Report on the visit of Sri Damodar Sarangi, Special Rapporteur [East Zone-I] NHRC, on Pavlov Mental Hospital, Kolkata on 1.12. 08 & 2.12.08.

I visited Pavlov mental hospital on 1.12.2008 and 2.12. 2008 to verify the living conditions of the patients, the treatment facilities and rehabilitation services available and to determine if the rights of the inmates are being properly respected and adequately protected by the hospital and other authorities. The superintendent of the hospital, Dr. Arunendu Biswas attended to my visit and assisted me in the collection of relevant information/datas. He also facilitated my interactions with the inmates and their relatives as well as the medical officers and staff of the hospital.

2. Accomodation

The list of buildings and their present conditions are reproduced below.

Sl.no	Name of the building	Present condition
1	Office building	The building is very old and requires renovation
2	4 Storied Male Ward	This is in good condition. The 3rd floor is lying vacant and could be utilized for easing overcrowding from other wards.
3	2 Storied Female Wards (Two)	Renovated
4	O.P.D Building	Require renovation
5	Nurses Hostel and the office- cum -residence of the nurshing superintendent	Totally damaged and require immediate and thorough repairs.
6	MOs' quarters-6	Presently abandoned. Require immediate and thorough repairs.
7	Group 'C' Staff quarters - 8	Good Condition, 7 of the 8 quarters are occupied. The unoccupied quarter should be immediately allotted to a paramedical staff to avoid damage due to disuse.
8	Group 'D' Staff quarter- 60	Do Only 43 of the 60 quarters are occupied. The balance 17 should be allotted to group D staff and/or paramedical staff.

9	Psychology Building	Good condition
10	Kitchen	Under repairs

It is distressing to find that the residential quarters of the MOs and the nursing staff, who should ordinarily be living in the hospital premises are in such pitiable state of repairs. The MOs and the nurses posted to this hospital commute from various locations in and around the city, and as was found during my visit, some of them come late and become restless to go back home as soon as the clock comes close to striking five in the after noon. Of the 35 posted nurses only two stay in the hostel.

It appeared to me that the MOs and the nurses are not quite keen to live in the hospital premises and that could be one of the reasons for the lack of urgency in repairing the quarters earmarked for them. The state government may take immediate measures for the repairs of these quarters and to ensure that the doctors and the paramedical staff reside within the hospital premises. The residential quarters also require to be properly segregated from the hospital blocks. As of now they share a common boundary. Govt of India had sanctioned the construction of an additional block of building under the modernization scheme, and had made an initial allocation of Rs94.40lakh the financial year 2005-2006. The construction of this block is in progress, and should be expedited.

3. Staff

As per the statement submitted by the superintendent, the sanctioned and actual strength of staff of the hospital should be as follows.

Sl. no	Name of the post	Sanctioned post	Present position	Vacancy	Remarks if any
1	Superintendent	1	1	Nil	
2	Dy Superintendent	1	Nil	1	
3	Psychiatrist MO	7	5	2	
4	MO	2	1	1	1 MO under suspension, 1 MO applied for VRS
5	N/Superintendent	1	1	Nil	
6	Ward- sister	5	2	3	
7	Nursing staff	29	32	Nil	
8	SWO	3	1	2	
9	UDC LDC	2 4	2 3	Nil 1	
10	Ward-master	4	3	1	
11	Pharmacist	3	2	1	
12	GDA Sweeper Dome	175 22 2	58 12 1	117 10 1	
Total	Gr. "D"	199	71	128	

Subsequently the superintendent reported that the hospital has a sanctioned strength of 3 clinical psychologists (all the 3 posts are filled up), 4 psychiatric medical/social workers (all the 4 posts lying vacant) and 2 drivers (both filled up). 4 more psychiatrists are also working in this hospital on deputation (three from leave reserve and one from NRS medical college)

This hospital has a sanctioned capacity for 250 patients. The ideal strength of staff for a hospital of this size should be 10 psychiatrists, 10 GDMOs, 10 clinical psychologists, 10 psychiatrist social workers, 50 staff nurses, 75 ward attendants and 75 sweepers. The sanctioned strength is very inadequate (except for the posts of general duty attendants, whose nature of duty is rather nebulous) and should be augmented.

As would appear from the above table, there are several vacancies in the sanctioned posts of psychiatrist MOs, MOs, ward sisters, SWO, GDAs and sweepers. These posts require to be filled up early. The filling up of the vacancies in the rank of GDAs should however require some caution.

The history of the changes in the sanctioned strength of group D staff of this hospital over the years is briefly as follows. This hospital had a bed strength of 10 and a sanctioned strength of 6 group D staff(all GDAs) in the year 1966.In the same year with the sanction of 100 additional beds, 113 more posts of Group D staff (GDA-87,Tailors-2,Cooks-4,Washerman-3,Sweeper-11,Dome-2 and Gardener-4) were sanctioned. In the year 1975, 140 additional beds were sanctioned and with it the strength of group D staff was increased to 199.(Cooks-6,Washermen-4,Gardeners-4,Night guards-2, Sweepers 22, Dome-2,Carpenter-1,Painter-1,Tailor-2,GDA-123,14% unspecified 'additional posts'-23 and 8% leave reserve-13)

Subsequently, all the group 'D' posts, except for sweepers and domes were clubbed together and re designated as 'GDAs'. The duties of the GDAs have been kept vague and they are usually reluctant to perform specified duties as cooks, sweepers, washer men gardeners etc, for which the group D posts were initially sanctioned.

Besides, cooking food for the inmates and washing their clothes have since been outsourced. In the circumstances, there may not be any justification for filling up the posts of GDAs without specifying the work they are required to perform. It may be advisable to convert some of these posts to those of ward sisters, nursing staff, sweepers, barbers, gardeners tailors, cooks washer men etc so that they could be utilized for specific services. As would be discussed in course of this report, the abolition of the posts of cooks and washer men and the outsourcing of

diet supply and washing services has not been ir the interest of the patients and has resulted in the deterioration of these services.

Except for the psychiatrist MOs, none of the staff of this hospital appears to have undergone any pre induction or in service training relevant to their duties in the mental hospital. The superintendent himself is not a psychiatrist. The state govt may consider introducing courses in psychiatric nursing in one of the nursing schools of the state to provide trained manpower to the five mental hospitals run by the govt in future. They may also take assistance of NIMHANS for training of a few of the nurshing staff in psychiatric nursing. In- service training programmes may also be organized with available resources for paramedical staff ward attendants, sweepers, and other supporting staff of the hospital. During such training programmes human rights of the mentally ill should be highlighted. The state govt should also encourage and finance the participation of the MOs and other staff in national and regional level workshops on mental health services.

4. Food

The diet menu for the inmates is 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	225 gm

	wt)	
4	Dal (after cooking wt)	100 gm

Supply of food has been outsourced i.e. given to a contractor. Most patients interviewed by me complained that the quality of food, particularly of vegetables, bread and tea is very poor. They are provided only liquor tea. The loaves of bread supplied to the inmates are stale and unpalatable. Too much of salt is added to dal and vegetables, allegedly to reduce consumption of food. The inmates are compelled to drink tea in common plastic mugs which are passed on from one patient to the other. They requested for supply of sliced breads and tea in separate cups/mugs.

The superintendent agreed that the quality of food supplied to the inmates leaves much scope for improvement, but pleaded that he has no control over the contractor who is appointed directly by the state government. The system of supply of cooked diet by contractors selected through open tenders was introduced in November 2001. Six categories of diet, the maximum rate for which was fixed at Rs 28.50 and Rs 14.25 for adults and children below 8 years of age respectively were prescribed. During my visit to Lumbini park mental hospital I was shown the copy of another govt order issued on 25th September 2007, under which the diet rates are shown to have been enhanced to Rs 37.40 for hospitals located in Kolkata and K.M.D.A. areas. The superintendent should collect a copy of the above order for his records.

Rates finalized in 2001 on the base of open tenders, were extended from time to time up to the year 2007-08. The government could not finalise subsequent tender formalities and on the plea that existing suppliers have expressed their inability to supply cooked diet at previously accepted rate, enhanced the same by 19% w.e.f 1.7.2008 for a period of three months. That period is already over, but the govt have not been able to finalise tender formalities for selection of contractors for the year 2008-09 till now.

I was told by the superintendent that the existing contractors have moved the court and obtained a stay order restraining the government from proceeding with the formalities. It is difficult to comprehend how the contractors have managed to obtain a stay on further proceedings and have been able to get the existing rates enhanced by 19% at the same time.

The sate government must take immediate measures to improve the quality of diet and for disciplining the contractors and must delegate necessary powers to the superintendent to regulate the quality and quantity of food supplied to the patients.

I visited the kitchen. Only one of the exhaust fans is in working condition. The ceiling and the side walls are covered with coal soots. The

hospital authorities may switch over to gas ovens The kitchen buildings require scrapping and white washing of the walls.

5. Infrastructure for out patients

There is a separate out patient block, with individual chambers for the MOs, and a waiting hall for patients and their relatives, with toilet and drinking water facilities. A small canteen is also functioning adjacent to the waiting hall. Hostels/ guest houses are not available for the accommodation of visiting relatives. No laboratory services are available in the outdoor or anywhere else in the hospital. Facilities for OPD rehabilitation, specialised children's services, geriatric services, forensic services, de addiction services are also not available. There is no separate medical record section. Nor are there any educational materials for the patients. A total number of 5893 new outdoor patients were registered between 1.4.08 and 30.11.08. There were 47204 OP follow ups during the said period. One MO is detailed round the clock in shifts to attend to emergency cases.

6. Admission

There has been no admission on voluntarily basis, or on the request of guardians or on the basis of applications by friends and relatives in recent years. The superintendent mentioned that such admissions in the past had led to corruption on the part of medical officers and other hospital staff. 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 Pavlov Hospital covers the districts of Hoogly, North 24 Praganas and the city of Kolkata. The zonal screening committee for recommending admission to this hospital is based at the NRS Medical College and 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 hospital does not even accept patients referred to by executive magistrates. During my visit to the hospital, ASI Rabi Sankar Mandal of Haripal brought patient Ruksana Begum for admission on the strength of an order issued by executive magistrate, Chander Nagar. Earlier she was examined by Dr. Gautam Sanyal, medical officer (psychiatrist) in the

Chinsura district hospital on 29.11.2008. As per his opinion the subject was suffering from schizophrenic psychosis and needed institutional care in a mental hospital. The patient was turned away by the superintendent on the ground that they abide only by the orders of the CJM. The ASI was advised to take her back, produce her before CJM Chinsura, and obtain a reception order from him.

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. Infrastructure for inpatients services

Against a sanction bed strength of 250 (125 for male patients and 125 for females.) 288 patients (144 male and 144 female) were taking indoor treatment in this hospital as on 1.4.2008. Between 1.4.2008 and 30.11.2008, 68 of them were discharged. During the same period 96 patients were newly admitted. All the wards are closed wards. Female and male patients are accommodated in separate wards. There is no arrangement for relatives to stay indoors to attend to the patients. 9 cells (4 for male and 5 for female patients) still exist in the hospital for the purpose of isolating violent patients. There is no paid ward in this hospital.

117 patients (63 male and 54 female) are staying here for more than a year and 42(25 males and 17 female) for more than 5 years. There are 28 patients who have reportedly recovered from illness but have no families to which they could be restored. 6 patients died in the hospital during the period under report. There are no separate children or geriatric wards. Investigation/ forensic services are not available. ECT services are also not available. Medicine is supplied free of cost. Though the superintendent reported that use of uniforms in closed wards is compulsory, I found many indoor patients wearing clothes of various make and colour, gifted by relatives and other benefactors. Some male patients were found without clothes. There is no prescribed scale and life of uniforms issued to the patients. Some patients were however found wearing clothes purchased by the government. The superintendent had arranged the purchase and issue of sweaters for the use of patients in winter. The patient toilet ratio was reported by the superintendent to be56:1 for male and 50:1 for female patients. This was found incorrect during subsequent verification. Perhaps he was talking about the no. of toilet blocks. There are 25 toilets in the male wards and 27 in the female

wards (of which 20 were in use).The ratio should therefore be around 1:5 which should be satisfactory. 24 hrs water supply is available. Fan, lights and coolers are also available. Each ward has been provided with a TV set for the recreation of patients. Power supply is erratic. Load shedding for 2-3 hours a day is rather frequent. There is no generator. In patient rehabilitation services have not been provided by the state govt. Such services provided by Anjali, (an NGO) to the male patients declared fit for discharge, in one corner of the male ward, are only elementary. As has already been mentioned there is no facilities for any pathological or other diagnostic tests in the hospital.

8. Visit to wards

I visited the wards and the patients, accompanied by the superintendent. Some of the wards are over crowded. Some patients were found sleeping on the floor. In the ground floor of women ward- A there are four rooms. In room no 1 there were three beds and four patients. In room no 2 there were two patients but no bed. In room no 3 against six patients there were only three beds and in room no 4 there were six patients but only four beds. In ward–B there were 30 beds in the first floor but 67 patients were lodged there by crosing in the beds one against the other. In the right wing of the male ward in the 1st floor 63 patients were accommodated in 56 beds. In the left wing there were 31 patients against 19 beds. Some of the cots and cup boards were rusted and damaged. Mattresses were torn. Some bed sheets were found torn and dirty. The superintendent pleaded that it is the patients who tear off clothes and sheets supplied to them. Fans and windows were netted. There are four isolation rooms for male patients inside the female wards which were lying vacant. If at all necessary these rooms should be utilized for the accommodation of female patients only, in future. The personal hygiene of the patients left much to be desired.

The 3rd floor of the male ward is lying vacant. This could be utilized for easing overcrowding from the other floors. As per the superintendent, they are unable to do so due to paucity of staff. They have been able to organize only one duty room for male patients and another for the female wards. The duty nurses will find it difficult to attend to the patients if another wing is opened for the accommodation of patients.

9. Interactions with the patients and their relatives

During my visit to the hospital I interacted with some inpatients who have been declared fit for discharge but could not be restored to their families/community due to a variety of reasons. At the outdoor I interacted with a few of the relatives of the out patients who had come there with their wards. During my visit to 'Paripurnata', a half way home for women patients I also interacted with some of the inmates there. Their cases are briefly stated below.

i) Shula @ Santoshi Tamalia
Rourkela 43, Orissa

She was brought to this hospital on 28.3.2008 by Narayangarh police. Her father is an employee in the Rourkela Steel plant and works in the CRR department. He lives with her step mother and her siblings in Rourkela. She was married in a village under Chandai block. Her husband, whose name she has forgotten was a carpenter by profession. Her hands and face are shaking, which, according to the MO is a clinical problem. It should be possible to trace her parents and her husband who should be persuaded to take charge of her, now that she has been declared fit for discharge.

ii) Iti Roy Barman.

She does not appear to be fit for discharge though has been declared so. She talks irrelevantly and is unable to say anything meaningful about her past and her state of health. She requires further treatment in the hospital.

iii) Shikha Kar, D/o- Sachin Kar.

Her father breaks wheat in a mill in Sodepur. She came here about four years back. She has three brothers and six sisters. All her sisters are married. It was her father who brought her here. Earlier her father was visiting her occasionally. Since last December he has stopped coming. The hospital has issued a few letters to her father to take charge of her but there has been no response from him. Sodepur is hardly 30 kms from the hospital. It should be possible to contact the father and other relatives of the patient at his residence.

iv) Shusila Pandey
D/o- Sitaram Pandey, aged about 20 years.

She is from Uttar Pradesh. Her father became a recluse and left home. Her mother is a beggar and lives back home with her two sisters. She was brought here by the police. She is presently working in the dining hall of the hospital.Wants to go home.

v) Mamata Chakravarty
D/o Arun Bikash Chakravarty of Jadavpur.

Her father was earlier working in the Income Tax Department and has since retired. Her mother, brother, sister in law and sister are living in the father's house. She was married in the year 1990. Her father- in - law Sri Kamal Chakravarty works in Ichhapur Rifle Factory. Her husband, Tarun Chakravarty works in a private firm. She has a son studying in class viii. It is her husband who brought her here on

30.3.2005. She suffers from sleeplessness. Her mother, brothers and sisters occasionally visit her. Her husband visited her only once after her admission. Wants to go back home.

vi) Dolly Ghosh
D/o Haradhan Nandi of Tarekswar.

She was married in the year 1992. Her husband Rabi Ghosh lives at 29/3 Tarka Siddhanta Lane, Bally, Howrah, and works as a corporation parking fees collector. She has a daughter who will appear in Madhyamik examination this year. Her husband was annoyed with her as she was waking up her daughter early in the morning for her studies. He brought her here. The doctor gave her 10 injections. Her husband and daughter visit her periodically. Husband has assured to take her home after daughter's examination. She appears to be fit for restoration.

vii) Latifa Khatoon
D/o- Late Sahajahan of Bagnan, Howrah
C/o – Nasiruddin Kaji (maternal uncle) aged about 32.

Her mother, brother and one son about 16 years of age reside in Bagnan. She was married, but later divorced. Her husband Sarafat Mir was selling breads and biscuits. She was admitted to this hospital on 13.3.06. No one comes to see her. She did not appear to have fully recovered and is not considered fully fit for discharge.

viii) Tapti Majumdar
D/o- L. Chandra Mohan Majumdar, aged about 49.

She is here since 1992 (22.9.92). Her brother Saroj Kanti Majumdar lives at 3/1, Jadavgarh Colony, Po- Haltu District-South 24 Pragana Kolkata 78 and works in the State Bank of India. Her mother, brother and other relatives admitted her here. Her mother has since expired No one comes to see her. It should not have been difficult to contact her relatives for her restoration.

ix) Rita Gupta
D/o- L. Ramprasad Gupta
W/o – Debasis Gupta, 103 Arjunpur, aged about 28 years.

She was admitted here on 25.8.2008. Her husband runs a grill fabrication unit. Her husband lives with her sister (whom she accuses of being her husbands paramour). She was very angry and agitated over their illicit relation. She has a daughter of about 5 years of age. She once slapped her. In her father's house her elder brother, elder sister and her mother live. Her brother is in government service. She was admitted to the hospital based on an order of the Zonal screening committee. Wants to go home.

x) Soumen Mandal
D/o – Lalchand Mandal
304 AG Colony, Ashok Nagar
North 24 Praganas, aged about 38 years.

His father was working in the Navy and has since retired from service. He was admitted on 22.8.2008. His mother visits him occasionally. He is under the treatment of Dr B. Deo. The Superintendent has promised that he will be released early. He did not appear to be fully fit for discharge.

xi) Bipradas Roy
S/o-Gurudas Roy of Sodepur.
Aged about 28 years.

He was admitted on 1.4.2008. Though the medical officer (Dr.T.K.Banarjee) has repeatedly declared him fit for discharge, he does not appear to be so. His father visited him about a week back and has promised to take him back. He was admitted here on the strength of an order issued by ACJM Barrackpore on the application of his father. The hospital authorities claim that he was an engineering student. But he is not sure where he was studying, says he was studying in 'Planet College' and was going there by 'space ship'.

xii) Sanatan Banarjee
S/o- Late Santosh Kumar Banarjee
Vill- Kharda, Dist- North 24 Pragana.
Aged about 33 years.

He claims to be 44 years of age and is fond of make up. His mother and elder brother are residing at his native place. His brother is a consultant in the General Insurance Company. His brother- in –law brought him here. He was suffering from acute psychosis. He does not appear to have been fully cured and could hardly be considered fit for discharge.

xiii) Brindaban Gupta @ Jaiswal
S/o- Late Budhulal Gupta

Says he hails from UP. Does not remember his exact address. In the order for his admission his address has been mentioned as AE 198 Rabindrapally, Kestopore, Rajarhat. His son Sonu Jaiswal sells telephone parts at Wellington square. He talked quite incoherently and does not at all seem fit for discharge.

xiv) Md Ibrahim, F/o Md Intiam Alam, 1 Harachand Mukherjee Road, Howrah.

His son was admitted in this hospital intermittently for the last three years. He was released five days back, turned violent at home and

was brought to hospital outdoor on 1.12.08 for advice. As per Md Ibrahim, when his son was admitted as an indoor patient, he had to periodically collect his clothes for washing at home in hot water to clear the same of worms that grew on them due to poor maintenance in the hospital. He also had to supply soap, oil and other toiletries to his son. Nails and beards grew on the patients as services of barbers were not available. He also complained regarding the poor quality of diet supplied to the patients and that doctors to the outdoor come quite late.

xv) Md Nausad, brother of the above patient

He complained that the hospital staff demand money for granting interviews with the patients.

xvi) Amira Bibi, D/o Bailat Ali Mandal of Barasat.

She has been attending the outdoor as a patient for the last 4/5 years. She has never been admitted as an indoor patient. She complained that the outdoor doctors seldom come before 1030/1100hrs and the patients have to wait for them for inordinately long durations.

xvii) Subrata Saha
S/o Late Surajit Saha
Aged about 28 of Naktala, Kolkata.

His sister and brother- in -law live in the above address. They got him admitted on 2.1.2006. Last Kalipujas he was taken home for 10 days and was shown pandals by his brother-in- law. His parental home is near Botanical garden, Sibpur, Howrah. Wants to be sent there. Says he can work as a security guard. Her mother was an Aya in Howrah General Hospital.

xviii) Anup Kumar Basu
S/o late Dr R.K.Basu
Lake town, Kolkata.

Two of his friends dumped him here on 8th October 2004. His brother Manoj Basu works in a private firm. He knows gas oven repairing. He was earlier working as a security guard in the Indian Airlines and can take up the duties of a security guard in any private firm.

During my visit to Paripurnata I interacted with a few patients who were brought from Pavlov to this half way home for preparing them for social reintegration. Their stories are briefly as under.

i) Sabita Basu
W/o- Gopal Basu

She was forcibly taken to Pavlov hospital under orders of Basirhat court. She was not even produced before the magistrate. She had some

land dispute with her neighbour, Sri Gopal Basu who had contrived to get her admitted in the mental hospital. She was admitted in the hospital in April and was brought to Paripurnata in August. She has a son aged about twenty who is working as a bus conductor. She is confident of leading a normal life if sent back home.

ii) Sapna Nath

She was admitted in Pavlov in the year 1999 from where she came to Paripurnata in January 2000. She stayed in this halfway home for nine months. Took training in preparation of incense sticks. In November 2000 she was sent back home. She is presently earning Rs 200/- to Rs 250/- per month by selling incense sticks.

iii) Bani Sil
D/o Late Lalit Sil of village Bijipur.

She was in Pavlov for 7 years i.e. from 2001-2008. She has come to Paripurnata during last monsoon and is being given training and counseling for her reintegration to the community.

10. Rehabilitation

Of the three social welfare officers sanctioned for the hospital only one is in position. I interacted with the SWO Sri Sudeep Chakravarty. The job chart of the social welfare officers was circulated by the state government way back in June 1989. As per this chart social welfare officers posted to Mental Hospitals and during de addiction clinics are required to take follow up actions for proper and permanent rehabilitation of patients discharged from each hospital / clinic. As of now the SWO is merely sending a letter to the registered address of the guardians of the patients for taking charge of them, once the doctors declare them fit for discharge. In a majority of cases there is no response from the guardians. The SWO is not visiting these addresses for any social investigation. He is not even sure if the recorded addresses are correct.

He pleaded that there is no staff or transport with him for conducting such field verifications and he is discouraged from holding any such enquiry. On his turn the superintendent complained that the SWO does not have any inclination to work. The net result is that the hospital is hardly doing anything for the rehabilitation of the patients. Two NGOs i.e. 'Anjali' and 'Paripurnata' have however extended help for the rehabilitation of male and female patients respectively.

'Anjali' has been provided a room inside the male ward where they are presently imparting training to 16 inmates, in making incense sticks, block printing etc and also providing art therapy and counseling to them. Between 2002 and 2008 they helped in the rehabilitations of 46 male patients from Pavlov hospital including one from Bangladesh, one from Nepal and one each from Orissa and Assam. 12 patients are

participating in the rehabilitation programme during the current year. It is claimed by 'Anjali' that 60% of the reintegrated patients have been doing different jobs suitable to them.

'Paripurnata half way home', a centre for psycho social rehabilitation located at 1912, Panchasagar Road, Chakgaria, Kolkata - 94 is taking care of 15 women patients fit for discharge. I visited 'Paripurnata' on 2.12.2008 accompanied by the superintendent and found the environment friendly and congenial. Between March 1992 and September 2008, 154 patients have been admitted to 'Paripurnata' of whom 126 have been rehabilitated, 2 have been referred to other NGOs, 2 became untraced during leave ,18 are presently under going rehabilitation training and six were transferred to Pavlov. At Paripurnata the inmates are given training in incense stick making, sewing, tailoring, weaving, tie and dye work, making jam and jellies, block printing, singing, creative art therapy.

11. Litigation against the hospital with regards to human rights infringement

One Ram Prasad Sarkar filed a writ application before Kolkata High Court (W.P. no 4867) on 17th March 2008 against the state government, the superintendent of the hospital and others, wherein it was averted that mentally ill female patients were not being provided with clothes to wear either on the ground of their "personal safety" or that the clothes have been sent out for washing. In support of his claims the furnished copy of petitions, news reports published in the Daily Anand Bazar Patrika dated 10.3.2008 where in it was said that inmate Jivan Prabha Mukhopadhaya aged about 80 was found fully naked when her daughter visited her in the hospital. She also found other women patients stark naked. When Dr Asis Acharya, who was attending to these patients wanted to know from the nurses and other class IV employees why they have not been clothed, they entered into an altercation with him and wanted to know why he has permitted the relatives to visit the patient inside the ward.

The superintendent of the hospital could not throw light on the present position of the case. During my visits to the hospital, I however did not see any women patient without clothes. Two or three male patients were however found naked.

Surprisingly, the government has not prescribed any scale for supply of uniforms to the patients. Occasionally a few items of uniform are purchased. Clothes are also donated by charitable institutions. These clothes are sent to 'Band Box', a private firm for washing and cleaning as there is no provision in the hospital for cleaning the same.

It is desirable that the state government prescribes scale and life of clothing and bedding items to be issued to the patients. These items should be periodically inspected by the superintendent and if

unserviceable (It was mentioned by the Superintendent that the inmates tear off beddings and clothing) the same should be condemned and replacements issued. The decision to outsource washing services requires a review as the system has not been quite successful.

12. Interactions with the medical officers of the hospital

During my visit to the hospital I interacted with the medical officers to get their views on the problems of the hospital and their suggestions on the measures required to be taken for improvement of the quality of the services. Their views and suggestions are summarized below.

i) Stagnation is the main problem of the hospital. While they are in no position to refuse admission of patients referred by courts, they find it extremely difficult to discharge them even after recovery, due to reluctance of relatives to receive them, difficulties in tracing their addresses etc.
ii) Some of the patients referred by the courts do not require admission, but they are not authorized to defer/refuse their admission.
iii) Though all medical colleges of the state have sanctioned beds for mentally ill patients only SSKM and R.G. Kar hospitals admit them.
iv) Funds allocated under TA/DA head for the hospital are too meager, which seriously affects social investigation and field visits.
v) The addresses furnished by the relatives and the courts at the time of admission are seldom found to be correct. This frustrates efforts by the hospital to locate the relatives and guardians.
vi) The guardians are hesitant to receive the patients declared fit for discharge even on parole.
vii) Earlier there were six house surgeons. Presently there is none. This considerably affects the treatment and care of patients.
viii) There is no facility for the training and psychc education of the hospital staff.
ix) There is no facility for pathological tests. Patients'/ relatives are advised to get such tests done in outside laboratories.
x) There is no provision for vocational training in the hospital for patients declared fit for discharge except rudimentary facilities for painting provided by Anjali. This affects their rehabilitation post discharge.

13. Board of visitors

The state government constituted a Board of visitors for the five state run mental hospitals on 27.5.08, for the purpose of inspections, discharge, leave of absence and removal of mentally ill persons as per the recommendations of the NHRC.

The Board has so far visited the Hospital only once i.e. on 18.8.08. The minutes of the Boards meeting are enclosed. (Annexure1).

As per the government order the Board is required to visit each mental hospital at least once every month and "is bound to submit the monthly records of visit and a quarterly report to the State Mental Health Authority.' The visits by the Board have neither been adequate nor incisive as would appear from the text and tone of the minutes

14. Follow up action on the visit report of Hon'ble Member, Justice Smt Sujata V. Manohar

The Hon'ble member visited this hospital on 16-1" January 2004.

The recommendations made by the Commissior, based on the report of the Hon'ble Member for the improvement of the conditions prevailing in the hospital and follow up actions reportedly taken by the state government, along with my comments there on 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	Segregation of drug addicts, prisoners and inmates requiring isolation due to infectious diseases following the completion of the renovation work at the male indoor psychiatry ward;	Reconstruction of works has been taken up by the PWD. Work is yet to be completed.	Recommendations not yet implemented
2	Expansion of the capacity to give more facility to the inmates and family members for their meeting;	Reconstruction of works has been taken up by the PWD. Work is yet to be completed.	Not implemented. Interviews are still held in small cubicles outside the boundary walls of the respective wards

3	Promised recruitment of 21 posts of clinical psychologists from the NGO sector and providing of nurses to the mental hospitals after completion of psychiatry training;	Clinical psychologist Sanctioned: 3 Existing: 2 Vacancy: 1 Detailed to work at IOP: 1 Nursing Personnel Sanctioned: 35 Existing: 29 Vacancy: 6 All nursing personnel need psychiatric training according to mental health Act, 1987, a 250 – bedded psychiatry hospital should have nursing personnel in the ratio of 1: 5 i.e., 50 nursing personnel.	None of the posted nurshing staff has been given any psychiatry training.
4	Deputation of house staff (Psychiatrist) from the state medical colleges to fill up the lacuna of the RMO;	File has been initiated for approval. Yet to be implemented.	This has not been done. Neither has any MO been designated as RMO. One doctor in shift is detailed to take care of emergency cases. As has already been discussed none of the MOs resides in the hospital premises.
5	Engagement of one more barber;	Service of barber would be out-sourced.	There is no sanctioned post of barber's post in this hospital.One of the GDAs is working as a barber for male patients There is no barber for female patients. The superintendent informed that they are in the process of outsourcing the services.
6	Number of nurses and attendants put through the orientation programme started after the team's visit;	Orientation programme: Nursing staff:- yet to be done Group-D staff:-done by NGO-ANJALI	No in service course or orientation programme has been organized at the initiative of the govt.
7	Involvement of NGO 'ANJALI' in restoration of some cured female patients to their families;	One room has been renovated thoroughly in the Block-I of female ward by the PWD. As soon as they handover the building, ANJALI	Anjali has been providing rudimentary rehabilitation service to the male patients only. They have not been provided any accommodation/infrastructure in the female ward for taking up restoration and

		would be asked to start their work as recommended.	rehabilitation services for female inmates. 'Paripurnata', a private halfway home is helping the hospital in the rehabilitation of female patients considered fit for discharge.
8	Extension of sitting arrangements provided for the waiting patients;	Seating arrangement in OPD has been extended from 38 to 68.	Seating arrangements for waiting patients and their relatives in the OPD have improved. Toilet, drinking water and canteen facilities have been provided.
9	Inclusion of 15 new psychotropic drugs in to CMS list which are being increasingly prescribed by the psychiatrists;	Already in vogue.	There is no serious complaint regarding the availability of medicines.
10	Action initiated for upgrading the diagnostic facilities;	Psychometric materials have been provided by the ADHS(Mental)	The hospital does not have elementary diagnostic facilities as has already been discussed at para 5 &7 of the visit note.
11	Complaints heard by the Special Rapporteur regarding inadequacy of food supplied to the inmates. The Special Rapporteur pointed out need for changing the system of supply of food by a private contractor, and suggested involvement of NGO sector in this activity. The matter was to be examined by the government. The ATR says," our government would consider engagement of some credible NGO's like SURUCHI, all Bengal union and Saroj Nalin, Seva Sangh for the supply of food to the patients in order to maintain the quality of dietary articles";	Tender for diet is called on in accordance to government order. NGOs may be invited to take part in the tender process.	The system of diet supply by private contractors with all its shortcomings is still in force. The quality of diet supplied is poor. The superintendent has no control over the private contractors as was pleaded by him during my visit
12	Procuring better quality uniform cloth from some other renowned agency;	Better quality uniform cloth has been provided.	Only a few patients were found wearing govt supplied uniforms. The quality of cloth supplied has scope for improvement. The govt should

			prescribe scale and life of the clothing and bedding items. The present system of outsourced washing services is not working satisfactorily and should be reviewed as suggested in the visit note
13	Improving recreational facilities by providing one small size TV in each ward and one large colour TV in common rooms;	Two large CTV, one in male ward and another in female ward, have been installed. Problem of payment to cable-operator does exist.	TVs to the common rooms and individual wards have been provided. A library which was functioning in the hospital has become defunct for the last four years
14	Introduction of modified ECT facility;	With the advent of modern psychotropic drugs, indications to under go ECT have reduced to a great extent. Psychiatrists differ in opinion regarding its use. ECT under GA needs regular posting of an anesthetist. ECT has not been introduced till now.	Modified ECT facilities are not available.
15	Holding of weekly meetings of superintendent with the NGO ANJALI to share information on their weekly assessment of the inmates progress in learning skills and vocational training. The ATR says that such meetings "would be arranged".	I have not been instructed to hold weekly meetings with NGO -ANJALI. However, it would be arranged.	The superintendents plea that he has not been given any instructions in this matter is clearly absurd. Anjali has been functioning inside the hospital and has been provided accommodation and infrastructure in the male ward. The superintendent does not require any instruction from any authority to supervise/monitor their work.
16	Inclusion of woman as a non-official member of the board of visitors;	Inclusion of a woman as a non-official member of the Board of visitors is not under my purview.	The Board of visitors already includes women members

15. Summary and recommendations

The general conditions of the hospital appeared to be quite gloomy. Absence of work culture was evident. I reached the hospital at 1000 hrs on 1.12.2008. Except for a ward master not a single staff member had reached the hospital's office, by that time. The superintendent met me in

the out door after about 45 minutes and pleaded that he had not received my programme which was sent to the state govt well in advance. Some of the clerks and assistants reported for duty as late as at 12 noon. The situation did not improve the next day.

On 2.12.2008 I reached the hospital at 1015 hrs. Except for the superintendent's chamber all other rooms in the hospital office were under lock and key till 1030 hrs. Some clerks did not turn up till 12 noon. The superintendent was finding it difficult to retrieve relevant information and datas in the absence of the assistants.

The state of various hospital services have already been discussed in course of my 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. If admission on voluntary basis and under special circumstances, as permitted u/s 15, 16 and 19 of the act, has led to corrupt practices the remedy lies in identifying and punishing the guilty and not in the blanket banning of such admissions.

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 facilities for easy retrieval facilities should be developed early and a trained person put in charge of the section.

iv) Telephone services should be extended to all the wards and other service centres. As of now there is only one telephone in the hospital with an extension to the ward master's room.

v) An ambulance with at least two drivers should be sanctioned for the hospital early. This has not been done in spite of the recommendations of the Board of visitors.

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. It is paradoxical that while the hospital

authorities are bemoaning the lack of interest of relatives and guardians in matters relating to the health of the patients and their reluctance to take charge of cured patients, they are allowed to meet the patients mostly outside the boundary wall, that too after observing the interview formalities. One of the relatives examined by me complained that they have to bribe the guards for the same.

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

ix) There is no prescribed scale of clothing, bedlings 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. This system is not working satisfactorily as is apparent from the writ petition mentioned at para 11 of this report and the statement of Md Intiam Alam recorded at para 9 (xiv) above. 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 had a sanctioned strength of 4 washer men before this sanction was merged in the omnibus category of GDA posts. 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, Dy superintendent and the RMO should be manned by qualified psychiatrists.

xi) Much of the spare land of the hospital is lying fallow. There is scope for developing a proper garden to enhance the aesthetics of the surrounding. There is a large pond inside the hospital premises. Residents of the locality have free access to the pond. They are using it for bathing. This should be discouraged. With a little interest on the part of the hospital administration, the spare hospital land could be utilized for horticulture as well.

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. The building now under construction with funds allocated by govt of India for the modernization of the hospital, when completed, could be utilized for the purpose.

Damodar Sarangi