

*Review of the activities
and performance
of Mental Health
and Human Rights
Resource Centre
run by SEVAC, an NGO
135 A , Vivekananda
Sarani (Pora Aswath Thatla)
Thakurpukur, Kolkata-700 063*

By

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Review of activities and performance of Mental Health and Human Rights Resource Centre (run by SEVAC) at 135A, Vivekananda Sarani, Thakurpukur, Kolkata – 700 063 on 26.11.2010

Voluntary organizations are neither competitors nor substitutes of governmental action. They can, however, complement and supplement governmental action as partners. They have certain advantages which constitute their strength which government may not have. They have flexibility of structure and operations and intimate knowledge of field conditions. Their internal management structure is simple and not hamstrung by rigid and inflexible bureaucratic procedures which largely obtain in govt departments, attached and subordinate offices and which are sometimes archaic, cumbersome, and time consuming and, therefore, irritating. The VOs by and large are free from such procedural hassles and stumbling blocks; their overall attitude and approach are unorthodox and unconventional and by and large beneficial to the genuinely needy, deprived and disadvantaged.

The additional strength emanates from the fact that the VOs work and live with the people and can easily identify themselves with the people – their joy and sorrow, their hopes and aspirations. Such identification comes normally, naturally and spontaneously to many VOs largely on account of their proximity to the ground and also on account of their communication skills. Such skills and proximity undoubtedly enhance their credibility. People listen to them with patience and interest. This makes mobilization and organization of the people on the ground by VOs much easier.

SEVAC, Calcutta belongs to the category of such VOs who are in the field of mental health since 1994-95. It runs a licensed mental health institution. The Department of Health and Family Welfare constituted the State Mental Health Authority in 1994-95 and that Authority has granted licence to 48 Nursing Homes so far in and around Calcutta. SEVAC runs one of such Nursing Homes. It was registered as a society under the Society's Registration Act in 1991-92; the actual pre-paratory work had started much earlier in 1988-89. Even though the Memorandum of Association and Rules have spelt out promotion of mental health as one of the 14 objectives, the primary interest and concentration of SEVAC is and continues to be on mental health. Both before and after obtaining licence

under the Mental Health Act and Rules framed thereunder from the State Mental Health Authority in 1998-99. SEVAC had already made a modest beginning in the arena of mental health as would be evident from the following:

- OPD in 1988-89; it is continuing with the OPD till date;
- Day Care Centre in 1991-92 which runs occupational therapy (OT) and rehabilitation activities for mentally ill persons. The centre is continuing till date.
- In 1994-95, SEVAC launched a 30 bedded Halfway Home (the licence for the same was obtained from the Social Welfare Department, Govt of West Bengal). This is being used till date as a Transit Home for those patients who have been treated and who are on the way to recovery.
- In 1995-96, licence was obtained from the State Mental Health Authority to run a crisis intervention unit which was meant for handling violent and otherwise unmanageable patients who are prone to commit suicides. Once the crisis is brought under control they are referred to the Half Way Home and occupational therapy unit for psycho-social rehabilitation.

The mental health hospital currently run by SEVAC is located in Bishnupur Samali area which is 40 Kms from Dumdum Airport and 25 Kms from Howrah railway station. The administrative office is located in Thakurpukur area which is 33 Kms from Dumdum airport and 15 Kms from Howrah railway station.

Right now there is no boundary wall for the mental health hospital. SEVAC is going to buy one bigha land (currently they are occupying only 4 bighas of land) and with purchase of this one bigha of land the boundary wall can be constructed.

The involvement of SEVAC with National Human Rights Commission began in Sept, 1996 when Justice Shri Ranganath Mishra was the Chairperson. There is an Advisory Committee of SEVAC with which Justice Shri Ranganath Mishra, Justice Dr. V. S. Malimath, Justice Dr. Shivraj V. Patil, Justice Shri Chittatosh Mukherjee, Prof Malini Bhattacharya, Dr. Ashish K. Basu and Y.P.S. Kanwar are

members. The Managing Committee comprises of Dr. Arnab Banerjee, Hony. President and Chief Psychiatrist, Mr. Amitabh Sengupta, Hony. Treasurer, Mr. Prabir Ranjan Basu, Mr. Sudipta Banerjee, Dr. Pratibha Sengupta, Coordinator and Chief Psychologist, Shri H. K. Mandal from ONGC and Dr. Tapas Kumar Ray, Chief Functionary and Founder Secretary.

With liberal assistance made available by NHRC SEVAC has conducted 4 seminars and 6 training programmes. Justice Shri Ranganath Mishra, Justice Shri Shivraj V. Patil, Justice Shri V. S. Malimath, Justice Shri M. N. Venkatachaliah, Justice Shri J. S. Verma, Justice Shri A. S. Anand, Shri Virendra Dayal and Shri Sudarshan Agarwal have also visited SEVAC from time to time. Successive Secretary Generals and other senior officers of the Commission have also visited SEVAC and conducting review of its activities;

The work of SEVAC initially started with juveniles in conflict with the law as well as children in need of social care and attention. This activity is continuing till date. Subsequently, the ambit has been enlarged to cover the following (in particular the mental health needs)

- Destitute women;
- Inmates in jails;
- Inmates of vagrant homes.

Extent of coverage of some of these activities outside the main mental health institution is as under:

- I. **Dumdum Central Jail** – OPD services are being conducted one day in a week by deputing a psychiatrist and clinical psychologist from the main mental health hospital at Bishnupur. Initially patients were being kept under chains in the Central Jail. It is a happy augury that no patient is currently kept under chains. The number of patient beneficiaries (2010-11) is around 150. Around ten patients have been effectively treated.

- II. **SMM Liluah Home** – SEVAC attends to the mutual health needs of the home one day in a month. There are in all 60 patient beneficiaries. They are being discharged and sent home after treatment.
- III. **Female Vagrant Home, Litharepada (Hooghly district)** – SEVAC attends to the mental health needs of the institution with 60 patients once a month. Patients are being discharged and sent back home after treatment.
- IV. **Dhakuna Vagrant Home, Calcutta** – SEVAC attends to the mental health needs of this institution one day in a month. There are in all 40 patient beneficiaries. Psychotic and neurotic medicines are being dispensed to them free of cost.

'Operation Oasis' which was conceptualized and put in the operation in 2001 for a period of 3 years was devoted to:-

- identification, treatment and rehabilitation of mentally ill persons languishing in prison and vagrant homes of Calcutta;
- Around 3000 mentally ill persons in jails were screened 10 per cent of whom were found to be suffering from severe mental disorders. All of them (300) were effectively treated and in many cases treatment is continuing till date.
- In 5 vagrant homes around 700 mentally ill persons were screened. Of them 80 per cent were found to be suffering from major psychiatric disorders. Around 10 per cent of the cases could be effectively treated during that period.

Human Resource Development through training;

Training is an important input for human resource development. There are 2 types of training which SEVAC has been conducting. One is training of nursing staff of general hospitals on mental health issues and others. The target group comprises of

- NGO functionaries:

- School teachers;
- Police personnel;
- Correctional and custodial staff;
- Staff of destitute and vagrant homes;
- Medical Officers and para medical staff.

This training programme started in 1994-95 and is still continuing. The resource persons for the programme includes -

- Psychiatrists (3)
- Clinical Psychologists (3)
- Social Workers (2)
- General duty medical officers

Services of resource persons from outside SEVAC are also available. The resource persons are identified and mobilized on the basis of personal contacts.

The second component of target groups for the training programme comprises of officials of police and prison departments. One such training programme for the police personnel, prison officers and personnel of custodial homes in Orissa was organised at Bhubaneswar on 17th and 18th December, 2010. This was sponsored and funded by National Human Rights Commission and conducted by SEVAC. The JS, National Human Rights Commission wrote to the DG Police, IG Prisons and Secretary, Women and Child Development to sponsor 10 participants each for the course. The programme was successfully conducted in terms of content and quality of participation.

Earlier SEVAC was receiving Rs. 1,50,000/- per programme which has since been slashed to Rs. 50,000/- even though the cost of all inputs for conducting a successful training programme has substantially gone up.

The methodology for imparting such training which distinguishes these programmes from the traditional way of conducting them is characterized by being (a) participative (b) communicative and (c) action oriented.

A programme of orientation and training for MOs and para medical staff (60) of Car Nicobar islands in collaboration with NHRC in February, 2008 is yet another significant event in human resource development initiative taken by SEVAC.

Mental Health Hospital run by SEVAC

SEVAC is running a 50 bedded mental health hospital (it started with a 30 bedded hospital in 1994-95). It has earmarked a budget of Rs. 60 lakhs (2010-2011). The break up of resource mobilization for management of the hospital is as under:

- 30 per cent of the budget is met from the patients;
- 40 per cent of the budget comes from external funding agencies and corporate enterprises;
- Remaining 30 per cent is met from public borrowing.

In 2010-11, Oil and Natural Gas Commission has created an emergency Corpus Fund (Rs. 75 lakh) by way of one time grant. A condition was stipulated by ONGC that the amount should be kept in fixed deposit and the interest should be utilized for the day to day management of the hospital. SEVAC did not accept this condition as the interest amount would be negligible and insufficient to meet the day to day management of the hospital. After discussion ONGC has agreed that a portion of the Corpus Fund may be utilized at the time of emergency. It has also been agreed that a portion of the Corpus Fund can be utilized for raising physical infrastructure. Consequent on such understanding, a portion of the land adjoining the hospital is proposed to be purchased for enlarging the operational area and for observance of better security.

Visit to the wards and interaction with doctors, staff members and patients of SEVAC

I visited the male and female wards of SEVAC Mental Health and Human Rights Resource Centre. In all there are 5 wards – 2 for male and 3 for female. All the wards are well lighted and well ventilated, immaculately neat and tidy and

present a warm and hospitable environment which is conducive to treatment and recovery of patients.

A study of the current status of long term patients:

There are 4 long term patients of whom one is Shri Sumit Choudhury (32). He is a Commerce graduate. He does not remember the actual date of his admission. He could only faintly remember that he has been in the ward for about 2 years. Both his parents had committed suicide. He has three maternal uncles but none of them has any concern for him.

Shri Choudhury has been a student of Rama Krishna Mission and had consistently a good academic career. After graduation he started a business on partnership with some of his friends. Afterwards he was cheated by them and he suffered heavy loss. Being driven to desperation he attempted suicide. Fortunately that tragedy was averted in time. Subsequently, he developed mental illness and was brought to SEVAC by his friends. He has been effectively treated and has substantially recovered. SEVAC has made sincere efforts to send him back to his maternal uncle's house. Although he has three of them, none of them agreed to give him any shelter. Thereafter one of his friends came forward and gave him shelter in his own house. Unfortunately he discontinued taking the medicines which the psychiatrist of SEVAC had prescribed at the time of his discharge. This resulted in relapse and after a few days he attempted suicide once again. He climbed the top of the Bally Bridge and jumped into the Ganges. Fortunately once again he was rescued by some fishermen. Thereafter his friends once again brought him to SEVAC.

His condition is currently reported to be stable. He has acclimatized himself with the overall environment in and around SEVAC admirably well. He enthusiastically participates in the activities of the ward as also those of the Day Care Centre. He motivates other patients to join the Day Care Centre and spend their time productively and meaningfully. He has also developed his skill as a painter.

As it transpired in course of conversation with him he is very keen to start a business. This requires both business acumen and financial resources. Shri

Choudhury has the business acumen but lacks financial resources. Besides, he has no place on earth to go. He is, therefore, constrained by the sheer force of circumstances to stay in SEVAC. He thinks, feels and believes that the overall environment in SEVAC is warm and congenial and he considers himself as fortunate to be a member of the SEVAC family.

Dr. Bimlesh Mishra (50) is yet another long term patient. His father was an MLA and a well known social worker. His mother, however, was mentally ill. He has 2 uncles who are established in life. His mother now lives with his married younger sister.

Dr. Mishra has been a good student since the inception of his student career. He did his MBBS from Calcutta Medical College. It transpired in course of interaction with him that he switched jobs between govt service and a private nursing home called Mothers' Nursing Home, Kakdeep, South 24 Parganas in the post of RMO. He got named before 12 years or so. He has only one child – a son who is about 10 years of age at present.

Before a few years he developed mental illness. Soon thereafter his wife left him and returned to her parental home. He was admitted to SEVAC on 3.6.09 in a very acute state by his uncle. His condition gradually improved and he wished to return to the Nursing Home where he had worked earlier. Dr. Pratibha Sengupta, Chief Psychologist of SEVAC contacted the proprietor of the Nursing Home and convinced him to take back Dr. Mishra. He was thereafter sent to the Nursing Home. Dr. Sengupta had repeatedly requested the proprietor of the Mother's Nursing Home to administer the medicines which would be prescribed by the Psychiatrist. Unfortunately no medicines were given to him. Consequently, there was relapse of the illness and Dr. Mishra was brought back to SEVAC by some local people. His condition is reported to be quite stable after undergoing the treatment. He needs social support. He is keen and eager to return to his family.

Dr. Pratibha Sengupta, Chief Psychologist of SEVAC spoke in the meanwhile to the wife and in-laws of Dr. Mishra. They are, however, not at all interested in taking him back. Dr. Mishra appeared to be very much scared of his brother in law (husband of his younger sister). According to his own statement he

had tortured him brutally when he fell ill. It was alleged by Dr. Mishra that his brother in law has thrown him away from his paternal house in a bid to capture the landed and immovable property.

According to Dr. Mishra, the proprietor of Mother's Nursing Home runs the institution by using his Registration Certificate even though he is not attached to that institution any longer.

Dr. Mishra has been receiving totally free service from SEVAC. He admits that the overall atmosphere of SEVAC is very congenial and he is treated with dignity and respect. However, he is keen and eager to return to his family which is not possible for the reasons explained earlier. This is yet another complicated case for which there is no quick fix solution.

Sumit Acharya (25) is also a long term patient. He has been effectively treated for temporal lobe epilepsy with behavioural problems (he had the tendency of running away from home frequently without any information). His condition is now reported to be stable. He is currently undergoing rehabilitation. In addition to participating in various activities he has been admirably playing the role of a care giver and has been voluntarily assisting the staff members.

Nilanjan (30) has been diagnosed to be a patient of Schizophrenia. He has been admitted and readmitted to SEVAC several times due to non-compliance with drugs. He has histrionic talent, is a good singer but is totally unmanageable. He has some megalomaniac ideas and wants to enter business.

Anees Chatterjee (24) has been admitted to the male ward only about a week ago and is still in an acute state. Like Nilanjan he is endowed with the talent to sing.

Samaresh Dutta (25) has been diagnosed as a patient of Schizophrenia. He was found to be aggressive and violent. He has had a tendency of running away from home. Consequently, his family members had to restrain him with chains. A sign of atrophy in the wrist of right hand due to use of chain was clearly visible. He is in a sub acute state and is satisfactorily responding to his treatment.

Female Ward

Rakshi (28), a deaf and dumb girl has been diagnosed as a case of personality disorder with behavioural problem. She was an inmate of Ram Krishna Mission Orphanage where she turned to be violent. She was thereafter sent to SEVAC for treatment about 13 years back. Initially, at the time of admission she was found to be violent and aggressive. Her symptoms were gradually brought under control. She was also taken to some eminent ENT specialist for the treatment of hearing and speech impairment. They however, did not produce any tangible result. However, she had learnt the sign language to some extent when she was in Ram Krishna Mission. She is intelligent and is capable of expressing her ideas with clarity and appropriateness. She appears to be a good painter. It appears that she was abandoned as a child and thus had suffered the trauma of deprivation and neglect by the biological parents.

Her condition is reported to be stable. She is energetic and jovial by nature. She helps the kitchen and assists the store keeper to preserve the grocery items in a proper manner.

Pinki, initially an inmate of Liluah SMM Home has been diagnosed to be a patient of psychosis. She is deaf and dumb and her family history could not be ascertained. The Superintendent of SMM Home had initially sent her to Pablov Hospital for treatment. Regretfully, there was no improvement. The Department of Social Welfare, Govt. of West Bengal eventually sent her to SEVAC. This was 12 years ago.

At the initial stage when Pinki was brought to SEVAC she was found to be violent and aggressive. She was even reluctant to use clothes. However, undergoing treatment at SEVAC her condition showed gradual signs of improvement. She underwent a thorough check up by ENT specialists and was provided hearing aid. Even though deafness persists her overall condition is stable. She has developed a remarkable skill in embroidery work.

Lakshmi Goswami (40) hails from Uttarpara Destitute Home. She came to SEVAC in 1994. Diagnosed as a patient of Schizophrenia she cannot recall her

past history. She was, however, found to be very good in embroidery work. Her overall condition is stable.

Nayana Acharya (60) has been diagnosed as a patient of Schizophrenia hailing from Odisha. She has been staying at SEVAC since 1999. Her family members have been reluctant to take her back home.

Krishna Bhattacharya (65) has been diagnosed as a patient of Chronic Schizophrenia. Her case was referred to SEVAC by the Department of Social Welfare, Govt. of West Bengal. Her mother is old and unable to take her back. She is, therefore, continuing as a long stay patient in SEVAC.

Bertha Leptcha (65) has hailed from Nepal and has been staying with SEVAC for the last 3 years. She has been diagnosed as a case of Chronic Schizophrenia. She was brought to the hospital for treatment and rehabilitation by her niece. There is none in the family to take her back from SEVAC and to look after her. Her condition in SEVAC is reported to be stable. She loves to read the Bible.

Saswati Chakraborty (35) has been diagnosed to be a case of MDP. She lost her father at a very early age. Thereafter she was abandoned by her mother. She was thereafter brought up by her grand mother for 10 years. She has been readmitted to SEVAC several times for relapse. However, while staying at SEVAC she has continued for study and has even appeared in BA Part II Examination.

Her overall condition is reported to be stable. She is a good dancer and singer. There is, however, none to look after her except her grand mother who is too old to look after her.

Dr. (Mrs) Manika Pramanik (56) is in charge of Govt. Blood Bank. Before a year she got an attack of CVA. Due to brain haemorrhage she developed some psychiatric problems and her current condition is such that she cannot perform the daily life activities on her own. She has been admitted to SEVAC by her husband and father who are doctors.

Geriatric ward for female patients:

The ward is spacious, airy and well lighted. In all 10 elderly female patients with dementia, brain hemorrhage and other geriatric and psychiatric problems have been admitted in this ward and have been continuing for sometime. They are under constant surveillance of a group of care giving staff. Their physical health is also checked on daily basis and adequate medical intervention is done according to stipulated needs.

Interacted with Ms. Bela Acharya (82) who is staying in the ward for quite sometime. She was a staff nurse of SEVAC. Three years back she fell down and sustained injury on her legs. There is none in the family who is willing to act as a core giver for her and therefore, she is continuing in SEVAC for the last 3 years.

Bed strength and occupancy rate:

As has been stated earlier SEVAC is a small mental health hospital with a bed strength of 50, the break up of which is as under:

Male (acute)	-	5
Male (being rehabilitated in the half way Home)	-	10
Female (acute)	-	10
Female (being rehabilitated in the half way Home)	-	15
Female (Geriatric ward)	-	10
Total	-	50

There is an approximate gap of 4' on either side of a bed leaving enough space in each ward for free movement of inmates. Most of the cots have an inbuilt desk so that the patients can keep their belongings. Separate almirahs have also been provided to the patients for use on sharing basis

The occupancy rate during the last 27 years is as under:

Year	Occupancy
2007-08	120
2008-09	135

Duration of stay of both male and female acute patients varies from 2 to 6 weeks. Some patients stay for a much longer period due to reasons which have been indicated earlier in the case of 4 long stay patients such as:

- Patients who are either destitutes or abandoned are sent to SEVAC mental health hospital by the Social Welfare Department, Govt of West Bengal. Surprisingly no grant in aid has ever been received from that department.
- Elderly people with mental health problem stay for a longer period as their family members are not able to take care of them on a long term basis;
- Some patients being extremely violent, aggressive are unmanageable at home and have to stay with SEVAC for a longer period following request of their family members;
- Some patients who have been effectively treated and whose condition is reported to be stable prefer to stay in the rehabilitation wing voluntarily for sustaining their stability.

Inpatient Psychiatric Services:

- Admission is made through the OPD on the strength of advice given by the psychiatrist.
- The patients are discharged from the hospital on the strength of advice of the Chief Psychiatrist / RMO.
- There is constant supervision over the tidiness of the ward and change of linen /uniforms for the patients at appropriate intervals. Sufficient no. of mattresses, blankets, warm clothings are being provided in winter. Mosquito repellants and anti lice measures are also being provided. Privacy of the patients is being respected.

- The records regarding admission and regular check up of the physical condition of the patients including weight, BP, blood count, blood profiles , menstruation (for female inmates) are being maintained.
- Personal hygiene of inmates is being maintained by hiring services of barbers from outside for haircut, shaving etc of inmates at regular intervals.
- Geysers have been installed in every ward for supplying hot water as and when necessary throughout the year.
- During summer cold water is provided from the refrigerator.
- Supply of electricity as per load and voltage is adequate. In case of power cut and problem of low voltage there is power backup arrangement by installing own diesel generator sets in the hospital premises.
- Each patient has a separate file. The general health condition of acute patients is checked on daily basis and general health condition of stable patients is checked at least twice a week by the RMO. All the observations at the time of round and check up of health of patients are recorded in the respective patient's file and the same is available at any time for reference.
- In case of serious ailments accompanying mental illness (terminal cancer, cardio-vascular complications, respiratory complications, immunological disorders, complications centering round eye, ear, nose and throat etc) there are arrangements for referral services. SEVAC has a proper tie up arrangement with the local Nursing Home, Govt. Hospitals and specialized services through clinics. Whenever serious ailments of mental patients are diagnosed, the specialist doctors are called in. On the strength of their advice the patients are referred to a govt. hospital or a nursing home for their treatment.

OPD:

A weekly OPD clinic is being run by SEVAC at Vidyasagar State General Hospital as part of the National Mental Health Programme. The outturn of patients

on each such weekly OPD date is around 50. Another OPD is being operated from SEVAC's Thakurpurkur Campus twice a week. The outturn of patients is approximately 30 on the scheduled dates.

There is a proper sitting arrangement at both the points for all OPD patients and their relatives. Access to clean potable water, toilet and avenues of recreation has also been ensured at the OPD.

Record keeping and computerization

It is mandatory to register the name of all patients who are coming for treatment at the OPD (both at Vidyasagar State General Hospital and Thakurpurkur Campus of SEVAC). Two staff members have been assigned for proper keeping of records. A staff member has been assigned the responsibility of record keeping on a permanent basis and all records have been computerized and properly preserved. There is a data entry operator who enters the demographic data as well as the data relating to the details of illness of all OPD and IPD patients in the computer.

All patients at the OPD are being treated with a human touch.

Dispensing of medicines:

SEVAC has no drug dispensing Centre at Thakurpurkur Clinic. In Vidyasagar State General Hospital, however, where SEVAC runs a psychiatric clinic under the National Mental Health Programme the dispensing unit is situated near the clinic. At the OPD free medicines are given only to a few poorest of the poor patients. All medicines are purchased from the local medicine shop. The ward Supervisor prepares a list of medicines on monthly basis for all patients and places the purchase order. Medicines are also purchased as and when there is any change in the prescription or there is an additional necessity.

All patients who do not belong to the BPL category purchase medicines on the strength of the doctor's prescription from medical stores of their own choice.

Right to food

Right to food is a composite concept involving the following:-

- size of the kitchen, chimney, exhaust fans, provision for adequate lighting and ventilation, platforms for washing and cutting vegetables, sufficient number of taps with adequate flow of water, room for storage of gas, room for storage of provision (rice, atta, maida, pulses, idli rawa, suji, sugar, salt, spices and condiments, jagri etc.) chapatti making machine, electric kneader to convert atta into a paste, sufficient number of cooking vessels made of stainless steel etc. for cooking and storage of food;
- sufficient number of cooks appointed on regular basis, medical examination of cooks, provision of uniforms/apron to the cooks, room for change of apron etc.;
- a trolley for transportation of food from the kitchen to the dining hall if the same is located at a distance;
- making the patients wash their hand and feet before they settle down for food to ensure personal hygiene;
- assisting the elderly, seriously ailing persons, physically and orthopaedically handicapped persons to take their food which they cannot take on their own;
- serving food with a humane touch;
- eliciting the preferences and tastes of the inmates at periodic intervals about food of their choice.

As far as mental health hospital under SEVAC is concerned, there is one common dining hall for all IPD patients which is adjacent to the kitchen. Food is served directly from the kitchen. A weekly menu is prepared in consultation with the patients attaching due importance to seasonal vegetables and fruits. Informal meetings are also held with the patients to introduce variety in the menu chart. The timings for serving breakfast, lunch and dinner are the following:-

- Morning tea with biscuits – 7 to 7.30 AM;
- Breakfast – 8.30 to 9 AM;
- Lunch – 12.30 noon;
- Every tea with snacks – 5 to 5.30 PM;
- Dinner - 9.30 to 10 PM

The menu for breakfast, lunch and dinner comprises of the following:

Morning Tea and Biscuits

Breakfast

Bread/ Chowmeen
Banana/ Apple/ Boiled Egg
Milk

Lunch

Rice (Raw) 200 Grms
Sukta/ Green Seasonal Shak/ Fried Potato or Fried Bringel
Dal
Vegetable Curry (Seasonal Vegetables)
Fish/Chicken/Mutton/ Panner
Chatni/ Curd

Afternoon tea and biscuits

Evening Snacks

Pokora/ Maggie/ Halwa/Ghugni
Horlicks/ Bornvita

Dinner

Roti (Min. 4 Pcs) ,/ Rice 200 Grm (Raw)
Dal
Veg Curry/
Egg Curry/ Paneer/ Additional Veg Item

I was given to understand that the expenditure on diet per head per day comes to Rs. 58/-. All food items (rice, dal, atta, edible oil, vegetables and fruits, sugar, suji, condiments etc.) are being procured from open market on the basis of competitive bidding. Unlike the Institute of Psychiatry (IOP) Calcutta, the kitchen is being managed departmentally and there is no involvement of any contractor. This is a positive aspect of food management.

The hospital supervisor oversees the process of cooking and serving food. The Chief Psychiatrist, Chief Psychologist and RMO supervise the entire process from cooking till serving of food including tasting of food. The help of dietician and nutritionist is taken to measure the nutritive value of food which usually is of the order of 3000 Kilo Calorie. Food being served appears to be a balanced combination of Carbohydrates, protein, oil, fat, trace minerals and vitamins.

Right to water

Adequate quantity of water is available for cleaning, washing, cooking, bathing, flushing the toilet and drinking. Water meant for Drinking is purged of chemical and bacteriological impurities through filtration by Aqua Guard. The water is being supplied by the Department of Public Health Engineering, Govt. of West Bengal from their plants. The overhead tank is cleaned at regular intervals.

Suggestion:

Filtration of water by aqua-guard is not a fool proof arrangement as aqua guard does not kill all bacteriological and chemical impurities. It may be desirable to go in for a small reverse osmosis plant where filtration is both adequate and effective.

Current status of biochemical and pathological investigations

SEVAC does not have any biochemical or pathological laboratory for investigation (VDR.I, Serum Lithium estimation), x ray, EEG, Hepatitis B, routine blood and urine tests, HIV screening etc.

All these investigations are being conducted by pathologists of reliable diagnostic clinics as per need. The main limiting factor for SEVAC in not having the laboratories (biochemical and pathological) is that 50 per cent of the patients cannot pay for such investigations.

There is a separate room for psychological tests although the same cannot qualify for a full fledged psychological laboratory. Some routine tests such as intelligence scale test, Psycho-diagnostic tests are being conducted by the Psychologist.

Occupational Therapy:

This is a part of the rehabilitation programme. Stable patients who join the Day Care Centre come under its purview. There are 4 units in the Day Care Centre through which occupational therapy is imparted to stable patients such as embroidery-cum-needle work, zari work (including Zardosi on Sarees), painting and art-craft and computer training.

There is no OT separately for male and female patients. There is only one OT with a capacity for 40 patients. This facilitates psychosocial rehabilitation and mainstreaming into the family of mentally ill persons who are treated effectively and who recover. Involvement in the work of Day Care Centre also develops their inherent capability. Attractive paintings, hand work, embroidered pieces of cloth and garments are the end products of the OT, some of them could be objects of beauty and feasts for the eye of mankind.

The following cases are good illustrations of the impact of occupational therapy on the health, psyche and psycho-social rehabilitation:-

1. Lakshmi and Pinky (both of them are long stay patients whose case histories have been stated earlier) have developed commendable skill in embroidery and needle work. They have engraved spectacular pictures and designs on sarees and table cloths.
2. Reena (a long term female patient aged 26 years) has developed skill in zari/Zardosi work. She can engrave beautiful designs on sarees and zari.
3. Rakhee, Brotati and Sumit (their case histories have also been stated earlier) have developed unique skill in painting. In 2009-10 one pharmaceutical company of repute used the paintings and Rakhee and Brotati in their calendar. Rakhee has also developed skill in producing beautiful handcrafts using paper, plastic and different waste materials like empty containers.
4. Sumit has been learning computer satisfactorily.

Recreational and cultural activities:

A TV set has been installed in each ward. Two cultural programmes and two picnics/outings are arranged every year. Durga Puja is being celebrated for the last 14 years. Xmas, New Year's Day, Baisakhi are also celebrated as also the birthday of patients (whose birthday is known). Patients play volley ball, cricket and badminton in the open ground in the premises of SEVAC. Places of worship for the patients have also been provided.

One single aspect which distinguishes this mental health hospital run by SEVAC from the rest is that movement of patients who have been effectively treated and who have substantially recovered is not restricted; they have complete freedom and spontaneity in terms of utilization of their time within the precincts of the mental health hospital.

Physiotherapy Centre:

There are a no. of patients (and in particular the elderly ones) who are victims of rheumatoid arthritis and other orthopaedic problems. A physiotherapy centre with a qualified physiotherapist has, therefore, been set in operation. The physiotherapist also teaches yoga to the young patients who are comparatively more stable than others.

Day Care Centre:

SEVAC Day Care Centre aims at facilitating the psychosocial rehabilitation of stable patients. It is housed in a new and spacious building. It has a no. of wings such as embroidery work, jerdosi, painting, dancing, music, handicrafts and computer training. It has also a library with reading room facilities. The patients participate in these activities according to their ability and inclination.

Such participation has several plus points such as:

- It promotes unity and solidarity among the inmates;
- It ensures productive utilization of time;
- It brings out the best of imagination, ingenuity and creativity of the inmates;

- It promotes freedom and spontaneity amidst the rigours of a controlled environment which normally obtains in a mental health hospital.

Halfway Home:

This is an institutional mechanism which acts as a transit home for those mentally ill persons who have been effectively treated and who are fast on the way to recovery (but have not fully recovered) and who are yet to be discharged from the mental health hospital. There are two separate Halfway Homes available for male and female inmates, both being managed by SEVAC. SEVAC is managing both the Homes by raising funds through donations and with the support extended by different corporate homes, philanthropic individuals.

The mental health status of patients is assured first before they are brought under rehabilitation process. Avenues are created to secure involvement of the patients in different avocations depending on the individual attitude, inclination, interest and capability.

Satellite Services:

The Chief Psychiatrist and Psychologist have been visiting Dumdum Central Jail, different Vagrant and Destitute Homes for extending psychiatric treatment for the mentally ill people languishing therein purely on a voluntary basis.

It was a matter of concern to know that the Govt of West Bengal has not extended any financial support to SEVAC for extending psychiatric treatment to these unfortunate patients lodged in jails and homes set up under the Juvenile Justice (Care and Protection of Children) Act, 2000 as amended in 2006.

Library

SEVAC has a library with a limited number of reference books for use of its faculty members. Details of the books available in the library for use of faculty are as under:

General	-	60
Psychology	-	23

Mental Health	-	10
Medicine	-	10
Psychiatry	-	90
Literature	-	100

No separate journals and periodicals are being subscribed.

Mortality

Four patients are reported to have died during the last five years owing to complications related to general health problems. No case of homicide, suicide or escape has been reported so far.

Management of the hospital:

- There is a Managing Committee which consists of President, Secretary, Treasurer and other members for laying down the broad policy and overseeing the management of the hospital.
- A sub committee of the Managing Committee comprising of the Secretary, Chief Psychologist, Chief Psychiatrist, Ward Supervisor, Accountant is also in position to look after the day to day administration of the hospital.
- Formal meetings of the Managing Committee are held at least 4 times in a year. Additional meetings are also convened by the Founder Secretary as and when necessary.
- The Director of SEVAC is the Founder Secretary of the organization. He bears the total burden of responsibility for administration of the hospital with the help of the supporting staff. He is responsible for formulation of the projects and for raising resources from various sources (Govt Deptts, Corporate Homes, benevolent individuals and foreign funding agencies) for financing of projects. He monitors the pace and progress of implementation of these projects. He ensures proper functioning of various sections of the organization and coordinates the day to day activities relating to the hospital, rehabilitation centre, training, research etc.

Human Resource Development and Management

- Secretary, Chief Psychiatrist and Chief Psychologist meet regularly to assess the performance of staff members and take necessary steps for maintaining performance levels.
- All staff members have been trained by SEVAC.
- Payment of meagre salary due to budgetary constraints notwithstanding the staff members work with total dedication.
- The Chief Psychiatrist and Chief Psychologist attend the national and international conferences as and when the occasion arises but purely in their personal capacity.

Externally funded pioneering projects undertaken by SEVAC:

I. Operation Oasis Project (2001-2004):

The project was launched with the support of National Human Rights Commission with the objective of identifying mentally ill persons from amongst inmates of prisons/custodial homes and bringing them within the purview of psychiatric treatment and rehabilitation. An important finding of this project a large number of mentally ill persons are still languishing in different prisons / custodial homes across the length and breadth of the country.

II. Operation Dignity Project (2002-03/2007-2010):

The project has been generously supported by Irish Aid, New Delhi. It aims at spreading mental health education amongst the judicial officers, police personnel, personnel of the prison and custodial homes, social activities and NGO personnel working in different parts of the country. Promoting human rights of persons with mental illness is yet another important objective of the project.

III. National Commission for Women Supported Study (2008-09)

The project laid stress on community based rehabilitation of mentally ill women who have been discharged from govt mental health hospitals through home visits. Under the project over 100 mentally ill women could be identified and

45 could be reached. The community based rehabilitation programme comprised of:-

- Regular Psychiatric check up;
- Regular medication;
- Adequate and nutritious food;
- Shelter;
- Reintegration into the families;

Out of 45, 20 mentally ill persons have relapsed either due to non availability of medicines or inability to buy medicines.

IV. Community based rehabilitation project (1999-2001):

The project was meant for rehabilitation of mentally ill persons in Calcutta and Hawrah (on both sides of river Ganges). It was funded by Community Rehabilitation forum, Bangalore. Over a period of 3 years of operationalisation of the project 210 patients were covered and expenses incurred covered cost of home visits, general and psychiatric medicine. The funding of the project was discontinued on the ground that this was not an area of high priority for the forum;

V. Silver Lining Project (2003-04):

The project was launched with support of New Zealand Aid, an external funding agency to bring the personnel of prisons and custodial homes under the purview of Mental Health and Human Rights Education Programme.

VI. Project promise (2004-05):

This is yet another project meant for extending psychiatric care to the inmates of one central prison and one Vagrant Home situated at Midnapore district. The project was taken up with the support of Australian High Commission.

VII. Operation Disha Project (2005-08):

Through this project SEVAC has been extending psychiatric care and psychosocial training to the Tsunami survivors of Andaman and Nicobar islands and SIDAR survivors of Bangladesh in collaboration with the World Federation of Mental Health (WFMH) (incidentally, SEVAC has been enrolled as a Member with

voting rights of the World Federation of Mental Health, USA which is one of the consulting and collaborative agencies of the UN).

When Tsunami struck Andaman and Nicobar Island in December 2004 bringing in its wake death and destruction of an incalculable magnitude, SEVAC was the first to land at A and N islands and played a key role in bringing about psycho social stabilization and rehabilitation of as many as 6000 persons who were affected by the disaster. The services rendered by the team of professionals deputed by SEVAC were invaluable. Justice Shri Ranganath Mishra, the first Chairperson of National Human Rights Commission and Chief Patron of SEVAC had written a D.O. letter to the Lt. Governor, A and N island to facilitate this process. The services rendered by the team deputed by SEVAC were not funded by any particular organization, the cost thereof was met from out of the internal resources of SEVAC.

Project Proposal pending with National Human Rights Commission for consideration:

This is a project proposal captioned 'Operation Oasis Phase II' meant for promoting human rights of persons with mental illness languishing in Chamatkari Hanumanji Temple in Chindwara district of Madhya Pradesh which was submitted to National Human Rights Commission sometime in July, 2010 and which is still pending consideration of the Commission.

The background of the project proposal is as under:

- Places of religious congregation in general in the country provide shelter for wandering mentally ill persons.
- There are also some places of religious congregation where mentally ill persons are intentionally dumped or abandoned by their families.

Chamatkari Hanumanji Temple at Sansar in Chindwara district in MP is a place of this kind. There is a myth surrounding the temple that the blessings of the deity of Chamatkari Hanuman temple can cure mentally ill persons. This is how it has become a popular dumping ground of mental patients.

- The plight and predicament of such mentally ill persons get further compounded by the fact that these persons have got no access to psychiatric care and treatment. Majority of these patients belong to economically disadvantaged sections and do not have the means to go to any distant place for undergoing a proper psychiatric treatment. The temple, therefore, becomes the first as well as last resort for them.

There are 3 categories of patients who flock this temple.

Category one: The mentally ill persons come here with their family members who belong to the lower middle class. They stay in the temple guest houses on payment of very high rent. Some of them prefer to stay in the makeshift shelters built by local people.

Category Two: There is a shed built by the temple Committee. Some patients can stay in this shed free of cost. But only a privileged few can get any shelter in this shed.

Category Three: Majority of the patients simply spend the night under the sky. They do not have access to any toilet facility. They wander about in the temple premises according to their whims. It is a common sight that some of them are searching for food from the garbage bins to satiate their hunger.

In course of formulation of the project SEVAC came across a mentally retarded girl child (10 years of age) who has been abandoned at the temple premises. She has got no training whatsoever in wearing of clothes. Consequently she always remains stark naked. She drinks water from the open drain and eats the leftovers. She leads a subhuman existence, a life bereft of any care and concern from any quarter, not to speak of dignity and decency.

The project proposal formulated by SEVAC against the above dismal background has 4 components. These are:

- I. Making arrangements for safe custody and human care of an abandoned mentally retarded girl who remains stark naked and leads a subhuman existence.

- II. Collection of demographic data of patients languishing in and around the temple (project area) in collaboration with a local NGO.
 - Analysis of the data.
 - Generation of awareness for bringing the mentally ill persons within the purview of psychiatric treatment.
 - Opening a psychiatric OPD at the temple premises for extending psychiatric treatment to patients with their willing consent.

- III Motivating Govt of MP to come forward to take total responsibility of treatment and rehabilitation of the mentally ill persons languishing in the temple premises and take necessary preventive measures so that mentally ill persons are not dumped in and around the temple in this heartless manner.
 - Requesting the NHRC to monitor the activities of the State in this direction (as above) and involve SEVAC team in this process.

- IV To apprise Hon'ble High Court of MP / Hon'ble Supreme Court of this deplorable situation.
 - To move NHRC and Hon'ble Supreme Court to undertake a country wide survey for identifying religious places where the mentally ill persons are being dumped to fend for themselves, where they are being kept in chains and to issue necessary directions for treatment and rehabilitation of these poor and deprived sections of humanity.

- V. Publication of a comprehensive report by SEVAC.

The modalities of operationalization of the project by SEVAC are as under.

- SEVAC will request National Human Rights Commission and Hon'ble High Court of M.P. to direct the State Govt to send the mentally retarded girl in question to an appropriate institution to make arrangements for her treatment and rehabilitation.

- A credible local NGO will be selected as an associate partner and 3 volunteers from the said NGO will be identified for field work and will be designated as field workers.
- Training will be imparted to the said field workers for capacity building.
- All patients and their care givers (who are available) will be interviewed for collecting socio-demographic data.
- Holding 'one to one' dialogue with all the categories of the patients for convincing them to bring their wards within the purview of the treatment.
- Spreading general health awareness among the patients and their care givers.
- Holding meetings at different levels of local administration so that the State Govt comes forward to make arrangements of treatment and psycho-social rehabilitation of these unfortunate sections of the society (schedule of such meetings will be prepared according to situational needs and a representative of SEVAC would conduct such programmes).
- Comprehensive banners will be displayed and pamphlets will be distributed for disseminating the message to persons visiting the temple and persons residing within the temple premises to the effect that (a) mental illness is fully preventable and correctable (b) it is not a curse, not a fatality and (c) it can be corrected through scientific means.
- Setting in operation a mental health camp for initiating treatment of all willing patients.
- Ensuring fortnightly visit of the psychiatrist / psychologist of SEVAC team to run the camp.
- Identifying one local doctor to assist the Psychiatrist of SEVAC. He will be oriented in such a way that he can follow up the treatment protocol in the absence psychiatrist of SEVAC.

- Distributing free medicines to the poorest of the poor patients.
- Distributing a small and inexpensive food packet on daily basis to the patients who will be given medicines so that they do not take medicines in an empty stomach.
- Imparting training to field workers so that they can assist the patients in taking medicines on a daily basis.
- Ensuring regular visit of the Project Director, Chief Psychiatrist and Chief Psychologist of SEVAC team to the field for guiding the field work.
- Requesting NHRC to issue necessary orders to Govt of MP to extend necessary support to SEVAC for the successful implementation of this project and adopt short term as well as long term policies and strategies to extend psychiatric treatment and facilities for rehabilitation of the mentally ill persons.
- Requesting NHRC to monitor the situation on the ground and involve the SEVAC team in this process.
- Praying to Hon'ble Supreme Court to take necessary measures to stop the practice of dumping mental patients in any religious place in the country and asking the Govt of MP to take the responsibility of treatment and rehabilitation of mentally ill persons languishing in the field.
- The project proposal has an estimated cost of Rs. 8, 16,000/- 35 per cent of the cost has been earmarked towards (a) free distribution of medicines (b) free distribution of food packets. The remaining 65 per cent will be spent on (a) honorarium to volunteers (b) honorarium to the local doctor (c) cost of preparation of awareness generation materials and (d) cost of travel.

On a preliminary scrutiny of the estimates of cost it appears that these are reasonable and rock bottom and can not be reduced further.

The project proposal deserves consideration and support of the Commission on account of the following reasons:

1. The project proposal is innovative in character.
2. Similar project is under implementation by the mental health hospital, Ahmedabad and with involvement of a local NGO around a mosque in Mehsana District.
3. This will be a milestone initiative in the domain of promotion of human rights of persons with mental illness as also for developing a model for the community based care and rehabilitation of persons with mental illness.

Overall impressions at the end of visit to SEVAC Mental Health and Human Rights Institution

Redeeming features

SEVAC has a team of individuals (Dr. Arnab Banerjee, Chief Psychiatrist and President of SEVAC, Dr. Pratibha Sengupta, Chief Psychologist, Dr. P. Choudhury, GDMO/RMO, Dr. P. K. Saha, GDMO, Dr. Shyamal Chakrabarty – Psychiatrist, Dr. Kalyan. Chakraborty, visiting MO – Dr. Ashish Basu, Sr. Psychiatrist, the nursing staff – Suchitra Biswas, Alo Sen Santi Aditya, Geeta ChaklaDr., Sabita Pal, Cooks – Purnima Mandal and Jaya Mandal, music teacher – Usha Mitra, dance teacher – Satyen Sur and craft teacher – Meetal Sarkar and Champa Mitra) who are professionals by their own right but who also have a tinge of altruism and good samaritanism.

Many of them imbued by such altruistic instincts work as volunteers without expectation of any awards, rewards or incentives. They are also not obsessed by any desire for creature comforts or personal convenience. Their only passion and commitment is to serve selflessly and serve with pride, distinction and dedication with a view to bringing a litter cheer in the cheerless faces of mute millions whom Nobel Laureate Viswakabi RabinDr.anath Tagore had described in the following

'words in 'Kadi and Komal'
 Into the mouths of these
 Dumb, pale, meek and expressionless
 We have to infuse the language of hope
 Into the hearts of these
 Dry and fatigued, withered and forlorn
 We have to minstrel

The language of humanity'

SEVAC Mental Health and Human Rights Institution has over the last 2 decades since inception risen to occasion and admirably fulfilled the role of a model NGO in the following manner:

- The overall ambience in the institution is one of flexibility and relaxation, spontaneity and freedom.
- This is an ambience where the medical and para medical professionals are freely mixing with the inmates and communicate to them in colloquial Bengali and Hindi soulfully.
- This produces the desired effect by taking away the stress and strain from the inmates and producing a feeling of relaxation and freshness;
- The physical environment in the institution gives the following impression;
- There is a lot of open space;
- The structures are safe and secure;
- The size of the rooms is large;
- Beds of standard size have been put at required space and distance;
- Beds have containers (2) for keeping valuables;
- Separate almirahs have been kept for keeping personal belongings;
- Rooms are well lighted and ventilated;
- All the rooms are interconnected to facilitate interaction among inmates;

The psychological and emotional environment inside the wards has a no. of refreshing features such as:

- There are a few long stay patients due to understandable reasons (they are yet to be on their own, there is no family support and discharging them will be detrimental to their safety and security), they are feeling completely at home, there is no trace of rancour and bitterness against

the hospital staff for having kept them beyond a normally permissible period (90 days u/s 19 of Mental Health Act, 1987);

- 50 per cent of the inmates are participating in the cultural and recreational activities with a lot of fervour, gaiety and enthusiasm; they sing, they dance, they paint and the environment inside the wards has facilitated and promoted full interplay of their imagination; ingenuity and creativity;
- Presentation of 'Ekla Chalo' a song by Nobel Laureate Gurudev Rabindranath Tagore by the inmates in chorus was heart throbbing and absorbing
- Although participation in occupational therapy in terms of number is rather limited and pace of learning seems to be slow, some of the products (embroidered sarees, dupatta etc) were feasts of beauty and joy for the visitors;
- Despite financial constraints the quality and quantity of food prepared in the kitchen was excellent; it presented a balanced combination of Carbohydrates, protein, oil, fat, trace minerals and vitamins;
- Food was being served with a humane touch;
- Despite handicaps inmates relished the food served to them;

Problem constraints and challenges:

- Occupancy of the beds in the wards is 100 per cent and above but long stay of patients which is caused due to non-availability of whereabouts of care givers and reluctance of care givers to come and take delivery of the patient (wherever the whereabouts are available) continues to be a major area of concern. The long stay patients are a drag on the limited resources of SEVAC.
- A sum of Rs. 5 lakhs in the minimum is required per month to run the various activities in SEVAC. The management, however, can secure only 40% of the running cost from the patient's contribution. The

management is also required to bear the entire responsibility of a sizeable number of patients. It has to run from pillar to post to bridge the gap.

- Due to severe financial constraints, SEVAC is not able to recruit additional medical and para medical staff. The existing staff fall far short of the desired number in the light of the norms and parameters fixed for such staff vis a vis number of patients.
- There is both decline in the quantum of grant in aid as also grant in aid being couched with too many conditions. To illustrate, SEVAC was receiving Rs. 1,50,000/- from NHRC earlier per training programme; the same has now been slashed to Rs. 50,000/-. Such reduction has been effected at a time when cost of most of the items associated with training is on the increase. Similarly ONGC, a premier Central Public Sector Undertaking sanctioned a sum of Rs. 75 lakhs in 2010-2011 as a one time grant but laid down a condition that the amount should be kept in fixed deposit and the interest accruing on the principal should be utilized. SEVAC did not accept this condition as the interest amount would be negligible and would not serve any useful purpose.
- The Social Welfare Department, Govt of West Bengal keeps on sending patients who are mentally ill for admission and treatment in the 50 bedded hospital being run by SEVAC but does not sanction any grant in aid. It is insisting that the institute may be converted into a Home under the Juvenile Justice (Care and Protection of Children) Act, 2000 as amended in 2006 to enable the department to consider proposals for sanction of grant in aid. SEVAC contends that it is not possible to convert the 50 bedded mental health hospital into a Home. Since this was not acceptable to the Department of Social Welfare, Govt of West Bengal, SEVAC has stopped receiving destitutes and abandoned children sent by the Social Welfare Department, Govt of West Bengal.

Meeting with Shri Manabendra Roy, IAS, Principal Secy, Health and Family Welfare, Govt of West Bengal.

Date – 26.11.2010

Time – 5 PM to 6 PM

The following points were made by the Principal Secretary:

1. Mental health is generally a non prioritized and neglected area.
2. At the national level, the budgetary allocation on mental health is 0.9 per cent of the GDP which is very low; this should be raised to at least 3 per cent.
3. There has been some increase in allocations as far as the budget earmarked for mental health wing under the Deptt of Health and Family Welfare is concerned but it is minimal and does not meet the full requirement considering the increase in incidence of mental illness.
4. Within the health sector there are too many competing claims and it was difficult to prioritize one sector exclusively at the cost of another.
5. No State-wise survey has been undertaken to identify the incidence of mental illness within WB.
6. This notwithstanding the following measures are being taken by the Department of Health and Family Welfare, Government of West Bengal to improve the content and quality of programmes / activities in the mental health institutions:
 - A proposal for converting the Institute of Psychiatry into a Centre of Excellence was sent to Govt of India sometime back; the proposal has since been approved by Govt of India and the first instalment of grant of Rs. 5.28 crores has since been received.
 - Four out of 29 districts of West Bengal have been covered by the District Mental Health Programme; a proposal is being mooted to

request the Ministry of Health and Family Welfare for covering the remaining 25 districts;

- Steps are being taken to upgrade the status of Pavlov and Lumbini Park hospitals and modernize the Institute of Psychiatry.
- Similar and simultaneous efforts are being made for modernizing the mental health institutions at Purulia, Berhampore (Murshidabad) and Cooch Bihar.
- All district headquarters hospitals have been provided with psychiatry OPD, IPD with 10 to 20 beds and specialists (Psychiatrists and Clinical Psychologists) have been posted in these hospitals.
- Steps are being taken to create similar facilities in sub divisional hospitals and PHCs.

I offered the following suggestions for consideration of Secretary, Health and Family Welfare:

- I. Once the hospital authorities have identified the irreducible barest minimum needs of a mental health hospital as an institution – both recurring and non-recurring and have reflected the same in the budget estimates (BE) no cut should be effected on the same by the DHS or Director, Medical Education or Secretary of the administrative department as the same would adversely affect the smooth functioning of the hospital.
- II. With a view to meeting acute shortage in the cadres of psychiatrists, clinical psychologists and psychiatric social workers there should be planning to start new teaching blocks in Pavlov and Lumbini Park mental health hospitals.
- III. Since on the recommendation of the State Mental Health Authority licences have been issued to as many 48 Nursing Homes, the Department should draw up a programme of covering these Homes by inspection of the department and the licence may be renewed only if it is

found that the licensee has complied with terms and conditions of the licence.

- IV. The State Mental Health Authority should have an indepth discussion in all its meetings about the problems, constraints and challenges which the licensees have been facing and should make recommendations to solve them to the extent possible.
- V. The level of understanding of mental health law by police, lawyers, legislators, member of judiciary, social workers is still limited due to inadequacy of training. Since SEVAC is organizing such training programmes with the help of resource persons the State Govt should encourage and support such initiatives.
- VI. The Deptt. of Health and Family Welfare should impress on the Deptt. of Social Welfare to consider proposals for sanction of grant-in-aid liberally in favour SEVAC where it is sending mentally ill persons for admission and treatment from time to time.

Conclusion:

SEVAC has a vision and the same has been reflected with clarity and conviction in the Declarations which have been adopted at the close of national seminars being hosted by it. To illustrate, one of the issues which figures in the Declaration at the end of the one day national seminar at India Habitat Centre, Delhi on 9.11.09 which was attended by Hon'ble Member of the Commission – Shri Satyabrat Pal amongst others relates to mental health issues as human rights issues. The Declaration states in no uncertain terms that all mental health issues should be addressed as human rights issues. Nothing could have been more timely and appropriate than this at a time when an impassioned observer is confronted with limitless violations of human rights of mentally ill persons in the family, in the school (for children), in the clinic and in all other custodial constitutions. This is on account of pervasive ignorance, callousness and insensitivity of family members, authorities of custodial and correctional institutions and the civil society as whole. Having recognized and articulated the malady with force and conviction, SEVAC has been making relentless and painstaking efforts

to sensitize police, magistracy, prison personnel and personnel of Homes through a series of training programmes. It has made sincere efforts to spread mental health education among staff members of different custodial institutions. These initiatives and efforts need to be recognized, encouraged and supported as the magnitude of the task is very large and SEVAC single handed will not be able to do justice to even a small fraction of the task. The State should recognize that initiatives of NGOs like SEVAC are only meant to supplement and complement initiatives of the State Government which has a limited outreach and not supplanting them.
