A report of review on the activities/performance of the hospital for mental health, Ahmedabad by Dr. Lakshmidhar Mishra, IAS (Retd.), Special Rapporteur, NHRC

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The hospital was established with 50 beds as a mental asylum by the colonial rulers in 1863. The old building was built according to a jail pattern. By 1872 the number of beds had been increased to 180. Some of the developmental milestones as chronicled by the hospital authorities are:-

- The mental asylum was established on 6.1.1863 with Major P. Pirai as the first Superintendent;
- The hospital was renamed as Mental Hospital between 1912 and 1982 and functioned under Indian Lunacy Act, 1912;
- The name was changed to hospital for Mental Health in July, 1982;
- The foundation stone for the new building was laid by Governor, Gujarat on 28.1.98;
- The new male wards and kitchen blocks were inaugurated on 28.1.2001;
- The new chronic female and male wards, OT workshops-cum-rehabilitation unit, emergency unit and OPD block were inaugurated on 28.1.08.

Physical infrastructure:

The hospital has its own building which is located in a commercial area in the heart of the city at Shahibang area which is at a distance of 2 kms away from Ahmedabad Central Railway Station, 5 kms away from Ahmedabad airport and State transport bus stand. There is no proper approach road to the hospital as there are shops and commercial establishments on both sides of the approach road making it rather congested. The 140 year old prison like building has been totally demolished and a new building with units/sub units has come up in its place in phases spread over a period of 10 years.

The total area of the hospital campus is 31,872.0 sq. metres of which the built up area is 11,800 sq. metres, open area is 4751.0 sq. metres (within the hospital campus) and open land area is 15,321.0 sq. metres. This area could be used for future expansion and growth of the institution. The hospital land is free from encroachment and 10 green belts and parks have been built up where patients of the open ward can sit with their family members and relax in the afternoon hours.

Construction, repair and maintenance:

The PWD, Gujarat is the main agency responsible for construction of new buildings and repair and maintenance of existing structures. For minor repairs and maintenance as also emergency repairs the Rogi Kalyan Samiti, an NGO has been entrusted with the responsibility for the same.

In course of my rounds in the OPD, IPD, kitchen, dining hall and OT rehabilitation unit, I came across a number of cracks – both horizontal and vertical as also extensive seepages on the wall. Gujarat in general and Ahmedabad in particular is not a heavy rainfall station and there would ordinarily be no occasion for such cracks or leakage/seepage if adequate care would have been taken to ensure the following:-

- good quality construction work by observing the correct ratio between sand, cement, chips for all RCC works;
- good quality plaster by observing the correct ratio between sand and cement and after proper screening of sand;
- adequate curing (for 4 weeks in the minimum for all RCC works and 2 weeks in the minimum after plaster);
- good quality DPC (damp proof compound);
- grading plaster after the roof has been cast with cement and adhesive compounds.

The portions of the building which have been damaged due to such cracks or seepages were shown to the Superintendent and other hospital authorities and they were requested to discuss the same with the PWD and have the structural deficiencies corrected after the rainy season.

A comparison between the State of affairs of the hospital between 1998-99 when Prof. S.M. Channabasavanna Committee visited the hospital between October, 2007 when Shri Chaman Lal had visited the hospital and now

S.No.	Recommendations made by Prof. S.M. Channabasavanna Committee	Current Status of the hospital
1.	**Main Observations:** 1. The hospital has been built on the line of a prison with single cells. It was, therefore, observed that all cellular structures be demolished.	1. All the cellular structures have been demolished.
2.	Many parts of the building are no longer habitable and have been closed down.	2. All these buildings have been demolished and new structures have come in their place.
3.	There are no special or paying wards.	3. According to the policy adopted by the Government of Gujarat, Health and Medical Care is being provided free of cost to all patients and, therefore, there is no need for such wards.
4.	Charges are being collected	4. No charges are being

	only when specifically ordered by the Court.	collected except when somebody wants to pay voluntarily.
5	All wards are closed and there is no separate building for criminal patients. Patients are housed in single or 2 bedded rooms and there are a few additional structures having 4 to 6 patients.	5. As on date, there are 5 closed wards and 2 family wards. Each ward accommodates on an average 20 to 30 patients.
6.	About 50% of the patients have cots with adequate bedding.	6. All patients have been provided with cots and proper bedding now.
7.	Lighting and ventilation is poor.	7. There has been substantial improvement in lighting and ventilation. Load shedding appears to be very rare in Ahmedabad.
8.	Current living arrangements do not protect the patients from the vagaries of weather which in Gujarat are fairly extreme (the temperature in summer months (April – June) goes upto 46° to 47°Celsius.	8. Fifteen air coolers have been installed to minimize the rigour of heat. Fixing of China mosaic on the roof is going on which would also bring down the temperature by 2 degrees Celsius. There are 314

		fans against 330 beds. The fan patient ratio, therefore, is almost 1:1.
9.	Toilet facilities are inadequate with minimal arrangements for female patients. Male patients have to use the open drainage lines for urination and defecation.	9. As against the total number of sanctioned beds being 315 and going by the current occupancy rate at about 70%, there are 54 toilets installed which gives a patient toilet ratio of 5:1 which is quite adequate.
10.	Solar heating has been installed for hot water; the bathing arrangements on the male side do not provide for privacy.	10. More than 50 bathrooms have been provided separately for male and female patients. This has ensured right to privacy.
11.	**II** **Staffing Pattern:** There is only one Psychiatrist who is assisted by a resident medical officer on the clinical side and 2 nurses.	11. There are at present 4 Psychiatrists and 8 General Duty Medical Officers, 2 Clinical Psychologists and 4 Psychiatric social workers. This goes to show that there has been 100% improvement in the

		staffing pattern even though it is not according to the norm laid down by ICMR (Ref. Dr. S.P. Agarwal's Mental Health – an Indian perspective 1946 – 2003).
12.	There are 35 staff nurses in addition to a Matron, none of whom has been trained in Psychiatric nursing.	12. As of now, there are 49 staff nurses with one matron (matron). The required number of staff nurses in the nurse patient ratio of 1:10 per shift should be 31 and for 3 shifts it should be 93. The number of staff nurses in position is, therefore, short by 44. Five staff nurses have been trained in Psychiatric nursing at NIMHANS, Bangalore and the rest have been trained by the inhouse training facility created by the hospital management. Diploma in

		Psychiatric nursing (DPN) course has been started from September, 2009. This would promote human resource development in psychiatric nursing and would increase the number of qualified and trained staff nurses for the hospital.
13.	There are 5 technical staff, 13 administrative staff and about 120 Group 'D' Staff.	13. There are 4 technicians one each for ECG, EEG, x-ray and biochem laboratory. There are 10 persons in administrative staff (2 posts have been abolished and 1 is vacant). There are in all 138 Group 'D' staff the break up of which is as under:- Attendants – 75; Security Guards – 24; Sweepers – 39; (17 sweepers regular and 22 sweepers contractual).

14.	Most of the nursing and Group 'D' staff stay in the campus.	14. Since the old structures (including the residential blocks) have been demolished less number of staff quarters is available within the premises of the hospital. The staff members who were previously occupying staff quarters have been accommodated in the pool accommodation provided by the Government of Gujarat (PWD). The Superintendent stated that consequent on the increase in the scale of HRA most of the staff members prefer to say in their own houses and earn HRA @ 20% of the basic salary instead of coming to stay in the staff quarters provided by the hospital.
15.	Working hours for doctors are 6	15. The working hours have

	hours a day and are available on call while the rest of the staff work for 8 hours a day.	been fixed for 8 hours for all doctors and para medical staff and services of all medical officers are available round the clock.
16.	An anaesthetist and general physician come as visiting consultants.	16. The existing arrangements confirm what was observed in 1998. Modified ECT is being administered on every alternate day. Ten to twelve patients are being administered ECT and the anaesthetist who comes to administer the modified ECT is a private practitioner. The anaesthetist is being paid @ Rs. 75/- per patient with a minimum of Rs. 750/- per day. The post of an anaesthetist was advertised by the hospital management but there was no response for the simple reason that there

		is acute shortage of professionals in this cadre.
17.	Two Psychiatrists come from the general hospital psychiatric unit of BJ Medical College to help run the OPD services.	17. This practice has since been discontinued consequent on the Professor of Psychiatry who used to come from the BJ Medical College along with residents was no longer available and discontinued coming to the hospital.
18.	Residents in Psychiatry doing their MD are posted for 3 months.	18. This practice has since been discontinued.
19.	Overall staff position is inadequate in terms of professionally trained staff. There is a need to increase the number of posts of psychiatrists, clinical psychologists, psychiatric social workers and psychiatric nurses.	19. Even though the psychiatrists, clinical psychologies and PSWs as also staff nurses fall short of the required number according to the norm laid down by ICMR, there has been positive improvement in terms of number as also training of staff nurses.

20.	**III <u>Admissions and discharge:</u>** Voluntary admissions are very low forming barely 4% of the total admissions.	20. All admissions are governed by the Mental Health Act, 1987 and 80% of the admissions are voluntary.
21.	Current occupancy rate is about 75%. Approximately 50% of the patients are long stay patients staying in the hospital for more than 5 years. The average duration of stay for the remaining is about 4 months.	21. The current occupancy is 210 against a total number of 315 sanctioned beds which puts the occupancy rate approximately at 70%. There are only 10 long stay patients which is a substantial improvement considering the observation made earlier. Of this, 7 are between 2 to 5 years, 1 more than 5 years and 2 more than 10 years. The average duration of stay for the remaining is as under:- Family open ward - 10 days;

		Acute – about 70 days; Chronic – about 3 to 4 months.
22.	There are about 10 deaths (3%) in the hospital per year but no suicides, homicides and escapes.	22. Between the year 2006-10, 9 deaths have taken place, 2 suicides and 7 natural deaths.
23.	Decertification is done by the hospital authorities and patients discharged with relatives.	23. The same practice continues.
24.	Occasionally patients may be sent home with hospital escort and rarely sent home alone.	24. The same practice continues.
25.	a) Discharge problems are mainly due to the family being unable to support the patient due to financial burden. b) There are no psychiatric facilities close to their homes in case of an emergency.	25. The Superintendent stated that the following initiatives have been taken by the hospital management – – Emergency and casualty services have been started; – Overall supply of medicines has

		improved from 2 weeks to 2 months; – A Community Satellite Clinic has been started at Surendranagar; – Vocational and occupation al therapy facility for both male and female patients has been started. Vocational skill training is also made available to the relatives or family members of patients who are economically poor. The collaborative support and help from NGOs is also made available in such cases by providing sewing machines and other equipments which are needed to translate a particular skill to action.
26.	Relapse of illness or exacerbation of symptoms due	26. The Superintendent stated that due to

	to discontinuation of medicines is the most common cause for readmission.	vibrant drug counselling, the incidence of relapse due to discontinuation of drugs has come down. The Self Help Group called 'Saathi' visits the homes and gives counselling on the importance of continuous compliance with the drugs prescribed.
27.	**IV** **Finance:** Although there has been an increase in the plan and non plan budget over the years, this increase has not been significant.	27. The Superintendent stated that the earlier trend was higher occupancy of beds and less OPD patients. This trend has been reversed during the last 5 years. There are now more patients in the OPD and fewer patients in the IPD. Additionally, the hospital is also required to cater to the requirement of free supply of drugs for the

		central jail, beggar's home, Nari Niketan, Community Satellite Clinic at Surendranagar and so on. All these requirements need to be kept in view while fixing the budgetary outlay. During the last 2 years, there has been an improvement in the size of Plan and Non Plan budget which by and large corresponds to the genuine needs of the hospital. The other redeeming feature in the hospital management has been that the expenditure in relation to the allocation has been 100%. The Superintendent further stated that there are 2 items i.e. linen and diet which have registered significant increase in expenditure. The increase in linen may be

		attributed to the revised norms prescribed in 2007 while diet charges have been substantially revised to Rs. 54/- per head from Rs. 35/-.

<u>Visit to OPD and interaction with OPD patients:</u>

1. Shobnaben Navenbhai is from Ahmedabad and has been suffering from mental illness for the last 10 years. The illness started after her husband's death but the symptoms (loss of sleep, aggressiveness etc.) manifested perceptibly after five years. She had been accompanied to the OPD by her son. When asked about her late coming to the hospital she stated that she was unaware of the existence of the hospital. The patient appeared to be malnourished and anaemic too. Now with the treatment for the last 4 years she has shown signs of improvement.

2. Surema Bansi (35) is from Ahmedabad and has been under treatment in the hospital for Schizophrenia for the last 18 years. The disease manifested itself with symptoms like irrelevant talk, abusive behaviour, irritable temperament and poor self care. The family members accompanying the patient expressed their satisfaction over the fact that (a) drug compliance is cent percent (b) the Superintendent – Dr. Chauhan and members of his team have taken good care of the patient and (c) the patient has shown 90% improvement with total physical and social functionality. The case has

demonstrated that mental illness is correctable and there is no cause for despair.

3. Moinuddeen S. Qureshi (30) is from Surendranagar and has been a victim of mental retardation with behavioural disorder. The trip from Surendranagar to Ahmedabad entailed an expenditure of Rs. 100/- per person. The family members of the patient accompanying him stated that psychotic drugs were discontinued for about 4 months due to physical illness of the patient and this resulted in worsening of the condition of the patient. With resumption of treatment he has shown signs of improvement and his condition is stable.

4. Darshna Narsi Parmar (20) is from Ahmedabad and was showing symptoms like insomnia, hearing of voices, aggressiveness, restlessness and tendency to run away from home etc. While she had run away from home, she was caught by the police and was brought to the hospital. According to the assessment made by the relatives of the patient accompanying him she has registered improvement to the extent of 70% after receiving OPD treatment. There is a perceptible decline in the symptoms which manifested earlier. The redeeming features about OPD treatment brought out by the relatives are (a) the hospital staff were civil, courteous and considerate (b) the registration of old patients takes about 2-3 minutes and (c) the waiting period at the drug dispensing unit is about 10 minutes.

5. Gomatiben from Kalol has come to the OPD with 2 of her sons who are suffering from mental illness for the last ten years.

Initially she had taken them to a private hospital which turned out to be a very expensive (Rs. 50,000/-) proposition. To meet the cost of the treatment she sold her Ahmedabad house and had to shift to Kalol (25 kms away from Ahmedabad). At this stage she came to know from one of her relatives about free treatment facilities being available at the mental hospital, Ahmedabad. From last year onwards she is bringing both her children to avail of the treatment in this hospital free of cost. While the younger child has shown much improvement, there is no such improvement in the condition of the elder child. She is now living with both the children at Kalol in her new house. She expressed her satisfaction over the fact that facilities and amenities available in the hospital are distinctly superior to other private hospitals, behaviour of the staff is much better and so are the facilities of treatment.

6. Taraben Ravjibhai (25) is from Kheda and has been suffering for the last 3 years with symptoms of laughing without reason, harbouring suspicion that somebody is coming to kill her, using abusive language etc. The treatment of the patient in the OPD has started since last 2 months and during this period she has shown 50% improvement in respect of all symptoms. Considering the distance from where the patient is coming and the expenditure involved (travel entails an expenditure of Rs. 100/- per person) the patient has received supplies of medicine for 2 months. The patient's relatives appreciated the quality of counselling at the OPD due to which they are able to correctly understand the dosage and frequency of drugs.

7. Ajit Khan Haider Khan (25) has been suffering from sleep disorders, poor self care etc. for the last 3 years and has been receiving OPD treatment for the last 2 years. Before commencement of the treatment he was totally non functional but now with the treatment he has become functional to a large extent and is earning Rs. 6000/-. Her son's earning was the main source of income and this has made the mother supremely happy. She told me that she had approached the Deptt. of Psychiatry of the Civil Hospital, Ahmedabad for her son and the latter received treatment there for 2 years but there was no improvement. She brought her son to the mental health hospital after getting reference from the relative of an improved patient. She drew a line of comparison between the doctors and staff of the civil hospital and those of the mental health hospital. Whereas in the first they did not even touch the patient, the staff of the mental health hospital were polite, courteous and extremely humane in their behaviour and that had a perceptible impact on the recovery of the patient.

8. Pinnakin Ramanlal (31) from Ahmedabad has been suffering from restlessness, poor self care and abusive behaviour for the last 9 months. He was brought to the OPD by his relatives and since he started receiving the treatment he has shown about 40% improvement. In the absence of his father who is no more, the only source of earning for the family are his brother and sister. The relatives were satisfied with the positive response from everyone in the hospital and the quality of services received. When asked about the average waiting period at the various stages of the entire process of receiving treatment in the OPD, they stated as under:-

Registration counter - 5 minutes;
Consulting Psychiatrist - 15 minutes;
Psychiatric Social Worker - 20 minutes;
General Duty Medical Officer - 10 minutes.

Receiving drugs at the drug dispensing unit – 5 minutes.

In other words, the entire waiting period is not more than 1 hour.

9. Rafiq Ali Mohammad (20) from Ahmedabad has come to the OPD for the first time. He has been suffering from Cerebral Palsy with behavioural disorders for the last 9 months. The patient was initially taken to the Deptt. of Psychiatry, V.S. Medical College and Hospital but did not register any improvement. The patient was brought to the mental health hospital on a reference from the relative of a patient. Cerebral palsy is a neurological disorder which does not register radical improvement very soon. Improvement in behavioural disorder is, however, possible, feasible and achievable.

10. Ramila Aljibhia Parghi (22) from Surendranagar is suffering for the last 5 years with poor self care, disorientation and inappropriate social behaviour all of which started after marriage. She is not having any child. She is undergoing treatment in the District Headquarters Hospital, Surendranagar. She is visiting mental health hospital, Ahmedabad with her father for collecting the certificate of mental illness for the purpose of pension as also for collecting a certificate to avail of railway concession. Her father stated that she is getting good treatment at Surendranagar.

11. Saddam Hussain Shamsher Khan (25) from Ahmedabad developed mental illness when he was 18 years old with symptoms like poor self care, tendency to run away from home and disinclination to do any productive work. Ever since he started receiving treatment from the hospital he has shown signs of improvement (60%). He is not doing any work as a source of earning but is able to look after himself (which was not the case earlier).

12. Sisters of charity (founded by Mother Teresa) which is an international NGO of repute and standing is involved in mental illness work for the last 5 years. They bring the mentally ill persons wandering in the streets to their NGO Home and from there they bring the patients to the hospital for treatment and for getting them admitted, if required. During the last 5 years more than 50 patients have been brought by the NGO to the hospital and have been treated. presently 20 patients are receiving OPD treatment of which 2 have been admitted in the IPD. It was heartening to hear one of the Sisters from the NGO informing me that (a) the NGO is fully satisfied with the treatment facilities, care and attention provided to all patients including theirs (b) lots of efforts have been put in by the Superintendent – Dr. Chauhan and his team is sending the patients back home after effective treatment and recovery.

13. Krishna Bhai Reva Bhai (60) from Ahmedabad came to the hospital for follow up of his treatment with his wife. At the time of our visit to OPD she was in the registration counter. Within a few minutes she returned to her husband. The patient has been suffering from paranoid Schizophrenia and has been

continuing the treatment in the hospital since 1997. From his external appearance he appeared to be malnourished and anaemic although his wife stated that he has normal appetite and sleep. The patient's wife and son are earning Rs. 4000/- per month (approximately). She further expressed her satisfaction over the fact that she has never faced any problem in regard to receiving timely treatment including medicines and she is happy with the care and services provided by the hospital.

14. Rajuba Praveen Singh Rajput (31) from Surendranagar has been suffering from Schizophrenia for the last 9 years. She received her initial treatment at the mental health hospital, Baroda for 4 years but did not register any significant improvement after which she has been brought to Ahmedabad. The relatives of the patient stated that during the last 5 years since she shifted from Baroda to Ahmedabad she has recovered almost by 90%.

15. Sakinabibi from Ahmedabad is a mother of 2 patients namely a girl (18 years) and a boy (20 years). The girl is a victim of Schizophrenia and the boy is mentally retarded with epilepsy. Both of them received treatment in the civil hospital, Ahmedabad but there was no improvement. After the treatment was shifted to mental health hospital, the girl's prognosis has been better than the boy. She is able to make agarbattis (incense sticks) and earn approximately Rs. 1000/-. She was highly appreciative of the content and quality of treatment, care and attention which the patients received at the mental health hospital, Ahmedabad.

16. Lataben Anandbhai (32) from Ahmedabad has been suffering from mental illness with symptoms like a lot of sadness, suicidal tendency, being suspicious towards family members and visual hallucination for the last 3 years. She has been receiving treatment from the hospital for the last one and half years. She was fully appreciative of the care and support she received from the team of doctors (Psychiatrist, Psychiatric Social Worker, Clinical Psychologist) as also the training she received at the OT which has enabled her to earn Rs. 1000/- per month and thereby economically rehabilitate herself fully.

17. Bablubhai Chauhan (32) from Ahmedabad is suffering from epilepsy for the last 10 years although he started taking treatment at the mental health hospital only from 2005. Since then due to regular follow up and drug compliance he has shown remarkable improvement. He is now fully functional, having a job and is earning Rs. 3000/-. This improvement backed by his functionality and productivity has brought a wave of happiness to the family.

18. Sitaben (50) from Kheda is a victim of Schizophrenia for the last 3 years and is having treatment from the hospital since 2008. On being asked as to how she was brought to the hospital, the relative accompanying her stated that it was through a known person whose relative was in the hospital and who has now shown significant improvement. The patient's relative further stated that he had to spend a lot of money by taking the patient to private hospitals but did not get the expected results. However, after OPD treatment in the mental health hospital, she has recovered by 70-80% and they

are fully satisfied with the quality treatment they have received from the hospital doctors and staff.

19. Tanuja Hasan Bhai (22) from Kheda is a divorcee and suffering from mental illness for the last 2 years. She has, however, started receiving treatment from the mental health hospital since last year only. On account of her extremely poor financial condition she would not have been able to continue with the treatment but for the ungrudging help extended by the mother of Moinuddeen Smilebhai Qureshi (patient at S. No. 3) who brings almost 4 patients from her village in a hired vehicle. Her name is Karim Bibi who is doing a marvellous job as due to her charity and catholicity so many poor patients have been able to visit the hospital and avail of the facilities of OPD treatment free of cost.

20. Bhagwatiben (65) from Ahmedabad is a case where mental illness has been associated with a lot of other physical illnesses. She is suffering from high BP, diabetes, edema in legs, joint pain, sleep disorders and depression. She is receiving OPD treatment for mental illness but since her physical illnesses may assume onerous proportions unless treated it was suggested by me that her case should be referred to the civil hospital so that she can receive treatment for both mental illness and physical illness. Such cases also require total understanding, trust and goodwill directed towards full recovery of the patient.

21. Ashok Laxman (40) from Ahmedabad has received treatment, has recovered from mental illness substantially and has come to the OPD with his relatives for follow up and for collecting required drugs which have been prescribed for him.

22. Kalpesh Vipin Bhai (16) from Ahmedabad has been receiving treatment from the hospital for the last 2 years. Prior to this and for a period of five years his relatives used to bring him to a private hospital but even though a lot of money was spent there was no improvement in the patient's condition.

23. Satishbhai Baldevbhai (37) from Ahmedabad is having mental illness since the last 4 years. He had the initial symptoms of mental illness such as aggressiveness, being abusive to people and sleeplessness. His relatives reported that he has shown improvement in respect of all the symptoms. He has become functional and is managing a shop. He is married but does not have any child.

24. Ganapat Ashok Solanki (18) from Ahmedabad has been a victim of epilepsy for the last one and half years. He was having on an average 4 seizures per month. His relatives took him to the Deptt. of Psychiatry, Civil Medical College and Hospital but there was no decrease even by a single number. It is at this stage and with reference of a relative the patient's OPD treatment was started in the hospital (not a special bed) about 3 months back and for the last 2 months he is not having any seizure.

25. Hajat Bibi (55) from Kheda is having Parkinson's disease as she was shaking badly as also having symptoms of

restlessness, indulging in loose and excessive talks for the last 15 days. Her family members have brought her to the hospital and she was immediately admitted in casualty department. The patient was brought by a taxi driver – M.S. Malik by name. Like Medical Superintendent . Karim Bibi, Shri Malik also appears to be a good Samaritan. He while bringing patients has been spreading awareness about mental health causes and factors which contribute to mental illness, location of the mental health hospital and how to avail of the services in the mental health hospital free of cost. This is how he has been providing relief and succour to a large number of mentally ill persons who are in need of care and attention of others.

Registration, record keeping and computerization:

Every mentally ill person is required to register himself/herself at the registration counter before being examined in the OPD. The registration counter is located in the beginning of the OPD where 2 windows are placed separately for the new and old cases (new case window has less rush and, therefore, this window also deals with cases of the physically disabled and the elderly). There are 4 case writers placed at these 2 windows. They have good communication skills; they treat the patients and their relatives with courtesy and put simple questions in a friendly and informal manner to elicit basic informations about the patient, his family, illness and symptoms thereof prior to registration. Registration of each patient takes about five minutes.

The cases may be divided into 2 categories i.e. old cases and running cases. The running cases have been kept separate from old cases and have been maintained yearwise and unit wise in 3

bunches. This facilitates easy and early file retrieval. A patient card has been issued in all new cases on the basis of which retrieval of file is being done at the time of follow up if the patient has forgotten to bring the card

No post of data entry operator has been sanctioned as yet and no computer facilities have been provided at the registration counter. All basic data about the patients are being manually entered. It was explained by the Superintendent that Government of Gujarat has developed a computer software for various activities/sub activities for all the mental health hospitals by Tata Consultancy Services and efforts are being made to establish a Hospital Computerized Management Information System (HCMIS) in the State owned and managed hospital at Ahmedabad. The Superintendent further stated that this is likely to materialize by October, 2010 and by that time 6 data entry operators are likely to be appointed to take care of the system.

Information, Education and Communication

One of the redeeming features which struck me in course of my OPD rounds is a wide range of impressive IEC and other related materials which have been displayed on the walls of the hospital and which could be a rich source of information for the patients and their relatives/attendants. The details of the IEC and other related materials are:-

Messages on the left side:

- Suggestions/complaints box.
- Information about OPD timings.

- Layout Plan of hospital building.
- Fire Exit Plan.

Messages on the right side:

- Admission procedure and documents required for admission.
- List of OPD doctors:-
    - Dr. Ajay Chauhan;
    - Dr. Dipti Bhatt;
    - Dr. Khyati Mehtaliya;
    - Dr. Nehal Shaha;
    - Dr. S.P. Desai
- Information for the patients about their rights under the RTI Act, 2005.
- Rights and responsibilities of mentally ill persons and their relatives.

Messages at the Registration Counter:

- Voluntary contribution rate for OPD registration, IPD registration, lab services, ECT services and medical certification.
- Advising the patients to come in a queue (there are, as a matter of fact, no separate queues for convicts and UTPs whose cases are being referred by the jail authorities, physically or orthopaedically handicapped, visually challenged, elderly persons and women with children).

Disease related IEC materials:

- General information on mental health.
- Availability of mental health services in the State of Gujarat.
- Information related to Schizophrenia, mania, dementia, alcohol and drug addiction and other problems.
- Dos and do nots for the patients and their relatives.
- Counselling the relatives/family members of the patient as to how they can give support and help in ensuring compliance with drugs, behavioural disorders etc.
- Different types of treatment available in the hospital, modified ECT and Psychotherapy etc.
- Messages related to positive fall outs of yoga, pranayam, meditation, exercises etc. on mental health.

Messages displayed inside the rooms of Psychiatrists:

- Causes and factors which contribute to mental illness.
- Management of emotions.
- Types of Psychotherapy.
- Importance of yoga, pranayam, meditation, relaxation and exercises.

Messages displayed inside the rooms of Psychiatric social workers:

- Role of the family in management of the mentally ill.
- Ways and means of helping proactively a mentally ill person.

- Social responsibilities towards mental health.
- Importance of yoga, pranayam, meditation, relaxation and exercises.

Messages displayed inside the rooms of the general duty medical officers:

- Side effects of psychotic drugs.
- Medical co morbidity associated with mental illness.
- Regular intervention required for a person on psychotic drugs.
- BMI chart, importance of physical exercise and balanced diet.
- Dos and do nots for violent/epileptic patients.

Messages displayed on the walls of emergency rooms:

- Rules and regulations for emergency.
- Emergency open for 24 hours.
- No emergency available for medical illness; this is only for psychiatric emergency.
- Fire exit plan.

Other related materials displayed near the drug counter:

- Press cuttings of success stories both in Gujarati and Hindi.
- Effective treatment, timely discharge and rehabilitation.

Overall impressions emanating from visit to the OPD:

- In all between 10 AM and 11.30 AM I interacted with 25 patients, their family members/relatives.

- Majority of them have hailed from different wards of Ahmedabad City Corporation while a few of them were found to have come from the districts of Surendranagar, Kheda and Nadiad. Some travel from far away places like Parvani in Maharashtra.

- Patients coming from different wards of Ahmedabad city normally leave around 7 AM and reach the hospital by 8 AM to 8.30 AM.

- Patients coming from outlying districts like Surendranagar, Kheda and Nadiad in Gujarat or Parvani in Maharashtra would be starting much earlier and leaving much later.

- On being asked as to whether they have eaten anything since the time of their arrival they replied in the negative. The response was that either they are on fast or they did not have any time to take food.

- There is no canteen near the OPD although restaurants are available outside the hospital premises.

- Patients interviewed constitute an admixture of old, new and follow up cases.

- On an average, the waiting period at the registration counter and OPD ranges from 2 to 4 hours.

- The timings for examination by the Medical Officer, issue of prescription and collection of drugs are as under:-

  - time taken by the Psychiatrist – 15 to 20 minutes (a new case);

  - time taken by the Clinical Psychologist – half an hour (new case);

  - time taken by the Psychiatric Social Worker – 15 to 20 minutes (new case);

  - time taken for collection of drugs on the strength of prescription issued – 5 to 7 minutes.

- On being asked as to how they came to know about the existence of the hospital in Ahmedabad city, the response was as under:-

  - an auto rickshaw driver who has been driving the patients to the hospital has been giving this information to a number of patients;

  - the patients in the negibourhood of the ward/mohallah or the village who have come to the hospital earlier, who have been effectively treated and who have recovered also give this information;

  - there was an old lady from the minority community – Karima Bibi by name, who is otherwise hale and hearty, lively and sportive in her demeanours who has carried 4 patients in her vehicle from Surendranagar, a distance of 100 kms. This is the success story of a good human being trying to help out other human beings in distress.

It reads like the story of a good Samaritan of the old Biblical core;

- on being asked about the overall content, quality and impact of the treatment provided by the hospital, the response was positive;

- several relatives/family members indicated that the recovery has been of the order of 70-80% in a very short time in the government managed hospital while the pace of recovery through treatment in the private clinics and other hospitals like the Ahmedabad Civil Hospital which is situated close bye has been slow, time consuming and costly;

- in regard to cost in one case it was disquieting to learn that the cost of treatment in a private clinic has gone up as high as Rs. 50,000/- which compelled the patient to dispose of her landed property and shift her residence from the city of Ahmedabad to a village in Kalol.

- By and large, ignorance about mental illness, need for bringing the patients in time to the hospital for diagnosis and treatment, importance of continuous compliance with drugs and dangers of discontinuance are pervasive. It is urgent and imperative that such ignorance is removed and positive awareness is generated through a massive publicity drive across the length and breadth of the State at the bus stand, railway station, airport, in all the wards/mohallas of the city informing people of the following:-

- services provided in the hospital are free of any cost;
- there are no middlemen involved in bringing the patients to the hospital or in matters pertaining to their admission and discharge;
- overall environment in the hospital is conducive to free and effective treatment compared to private clinics or other hospitals;
- there are clear dangers of suppressing mental illness;
- the patient must be brought to the hospital in time for diagnosis and treatment;
- drug compliance must be uninterrupted;
- there will be definite danger of relapse due to discontinuance of drugs;
- domiciliary treatment is extremely important;
- domiciliary treatment becomes meaningful only with love, care and attention of family members.

- The most notable redeeming feature in the OPD treatment is that the hospital services are being supplemented and complemented by a number of good, reliable and committed NGOs like 'Saathi'.

A few other observations at the end of the round of the OPD:

- Mental illness is invariably associated with other complications of physical illness. To deal with such cases we need the

services of a general physician as in RINPAS, Ranchi who can do the preliminary screening and diagnosis and recommend referral of such cases to a general hospital like city civil hospital for specialized treatment.

- Mental illness is also associated with mental retardation in a number of cases. However, u/s 2(1) of Mental Health Act, 1987 a mentally ill person means a person who is in need of treatment by reason of any mental disorder other than mental retardation. This is an extremely difficult provision and poses a dilemma before Psychiatrists and Clinical Psychologists who can entertain and treat cases of mental illness but not those of mental retardation. The law is silent as to what should be done where mental illness is associated with mental retardation. There is need for adding an explanation that such cases where mental illness is associated with mental retardation should be entertained and should not be turned down. The Commission may write and recommend to the Ministry of Health and Family Welfare to add such an explanation by way of an amendment.

- After the first symptoms of mental illness are observed there is invariably a delay of 1 to 6 months in bringing the patient to the State owned and managed mental health hospital. Sometimes the patient is brought to such a hospital after being treated in a private clinic at considerable expenditure but without any perceptible improvement. By the time the patient is brought to the State owned and managed hospital mental illness has assumed serious proportions. Besides, the family

has also been driven to a state of desperation due to financial bankruptcy.

There are 2 ways to deal with such a situation. The first through a massive awareness drive about the existence of State owned and state managed hospital, the location thereof and the various facilities and amenities available there free of cost need to be brought to the knowledge and awareness of the general public. Secondly, the State Mental Health Authority and the licensing authority need to critically review the performance of all Psychiatric hospitals or psychiatric nursing homes and deal with them in a stringent and deterrent manner for lapses in the following areas:-

- the rates charged are abnormally high;
- the results are not proportionate to the rates charged;
- the psychiatric hospital or nursing home lacked minimum facilities and amenities.

In all such cases, the licence granted by the licensing authority may either not be renewed or may be revoked.

Currently, under the State Mental Health Rules, 1990 the rates to be charged by all such Private Psychiatric Hospitals/nursing homes have not been specified. The Commission may write to the Central Ministry of Health and Family Welfare for amending the State Mental Health Rules to prescribe standard rates for diagnosis and treatment of various types of mental illnesses above which no hospital/nursing home can change.

- In a number of cases, the treatment has been going on for 10 to 15 years and sometimes goes beyond 30 years. There are a number of ways to deal with such situations. One is at the time of admission of an inpatient u/s 19(1) the head of the Psychiatric hospital should (a) ascertain the full postal address of the patient from the relatives/friends on whose request the patient is being admitted (b) provisions of proviso to Section 19(1) that no inpatient can be kept in the Psychiatric hospital or nursing home for a period exceeding 90 days should be read out to such relatives/friends and (c) an undertaking should be obtained from such relatives/friends that after the patient has been effectively treated and substantially recovered and on receipt of a formal intimation from the hospital authorities to this effect they should come back and take charge of the patient when he/she is discharged by issue of a formal discharge order.

The second way of dealing with the situation which arises out of unusually long stay of patients is to organize as many community satellite services as possible so that patients may come and receive OPD treatment at those satellite clinics.

Gujarat is a large State with 26 districts but community satellite clinics are available only at Limdi (there is a sub hospital at Limdi) and Surendranagar on every alternate Thursday. There is imperative need for opening of more of such satellite clinics as an alternative to hospitalization.

- It could not be ascertained if the record of drug compliance is altogether satisfactory.

Drug compliance is at 2 places i.e. one, within the hospital in the IPD and second, at home where domicilliary treatment is taking place. The first is a controlled environment and there cannot be any possibility of non drug compliance under the caring and vigilant eyes of the staff nurses and MOs. The real problem of drug compliance may arise at home for the following reasons (a) ignorance and illiteracy of family members/relatives, their inability to read the prescription (b) working family members may remain away from home leaving the patient alone to fend for himself/herself and (c) psychiatrically ill patients and Schizophrenic patients in particular are likely to tear off the prescription and throw away the drugs in a fit of rage.

Drug compliance is non-negotiable if relapse of the ailment is to be prevented. Within the hospital and IPD in particular some amount of vigilance and surveillance is needed on the part of the MO on duty to ensure that drugs are being administered in time and as per prescribed dosage. At home, however, this has to be left largely as a responsibility of the care givers (wife, children, other family members etc.). Such care givers need to be given some orientation and counselling at the time of discharge of the patient. There are a number of ways by which even ignorant and illiterate family members can be given this counselling so that there is no discontinuance of drugs at any point of time.

- On the whole the societal framework in Gujarat appears to be much stronger than what has been observed elsewhere in the country. There are no doubt cases of wives complaining against husbands and husbands complaining against wives securing divorce because of mental illness but such cases are

few and far between. By and large, the joint family system is still going strong, family ties or ties of the kindred are strong and patients are being brought to the hospital by close family members and relatives.

This is the finest success story in management of mental health in Gujarat.

- Yet another redeeming feature which was noticed in course of visit to OPD is that medicines are being given for a period of 60 days as against 15 to 30 days in mental health hospitals elsewhere in the country. This reduces the possibility of patients visiting the hospital again and again for follow up/collection of medicines and thereby the botheration of travelling long distances and incurring avoidable expenditure. This must be coming as a source of great relief for lower middleclass or BPL families.

- Cases where the patients or relatives/family members do not turn up for follow up, the hospital authorities keep a watch and write to them to come and collect medicines and in case of patients who cannot afford the luxury of coming to collect the medicines, the medicines are being sent by courier services to such patients.

- The hospital authorities are issuing disability certificates to mentally ill persons. Such certificates constitute an important base for considering their applications before the Railway Authorities or Gujarat Road Transport Corporation Authorities for issue of concessional travel tickets.

How well equipped are the rooms of Psychiatrists, Clinical Psychologists and Psychiatric Social Workers and how conducive is the overall work environment.

The size of the rooms is 10’x9’ and are quite commodious. The patient is made to feel quite at ease and is made to sit for about 20 minutes to half an hour in the maximum in a comfortable chair. There are additional chairs for the attendants of the patient. The rooms are well lighted and ventilated. Drinking water facility is available. Appropriate IEC materials have been displayed on the walls of the room. Each MO’s chamber is equipped with the following materials:-

- BP instrument;
- Weighing machine;
- Torch;
- Examination table;
- Green screen for privacy;
- Alcohol handwash for MOs to reduce the possibility of infection and maintain personal hygiene;
- Required medical trays.

Emergency Ward:

Emergency ward has 6 rooms of the size of 12’x10’ and the pattern of utilization is as under:-

- MO’s duty room – 1;
- Nursing sister’s room – 1;
- 4 rooms with beds for patients.

In all there are 5 beds. The rooms are well equipped with

- Oxygen cylinder;
- Suction machine;
- BP instrument;
- Torch;
- Refrigerator.

Other medicines, injections, syringes (5 and 10 ml), needles, scalp vein, intracath, rubber catheters, oxygen mask etc. are also available. On an average 40 patients are admitted in the Emergency Ward per month and average duration of stay is 24 hours. The following types of cases are considered and documented as psychiatric emergency cases and care is provided accordingly:-

- Patient with suicidal behaviour;
- Violent and excited patient;
- Catatonic Schizophrenic patient;
- Stupor patient;
- Dystonic patient;
- Toxicity of Psychotropic medication;
- Panic attack;
- Unmanageable behaviour changes.

Immediate care of the patient who is admitted in the emergency is started by the MO on duty and nursing staff. The documentation for the same is prepared simultaneously. After the process of initial care giving has been completed the patient is registered in the OPD. Emergency assessment is done by the Psychiatrist and Psychiatric Social Workers filed and signed by the MO and nursing staff after registration. After the patient's condition stabilizes, he/she is

transferred to either open ward or closed ward by the MO who issues an order to this effect. By 'stable', the medical connotations are:-

- cool and unruflled;
- free from aggression;
- free from suicidal attempt;
- free from violence;
- free from self injury behaviour;
- emotionally stable;
- normal behaviour.

Bed strength and occupancy:

This is a medium size hospital with 217 number of sanctioned beds for male and 100 beds for female. The occupancy rate in the last 3 years has been as under:-

Year	2008	2009	2010 (upto 31.7.10)
Average Occupancy Rate	220	212	203

The admission figures for the last 5 years are as under:-

Category	2006			2007			2008			2009			2010 (upto 31.7.10)		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Voluntary	269	141	410	529	252	784	637	268	905	630	284	914	179	68	247
Special Circumstances	332	68	300	105	43	148	26	18	44	38	16	54	38	18	56
By Court non criminal	44	39	83	32	22	54	27	18	45	38	23	61	08	03	11

By Court criminal	4	0	4	1	0	1	3	1	4	4	0	4	3	0	3
Total	549	248	797	667	320	987	693	305	998	710	323	1033	228	89	317

N.B.:-The years are calendar years only (1.1 to 31.12)

An analysis of the admission trends goes to show that over the years the admissions are declining (except 2009) while the figures for 2010 go to establish that the decline in the number is substantial which runs counter to the trend that the incidence of mental illness is on the increase. If there are few admissions and the admission figures are declining over years despite increase in the incidence of mental illness, a plausible conclusion can be drawn that all the cases of mental illness are not being brought to the hospital and there is an attempt to suppress such illness.

Corresponding to this the discharge figures are:-

2006			**2007**			**2008**			**2008**		
M	F	T	M	F	T	M	F	T	M	F	T
548	263	811	624	312	936	688	304	992	726	321	1047

This goes to show there is a consistent trend in discharge of patients which also is on the increase. Although the categorization has not been shown the absolute figures of discharge are encouraging.

Additionally in 2009, 2 patients (one male and another female) have been declared fit for discharge.

Types of Wards:

The hospital has the following types of wards:-

- Acute Patient's Ward (separate for male and female patients);
- Chronic Patient's Ward (separate for male and female patients);
- Isolation Psychiatric Care Unit (separate for male and female patients);
- Recovered Patient's Ward (separate for male and female patients);
- Post ECT Ward;
- Family Ward/Open Ward ((separate for male and female patients);
- Criminal Ward under Maintenance.

The duration of stay of the patients in these wards is as under:-

Ward	Male	Female
Family/Open	16 days	16 days
Acute	68 days	72 days
Chronic	3 months	4 months

The duration of long stay patients is as under:-

	Male	**Female**
More than 10 years	0	2
More than 5 years	1	0
Two to Five years	4	3

<u>Remarks on long stay patients:</u>

- Two female patients who were admitted more than 10 years ago have not shown any signs of improvement. Both are unmanageable at home and, therefore, will have to continue in the hospital till their end.

- The lone male patient who was admitted more than 5 years ago is deaf, dumb and illiterate and, therefore, is totally incapable of communicating anything either about his ancestral origin or whereabouts. He represents what Nobel Laureaute Rabindranath Tagore had written about one hundred years ago:-

  'Into the mouths of these
  Dumb, pale and meek,
  We have to infuse the language of the soul
  Into the hearts of these
  Parched and fatigued,
  Withered and forlorn
  We have to minstrel the language of humanity'.

In regard to the last category of patients i.e. between 2 to 5 years they go home on being discharged but are sometimes readmitted due to relapse as also due to behavioural and social disorders.

What type of services are available to these patients in different wards?

In the family/open ward relatives/family members are allowed to stay with the patients but in terms of care and attention it is uniform all over the hospital. Bed, linen, food, water and medicines (according to the nature of ailment) are provided to the patients of this ward in the same manner in which they are provided to the patients of the closed ward.

Details of the care and attention in all wards are as under:-

- Soon after admission all patients are subjected to a thorough medical check.
- At an interval of every four months they are subjected to laboratory tests.
- The outcome of the initial and subsequent check ups/tests is recorded in the patient's file which is opened soon after admission.
- There is a general check up of health of all such patients once every week while heath of those patients who are physically ill is checked on a daily basis.
- A well equipped nursing station with examination room equipped with oxygen cylinder, suction machine, medical trays

and trolley, medicines (psychotic, neurotic and general). All these are checked and cleaned every day morning.

- Medicines are administered to patients on bed to bed basis with monitoring that medicines have been fully consumed (it has been observed that few of the antipsychotic drugs have produced side effects).

- Green screen has been provided to maintain privacy.
- Lockers have been provided to the patients to keep their personal belongings.

- In the ratio of 10:1, one attendant is provided to look after 10 patients. There are both male and female attendants for male and female patients in the same ratio.

- The attendants are the 'friends, philosophers and guides' of the patients who in addition to providing the care keep a close vigil on their daily status (both health and behaviour) with a view to hastening the pace of their recovery.

- Rounds are taken by the Superintendent and RMO, MO, Mental Health Professionals, Nurses, Matron/Overseer and attendants in the following:-

Supervisory Cadre	**Frequency of supervision**
1. Superintendent and RMO	Daily and surprise rounds any time.
2. Medical Officer	In each shift – 3 times

3. Mental Health Professionals	Daily in rounds
4. Nurses	Every 4 hours
5. Matron/Overseer	Every 4 hours
6. Attendants	Round the clock

- Mentally ill patients who have associated physical illness related complications (appendicitis, cardio-vascular complications, respiratory complications, illness associated with ear, nose, throat, eye etc.) and who cannot be treated in the mental health hospital are transferred to Civil Hospital, Ahmedabad, which is at a distance of 2.5 km, which is well equipped with an attached Medical College and all emergency and investigation facilities. The patient who is in need of such transfer is first given first aid by the MO/duty doctor, ambulance service is pressed into action (ambulance service has been outsourced) and the patient is transferred with the help of a ward attendant. In case of acute emergency, the patient is transferred with a CPR/BLS trained nurse. A list of alternative hospital facilities has been provided to all wards with instructions as to how an emergency situation is to be handled. A list of other hospital emergency services and ambulance services along with the contact number is maintained at each nursing station. Monitoring of the status of the health of the mentally ill person with associated complications who is being transferred to another hospital for specialized treatment (for which facilities do not exist in the

mental health hospital) is being done by the mental health hospital.

What are the various other inpatient services?

- Nursing staff monitor tidiness of the wards.
- Patient's dress is changed either daily or whenever required when linen is changed on alternate days.
- Adequate quantity of linen as also 5 sets of dresses have been made available to all patients.
- Right to all patients to privacy is respected.
- Measures for anti-lice, anti bug, anti malaria and use of mosquito repellants are regularly taken.
- Medicare shampoo and lycil for anti-lices, preventive/ prophylactic medicines (chloropine 2 tablets in a week) are also given.
- Diesel smoke through a fogging machine is also spread and measures for preventing water logging in the hospital are also taken.
- Male and female barbers have been appointed for taking care of haircut, shaving etc. of patients.

Pathological and biochemical investigations:

There is a pathological-cum-biochemical laboratory in the hospital for mental health care which is equipped to conduct the following investigations:-

- Haemoglobin count;
- TC;
- ESR:
- MP;
- RBC;
- Platelet Count;
- Blood sugar;
- Blood urea;
- S. Creatimine;
- S. Cholestreol;
- S. Bilirubin;
- S. Electrolyte (lithium, sodium, potassium);
- Urine routine micro;
- Urine Bile Salt;
- Bile pigment test.

The hospital for mental health care has signed an MOU with NABL accredited laboratory for all other investigations which cannot be carried out in the hospital. Samples are collected in the hospital and transferred to the NABL laboratory.

Drug Management:

Seventy PC of the required drugs is procured from Central Medical Store, Gandhinagar and the remaining thirty PC through local purchase established by law. There is a central store where generally 3 months stock of all medicines are stored. Supply of medicine to the various wards is regulated through a daily or weekly indent which is based on the prescription of doctors. In case of non-availability of medicine the pharmacist informs the same to the

Nursing Sister of the respective ward. Such medicines are either locally purchased from outside medical stores in case of emergency or ordered through the supplier. A substitute medicine is given with the consent of the MO/duty doctor in case of non-availability of prescribed medicine.

A kit is prepared according to enlisted medicines by the pharmacist. Medication kit is rechecked for quantity and expiry date before the same is dispatched to the ward. Medicine kit is sent to the respective department with the ward attendant or house keeping staff along with the signed list.

The pharmacist makes an entry in the stock book of pharmacy deptt. In case of non availability of adequate quantity of medicine a note is made by the pharmacist and sent along with the medicine kit. The Nursing sister at the ward personally checks the medicines for quantity and expiry date and countersigns the medicine list. The signed acknowledged list is sent back to the pharmacy.

Human Rights dimension of mental health:

I. Right to food:

Right to food has the following implications:-

1. Location of the central kitchen and its proximity to the wards where food after being coked will be transported by trolleys.

2. Installation of a chimney, required number of exhaust fans, tiling on the wall upto a height of one metre, platforms for washing, cutting and storing vegetables before being cooked, adequate lighting and ventilation, flyproof wire mesh all around, flyproof automatic closing doors, floors made of

an impermeable material, adequate number of taps inside the kitchen, LPG and hotplate, containers made of stainless steel to keep the cooked food hot prior to being served.

3. Arrangement for scientific storage of food grains (rice, wheat, atta, flour, suji, besan etc.) sugar, edible oil, condiments/spices, fruits and vegetables with arrangement for adequate lighting and ventilation and pest control.

4. Arrangement for medical examination of cooks once in 6 months.

5. Provision of apron for cooks and arrangement inside the kitchen for change of apron.

6. Arrangement for storage of LPG cylinders.
7. Transportation of food by trolley to respective wards.
8. Existence of dining hall with dining table for each ward.
9. Serving of food with a human touch – to ensure that while old, infirm and disabled patients are assisted to take food, there is no wastage of food.

10. Timing for breakfast, lunch and dinner are such that there is no large gap between them which could cause gastric problems.

11. Food which is served is a balanced combination of carbohydrates, protein, oil/fat, trace minerals and vitamins.

12. The nutritive value of food is 3000 kilo calorie for men and 2500 kilo calorie for women.

Redeeming features in regard to right to food:

- Government of Gujarat vide notification dated 31.3.62 have prescribed a model diet chart for patients of all mental health hospitals (both routine diet and special diet) which meets the norms prescribed by ICMR.

- Daily expenses on diet are Rs. 54.30 which compares very well with diet expenses being incurred by other mental health hospitals elsewhere in the country.

- A Diet Committee has been in place which monitors the tidiness of kitchen, diet quality and all other diet related activities.

- The Central Kitchen conforms to all the norms and parameters as indicated.

- Food is being served in the dining table installed in large sized dining halls which have adequate number of chairs and tables.

- The patients generally expressed their satisfaction over the quality and quantity of food served.

- Slippers are left outside and the hand and feet of patients are always washed before having food.

Grey areas:

- The timing for breakfast, lunch and dinner (7.30 AM, 12 Noon and 6.30 PM) needs to be reorganized as under:-

  Breakfast - 6.30 AM to 7 AM

  Lunch - 1 PM to 1.30 PM

Afternoon tea - 4 PM to 4.30 PM

Dinner - 8 PM to 8.30 PM

This will minimize the gap which exists now and which is likely to cause gastric problems.

- The food should have more leafy green vegetables. Fried items like puri and pakodas may be avoided.

- There is no dietician but a Diet Committee. The post of a dietician should be sanctioned so that he/she can oversee the quality, quantity and nutritive value of food.

Right to water:

This has the following implications:-

1. The source must not be contaminated.
2. About 135 litres of water per head would be necessary for drinking, cleaning, washing, cooking, bathing, flushing the toilet etc. Adequate quantity of water calculated according to this requirement should be stored in the overhead tank.

3. The OH tank must be linked to all the wards and a sub tank installed in each ward.

4. The OH tank should be regularly cleaned by using the state-of-the-art technology with mechanized dewatering sludge removal, high pressure cleaning, vaccum cleaning, anti bacterial spray and ultra violet radiation.

5. Samples of water should be collected and sent to approved PH laboratories to test and certify the following:-

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

<u>Redeeming features in the hospital for mental health care:</u>

- Hospital has 2 overhead water tanks and 1 sump (capacity of 1 lakh litres each).
- Hospital has got its own borewell; there is, therefore, no scarcity of water.
- For day to day use each hospital building (including wards) has a separate OH tank. In all, there are 12 such tanks (sub tanks) with a storage capacity of 10,000 litres each.
- The cleaning of the main OH tank is being done once in every 3 months. The cleaning of OH tanks (sub tanks) is being done every month, so also is the cleaning of the sump.
- Samples of water are being regularly drawn and sent for test at the Ahmedabad District Laboratory of Gujarat Water Supply and Sewerage Board.
- The water so tested has confirmed that it is potable (free from chemical and bacteriological impurities).

- All wards are having water coolers with RO systems for drinking water.

Right to personal hygiene and environmental sanitation:

Redeeming features:

- In each warm steam water heater has been installed to enable inmates to have bath in winter with hot water.

- Barbers have been provided for male and female patients for haircut, shaving, cutting of nails etc.

- Personal hygiene of inmates is being checked daily by the nursing sisters.

- Water available for a variety of purposes as enumerated at page 55 is more than adequate.

- Fifty four toilets have been installed for 210 patients leaving the toilet patient ratio at 1:4 which is higher than the ideal norm.

- In all 15 air coolers and 10 water coolers have been installed.

Grey areas:

The hospital is located in the heart of the city and has a major constraint of space. The total area of the campus will be 31,872 sq. meters which does not leave enough space for any greenery. A professional arborculturist should be engaged to make the best use of the limited space by going in for a landscaping and creation of a sylvan surrounding. Simultaneous attention is required to be paid to drainage and sewerage, proper upkeep and maintenance of all

structures as profuse leakage and seepage all over (which is the order of the day) may give rise to serious problems of personal hygiene.

Right to leisure and recreation:

Redeeming features:

- Colour TV sets have been provided to all female and male wards.
- There is a central music system and playing of music in a soft and subdued manner helps to cool ruffled nerves.
- Indoor and outdoor games are being organized on regular basis with good participation of inmates.
- All national and important religious festivals are celebrated with colour and gaiety; so are a host of cultural activities.
- Patients (50 to 60) are sent for movies at multiplex theatres once every four to six months.
- Yoga, pranayam, prayer and meditation classes as also daily physical exercises are being organized.
- There is a separate library and reading room for inmates where English and Gujarati newspaper, magazine and books are provided for light reading.

Suggestions:

- There should be an arrangement by which a literate and comparatively healthier person should read out newspapers

with proper pause and rhythm to those inmates who continue to be unlettered so that this could be a source of information as well as enrichment.

- A sincere attempt should be made to do batching and matching of unlettered and functionally literate persons in the ratio of 1:1 or 1:5, as the case may be (subject to availability of such persons) so that the functionally literate could impart instructional lessons in functional literacy and numeracy to their unlettered brothers and sisters.

Right to rehabilitation through occupational therapy:

The basic objective of OT is to impart training in a few rudimentary skills/trades which are market relevant which may enhance functionality and employability of the inmates to some extent and which may act as a useful tool for rehabilitation of the patients after they have been effectively treated, have recovered and have been sent back to their respective homes. Additionally such skill training also promotes gregariousness, builds up the unity and solidarity of the inmates who receive the training and makes them think, plan and act together with discipline and unity and sincerity of purpose.

Redeeming features in OT in the hospital for mental health care:

- There are 2 separate OTs for male and female patients with a capacity of 80 patients (50 males and 30 females).

- OT has 3 components namely
  - therapeutic;

  - recreational;
  - vocational

- Skills are imparted in groups.
- The vocational skills comprise of:-
  - tailoring, weaving and spinning (including door mat weaving);
  - carpentry;
  - making of household goods such as liquid soap, bathing soap, phenyl and tooth powder;
  - file making and binding;
  - making of rakhis and greeting cards;
  - agarbatti making;
  - candle making;
  - polishing and colour work on wood and iron;
  - chalk stick making;
  - paper dish and cup making;
  - embroidery work;
  - screen printing.
- Technically qualified and trained persons in their respective fields have been recruited as Instructors by Government of Gujarat as per prevailing recruitment rules.
- Raw materials are procured through open market according to the Purchase Policy of Government of Gujarat as may be in vogue.

- A Committee set up by the hospital fixes the rates at which the end products may be sold in the market.

- The products are also displayed in exhibitions, melas and other prominent stalls put up in the city from time to time.

- The turn over of incense stick (sandalwood), phenyl (black), liquid soap, detergents, rakhi, printing, binding and tailoring unit products was appreciable.

- Some of these (file making and binding) have met to a substantial extent the day to day requirement of the hospital.

- Other/Government Departments of Gujarat are purchasing items like files, binding materials without tender.

- During 2009-10 vocational training given in occupational therapy in collaboration with HR Deptt. of Gujarat University has produced some impressive results such as:-

    - training was imparted in 10 trades to 227 male and 142 female patients as also 46 relatives/family members of the patients;

    - 119 patients who had received vocational training are earning good income at home by harnessing the skills learnt;

    - 50 patients who have fully recovered from mental illness have found placement in various institutions.

I visited both the recreation as well as vocational skill training units. In the first, 17 patients were engaged in recreational activities which were being conducted according to the interest and preference of patients. In the second, 7 patients were engaged in making rakhis. It takes 2 to 3 minutes to make one rakhi. Raw materials such as beads, threads etc. have been provided by the hospital authorities. Each rakhi is sold for Rs. 3/- to Rs. 5/-. They have already earned Rs. 25,000/- by selling rakhis on the Rakshabandhan Day. They also make diyas (diwali lamps) and each such diya is sold for Rs. 10/- to Rs. 15/-. They have earned sale proceeds upto Rs. 1.5 lakh in 2009-10. Bank accounts for such patients have been opened in their respective names. Fifty PC of the sale proceeds earned by them is being given to the patient and remaining 50% is used for various welfare activities meant for the inmates of the hospital wards. The recreational rooms were well lighted and ventilated.

Child Guidance Clinic:

A lady behavioural therapist is attending to the recreational needs of children who are victims of autism and cerebral palsy, down syndrome, hyper activities, slow learning etc. She spend about half an hour with each child. Specially trained in management of a sensory unit in U.K. she interacts with the parents of the mentally challenged children and guides them to take up a few activities for stimulating the children. She attributes problems of mental illness among children to –

– working parents not being able to give enough time to children as care givers;

– there are less family members/relatives to come to the rescue of parents.

She made a clear and lucid presentation of the PC of mentally ill children in Gujarat and the nature of such illness. The magnitude of the problem according to her is as under:-

HI or hearing impairment – 17%
MR or mental retardation – 11%
MI or mental illness – 4%
MD or multiple disability } PC could not be precisely
CP or cerebral palsy } indicated.

The room is too small in size to take care of even 10 children at a time and there are no equipments. She has a vision of setting up a multi-sensory room which to be fully equipped would cost Rs. 2 Crores (approximately). While expressing her gratitude to the Superintendent of the hospital to permit her to make a beginning by making available even a small size room she pleaded for a larger space so that all the equipments can be properly installed and a multi-sensory units can be started for a better coverage of children.

Interaction with IPD patients/relatives and redeeming features thereof:

I. Manoj bhai who is an IPD patient has a success story to tell. He has been undergoing treatment since 2002 (i.e. for the last 8 years). He has recovered substantially, is now working as a teacher as also in the day care center. He has also engaged himself in private evening tuitions. Psychotic drugs have been completely discontinued for him. It is only occasionally that he

gets an attack of Schizophrenia which is corrected by behavioural counselling.

II. Bhupendra Singh Anand from Gandhinagar is the elder brother of a patient (35 years) who has been admitted in the IPD. I met him when he had come to meet his younger brother. He says that literally it's a difference between 'dharti' and 'asman' when he compares the previous pathetic condition of his brother (who has been a victim of Schizophrenia for many years) and what he is now. He further stated that for about 10 years they were getting him treated in a private clinic which did not yield any satisfactory results. Ten years ago he did not know that such excellent facilities were available through this hospital and was brought to be admitted here with reference from a relative. There was no looking back thereafter. From the stage of a very acute aggression, his brother has become quite sober and tranquil – a sea change.

III. Patient Shehnazbanu's brothers acknowledged that there is a huge difference between the current and previous position of their sister. They acknowledged the caring nature of the staff in the hospital which has brought about such a difference.

IV. Kailasben Bhatt whose elder brother-in-law has been admitted in the IPD also acknowledged the recovery and attributed the same to the continuous care and attention of the nursing sisters of the hospital.

All of them acknowledged that the environment in the IPD is characterized by warmth and bonhomie, understanding, patience

and uninterrupted stream of goodwill from the staff which have done wonders in bringing about such rapid change and improvement in the condition of the patients.

V. Savita (54) has been a victim of self care impairment and admitted before 12 days. Before admission she was not able to take care in terms of bathing, sleeping, eating and used to talk continuously. Within 12 days after admission there is improvement in her appetite and sleep, she is able to take supervised bathing and there is gradual improvement in her health. She has been provisionally diagnosed to be a case of Schizophrenia. She is now able to engage herself in a proper conversation (instead of loose and garrulous talks that she used to indulge earlier).

VI. Bijalben (50) has been admitted since last Saturday i.e. 7 days back. She has been diagnosed to be a case of Schizophrenia. Modified ECT is being administered to her every alternate day and within one week she has improved by 40% to 50%. Her husband who was present stated that she had deserted home and had run away since last 6 months. While crossing a bridge she fell down, received bruises all over her body, was rescued and brought to the hospital by a good Samaritan.

VII. Amrutbhai Parmar (51) has been admitted since last 15 days. A patient of bipolar affective disorder. He, according to his father who was present, has shown perceptible improvement. The patient’s register also reveals that the body vitals are normal.

VIII. Mehmoodiya Hamid (19), a patient of bipolar affective disorder is being treated since last 4 to 5 years. He has been admitted since last 25 days and as stated by his father who was present he has improved by about 25%. The patient's register also revealed that all his body vitals are normal.

IX. Jagdish bhai (35) has been admitted since 15 days. His father stated that there is an improvement of 30% in the current status of his health due to the effect of medication and care.

X. Udaybahai Rajubhai Valekar (24) has been admitted since 7 days. Initially treated in a private hospital at Naroda he was brought over here and since the date of admission, as stated by his mother, he has shown signs of improvement.

XI. Umangbhai Bhagavatprasad Pandya (31) is diagnosed to be suffering from OCD. He took OPD treatment for 3 years and has been admitted on 14th August, 2010. His father admits that there has been perceptible improvement due to medication and car in the last 6 days since his admission.

The occupational therapist is showing certain objects and then asking him to recollect without seeing the objects. He then puts a few questions to the patient about those objects. According to the therapist, if the patient is able to recollect 10 out of 20 objects in the minimum the pace of recovery can be said to be satisfactory.

Group Cognitive Therapy:

This activity is being carried out since last 2 years. There are on an average 2 to 3 groups each comprising of 8 to 10 patients. The techniques which are being used by the therapist to generate interest and curiosity among the students are:-

- social reinforcement technique;
- active counselling;
- physical activity reinforcement.

The therapist indicated that correct and timely application of these techniques would bring about 50% improvement in the status of the patient.

Visit to Patient's Library:

There were in all 5 patients, one of whom is reading a newspaper while the others were going through magazines and novels. When asked about their preference for reading a particular subject they stated that they would love to read fiction. On the strength of such preference fiction books and magazines should be procured and kept in the library. Since 20% of the patients in the IPD are unlettered, it would be useful and appropriate if with the help of 80% literate patients, the 20% unlettered ones could be made literate.

Interaction with Nursing Sister and a few staff nurses:

- The staff nurses work in 3 shifts i.e. from 8 AM to 3 PM, 1 PM to 8 PM and 8 PM to 8 AM.

- They look after the patients since their admission through medication and care, rounds, maintaining the patient's register up-to-date etc.

- In course of rounds each staff nurse spends about 10 to 15 minutes with the patient.

- Psychiatric training at NIMHANS has been imparted to 2 staff nurses.

- If a patient goes violent, psychiatric treatment alarm is raised, the security guard on duty comes immediately and the patient is brought under control and tranquillized through sedation.

- It was reported that while there have been instances of abusive behaviour in the past there is no recurrence of abusive or aggressive behaviour of late.

- Staff nurses who have got their own accommodation would prefer to continue with the existing arrangement as that fetches them a higher HRA.

- It was stated that public transport facility in Ahmedabad City is good, overall safety and security of human life and limb is much better than other metropolitan cities of India; this gives them the stability and balance of mind and they have no problems in commuting the long distance from home to the hospital.

- Since there is no canteen in the hospital the staff nurses carry their tiffin from home.

- Since like IHBAS, Delhi there are no low height beds below the normal high bed in the open ward, relatives accompanying and staying with the patients are given vacant beds or alternatively they are provided with bedding facilities.

<u>Interaction with the Superintendent, RMO and GDMOs:</u>

The following picture emerged through such interaction:

- The MOs attend the hospital according to shift timings (8 AM, 2 PM and 8 PM) but do not ordinarily leave the hospital until the task assigned is over.

- For the Superintendent – Dr. Ajay Chauhan it is a round the clock operation; he has in the words of Nobel Laureate Rabindranath Tagore no time for food or sleep or rest (this is the impression I got after talking to a large cross section of hospital staff, patients and their relatives):-

  > ‘His is a sensitive heart which receives and reverberates
  > (the anguish and suffering of the outside world)
  > He does not stop even for a moment
  >
  > He does not know what is the time for food, sleep and rest.’

  ‘(Manushi in the anthology of poems called Upahaar).

- The MOs take a complete round of their parents in respective wards (IPD) according to a predetermined schedule every morning.

- They attend their wards in the evening for 2 hours to examine newly admitted patients and write case notes.
- They prescribe medicines and fill the diet sheet for the day.
- They attend to the work in emergency ward as assigned.
- They start working in OPD sharp at 8.30 AM and 4 PM and adjust their IPD round timings accordingly.
- They give all IV and ART injections themselves.
- They attend to casualty duties arranged by the RMO.
- Apart from handling routine correspondence they also attend to legal correspondence.
- While on rounds, they evaluate the condition of the patients, ensure that proper personal hygiene is maintained and special diet for any patient is prescribed, if needed.
- They ensure that all patient related data is written in indoor case paper in readable medical terminology.
- Food prepared in the kitchen is checked by the RMO and in his absence by the present MO in respect of food temperature, quality, nutritive value.
- Before administering modified ECT, the MO does pre ECT physical examination which includes fundus, x-ray and other body vitals like pulse, BP etc. He also attends to post ECT recovery follow up.

Procedure for grievance ventilation and redressal:

- An employee is free to submit an application giving a gist of the grievance to the RMO (for clinical staff) and AO (for non-clinical staff).

- In case RMO/AO is not able to handle the issues raised in the application, the same will be forwarded to the Head of the Deptt. i.e. the Superintendent.

- The HOD then holds a meeting with the RMO/AO and the aggrieved employee concerned and a decision is taken at the close of the meeting.

- If the aggrieved employee is still not satisfied with the decision taken, he/she may submit a fresh complaint in writing to the HOD.

- The basic objective of the entire exercise is redressal of the grievance as expeditiously as possible giving full opportunity to the aggrieved employee of being heard.

- The Superintendent conducts a meeting every month on the last Friday to hear the grievances of any aggrieved employee in person in presence of RMO, MO, AO and Managers of all Clinical and non-clinical services.

Suggestion:

- A grievance ventilation box may be put at the entrance of the OPD to facilitate aggrieved employees to put forth their grievances, if any, in writing.

- Similar box may be put at the entrance of the OPD to facilitate aggrieved patients/their relatives to put forth their grievances, if any, in writing.

- All such grievances should be collected at the end of the day by the PA to the Superintendent, should be put up to the Superintendent who should mark them to the RMO/MO/AO, as the case may be, fixing a time limit for their comments.

- A grievance Committee under chairmanship of the HOD/ Superintendent should be formed to consider all such grievances once very month. The grievance Committee may meet earlier if the occasion so warrants. An opportunity should be given to the aggrieved for being personally heard.

- Decisions taken by the grievance Committee should be communicated to the employee/patient/relative, as the case may be.

- There should be a provision for an appeal against the decision of the Committee to the Superintendent or Head of the hospital administration.

Innovations introduced by Dr. Ajay Chauhan, Superintendent of the hospital:

I. Dava and Dua (Medicine and Prayer to God)

In 2001, 25 mentally challenged persons were charred to death in a temple fire in Erwadi in Ramanathpuram district of Tamil Nadu. They could not escape as they had been chained. The incident sent shock waves and the Supreme Court issued directives to all

Sates/UTs asking them to certify that no mentally ill patient was chained in captivity so that recurrence of such incidents was prevented.

The District Collectors were directed to the effect that wherever mentally ill persons were found in chains they should be unchained and suitable arrangements be made for their welfare.

Inspired and motivated by the judgement and directives issued by the Supreme Court – Dr. Ajay Chauhan found in Gujarat State a holy place for religious gathering ‘Miradatar Dargah’, a 550 year old Hazrat Mira Saiyed Ali Datar Dargah, situated 100 kms away from Ahmedabad in the district of Mehsana to address a similar issue as in Erwadi in 2004.

The Dargah at Miradatar is well known for curing unexplained ailments related to the world of ghosts and djinns, especially mental disorders. The Muslim priests (Mujavars) at the Dargah continue to exert a very strong influence on all visitors to the holy shrine. There is an ancient Indian belief that Dava (medicine) and dua (prayer) together provide an antidote to disease, misery and suffering. ‘Dava and Dua’ was conceptualized cashing on this belief that holistic mental health care be provided to people without disturbing their religious faith and belief.

The basic objective of this innovative experiment is to protect and safeguard the human rights of the patients visiting the Dargah for holistic care, provide them with medical treatment and create a critical awareness of mental health without disturbing their innate faith.

It is but natural that this splendid innovative thinking encountered a lot of resistance from religious leaders who are firmly rooted in tradition, blind faith and belief. Even initially Dr. Chauhan was denied entrance to the Dargah. With the help of DM and SP Mehsana he was able to enter the Dargah in 2004. Through continuous dialogue and discussion over a period of 2 years he was able to carry conviction to them on the importance of protecting and safeguarding human rights of the mentally ill persons and hastening the pace of their recovery through holistic medical treatment and care without challenging or offending religious faith.

Even though the programme was launched in 2006 it could take off only in 2008 when ‘Altruist’, a public spirited NGO agreed to take over the responsibility for implementation of the programme with Hospital for Mental Health as the nodal agency and Gujarat Foundation for Mental Health and Allied Sciences became the Funding Agency.

In a short span of 2 years, 70% of the 300 Mujavars are fully inclined towards the positive side of medical treatment of mental health. They have started understanding the importance of human rights and law and have voluntarily started referring their clients for medical treatment. As a matter of fact, 20 faith healers have themselves started taking medication for their mental health issues along with 45 of their relatives.

This can be said to be a remarkable transformation in the die hard attitude and approach of a set of people who for generations believed in traditional religious rituals as the cure for mental illness and not scientific treatment. Psychiatrists from the Hospital for

Mental Health, Ahmedabad visit the Dargah from Monday to Saturday and provide psychiatry services in the form of an OPD which is being run in the Trust Office of the Dargah situated within the Dargah. The mentally ill persons are identified by the Mujavars and are referred for OPD treatment. Free medication is being provided in the OPD followed by systematic counselling and indirect monitoring of the patients and their care givers.

The experiment has several refreshing and beneficial dimensions.

To start with, by carrying conviction to faith healers/spiritual leaders and by not antagonizing them, a very conducive environment is created at the place of religious congregation where mentally ill persons can be mobilized and persuaded to come for treatment of mental illness through modern methods which are rational and scientific. Secondly, a word from the faith healers/spiritual leaders would work as an indirect order and would spur the target groups to positive action. Thirdly, it provides a window to the hospital for mental health and is a step towards deinstitutionalization.

To the extent, treatment is made available in a decentralized mode and at the doorsteps of the mentally ill it relieves them of the burden of travelling all the way to Ahmedabad in search of OPD treatment at the hospital.

The strength and efficacy of the innovative programme having been established beyond doubt, it can be replicated elsewhere in the country if there are such persuasive and catalytic change agents

like Dr. Chauhan and good, reliable and committed NGOs like 'Altruist'.

II Self Help Group of Family Care Givers of the Mentally ill (SAATHI):

Chronic mental illness is a complex issue and needs multiple approaches for an effective intervention. The interventionist needs to work at various fronts such as:-

- treatment of the mentally ill;
- day care facilities and rehabilitation of recovered persons;
- creation of community awareness;
- starting small units of support groups;
- formation of self help groups of the relatives of the mentally ill;
- providing necessary medical and rehabilitative services to the needy;
- social welfare services to the mentally ill;
- building up education and awareness of the individuals coming in regular contact with the mentally ill;
- self advocacy.

Such interventions require enormous resources which cannot be tapped from one source i.e. government but have to be mobilized from numerous cross sections of the civil society including NGOs. NGOs like 'Maitri' of Mumbai, 'ASHA' of Karnataka, SAA of Pune are examples of good and reliable NGOs committed to the cause of mental health and have made immense contribution to this area of social action. Hospital for Mental Health, Ahmedabad under the

leadership of Dr. Ajay Chauhan took the initiative to form Self Help Groups of Family Caregivers for the first time.

This is known as 'SATHI' or companion and 'SATHI' was formed with the following objectives:-

- to strengthen partnership between parents and professionals;
- to provide a forum to share problems;
- to make the caregivers feel that they are not alone in the struggle to deal with mental illness;
- to make them learn as to how to cope with new challenges;
- to make them learn problem solving skills;
- to ensure parent's involvement in Self Help Groups;
- to protect basic rights of a mentally ill person;
- to provide platform for family and professionals through IEC activities;
- to develop feelings of mutual aid;
- to make them learn stress reduction techniques.

Hospital for Mental Health conducts meetings with the caregivers on every 2nd and 4th Sunda per month to discuss the following:-

- issues faced by families;
- treatment modality;
- rehabilitation avenues;

- management of patients at home;
- benefits under the 'Persons with Disability Act, 1995' and how to avail of them;
- role of social defence for chronically mentally ill persons;
- income tax and other benefits for the mentally ill persons.

- SATHI seeks to achieve the desired objectives through a variety of means such as:-
  - exhibitions;
  - health melas;
  - design and dissemination of IEC materials;
  - psycho education;
  - awareness camps;
  - role plays and simulation exercises.

I met a few leading members of SATHI between 12 Noon to 1 Pm in the room of Dr. Chauhan and sharing of ideas and experiences with them was a refreshing experience.

III Linkage with other NGOs:

There is not one but a host of problems, constrains and challenges such as ignorance, illiteracy, lack of awareness, lack of resources and prevalence of all pervasive stigma in a highly stigmatized community/society which hinder effective handling of mental health issues. NGOs are not contractors of Government; they are neither competitors nor substitutes of governmental action. They can, however, supplement and complement governmental initiative and action to a large extent as they work and live with the people. They have played a key role in the domain of mental health

through community based Rehabilitation Models (CBRs). The CBR model or approach to rehabilitation of persons with mental health has been in vogue for more than 2 decades; it has proved itself as one of the most cost effective devices to reach the unreached and make mental health services accessible. It has gradually moved its focus from mere service delivery to a rights based approach and from charity orientation to empowerment of the disabled. CBR is a comprehensive approach which encompasses within its fold public education and awareness building, provision of service delivery and involvement of all the stake holders etc.

The hospital for mental health, Ahmedabad has been collaborating with Blind Peoples' Association in 4 districts and 5 blocks. Camps are being held, patients are being screened and their ailment diagnosed through trained field workers, certificates issued and plans drawn up for treatment, care and rehabilitation of the patients. The other NGOs with whom the hospital is working are (a) Aga Khan Trust (b) Gujarat Vidyapeeth and (c) Urban Foundation.

IV <u>Quality Assurance Project – NABH:</u>

Government of Gujarat has taken this initiative to make the hospital for mental health accredited to National Accreditation Board for Hospitals and Health providers (NABH). NABH is a national level governing body which has developed certain standards for the hospitals and health providers for maintaining quality as also to make quality assurance. There are 10 chapters under the NABH in which 5 are patient centered and 5 are management centered. The emphasis of NABH is on patient care, patient and employee safety, patient education, patient medication, infection control, human

resource development, management of provided facilities, management information system and continuous improvement in all areas.

The hospital for mental health has gone through NABH pre assessment in which the assessor team appreciated the work of the hospital in a number of areas.

Board of Visitors (BOV)

Board of Visitors Hospital for Mental Health, Ahmedabad.

Constituted on 10/1/1991 as per resolution of Government of Gujarat.

S.No.	Nominated Members	Designation
1.	Principal Judge or nominee City Civil and Session Court, Bhadra, Ahmedabad	Chairman
2.	Commissioner, Health, Government of Gujarat or nominee HOD, Psychiatry, B.J. Medical College.	Member
3.	I.G.P., Prison or nominee Superintendent, Central Prison, Ahmedabad	Member
4.	Commissioner of Police, Ahmedabad or nominee, P.I., Crime Branch.	Member

5.	Metropolitan Magistrate, Court No. 12, Ahmedabad	Member
6.	Medical Officer, Central Prison, Ahmedabad	Member
7.	Disability Commissioner*, Government of Gujarat	Member
8.	Mayor, Ahmedabad Municipal Corporation	Member
9.	Bishop, St. Xavier's Church, Ahmedabad	Member
10.	Psychiatric Social Worker, Hospital for Mental Health, Ahmedabad	Member
11.	Secretary, Gujarat Sarvar Mandal, Ahmedabad	Member

* as per the Supreme Court direction, Disability Commissioner, Government of Gujarat appointed as a member of Board of Visitors Committee on 25.8.2005.

Recommendation of Meetings in 2010:

- To form the death Committees and death report – under this recommendation 2 Committees are formed, one is the hospital's internal death Committee with RMO, Matron, Psychiatric Social Workers and overseer and another Committee is the VC (Visitors Committee) death Committee with RMO, representative of Police Commissioner, Crime Branch and Bishop as members. Whenever death of any IPD

patient occurs in hospital premises the internal hospital Committee audits the death and prepares the report which is further submitted to the VC death Committee which makes views on that and recommend action to be taken on the same.

BOV asks for the death reports of year 2009 along with recommendations and steps taken on the suggestion of internal and external death audit Committee.

- In 2009-10 approximately 20 patients have been rehabilitated by the hospital with the special recommendation of BOV. This special recommendation was made in the case of wandering patient specially when either the patient or the relative is unable to come due to economic or any other reason or when relative have to be searched etc. Few of the special cases patients name are:-
    1. Jigisaben Somaji Thakkur
    2. Tingubhai Goswami
    3. Lalita Jagram
    4. Guddulal Ramdin
    5. Laliben Raghunath
    6. Meenakashiben Vishalbhai

These all patient have been rehabilitated with the special recommendations and support of BOV.

- In Hospital premises litho press and its stationary warehouse occupied prime locations. These were vacated from last months as the press has been shifted but possession was not given to hospital. Then, BOV recommended taking initiative

for the possession of building by approaching Government of Gujarat and finally hospital got the possession and now that area is going to be utilized under the project 'Center for Excellence'.

- BOV has requested the Government of Gujarat to start courses in Hospital for Mental Health, Ahmedabad. BOV also help to make contact with the connected university to start the courses of M.Phil and Clinical Psychology courses to make the process smooth and easy.

Meeting with Principal Secretary, Health and Family Welfare, Government of Gujarat at the Circuit House, Ahmedabad from 6 PM to 6.30 PM on 20.8.2010.

The following issues were raised by me at the end of my one day review of the activities/performance of the hospital for mental health with Shri Rajesh Kishore, Principal Secretary, Health and Family Welfare, Gujarat:-

I. Hospital for mental health needs affiliation with the Medical College and Hospital for 2 seats in MD Psychiatry. The affiliation orders have been issued by the State Government but the Authorities of the College do not appear to be very enthusiastic about such affiliation. Teaching is a very significant activity along with treatment and teaching cannot commence (as it has commenced at Ranchi, Jaipur, Goa, IHBAS, NIMHANS) unless the affiliation order is fully implemented.

Principal Secretary, H&FW was requested to prevail on the authorities of medical college and hospital to press this into action.

II. The hospital for mental health has been selected by the Ministry of Health and Family Welfare as one of the 11 recognized Centres of Excellence in Mental Health. It can start functioning as a Centre of Excellence only if the space in the hospital occupied by the Government Printing Press and Godown is fully vacated to make room for the new activity. They are not, however, ready to shift.

Principal Secretary, Health and Family Welfare was requested to take up the matter with his counterpart in the concerned department to make this possible.

III. The hospital for mental health has established beyond doubt its excellent credentials within Gujarat and outside. This is evident from the fact that patients from Rajasthan, Madhya Pradesh, Haryana, Delhi, Uttar Pradesh, Uttaranchal, Punjab, Jammu and Kashmir, Assam, Meghalaya, West Bengal, Bihar, Chattisgarh, Andhra Pradesh, Jharkhand, Orissa, Tamil Nadu, Maharashtra and Karnataka have come to the hospital, have been treated and have been rehabilitated by the hospital staff between 2005-09. Over the years, however, there is a marginal increase under the head 'medicine' from Rs. 19,70,000/- to Rs. 23,64,120/- in 2009-10. The allocation is grossly inadequate as even a small mental health hospital at Cuttack with 60 beds has a budgetary allocation of Rs. 30 lakhs. <u>The allocation in Ahmedabad needs to be augmented</u>

to a minimum of Rs. 32 lakhs as the hospital authorities have to discharge a number of obligations at Ahmedabad Central Jail, services provided by NGOs, OPD service being provided at Mira Datar Dargah and so on. The overall budget provision also needs to be substantially augmented.

IV. There is need for creation of a new head 'IEC' in the budget as this component of mental health is crucial to design and spread awareness of the stigma afflicted civil society about importance of mental health and a lot of work needs to be done in this direction.

V. 'Centre of Excellence' of the Ministry of Health and Family Welfare, Government of India is a composite proposal. A provision of Rs. 3 Crores has been envisaged for sanction of a prescribed number of posts in the field of psychiatry, Clinical Psychology and Psychiatric Social Work. These posts need to be sanctioned in their entirety to operationalize the proposal at the earliest.

VI. Software needs to be developed for library, record room, biochemical laboratory, OPD, OT and all other activities. The HMIS system needs to be pressed into operation by TCS at the earliest.

VII. The 21 sanctioned posts in various categories which are lying vacant for some time should be filled up without further delay.

VIII. The need for an automatic or mechanized laundry is urgent and imperative. This must be provided for in the RE for 2010-11 and the laundry with a drier and pressing unit be installed

at the earliest in the larger interest of personal hygiene of all inmates.

IX. Budget Provision for (a) a full fledged geriatric ward like the Institute of Psychiatry, Jaipur and (b) Child Guidance Clinic with a sensory unit should be made in the BE of 2011-12.

X. The Project Implementation Unit needs to pay pointed attention to all the deficiencies of the past as brought out by Prof. Channabasavanna Committee with a view to removing them at the earliest.

Conclusion:

A brief visit to the hospital for mental Health, Ahmedabad for a day (8 AM to 8 PM on 20.8.10) was a refreshing and exhilarating experience. The location of the hospital in the heart of the city spread over a limited area of 31,872 sq. meters does not leave much scope for future expansion and growth. The existing structures though not very old suffer from structural deficiencies characterized by cracks, leakage and seepage and there is very little landscaping and sylvan surrounding. The structures lack architectural elegance and functional utility. While the exterior of the hospital is not very impressive, the richness of human element which makes an institution and adds vitality and strength to it striking. Right from the HOD/Superintendent down to the last care giver in the hierarchy they all exude warmth, bonhomie, civility and courtesy. These qualities of head and heart of the hospital medical fraternity and staff came out clearly and convincingly in course of my interaction with patients and relatives in both OPD and IPD. The staff nurses represent excellent specimens of kindness and

compassion unmatched. The HOD/Superintendent has initiated a number of innovative programmes with imagination and sensitivity. The success of 'Dava and Dua' experiment at the 550 year old Dargah of Mira Datar speaks volumes of his exemplary persuasiveness and capacity to carry conviction. These qualities have stood him in good stead in striking an emotive bond with a large number of good, reliable and committed NGOs who are non political and a political. These have helped in bringing about a qualitative change in the functioning of the hospital and have enhanced its credibility and total image.

Under his benign and yet firm and principled leadership and direction the hospital for mental health has a bright future. All the imaginative initiatives launched by the HOD/Superintendent - Dr. Ajay Chauhan would, however, receive a fillip if there is a helping hand from the Principal Secretary, Health and Family Welfare and Director General of Health Services of the State Government in terms of assuring the hospital of its irreducible barest minimum (both recurring and non recurring) in shape of the required budgetary allocations, ensuring continuity of tenure of the HOD/ Superintendent, fulfilling manpower planning according to the genuine needs of the institution, human resource development through effective orientation and training and striking a balance between cultural antiquity with professional modernity on all fronts. On the strength of my one hour interaction with them I am more than convinced that they will not be wanting in this direction.

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