Annexure - I

Report on the visit of Sri Damodar Sarangi, Special Rapporteur [East Zone-1] NHRC, to Lumbini Park Mental Hospital, Kolkata on 3. 12. 08 & 4.12.08.

I visited Lumbini Park mental hospital, 115 Dr G.S Bose Road, Kolkata-39 on 3.12.2008 and 4.12.2008 to verify the living conditions of the patients, the quality of treatment being provided to indoor and outdoor patients, the rehabilitation services available to them, and to determine if the rights of the patients are being properly respected and adequately protected by the hospital and other authorities.

Dr Kalidas Dutta, superintendent of the hospital attended to my visit, assisted me in the collection of relevant information, and facilitated my interactions with the patients and the staff of the hospital.

2. History of the hospital

This hospital was started on 5th February 1940, by the Indian Psychoanalytical Society, as a private institution in the house of late Shri Raj Kishore Bose and named "Lumbini Park" hospital, after the name of the house. The hospital started with 3 beds only. Two days after i.e. on 7th February 1940, a mental out patient department was opened. By the year 1966 Lumbini had grown to a 175 bedded mental hospital (140 for male and 35 for female patients). With effect from 1955 the hospital started receiving financial assistance from the government of West Bengal, the ministry of refugee relief and rehabilitation, and the central social welfare board. A few free beds were also maintained in the hospital by the state government and the Calcutta Corporation.

In the early stages, only male patients were being treated in the main building. Another building, owned by the maharaja of Natore, which was at a distance of 5 minutes walk from Lumbini, was rented for female patients With the condemnation of the above building, female patients were shifted to the 1st floor of Lumbini.

The hospital was taken over by the state government with effect from 2.2.1984, and since then it is functioning as a government run mental hospital with a sanctioned bed strength of 200 (100 male and 100 female). In practice however, no more than 120 patients are being treated indoors at any point of time, reportedly due to paucity of staff. No improvement worth the name has been brought about after the take over by the govt, in regard to available accommodation and other infrastructural facilities.

3. Land and building

The hospital continues to run in the erstwhile house of late Sri Raj Kishore Bose. It is yet to find a place in the books of the PWD even after its takeover by the govt 24 years back. Consequently the maintenance of the building has been seriously neglected. Of the 31578 sqft of area of this hospital 4436 sqft is under unauthorized occupation. Retired employees and outsiders have constructed illegal structures for their residence in the left flanks of the hospital and it is a pity that the state govt have not been able to remove these encroachments. The total covered area of the hospital is 14,041 sqft. There is no residential quarters either for the MOs or for the supporting staff, all of whom commute from different locations in and near about the city. The hospital building accommodates one ward each for the male and female patients. Two halls one adjacent to the male and the other to the female wards have been recently renovated. It should have been possible to shift some controlled patients to these wards. The superintendent pleaded that due to inadequacy of doctors and paramedical staff it has not been possible to do so. There are 4 toilet blocks for the patients with 4/5 toilets/bathrooms in each block. Most of the male patients were however found taking bath in the courtyard under water taps, in the open. Some of them were found to be stark naked. They should be encouraged to use the bath rooms.

Accommodation for the OPD block is quite inadequate and consists of one room for the MOs, one for the dispensary, one for the psychologist, one OPD ticket counter and a waiting space for patients and their relatives. No room is available for psychological evaluation and therapy of indoor patients which is presently conducted in the room for nursing staff, most of the time in their presence. This, besides being unethical is also not quite convenient. The hospital authorities may consider earmarking separate enclosures in the recently renovated halls, mentioned above, for this purpose.

A large chunk of land belonging to the hospital lies vacant in front of the hospital. The state govt may consider constructing a modern hospital with the following facilities in the said land to relieve congestion and for providing better treatment and rehabilitation facilities to the patients.

a. Indoor male and female wards with nursing stations, attached bath rooms, dining halls and recreation rooms.
b. A modern kitchen.
c. A library with reading room.
d. An OPD complex with MOs' common room, separate OPD rooms for mental and general patients, dispensaries with medicine counters, a laboratory, a medical store, rooms for the psychologists, waiting rooms for patients and their relatives, a counseling room, a visitors room, an

office for the NGOs, a psychological therapy room, a room for the ward masters, and separate toilets for male and female staff and patients.

e. An administrative wing with a chamber for the superintendent, office space for accts, establishment and medical record sections.

f. A conference room with a dais and PA system.

g. Residential quarters for all the MOs and the paramedical/supporting staff.

h. A central park and a small playground that could accommodate a volleyball and a badminton court.

i. Garages, pump house, and a meter room.

j. A rest house for short stay of patients' relatives and a

k. A rehabilitation block for training and counseling of patients for their reintegration with the community.

As has been discussed in para 17 of this report, financial support should be available from govt of India for construction of the above blocks.

4. Staff

The sanctioned and actual strength of staff of this hospital are as follows.

Sl.no	Name of the post	No. of sanctioned posts	Present strength	vacancy	Remarks
1	Superintendent	1	1	0	
2	Medical Officer (Psychiatrists)	5	5	0	
3	Psychologist	1	1	0	
4	Nurses W.B.N.S	20	13	7	Including nurse Gr.IV-2
5	Pharmacist	3	3	0	
6	Clerk etc (NMTP)	4	2	2	
7	Store-keeper	3	2	1	
8	Ward master	2	2	0	
9	G.D.A	70	46+1on deputation.	24	
10	Cook	5	2	3	
11	Washer man	3	0	3	
12	Sweeper	14	7	7	
13	Doom	1	1	0	

The sanctioned strength of staff for a hospital of this size should at least be 8 psychiatrists, 8 GDMOs, 8 clinical psychologists, 8 psychiatric

social workers, 40 staff nurses, 60 GDAs and 30 sweepers. The state government, besides filling up the existing vacancies, should also consider augmenting the sanctioned strength.

Some caution should however be taken before filling up the vacancies in the rank of Group D staff. Earlier group D posts were distributed trade wise. Posts of cooks, washer men, have been rendered superfluous as diet supply and washing services have been outsourced. The qualities of these services have deteriorated after outsourcing and there is a strong case for taking over these services directly by the hospital. The hospital also requires the services of barbers, gardeners, tailors etc. The nature of duties of GDAs is rather nebulous and they are generally reluctant to take up duties, which they consider to be of menial nature. It is therefore necessary that before filling up the posts of GDAs the govt redesignates these posts trade wise depending on the requirements of the hospital.

None of the paramedical staff has any pre induction or in service training in psychiatric nursing. The state govt may consider introducing psychiatric nursing as a special subject in one of the nurse training schools of the state to provide trained nurses to the 5 mental hospitals now run by the govt in the state. The govt may also ask for some seats in training courses run by NIMHANS on psychiatric nursing and encourage the participation of MOs and paramedical staff in national/regional level workshops/seminars on mental health. The state govt had earlier reported to the commission that they are planning to organise an in service reorientation course for the paramedical staff of mental hospitals at the Institute of Psychiatry Kolkata. The proposed course is yet to start.

5. Food

Supply of diet has been outsourced since May 2002. The following six categories of diet have been approved for supply to the patients, taking into consideration their special requirements.

i) Category "B" (Full diet/salt free)
ii) Category "D" (Diabetic)
iii) Category "C" (Boiled/Soft rice)
iv) Category "E"(Vegetarian)
v) Category "U" (Ureamic)
vi) Category "F.F" (full fluid/Convalescenced)

The maximum rates for supply of all the principal meals in a day were revised in September 2007 to Rs 37.40/- for adult patients and Rs 18.70/- for children below eight years of age. The prescribed scale of diet for the full meal (category B) is as follows.

Item	Unit	Quantity
Breakfast		
Milk (Toned)	ml	250
Bread	piece (50gm)	1
Sugar	gm	10
Egg	piece	1
Banana	piece (110 gm with skin)	1
Lunch		
Cooked rice (Grade-1)	gm	400
Moong/musur dal	gm	20
Vegetables	gm	100
Patato	gm	70
Fish	gm (1 piece)	50
Dinner		
Cooked rice (Grade-1)	gm	300
Moong/musur dal	gm	20
Vegetables	gm	100
Patato	gm	70
Fish	Gm (1 piece)	50

The superintendent informed that the scale of cooked rice for lunch and dinner have recently been enhanced to 600 gms and 500 gms respectively. Evening tea with one piece of bread/biscuit has also been introduced in addition.

The menu and scale of diet supplied to patients lodged in Pavlov hospital, visited by me on 1.12.2008 and2.12.2008 were reported by the superintendent of that hospital to be as follows

Breakfast

SL NO	NAME OF THE ARTICLES	PER DAY/ WEEK
1	Bread	50 gm
2	Milk	250 ml
3	Egg	1 piece

Lunch

SL NO	NAME OF THE ARTICLES	PER DAY/ WEEK
1	Cooked rice	725 gm
2	Fish 50gm/ Meat	100 gm
3	Vegetables (after cooking wt)	225 gm
4	Dal (after cooking wt)	100 gm

Evening

SL NO	NAME OF THE ARTICLES	PER DAY/ WEEK
1	Red tea	1 cup
2	Bread	25 gm

Dinner

SL NO	NAME OF THE ARTICLES	PER DAY/ WEEK
1	Cooked rice	600 gm,
2	Egg	1 piece
3	Vegetable(after cooking wt)	225 gm
4	Dal (after cooking wt)	100 gm

These scales are remarkably different from each other. As would appear from the above tables the quantities of cooked rice supplied to patients for lunch and dinner in Pavlov are considerably higher. It is very unlikely that the govt have prescribed two different scales of diet for mentally ill patients admitted to Lumbini Park and Pavlov Hospitals. It is likely that the superintendents are not fully informed about the approved scales. This matter requires reconciliation by the govt.

Though the 'Guidelines for Terms and Conditions of Tender' in respect of supply of diets to indoor patients of govt hospitals provide for adequate and intensive supervision by the superintendent and other staff of the hospital, the superintendent pleaded that he has hardly any control over the quality of diet supplied by the contractors.

Patients complained that every day they were served potatoes, papaya and sweet gourds for vegetables. Dal supplied to them is very thin. Only a small piece of fish is provided. The rice supplied is rough and unpalatable. The superintendent himself complained about the quality of food. It also appears that the govt have not been able to change the contractors in view of a stay order from the court and have been constrained to extend the existing contract from time to time. Curiously, the govt have also agreed to pay the contactors at a rate which is 19% more than the old accepted rates even as they have been restrained from floating fresh tenders. The state govt may take immediate measures for vacating the stay and for floating fresh tenders. Simultaneously, the govt must ensure that the superintendents are suitably empowered and made accountable for any compromise in the quality of diet supplied to the patients.

I visited the kitchen which is running in a dilapidated shed behind the hospital. The walls, ceilings of the kitchen were full of coal soots. The quality of rice and dal, cooked for lunch appeared to be poor. The state govt may consider reviewing the decision to out source diet supply to govt hospitals and run the kitchen by the hospital staff under the direct supervision of the superintendent.

6. Admission

There has been no admission on voluntary basis, or on the request of guardians or on the basis of applications by friends and relatives in recent years. The superintendent is not even authorized to readmit discharged patients in case of recurrence of their illness. Admission is made on the basis of reception orders issued by judicial magistrates or under orders of the zonal screening committees constituted by the state government under their order no HF/0/PHP/694/6M-16/2001, dated 3.8.2005.

As per this order, Lumbini Park mental hospital covers the districts of Howrah, South 24- Praganas and Purba Medinipore. The zonal screening committee for recommending admission to this hospital is based at the National Medical College & Hospital and comprises of the following members.

i) Principal of the Medial College & Hospital..... .....Chairman
ii) Medial Supt.-cum- Vice Principal of the Medical College & Hospital.....Convenor
iii) Prof. & HOD Psychiatry Department of the Medial College & Hospital .....Member
iv) Prof. & HOD of Medicine Department.....Member
v) Medical Officer (Psychiatrist).....Member

The Mental Health Act 1987 expressly empowers the medical officer in charge of a mental hospital to admit patients on application by adult patients, the guardians of minors and in special circumstances by relatives and friends, once satisfied that the patient requires treatment as an inpatient. The present admission procedure, besides being in conflict with the provisions of the Mental Health Act 1987, has effectively converted this institution to a custodial home rather than a hospital. This has led to delay in the admission of patients who require urgent attention and detention of others who are not in need of hospitalization, through contrivance by interested parties.

7. Outdoor treatment

No separate outpatient block has been constructed. Outdoor treatment is provided in a room close to the hospital's office. Accommodation for waiting patients and their relatives is inadequate. Dedicated emergency services are not available. No hostel or guest house is available for temporary accommodation of the relatives of the patients. A roller for the waiting patients' and their relatives has recently been provided. Drinking water is available. Free medicines are supplied to the patients as prescribed by the MOs. Specialised children's service, geriatric service, forensic services and de addiction services are not

available. There is no facility for OPD rehabilitation. Separate record section is not available. Reading materials available for the patients are inadequate.

The out door is open on all the days except Sundays. 729 old and 150 new patients were treated in the outdoor during the month of November 2008. During the last financial year 2104 new patients and 8262 follow up cases were dealt in the OPD.

8. Indoor treatment

Against 200 sanctioned beds, only 110 patients (60 male and 50 female) are presently admitted in the hospital. There is one ward for male patients and another for female patients. Both the wards are closed. There are no cells or seclusion wards in the hospital. There is no separate geriatric or children ward. ECT services are not available. Nor is any forensic service available. No diagnostic facility is available. For availing required diagnostic facilities patients are referred to Calcutta National Medical College and Hospital. Some diagnostic tests like CT scan are done from BIN and or IPGMER Kolkata. For availing the same, patients are referred and sent to the said hospitals by ambulance and brought back to the hospital after collection of sample. It is desirable that facilities for X-ray, UCG, EEG, ECT etc should be developed in the hospital itself. Other investigation facilities, parallel to that of a district hospital should be developed in this hospital. For the time being at least one lab-technician should be placed for the collection of samples to avoid transfer of the patients to referral hospital and back, for the purpose of such tests.

Apart from psychiatric treatment the patients often require attention for other forms of illness. In the absence of a GMO they are transferred to other hospitals. Extending all facilities of a secondary tier general hospital to this hospital may not be feasible as the same may not be cost effective. The govt may however consider deputing medicine, surgical and orthopedic surgeons to this hospital at least once a week to take care of other complaints of the patients, besides the posting of a GMO.

The durations of treatment of admitted patients in the hospital are given in the following table.

Sl. No	Ward	DURATION OF STAY IN THE HOSPITAL								
		Less than 1 year	1-2 years	2-3 years	3-4 years	4-5 years	5-10 years	10 - 20 years	More than 20 years	Total
1	Male	11	6	8	5	2	16	12	0	60
2	Female	6	6	5	5	3	12	10	3	50
	Total	17	12	13	10	5	28	22	3	110

As would appear from the above table, of the 110 admitted patients 3 are here for more than 20 years,22 for more than 10 years, and 28 patients are here for more than 5 years. This means that about 50% of the patients are taking indoor treatment for more than 5 years. The lack of proper rehabilitation and restoration facility could only partly explain this phenomenon. Lack of proper treatment could be the other reason.

The following medicines are in short supply.

Sl.no	Name of the Medicines	Monthly Consumption	Balance in Stock (Closing Balance as at 03 -12 - 2008)	Minimum amount required in the rest 4 (four) months of this financial year (2008-09)	Remarks
1	Lithium Carbonate (300mg)tab	3350 tabs	1550 tabs	11850 tabs = 12000 tabs (Round up)	Not included in the CMS Rate Schedule of current financial year (2008-09)
2	Carbamazepine (200mg)tab	2200 tabs	350 tabs	13050tabs=13000 tabs (Round up)	Supplier did not supplied the same in spite of issuing order
3	Sodium Valporate (200mg)tab	3000 tabs	400 tabs	11500 tabs = 12000 tabs (Round up)	-do-
4	Inj. Haloperidol (5mg)	1 ml x 150 amp	Nil	1ml x 600amp	-do-
5	Isapghula Husk	25gm x 100 Pkt	Nil	25gm x 400 Pkt	Company is not complying to supply the order

While the shortage in Lithium carbonate is due to the non inclusion of the medicine in the CMS rate contract schedule, shortage of other medicines is due to the failure of selected contractors to supply the same. The superintendent is authorized to make local purchases in emergencies within Rs 500/ at a time. This amount is inadequate, particularly in regard to purchase of new generation medicines. DDHS (E&S) should take punitive action against defaulting contractors. It may also be useful to include representatives of mental hospitals in the tender

committees. During the last financial year medicine worth Rs 281591/- were issued to the patients of this hospital.

9. Sanitation

The wards were found reasonably clean. There were certain difficulties in regard to the purchase of soap, oil, detergents and toiletries for the patients as the local Pay and Accounts Office refused to pass bills for expenditure on this count. The DHS has since clarified that such purchases are in order and are within the powers of the superintendent as per D.F.P.R 77.It is hoped that there will be no difficulty in the issue of these items to the patients as per their requirement in future. The hospital requires a barber each for male and female patients. These posts may be created, if necessary by surrendering two posts of GDA. The govt may also consider reviewing their decision to outsource washing services and should instead open a mechanized laundry in the hospital.

10. Rehabilitation

There is no sanctioned post of SWO or any psychiatrist social worker in the hospital. Restoration and social integration has been left to Anjali Mental Health Organisation, an NGO. During the year 2007-08 the organization has been able to restore/reintegrate 12 patients to their families/ the community. Of these 12 patients, 2 were admitted for more than 12 years in this hospital and 2 more for more than 3 years. 5 more patients are on long term leave of absence and are likely to be finally discharged soon. Most of the reintegrated patients are gainfully employed. While their efforts have been commendable, it could not be considered adequate, considering the state of stagnation in the hospital. The state govt must create adequate number of posts of psychiatric social workers under one SWO to take care of the rehabilitation of the cured patients.

11. Recreational facilities

A colour TV each has been provided to the male as well as the female ward. Earlier there was a library which is presently defunct. Some old books are locked in almiras and are not issued to the patients on the ground that there is no sanctioned librarian. Carom boards and radios have also been provided. Rabindra jayanti, the Independence Day and the spring festival etc are observed and the inmates are encouraged to participate in cultural programmes organized on these occasions. Patients are also taken out to visit Durga puja pandals with the assistance of NGOs.

12. Interactions with patients

Twenty five indoor patients have been declared fit for discharge and awaiting restoration. I interacted with some of them. Their cases are briefly discussed below.

i) Sridam Maity
S/o- Sushil Maity

His father, who stays with his mother and elder brother in their parental home has about 5 kathas of land. His elder brother sales clothes. He had studied up to class II. He was brought here about 1 1/2 years back. There has been no effort to restore him to his parents. He still has slurring of speech and suffers from lack of stimulations.

ii) Pulak Ranjan Chowdhury
S/o- Late Bibhuti Bhusan Bandopadhaya, Jalpaiguri.

He is in this hospital since 1984. He was brought here by one Biplab Chowdhury. He has two brothers who are both married. His elder brother was a laboratory assistant in Ananda Chandra College, Jalpaiguri and has since retired. His father himself was a typist. No one from his family ever visited him in the hospital. With the help of Rajkumar and Mahajan both group D employees of the hospital, he could contact his brother, whose telephone number is 9876543201. It is distressing to find that with so much information about the where about of the family he could not be restored to his guardians so long. Anjali has provided him with clothes.

iii) Sansanka Sekhar Khan
S/o- Late Shyam Sundar Khan, aged about 42 years.

He was admitted to this hospital about 4 years back. He has passed Madhyamik examination, was given in marriage at the tender age of 16 and has a son. As far as he knows his wife is living with her parents. He was earlier working in the railways as a booking clerk. He was first treated in B.R. Singh railway hospital and then in Mankundu mental hospital. His brother visits him occasionally. His brother is interested in getting a certificate declaring him as permanently disabled, for getting a job in the railways on compassionate ground. He has been repeatedly admitted to this hospital for treatment of paranoid schizophrenia.

iv) Kushal Sengupta
S/o- Late Paritosh Sengupta
Aged about 48.

His father was working as a Development Officer in LIC. Her mother is alive and living in an old age home. His sister is a teacher in Balurghat College. He himself has done post graduation in journalism

and mass communication. He was earlier working in Ramkrishna Mission and also for Anand Bazar Patrika. Last Kalipuja, his sister took him to Kalyani for 7 days. Wants some work as a free lance journalist. Recited to me two beautiful poems. Given some support he could revert gainfully to his profession.

v) Mamata Das
D/o- Jyotish Chandra Chakravarty
Aged about 35.

She does not know her address. All that she remembers is that his father was a businessman. He had two brothers who were also in business. She was married in Siliguri and stayed in her father- in –law's house for about 7 years. She was brought to the hospital by Coach behar police. Jharana is the name of one of the police women who escorted her here. The name of the then OIC Coach behar is Haripad Debnath. She is here for the last 14 years but none of his relatives have visited her.

vi) Rupashree Chakravarty
D/o- Budhadev Chakravarty of Bongaon

She is in the hospital for the last 11 years. Her father is a retired government employee and gets pension. Her mother, elder brother and younger brother are living with him at their parental address. Her two sisters are also admitted in this hospital. Her elder brother is a contractor. No one from the family comes to visit her or her two sisters. Her elder brother once sent Rs 300/- to 'Anjali' who are training them for their rehabilitation.

vii) Swapan Bhattacharya
S/o- Sukhendu Bikash Bhattacharya of Barasat.

His father was working in the Boro office. His two brothers are working in Assam. He studied up to pre university level but discontinued studies thereafter. His parental house is located at Barasat Colony more.

viii) Rabikanta Sharma
S/o- Late Basudev Joshi
61, Bartala street, Po- Barrabazar, Ps- Posta, Kolkata-7.
Aged about 44 years

He is admitted here since 2004. His father was working in Hukum Chand Jute Mill. He has studied up to class V. Their house is near Bartala Street, Kolkata. He was working as a parking attendant. He has a younger brother, who along with the police brought him here. His two sisters have been married off. In the initial stage he was considered fit for discharge. But prolonged stay in the hospital has worsened his condition. No one visits him here. 'Anjali' did try to verify his address. It is gathered that his brother has sold off their parental house.

ix) Pampa Nanda
Aged about 42 years.

She is here for the last 5 years. Her parents are dead. Her husband Tapas Kumar Nandi lives and works in CPWD Kolkata. She has one daughter who is studying in Barsha High Schoo . It is her husband who got her admitted here. Her husband no longer visits her. She does not know the exact address of her parental home. Her five brothers live some where in Bansdroni. Her father-in- law's place is somewhere on Biren Roy Road. Wants to go home. She is confident her mother-in law will accept her.

As reported by the hospital authority her husband has remarried after divorcing her. She is suffering from paranoid schizophrenia.

x) Seema Acharya
Sister of Rupashree (Sl VI)

She was married to Chandi Acharya about 10 years back, and has one son and a daughter. Her husband lives at Simulipada, Bongaon. Her husband and sister-in-law produced her here. No one visits her. She is not sure if her husband has remarried in the meanwhile. Wants to go back home. Can do house hold work.

xi) Ratan Lal Rajak.
S/o- Late Kishan Lal Rajak of Paikapada.

He was admitted here about 3 years back. He was living in his father-in-laws house at Baranpur and working as a Dhobi. He had taken to alcohol. He is alright now and if sent home could revert to. his profession. He will be able to identify his father-in-law's house.

xii) Tarak Nath Das
S/o- Late Mohan Chandra Das
Aged about 52.

He is admitted here since 1952. His father was an employee in the DVC. His two elder brothers are also working in DVC. His mother is alive. He was a typist and on payment working for lawyers and other clients. His parental house is near Purna cinema. No one visits him in the hospital. He had once escaped from the hospital while he was sent for some tests. Wants to go back home.

Some of the above patients appeared to have improved considerably since the time they were admitted in the hospital. Some of them could have been restored to their parents and guardians had proper rehabilitation facilities were in place. Most of them come from areas in the vicinity of the city. With a little effort on the part of the hospital authorities it should have been possible to track their homes and relatives.

13. Death of patients in the hospital

Six patients died in the hospital between 1.1.2007 to 30.11.2008. The list of these patients and the causes of their death are mentioned below.

Sl.No	Name of the patient	Date of admission	Date of death	age	Cause of death
1	Mahadev Karmakar	26.3.1997	26.1.2008 at 9.30 am at C.N.M.C.H	50 years	C.V.A in a case of Schizophrenia
2	Amit Sarkar	1.8.1994	13.1.2008 at 1.30 am at C.N.M.C.H	63 years	Congestive Cardiac Failure with severe Malnutrition
3	Swapan Nath	2.8.2006	19.3.2007 at 10 am	39 years	Cardio respiratory failure due to severe anemia in a case of Chronic Schizophrenia.
4	Dillip Sen	28.4.1984	19.11.2007 at 9.40 am	45 years	Cardio respiratory failure due to severe anemia in a case of Chronic Schizophrenia with Hypothyroidism
5	Ashim Sur		28.11.2007 at 7.30 am	47 years	Cardio respiratory failure due to Chronic Bronchitis in a case of Chronic Schizophrenia with Diabetes Mallitus
6	Karuna Bahadur	15.6.2001	15.7.2007at 3 pm at C.N.M.C.H	60 years	Cardio respiratory failure due to malnutrition in a case of Chronic Schizophrenia

Four of the above six died of malnutrition/anemia, which does not speak very well of the hospital. They were admitted in this hospital for years, and given proper diet and medicine, it should have been possible to improve their general state of health.

The commission may separately consider whether deaths in closed wards of mental hospitals should also be brought under the purview of its circular dated 11.9.1996 and7.2.2002, which provide for mandatory reporting and magisterial inquest in cases of deaths in various institutions run under the provisions of different statutes.

14. Board of visitors

The state government constituted a Board of visitors for the five state run mental hospitals on 28.4.08, for the purpose of inspections, discharge, leave of absence and removal of mentally ill persons, as per the recommendations of the NHRC. The board is yet to visit the hospital. As per the government order, the Board is required to visit the mental hospitals at least once in every month and 'bound' to submit the monthly records of visits and a quarterly report to the State Mental Health Authority. The state government may take suitable measures for implementation of their orders.

15. Rogi Kalyana Samiti

The state government has also constituted a Rogi Kalyana Samiti for this hospital on 27.3.2008 comprising of the following members.

i) Superintendent of the hospital - Chairman
ii) Local MLA - Member
iii) An elected councilor of the KMC nominated by the Mayor, KMC -Member
iv) A representative of the state govt. - Member
v) One medical officer or a Psychiatrist of the hospital - Member
vi) Nursing Supdt./Deputy Nursing Supdt./ Senior most ward sister of the hospital. - Member Secretary
viii) One representative each from Indian Medical Association, West Bengal Branch and Indian Psychiatric Society, West Bengal Branch. - Members

The samiti is authorized to perform a plethora of functions including the following.

Ensuring

i) Cleanliness of hospital premises, both indoor and outdoor.
ii) Attendance of all categories of employees of the hospital.
iii) Wearing of uniforms, badges, I-cards by the hospital employees.

Verifying

iv) Latest functional position of various equipments, quality of the same, agency engaged for the repair of defunct equipments and their performance.
v) Performance of the social workers in assisting patients.
vi) Quality and use of Ambulance Service.

vii) Stock of essential life saving drugs
viii) Stopping of forcible collection of money from patients for making bed pan/ urinal available to the patient.
ix) Enquiry into the complaints of patients/ patient parties.
x) Proper functioning of equipment, stationary and medicine stores.
xi) Assessment and rationalization of man power and materials in the hospital.
xii) Making arrangement for maintenance of hospital building (including residential building), vehicle and equipments available with the hospital.
xiii) Improving boarding / lodging arrangement for the patients and their attendants.
xiv) Encouraging community participation in the maintenance and upkeep of the hospital.
xv) Adopting sustainable and environmental friendly measures for day – to- day management of the hospital e.g., Scientific Hospital, Waste Disposal System, Solar Lighting System etc.

The committee has held only one meeting after its formation. The minutes of the said meeting are enclosed (Annexure1). The resolutions do not adequately address the problems of the hospital and hardly relate to the enormous responsibilities bestowed on the committee.

The committee does not enjoy any administrative or financial power to meaningfully discharge these responsibilities. The superintendent of the hospital is the chairman of this committee. When he has not been able to move the government in his capacity as the superintendent, for augmenting available infrastructure of the hospital in the last two and half decades, it would be too much to expect that a committee under his chairmanship will be able to perform the functions assigned to it, without a qualitative shift in the attitude of the state government.

16. Status of implementations of the recommendations of the NHRC

This hospital was visited by the NHRC/NIMHANS team in 1996. Suggestions for improvement given by the team, their interim observations, the current status as reported in 2008, and my remarks on them are recorded in the following table.

Domains	Suggestions of the NHRC/NIMHANS report 1996	Interim observations	Reported status as in 2008	Union activity appeared to be on the wane
Infrastructure	The visit to this hospital revealed	Inadequate facilities. The	The report by the hospital	Except a few cosmetic

	that the office staff occupies a large area of space. There are posters of various trade unions inside the hospital and the walls look very shabby. Because of excessive union activity the relation ship among the staff members is not very cordial. This hospital needs a larger space, minimum basic facilities, rehabilitation programmes, and provision of additional mental health professionals.	building is in a poor state.	states that infrastructure is unplanned and inadequate and that the building is a very old damaged house not built for the purpose of running a hospital.	changes there has not been any improvement in the availability of accommodation. Union activities appeared to have waned.
Amenities and facilities	Hospitals should have more space in terms of building and campus. There should be adequately maintained gardens. A visitors annexe should be constructed for patients relatives.		There are presently no facilities for visiting relatives to stay.	There are no gardens. The proposed annexe for patients / relatives have not been built.
Diet/ Kitchen	There is a need to improve the variety and taste of food.	Satisfactory. Kitchen requires improvement.	The quantity/quality of diet is reported as unsatisfactory.	The quality of diet provided is poor. The kitchen is dirty and dilapidated.
Staff and training	Doctors and nurses should interact with patients more frequently. Patients should be		Not addressed in the report.	Though the doctors were found empathetic, no training course

	encouraged to voice their grievances. A confidence building atmosphere should be constructed by all staff.			has been organized for the staff to impart special skills to understand patient psychology.
Supportive services	There should be adequate number of trained paraprofessionals.		There are no lab technicians available. Three pharmacists are available.	No facilities for investigation is available.
Recreation/Occupational Therapy/Rehabilitation	Rehabilitation facilities has to be started.	Lack of recreational and vocational/ rehabilitation facilities.	There is no occupational therapist, psychiatric social worker. There is one clinical psychologist. There are inpatient rehab services (details not provided) run by an NGO.	Except for the activities of Anjali an NGO, no institutional arrangement has been provided by the govt.

This hospital was also visited by Hon'ble Member NHRC, Justice Smt Sujata V. Manohar on 16-17 January 2004.

The commission had given certain recommendations based on the observations of the Hon'ble Member, for improvement of the available services in the hospital. Most of these recommendations have not been implemented so far. These recommendations and the actions so far taken on them are listed in the following table.

Sl. No	Gist of the recommendations	**Status report submitted by the superintendent on the implementations of the recommendations**	**Situation on the ground as verified during my visit**
1	Steps should be taken to deal with over crowding.	Two hall rooms, one attached to the male ward and the other attached to the female ward have been recently renovated by the PWD, Kolkata. These halls may be available for use	The hospital has still not able to function to its declared capacity due to paucity of accommodation and

		running extra ward for shifting the controlled patient, which is not being possible to be provided due to want to additional staff, e.g-M.O, Nursing staff, GDA & sweepers.	staff.. Against a sanctioned bed strength of 200 only 110 patients are presently admitted in the hospital.
2	Providing one more clinical psychologist	Not yet provided by the state.	This has not been done. The sanctioned strength of clinical psychologist remains only one.
3	Nurses should be trained in Psychiatry nursing	The training of the nursing staff are being arranged at the Institute of Psychiatry, Kolkata, by a comprehensive programe framed by the state, which is yet to be started.	No training for nurses has been organized.
4	Up-gradation of Diagnostic and therapeutic facilities	a) Psychological diagnostic tools have been supplied to the hospital, 2007, by the state and are being used by the existing psychologist for caring out psychometric tests. General diagnostic facility can not be implemented now due to want of space, equipments and staff. b) Therapeutic part has been improved by procuring sufficient 'psychotropic' and 'General' drugs may be procured by the hospital directly as per their need. NGO participation is being explored for collecting and sending pathological samples from the ward to the lab of reference hospital.	There has been no up gradation of diagnostic facilities except in the field of psychometry.
5	Status report of the diet scale	Much improvement has been achieved even within the prevailing hurdles of court cases. Diet committee has been formed and fully functioning, quantity of rice has been increased from 400gm to 600gms cooked rice per head. Meat and fish are weighed at each session against the quantity which is supposed to be supplied by the contractor. Evening tea with slices of bread has been introduced. Quantity and quality of other items	The dietary scale was last reviewed in September 2007.At present six scales of diet have been prescribed. The expenditure limit on diet per day per patient has been increased to Rs37.40/-.The patients however have serious grievances over the

		are kept in periodic vigilance to keep the same within govt norms. Recently state govt has increased budget of cooked diet by 15% than that of the previous year. So, the quantity has improved considerably.	quality of diet supplied to them, which remains poor.
6	Improvement of recreational facilities	Two CTVs-21 inches have been installed in the male and female wards with cable connection. Carom boards have been given for the indoor patient of both male and female ward. Besides these several cultural programs are hold by training the patients during spring festival, Tagores birthday observation, observation of independence day, idol seeing at near by Durga pendals etc, by the joint collaboration with the working NGO, Anjali and hospital authority. Some indoor games like carom has been provided by the patients.	One colour TV each has been provided to the male and female wards.
7	Sending regular medical reports in regard to UTPs.	Are sent as per wanting of the said court and as the merit of the case demands.	No UTP is lodged in the hospital at present.
8	Extension of services of 'Anjali' to the male patients.	Implemented with effect from 2nd Jan, 07 and working well for the last few months.	Services provided by Anjali has been extended to male patients.

17. Budget

The hospital has not received any plan assistance from the state govt or any special grants from govt of India for modernizing its infrastructure. The allocations received during the last three financial years were just about adequate to meet recurring expenditures required to run the hospital. In fact, for the years 2005-06 and 2006-07 the funds allocated were less than the actual expenditures incurred, as would appear from the following table.

Financial year	Total allocation	Total expend ture	Causes for excess expenditure
2005-2006	Rs.1,25,40,500.00	Rs.1,32,19,62 3.00	Expenditure on salary, diet, telephone, which were unavoidable.

2006-2007	Rs.1,30,47,000.00	Rs. 1,40,75,247.00	Expenditure on salary, telephone which were unavoidable.
2007-2008	Rs.1,76,22,000.00	Rs. 1,56,53,995.00	

The govt of India had earlier taken a decision to provide funds upto Rs 3 crores for modernization of infrastructural facilities to each of the government run mental hospitals. This hospital does not appear to have received any such assistance till now. The state government may approach the central government with a self contained proposal for allocation of the above fund for construction of a new block of hospital in the available land, lying unused in front of the hospital.

18. Summary and recommendations

The treatment and care of the patients, their living conditions and the morale of the staff were found substantially better than what were available in Pavlov hospital which I visited on 1.12.2008 and 2.12.2008. Physical facilities were however found grossly inadequate. Against a sanctioned bed strength of 200 only about 110 patients are receiving indoor treatment in the hospital at present. The state of various hospital services have already been discussed in course of this report and certain remedial steps have been suggested. These and other recommendations for the improvement of the hospital services are summarized below.

i) The psychiatrists on duty have been empowered under the Mental Health Act 1987 to decide which patient requires admission and who could be discharged. This power should be freely exercised.

ii) Laboratory facilities should be developed in the hospital immediately. Besides routine blood and urine examination, tests for serum lithium, Hepatitis-B, and HIV, screening of VDRL and other basic investigation facilities like X-ray, ECG and EEG should be made available.

iii) A proper medical record section with easy retrieval facilities should be developed early and a trained person put in charge of the section.

iv) Telephone connections to the hospital with extensions to all the wards and other service centres must be provided early.

v) The hospital should be provided with a generator to ensure un interrupted power supply.

vi) Some provision for temporary accommodation for patients and family members attending the outdoor should be made. A short stay ward with 5 to 10 beds may be provided to admit emergency cases for observation and treatment.

vii) The hospital is presently running almost in the line of a prison. Most of the patients were found to be harmless and could be safely accommodated in open wards.

viii) The sanctioned posts of GDAs should be re mustered to create adequate posts of cooks, washer men, carpenters, tailors, gardeners, sweepers, barbers etc for reasons already explained in course of this report.

ix) There is no prescribed scale of clothing, beddings and utensils to be supplied to the patients. Each patient should be provided with 5 sets of dress, 2 towels, 1 blanket, 2 sweaters, a stainless steel plate, a stainless steel mug besides toiletries. Life of these items should be fixed taking into consideration the fact that patients often tear/damage the utility items issued to them. The superintendent should have the power to condemn and replace unserviceable items even before the expiry of the prescribed life period. As has already been mentioned in course of this report, laundry facilities are not available in the hospital and washing of clothes has been outsourced. The decision to out source laundry services should be reviewed Supply of clean and fresh linen to patients is very essential in any hospital particularly in a mental hospital. This hospital has a sanctioned strength of 3 washer men. Out sourcing might have been the fallout of the reluctance of these washer men to work as such and the inability of the administration to discipline them. The state govt may consider organizing a mechanized laundry unit with one laundry supervisor and 5 washer men in this hospital. A separate area for receiving dirty linen, an area for decontamination and a separate drying yard should also be developed. Linen should be distributed in trolleys. Area and staff for mending and repairing clothing and linen should also be identified.

x) The post of superintendent should be manned by a qualified psychiatrist. At least one GMO should be posted to the hospital to attend to diseases/illness of patients other than what could be attributed to their mental illness.

xi) The state government must take measures to remove encroachments from the hospital land. There is scope for developing a proper garden in the government land lying in front of the hospital to enhance the aesthetics of the surrounding.

xii) Rehabilitation services are practically non-existent. A separate rehabilitation block should be developed in the hospital. Patients should be trained in carpentry, tailoring, candle making, paper cover making, basket making, mat weaving, bakery, printing, embroidery etc depending on their aptitude. Assistance of the state small scale industries department could be taken in raising these facilities.

Damodar Sarangi