A report of review of the activities of Gwalior Manasik Arogyashala (GMA)

By

Dr. Lakshmidhar Mishra, IAS (Retd.)
Special Rapporteur, NHRC

On

2.2.2009 to 4.2.2009

at

Gwalior

I visited GMA for the third time (the first 2 visits having taken place on 6.1.2007 and 11th and 12th February, 2008) for an indepth review of its activities and performance as mandated by the Hon'ble Supreme Court of India to the NHRC. As on earlier occasions, I had drafted and circulated an elaborate questionnaire and sent the same to the Director, GMA sufficiently in advance. However, I was given to understand a fortnight before the proposed review that the Director, GMA – Dr. (Mrs.) Jyoti Bindal who was discharging to the full satisfaction of the Commission the onerous responsibilities of the Director in addition to her own duties as Professor and Head of the Deptt. of Gynaecology, Gajaraja Medical College has been relieved of her charge and Dr. (Mrs.) Saila Sapre, Dean of G.R. Medical College has been put in charge. The reasons for such a sudden and unpremeditated development which also amounts to an unceremonious exit of a sincere and hard working person who had sincerely tried to bring about total qualitative change and improvements in the affairs of management of GMA during a short stint of about a year were and are still unclear.

This regrettable development notwithstanding I decided to stick to my review schedule which comprised of:-

- Visit to OPD and interaction with patients and relatives;
- Visit to IPD and interaction with patients and relatives;
- Visit to hospital kitchen, dining hall and interaction with patients;
- Visit to modified ECT, recovery room and interaction with doctors and para medical staff;
- Visit to emergency room and interaction with doctors and para medical staff;
- Visit to occupational therapy unit for female patients;
- Visit to halfway home (female);

- Visit to halfway home (male);
- Visit to recreation centre;
- Visit to Pathological Laboratory, ECG and EEG units;
- Meeting and interaction with Director and faculty members;
- Meeting the technicians;
- Meeting Class III and Class IV staff;
- Meeting the Divisional Commissioner and Chairman of the Managing Committee – Shri Komal Singh and Collector – Shri Akash Tripathi to discuss outstanding issues concerning GMA;
- Winding up the review at Bhopal through meetings with Secretary, Medical Education Department – Smt. Vijaya Srivastav and Addl. Chief Secretary to Government of M.P. – Shri Vinod Chaudhury.

On the wrap up meeting as above a detailed note has since been recorded by me and sent to the State Government for necessary follow up action. A comparative statement indicating actions which were reported to have been initiated by the Director at the time of my last visit (11-12 February, 2008) and the present status in the wake of those actions has been prepared and is placed below:-

Action taken at the time of last visit (11-12 February, 2008)	**Present Status**
I Interviews have been held and the process of selection completed for – - 2 Asstt. Professors, Psychiatry; - 1 Asstt. Professor, Clinical Psychology;	

- 1 Psychiatric Social Worker; - 9 male nurses; - 1 gardener on daily basis.	
II DPC has met and process of promotion of eligible staff members has been completed.	
III Approval of MC for construction of a new female ward has been obtained.	The construction work at an estimated cost of Rs. 77 lakhs was taken up in May, 2008 and is expected to be completed in all respects by May, 2009.
IV Approval of the MC for starting one ICU has been obtained.	
V A new overhead tank with a capacity of 3 lakh litres at an estimated cost of Rs. 17 lakh is under construction.	This has taken a long time. It should be completed and commissioned in the shortest possible time. The Works Sub Committee should monitor the pace and progress of all such works.
VI Existing overhead tanks are being cleaned by using the latest state of the art technology.	
VII Solar water heating system has been installed by M.P. Urja Vikas Nigam to facilitate regular supply of hot water in winter.	

VIII Canteen building has been constructed adjacent to OPD.	The deficiencies in management of the canteen have been brought out separately.
IX Songs from films like Bandini, Do Aankhe Barah Haath, Teri Surat Meri Aankhe, Mother India etc. are being played regularly at the dining hall and the main ward to soothe the nerves of the mentally ill persons.	This is producing a salutary effect on the inmates.
X Through AMC all instruments and gadgets are functioning smoothly round the clock.	
XI Existing books, journals and periodicals have been manually catalogued.	
XII E-connectivity in the library is under process.	No beginning on this has been made as yet.
XIII Outsourcing of laundry activity by mechanized industrial laundry has been started.	This arrangement has been working to the satisfaction of the inmates.
XIV A proper name plate indicating the name of the department along with room number in bold and bright letters has been fixed at the entrance of the respective unit.	
XV Yogic exercises are being organized under the overall guidance of Dr. G.S. Kakkad and	

Dr. Nand Kishore and about 20 participants are participating in these exercises.	
XVI Overall standard of cleanliness in all the wards has considerably improved.	
XVII There is a marked change in the personal hygiene of all patients on account of change of linen and dress.	
XVIII A general check up at OPD of mentally ill persons has been introduced.	
XIX All registered NGOs are being contacted to start a day care centre and long stay home.	Proposals were invited from NGOs but there is no appreciable response.
XX A new Psychological Laboratory for projective and IQ test should be started.	Room has been allotted in the OPD for conducting psychological tests. Tenders have been invited for buying psychological tools. Orders are yet to be placed.
XXI In house facilities should be set up to improve the content and quality of training of all Group 'C' and Group 'D' posts (including all para medical staff)	Proposal has been sent to Government for training of nursing staff in DPN from NIMHANS, Bangalore.
XXII A new biochem laboratory fully equipped to undertake as many pathological and biochemical	

investigations as needed, needs to be started.	
XXIII There should be 2 separate OTs – one for male and another for female with 2 separate professionally qualified and experienced Instructors to impart as many skills/trades as are market relevant.	It appears that 2 dona pattal machines – one for male and another for female patients were procured to start training in this new skill which is market relevant. The machines, however, were not utilized and have been returned due to inexplicable reasons.
XXIV A physiotherapy unit fully equipped to do wax bath, short term diathermy, traction etc. for physically and orthopaedically handicapped person as also those suffering from rheumatoid arthritis and other chronic auto – immune disorders should be started.	Detailed proposal is yet to be sent to Government for sanction of funds to meet both recurring and non recurring expenses.
XXV Institutional arrangements should be made for stay of relatives if they cannot be accommodated near the patients.	Despite the assurance given by the Divisional Commissioner and the Collector, Gwalior at the time of my last visit in February, 2008 the municipal authorities have not handed over the Dharmashala which could be used for stay of relatives.
XXVI Community Satellite Clinic at Shivpuri should be revived.	The matter should be taken up with Ministry of Health and Family Welfare, Government of India.

XXVII More and more Satellite Clinics in Bundelkhand, Madhya Bharat and Malwa regions should be started.	A proposal is yet to be formulated and sent to Ministry of Health and Family Welfare, Government of India.
XXVIII Mental retardation cases are not entertainable in GMA under the MHA, 1987. Such cases are, however, being sent along with reception orders of CJM. This needs to be sorted out in a conference of CJMs for MP.	Preparations were being made to host a conference of State CJMs in Gwalior to be hosted by GMA. Details (date, time, venue, participants, topics for discussion, resource persons etc.) need to be worked out in consultation with District Judge, Gwalior.

Unfinished tasks, problems, constraints and challenges

I. Even though specific orders delegating administrative and financial powers have been issued in favour of 5 medical college hospitals of the State, so far no such orders have been issued in favour of Director, GMA even though the Commission has been suggesting and emphasizing this point.

II. Director, GMA has not yet been given the status of state level HOD.

III. Even now the Director, GMA can fill up Class III and Class IV posts only after getting permission from the State Government; this consumes a lot of time.

IV. The MC has powers to purchase journals but the same is conditioned by SG Purchase Rules.

V. No expenditure can be incurred and no orders can be placed with any supplying agency for purchase of drugs, tools, equipments and furniture after 31st January of every year. A formal proposal was sent to Government vide letter No. 2730 and 2734 dated 16.6.2008. Government of M.P., however, vide letter No. 1136/1686/08/3/55 dated 12.8.2008 and letter No. 1137/1689/08/3/55 dated 12.8.2008 of Medical Education Department have found the proposal unacceptable and have rejected it.

VI. Matters pertaining to GPF, Pension, DCRG and GIS are still being routed through the Dean, Medical College even though GMA is an autonomous body (since Director, GMA does not have these powers).

VII. According to extant instructions, outsourcing can be done only against vacant posts and not against genuine needs of the institution or nature of the job.

VIII. As of now there are only 42 sanctioned posts of attendants whereas to do justice to the requirement of 3 shifts (42X3) 126 attendants are needed.

'The Director, GMA cannot outsource 84 posts of attendants. The MC has also no powers to accord permission to the Director to outsource this particular job.

This causes severe stresses and strains as needs are many (accompanying patients to referral hospitals) while manpower is limited.

The Director, GMA perceives the need for outsourcing the following jobs but has no powers as these posts have not yet been sanctioned:-

- electrician;
- plumber;
- gardener;
- extra barbers;
- extra dhobis;
- extra cooks;
- extra people to serve food.

Autonomy Rules could be amended to authorize the MC to accord permission to engage 84 additional attendants which she is inhibited to do now.

IX. A GO has been issued by Medical Education Department dated 8.3.2007 for regularization of all non-clinical contractual staff. GMA does not figure in this order. GMA, therefore, is unable to regularize the non-clerical contractual staff. This omission needs to be made good.

X. Psychiatrists, Clinical Psychologists and Psychiatric Social Workers have been found to be reluctant to join on contract basis. While the consolidated salary varies from category to category the amount offered is so small that this becomes a major disincentive for able and meritorious persons and they would not join the post even though selected.

Such a practice does not obtain either at Ranchi or Agra.

XI. As against 213 posts sanctioned, 143 have been filled up and 70 are vacant. The break up of the 70 vacant posts are:-

Class I	9
Class II	5
Class III	36
Class IV	20

Continuance of such large vacancies does give rise to dislocation in various operational areas. It does not leave any cushion for adjustment. Besides, a proposal for sanction of additional 82 posts has been sent to Government for sanction.

XII. Gwalior city has 3 distinct geographical areas namely (a) Gwalior (b) Murar (c) Laskar. It is vast and sprawling and is spread over more than 10 miles. Roads are narrow and with human settlements, shops and commercial establishments on both sides are extremely congested. Existence of a level crossing near the hospital makes matters extremely difficult for commuting such a long distance through such a busy thorough fare in the absence of an effective system of public transport. Provision of residential accommodation with a high percentage of occupancy rate is the

only answer to this problem. Regretfully as against 213 sanctioned posts, residential accommodation is available only for 46 and large number of employees are staying out. Their services are not available during emergency operations. Besides, since commuting the long distance takes inordinately long time, punctuality in attendance will also be difficult.

XIII. Under 'Quality Assurance Scheme' published by the NHRC the grant per patient should be a minimum of Rs. 500/-. This scale has since been adopted by RINPAS, Ranchi and IMHH, Agra whereas it continues at the old scale of Rs. 250/- in GMA, Gwalior.

Further details about GMA, Gwalior

GMA was established in 1935. In terms of bed strength (212) it can be termed as a small hospital. Over the years, however, and judging by the daily attendance at the OPD (which is of the order of 90-100) it appears that the incidence of mental illness is on the increase and the occupancy rate is also on the increase as would be evident from the following:-

2006 - 96.85%
2007 - 88.94%
2008 - 99.25%

The hospital is located at an extreme and far end of the city about 5 kms from the railway station, 5 kms from the bus stand and 25 kms from the airport. The hospital is on the main road but intercepted by a kutcha nullah without any cement bed or cover making it a source of pollution and flies buzzing around.

The hospital has a total geographical area of 59,10459 sq. metres of which less than 25 PC i.e. 11,677 is the built up area. A small area measuring about 1000 sq.ft. has been encroached by construction of a temple inside the premises of GMA.

The hospital building is maintained by the PWD (State Government). The hospital is not maintaining separate figures of maintenance budget during the last 3 years is as under:-

2006-07 -

2007-08 -

2008-09 -

Two graduate engineers have been posted within the premises of GMA to look after the civil works as also the repair and maintenance.

As of now a new female ward with 68 beds is under construction at an estimated cost of Rs. 77,15,000/-. The construction work commenced in May, 2008 and is expected to be completed in all respects by 17.5.2009.

A similar proposal for construction of a new male ward to accommodate 90 patients has been sent by letter No. 3290 dated 4.8.2008 by Director, GMA which is awaiting consideration of Government.

On a rough assessment a minimum 5 acres of land would be needed to fulfil the following requirements:-

- A new teaching block to take up teaching M.D. Psychiatry, M.Phil Clinical Psychology Diploma in Psychiatry and M.Sc Psychiatric Nursing;
- 90 bedded new male ward;
- 20 bedded geriatric ward;
- 20 bedded child guidance clinic;
- 20 bedded drug deaddiction centre;
- 20 bedded emergency ward (10 male and 10 female);
- Separate halfway home for male and female patients;
- Day care centre (about 50 beds);
- Long stay home (about 50 beds).

- Even though the requirement of 5 acres of land was placed before the Divisional Commissioner, Collector and DM, Gwalior during my last visit on 11-12 February, 2008 no progress in identification, demarcation and allotment of land seems to have taken place.

- A firm offer regarding allotment of land from the competent authority would be the stepping stone towards future planning and bringing proposals for expansion and growth of GMA to a logical conclusion. This will also carry conviction to the members of the inspecting team from MCI who will be coming to satisfy themselves about adequacy of physical space for starting a new teaching block in future and combining teaching, training, treatment and research as directed by the Supreme Court in future.

Right to food:

This has 2 subcomponents namely (a) canteen (b) kitchen. It has been observed in course of successive visits to GMA that a number of patients accompanied by family members/other relatives come from far off places in the late hours of the night and reach GMA in the early hours of the morning. Between the time they left their hearth and home and the time of arrival at GMA there may be a gap of 8 to 10 hours or even longer. They have to take their turn in a long queue at the registration counter to get the patient registered, to get him/her examined by the concerned MO/Psychiatrist/Clinical Psychologist/Psychiatric social worker before they could go to the drug dispensing unit with the prescription of the examining MO to collect the prescribed medicine. The entire process may involve about 4 to 5 hours (from the time of arrival till collection of medicine at the drug dispensing unit). It is certainly not desirable that the patient and the accompanying relative should go without food for such a long duration. Its precisely keeping this difficulty in mind that the need for a canteen was keenly felt. The canteen building was completed in 2007 and was formally commissioned on 4.4.2008.

The canteen was inspected by me between 11.30 AM to 12 Noon. The canteen has a manager with 5 employees. It provides snacks for breakfast, tea, coffee and thali meals at subsidized rates. The following deficiencies were observed in the management of the canteen:-

- No chart indicating the items supplied and rates thereof have been prepared and displayed at a conspicuous point;
- There is no awareness among the patients and family members/relatives accompanying them about the existence of the canteen, the items supplied to the patients and their relatives and the rates thereof;
- No efforts have been made to ascertain from the family members and relatives of the patients about the quality of the food supplied;
- Sufficient number of chairs and tables have not been put in the dining hall to enable people to sit and take their food.

Right to food includes:-

- Preparation of food in the kitchen in a neat, orderly and tidy manner;
- Serving food with a human touch;
- Ensuring that the food is hot, wholesome and nutritious;
- Making the hospital self sufficient by developing an agricultural farm/kitchen garden to minimize dependence on market and ward off scarcity

Or

Establishing an effective linkage between the hospital and public distribution system so as to have easy access to essential commodities (rice, wheat, sugar etc.) at reduced or concessional rates with a view to serving the best quality of food in variety within the limited allocations available.

Keeping these principles in mind several suggestions were given at the time of last review carried out in February, 2008 such as:-

- Mentally ill persons have a higher appetite than an average or normal person (possibly due to impact of psychotic drugs); the nutritive value of their food should, therefore, be somewhat higher than normal;

- An average male person who does heavy work requires not less than 2800 kilo calorie of nutritive value of food per day;

- An average female having a body weight of 45 kg would require about 2400 kilo calorie partly because her weight is less and partly because she is expected to do less heavy work than a male;

- Nutrients required in a person's daily diet, their quantity and the common source of nutrients have been precisely and scientifically laid down by the Indian Council of Medical Research (ICMR); these should be followed in letter and spirit.

In regard to structure and management of the kitchen it was suggested by me that we should go in for construction of a new modern kitchen as is being done by IMHH, Agra with the following ingredients:-

- a modern climney regardless of the type of fuel used;
- sufficient number of exhaust fans;
- flyproof wiremesh all around;
- flyproof automatic closing doors;
- floors made of an impermeable material;
- a platform for washing vegetables daily with potash permanganate and for cutting;

- an electric kneader for preparing paste out of atta prior to making chapattis (instead of making chapattis on the floor);
- chapatti making machines, mixers and grinders;
- adequate number of taps inside the kitchen;
- LPG and hotplate;
- Container made of stainless steel to keep the cooked food hot prior to being served,
- Cooking and serving utensils to be made of stainless steel.

The following are some of the redeeming features and deficiencies in the composition of food (fruits, vegetables, milk etc.) and management of kitchen.

Redeeming features:

I The percapita expenditure on food has risen to Rs. 34.76 as against Rs. 26.00 which was the amount spent per patient on food as observed at the time of last review (February, 2008).

II In terms of Quantity (rice, atta, dal, fruits and vegetables, milk) allocated per patient there has been appreciable improvement.

III In terms of total nutritive value of food per patient measured by kilo calorie it is 2805.5 which appears to be in order.

IV The break up of nutrients i.e. carbohydrate, protein, oil and fat components of food is as under and appears to be in order:-

Carbohydrate - 442.4 gm
Protein - 81.08 gm
Oil/fat - 63.9 gm

V Green leafy vegetables and vegetables with fibrous roots have been added to the menu on the suggestion made by me at the time of last visit.

VI New platforms have been added for washing and cutting vegetables.

VII Number of taps present in the kitchen are adequate.

VIII Utensils for cooking and serving food are of stainless steel.

IX Fly proof wire mesh has been provided around the kitchen. Four exhaust fans have also been provided of which three are in working condition.

X Dining tables have been provided in male and female closed wards and food is being served on these tables with a human touch.

XI Patients are being asked to wash their hands before taking food to ensure personal hygiene.

XII Suggestion of patients, relatives and family members regarding quality of food and beverages is being regularly taken.

XIII The entire process is being overseen by the Medical Officer/Nursing sisters.

XIV The timings for breakfast, lunch, evening tea and dinner are in order as under:-

Breakfast with tea - 8.30 AM
Milk - 11 AM
Lunch - 1 PM
Evening tea and fruits 4.30 PM
Dinner – 6.30 PM

The following are some of the deficiencies in composition of food and management of the kitchen:-

I There is no chimney in the kitchen as yet.

II Food is being transported manually through stainless steel containers. Food trolleys are yet to be purchased even though a clear recommendation was made in the last review report.

III Rice and wheat are being purchased from open market at much higher price now (Rice Rs. 28/- per kg and atta - Rs.15 per kg). If a proper link is established with PDS and proper supervision is exercised these 2 primary food grains can be obtained through PDS at a much lower price. The saving could be utilized in increasing other components of food and improving overall quality.

IV Foodgrains and vegetables/fruits should be stored neat and tidy in separate compartments and it should be ensured that they are absolutely free from pest attack.

V No charts have been displayed indicating the following:-

- recommended Dietary Allowance by ICMR;
- RDA as is being actually implemented.

VI To illustrate, while breakup of nutrients between carbohydrate, protein, oil/fat could be given, no such breakup in respect of the following nutrients was available:-

- calcium;
- iron;
- vitamin (retinol, Beta Carotene);
- Thiamin;
- Ribo flavin;
- Nicotinic acid;
- Pyridoxin;
- Ascorbic Acid;
- Folic Acid;
- Vitamin B-12.

The menu chart for the month of February (1.2.2009 to 28.2.2009) and between Monday to Sunday was seen. It was encouraging to note that certain components as under have been introduced which in terms of taste and nutrient are welcome innovations:-

- Daliyah (Monday and Thursday)
- Upma (Tuesday, Friday)
- Sprouted moong (Wednesday)
- Sprouted kabuli chana (Saturday)
- Sprouted desi chana (Sunday)

GMA does not have sanctioned post of a dietician. It may, therefore, be appropriate if services of a dietician could be obtained at periodic intervals from GR Medical College for the purpose of certifying that food which is being served is sumptuous, wholesome and nutritive.

Right of access of the inmates to potable water

I was given to understand that there is adequacy of access to water for all wards, OPD and other departments. A new overhead tank at an estimated cost of Rs. 17 lakhs is complete in all respects but physical possession of the same could not be handed over as yet due to some technical problem. This should be sorted out at the earliest. The new OH tank will store 3 lakh litres of water and will ensure complete self sufficiency for the hospital in terms of storage of the required quantity of water (both cleaning, washing, cooking, bathing etc.).

In compliance with the suggestion made at the time of last review (February, 2008) samples of water are being collected and sent to approved PH Laboratories for test to certify the following:-

- water is free from chemical and bacteriological impurities;
- it is free from excess of iron, calcium, sodium, sulphur, magnesium and floride;
- it has no colour, no hardness, no turbidity and alkalinity.

So far water sample has been found to be bacteriologically negative and non-contaminated with chloride and nitrate.

- Overhead tanks continue to be cleaned using state-of-the-art-technology with mechanized dewatering sludge removal, high pressure cleaning, vaccum cleaning, antibacterial spray and ultra violet radiation.

- There is provision for supply of cool potable water through water coolers in summer months.

Right of access to personal hygiene

This will be possible with observance of the following:-

- arrangement for cleaning and pressing of clothings;
- arrangement for supply of hot water for bath of inmates in winter;
- arrangement for haircut;
- supply of hair oil/shampoo/and soap in adequate quantity to inmates;
- change of bedsheet, pillow cover, linen at appropriate intervals;
- arrangements for cleaning and disinfecting of floors, pantry, dining tables and toilets etc. are adequate.

The current status of access of inmates to personal hygiene is as under:-

- in the absence of any mechanized laundry service provided under the GMA, these services have been outsourced; so far there are no complaints about timely collection and delivery of clothings by the contractor for cleaning and pressing;

- barbers are available for both male and female patients;
- cleaning of wards is being done 4 times a day;
- dress and linen are being changed daily; provision of mattresses, linen, blankets, warm clothings in winter is adequate;
- soap and hair oil are being regularly supplied to the IPD inmates to ensure that they take regular bath;
- solar water heating system has been installed by M.P. Urja Vikas Nigam; this has made possible supply of hot water for bath of inmates in winter.

Right of access to environmental sanitation:

While the patient toilet ratio is in conformity with the norm prescribed and adequate quantity of water is available for flushing as also for cleaning of toilets the position in regard to Indian commode vis-à-vis WC remains unchanged. This makes matters difficult for physically and orthopaedically challenged persons who cannot squat on an Indian commode. It will all the more be difficult for patients who in addition to mental illness are also victims of rheumatoid arthritis or austeo-arthritis or austeoporosis, whose connective tissues have been damaged, density of bone has come down and who are medically advised to use WC instead of Indian commode.

Access to lighting and ventilation:

GMA has one 50 KVA generator to ensure regular supply of electricity. Additionally it has 1-2 KVA generators for use in OPD, ICU, Half Way Home etc. In all there are 4 wards (2 male and 2 female) (1 closed ward and 1 open ward each for male and female), 212 beds and 330 fans with a patient fan ratio at 1:0.75 and patient bed ratio at 1:1.

Access to recreation:

There are 2 separate halls meant for recreation of male and female patients. While the hall meant for male patients is used as a library-cum-reading-cum-recreation room, the hall meant for female patients is being used primarily for occupational therapy-cum-rehabilitation centre with limited avenues of recreation. In the recreation hall for male patients the following observations are made:-

- on an average 35 patients make use of the facilities available in the recreation hall;
- newspapers like Nai Duniya, Nav Bharat Times, Swadesh and Times of India and Journals like Nandan, Champak, Griha Lakshmi, Griha Shobha, Chanda Mama, Vineeta are being regularly subscribed;
- patients have a liking for Chanda Mama and Nandan;
- about 10 patients are interested in music and are actually taking lessons in music in the recreation centre;
- musical instruments like harmonium, tabla, dholak are available in the centre;
- patients also play both indoor and outdoor games such as carom board, badminton and volleyball;
- about 10-15 patients on an average per day are practising yoga;
- the recreation centre also provides a forum for both drug and behaviour counselling to patient by MOs;
- 'O Lord, we offer our obeisance to thee' in Hindi is the song (taken from the film 'Do Aankhe Barah Haath') which appears to have appealed to most of the patients.

Right of admission to emergency services:

There is only one room with a few beds for casualty-cum-emergency services for psychiatric patients with provision for treatment of acute psychosis, schizophrenia, acute exacerbation of psychiatric disorders, alcohol and drug withdrawal cases. The following suggestions were offered after visiting the emergency ward:-

- There should be 2 separate emergency wards – one for male and another for female patients with a bed strength of 10 for each;

- The emergency ward should be fully equipped to deal with critical cases;

- Facilities for inhouse communication (intercom) should be in existence.

Modified ECT

The following observations are made after visiting the room meant for administering modified ECT as also for recovery:-

- On an average about 10 patients are being administered ECT every day; the number goes up to 20 on Mondays;

- Most of the patients recover within half an hour;

- The total number of patients who have been administered modified ECT ranges between 1619 in 1999 to 2051 in 2008; the number had gone upto 2653 in 2001 but had come down to 1752 in 2007;

- There has not been a single casualty over all these years;

- The recovery room which is adjacent to the modified ECT is yet to be air-conditioned (only a desert cooler has been fitted which is not adequate considering the fact that in April-June,

the heat in Gwalior shoots upto 47-48° celcius necessitating air conditioning).

- In the event of lights going out at the time when modified ECT is being administered, DG set is available to ensure uninterrupted supply of electricity.

Communication facility with the outside world:

There are occasions when family members/relatives of patients from outlying stations do make enquiries on the phone about the condition of patients who have been admitted to GMA as IPD patients. On being asked about the arrangement to receive such calls and arrangement to send a proper response, I was told that (a) an attender/guard has been detailed to receive such phone calls (b) he in turn is responsible to pass on the message to the MO incharge (c) an entry is required to be made in the register prescribed for this purpose by Smt. Amita Srivastav, Social worker. The MO on his/her part sends for the file to apprise himself/herself about the condition of the patients and make a return call to pass on the information about the condition of the patient to the family member/relative who had made the call. The entire process takes about 5 to 10 minutes. I was given to understand that on an average about 2 to 3 such phone calls are received.

Library Services

Between the last visit and present one the following observations are made:-

- no post of full time librarian has yet been sanctioned; the clinical psychologist is looking after the work of the librarian in addition to his own duties. This is not a very happy or satisfactory arrangement as the clinical psychologist is hard pressed for time and may find division of time between OPD, ward duty and library extremely difficult;

- the number of books in the library is very small; this particularly in the realm of psychiatry, clinical psychology

psychiatric social work, psychiatric nursing, medicine needs to be substantially augmented;

- even though the MC has been delegated the power of sanction for purchase of new books, journals and periodicals (both indigenous and foreign) this power is yet to be used; besides, purchase of journals and periodicals can be made only as per Government of M.P. Purchase Rules. There is a stipulation in the said Purchase Rule that no purchases can be made after 31st January;

- E-connectivity between the library and other faculties is yet to be established.

Pathological Laboratory:

The following investigation facilities are available in the pathological laboratory and to that extent it is an improvement over what was observed at the time of my last visit:-

'A' Haematological Tests:

- Haemoglobin;
- Haemogram;
- Erythrocytes Sedimentation Rate (ESR);
- Total Leucocytes Count (TLC);
- Differential Leucocytes Count (DLC);
- RBC count;
- Platelet count;
- Anaemia typing;
- Bleeding time (BT);
- Clotting time (CT);
- Malarial Parasite.

'B' Biochemical Test:

- Blood Sugar F/PP/R;
- Blood urea;

- Serum Bilirubin;
- Serum Cretinine;
- Uric Acid;
- SGCT;
- SGPT;
- Serum Alkaline Phosphates;
- Serum Cholesterol;
- Total Protein;
- Serum Albumin;
- Serum Lithium;
- Serum Sodium

C **Serological Test:**

- Pregnancy Test;
- RA Factor;
- Widal Test;
- VDRL;
- Blood Grouping and Rh typing.

D **Clinical Pathological Test:**

- Urine R/H;
- Stool R/M;
- Sputum R/M;
- Semen R/M;
- Sputum for AFB

At the time of last visit the following observations had been made:-

- Investigation into, preparation of reports on the profiles of blood and submission of report to the concerned department which had made the reference for the test is a highly responsible assignment;

- Such an assignment should be carried out by a laboratory technician to be appointed on a regular basis;

- Regretfully the post has been filled up on a contractual basis which is not a desirable arrangement; it should be filled up on a regular basis;

- Till date no action has been taken to regularize such posts.

Funding and budget:

It was observed at the time of last review that the funding has been inadequate in relation to need/actual expenditure. The average expenditure per patient per day has been of the order of Rs. 350/-. It was observed that according to the guidelines issued by the NHRC under the 'Quality Assurance Scheme' the grant per patient per day should be a minimum of Rs. 500/-. It was, therefore, suggested that the Government of M.P. should revise the grant per patient to Rs. 500/- as has already been done by Governments of U.P. and Jharkhand in regard to IMHH, Agra and RINPAS, Ranchi respectively. This has not yet been done for GMA. An analysis of the budget provisions under different heads during the last 3 years indicates the following gaps, imbalances and infirmities:-

- The wages payable to various categories of personnel suddenly came down from Rs. 99,08,84/- in 2006-07 to Rs. 80,35,76/- in 2007-08 and again drastically fell to an abysmally low level of Rs. 1,22,520/-. This needs to be explained;

- The same is the position with regard to the liveries and telephone. The expenditure under the first went up by almost 300% between 2007-08 and 2008-09 (upto January, 2009) while the expenditure under the second has gone up by 400% and 300% in 2008-09 (upto January, 2009) compared to the previous year i.e. 2006-07;

- No provision has been kept under the following heads:-

    - Publication (2006-07, 2008-09);
    - Washing of clothes (2006-07);

- Waste disposal expenses (2006-07);
- Transfer expenses (2006-07, 2008-09);
- Purchase of equipment/annual maintenance contract (2006-07, 2007-0) which suddenly went up to Rs. 6,92,630/- without any reason;
- Furniture (2007-08 and 2008-09)

There is an imbalance in receipt of grant-in-aid as well. To illustrate, the grant-in-aid received in 2007-08 was marginally higher than 2006-08 but it suddenly went down substantially in 2008-09 (upto 18.12.2008) leaving a huge deficit of Rs. 2,91,90,000/- without assigning any reason. Release of allocations in such an erratic manner is bound to leave serious repercussions on the overall planning and management of affairs of GMA.

Meetings of the Managing Committee and Sub Committees:

As observed at the time of last review and as observed now the Managing Committee has been meeting at close and regular intervals under the Chairmanship of the Divisional Commissioner. This has been possible due to the sustained interest of Shri Komal Singh, Divisional Commissioner, Gwalior Division. The Sub Committees constituted under the Managing Committee have also been meeting regularly (as and when needed). This has facilitated smooth management of the affairs of the GMA.

Drug Management:

It was observed at the time of last review that though exemption has been given to GMA from the purview of Central Drug Policy, they are still required to buy drugs as per requirement through M.P. Laghu Udyog Nigam. Due, however, to the sincere efforts made by the ex Director, GMA – Dr. (Smt.) Jyoti Bindal, M.P. Laghu Udyog Nigam has given non-availability certificate to GMA and presently drugs are being purchased through open tender system. This is a welcome development which will

ensure (a) adequate stock of necessary drugs in the Central Store of GMA (b) obviate the possibility of any artificial scarcity of drugs at any time.

Psychological Laboratory:

At the time of last review the need for starting a psychological laboratory for taking up projective and IQ tests and posting of a clinical psychologist was felt. At the time of present review, it was found that (a) a clinical psychologist has been selected and joined (b) a room has been allotted in OPD for conducting psychological tests and (c) tenders have been invited for buying psychological tools and orders were to be placed.

It is suggested that the clinical psychologist may be deputed to RINPAS, Ranchi to interact with the faculty members in the Deptt. of Clinical Psychology of RINPAS and study the functioning of Psychological Laboratory there.

Physiotherapy Unit:

At the time of last review need for starting a physiotherapy unit fully equipped to do wax bath, short term diathermy, traction and other physiotherapy exercises for regeneration of connective tissues and for rehabilitation of physically and orthopaedically handicapped persons as also those suffering from reactive and rheumatoid arthritis and other chronic auto immune disorders was felt. This suggestion requires (a) augmentation of budget (b) approval of government. This is yet to be acted upon.

Visit to OPD, registration counter and record room:

The following are my observations at the end of the visit:-

- The average outturn of patients (both old and new) per day is on the increase in as much as it has almost doubled itself (from 39 in 1999 to 77.24 in 2008);

- On an average 1 to 2 family members/relatives accompany the patient; in other words, for 78 patients there will be 78 to

156 persons who will require to be seated in the waiting hall of the OPD;

- As on date, so many chairs have not been put in the OPD resulting in a number of patients and relatives/family members accompanying them to keep standing till the turn of the patients comes for registration;

- At the registration counter, there is only one person in charge of registration;

- There is no separate arrangement for women, children, adolescents, adults and elderly persons standing in a separate queue for registration; they all stand in one queue causing congestion and making it particularly difficult for women, children and elderly persons to silently suffer the discomfort and inconvenience of a long waiting period;

At the end of the last review (Feb.08) I had made certain observations about the management of the record room attached to the OPD. The observations and suggestions made by me do not appear to have been complied with. The current status of the record room and the deficiencies therein are as under:-

- The record room continues to be very small in size;

- There is no space for keeping records in steel racks patient wise, alphabet wise and year wise;

- Some of the records have been kept in closed almirahs and it is difficult to retrieve them at a short notice;

- There is no data entry operator to feed the data into the computer (case history, family history, personal history etc.).

The following suggestions and recommendations are made at the end of the visit to the OPD, registration counter and record room:-

OPD:

- A minimum number of 200 chairs should be put in the OPD to take care of the sitting arrangement for about 100 patients with another 100 relatives/family members accompanying them.

Registration Counter:

- we need to introduce 3 separate rows for registration of women and children, adolescents and adults and elderly persons;

- we need to create 2 addl. Posts of receptionists at the registration counter so that women and children, adolescents and adults and elderly persons who will stand in 3 separate rows and wait for registration in 3 separate counters can complete the process in much less time than now, go in for medical examination by the psychiatrist/clinical psychologists/psychiatric social worker, as the case may be, collect the prescription after examination and diagnosis and go to the drug dispensing unit for collecting the medicines;

Record Room:

The following arrangements in the record room which were made earlier are being reiterated:-

- for every patient (both old and new) a new file is to be opened;
- the name of every patient should be alphabetically categorized;
- the file should be in a bound volume and the papers inside should be properly stitched so that they are not torn or mixed up or misplaced or lost (as is usually the case with all government offices/institutions);
- the files should be maintained yearwise; each file should be allotted one hospital serial number;

- sufficient number of steel racks of at least 10' height and 3' width should be purchased so that all the files can be properly kept yearwise and retrieval becomes much easier;

- all new cases registered should be entered into the computer by the data entry operator (post to be created a fresh).

Each file should contain the following:-

- personal data (name, age, sex, address, occupation etc.);
- name of the informant;
- gist of complaint/illness;
- past history of psychiatric illness and other associated illnesses (appendicitis, cardio-vascular and cardio-respiratory diseases, communicable diseases etc.);
- personal history (marriage, divorce etc.);
- family history (was the form of mental disorder diagnosed as genetic);
- premorbid personality (how was the personality before illness).

Interaction with OPD patients:

I **Name of the patient** - Lakshminarayan
Age – 55 years
Address – Gumbara Fatak, Gwalior, M.P.

History of the complaint: He is having reeling in head. He sees hallucinations in dreams which are unreal and, therefore, have no basis. The illness started in 1970 and the patient is repeatedly coming to the hospital for the last 15 years. Prior to 1990 he used to consult Private Medical practitioners. Now as a result of the treatment he has got back his normal appetite and sleep.

II **Name of the patient** - Ramesh
Age – 35 years

Address – not known to the patient.

Complaint - He has loss of appetite and sleep.

History of the complaint - Has been coming to GMA for quite some time for specialized treatment. He acknowledged the positive fall outs of the treatment which is going on for 15 to 16 years. He is now having normal appetite and sleep. The family has 4 members. He has been brought by his brother who also looks after his treatment at home including administering medicine. They belong to a lower middle class family with an average earning of Rs. 40 – 50/- per day which is not at all sufficient for a biological existence.

III **Name** - Antupal

Age – 35 years

Address – a resident of Chattarpur district (300 Kms from GMA).

History of the complaint – He gets severe headache and does not have normal sleep and appetite. He has been coming to GMA regularly for the last 10 years. He has been admitted as an IPD patient in the past and has also been administered modified ECT. Due to considerable distance (300 kms.) involved in travel he has to incur heavy expenditure (Rs. 150/- both ways apart from the time taken in travel) each time he has to visit GMA. He gets the medicines in time free of cost. He is unable to get any sleep without the medicines.

V **Name** – Rakesh Kumar

Age – 23 years

Address – Resident of Hamirpur district of U.P.

History of illness: The patient who is in his most productive and reproductive years has been indulging in (a) wandering around (b) abusing others. He has been brought to GMA by his uncle after undergoing treatment for 4 years in the private clinic of Dr. Mahendru at Kanpur and also at IMHH, Agra. He eventually came to GMA as he did not receive any relief through the treatment at the earlier places. He is reported to be a victim of addiction to narcotics and has come to GMA 5-6

times for treatment of addiction to narcotics. He needs to be admitted to a drug deaddiction centre for effective treatment and recovery (GMA does not have a drug deaddiction centre).

VI **Name** – Ramprasad
Age – 34 years
Address – Resident of Banda in Sagar district.

History of illness: For the last 4 years he has been showing symptoms of (a) reduced appetite and sleep (b) loss of memory and consciousness (c) irritable temperament and (d) destructive and abusive activities. He works in a leather tanning unit and earns about Rs. 300/- per week. He is married with three children. He has been accompanied by his brother-in-law and had to incur an expenditure of Rs. 110/- both ways. He does not experience any difficulty in getting medicines in time and free of cost.

VII **Name** – Shri Laluram
Age – 26 years
Address – Chitrakut Ashram

History of illness: He developed mental illness 4 years ago characterized by symptoms like (a) wandering aimlessly (b) reduced appetite and sleep. He was earlier taken to Allahabad for treatment and was shown to one Dr. A.K. Tandon but did not get the desired relief. Even though a mendicant who has renounced the world he got addicted to ganja and developed a loose life style. A victim of Schizophrenia he is yet to be admitted as an IPD patient (he is not in favour of his being admitted as an IPD patient). He prefers to be left all alone.

VIII **Name** - Shri Brajesh Sharma
Age – 40 years
Address - Resident of Guna.

History of illness: He has been suffering for the last 18 years. The symptoms of illness are (a) wandering aimlessly (b) loss of memory

and consciousness (c) unduly interfering with the work of others (d) loss of appetite and sleep (e) being constantly under stress and strain. A victim of bipolar affective disorder, he has been coming to GMA for the last 18 years. He wants to work but is unable to do so due to stress and strain. He is married with 2 children. Since his parents are old and ailing, his brother-in-law is taking care of him. His wife also ensures his timely compliance with his drugs.

IX **Name** - Shri Rajesh Kumar
Age – 23 years
Address – Resident of Rajgarh.

History of illness: Travelling a long distance of 500 kms he left around 2 PM on the previous day to reach GMA in the early hours of the morning on the next day. Even though there is a canteen in close proximity of the OPD, he was unaware of the same and has not eaten anything since his arrival. A student of Class XII he is unable to concentrate on his studies due to mental illness which started about 7 months back with symptoms such as (a) irritable temperament (b) wandering aimlessly and (c) disturbed mind, disturbed sleep and reduced appetite. His father who has accompanied him had to state with a lot of anguish that even though he (the father) comes to GMA every month to collect the drugs, he (the patient and the son) does not comply with the drugs and, therefore, there is repeated relapse. A victim of acute manic the patient does not have normal appetite and sleep.

X **Name** – Jyoti
Age – 30 years
Address – Jatara of Tikamgarh

History of illness: This is a case of post partum depression in the wake of delivery which leads to a sense of loss. The patient has been suffering from this depression for the last 10 years. With treatment she had recovered but has lapsed back to the old condition. She has left her in-law's place and is staying with her parents. Her husband is unemployed and has no source of income. Her father who runs a Kiraya shop looks

after the patient including visiting GMA on her behalf to collect medicines as also for follow up. He has been bearing all the expenses of her treatment.

XI **Name** – Pappu
Age – 27 years
Address – Resident of Jhansi

History of illness: The mental illness started about 2 to 3 years ago characterized by symptoms like (a) wandering aimlessly (b) leaving home and going away for sometime (c) physically assaulting others. His condition took a turn for the worse when he fell down from the train about 2 years ago and injured himself. Since then he is not doing any work. The father comes to GMA to collect the medicines once every 2 months. The father who was interrogated stated that with timely compliance of drugs the patient is getting a lot of relief and his appetite and sleep have been restored fully.

XII **Name** – Ram Bhusan Jaiswal
Age – 55 years
Address - Hails from Roshnighar of Gwalior

History of illness: The patient comes from a large family of 7 members (parents, 3 brothers, one sister and self). His illness which started in 1974 was characterized by reduced appetite and sleep. He had got himself treated by Dr. A.K. Agarwal, a private medical practitioner in Lucknow where 15 modified ECTs were administered (which is rather unusual since ordinarily not more than 6 ECTs are recommended to be administered at one time) but there were serious problems in availability of drugs. After coming over to GMA he feels that he is receiving much better treatment. He gets the medicines prescribed for him free of cost and in time. He is fully satisfied with the course of treatment and has normal appetite and sleep. He is also in a position to oversee plying of trucks owned by him.

XIII Name – Shri Nannu Master

Age – 70 years

Resident – Jalaun of U.P.

History of illness: He has developed illness during the last 2 to 3 months. The illness is characterized by loss of appetite and sleep and tendency to indulge in loose talks. He has come to GMA for the first time along with his daughter and daughter-in-law. The exact nature of illness is yet to be diagnosed.

XIV Name – Munnibai

Age – 45 years

History of illness: She is ill (victim of Schizophrenia) since 1993. The illness is characterized by (a) loss of sleep (b) loose talks (c) reduced appetite. She has in all 5 children (3 daughters and 2 sons). Of the 3 daughters one has been married and one is of marriageable age. She has been visiting GMA continuously for the last 2 to 3 years and using medicines prescribed. She has also been admitted in GMA in 1993, 95 and 97 and modified ECT has been administered. Her husband has 8 to 10 bighas of land but the produce from the land (wheat and corn) is limited and not sufficient for a large size family. Besides, each visit to GMA (to and fro) costs both husband and wife about Rs. 200/- which is also unaffordable.

XV Name – Dwarika

Age – 25 years

Address – Resident of Panna district

History of illness: He is a fatherless child who has been mentally ill since 1996. The illness is characterized by (a) running away from home (b) wandering aimlessly. He is sitting idle at home and not doing anything. He also belongs to a landless family without any other economic support to fall back upon. The mother has taken complete charge of managing the household. She has to visit GMA herself to collect the medicines. The to and fro journey expenses cost Rs. 400/-. For this the mother has to incur advances from the village moneylender.

Even though there is a district headquarters hospital at Panna Psychotic drugs are not available. In other words, easy and affordable access to the prescribed medicines is the main problem because of the considerable distance. Even though this is a landless family in distress no old age widow pension has yet been sanctioned in favour of the widow.

XVI Name – Sunil Kumar

Age – 34 years

Address – Resident of Betul district.

History of illness: The patient has travelled from his native place at Betul by Gondwana Express which involves a time span of 12 hours. He has visited GMA 5 times so far and the treatment at GMA has provided him a lot of relief. However, there have been problems when the medicines have been exhausted and even though Betul has a district headquarters hospital psychotic drugs are not available. In case due to some unavoidable compulsion he is unable to visit GMA to collect the medicines discontinuation of drugs causes serious complications such as (a) burning sensation in the eyes (b) vomitting (c) belching (d) headache (e) loss of sleep (f) excessive appetite (g) irritable temper.

The patient hails from a large family of 4 brothers and 2 sisters. His father is a retired teacher and earned his pension. His financial condition is stable

XVII Name – Ram Naresh

Age – 27 years

Address – Resident of Banda district in U.P.

History of illness: He has been ailing for the last 10-12 years. The illness is characterized as (a) wandering aimlessly (b) irritable temperament (c) tendency to abuse and assault others. He has visited GMA 5 times including admission as an IPD patient once (when he was discharged after 12 days). He has been administered ECT once. A victim of Schizophrenia he continues, despite treatment both as an OPD

and IPD patient, to withdraw himself and live in a world of his own without much contact with the outside world. He does not intend to get admitted as an IPD patient.

XVIII Name – Khusi Lal

Age – 66 years

Address - Vyara of district Rajgarh

History of illness: He has a history of mental illness for the last 30 years. Earlier he was being brought to GMA by his son. In between he met with an accident and there was dislocation in the treatment. The symptoms of present illness are (a) he shouts (b) he abuses and assaults others (c) he pelts stones at others (d) except his grand son who has brought him to the hospital, he does not recognize others. He had reduced sleep and appetite.

Following impressions/observations emanate from visit to the OPD and interaction with OPD patients:-

- Even though GMA is a Government hospital where both OPD and IPD treatment is free, there is not enough publicity about existence of such a psychiatric centre and people still prefer to go to private practitioners where they are literally being fleeced. Such a trend needs to be discouraged and it can be discouraged only through a strong dose of information, education and communication (IEC) through print and electronic media.

- M.P. being a large and sprawling State and distance of GMA from many districts in north and south M.P. being considerable patients, their relatives and family members have to incur considerable expenditure in commuting the distance. In all genuine cases of people below poverty line or families in distress there should be a mechanism and procedure of recommending for issue of rail and bus connection after the patient has been registered, medically examined and the precise nature of ailment known.

- A vigorous process of counselling both at the time of OPD examination as also at the time of admission as an IPD patient should be launched so that compliance with the drugs is ensured and that there is no discontinuation of drugs resulting in relapse.

- Efforts should be made to build up a buffer stock of both neurotic and psychotic drugs of good guilty at the PHC, sub divisional and district headquarters hospitals. This is not the case today.

- Success stories where people with adequate care and attention are recovering fast should be collected, compiled and disseminated through print and electronic media (the names of persons in all such cases will have to be changed for confidentiality) so that they could form the basis for removal of mindsets and for better infrastructure.

- Posting of adequate number of psychiatric social workers would ensure the following:-

  - home visits and home contacts are beneficial;
  - through such visits it should be possible to know the current status of the patient i.e. whether he/she is complying with the medicines prescribed or not.

Impressions and observations at the time of visit to male closed ward on 2.2.2009 (12 Noon to 1300 hrs)

Interaction with patients (IPD) at the time of taking their food in the dining hall (with a capacity of about 70) brought out the following:-

- visual inspection showed that food which had been served in the thali comprised of 8 rotis, 150 gm of rice, 90 gm of dal, a vegetable preparation of palak and paneer, salad and khir;
- majority of the rotis served had been burnt apparently at the time of baking;

- one patient was found sitting in a corner of the dining hall in a pensive mood while another patient was found to be incapable of taking the food all by himself, he was in need of support;

- the capacity of the dining hall was limited to 70 while the capacity of the male indoor ward was 90; in other words, there was no accommodation available for 20 who had to take their food on the floor of the ward;

- on the whole majority of the patients expressed their general sense of satisfaction with the content and quality of food.

After the visit to the dining hall and on the strength of the overall impressions, the following suggestions are made:-

- the management of GMA should go in for construction of a new dining hall with a capacity to accommodate an additional 50 patients;

- this is so as the strength of IPD patients keeps on fluctuating on a day to day basis (35 patients have been admitted in one day as per reception orders of the CJM);

- existing chapatti making arrangements are unsatisfactory; the management of GMA should go in for electrical kneaders and a chapatti making machine; till this was done they should go in for better quality of tawa so that burning of chapatii could be prevented;

- it was necessary to pay particular attention to personal hygiene of patients as also cleanliness of the dining hall; footwears of the patients should be left outside the dining hall and they should enter the hall only after thoroughly cleaning their hands and feet;

- on no account patients should be allowed to take their food in the open as this would contaminate the food being exposed to flies and insects in the open.

Other suggestions made at the time of visit to the male closed ward:

- Patients in the closed ward tend to be more isolated than their counterparts in the open ward; GMA management may, therefore, take particular care to open up channels of frequent communication with them to keep them engaged in dialogue which would (a) reduce boredom and (b) enable them to open up which will also hasten the pace of their recovery;

- GMA management should also set up an institutional mechanism for ventilation of grievances of patients in the closed ward;

- The endeavour should be to positively redress the grievances of the patients;

- TV sets have been fixed in each closed ward with arrangement for access to Doordarshan channel only. It may be useful to provide access to one or two more channels which will be disseminating matters of educational and spiritual interest. Additionally provision for video show of educative films like dosti, jagruti, insaniyat, mother India, do aankhe barah haath, bandini, do bigha jamin, mamta, Gandhi, aashirwad etc. could be made;

- A good therapeutic environment can be created by medical officers and nursing sisters taking frequent rounds, entering into conversation with the patients which will be simple, informal, friendly and genial, closely and carefully watching the responses of the patients, injecting a sense of

humour into the conversation etc. One of the questions should relate to patients recognizing the medical officers and nursing sisters and the contribution made by the latter towards their treatment and recovery. This would undoubtedly make the patients feel completely at home and hasten the pace of recovery of the patients.

Open female ward:

Outcome of interaction with patient:

1. **Nirmala Jain (30)**
   - She has been admitted on 28.1.2009; she hails from Gwalior;
   - Her problems started about 3 years ago and were characterized by loss of appetite and sleep, leaving home and wandering aimlessly, leaving the hospital without medical advice (LAMA), indulging in loose and unnecessary talks which tend to be abusive, irritable temperament etc. Her case has been diagnosed as one of bipolar affective disorder;
   - She is showing signs of improvement after admission.

2. **Rajkumari (30)**
   - She has been admitted on 2.2.2009; she hails from Bina (rural);
   - Diagnosed as a case of depression she is reported to be suffering from headache, restlessness, excessive indifference, loss of grip of the body over objects, lack of interest in any worthwhile pursuit, loss of appetite and sleep.

3. **Ramvati (20)**
   - She has been admitted on 29.1.2009; she hails from Tikamgarh (rural);

- Diagnosed as a case of bipolar affective disorder (mania) she is having multiple problems of deserting home, wandering aimlessly, loss of appetite and sleep, indulging in loose and unnecessary talks etc. Has been brought to the hospital by the husband.

4. **Urmilla (32)**

- She has been admitted on 29.1.2009; she hails from Chattarpur;

- Diagnosed as a case of bipolar affective disorder (mania) she is having problems of indulging in loose and excessive talks, making tall claims, indulging in abusive behaviour, physical assaults, loss of appetite and sleep etc.

5. **Priyanka (27)**

- She has been admitted on 29.1.2009; she hails from Satna district;

- Diagnosed as a case of Psychosis, she is reported to be having problems of having excessive anger, irritable temperament, loss of appetite and sleep and getting into occasional stupor. She has been brought to the hospital by husband and sister;

- Her condition has registered partial improvement after admission.

6. **Panbai (40)**

- She has been admitted on 29.1.2009, she hails from district Rajgarh;

- Diagnosed as a case of bipolar affective disorder (mania). She has been showing symptoms of abusive behaviour, irritable temperament, going away from home and wandering aimlessly, loss of appetite and sleep, topsy turry behaviour and loose talks etc. She has been admitted for the second time but its too early to predict anything in terms of response to the treatment so far.

7. **Samata (22)**

- She has been admitted on 30.1.2009; she is unmarried and hails from Badagaon in Jhansi district.

- Diagnosed as a case of stupor she is showing signs of loss of appetite and sleep, withdrawal from reality, a temperament which can be stated as stiff and rigid, not opening up or uncommunicative etc. Has been brought to the hospital by her parents.

8. **Munmun (18)**

- She has been admitted on 2.2.2009; she is unmarried and hails from Sagar;

- Diagnosed as a case of bipolar affective disorder (mania) she had suffered from malaria prior to being brought to GMA and had been taken to a private practitioner though without much relief.

- She has been showing symptoms like loss of appetite and sleep, indulging in excessive talks, running away from home, indulging in damage to property etc.

9. **Sharda (35)**

- She has been admitted on 31.1.2009; she hails from Pantnagar in Sagar district;

- Diagnosed as a case of bipolar affective disorder (mania). She has been showing symptoms like loss of appetite and sleep, indulgence in loose and unnecessary talks, abusive behaviour, assaults, extreme anger and irritable temperament etc.

10. **Sunita (30)**

- She has been admitted on 2.2.2009;

- Diagnosed as a case of bipolar affective disorder (mania) has an unhappy marital life with husband as alcoholic and a son who is a victim of cerebral palsy;

- She has been showing symptoms like loss of appetite and sleep, running away from home, indulging in abusive behaviour, showing extreme anger and irritable temperament etc.

11. **Leela (25)**

- She has been admitted on 31.1.2009;

- This is the third time that she has been admitted as an IPD patient, the first and second time when she was brought to GMA were in 2006 and 2007 respectively;

- Diagnosed as a case of bipolar affective disorder (mania) she has been showing symptoms like abusive behaviour, indulging in assaults, not showing any interest in work, reduced appetite and sleep. She is not even sparing her husband who has brought her to GMA.

12. **Sunita (20)**

- She has been admitted on 31.1.2009;

- Brought to GMA for the second time (first time 2006) she is showing symptoms like loss of appetite and sleep, indulging in excessive talks, running away from home, extreme anger and irritable temperament;

- She is suffering from bipolar affective disorder (mania).

13. **Munnibai (35)**

- She has been admitted on 2.2.2009; she hails from Gohad;

- Diagnosed as a case of bipolar affective disorder, she has been alternating between excessive happiness and depression. A victim of malnutrition and dehydration, she has been showing symptoms of indulging in excessive talks, loss of appetite and sleep etc. She has been brought to GMA by her husband.

14. Rajkumari (20)

- She has been admitted on 24.1.2009;
- Diagnosed as a case of post partum psychosis (mental illness in the wake of delivery) she has been showing symptom of remaining indifferent and withdrawn, reduced appetite and sleep, not taking care of the children etc. Luckily for her she has been positively responding to the treatment and may be fit to be discharged soon.

Open male ward:

Outcome of interaction with patients:

1. Veerendra (35):

Hailing from Panna in M.P. he has been showing symptoms of loss of voice and pain in sleep. Has been suffering for the last 3 years. On earlier occasions when he was admitted he defaulted in complying with medicines after discharge and hence there was a relapse. Was working earlier in an iron fabricating unit.

2. Shivnath (35):

Hailing from Hamirpur in U.P. he was admitted on 29.1.2009 and has been showing symptoms of wandering mind, seeing wild dreams, running round, indulging in physical violence, abusive behaviour and refusing to comply with medicines. He has been accompanied by 3 members of the family. Since admission he has been showing signs of improvement with normal appetite and sleep. Has been diagnosed to be a case of Schizophrenia.

3. Ashutosh (29):

Hailing from Etawah in U.P. he has been admitted on 31.1.2009. Diagnosed as a case of depression he has been suffering for the last one year with symptoms of alternating between bouts of total muteness and excessive talks and subjecting the mind to too much of pressure.

4. **Rakesh (25):**

Hailing from Badalipura in Morena district he has been admitted on 2.2.2009. At the time of admission he has been showing symptoms of leaving home, running round and indulging in abusive behviour (including physical assaults). He is married but his wife has deserted him. He was earlier working as a driver when he took to ganja and drinks. Has been diagnosed as a case of canabi induced psychosis. His parents who have accompanied him appeared to be deeply distressed over the condition of their only child.

5. **Tularam (30):**

Hailing from Vidisha he has been admitted on 31.1.2009 and has been diagnosed as a case of psychosis. He has been undergoing treatment as an OPD patient since October, 2008. As his condition took a turn for the worse and he started becoming violent he had to be admitted as an IPD patient. Prior to admission he was addicted to smoking beedi apart from abusive behaviour. After admission he has been showing signs of improvement and is likely to be released in 10-12 days.

6. **Prakash Chand (26):**

Hailing from Bara district in Rajasthan he has been admitted on 29.1.2009, his main problem was addiction to alcohol apart from having abusive and violent behaviour. He had earlier received treatment at Badauda and Kota and has been admitted to GMA for the second time. In between he had stopped complying with medicines which resulted in a relapse. His case has been diagnosed to be a case of bipolar affective disorder and he has been administered ECT.

7. **Dinesh (30):**

Diagnosed as a case of bipolar affective disorder he has been admitted to GMA for the second time (the first time he was admitted was in 2007). He has been addicted to ganja and alcohol and tends to remain violent. His father who has accompanied him stated that he has to be

kept sometimes in fetters due to extreme violence. He has been administered ECT once and is now under medication.

8. Bahadur Singh (20):

Hailing from Purani Chabni, Gwalior he is married and has come to GMA with his widowed mother. Addiction to alcohol and ganja have been his main maladies; these have led to a violent and abusive behaviour. As long as mother is at home addiction is under some check but as soon as mother is out for work the addiction is resumed. His wife is not able to exercise much influence on him as far as addiction and other behavioural disorders are concerned. He has been diagnosed as a case of bipolar affective disorder.

9. Mahesh (20):

Hailing from Morena he has been admitted to GMA for the first time on 31.1.2009. Diagnosed as a case of psychosis he indulges in excessive talks and abusive behaviour (including physical assaults). He has 2 brothers who are employed. His uncle has accompanied him and is taking good care of him.

10. Ramsahai (30):

He hails from Singrauli, has been admitted on 27.1.2009 and his father is staying with him. Prior to admission to GMA (which was at the instance of his brother) he was running away from home, used to indulge in abusive behaviour and was violent towards his wife. Within one week after admission he showed signs of improvement in having normal appetite and sleep. Has been diagnosed as a case of bipolar affective disorder.

11. Atmaram (12):

Hailing from Malangi in Singrauli he has been admitted on 27.1.2009. His father has accompanied him and is staying with him. This is the first specimen case of a boy undergoing treatment for mental illness in GMA. He had been taken earlier to Dr. Pradeep Kumar, a private

practitioner but did not get any relief and has been brought and admitted to GMA for the second time.

12. Raju (27):

Hailing from Atterpurva, Chattarpur he has been admitted on 29.1.2009. Has been suffering for about one and half months and the main symptoms of illness are keeping wide awake for the whole night and not getting any sleep at all. After admission and with compliance of medicines he has got normal appetite and sleep.

12. Vinod (33):

Hailing from Islampur in Morena district he prior to admission to GMA was showing signs of loss of sleep and abusive behaviour but now with medication on a regular basis he has got some relief. His case has been diagnosed as a case of bipolar affective disorder. No interaction was possible as the patient was sleeping at the time of my visit.

13. Babloo (30):

Hailing from Vidisha he has been admitted to the IPD ward of GMA for the first time. Prior to admission he was showing signs of wandering aimlessly and entering other's homes unauthorizedly and abusive behaviour. At the time of admission he had shown signs of violence for which ECT had to be administered. Has been diagnosed as a case of mania.

15. Harbhajan (35):

Hailing from Chittauda in Guna district of M.P. he has been admitted for the second time on 28.1.2009. Prior to admission he was showing symptoms of wandering aimlessly and indulging in abusive behaviour. His father who was staying with him reported that he had shown first signs of mental illness about 10 years back which had necessitated his first admission. He has shown signs of improvement after admission and was capable of recognizing the treating physician.

16. Manoj (21):

He hails from Badhiakhedi, Ashoknagar of Gwalior city and has been admitted on 29.1.2009. He first developed signs of mental illness about 2 years back, went to a private practitioner for treatment, had got 5 ECTs and had almost recovered. About 4 to 5 months back he fell from a two storey building and is not able to stand erect now after that accident. In between he had also stopped complying with medicines and hence this resulted in a relapse. For the last 15 days prior to admission he has not been able to get any sleep.

17. Ram Lakhan (42):

He hails from district of Anuppur and has been admitted on 2.2.2009. His son has accompanied him. Ailing from 2008 he has been talking loosely and far in excess of the requirement and is also indulging in abusive behaviour. He has been admitted to GMA for the third time. His son stated that there are serious problems in compliance with medicines by the patient who takes the medicines into his mouth alright but does not gulp them and invariably throws them away. This has been causing havoc to his deteriorating condition.

18. Prakash (30):

Hailing from Laudi in Chattarpur district he has come to GMA on 23.1.2009 with his brother and has been admitted on the same day. After admission and compliance with medicines he has been showing signs of improvement with normal appetite and sleep.

19. Gangaram (55):

He hails from district Damoh and has been admitted on 30.1.2009. He was reported to be a normal person with a normal job at hand when suddenly he was overtaken by the illness. There is no family history of such illness and, therefore, no conclusions can be drawn. Diagnosed as a case of bipolar affective disorder he was indulging in a lot of violence and abusive behaviour at the time of admission.

20. Gangaram (55):

He hails from Damoh district and has been admitted on 30.1.2009. He was working earlier but has discontinued as he fell ill. There is no family history of mental illness. He was found to be in quite a violent mood at the time of admission. He was also indulging in abusive behaviour including physical assault on others. Diagnosed as a case of bipolar affective disorder he has been feeling much better now with the treatment.

21. Saurabh Jain (22)

He hails from Ganjabasauda in Vidisha district and has come to the hospital with his brother. He has been taken ill for about a month but was addicted to alcohol and ganja for years. He was indulging in excessive talks and a lot of wishful thinking. Working as an electrician the pace of work was irregular. According to his brother he after treatment has recovered by about 20%. He has been administered 2 ECTs so far. He has developed some wounds in his leg and he is taking antibiotics for that (it was confirmed not to be a case of gangrene). He is not diabetic.

Observations and suggestions after visiting male openward:

- The extent of congestion and overcrowding was evident in Ward No. 1 where forty IPD patients have been accommodated as against a capacity of 25; it is imperative that an additional block should be constructed to accommodate the excess patients.

- In line with recommendations of Prof. Channabasavanna Committee when construction of new wards is taken up its capacity should not exceed twenty.

- Between the 2 beds there should be a minimum gap of 1 metre or 3 feet. This space could be utilized by the relatives of the patient. As of now the beds have been fixed adjacent to each other without leaving the desired space.

- GMA has not been able to make any arrangement so far for accommodation and minimum comforts of the relatives of the patients. This is particularly urgent for lady family members who have accompanied the patients and have come from far off places.

- The cupboards which have been placed near the bed of the patient were found to be quite untidy. Some of them were also found to be damaged. All such damaged boards should be repaired and repainted.

- The courtyard adjacent to the male open ward is quite spacious but there is no proper seating arrangement. A few chairs should be put in this open space so that patients, particularly in cold winter morning, can come out, sit in the courtyard and bask the morning sun.

Overall assessment of the situation in the IPD (both male and female open wards) and suggestions

- A separate ward should be carved out to be designated as acute ward where all cases of chronic mental illness should be handled with special care and attention.

- All possible care needs to be taken to make the environment congenial where such patients have been kept; this will be conducive to their recovery.

- All cases of mental illness with other associated complications (like cardio vascular and respiratory problems) should be handled with equal measure of special attention and care.

- Instances of low haemoglobin content and low body weight should be a matter of deep concern and all out efforts should be made to improve them.

Visit to female halfway home:

The female halfway home is being run by an NGO i.e. Volunteer's Association for Social Health of India (an NGO of 50 years standing). I had in course of my last visit observed that many of the mentally ill persons (women) undergoing treatment in the hospital through the halfway home have substantially recovered although there were genuine difficulties in tracing their accurate family address and wherever traced, there were difficulties in sending them back home due to lack of consent from the family members. There was, however, only one case of Dr. Anuradha Moga who had been effectively treated and who was fast on the way to recovery but there was none in the family (except a sister who herself was mentally ill) who could come and take her back home. In such a situation she was permitted to be removed by a family friend – Miss C.H. Angre and due to mishandling of the case she had gone in for a severe relapse. At the time of my visit (February, 2009) she was found in a pathetic condition in the closed female ward of GMA.

In consultation with the District Judge at the time of my last visit (February, 2008) a decision was taken to file a case by GMA against Miss Angre and the NGO concerned which was responsible for handing over Dr. (Miss) Anuradha Moga without (a) thorough scrutiny of the credentials of Miss Angre (b) consultation with the treating physician – Dr. Joshi of GMA.

The case appears to have been filed but its latest outcome could not be placed before me despite a specific query to this effect.

In the meanwhile, a decision has been taken by the Managing Committee to terminate the contract with the NGO and go in for a fresh contract on the basis of a fresh bid. In course of discussion with the Divisional Commissioner and the Director-in-charge of GMA the following decisions were taken:-

- Since there were 13 inmates in the halfway home (female) no hasty action should be taken to take over the management of the home by GMA;

- Offers from good, reliable and committed NGOs of the city should be invited for arrangement of the home; Volunteer's Association for Social Health of India's case for management of the home could be considered along with others;

- The entire process of selection of the agency to take over the management should be completed at the earliest. The home has a capacity of 15 inmates as against which there were in all 13 inmates. Interaction with the inmates brought out the following:-

1. **Sumitra:** She has recovered substantially but her father and other family members are not prepared to take her back home. Her mother is no more while father is old and infirm.

2. **Parvati (48):** After stay in the home for about 3 years she was sent back home after recovery but since her son was reluctant to receive and keep her she had to be brought back. The son has disposed off the ancestral home and since his whereabouts as well as whereabouts of the family members are not known the inmate has to be kept in the home only.

3. **Neeta Varma:** She stated that she has undergone treatment for about 7 years and her condition is reported to be normal. She had met her father last in 2003 (when he had come to see her) but his current whereabouts are not known. She has 2 sisters who are teaching in Colleges in USA. The GMA has addressed the sisters sometimes back but so far there is no response.

4. **Saila Batra:** It was reported by GMA authorities that the husband of the patient has grown old and has intimated his inability to keep and manage the patient. GMA has established further contact with the son-in-law but the latter prefers to keep the patient in the home and is not prepared to look after her.

5. **Sumati Pal:** She was admitted to the Home on 11.8.2008. She stated that she is a resident of Bendol Sadhubaba, Hooghly, Calcutta. The GMA authorities were advised to verify the accuracy of the postal address as stated by the patient and take steps to make enquiries with the people concerned in that address.

6. **Geeta:** She stated that she is a resident of Gondia district in Maharashtra, Shri Deodhar Mishra was her father and she has brothers and sisters who are studying. She is fully aware of their whereabouts and she is pining for their company. It was stated by GMA authorities that the patient was brought from Jabalpur under reception orders of CJM. GMA has entered into correspondence with family members/relatives at the address furnished by the patient.

7. **Lata:** She stated that she hails from Betul and Madhab Rao is her father. GMA did correspond with her father but it transpired that on account of old age and poor health he is not in a position to take back the patient home. The patient who was being administered anti-depression drugs frankly stated that she is not feeling at home at the Home and was keenly desirous of returning to her home.

8. **Kamla:** A resident of Vidisha she stated that she has 2 children at home and while everything was in place in the home she was desirous of returning to her home. She

was aware of the fact that her husband has remarried and has got 4 children out of the remarriage. From the side of GMA it was stated that she was sent back her home twice but was returned. In the meanwhile, her son died but this has been kept as a guarded secret from her so that she does not feel hurt.

It was stated by GMA authorities that during 2008 in all 7 patients have been discharged from the Home and all of them are leading a normal life. Some of them do occasionally visit the home to meet their old friends. From the side of the NGO managing the Home it was represented that in the backyard of the Home there was a open drain which was causing havoc in as much as poisonous snakes and animals enter the Home through this. They represented that this drain should be closed once for all to put an end to such nuisance.

Suggestions made at the end of female halfway home:

- All formalities for release of those patients should be completed who have been effectively treated and who have substantially recovered.
- There should be adequate follow up of those who have been discharged. This would need sanction of additional posts of psychiatric social workers.
- The Home has an uneven surrounding which is not good for the inmates. The uneven ground should be levelled up.
- The open drain in the backyard should be closed once for all.
- Success stories emanating from treatment and recovery of patients should be complied and disseminated through electronic media. This will remove mindsets of people about mental illness.

Visit to male halfway home:

The Home has a capacity of 15 inmates as against which there were in all 13 inmates. Unlike the female half way home, interaction with the inmates of male halfway home appeared to be positive. In one case, the daughter of the patient working as an engineer in Gurgaon has shown her interest and eagerness to take back her father by 15.2.2009. In another case of Jagdish Sharma of Datia the interaction was equally positive even though there was no definite indication about the date and time when he would be taken back.

Of the 13 inmates, whereabouts of family members and relatives were available in case of 11. Two types of letters have been sent to the family members – one from the side of the patient and the second from the side of the GMA authorities. Copies of these communications are being sent to the CJM concerned. All communications are being sent by ordinary post.

Interaction with 2 other inmates brought out the following:-

Father of Veerendra Kumar Varma had addressed a letter to National Human Rights Commission pleading that his son should not be released from the Home until and unless he was fully and effectively treated. The GMA and halfway home authorities had responded to this plea that the patient can receive domiciliary treatment instead of being kept in the Home for an indefinite period but there was no response. Kishore, yet another inmate stated that he was receiving good treatment, was also being well looked after, he had normal sleep and appetite and he felt completely at home in the Home. He was adept in the art of mimicry and he wants to take up textile trade.

Narendra, the third inmate felt that the overall environment in the Home was good, food was being served in time and there were occupations like gardening for fruits and vegetables which could keep them busy and productively engaged.

Occupational Therapy:

The basic objective of OT is to impart training in a few rudimentary skills/trades which are market relevant and which may enhance functionality and employability of the inmates to a certain extent and which may act as a useful tool for rehabilitation of the patients after they have been effectively treated, after they have recovered and sent back to their respective homes. There should be 2 such OT units – one for male and another for female adults who, as IPD patients, have received treatment for sometime, who are on the way to recovery and who are reasonably fit to work. The Instructors/Instructresses for imparting such skill training should be selected with a lot of care and such persons who apart from their educational qualification and professional expertise have a measure of empathy and sensitivity towards the mentally ill persons should be preferred over others. They should also be provided with a modicum of orientation particularly on the art and technique of dealing with mentally ill persons with patience, kindness and compassion so as to strike an emotive bond with the latter.

Every product which is made by the inmates at the end of training should bear their names and should also indicate the period when they were made. Looking at these products made by them should evoke a sense of pride in their minds that even though mentally ill they have the potentiality and unsuspected possibility of carving out objects with locally available materials which could be the feasts of beauty for the eyes of outsiders.

The GMA, Gwalior suffers from a number of deficiencies in regard to the management of OT. To start with, there are no 2 separate OT units but only one meant for female inmates. Secondly, as against nearly 100 female inmates, barely 15 to 20 inmates were found present in the OT-cum-recreation centre. Thirdly, barring one or two there was very little evidence that the products displayed in the OT have been made by the inmates as the products neither indicated their names nor the period when they were made. Fourthly, the skills/trades imparted (candle making, toy

making, knitting, stitching and embroidery etc.) were generally traditional and a very few of them were market relevant. Fifthly, there was no significant addition between the skills/trades as also products seen at the time of last visit and now. Sixthly, the space available in one room is insufficient for 20 persons to receive worthwhile skill training. No doubt, efforts have been made to combine skill training with recreation with a view to reducing boredom and drudgery and instill zest and joy in the minds of the inmates but there is a lot of scope for improvement and qualitative change. With this end in view the following suggestions are made for consideration of GMA:-

I. There should be 2 separate units of OT – one for male and another for female inmates;

II. With the help of State Small Industries Corporation and GM, District Industries Centre a market survey should be undertaken to identify the products (both traditional and modern) which are marketable at remunerative prices.

III. There should be a firm arrangement for procurement of raw materials at reasonable rates and arrangement for storage of these materials.

IV. Too many trades/skills should not be combined in one room as far as imparting of instructional lessons is concerned.

V. Each finished product should have a label containing the name of the person making it, date and the number of days taken to make the products.

VI. To ensure better sale of the products, they should be displayed in fairs and exhibitions held in the city from time to time.

VII. If the products fetch a remunerative price in the market, a fair share of the same should go to the producers.

Teaching:

In the light of the observations of the Supreme Court teaching, training, treatment and research as activities should be integrated to the best extent possible. As a matter of fact, they go together. It was observed at the time of last visit that the Deptt. of Medical Education, Government of M.P. have sanctioned a sum of Rs. 2 lakh for getting the permission of Govt. of India for starting the following courses:-

- M.D. in Psychiatry;
- M.Phil in Clinical Psychology;
- Diploma in Psychiatry;
- M.SC in Nursing.

The ex-Director, GMA – Dr. (Mrs.) Jyoti Bindal seems to have initiated certain steps in this direction. Now that she has been relieved of her charge, there should be no let up in these efforts and they should be carried to their logical conclusion.

Research

At the time of last visit I had highlighted the importance of action research in the following areas:-

- Schizophrenia and related psychiatric disorders;
- Affective disorders;
- Anxiety and somatoform disorders;
- Childhood psychiatric disorders;
- Psycho-sexual disorders;
- Substance abuse related disorders;
- Women's Mental Health;
- Geriatric Psychiatry;
- Psycho Pharmacology;
- Psychiatric genetic research;
- Bio-psychosocial research

At that point of time, contribution of faculty members to these areas of research was practically negligible. After one year it was heartening to note that the following faculty members have made significant contribution in the following areas of research:-

1. **Dr. Gautam Anand:**

(has been with GMA after my last visit)

2007-08	Co relational studies of VIQ and psychopathologies in 46 patients of Schizophrenia published in Indian journal of behavioural sciences.
2008-09	Ready to publish 'study of effect of quetapine in Indian acute Schizophrenic subjects – an 8 week longitudinal study'.
2009-10	In process (need to bring back Asylum care in India' permission of Director, GMA accorded.

2. **Dr. S.B. Joshi:**

He chaired one of the technical sessions at the 61st Annual Conference at Agra in January, 2009 on 'Assessing the whole case history of psychiatric patients'.

He also chaired a technical session at Aligarh on 30.10.2008 on 'Psychiatric Problems of Women'.

He participated in M.P. State Level Conference in August, 2008 on 'Substance abuse in Youth'.

3. **Dr. B.L. Sharma, MO, DCP (Pathology):**

He is co working with Dr. Gautam Anand on 'need to bring back asylum care in India'.

4. Dr. Kuldeep Singh, MO, DPM (Psychiatry):

He chaired a technical session on substance abuse at a conference in Indore.

5. Dr. A.K. Jain, MD (Radiology):

He has undergone one month training programme on recent advances in radio diagnosis. He also attended the State Conference on Radiology at Indore.

6. Dr. Manu Dixit, MO, MS (Gynaecology):

She has conducted 2 seminars on yoga and mental health. She has been co working with Dr. Gautam Anand on the topic of need to bring back asylum care in India.

7. Dr. P.K. Singhal and Dr. Vinay Maurya:

They have attended seminars in GMA but have no significant research work to their credit.

8. Dr. Anil Dohre, MO, DPM (Pschiatry):

Published the following articles in newspapers in Hindi:-

A) 'No mentally ill person should be deprived of his/her rights'.
B) 'Schizophrenia needs timely treatment'.
C) 'Personality disorder'.

9. Dr. Ranjit Kumar, Asstt. Professor, Clinical Psychology:

The following papers have been published by him:-

- Attitude towards mentally ill persons among the ward attenders;
- Efficacy of DEPI index in depression;
- TCI, profile in OPD dependant patients;

- Profile of special scores among psychiatric population;

- Neuro Psychological functioning in epilepsy.

He attended a workshop on 'Overview of anxiety disorder in GMA in 2008 and another on basics of substance abuse.

10. Dr. G.S. Kakkad, MO

He attended a conference on anesthesiology in GMA in 2008.

11. Dr. Lakshmi Narayan Rathore, Clinical Psychologist:

He delivered a lecture on the various provisions of MHA, 1987 on 16.10.2008 as a part of Mental Health Week celebrations. He was sent as a Resource Person on 15th and 16th January, 2009 to take classes on 'Family Counselling and Life Skills' in NGO training programme/conducted by Shri Guru Shikshya Samiti, Gwalior and sponsored by Ministry of Social Justice and Empowerment. One of his papers is awaiting publication such as:-

- performance of Bender Gestalt Test revised on Schizophrenia patients.

12. Shri Nand Kishore Singh, Psychiatric Social Worker:

The following paper has been published by him:-

- association between perceived social support and levels of dysfunctions in Schizophrenia.

The following papers have been sent for publications:-

- correlation between perceived social support and family burden in Schizophrenia;

- perceived family burden in Schizophrenia after a gap of 6 months;

- attitude of mental illness of nursing students – pre and post psychiatric orientation.

He has also written the following articles:-

- practice of PSW in different organizations;
- Major approaches and morale of PSW.

He has delivered talks on AIR, Doordarshan and other electronic media for public awareness in general as also for early detention and treatment. He has been regularly counselling parents in regard to their MR children who are victims of autism, cerebral palsy and spastics.

At the end of the review there were 2 rounds of discussion – one with Shri Komal Singh, Divisional Commissioner, Gwalior on 3.2.009 from 11 AM to 12 Noon at Gwalior and another with Shri Vinod Chaudhury, the Addl. Chief Secretary, Government of M.P. at Ballabh Bhawan, Bhopal at 12 Noon on 6.2.2009. The following issues were raised in course of discussion with the Divisional Commissioner, Gwalior on 3.2.2009:-

I. No qualitative improvement and change in the functioning of GMA is possible unless (a) there is effective leadership and direction (b) a qualified, experienced, professional competent and trained individual is appointed to the post of Director to provide the leadership (c) there is continuity in the tenure of the Director for a minimum period of 3 years (d) there is proper delegation of sufficient administrative and financial powers which will enable the Director to function with optimal efficiency and effectiveness. As the Chairman of the Managing Committee and in the context of untimely removal of Dr. (Mrs.) Jyoti Bindal (when things were taking a turn for the betterment of the GMA) it was impressed on the Divisional Commissioner that he should bring to the notice of Health Department, Government of M.P. a gist of the guidelines issued by the Supreme Court in Rakesh Ch. Narayan Vs. State of

Bihar about selection and posting of a Director for a Mental Health Hospital.

II. He should simultaneously bring to the notice of Health Department of the State Government the urgent need for removal of all irritants and stumbling blocks in (a) filling up of all vacant posts (b) regularization of contract appointments (c) all purchases (including journals and periodicals) (d) outsourcing (to be related to the nature of job and not to vacancies).

III. GMA should be delinked from Gajaraja Medical College as far as teaching is concerned, a full fledged teaching block should be constructed and teaching activity should commence from the beginning of financial year 2009-10 in (a) M.D. Psychiatry (b) M.Phil in Clinical Psychology (c) Diploma in Psychiatry and (d) B.Sc/M.Sc in Psychiatric nursing.

IV. For the purpose of expansion (increasing the bed strength from 212 to 300) and for setting up a few new units (Geriatric Ward, Child Guidance Clinic, Drug Deaddiction Centre) GMA is urgently in need of 5 acres of land in an area proximate to the present area of GMA. At the last review meeting on 12.2.2009 (AN) both the Divisional Commissioner as well as the Collector had assured to make available the required extent of land. The commitment is yet to be fulfilled. The Divisional Commissioner was reminded about the promise he had met last time and the DC in turn directed the new Collector – Shri Akash Tripathi to work out the details, keeping in view the genuine needs of GMA and the actual availability of land.

V. The DC was requested to convene an emergent meeting of the MC with a view to regularizing all contractual appointments including contractual appointment of some of the recently recruited MOs like Dr. Gautam Anand.

VI. The DC was requested to make a strong recommendation to the Health Department of the State Government to increase the scale of percapita expenditure from Rs. 250/- to Rs. 500/- with immediate effect as has been done in RINPAS, Ranchi and IMHH, Agra.

VII. The DC was requested to activate the Works Sub Committee of MC with a view to (a) reducing the gestation period (b) completion of all works projects as per schedule (c) ensuring economy and quality of all constructions.

VIII. The DC was requested to impress on authorities of Gwalior Municipal Corporation to expenditure decisions as (a) handing over physical possession of Dharmasala to GMA for being used as a long stay home as also for accommodating family members and relatives of patients who accompany them (b) removing encroachment of a small patch of land within the premises of GMA (c) take up completion of a pucca RCC cover on the drain flowing by the side of GMA and (d) closing down the drain in the backyard of the halfway home as the same has turned out to be a source of nuisance.

The following issues were discussed with Shri Vinod Chaudhury, Addl. Chief Secretary, Government of M.P. in the latter's room at Ballabh Bhawan, Bhopal on 6.2.2009 from 12 Noon to 1 PM:-

I. The State Government issued orders in October, 1994 conferring an autonomous status on GMA. The limitations inherent in issue of this order were pointed out in the last review conducted in February, 2008 and it was suggested that a specific order for delegation and exercise of specific administrative and financial powers in favour of MC and Director, GMA should be issued. The same has not been issued so far. This should be issued without further delay.

II. In Rakesh Ch. Narayan Vs. State of Bihar it was emphasized that a professionally qualified, experienced and well trained person having sufficient experience in hospital administration should be appointed as Director of Mental Health Hospital and once appointed should have a fixed minimum tenure of 3 years. In case of GMA other than Dr. S.P. Agarwal for a period of 2½ years (28.9.2000 to 31.3.2003) no other incumbent had a tenure of more than 1 year as Director. Such continuity and functional freedom was absolutely essential for smooth and efficient functioning of a mental health institution. This salutary principle was, however, being violated in practice continuously for a period of 10-15 years since the apex Court judgement and was not desirable in the public interest. The State Government should try to live upto the expectation of the apex Court and it is not difficult to do so.

III. The following other principles laid down by the apex Court in the same judgement as above should be observed in letter and spirit:-

- The Director should be the appointing and disciplinary authority for all 'B', 'C' and 'D' group employees;
- The MC should be the appointing and disciplinary authority for all Group A employees other than the Director;
- The Health Deptt. in the State should be the appointing and disciplinary authority of the Director;
- The MC should have full administrative and financial powers.

Government of M.P. was yet to act on these principles laid down by the State Government.

IV. There are in all 70 vacancies in various grades and they cause a lot of dislocation in the management of the hospital. A drive should be launched to fill up all these vacancies at the earliest.

V. Shortage in the cadre of Psychiatrists, Clinical Psychologists and Psychiatric Social Workers, poor scale of pay and allowances and contractual nature of appointment were factors responsible for such vacancies. All contractual appointments should, therefore, be replaced by regular appointments. The State Government should also accept and implement the UGC scale of pay recommended by the Sixth Pay Commission for all medical officers and para medical staff.

VI. Against 200+ posts sanctioned residential accommodation was available only for 46. A phased programme for construction of addl. Staff quarters should be taken up in right earnest. This would ensure availability of services of essential staff within the hospital premises to attend emergency cases.

VII. The procedure for purchase of various items (tools, equipments, drugs, furniture etc.) should be rationalized. This will contribute to operational efficiency in management of the hospital.

VIII. Simultaneously the allocation per patient should be raised from Rs. 250/- which was a pittance to a minimum of Rs. 500/- as has already been done at IMHH, Agra and RINPAS, Ranchi.

IX. The existing kitchen building which is too small without adequate lighting and ventilation should be demolished and in its place a new block with chimney, sufficient number of exhaust fans, platforms for washing, cutting and storing vegetables, electric kneader, chapatti making machine (instead of making chapattis on the floor as at present), sufficient number of large stainless steel containers to store food hot before serving etc. should be constructed.

X. The existing library facility should be substantially augmented with a reading room, sufficient number of books, journals and periodicals and e-connectivity between the library and the faculty members.

XI. Sanction of posts (MOs, Nurses, para medical staff ward attendants) should be according to the norms fixed by ICMR.

XII. Outside the norm and strictly related to genuine need the State Government should consider sanction of the following posts:-

- Medical Superintendent;
- Asstt. Prof. Pathology
- Asstt. Prof. Radiology
- Asstt. Prof. Biochemistry

Class – II:

- Medical Record Keeper.

Class – III:

- Data entry operator;
- Librarian;
- Dietician;
- Occupational Therapist

XIII. Planned, coordinated and concerted efforts should be made to bring about an integration between teaching, training, treatment and research. To start with, teaching should commence with the following subjects:-

- MD in Psychiatry;
- M.Phil in Clinical Psychology;
- Diploma in Psychiatry;
- M.Sc in Psychiatry training.

XIV. A small Coordination Committee under the Chairmanship of Chief Secretary/Addl. Chief Secretary with Secretaries to Government of Women and Child Development, Transport, Law, Home, Education, Industry should be formed to monitor and coordinate the affairs of Mental Health hospitals (2) at Gwalior and Indore.

XV. Dr. (Mrs.) Jyoti Bindal, ex-Director, GMA during her brief tenure in GMA had made out a strong case for converting GMA into a centre for excellence. This would mean a liberal financial assistance of Rs. 30 Crores from Ministry of Health and Family Welfare, Government of India. If fructified GMA would have witnessed a period of alround expansion and growth. Since she has already left the institution, it is quite unlikely that the proposal which she had in mind and which she had seriously and sincerely pursued would materialize. Efforts should, however, continue in that direction unabated. Simultaneously, as a part of planning for expansion and growth initiative should be taken to have the following units in place as integral part of GMA:-

- a full fledged geriatric ward;
- a full fledged child guidance clinic;
- a full fledged drug de-addiction centre;
- a full fledged day care centre;
- a long stay home.

***