 of the Mental Health Act, 1987. According to this procedure an application will have to be made to the District Court for payment of cost of maintenance. In every district there is a district legal aid authority headed by the district judge. The authority should engage the services of an advocate with a view to facilitating filing of the application and its disposal to meet the ends of justice.

- The authorities of RMH were apparently unaware of such provisions of law as was evident from their response to the questionnaire.

- No clear picture is available with the RMH authorities about the number of persons who have been discharged, rehabilitated and reintegrated into the mainstream of the family, community and society.

- It was, however, encouraging to note that 2 sets of instructions/ guidelines in Marathi have been displayed at the entrance to the OPD on (a) information regarding taking a patient home and (b) how to interact/behave with a patient after he/she has been discharged and taken home. The instructions are:-

I **<u>Information regarding taking a patient home:</u>**

- If the patient is admitted by Court order, after control of disease and/or cure or on request of relatives of the patient, the latter will be discharged on leave of 60 days (LOA). To bring the patient for follow up examination and to get his leave of absence extended is the responsibility of the relatives of the patient.

II When the patient is cured or his disease is controlled by medicines 3 letters are sent to the relatives of the patient for taking him back home. If there is no response from the relatives still after sending 3 letters the case will be put up before the Visiting Committee and the latter will decide regarding permanent discharge of the patient. After such a decision is made the patient will be taken to his house either with escort or he will be sent directly if his condition is such that he can be on his own. In such a situation the patient is not on leave and he is discharged completely.

III A patient from the Voluntary Boarding (VB) category will be discharged immediately after he has been cured.

How to interact/behave with a patient after he/she has been discharged and taken home:

- Behave with the patient sympathetically and with love and try to understand the patient.
- Give regular and timely medicine to the patient.
- Encourage the patient to take part in all home activities while boosting his confidence and self respect to do so.
- Give proper importance to the patients as a valuable family member.
- Guide the patient regarding personal hygiene and diet habits.
- If the patient is avoiding to take medicines explain the consequences of doing so in simple and intelligible bolchal dialect but with sympathy and tact; alternatively consult his doctor.
- Do not pass adverse comments about his/her mental illness; on the contrary appreciate his/her strong points.
- Take the patient regularly to the hospital on the scheduled date for examination and extend his/her leave as per date.
- Do not unilaterally and arbitrarily stop any medicine or do not introduce any changes in the dosage without consulting the doctor.
- The patient needs your love, affection and sympathy and not criticism.
- In case of any problem consult the social worker in the hospital.
- Accept the patient as it is.
- When any change in the mental status of the patient is noticed he/she should be brought to the hospital immediately.

- The patient should be engaged in such work which he can do easily and tolerably.

- With adequate care and attention the patient could be managed at home.

Interaction with the following female patients demonstrated the serious problems and difficulties which are being faced in rehabilitation and reintegration of these patients:-

S.No.	Name of the patient	Age	Address	Date of admission	Diagnosis	Present Status
1.	Pradhnya C. Deshmukh	3	Pravin Vipulkar Wadgaon Building, Doulatnagar Tal Hawali, Distt. Pune.	26.2.04 Readmitted on 11.7.08	Bipolar Affective Disorder	Significant improvement was noticed. Letter sent to guardians. Problem with sister-in-law at home, no response from home.
2.	Kamla S. Sadu	38	Sri Nivas Sadu 34/12/75 New Pachhapeth Solapur.	21.4.2008	Schizophrenia with MR	Significant improvement was noticed. Letter sent for discharge to brother on 31.5.08 and 11.6.08. No response.
3.	Shakuntala Makasore	60	Ajay Makasore SRP Camp Navnathnagar, Ramtekadi, Pune.	7.1.2008	Catatonic Schizophrenia	Significant improvement was noticed. Brother who brought her to the hospital has expired. Nobody is ready to take her back. Letter sent to Nari Niketan on 15.7.08 and 22.7.08. No response.

4.	Laxmi P. Mhase	39	Pandharinath Mhase (husband) At/PO Kondwad Tal Rahuri Distt. Ahmednagar.	4.3.2008	Schizophrenia	Significant improvement has taken place. Letter sent to husband on 10.7.08 and also informed telephonically. No response.
5.	Manorama Navnath Garje	35	Navnath Garje College Road AP Patoda Distt. Beed.	1st admission 21.11.05 2nd admission 12.3.08 3rd admission 3.6.08	Schizophrenia	She has recovered substantially and is fit for discharge. Letter sent on 15.7.08 to husband. The latter has married for the second time. No response.
6.	Saraswati M. Fulari	40	Bhuslingappa Fulari, At/PO Javalga Tal Devni Distt. Latur.	13.12.2007	Schizophrenia	Improved significantly. Letter sent to nephew on 17.1.08, 5.7.08 and 15.7.08. No response.
7.	Anita Limbunath Rant	35	Limbunath Rant (father) At/PO Chincholi, Kej Tal Beed.	5.5.2008	Psychosis	Improved significantly with psychotic drugs. Letter sent to guardians
8.	Reshma Lal Khan	13	Firoz Gani Khan Anjumum Eslam Anathalaya 25, Bundgarden, Pune.	7.4.2008	Epilepsy with Psychosis	No epileptic fit at present. She has improved substantially with medication. Hospital authorities are planning to send back Anjumum Eslam Institute.

9.	Hemlata Ramesh Ravandale	26	Shova Ravandale (Mother) S.No. 11 Sutarwadi Pashan, Pune.	3.3.2008	Schizophrenia	Improved significantly. Letter sent to mother on 18.4.08 and 10.7.07. No response.
10.	Minakshi Solunke	24	Laxmibai Solunke Kanidnath Society, Plot No. 21, Hadapsar, Pune.	12.5.2008	Schizophrenia	Improved with medication. Letter sent to guardian for discharge on 17.7.2008.

The number of patients (both male and female) who have been covered by these outreach services are as under:-

June, 2008

S.No.	Name of the Rural Hospital	Male	Female	Total
1.	Bhor	52	51	103
2.	Narayangaon	68	57	125
3.	Indapur	60	36	125
4.	Rajgurunagar	28	17	45
5.	Shirur	48	47	95
6.	Saswad	34	30	64
7.	Daund	20	01	21
8.	Baramati	13	06	19
9.	Ghodegaon	27	20	47
	Total	**350**	**265**	**615**

Average 550 to 600 patients per month.

A few redeeming features of the decisions taken by the State Government of Maharashtra to improve the functioning of RMH, Pune

Mention has been made earlier about issue of a Government Resolution dated 21st July, 2007 for restructuring the Visiting Committee for RMH, Pune and its role and responsibilities. This is undoubtedly a positive step which will strengthen monitoring of the performance of the hospital as also strengthen the decision making process. Yet another important decision taken by the State Government relates to establishment of a Special Committee to evaluate the functioning of RMH, Pune. The structure of the Special Committee is as under:-

1. Concerned District and Sessions Judge	-	President
2. Concerned District Collector	-	Member
3. Dy. Director of concerned Health Circle	-	Member
4. Concerned District Social Welfare Officer	-	Member
5. Concerned Executive Engineer (PWD)	-	Member
6. Concerned Executive Engineer PWD (Electricity)	-	Member
7. Gynaecologist of the concerned general hospital	-	Member
8. A member related to Mental Hospital nominated by the concerned District & Sessions Judge	-	Member
9. A member from a Charitable organization in the field of mental health	–	Member
10. A private psychiatrist working in the concerned field of mental health	-	Member
11. Concerned MS of the Regional Mental Hospital.	-	Member Secretary

The tenure of the Committee would be for a period of 2 years. The functions of the Committee will be as under:-

1. The Committee would visit various sections and would take a review of the working pattern as given below:-

Kitchen:

- The quantity and quality of food, facility for storage of foodgrains and overall cleanliness of the kitchen.

Linen:

- Examination of quantity and quality of patient's cloth (including quality of undergarments and sanitary napkins for female patients).

Wards:

- Overall condition of the building, water supply, drainage, sewerage, safety of electrical installations and fittings, recreational facilities for the patients.

Occupational Therapy (OT):

- Skills/trades, tools and equipments corresponding to skills/trades, number of patients participating and being benefited, staff adequacy and effectiveness.

OPD:

- Adequacy of sitting arrangement;
- Adequacy and effectiveness of overall treatment given to the patients.

Medical instruments & equipments:

- Adequacy and quality

Medical store:

- Adequacy and stock of medicines.

Inpatient's Department:

- Visit to atleast 2 male and 2 female patient's ward;
- Regularity and quality of medical treatment and overall treatment facility.

Yet another redeeming feature about the RMH, Pune is the permission accorded by the Superintendent, RMH regarding mental health training of nursing students in RMH. Commencing from September, 2006 2 batches of nursing students are being accommodated in RMH and over 500 nursing students drawn from as many as 33 hospitals in Pune, Ahmednagar, Nasik, Satara, Nandurbar, Baramati have been/will be benefited.

An executive summary of observations, conclusions and recommendations:

- A 93 year old hospital with adequate space has been able to accommodate as many as 155 small and large structures which are scattered at different points.
- RMH, Pune is a large hospital with a bed strength of 2540.
- The overall environment presents a sylvan surrounding which is conducive to mental health of mentally ill persons.
- Arrangements for repair and maintenance of the structures have been streamlined.
- Adequate preventive measures have been taken to ward off damage to the buildings in future.

- The average occupancy of beds ranges between 1600 to 1700 per day meaning thereby that there is no congestion or overcrowding in the hospital.

- The overall responsibility for management of the affairs of the hospital rests on the shoulders of the Supdt., RMH, Pune. There is no Managing Committee nor are there sub committee entrusted with the responsibility of managing various aspects of the hospital (diet, facilities and amenities, civil works, purchase etc.).

- Public Health Department, Government of Maharashtra have reconstituted a Visiting Committee since 21.7.2007 and entrusted the same with specific responsibilities for management of the hospital.

- They have also constituted a special Committee under the chairmanship of District and Sessions Judge, Pune to evaluate the functioning of RMH Pune in different areas. Formed on 8.4.2008 the life of the Committee is for a period of 2 years. The impact of this Committee is, however, yet to be known.

- Against 954 sanctioned posts in 'A' 'B' 'C' and 'D' category, incumbents against 880 posts are in position and 74 posts are vacant.

- The Superintendent, RMH, Pune has issued an order for smooth distribution of work relating to various sections amongst psychiatrists and medical officers. This arrangement is working satisfactorily.

- Training as an essential input of human resource development has not received the type of attention that it deserves in RMH, Pune (except training of about 500 student nurses every year in 2 batches from about 33 medical colleges).

- No clear picture is available with RMH either on the following:-
  - number of seminars, symposia and workshops attended;
  - number of papers presented;

- number of papers published;
- progressive evolution over the years (since inception) in total number of papers written, presented and published.

- There are in all 16 wards of various categories and the duration of stay of patients ranges between 3 months to 30 years.
- Long stay of patients in RMH, Pune is mostly due to reluctance/indifference of family members/relatives of patients even after they have been effectively treated and substantially recovered.
- There is a close knit system of vigilance and surveillance over the normal functioning of the wards (16) through rounds of visits by the members of the Visiting Committee, Superintendent, Dy. Superintendent, Senior Psychiatrist, Matron and Supervisor etc.
- All patients are subjected to a thorough check up of their health soon after admission.
- Cases of patients suffering from other general complications associated with mental illness are being referred to Sasoon General Hospital or Chest and Civil Hospital at Aundh, as the case may be.
- The fact that on an average the annual death tolls in RMH, Pune have been ranging between 45 to 60 and even beyond goes to show that there is something seriously wrong in overall treatment of acutely mentally ill persons.
- RMH, Pune has adopted a set of clear, intelligible and practical guidelines for admission, readmission and discharge of patients. The same have been presented in simple Marathi and displayed on boards at the entrance to the OPD itself so that the said information/tips are accessible to all family members/relatives accompanying the patient concerned.

- Similarly a checklist of points containing basic information about a patient which are taken into account by the psychiatric social worker at the time of admission of a patient has been displayed for the benefit of information of all family members/relatives accompanying the patients so that they come prepared with these informations and furnish them to the psychiatric social worker at the time of admission.

- Like the Institute of Mental Health, Jaipur, RMH, Pune has designed in simple and intelligible Marathi a set of IEC materials and displayed them in shape of boards at the entrance to the OPD. These are of great social relevance and of practical value. These are immensely beneficial to all patients and their family members/relatives, who are literate, who are able to read, understand and internalize the meaning behind those messages.

- These breathe hope, faith and conviction to all patients and their relatives/family members.

Right to food:

- The hospital authorities are aware of the diet scales laid down as per Civil Medical Code Part II – both for general class and special class patients. They are also conscious of the fact that the scales being implemented by them as at present fall far short of the scales laid down. They have recommended the additional components of the diet to Government so as to bring the diet scales in line with those laid down in Civil Medical Code Part II. This should receive earnest and prompt consideration of Government.

- The hospital authorities have adopted certain checks and safeguards to ensure the following:-

  - The foodgrains purchased are of standard quality;
  - There is no pilferage at the time of transfer of foodgrains from the general provision store to the kitchen store;

- That both storage and handling of food is done in a scientific manner and under close supervision of professionals of RMH to whom this responsibility has been entrusted;

- That the kitchen staff are healthy and do not suffer from any communicable disease;

- That every patient is given adequate food;

- That the nutritive value of food is ensured.

- There are several redeeming features in the kitchen such as:-

  - A chimney has been installed to provide an outlet for smoke;

  - Sufficient number of exhaust fans (8) are available for ventilation;

  - Tiling in the kitchen wall has been done upto one metre;

  - A platform has been provided for washing, cleaning and cutting of vegetables;

  - There is an electric kneader for converting atta into paste (which is done manually elsewhere);

  - Stainless steel containers are available with every ward to carry food from kitchen to the ward and serve it hot;

  - There is a dietician to supervise the nutritive value of food;

  - There is a diet committee which meets every day to take stock of both quantity and quality of food;

  - Patient's opinion and suggestions are taken into account twice a week;

- Special meals are served on every national and festival holiday.

Right to water:

Redeeming features:

- Water supplied by the Pune Municipal Corporation is as per scale and adequate;
- Samples of water are being sent for test to an approved health laboratory;
- The test reports reveal that water is good for drinking;
- Every ward has been provided with solar water heating system; there is, therefore, no problem for supply of hot water for bath of inmates in winter;
- Water coolers have been provided in 3 wards. In rest of the wards earthen pots are provided in summer season.

Supportive services:

Redeeming features:

- Patient to bed and patient to fan ratio is fairly adequate;
- Lighting in terms of laminates and voltage is adequate; 263 fans have been installed in various wards;
- Backup services have been provided through a 82.5 KVA diesel generator set;
- Each ward has been provided with a TV set for recreation of the patients;
- Indoor sports materials have been provided in each ward;
- Newspapers, journals and periodicals in Marathi are made available in different wards.

Grey areas:

- Patient toilet ratio is lower than the one prescribed by Channabasavanna Committee (1:6);
- Most of the toilets comprise of Indian commode which is difficult for physically and orthopaedically handicapped persons;
- RMH, Pune has a very small library with 274 books;
- Fewer still are the journals (both Indian and foreign) subscribed;
- Cataloguing has not been computerized;
- There is no e-connectivity between the library and various other departments of RMH.

Drug Management:

- All latest psychotic as well as neurotic drugs are available in the Central drug store;
- There has not been any occasion for artificial scarcity of drugs;
- Drugs are being issued to OPD patients for a period of one month.

Pathological Laboratory:

- The laboratory is well equipped to conduct all routine investigations;
- Patients having an income below Rs. 20000/- per annum are not required to pay anything towards registration, pathological investigation, IPD charges;

- The ratio fixed for the rest are quite reasonable and affordable.

Psychological tests:

- All facilities for psychological tests (Projective Tests, IQ test etc.) are available;
- However, the clinical psychologist who was on contract basis has left and the incumbent is yet to be selected; hence no such tests can be conducted as on date.

Casualty and emergency services:

- The hospital emergency duty chart for the psychiatrist and medical officers for every month is drawn up in advance and all concerned are informed;
- All MOs and Psychiatrists have to do compulsory night duty;
- One psychiatrist and medical officer are always placed for evening duty;
- One MO is placed for 24 hours duty;
- A board is displayed at the admission rooms showing the names of the emergency staff on duty.

OPD: Interaction with OPD Patients:

Redeeming features:

- Seating arrangements for patients as well as for their relatives/family members are satisfactory; all basic facilities and amenities at the OPD have been made available;
- Cases of patients (both old and new) are handled with utmost expedition, urgency and seriousness of concern.

Grey areas:

- No canteen services are available for the 50 to 80 patients who turn up at the OPD along with their relatives/family members, who come from far off places leaving home in the late hours of the night and reaching RMH Pune at early morning hours;

- Patients are not brought to RMH, Pune soon after symptoms of mental illness appear;

- Such delay causes delay in diagnosis and treatment making the latter prolonged;

- Many patients are taken to private practitioners at considerable expense due to sheer ignorance about existence of RMH where treatment for BPL patients is totally free;

- Many patients with regular drug compliance have shown signs of improvement while those without such compliance have relapsed into the stage where they started;

- Considerable expenses have to be incurred by patients and their family members/relatives to make a to and fro journey involving long distances. The authorities of RMH need to recommend such cases (particularly those who are below poverty line) for concessional travel passes both by railways as well as State Road Transport Corporation.

IPD: Interaction with IPD patients:

- Several patients after receiving IPD treatment have shown signs of improvement and are fit to be discharged;

- The real problem lies in their acceptability to their family members and relatives who live in a stigmatized society and

who view hospitalization of mentally ill persons with a lot of stigma;

- In cases of acute Schizophrenia even 6 courses of modified ECT have not produced the desired results;

- Non-compliance with drugs prescribed even after discharge often results in relapse;

- All other complications associated with mental illness are referred to Sasoon hospital for diagnosis and specialized treatment.

Occupational therapy:

- There are 2 such units – one for male and another for female patients;

- Qualified and trained instructors are imparting a host of skills/trades which are mostly traditional;

- One is not, however, quite sure if the principal objective of occupational therapy i.e. rehabilitation is being fulfilled and if so, to what extent;

- It may perhaps be desirable to have a balanced combination of traditional and non traditional market relevant skills/trades for a more meaningful rehabilitation.

Outreach services:

- District hospitals (civil) are equipped with medicines and facilities for treatment of psychiatric illness;

- In addition, psychiatrists are being deputed on different dates in a week to a rural hospital for providing professional services in a decentralized manner;

- On an average 550 to 600 patients are being benefited per month through such outreach services.

Two redeeming decisions of the State Government

Restructuring the Visiting Committee for RMH, Pune and setting up of an evaluation Committee for RMH, Pune are 2 welcome decisions of the State Government which are worthy of emulation by other State Governments.

Few other suggestions:

I A separate geriatric ward/centre should be planned as in Psychiatric Centre, Jaipur (Rajasthan).

II A separate Child guidance clinic should be planned as the Sishu Bhawan in SCB Medical College, Cuttack.

III Computer PC should be provided to all psychiatrists, clinical psychologists and psychiatric social workers.

IV All data about patients (personal history, family history, demographic profile, nature of ailment) should be computerized and a data entry operator should be appointed.

V Record keeping should be done by emulating the model obtaining in Mental Health Hospital, Dharwad.

VI A patient's observation room should be opened close to the OPD.

VII The treatment and investigation charges should be displayed through wall painting.

VIII Separate registration counters for women and men, adults, elderly adolescents and children should be opened to reduce congestion and long waiting hours.

IX In every ward a chart giving names of patients, nature of ailment, date of admission, a gist of findings of medical examination, details of associated complications, if any, pace and progress of recovery etc. should be displayed.

X ECT room as also recovery room should be air-conditioned.

XI possibility of opening a half way home and day care centre should be explored.

XII Proper arrangement for accommodation of relatives of the patients should be made by hiring a dharmashala from the Municipal Corporation, Pune.

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