Annex – I

Report of review of the activities and performance of Gwalior Manasik Arogyashala (GMA) by Dr. Lakshmidhar Mishra, IAS (Retd.), Special Rapporteur, NHRC, New Delhi from 29.01.11 to 01.02.11

Change is the Law of Nature. Such a change may come through peaceful and constitutional means through a series of planned, coordinated and concerted efforts. It may also be brought about by recourse to other alternative means. To the extent, however, such change is related to the genuine and basic needs of people at the grass roots level and to the extent it brings about a qualitative change in their day to day lives as also in the lives of the people centred institutions such change is always welcome. Any change which touches the fringe or remains in the periphery without touching the lives of the people vis-à-vis their genuine and basic needs may be a cosmetic change (not a real one) and is obviously not desirable.

The activities and performance of GMA which is a 75 year old institution (it was established in 1935) may be viewed in the above perspective. In the wake of the judgement of the Hon'ble Supreme Court in Prof. Upendra Buxi Vs. State of U.P. (W.P. No. 1900/81) the responsibility for monitoring the State of Affairs in the management of GMA was entrusted to NHRC w.e.f. 11.11.97. Since then the activities and performance of GMA have been subjected to a very close scrutiny, first by Prof. Channabasavanna team in 1997-98 and thereafter by successive Special Rapporteurs. My distinguished predecessor – Shri Chaman Lal had reviewed the performance and activities of GMA seven times between 2000 and 2006. After I assumed charge as Special Rapporteur w.e.f. 18.8.2006 I have reviewed in quick succession its activities and performance 4 times (2007, 2008, 2009 and 2010). The review conducted from 29.1.11 to 1.2.11 was the fifth such review in the series. In the last review conducted from 21.2.10 to 24.2.10 I had brought out in my report a few redeeming features as also grey areas in the management of GMA. While there has been qualitative improvement and change in a number of areas by the State Government in Health and Family Welfare Department and Director-in-charge, a number of areas have been left out where either action is yet to be initiated or wherever

action has been initiated the same is yet to be carried to its logical conclusion, leaving thereby a number of unfinished tasks. I would, therefore, like to record the findings of my current review under the following heads:-

I. Location and physical infrastructure.

II. Construction of new female ward.

III. Provision of accommodation for relatives of patients accompanying them to GMA.

IV. Disparity in budgetary allocations vis-à-vis a few genuine and basic needs of GMA, utilization of funds allotted and overall situation in terms of allocation and expenditure.

V. Vacancies against sanctioned posts.

VI. Library, research, training and human resource development.

VII. Visit to OPD and interaction with MOs and patients.

VIII. Visit to IPD and interaction with MOs, paramedics (staff nurses) and patients.

IX. Right to food.

X. Right to water.

XI. Right to personal hygiene.

XII. Right to environmental sanitation.

XIII. Right to leisure, recreation and rehabilitation

XIV. Interaction with faculty members, staff nurses, technicians and ward attenders at the close of the review.

XV. An executive summary of observations and recommendations.

I would like to proceed seriatem with my impressions and observations under each head as under:-

Location and physical infrastructure:

- It was earlier observed that GMA is located in the outskirts of the city with a very narrow and congested road linking the hospital with the city which is laden with dust and without any proper approach road leading to the hospital.

- It was now observed that the main road in front of GMA leading to Gwalior Central Jail has been considerably widened and the work is still in progress beyond that point.

- A proper approach road upto the portico of the Director's room and the main administrative block has been provided.

- All the internal roads connecting the main office and Director's room to closed and open wards have been paved.

- The drain continues to be open with waste water flowing within even though it has been repaired and embedded at a few points. The work of providing an embankment for both sides of the drain is yet to be completed.

- A plot of nazul land measuring 2.738 hectares has been allotted by Collector, Gwalior for further expansion of GMA vide his office letter No. Q.N.A/T.2/32/09-10/A-20 (3) dated 30.9.10. The above plot was inspected by me along with Director-in-charge - Dr. (Mrs.) Prof. Amrita Mehrotra, Administrative Officer – Shri Anil Saraswat and officers of PWD on 30.1.11 (AN). The impressions at the end of the visit to the site are as under:-

  - the plot is bounded by hillocks (going upto a height of about 30 metres) in the north and the east, private land (being used for mustard cultivation at present) in the west and south;

  - the site comprises of a rocky terrain which is extremely undulating and undeveloped;

- there is no proper approach road to the site;
- the site is located at a distance of 20 kms from GMA;
- it was reported by the local people that the water table at the site was quite low, going upto 50 to 100 metres and, therefore, availability of potable water was in doubt;
- it was found that the site was being currently used for grazing purpose; it was not known if it was a pasture land and if so, it is quite doubtful if the local people would allow the site for construction of staff quarters, teaching block etc.;
- even after staff quarters have been constructed it is doubtful if any staff member would like to shift to such a far off place completely outside the city;
- security of patients, staff and safety of the property (including tools and equipments) would be a major headache; the nearest police station was quite at a distance.

I found the site to be prima facie unsuitable and, therefore, unacceptable for the purpose of expansion of GMA. I spoke to the Collector – Shri Akash Tripathi on 1.2.11 (FN) and requested him to consider allotment of an alternative site which would meet the following requirements:-

- it would be at a reasonable distance from the existing GMA site;
- it should be a developed site;
- the soil should be such that (a) it does not involve any expensive foundation (pile or rafter foundation) and (b) it should be away from the seismic zone.

The Collector has agreed to reconsider the proposal for allotment of an alternative site.

On my way from and to the Gwalior airport on 29.1.11 and 1.2.11 I found that large size plots of land on both sides are available. It needs to be seen if they are government plots and if so, whether they can be considered for allotment to GMA.

In the worst eventuality, if no alternative government site is available, Government of M.P. in Health and Family Welfare may consider the following alternatives:-

- The Health and Family Welfare Deptt. is reported to have some surplus land at their disposal which has not yet been put to the purpose for which it was allotted; one such plot which remains unutilized could be considered for allotment in favour of GMA for its expansion;

- Government may, if no suitable government land is available, may think of acquiring a suitable plot of private land in the vicinity of GMA. Such a course of action was rather urgent on account of the following reasons:-

- GMA building was constructed 75 years ago on a very small area with provision for 212 beds only;

- The incidence of mental illness in M.P. is on the increase necessitating expansion by way of construction of new wards for which there is no vacant space within the existing premises;

- Simultaneously and in the wake of directions of the Hon'ble Supreme Court additional land is required to fulfil certain genuine needs of GMA such as –

    - A new teaching block to take up teaching in M.D. Psychiatry, M.Phil Clinical Psychology, Diploma in Psychiatry, Ph.D. in Psychiatric Social Work etc.;

    - A 20 bedded Geriatric Ward;
    - A 20 bedded Child Guidance Clinic;

- A 20 bedded Drug Deaddiction Centre;
- A long stay home;
- A day care centre.

In course of my rounds on 31.1.2011 I found that adjacent to the OPD Block and in front of the canteen a plot measuring 35 metres x 60 metres or 2100 sq. metres is available. This could be thought of for being developed as a site for construction of the teaching block. It could be a multi-storeyed structure where in addition to locating various teaching departments and laboratories, a new library along with a reading room could be provided which is also yet another dire need of GMA.

While allotting a plot of government land the purpose for which the plot is being allotted and the time frame during which the plot should be utilized for the purpose for which it is being allotted should be specifically mentioned (this has not been the case at present). Such specificity would ensure (a) provision of funds (b) better time management (c) better utilization of funds and (d) better monitoring.

II Construction of a new female ward:

- At the time of my last review in February, 2010 there were a number of leftover or incomplete items; all these have been completed.

- Window panes in the ward continue to be made of glass but they have been covered by grills and wire mess minimizing the safety hazards.

- A new solar heater has been installed on the roof of the ward by M.P. Urja Nigam. This resolves the dispute between the State PWD and M.P. Urja Nigam in the matter of shifting of the old solar heater which incidentally had gone out of order necessitating procurement and installation of a new solar heater. This will facilitate supply of hot water in winter to the inmates of the new female ward (since the new ward has not become functional yet hot

water is currently being provided through immersion rods under the supervision and care of a staff nurse).

- All building materials, debris, broken bricks, pebbles have been removed.

- The open space between the new female ward and the new dining hall which exists in front of the new female ward (close to the recreation ward) has been paved.

- The old dining hall which has been renovated will be used as the dining hall for the new female ward as soon as the patients have been shifted to the ward.

- The new female ward which was jointly opened by me and the Divisional Commissioner, Gwalior – Shri S.B. Singh, IAS (who also happens to be the Chairman of the Managing Committee) has the following redeeming features:-

  - the entire structure has been neatly finished; it has weathered one rainy season and there is no leakage and seepage;

  - the rooms were spacious, airy and ventilated;

  - the quality of plaster and paint work was good;

  - the toilets were a balanced mix of Indian commodes and WCs and the rooms were of standard size;

  - no concreting in the open space has been done; this is being developed into mini parks (essentially for recreation of patients);

  - the small hall in the corner can be used by patients to sit and relax in leisure hours;

- on the whole, the new female ward presents a good ambience; it meets the requirements of functional convenience.

III **Provision of accommodation for relatives of patients accompanying them to GMA:**

- The Commissioner, Gwalior Municipal Corporation informed GMA in the meeting of the Managing Committee held on 11.11.10 that it is not necessary for GMA to take possession of the Dharmashala building for accommodating the relatives of the patients as under a scheme of the Government of M.P. called 'Ramroti Yojana/Night Shelter', accommodation will be available to the relatives of the patients along with others in the 2 halls of the Dharmashala on payment of a nominal rent (Rs. 2/- per bed and Rs. 5/- per meal). The 2 halls in the dharmasala measure 6.3 metre x 11.8 metre and 9 metre x 3.7 metre respectively. The first hall has 16 beds while the second hall has 6 beds and in all 22 persons can be accommodated at a time. In all there are 3 latrines and 2 bathrooms for the use of inmates.

I brought it to the notice of the Divisional Commissioner that since relatives of the patients and in particular those of the closed ward have no other easily available alternative accommodation in the proximity of GMA which is located at an extreme corner of the city and there is a possibility that the accommodation available in the 2 halls may not remain vacant (due to the low rent and concessional meal under the newly introduced government scheme) it may be desirable to keep the said accommodation or atleast 15 out of 22 beds reserved for the relatives of the patients. The Divisional Commissioner instantly perceived the strength of my suggestion and agreed to ask the Municipal Commissioner to consider the same.

IV **Disparity in budgetary allocations vis-à-vis a few genuine and basic needs of GMA, utilization of funds allotted and overall situation in terms of allocation and expenditure:**

- At the time of my last review I had observed that there is a disparity between the genuine needs of the institution and the amount which is reflected in the budget as communicated by the Deptt. of Health and Family Welfare to GMA. Between 2005-06 and 2009-10 the disparity was of the order of about Rs. 70 lakh to about Rs. 2 crores. The actual expenditure incurred by the GMA has invariably exceeded the amount allocated by Rs. 1 Crore to Rs. 1.5 Crore. Since the genuine needs of the hospital have to be met, GMA has been drawing the required amount from the Rogi Kalyan Samiti which has been constituted in the GMA and where a corpus has been built by collecting funds from the institutions which sponsor nursing students for training in GMA (Rs. 1500/- for general nursing, Rs. 2000/- for B.Sc nursing and Rs. 3000/- for M.Sc nursing). GMA meets its requirement of funds from Rogi Kalyan Samiti by way of loan. GMA recoups the loan as and when funds are received from the Government of M.P.

This is perceived to be a highly unsatisfactory adhoc arrangement on account of the following reasons:-

- it does not take into account the genuine needs of a public utility service institution which are non-negotiable;

- the practice of borrowing from Rogi Kalyan Samiti and recouping the same as and when funds are received from Government involves a lot of accounting problems; besides, since the grant received from Government is not according to the need, it may not be possible to recoup the loan fully;

- if the loan taken from Rogi Kalyan Samiti is not fully recouped, GMA remains as a borrowing institution in debt and it cannot remain in that position indefinitely; it's a slur on the image of an autonomous institution.

- One of the reasons which is squarely responsible for this unsatisfactory state of affairs is that the percapita allocation per

patient per day continues to be Rs. 250/-. This was the position at the time of my earlier visits as well. Since then, both the general inflation and food inflation have gone up very high, prices of all commodities such as drugs, food, linen, raw materials for OT, films for x-ray and chemicals for the pathological laboratory, fuel and lubricants etc. have gone up, the old scale of Rs. 250/- has become outdated and requires to be enhanced substantially.

- In IMHH, Agra and RINPAS, Ranchi the scale of expenditure has long since been raised to Rs. 500/- per patient per day. As a matter of fact, in RINPAS it is proposed to raise this amount further to Rs. 1000/-.

- The Director-in-charge, GMA has addressed Director, Medical Education and training on 31.5.2010 for raising the percapita scale of expenditure. The matter was also raised specifically in the meeting convened by Chief Minister, Madhya Pradesh on 9.12.10 to discuss the management problems of all hospitals of M.P.

- There is neither any decision on the letter dated 31.5.10 nor any communication regarding the scale of expenditure. The scale of allocation remains unchanged.

- There are a large number of vacant posts which if filled up would involve additional financial implications. Conversion of all contractual posts (except the lone post of Asstt. Professor, Psychiatry) would also entail additional expenditure. Besides, Sixth Pay Commission's recommendations will also have to be implemented and this will entail additional financial expenditure.

- The Managing Committee, GMA in its meting held on 12.5.10 appears to have taken all these aspects in their totality into consideration and has proposed a total grant-in-aid for the financial year 2010-11 amounting to Rs. 5,92,85,000/-. It has submitted a detailed proposal for augmentation of the outlay under different

heads with head-wise breakup to the Director, Medical Education and Training vide D.O. letter No. 1890-91 dated 31.5.10.

- Regretfully a grant-in-aid amounting to Rs. 3.20 crores only has been sanctioned in favour of GMA for the financial year 2010-11 by the Director, Medical Education and Training. As against this, a sum of Rs. 2.85 crores has been released in favour of GMA till January, 2011 which is totally inadequate to meet the day to day needs of GMA.

- Continued disparity in allocation at scales much lower than what would be needed to meet the genuine needs poses formidable problems of management. The Director-in-charge finds it extremely difficult to ensure a smooth and orderly day-to-day management of the hospital despite best intentions and efforts.

V Vacancies against sanctioned posts:

At the time of last review, 70 vacancies had been reported. The number of vacancies has gone upto 72 at the time of current review. The breakup of the current vacancy position is as under:-

Post	Vacancies
Group 'A'	
Director	01
Dy. Director	01
Asstt. Professor, Psychiatry	04
Asstt. Professor, Clinical Psychology	01
Asstt. Professor, Psychiatric Social Work	02
Group 'B'	
Medical Officer, Psychiatry	08
Psychiatric Social Worker	01
Clinical Psychologist	01
Radiographer	01
Nursing Superintendent	03
Pharmacist Gr. II	03

Group 'C'	
Nursing Sister	01
Staff Nurse	32
Matron	03
Laboratory Attender	01
Electrician	01
Upper Division Clerk	01
Lower Division Clerk	01
Occupational Therapist (male)	01
Laboratory Technician	01
Group 'D'	
Attender	03
Sweepers	03

The overall vacancy position appears to be quite disturbing on account of the following reasons:-

I. There is a huge disparity between the number of posts which are required to be sanctioned according to the norms laid down in Rule 22 of the State Mental Health Rules, 1990. According to these Rules, GMA with 212 beds is entitled to 9 Psychiatrists, 9 Clinical Psychologists, 9 Psychiatric Social Workers and 60 Staff Nurses for a three shift operation.

- As against this, the number of posts which have been sanctioned are much lower.

- The number of incumbents who are in position is much lower than the number of posts sanctioned.

- Some of the posts are to be filled by way of direct recruitment and some are to be filled by promotion. Whenever the posts are to be filled by way of direct recruitment, decision to issue advertisements inviting offers from eligible candidates is not taken in time.

- Similarly where vacancies are required to be filled by way of promotion, Departmental Promotional Committee meetings are not convened in time and the promotion is delayed.

- There are certain posts which are borne against the State level cadre. These are –
  - Radiographer – 1
  - Nursing Supdt. – 3
  - Matron – 3
  - Pharmacist Gr. II – 3
  - Nursing Sister – 1

- The decision to fill up these posts rests squarely on the Director, Medical Education and Training.

- The Director-in-charge, GMA has already written to Director, Medical Education and Training with profiles of eligible candidates but the DME&T has not taken the decision as yet. Since the DME&T is the competent authority he needs to convene a meeting of the DPC and fill up the vacancies by way of promotion.

- Of late, it was heartening to know that DME&T has authorized the Director-in-charge, GMA to go in for a walk in interview for filling up the following vacancies:-
  - Laboratory Attender – 1;
  - Electrician – 1;
  - Upper Division Clerk – 1;
  - Lower Division Clerk - 1

At the end of review of this item I suggested the following:-

- The matter regarding large number of vacancies (72) persisting for such a long time should be placed before the MC and sub committee of the MC in charge of personnel;

- The MC should thoroughly review the position and recommend to Government to delegate the power to fill up vacancies in Group 'C' and 'D' by observing the procedure established by law;

- Unless the vacant posts are filled up the proposal for an enhanced budgetary allocation of Rs. 5.92 Crores will remain unutilized (the salary and allowances meant for the personnel cannot be disbursed since the personnel are not there).

VI Library, research, training and human resource development:

Library:

- In the last review report I had suggested that there should be continuous interaction between the faculty members of IMHH Agra, those of RINPAS, Ranchi and GMA.

- To make this possible complete computer connectivity between the three should be established.

- Similarly for purchase of books, journals and periodicals for both faculty members and patients, faculty members and relatives of the patients should be consulted to ascertain their preferences, interests and priorities.

The overall picture obtaining in the library of GMA as on date may be summed up as under:-

- No regular post of librarian has yet been sanctioned;

- In the absence of a regular librarian, Dr. Ranjit Kumar who is Assistant Professor, Clinical Psychology has been put in additional charge of the library. Dr. Kumar whose hands are full with the existing workload finds it extremely difficult to manage the additional load of library work;

- The size of the library room is small; it gives an impression that there has not been any proper planning to have a library room of the desired size;

- On account of the limited space it is not possible to carve out any space for a reading room in the library. Such a facility (having a reading room in the library) is absolutely essential considering the number of research scholars and trainees who are visiting GMA;

- There are in all over 300 books and about 100 journals in various disciplines like Psychiatry, Clinical Psychology and Medicine. GMA is not purchasing any more books or journals on account of an audit observation to the effect that since teaching has not started there should be no justification for purchase of more books and journals;

- Not a single foreign journal either from the American or British or any other foreign Association of Psychiatry and Clinical Psychology is being subscribed;

- There is no e-connectivity between the library and various departments of GMA; no software for the same has yet been designed;

- Interaction and exchange of ideas between faculty of GMA and those of IMHH, Agra and RINPAS, Ranchi is presently confined to a few faculty members at their personal level without there being any institutional interaction;

- Even though there is a separate library for inmates, there is no indication of the extent to which it is being used by the inmates nor is there any indication of the extent by which the books, journals etc. are being updated on the strength of preferences and interests of the inmates.

Research:

- It was heartening to know that Dr. Nand Kumar Singh, Psychiatric Social Worker has successfully completed his doctoral thesis and has been adjudged eligible for award of a Ph.D. in his favour.

- Dr. S.B. Joshi, Senior Psychiatrist and former President, Indian Society of Psychiatry has been regularly attending the annual conferences hosted by the IPS; he has been chairing technical sessions and has been contributing papers.

- Shri Lakshminarayan Rathore, Clinical Psychologist has been a guest speaker at MLB PG Government College in the Deptt. of Psychology. On 12.10.10 he delivered a lecture on mental health awareness among adolescents which was very well received.

- He also presented a topic captioned 'Mental Health Act, 1987' on mental health day at the seminar hall of GMA on 10.10.10.

- Dr. Nand Kumar Singh, Psychiatric Social Worker has documented 6 success stories of rehabilitation of patients from GMA which are also full of insight. These are as under:-

1. Inpatient Asha Kumari, 30 years old, Hindu, female divorcee academic qualification X class comes from an average socio-economic background from the rural area of Bihar. She was wandering in the Railway Station at Jabalpur before her admission in GMA, Gwalior. Thereafter under orders of CJM, Jabalpur she was brought by police for admission in GMA on 19.08.08 with the following complaints:-

    - disturbed sleep;
    - irrelevant talk;
    - poor personal care;
    - irritable mood.

On the date and time of admission in GMA her personal and social functioning was disturbed. However, after one month of medication she

improved and no active psychopathology was found. Thereafter, on account of motivational counselling by the Psychiatric Social Worker she participated in group meetings and ward activities i.e. kitchen activities, bed making, helping other patients etc. Day after day her functionality improved. The Psychiatric Social Worker traced her home address in Bihar and she was discharged in January, 2011 along with her relatives. According to the Psychiatric Social Worker who has established contact with her, she has recovered well, has been participating in all domestic and social activities from time to time, and her record of compliance with medicines is good.

2. Inpatient Sumitra Das (28), Hindu, female, married and separated, illiterate hails from an average socio-economic background from the rural area of Burdwan district of West Bengal. She was brought by Chattarpur Police (M.P.) for admission in GMA in September, 2007 with the following complaints:-
    - irrelevant talk;
    - abusive and assaultive behaviour;
    - abnormal demeanours.

At the time of admission in GMA she had no insight. After one month of medication she improved and Psychopathology also improved. Gradually she participated in group meetings and ward activities. Her performance levels also improved day by day in kitchen activities. She participated in the activities of occupational therapy centre, was making Dona Pataal and was helping other patients. As her home address was traced, the PSW contacted the family members but due to financial difficulties they did not come forward for discharge of the patient. She was finally discharged last September, 2010 by GMA. She is now leading a normal life; she is the only earning member in the family and her family is happy. She is working in a marriage card making shop at Asansol in West Bengal. She is also participating in household activities. Her father is 85 years old and her old brother is having some physical problems. She and her family members are constantly in touch with the PSW for necessary counselling. In essence she has been effectively rehabilitated.

3. Inpatient Ashok Kumar (26) old, Hindu, male, unmarried, 10+2 pass and ITI trainee belongs to a lower middle socio-economic background from an urban area of Dabra, Gwalior. He was admitted in GMA for 3 months with the following complaints:-

   - disturbed sleep and appetite;
   - increased talk;
   - abusive and assaultive behaviour;
   - intake of cannabis;
   - excessive spending.

After one and half month of medication the patient became normal and participated in all ward activities and group meetings. He was given regular counselling by the PSW in the ward. He participated in gardening, bed making, paper bag making and was also learning computer skills in the computer of the PSW. He has since been discharged and is undergoing IT training in Jhansi. He is constantly in touch with the PSW and attends counselling sessions. His family members are very happy with his recovery. His father is working in the railways and he also wants to join the railways after his ITI training. He regularly visits GMA for medication and follow up. He is fast on the way to full recovery and is expected to lead a fully normal life.

4. Inpatient Sanjeeb (40), Hindu, male, married, belongs to a lower middle income socio economic background from the urban area of Chattarpur district (M.P.). At the time of admission his chief complaints were:-

   - disturbed sleep and appetite;
   - loose talk and excessive spending;
   - increased psychomotor activities;
   - tendency of running away from home;
   - irritable temper.

At the time of admission the patient had no insight; his personal, social and occupational functioning was disturbed. The patient, however,

became normal with psychiatric treatment; he participated in ward activities and group meetings. While in the ward he used to help other patients in bathing, brushing the teeth and dressing; he also participated in cultural programmes and gardening. After 6 months of hospitalization, the patient was discharged and was sent back home. Back home, he started a PCO (STD/ISD). He felt happy with what he was doing. From time to time he used to talk to the PSW over telephone and reported to him about his current health status. He comes for medication and follow up once every 2 months. He participates in social activities and leads a normal life. His family members are happy with his recovery.

5. Inpatient Pankaj Kumar (32), Hindu, male, married, graduate, belongs to a lower middle socio economic background from an urban area of Chindwara district. He was admitted in GMA with the following complaints:-
    - irritable temper;
    - abusive and assaultive behaviour,
    - disturbed sleep and appetite;
    - poor drug compliance;
    - tendency to run away from home.

This was the second episode of mental illness. At the time of admission he had lack of insight and was not participating in ward activities and group meetings. After one month of treatment, he became normal, started participating in ward activities and group meetings. Day by day his functionality level improved. He developed a good knowledge about medication for mental illness. He started participating in gardening, paper bag making, kitchen work and was also assisting nursing staff in distribution of medicine. He was also learning computer skills in the PSW's computer. He wanted to go home to start a job in computer hardware but his family members were not coming forward for his discharge. His wife was always critical of his symptomatic behaviour got separated from her husband and started living in her mother's home. Finally his elder sister came for his discharge after a long time. He is

living at present with his sister's family and leading a normal life and doing a job in a computer centre.

6. Inpatient Hulasi (24), Christian, girl, illiterate, unmarried, working as a house maid, belongs to an average socio economic background from a rural area of Sundargarh district (Orissa). She was brought by Gwalior Police and admitted in GMA with the following chief complaints:-
   - irrelevant talk;
   - disturbed sleep and appetite;
   - wandering behaviour;
   - abnormal behaviour

At the time of admission the patient had no insight and she was disoriented. After a few days of treatment, however, she became normal, participated in the group meetings and ward activities. After the trace of her home address by the PSW she was discharged and sent to her home in Sundargarh (Orissa) with her father and other relatives. She was working as a domestic maid in Delhi before onset of mental illness but having lost mental balance and insight, she came to Gwalior and was wandering in the railway station when she was picked up by the Gwalior police and brought to GMA. After spending about a month at home she came back to Delhi for her old job. She is the single earning member in the family. She earns Rs. 3000/- per month and sends the amount to her parents. The record of her drug compliance is good. She is happy and leading a normal life.

An objective and dispassionate analysis of these success stories brings out the following conclusions:-

I. A mentally ill person is not a non-being nor a half being; he/she is a human being and is entitled to the same inalienable human rights as any other normal human being;

II. He/she is entitled to be treated with dignity, decency and equality and cannot and should not be discriminated against;

III. Since, however, he/she is unable to fend for himself/herself, having regressed into that state of body and mind where he/she has lost the insight into the essence of human existence, he/she is in need of social defence;

IV. Such a defence must be jointly provided by the caregivers of the family as well as care givers of the mental health hospital i.e. MOs and paramedics;

V. The 6 success stories indicate or rather confirm that caregivers of the family have by and large not been able to rise to the occasion whereas the care givers of the hospital have not failed the patients.

VI. In this particular case study, amongst other MOs and paramedics of GMa who have contributed to recovery of the patients, the action and conduct of Dr. Nand Kumar, the Psychiatric Social Worker have been exemplary, to say the least.

VII. He has bestowed the best possible care and attention on the 6 patients, has counselled them in time and in the right manner, has helped to establish contacts and trace the whereabouts of family members and has eventually succeeded in sending the patients back home for leading a normal, productive and peaceful life. He has gone to the extent of making his own mobile telephone available to the patients and their relatives so that no time is lost, contacts are established and the patients are assured and reassured of rehabilitation before being sent home.

Dr. Nand Kumar by his exemplary action and conduct has emerged as a model psychiatric social worker. In the words of Srimad Bhagabat Geeta:-

'Whatsoever a great man does, that other men also do; the standard that he sets, is emulated by the rest of humanity'.

Bhagabat Geeta III Canto Sloka 21

- In addition to acquiring Ph.D. in Psychiatric Social Work, Dr. Singh has attended in all 9 seminars/conferences, presented 2 papers and has got 3 papers published.

- Dr. Gautam Anand, MD (Psychiatry) who is a gold medalist in anatomy with 4 years teaching experience after post graduation has written in all 5 papers of which one has been published in an international journal and four in national journals.

- Dr. Ranjeet Kumar, Asstt. Professor, Clinical Psychology has contributed a chapter in a book captioned 'HIV/AIDS awareness among nursing trainees – psychological and neurological aspects' written by Deepti Mishra, J. Mahato and S.N. Sahoo and published by New Century Publications, New Delhi. He has also contributed an article captioned: 'Rorschach profile of mania patients' in the Research Journal named 'Journal of Projective Psychology and Mental Health'. He has participated in CIPCON 2010 Indian Psychiatric Social Central Zone Conference at Chattisgarh on 29th and 30th October, 2010 and is currently participating in an international research project as a co-investigator being commissioned by the World Psychiatric Society. The Project is devoted to studying the prevalence at typology of functional somatic complaints in depression in patients with first episode unipolar depression.

- Since research is an important component in the activities of any mental health institution (including GMA) along with treatment, training and teaching and its importance has been aptly emphasized by the Hon'ble Supreme Court, I have the following suggestions to offer with a view to promoting and encouraging both pure and action research:-

  - a separate website of GMA should be created and all research papers published by the faculty members should be put on the said website;

- the State Government should adopt a liberal policy of deputing faculty members to various conferences, seminars and workshops for presentation of papers and for chairing technical sessions on invitation. The entire period should be treated as on official duty instead of asking faculty members to take leave and attend such conferences;

- since a library with the facility of a reading room is absolutely essential for research, the post of a full time librarian on regular basis should be sanctioned;

- after the librarian joins he/she should be able to plan to relocate the library and strengthen it by additional inputs as also by creating computerized facility for issue of reference materials as also micro filming;

- Director-in-charge GMA may depute a faculty member to RINPAS, Ranchi for studying as to how to plan a new library set up with e-connectivity with the departments of Psychiatry, Clinical Psychology and Psychiatric Social Work and familiarization with the procedure for scientific storage and retrieval of reference material.

Administration of GMA:

As at the time of the last review Dr. (Prof.) Amrita Mehrotra, Professor and head of the Deptt. of Anaesthesiology continues to be the Director-incharge and Shri S.B. Singh, Divisional Commissioner continues to be the Chairperson of the Managing Committee. According to Rule 20 (F) of the State Mental Health Rules, 1990, the Supervising Officer incharge of a psychiatric hospital should be a person duly qualified having a post graduate qualification in psychiatry recognized by the Medical Council of India. As far as appointment of a full time Director for GMA is concerned, neither the recruitment rules for appointment of such a full time Director have been framed nor any serious efforts made to appoint a duly qualified Psychiatrist as a full time Director so far. Dr. (Mrs.) Amrita

Mehrotra, on being asked as to how she is coordinating and balancing between the pressure of work in her parent department as Professor and Head of Anesthesiology and that of Director-incharge, GMA stated as under:-

> 'She continues to stay at her ancestral home at a distance of 10 km away from GMA. She starts her routine at GMA at 9 AM to take rounds in OPD, IPD (both closed and open wards of GMA) and finishes them by 10.30 AM when she goes back to the parent department. She is back to GMA once again at around 3 PM and spend about 3 hours till 6 PM to attend to paper work in GMA and dispose off various pending matters. If there is any emergency she makes herself available on the telephone and gives directions to the emergency MO on duty'.

Even though the existing part time arrangement is a departure from the statutory provision and is continuing since September, 2007 when Dr. (Mrs.) Jyoti Bindal was also appointed as Director-incharge (she continued in that position till January, 2009) it is working smoothly without much dislocation on account of the following reasons:-

- There is a fine balance in terms of time management between the dictates of the job in the parent department and those of the work in GMA;

- Personally both Dr. (Mrs.) Jyoti Bindal, the previous Director-incharge and Dr. (Mrs.) Amrita Mehrotra have been found totally devoted and committed to the cause of smooth management of GMA;

- Both have been found accessible to the faculty members and staff and the latter (with the exception of few) appear to have been motivated to contribute their best to GMA under the leadership and direction of Director-incharge; this aspect came out in course of my meetings with the faculty and staff on 31.1.11 (AN) (in June, 2010

the Director-incharge took vacation from GRMC and worked in GMA exclusively for one month);

- A number of new developments (like the new female ward) have taken place and more are in the pipeline due to sustained interest in good management of GMA and well being of inmates taken by both.

The existing part time arrangement may, therefore, be allowed to continue and simultaneous efforts be made to search a professionally qualified, experienced (experience in hospital management in particular) and trained incumbent with a vision for appointment as a full time Director, GMA.

- Dr. S.B. Singh has been continuing as the Divisional Commissioner and Chairman, Managing Committee for about a year since my last visit (Feb. 10). He is a senior and experienced administrator who though saddled with important administrative responsibilities as the Divisional Commissioner has evinced keen and abiding interest in the affairs of GMA. He has been extremely positive, proactive and responsive to the genuine needs of GMA and as Chairman of the Managing Committee has taken a number of decisions in the meeting of the MC held on 12.5.10 which will stand GMA in good stead.

- Having found out his keen personal interest in smooth management of GMA and taking advantage of his presence on 1.2.11 at the time of formal opening of the new female ward I placed the following issues for consideration of the Divisional Commissioner on priority basis:

  I. The plot of government land measuring 2.738 hectares in mouza mehra near Jagra revenue village allotted by the Collector, GMA for the purpose of future expansion of GMA was surrounded by hillocks, extremely rocky and undulating and as such unsuitable for GMA and its future expansion requirements.

The Collector may be persuaded to locate an alternative plot on either side of the road to airport or in any other area of the city which should not be very far away from GMA. This is primarily keeping in view the fact that commuting a long distance in a situation of weak public transport has its own occupational hazards, extra time consumed in travel and likely adverse impact on health. The Director-incharge, GMA should be involved in the process of locating this alternative site.

II. The Commissioner as Chairman of the Managing Committee should impress on the Government in Medical Education Deptt. to fill up the 72 vacant posts in GMA at the earliest.

III. He should impress on the Government in Medical Education Deptt. to accord early sanction to the budget estimates amounting to Rs. 5,92,85,000/- which have been approved by the Managing Committee in its meeting held on 12.5.10, sent to Government by the Director-incharge on 31.5.10 and against which Government have released a sum of Rs. 2.85 Crores only so far which is grossly inadequate to meet the day to day management needs of the institution.

IV. Construction of a teaching block within the premises of GMA is an urgent and imperative need. Taking advantage of availability of about ½ an acre of land within the premises of GMA (proximate to the OPD and in front of the canteen) early steps should be taken to prepare a good functional design with the help of an experienced architect. The details of functional requirements for the said teaching block may be provided by the Director-incharge. The MC should consider and approve the design and get the estimates for construction of the teaching block prepared by the State PWD. Simultaneously the State Government should be approached for provision of funds for the said construction.

V. Akhil Bharatiya Samajik Swasthya Sangh (M.P. branch) a registered NGO of standing has been running a halfway home for female inmates within the premises of GMA since 17.5.2001 for psycho-social rehabilitation of treated and controlled mentally ill persons. GMA has made available necessary accommodation for this purpose. GMA has also been bearing the cost of food, drugs and dress of the inmates.

- Of the 13 inmates one has been discharged leaving 12 as the current strength of inmates in the home.

- Activities like management of a halfway home by an NGO are funded by the Ministry of Social Justice and Empowerment. It appears that since inception of the activity of managing the halfway home by the NGO in question, protracted correspondence is going on with the Ministry of Social Justice and Empowerment but except for the solitary grant of Rs. 1.86 lakh received in 2006-07 no other grant-in-aid has been received from that Ministry.

- According to the extant instructions and procedure laid down an inspection of the NGO is required to be carried out by the joint Director, Panchayatiraj department, Government of M.P. before recommending in support of sanction and release of grant-in-aid and in favour of the NGO. Such an inspection is not taking place due to bureaucratic hassles despite repeated requests.

- At one point, a view had been taken by GMA that since GMA is bearing the cost of food, drugs and dress of the inmates, there was no need for sanction of any grant-in-aid.

- Such a view is erroneous and needs to be corrected. The NGO managing the halfway home has appointed a number of functionaries on a full time basis and their salary and allowances are required to be paid. There are other incidental expenses like cost of raw materials for the vocational skill training programme which are required to be met by the NGO.

- Keeping the above in view the Divisional Commissioner was requested to impress on the Secretary, Panchayatiraj department the urgent need for deputing the Joint Director of the department for carrying out an inspection, assessing the genuine requirements of the institution for managing the halfway home and formulate a proposal for recommending to Government of India, Ministry of Social Justice and Empowerment for sanction and release of required grant-in-aid in favour of the NGO.

VI. The kind attention of the Commissioner was also drawn to the insanitary conditions prevailing in the GMA due to (a) the existence of an open drain in front of the GMA through which a lot of waste water flows and which is a potential breeding ground for mosquitoes (b) the drain behind the halfway home was a major source of pollution of the environment of the home where 12 inmates live (all the waste water coming from the sewers of Gwalior Municipal Corporation is entering this drain and producing an insufferable pungent smell which is extremely unhygienic for the inmates of the home). The Commissioner was requested to (a) ask the State PWD to cover the open drain and (b) ask the Commissioner, Gwalior Municipal Corporation to divert the flow of waste water somewhere else instead of allowing the same to flow through the open kutcha drain behind the halfway home.

Autonomy of GMA through delegation of administrative and financial powers in favour of the MC and the Director:

VII. In the last review report (Feb. 10) it was clearly brought out that the Director or Chief Executive should not be made to look upto Director, Medical Education and Training and Secretary/Principal Secretary, Medical Education Deptt. for each and everything. He/she should be able to function and incur expenditure related to the genuine needs of the institution and according to approved scales. At the time of the present review it was found that except regularization of a few

contractual appointments no other major change has taken place which will have a positive bearing on the autonomy of the institution.

It was, therefore, impressed on the Divisional Commissioner that he should through the Managing Committee impress on Government in Medical Education Deptt. for taking a final decision for delegation of required administrative and financial powers to the following effect:-

- power to fill up posts in 'B', 'C' and 'D' categories;
- power to sanction their leave, increment, Provident Fund, reimbursement of medical claims;
- power to purchase all items which involve recurring and non-recurring expenditure (tools, equipment, furniture, drugs, books, journals, food and all other consumables).

Drug Management:

VIII. At page 35 of the last review report (Feb. 10) I had given a set of clear guidelines as to how (a) requirement of drugs for a particular year should be assessed (b) how the same should be indented, procured and stored and (c) how drugs should be issued to patients at the OPD, IPD, halfway home and Community Satellite Clinics for a specified period.

- A rational and scientific policy for indent, procurement, storage and distribution of drugs is absolutely essential.
- I regret to observe that this is not in place.
- Instead there is a change in the government policy every now and then.
- Till the time of my second review conducted in Feb. 08 drugs were being procured through a Central Procuring Agency i.e. M.P. Laghu Udyog Nigam.

- At the time of the third review, there was a welcome change in the policy in as much as the Director, GMA could procure the drugs as per requirement through open tender system instead of routing the requirement of drugs through M.P. Laghu Udyog Nigam.

- At the time of the fourth review it was observed that a number of restrictions had been imposed on procurement of drugs such as (a) no drugs can be indented for more than 3 months (b) no expenditure can be incurred and no orders can be placed with any supplying agency for purchase of drugs, tools, equipments and furniture after 31st January of a year.

- At the time of fifth review (current one), I observed that once again there has been a change in the policy and this time the change is worse than before.

- According to the current policy, there will be a Central Purchase Committee with the Dean, MGM Medical College, A.B. Road, Indore under the Deptt. of Medical Education as the Chairman. There will be 2 rate contracts for the supply of drugs, medicines and other items, one for 2009-10 and another for 2010-11.

- It was further decided that all drugs will be procured through Tamil Nadu Medical Supply Corporation. Once again by an order dated 11.1.11 issued by Shri L.H. Vahane, Addl. Secretary to Government, Medical Education Deptt. such procurement has been kept in abeyance for a period of 6 months.

- All drugs during the intervening period should be procured at the rates approved by the High Level Purchase Committee under Chairmanship of Dean, MGM College, Indore.

- The Director, GMA will place her entire requirement of drugs with the suppliers (50 in number) with whom the above rate contract has been signed on a quarterly basis.

- The Director does not have the option or discretion to place the requirement of drugs with any one else.

- In the absence of any pharmacist indents are being prepared on the following considerations:-

  - PC of patients (Schizophrenia 70%, manic 10%, depression 10%, others 10%);

  - outturn in OPD and requirement of drugs for OPD on that basis;

  - requirement of drugs for IPD on the basis of number of patients admitted and in the ratio as indicated.

- The rate contract for supply of drugs, medicines and other items has been finalized for a period of 3 years.

- The Director incharge, GMA has accordingly placed orders for procurement of drugs on 14.1.11 for a period of 6 months for January – June, 2011.

- Apprehensions were expressed in course of my meeting with faculty members on 31.1.11 (AN) that (a) potency of the drugs has been reduced (b) there is a distinct possibility that with reduced rates, the desired quality of drugs may not be supplied and instead, spurious drugs may be supplied (c) many essential drugs have not been included in the rate contract.

- It further transpired that there have been protests from all quarters against the new dispensation in the meeting taken by Chief Minister, Government of M.P. in December, 2010.

- Implementation of the new policy appears to be administratively cumbersome and operationally inexpedient.

- Because of reduced potency of certain drugs higher quantity of drugs in higher dosages will have to be administered which may not be in the larger interest of life and limb of patients.

I drew the attention of the Divisional Commissioner on the adverse impact of the new policy on the health and well being of patients and requested him to convene a special meeting of the MC to consider threadbare all the implications of the new policy and apprise the Government about the considered views of the MC on the new policy.

Training:

At the time of the last review (Feb.10) it was observed that (a) GMA is particularly weak in regard to psychiatric training of all staff nurses (b) not a single staff nurse out of 27 existing strength has received psychiatric training so far and (c) since staff nurses are reluctant to go all the way to NIMHANS, Bangalore on account of the distance, high cost of living, difficulty in speaking the language i.e. Kannad inhouse facilities should be created for such training or alternatively the staff nurses should be deputed either to IMHH, Agra or RINPAS, Ranchi to receive such training.

No action appears to have been initiated on these suggestions which goes to show that importance of training as an essential input of human resource development is yet to be realized.

GMA has been imparting regular training in mental health to nursing students. Table I gives the break up of such students who have been trained in mental health from 2005 to 2011 (upto 15.1.2011):-

Trainings in Mental Health (Nursing students)

Year	Category	Batches	Number of students
2005	Nursing students	12	413
2006	Nursing students	13	535

2007	Nursing students	14	747
2008	Nursing students	18	761
2009	Nursing students	22	750
2010	Nursing students	36	1317
(Upto 15.1.11)	Nursing students	5	142

OPD Management:

Table – IA:

S.No.	Observations made at the time of last visit to OPD in Feb. 10	Compliance of the observations
I	A board should be displayed to indicate that genuine and deserving cases (BPL families included) would be recommended for issue of tickets for concessional fare travel by train/bus. All that the patients/their relatives are required to do is to bring with them (when they come to the OPD) 2 copies of their pass port size photograph and a copy of the BPL certificate issued by the revenue authorities.	1. A board has been displayed in the OPD. 2. There is no policy of the State Government to allow patients and their relatives any concessional fare travel by bus. 3. Such a facility has, however, been extended by the railway authorities. For the patient travel by train is free while it is 50% of the cost of travel for the relatives.
II	Considering daily average outturn of patients at the OPD (ranging between 100 to 125) the registration counter should be manned by atleast	Two separate registration counters have been started.

	3 persons (as against one at present).	
III	A data entry operator needs to be in position for recording personal history, family history, case history and all the demographic profiles of the patient. Such computerized data base about the patients would stand the hospital authorities as well as the patients in good stead.	No post of data entry operator has been sanctioned on a regular basis so far. A data entry operator has been posted on deputation from the NIC against a vacant post of staff nurse. He is, however, working in the office and not in the OPD. It was explained that there are only 20 to 30 new cases in the OPD and hence it is not difficult to record personal history, family history etc. manually. It was also explained that software needs to be developed for the same. **Comments of the Special Rapporteur:** • Sanction of the post and posting a suitable incumbent as data entry operator is an essential step for creation of an electronic database. This issue should not be evaded on one plea or the other. • If software has not been developed, it should be developed with the help of NIC. Non development of software cannot be a ground for withholding the sanction of the post of data entry operator.
IV	A newspaper stand with local newspapers and a TV set should be installed in the	The MC has sanctioned a newspaper stand and a new LCD TV with plasma screen. Order has been placed with

	OPD for facilitating access to information and recreation of patients and their relatives.	LUN Bhopal for supply and installation.
V	• The canteen located close to the OPD is not functional. • It should be restarted with the help of Central Jail, Gwalior.	• The canteen has been restarted w.e.f. 26.1.11. • The authorities of Central Jail, Gwalior refused to restart the canteen. • GMA invited open tender. The highest bidder who was selected has restarted the canteen. • The canteen, however, is supplying only tea and snacks and not meals. • The fact of revival of the canteen is, however, not known to many patients and their relatives. • Notices outside OPD block as also outside the canteen building should be displayed so that patients and their relatives come to know about reopening of the canteen. • The rates for tea and snacks should also be displayed.

Interactions with patients and their relatives as also with MOs at the time of visit to OPD between 9 AM to 10 AM on 31.1.11:

Main observations:

- Eight to ten patients are availing the facility of free travel while their relatives are availing the concession amounting to 50% of the cost of the ticket. The concession is valid for 5 years.

- By the time I started taking rounds in the OPD at 900 hrs 40 patients had got themselves registered. The day of visit to the OPD being a Monday the outturn of patients was expected to be heavy; it may go beyond 150.

- The number of chairs and seating arrangement for the patients and relatives is inadequate. Due to inadequate seating arrangement many patients and relatives were found standing.

- M.P. is a sprawling State with only 2 State managed mental health hospitals at Indore and Gwalior. The DMHP at Shivpuri stands closed. Only Sihore, Dewas and Mandla have DMHPs. Patients and their relatives were found to be travelling from far off places like Hoshangabad, Sagar, Jabalpur, Bina, Katni, Chattarpur, Satna, Rewa, Bhind, Morena, Tikamgarh etc.; they were also coming from far off places in Chattisgarh, U.P. and Rajasthan.

- While a few cases have been referred by the Government Medical College/Deptt. of Psychiatry, in a number of cases the patients who had first got treated by a private medical practitioner and did not get any satisfactory results have travelled to GMA on their own.

- The process of registration takes about 5 minutes. It takes another 5 minutes to retrieve the patient's case history or medical record and send it to the treating physician.

- The treating physician takes about 5 to 10 minutes in old cases and 30 minutes to 1 hour in new cases (depending on the peculiarity and complexity of the case).

- The outturn in OPD between 2009 and 2010 has increased by about 800 (old cases 24, 756 and new cases 5225). Such an increase may be attributed to –
  - better awareness;
  - better counselling;
  - issue of concessional rail fare in cases of more than 1000 new patients;
  - civility, courtesy, patience and resilience of treating physicians extended towards the patients;
  - existence of a good ambience at the OPD characterized by facilities and amenities such as access to potable water, toilet, canteen etc.

Interaction with patients and their relatives:

1. Rajesh Kotwani, S/o Metharam Kotwani, Patel Nagar, Jabalpur was brought to GMA OPD by his mother with disturbed sleep, shouting, abusive and assaultive behaviour as the main complaints. He developed mental illness 2 years ago, was treated by a local psychiatrist at Jabalpur but there was no improvement. The mother who has come for collecting medicines for the son reported with a lot of personal satisfaction that her son has registered a lot of improvement since he was brought to GMA for treatment 2 years ago. Both she and her son (the patient) have got railway concessions.

2. Leela Devi (38) has been suffering from Schizophrenia for the last 20 years and is under treatment in GMA as an OPD patient since then. With timely drug compliance and follow up her condition has registered a lot of improvement. She is a BPL card holder, has one acre of land and has also got railway concession.

3. Bansilal (40) hails from Ashok Nagar, Gwalior, has been provisionally diagnosed to be suffering from Schizophrenia since 6 months when he came to GMA in time. With timely drug compliance and follow up his condition has registered improvement. He visits the OPD in GMA on his own without any attender. He has read upto Class VIII and can understand what is written in the prescription as well as the dosage.

4. Ram Saran (45) has come to the OPD with his wife. Provisionally diagnosed as a case of manic psychosis he has been suffering from mental illness for the last 20 to 25 years. He is currently under treatment of Dr. Anil Dohare, Medical Officer, GMA. There was a relapse of the illness due to discontinuance of drugs in this case. He and his wife have travelled from Jabalpur on a concessional rail ticket (free for the patient, 50% for the wife) costing Rs. 214/-. His wife has been very supportive of him as a caregiver. The sleep, appetite and functionality of the patient are reported to be normal.

5. Jagdish Prasad S/o Dillip Gupta has come from a rural area of Chattarpur district. He has been suffering from mental illness since last 25 years with disturbed sleep and appetite, fever, abnormal behaviour etc. With proper drug compliance he was recovering well but a unilateral decision to abruptly discontinue the drugs three years ago resulted in relapse for which he is being treated in GMA now. He has been accompanied by his son and with railway concession facility he has been able to travel with much less expense which is a source of monetary relief.

6. Paramanand who is under treatment for the last 8 months has come to OPD this morning as an old case with complaints of repeated thoughts of washing hands, fearfulness, suspicion and irritability. He has been provisionally diagnosed as a case of OCD.

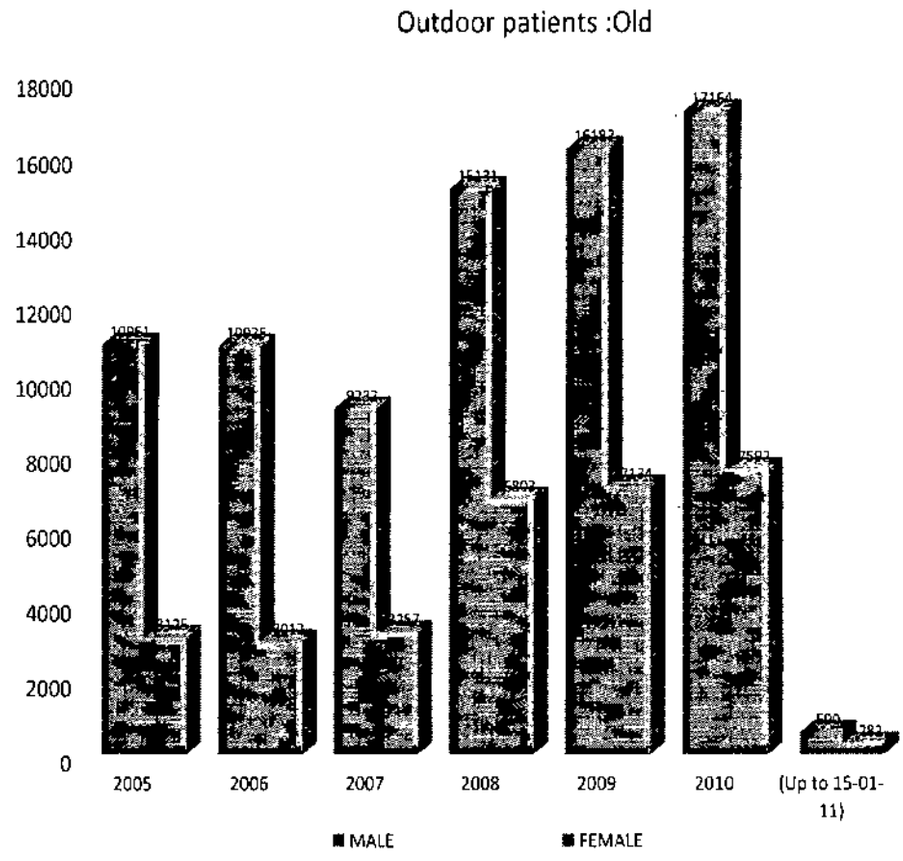
7. Vinay Pathak (38) who hails from Gwalior city is a victim of substance abuse. He has been addicted to substances like cannabi for the last 6 years and is showing a lot of irritable temperament and aggressive behaviour. He has been receiving Psychotherapy for the last 15 days and is feeling much better. He has been accompanied by his father.

8. Salma (35) hails from a rural area of Sagar district who has come to GMA OPD with her brother-in-law with indulgence in excessive talks, disturbed sleep and appetite and tendency to run away from home as the main complaints. She is under treatment in GMA for the last 2 years. With medication she was feeling better but a unilateral decision to abruptly discontinue drugs resulted in relapse of illness. With the help of railway concession pass it has entailed an expenditure of Rs. 145/- for two of them.

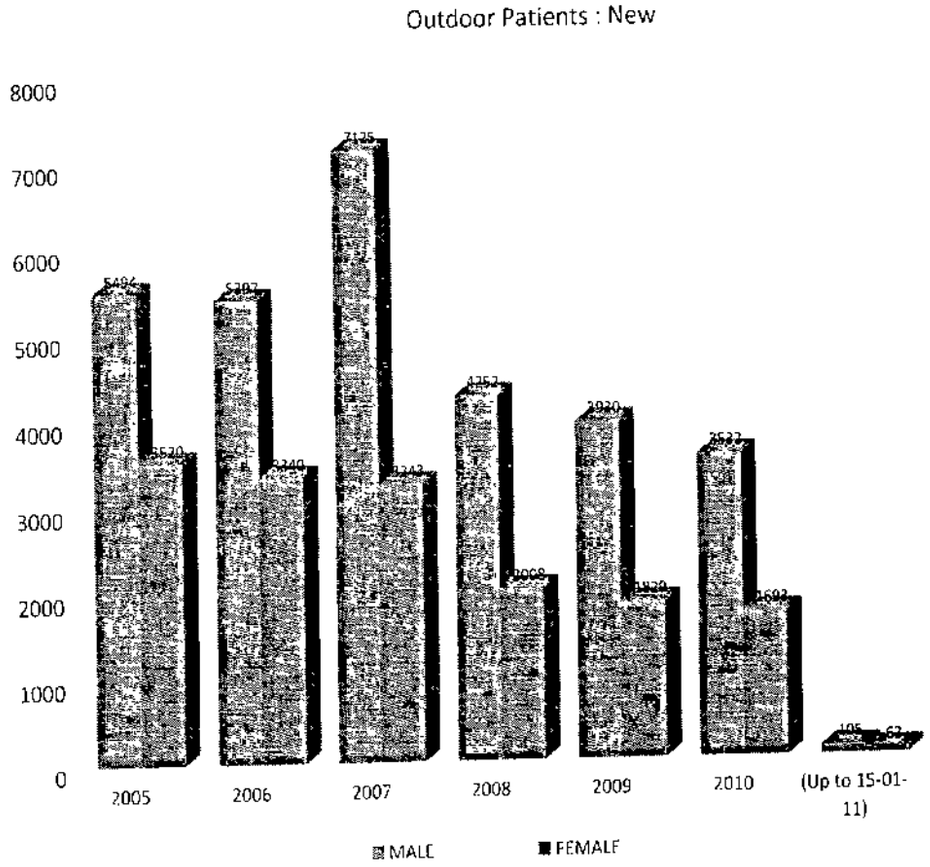
9. Sushila (55) has come from Banda district of U.P. with her son with poor sleep and appetite; tendency to roam about and poor functionality as main symptoms. She had developed the first symptoms of mental illness 15 years ago. With medication she had recovered but has developed symptoms of mental illness once again since one and half months.

10. Binda Prasad (42) has come to GMA, OPD for the first time from Banda district of U.P. with indulgence in irrelevant and excessive talk, disturbed sleep, abusive and assaultive behaviour.

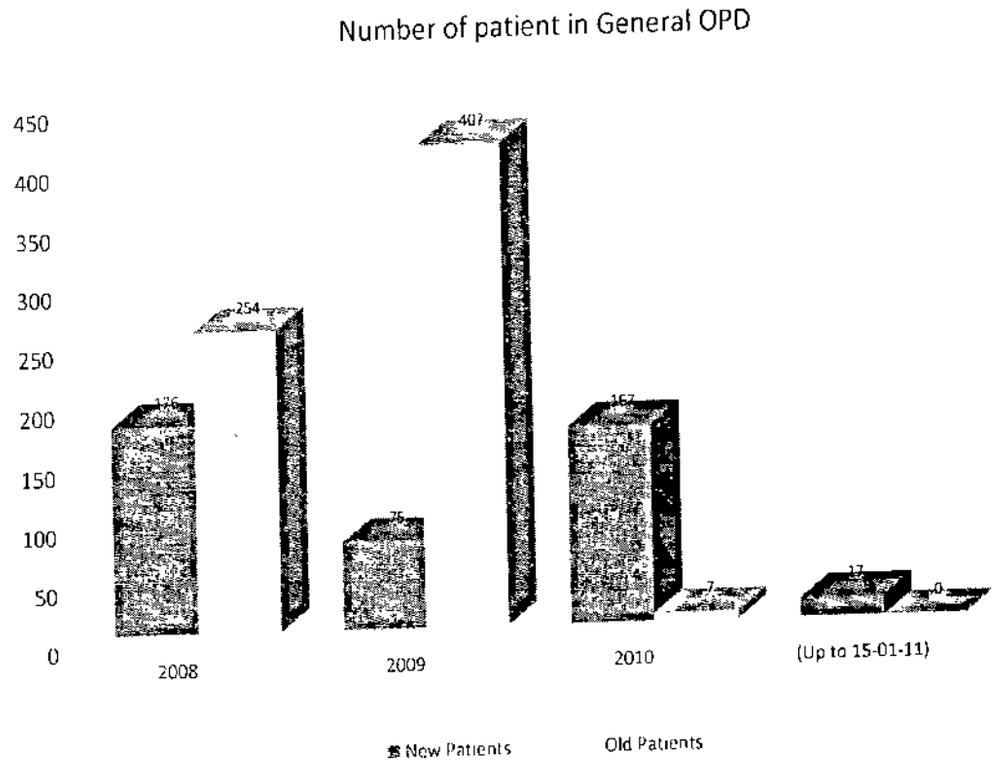
Graph I gives the overall picture of OPD patients (old) between 2005 to 2011 (upto 15.1.2011):-



Graph II gives the overall picture of OPD patients (new) between 2005 to 2011 (upto 15.1.2011):-



Graph III gives the overall picture in General OPD between 2005 to 2011 (upto 15.1.2011):-



A few suggestions at the end of visit to OPD:

- M.P. is a large and sprawling State and even after bifurcation of Chattisgarh there are 45 districts some of which are located at considerable distance from each other. Gwalior, heart of Bundelkhand where GMA is located is approachable both by rail and bus. While railways have a policy of allowing free travel for patients and 50% concessional ticket travel for attenders, the State Government does not have such a policy for travel by bus. It will be a source of relief for poor and indigent families who travel by MPSRTC bus if they could, through such a policy avail of the facility of concessional travel. The State Government in Transport Deptt. may develop such a pro poor and pro patient policy at the earliest. This will provide an incentive for patients to travel with their attenders to GMA by bus.

- The existing seating arrangement in the OPD is inadequate. Taking the average outturn of cases as 125 and taking the average strength of attenders as one per patient, at least 250 chairs should be put in the waiting space of the OPD.

- Despite repeated observations at the time of each review, adequate number of well visualized and well illustrated IEC materials have not been displayed on the walls of OPD (starting from the registration counter to the waiting hall, MO's rooms, drug dispensing room etc.). Such materials could be a good source of awareness, knowledge, information, strength, courage and confidence to grapple with mental illness and overcome it. The dos and do nots for the patients and attenders and cross sections of the civil society i.e. neighbours, NGOs, good Samaritans through such IECs will come quite handy. Some serious attention needs to be paid to this important area of pictorial communication.

- The post of a data entry operator exclusively for the OPD should be sanctioned on a regular basis. This is absolutely essential.

Simultaneously, software for computerized data base for the OPD must be developed.

- The record room is too small and congested. Even a small mental health hospital at Dharwad has a better record room in terms of space, number of racks and the meticulous manner in which records have been maintained. By now, GMA could have deputed one of its officers to Dharwad to study the functioning of the record room. This should be done without any hesitation and without any further delay. The record room of GMA should be shifted to a much larger room where larger number of records for 10 to 15 years could be preserved in a neat and orderly manner.

- There are in all 15 psychiatrists, clinical psychologists, Psychiatric Social Workers and general duty medical officers. The daily average outturn of patients in the OPD is 100 to 150. The case files of patients should be so evenly distributed among the MOs that all patients receive due attention in less time and their waiting period is reduced.

- When patients arrive at the OPD with their attenders they should be received with civility, courtesy and decorum at the very entrance to the OPD by a trained attender or staff nurse, politely asked to stand in the queue for registration and made to sit in the waiting lobby after registration to be called to the respective MO's room. Even at the time of registration there should be counselling which should be repeated by the MO in course of examination and by the pharmacist who dispenses drugs at the drug dispensing unit. The whole approach during one to two hours or even longer stay of the patient in the OPD should be to make the patient and his/her attenders feel completely at home and not feel alienated.

- All violent and aggressive patients should be administered sedatives, got tranquillized and allowed rest in a separate observation room which is not there in GMA. This needs to be

carved out. It may be desirable to have 2 such rooms, one for male and another for female patients. Only after the patients are found fit to be presented before the MO for examination they should be so presented and not otherwise.

- Patients who have travelled from far off places with their attenders and have entered the OPD in an empty stomach should be politely asked if they would like to make use of the canteen and should be escorted there for tea and snacks.

- It may so happen that some patients arrive along with their attenders at the OPD somewhat late after the OPD hours are over. Such patients usually come from a far off place and it may not be human, far less appropriate to send back these persons. In the same manner as they have done in mental health hospital in Kozhikode in Kerala, 2 emergency rest rooms – one for male and another for female may be provided for such patients for stay at night so that they can receive treatment next day morning and go back.

- There should be a help desk or information counter from where the patients and their attenders could be guided/escorted to their respective destinations.

Visit to modified ECT room:

- Like registration counter, record room and drug dispensing room, the ECT room and recovery room are very small and not air conditioned. This is urgently required as the temperature shoots up to 45° to 46° C in summer months in Gwalior.

- At the time of my visit around 10.30 AM 6 patients had received ECT, were lying in the recovery room and the 7th patient was on the table for being administered the ECT.

- Table II below gives detailed information about OPD and IPD patients being administered modified ECT during the last 5 years (2005 to 2010).

Table – II

Modified E.C.T.

Years	Outdoor Patients			Indoor Patients			Grand Total
	M	F	T	M	F	T	
2005	27	5	32	1376	641	2017	2049
2006	18	--	18	1291	548	1839	1857
2007	6	3	9	1309	434	1743	1752
2008	20	7	27	1367	657	2024	2051
2009	12	2	14	879	419	1298	1312
2010	13	16	29	801	468	1256	1285
(Upto 15.1.11)	--	--	--	27	14	41	41

Table III shows the number of patients whose ECG has been done over the last 5 years (2005 to 2011 (upto 15.1.11)).

Table – III

Year	Male	Female	Total
2005	2	9	11
2006	45	57	102
2007	4	9	13
2008	123	38	161
2009	110	48	158
2010	125	50	175
(Upto 15.1.11)	2	--	2

Visit to EEG room:

There is no change in the status of EEG machine and technician from the review of Feb'10. The EEG machine was lying out of order then; it is lying out of order even now. There was no EEG technician then; there is no technician even now. And yet, EEG is an extremely useful equipment in diagnosis and treatment of mental illness. In the questionnaire circulated by me I had specifically asked about the status of EEG. GMA has not responded to this part of the questionnaire which

shows that either they are ignorant of the importance of EEG or they have not taken any action to instal a new EEG (since the old one is lying out of order for quite some time).

Suggestion:

The proposal for procurement and installation of a new EEG and creation and filling up of the post of technician, EEG should be placed before the MC, its approval obtained and steps taken for bridging this void without any further delay.

Visit to the x-ray room:

Table – IV gives the breakup of male and female patients who have been screened between 2005 to 2011 (upto 15.1.11).

Table – IV:

Year	Male	Female	Total
2005	203	195	398
2006	118	177	395
2007	144	149	393
2008	640	320	960
2009	545	317	862
2010	379	224	603
(Upto 15.1.11)	20	4	24

Visit to Pathological Laboratory:

Facility for undertaking the following investigations exist in the pathological laboratory:-

- routine blood and urine examination;
- serum lithium examination;
- blood urea, blood sugar, widal test;
- serum creatinines.

The following tests are being conducted on the basis of recommendation of NHRC:-

- uric acid;
- rheumatoid factor.

The samples for the following tests are being sent to JAH group of hospitals attached to Gajaraje Medical College:-

- Thyroid function;
- Hepatitis B;
- HIV

All investigations are totally free in case of patients coming under BPL category. For others the charges depend on a slab system corresponding to the patient's income.

Table – V gives an idea of the total number of samples received between 2005 to 2011 (upto 15.1.11) for pathological test and reports submitted.

Table – V

Year	Number of Patients			Total Investigation
	Male	Female	Total	
2005	1688	589	2277	10342
2006	1843	612	2455	11583
2007	1981	789	2740	14274
2008	2101	985	3086	14522
2009	1984	1089	3073	17560
2010	1560	931	2491	13521
(Upto 15.1.11)	52	26	78	408

Visit to Psychological Laboratory:

A separate laboratory for psychological tests was established in the OPD on 15.10.10. Dr. Ranjit Kumar, Asstt. Professor, Clinical Psychology told me that in all 10 activities fall in the domain of the Deptt. of Clinical Psychology. These are:-

1. IQ assessment;
2. group meeting;
3. psycho diagnostic evaluation;
4. personality assessment;

5. neuro psychological evaluation;
6. cognitive behaviour therapy;
7. family therapy;
8. marital/sex therapy;
9. behaviour modification;
10. counselling.

The number of persons who have been covered or who have benefited out of these activities should also be indicated.

In all 34 psychological tests are being conducted in the psychological laboratory. There is scope for adding another 40 to 50 tests in this list. Dr. Ranjit Kumar may explore the possibility of further addition to the number of tests. He may prepare a list of tools and equipments which he may need to undertake the additional tests and submit the list to Director-incharge, GMA for sanction.

Visit to open and closed wards:

GMA with 212 beds comes in the category of a small hospital (below 25 beds). There are in all 4 wards – 2 closed and 2 open. In the 2 closed wards, there is one male and another female ward. Similarly in the 2 open wards, one is meant for male and another for female patients. There are 2 halfway homes, one for male and another for female. Due to ongoing construction work the male halfway home has been shifted to the male closed ward while the halfway home for female patients remains where it was at the time of last review. The occupancy rate of the wards in the last 3 years has been as under:-

2008 - 99.25%
2009 - 92.16%
2010 - 91.001

Characteristics of wards:

- Not more than 20 beds are put in one block (this is in conformity with the recommendations of Prof. Channabasavanna Committee).

- The gap between the 2 beds is approximately one metre.
- Individual bedside lockers have not been provided but a few small cupboards have been provided to improved patients for keeping their personal belongings in male and female wards.
- Bed patient ratio is 1:1.
- There is no congestion in the wards.
- The toilet patient ratio is 1:3.75 which is ideal.
- The fan patient ratio is 0.75:1 which is ideal.

Interaction with patients and attenders in open ward (male):

1. Dinesh Goyal (30) hails from a rural area of Shivpuri. He has been admitted along with his brother. He has been suffering from mental illness for 21 years and with medication had recovered to a large extent but due to abrupt discontinuance of drugs there was relapse 5 to 6 months back necessitating readmission.

2. Nishant (24) hails from Satna. He is a victim of mental illness associated with substance abuse (excessive addiction to cannabis). He has been consuming excess of cannabis since 5 to 6 months. He has been treated earlier but symptoms reappeared last week. His father is Chairman of Nagar Panchayat and he is also addict to cannabis. As there is no drug deaddiction centre Nishant has been admitted to the open ward and since admission his condition has improved.

3. Golu (28) hails from Morena. Diagnosed as a case of Schizophrenia he has been undergoing treatment for the last 4 years. The last treatment was at IMHH, Agra, but as his prognosis there was poor he has been brought to GMA. He was found malnourished and seems to be underweight.

4. Abhisek (22) hails from Hoshangabad, has been admitted along with his elder brother 10 days back with complaints like irritability of temper, disturbed sleep, anger and violence and indulgence in excessive talk. He has undergone ECT twice, anger and violence has come down and he is feeling much better than before.

5. Ajay from Tikamgarh, provisionally diagnosed as bipolar affective disorder (BPAD) or mania, has been brought by his father who is also staying with him. He was treated by Dr. Malhotra, a private psychiatrist 4 to 5 years back but there was no improvement and has been subsequently brought to and admitted in GMA. Within a few days of admission and treatment his condition is much better.

6. Dinesh Goyal (38) hails from Morena and has received good education (he is an M.Com, LL.B). He has been diagnosed as a case of severe depression. Accompanied by his father (who is also staying with him) he is much better with medication.

Overall impressions emanating from visit to open ward:

- Conditions under which relatives/family members have to put up with the patient in the open ward are harsh. The time is cold winter with temperature dipping to 5° to 6° Celsius at night. The bare floors are damp and space for rest and sleep is extremely limited. The relatives/family members have equally limited space to keep their personal belongings. They have to go out for their food. As the hospital is in the outskirts of the city they have to travel a considerable distance before they could reach a restaurant and take their meals. Roads are narrow, there is heavy vehicular traffic and possibility of accidents cannot be ruled out.

- All these limitations notwithstanding the relatives/family members are willingly and gracefully putting up with the discomfort and inconvenience and many of them have turned out to be excellent caregivers. They are with the patients like their own shadow, guarding them to the hilt, sharing each other's joy and sorrow. This

is what brings out the best in the Indian tradition of family camaraderie and bonhomie, family members swimming, rising and sinking together.

- This is precisely what explains as to why the pace of recovery in the open ward is better than it is in the closed ward.

- There are dangers and pitfalls as well. Even now in quite a number of cases relatives come to GMA with the patients not with a view to providing the treatment but with a view to dumping them. Fake addresses are given, patients are left in the lurch, relatives having abandoned the patients do not turn up and are not traceable. Such conduct on the part of relatives and family members creates a nightmare for the hospital faculty and staff. Such action and conduct which is highly objectionable have been seen with both literate and educated persons as well as non-literate and non-numerate persons.

- The overall position of admission and discharge in the open ward is much better than what obtains in the closed ward as would be evident from the following two Tables i.e. Table VI and Table VII.

Table VI

Admission and Discharges of Open Ward:

Year	Admissions			Discharges		
	Male	Female	Total	Male	Female	Total
2005	1091	564	1655	995	524	1519
2006	1105	651	1756	942	653	1595
2007	1239	608	1847	1183	605	1788
2008	1285	625	1910	1298	664	1962
2009	1238	595	1833	1133	572	1705
2010	1145	522	1667	1118	513	1631
(Upto 15.1.11)	30	15	45	36	19	55

Table VII

Admission and Discharge of Closed Ward:

Year	Admissions			Discharges		
	Male	Female	Total	Male	Female	Total
2005	103	49	152	92	33	125
2006	107	27	134	115	39	154
2007	113	36	149	114	27	141
2008	143	52	195	118	44	162
2009	91	30	121	1129	21	150
2010	89	26	115	73	26	99
(Upto 15.1.11)	05	02	07	03	--	03

This gap or disparity could be attributed to the following reasons:-

1. Less number of patients are discharged in the closed ward as many of these patients have been brought by the police with reception orders from the CJM. Since the whereabouts of their parents or relatives are not furnished by the police at the time of admission they have no place to go even though they may recover and may be declared fit for discharge.

2. There are a number of patients whose illness is chronic, who are incapable of any worthwhile recovery and who continue in the ward as long stay patients. Their discharge is completely ruled out. This is evident from Table VIII.

Table VIII

Long Stay Psychiatric patients in closed wards 2010:

Year	2006		2007		2008		2009		2010	
	M	F	M	F	M	F	M	F	M	F
More than 15 years	7	4	7	4	7	4	5	4	4	3
More than 10 years	2	5	2	5	-	4	-	4	-	3
More than 5 years	7	22	7	18	6	4	14	12	7	8
More than 2 years	19	18	19	18	18	11	17	14	9	7

3. Even where family whereabouts are known and contacts are established with families/ family members are reluctant to shoulder the responsibility for rehabilitation of these patients; they, therefore, do not turn up despite repeated reminders and requests both through letters as well as through telephonic contacts (cases of Sonu and Rizwan in the closed ward are cases in point).

The position in regard to death and abscond in closed ward vis a vis death and abscond in open ward is exactly the opposite. Deaths are more and absconds less in closed wards while deaths are less and absconds more in open wards. This would be evident from the following 2 tables:-

Table IX

Death and abscond in closed wards:

Year	Death			Abscond		
	Male	Female	Total	Male	Female	Total
2005	3	1	4	4	1	5
2006	3	3	6	1	-	1
2007	2	1	3	1	-	1
2008	2	1	3	9	-	0
2009	1	1	2	-	-	-
2010	1	4	5	-	-	-
(Upto 15.1.11)	-	-	-	-	-	-

Table X

Death and abscond in open wards:

Year	Death			Abscond		
	Male	Female	Total	Male	Female	Total
2005	1	1	2	49	10	59
2006	-	-	-	36	15	51
2007	-	-	-	46	-	46
2008	-	-	-	92	11	103
2009	2	1	1	83	6	89
2010	1	2	2	25	13	38
(Upto 15.1.11)	-	-	1	-	-	-

Death audit:

Each case of death has been audited to establish the following:-

- whether death was natural or unnatural;
- whether death was avoidable or unavoidable;
- whether all possible efforts were made to save human life.

The following is a summary of the outcome of death audit:-

1. Name of the patient - unknown
   Age – 32 years
   Sex – Female
   Address – Not known

   Admitted through a reception order of CJM, Bhind on 4.8.09.

   Diagnosis – Epilepsy with Psychosis with Hypoprotenaemia

   Date of death – 17.10.10.

At the time of admission x-ray of left foot showed old tibia and medial malleologs. The case was referred to Orthopaedic Department, JAH but no proper treatment was given. The haemoglobin content was 8 mg% which improved subsequently to 12 mg% on 23.7.10.

The patient had a self inflicted injury (ulcer over both heels). She used to take the scab out of the wound. She had also other self inflicted injuries over head. She was treated both at JAH and GMA.

On 9.10.10 she had seizure with fever.

Her condition deteriorated and she was shifted JAH on 9.10.10. She was treated there in the medical ward. She expired on 17.10.10.

2. Name of the patient – Sweety Haizal (F) Daughter of Bryan Thanwar
   Address – Kanch Ghar, Civil Lines, Jabalpur, Housing Board Colony.
   Date of admission – 19.9.09.

   Admitted through a reception order issued by CJM, Jabalpur.

Diagnosis – Epilepsy with Anaemia hypoprotenaemia chronic pelvis inflammation

At the time of admission she had multiple injury all over her body. She was physically debilitated but improved with treatment at GMA.

On 24.6.10, the patient had status epilepticus for which she was treated at GMA. As the convulsion persisted she was shifted to Neurology Deptt. She expired on 24.6.10 at 10 PM. Her father was informed both over phone and in writing but no relatives turned up to receive the dead body. She was buried in the Church peacefully.

3. Name of the patient – Gayatri (F), daughter of Ram Avtar
   Age – 40 years.
   Date of admission – 31.7.07 in the open ward with father. Father left the patient alone in the open ward on 19.8.07.

The patient was brought by Mr. R.B. Kushwaha (Consumers and Civil Rights Association) with a reception order from CJM, Gwalior.

At the time of admission the haemoglobin was 9 mg%.
X-ray of the chest showed hemidiaphragmatic elevation.
X-ray of the abdomen showed large bowel intestinal obstruction.

She was operated upon in JAH on 16.7.08. She improved after surgery and had no physical problem as such.

She, however, suddenly collapsed on 12.1.10 at 7 AM. The family was informed. The husband and brother of the patient received the body after postmortem.

4. Name of the patient – Usha Dukhiram (F)
   Age – 31 years
   Address – Mahila Awas Griha Gandewali Sarak, Gwalior.
   Date of admission – 28.8.99.
   Diagnosis – Mental retardation with epilepsy, chronic bronchial asthma

At the time of admission the patient was anaemic with multiple injuries due to epileptic fits.

During her stay at GMA she had many attacks of status epilepticus and asthma for which her case was referred to Neurology and Medical Deptts. of JAH.

She had an asthmatic attack followed by seizure on 16.5.10 for which she was treated at GMA. On 17.5.10 she again had an attack of seizure and was referred to JAH but expired at 5.30 PM.

Conclusion:

All possible efforts have been made to save human life but lives could not be saved due to the poor condition in which the patients were admitted which ruled out recovery.

Right to food:

This was dealt exhaustively in the last review report. There has, however, been not much qualitative change or improvement as far as (a) construction of a modular kitchen (b) kitchen management (c) store management (d) scales of diet and (e) nutritive value of food is concerned. This would be evident from the following:-

- It was suggested by me in the last review report that the officer who is in charge of kitchen – Dr. P.K. Singhal may be deputed to pay a visit to IMHH, Agra, study the planning and architecture of the new kitchen block and replicate it in GMA with modifications, if any, to suit local conditions;

- Dr. P.K. Singhal has since retired and in his place Dr. (Mrs.) Netra Upadhyay has been put incharge of the kitchen. She should have been deputed by now to IMHH, Agra. This has not happened;

- A detailed proposal incorporating the suggestions given by me in my earlier reports was sent by GMA to Government of M.P., Deptt. of medical Education vide letter No. 3290 dated 4.8.09 and letter

No. 672 dated 5.2.10 for allocation of funds for construction of a new kitchen. Detailed Project reports vide letter No. 672 dated 5.2.10 have been sent to Government. So far no decision has been taken at Government level;

- There is no sanctioned post of dietician in GMA. Even GR Medical College and Hospital does not have the sanctioned post of a dietician. In the absence of a dietician it is difficult to certify the nutritive value of food served to the inmates in the closed and open wards, in the halfway home etc.;

- Food trolleys are yet to be procured even though clear recommendations have been made to this effect in the past;

- Food grains (rice, wheat, atta, flour, suji, besan, sugar, jagri, condiments as also vegetables) should be stored in separate compartments resting on platforms under controlled temperature and should not be allowed to lie on the floor as now. The room where they are stored should be adequately lighted and ventilated. Antitermite and pest control measures should be taken recourse to with a view to protecting the foodgrains from pest/insect attack;

- No aprons have been provided to the cooks;

- The status of the cooks being medically examined is unclear;

- GMA continues to buy all the primary food articles from the open market at 450% higher than the PDS rates;

- The scale of diet per patient per day was Rs. 34/- at the time of my last review (Feb'10). The scale remains unchanged at the time of my current review. During the last year inflation in general and food inflation in particular have reached unbelievable heights. This means that GMA would need double the amount of what it had at the scale of diet in Feb. 10 if it were to maintain the nutritive value of food at the same level. If the scale of diet remains unchanged at Rs. 34/- it means that GMA would not be in a position to procure

food articles at the same price at which it was able to buy then. The net consequence of this would be a reduced nutritive value of food being served to the inmates which would contribute to undernourishment or malnutrition (disparity between what the body needs and what the body gets).

Right to water:

- At the time of last review (Feb'10) it was observed that a new overhead tank with a capacity of 3 lakh litres at an estimated cost of Rs. 17 lakhs has been completed but could not be handed over to GMA due to delay in installation of submersible pump by the public health engineering department. The submersible pump has been installed but the process of distribution of water is incomplete as the process of laying of a pipeline has not been completed. This needs to be expedited so that the overhead tank with submersible pump could be handed over by the PWD to the GMA at the earliest.

- Samples of drinking water are being sent to PSM Deptt., GR Medical College, Gwalior for testing. Perused one such latest water testing report dated 27.1.11. The report which confirms that water sample number 3 is found bacterially contaminated and, therefore, not potable is worth reproducing as under:-

Water Testing Report:

1. Name of the institution from where the sample has been drawn - GMA
2. Water Sample Number - 564 – 567
3. Water Source - GMA
4. Date of Collection - 22.1.11

Chemical and Bacteriological Examination Report:

S.No.	Details of sample	Chlorides per litre of water	Bacteriological examination (presumptive

			coti form test)
1.	FHWH	150 mg/lt	Negative
2.	OW-1	130 mg/lt	Negative
3.	OPD	160 mg/lt	Positive
4.	Male close ward	155 mg/lt	Negative

Conclusion:

Water sample No. 3 found bacterially contaminated having more than 10 E Coli/100 ml of water. Hence needs proper chlorination before human consumption. Rest three samples found bacterially non-contaminated.

Sd/-
Professor and Head
Deptt. of PSM/Community Medicine
GR Medical College, Gwalior (M.P.)

Sd/-
Analyser

- The above report has the following implications:-
  - water could be contaminated at the source;
  - it could be contaminated at the storage tank;
  - it could be contaminated at the distribution point.
- GMA has confirmed that

'Water storage tanks are being regularly cleaned by using State-of-the-art technology with mechanized dewatering sludge removal, high pressure, cleaning, vaccum cleaning, anti bacterial spray and ultra violet radiation'.

- If that is so, it needs to be checked if water is being contaminated at the source or at the distribution point.
- In this case, the sample of water was drawn from the OPD.
- GMA should, therefore, thoroughly investigate as to what could have contributed to the contamination of the water sample drawn from the OPD and take corrective measures accordingly.

Right to personal hygiene:

Silver linings:

- Cleaning of the wards is being done 4 times a day.
- There is change of dress and linen daily.
- Mattresses, linen, blankets and warm clothings are adequate.
- Anti lice, anti bug, anti-malaria measures are being taken.
- Gwalior Nagar Nigam has taken up fogging for mosquitoes 4 times a day.
- Hair cut, nail cut and shaving is being done regularly by the barbers (2 male and 1 female).

Grey areas:

- GMA does not have a mechanized laundry; laundry services have been outsourced which is not a satisfactory arrangement.
- This service intimately involves personal hygiene of inmates.
- The outsourced agent will be more concerned in maximizing his profit and not in rendering quality service at the cost of personal profit;
- As against this if GMA itself runs a mechanized laundry unit as has been the case with other mental health hospitals, there will be timeliness in collection and delivery of clothings and better quality of services.
- All major mental health hospitals coming within the purview of NHRC by the strength of Supreme Court's order i.e. IMHH, Agra and RINPAS, Ranchi have got their internal mechanized laundry facility.
- GMA should follow suit and should go in for a mechanized laundry facility.

Right to Environmental Sanitation:

Redeeming features:

- At 1:3.75 GMA has an ideal toilet patient ratio with sufficient number of toilets and bathrooms.

- To meet the requirements of elderly persons, physically and orthopaedically challenged persons, persons who are victims of rheumatoid arthritis, austeo-arthritis and austeo porosis with low density of bones and damaged connective tissues 3 WCs have been installed in the male and 4 WCs in the female wards.

Suggestions:

- Toilets and bathrooms must be kept neat, tidy and dry so that there is no occasion for fall of an elderly man or woman as such fall may cause death due to haemorrhage.

- Steps leading to toilets and bathrooms should not be too steep to preempt the possibility of fall; there should be ramps to facilitate smooth passage.

Right to medical examination and regular check up of health:

Although GMA confirms that regular health check up of all inmates is being regularly done by MOs and such check up includes record of body weight, BP, blood and urine profiles, I came across a number of cases who are having low body weight and who could be victims of undernourishment or malnutrition. Such cases need special attention of hospital authorities including special diet as they have less resistance to fight infections and may be easily vulnerable to secondary infections.

Right to recreation:

Silver linings:

- Two gardeners have been appointed to look after greenery of the surrounding.

- Recreational and cultural activities are being organized regularly in respective wards.

- Yoga, pranayam, meditation and prayer facilities have been provided.

- Inmates participate in national festivals and present cultural performances.

- Human resources like Sewa Ram, Sanjay Sakshena and Ms. Rekha Sharma who are literate, skilled, creative and imaginative persons are playing an admirable role in reading out prescription to patients, distributing medicines, assisting patients to take bath and organizing activities which would bring happiness and joy to patients.

Suggestions

- There is a triangular open space near the male open ward measuring 17.5 metre X 45 metre or 787.50 sq. metre which can be developed into a mini park where the patients can sit with relatives in the morning and afternoon hours and do a bit of relaxation.

- The male recreation centre should be put incharge of a male organizer. He should motivate the male inmates who are literate and numerate and who can read out newspapers and explain the contents thereof to their counterparts who are not so privileged to read and write.

- Same experiment may be carried out in the female recreation centre as well.

- Matching and batching should be done between literate volunteers willing to teach 3 Rs. to their unlettered counterparts and a beginning may be made to impart functional literacy and numeracy with the help of the State Resource Centre at Indore (under the Directorate of Adult Education, Deptt. of Education, Government of M.P. at Bhopal).

Right to rehabilitation through Occupational Therapy (OT):

Many grey areas which were brought out at the time of last review are remaining uncorrected. These are as under:-

- Occupational Therapist (male) post is vacant;
- the Psychiatric Social Worker is imparting occupational therapy to male inmates;
- there is no appreciable engagement or involvement of inmates in the OT;
- products made by the inmates neither indicated their names nor the period when they were made;
- the skills/trades were mostly traditional and very few of them were market relevant;
- there was no significant addiction of new skills/trades between the 4 reviews (Jan'07, Feb'08, Feb'09, Feb'10);
- the space available in both the male and female OT is insufficient;
- there is no marketing of end products since the number of products are insufficient and products are not market relevant.

Components of future expansion and growth of GMA:

The following components are perceived to be absolutely essential in the context of future expansion and growth of GMA:-

- a geriatric ward for the elderly;
- a child guidance clinic for children upto 18 years (as in Juvenile Justice (Care and Protection of Children) Act;

- a physiotherapy centre for victims of reactive and rheumatoid arthritis and other physically and orthopaedically handicapped persons;

- a Day Care Centre;
- a Long stay Home;
- a Convention Centre;
- a Centre for Yoga, Pranayam, Prayer and Meditation.

These are urgently perceived needs and the needs as visualized are explained as under:-

I **Geriatric Ward:**

The population of the elderly (60+) is on the increase; is 100 million now and may touch 200 million by 2030. The incidence of mental illness like alzhiemers, dementia, hypertension, other serious neurological disorders etc. afflicting the old is also on the increase. The elderly cannot be expected to stand in the cue along with others and take their turn for diagnosis and treatment. On account of their age and disability they require our concentrated or rather exclusive attention. This will be possible only if there is an exclusive geriatric ward in the same manner as the geriatric ward planned and executed by the Institute of Psychiatry, Jaipur.

II **Child Guidance Clinic:**

Section 2(L) of Mental Health Act, 1987 defines a mentally ill person as one who is in need of treatment by reason of any mental disorder other than mental retardation.

It has been observed that children who constitute the most precious human resource and who are our succeeding generation are becoming victims of multiple forms of mental illness apart from being victims of mental retardation (autism, cerebral palsy, spastics etc.). If a child becomes a victim of mental illness at the most tender, formative and impressionable stage of human development, petals of childhood would

wither away before blossoming to flowers of youth and manhood. It will be a colossal waste of a precious human resource which requires to be nurtured and nourished. Many children are also falling victims of substance abuse. There are serious problems of imbibing and assimilating what is taught in the classroom. Parents and peer groups exert a lot of pressure on children who are prone to commit suicides if they cannot rise to the level of parental expectations. Examination phobia and poor performance in examination also drive many children to a stage of desperation. All these require psychiatric and psychological handling. This makes the need for setting up an exclusive child guidance clinic for children upto 18 years of age urgent and imperative.

III A Physiotherapy Centre:

Accidents are on the increase as also neurological disorders affecting human brain. The number of physically and orthopaedically challenged persons is also on the increase. There are children who are in need of speech therapy. Victims of reactive and rheumatoid arthritis also need special care and attention. A Physiotherapy Centre is basically a centre of rehabilitation of such persons who are physically and orthopaedically challenged, who are victims of accidents and neurological disorders and is meant to make them functional in their day to day life.

IV A Day Care Centre:

Incidence of mental illness is on the increase but number of mental health hospitals, number of beds and space available in these hospitals is rather limited. A day care centre is an institution which can be used for stay of mentally ill persons who can be brought to the mental health hospital for treatment during day time and sent back to the centre in the evening. Very often police pick up vagrants, persons aimlessly roaming round the streets and others who are mentally disturbed or deranged and bring them to mental health hospitals with reception orders from the Courts. This contributes to overcrowding of hospitals. A day care centre can be used to ease such pressure on hospitals. Apart from the patients being brought from the centre to the hospital OPD during day time, MOs

from the hospital can also visit the centre and medically examine the persons there.

V A Long Stay Home:

There are a large number of patients (both male and female) who are chronically ill, whose parental home and whereabouts are not known, who cannot be sent out and, therefore, have to languish in the closed ward of the hospital. A long stay home is an institutional arrangement which can take care of such patients and thereby can reduce congestion and overcrowding in the main hospital.

VI A Convention Centre:

This is meant for hosting national as well as international conferences on mental health. Most of the hospitals (including GMA) lack such facility. Such a centre is needed to stimulate intellectual animation of the faculty members.

VII A yoga, pranayam, prayer and meditation centre:

If properly planned and executed and if the classes are properly conducted by professionals, such a centre can hasten the pace of recovery and can be an effective tool for rehabilitation.

Executive Summary of impressions, observations and recommendations:

Location and Physical infrastructure:

- After the last review, there have been a few positive changes and improvements such as (a) widening of the main road in front of GMA leading to Gwalior Central Jail (b) provision of a proper approach road leading to the main administrative block and Director's room (c) paving of all internal roads.

- The drain carrying waste water in front of GMA continues to be open and a source of flies and mosquitoes. It requires to be embedded on both sides and fully covered.

- GMA requires a minimum area of 5 acres of land for (a) construction of a teaching block (b) construction of staff quarters (c) construction of geriatric ward (d) construction of child guidance clinic and number of other requirements (Day Care Centre, Long-stay Home, prayer-cum-meditation hall) as part of its future expansion.

- Despite repeated requests, land of the required size has not so far been made available. What has been allotted by the Collector, Gwalior on 30.9.10 does not meet the requirement as (a) it is on a stretch of rocky and undulating landscape surrounded by hillocks (b) it is located 20 kms away from GMA (c) there is no approach road to the site (d) considerable efforts and investment will require to be made before the land is found suitable for any building and construction activity. The request for allotment of an alternative site to the Collector has, therefore, been made.

- GMA building was constructed in 1935. The land available within the GMA premises is extremely limited and does not allow any scope for future expansion. Hon'ble Supreme Court in Rakesh Ch. Narayan Vs. State of Bihar had emphasized the importance of teaching, training, treatment and research to go together in any modern mental health institution. Keeping this observation of the apex Court in view the State Government should explore the possibility of allotment of required extent of government land in favour of GMA to meet some of its current barest minimum needs as also for future expansion and growth. This has not happened so far.

- There is a huge disparity between the resources which GMA needs in terms of its genuine basic needs (both recurring and non-recurring) and what it has, over the years, been receiving from Government. This gap has been of the order of Rs. 1 to Rs. 2 Crores. To illustrate, for 2010-11, against the request for a total grant-in-aid amounting to Rs. 5,92,85,000/- a sum of Rs. 2.85

Crores (less than 50% of what was asked for) has been released so far which is totally inadequate to meet the day to day functional needs of the hospital. This makes financial management extremely difficult.

Human Resource Management and Development:

- GMA is in a very weak wicket as far as human resource management and human resource development issues are concerned. This would be evident from the following:-

  - as of now no recruitment rules for selection of a suitable incumbent as full time Director, GMA is concerned have been framed;

  - the whole approach towards this has been adhoc in as much as since September, 2007, Government is managing GMA by appointment of a Professor and Head of the Deptt. of Gajaraja Medical College as Director-incharge in addition to her substantive charge;

  - quite apart from the fact that this is contrary to provision of Rule 20(F) of State Mental Health Rules 1990, this makes management of time on the part of the part time incumbent Director-incharge extremely difficult;

  - GMA is in dire need of a full time Director corresponding to the qualification laid down in Rule 20(F) of State Mental Health Rules, 1990 and serious efforts must be made in that direction;

  - The number of psychiatrists, Clinical Psychologists and Psychiatric Social Workers falls far short of the requirement and is nowhere near the norms laid down in Sub Rule (1) of Rule 22 of State Mental Health Rules, 1990;

- GMA with 212 beds is entitled to 9 Psychiatrists, 9 Clinical Psychologists and 9 Psychiatric Social Workers for a three shift operation;

- it is entitled to 60 staff nurses for a three shift operation;

- the number of posts sanctioned against this is much lower and the number of incumbents who are in position is also on the lower side;

- to make matters worse, therefore, as on the date of review, 72 vacant posts in Group 'A', 'B', 'C' and 'D';

- despite requests and repeated reminders to Government in Health and Family Welfare Department and to Director, Medical Education and Training, these posts are not being filled up so far.

- Some good beginning has been made in the area of research by the faculty taking active interest in contribution of papers, presentation and publication of papers but GMA could give a push to this area if the following steps are taken:-

  - a regular post of full time librarian should be sanctioned;

  - the existing library space being quite limited does not provide for any space for a reading room; the library should, therefore, shift to a larger accommodation with space for a reading room;

  - the number of books in the library being limited (300) and old (dating back to 50s), planning for purchase of more books which are recent publications and of topical interest and relevance should be made in consultation with faculty;

  - similar planning should be made for (a) purchase of modern journals (both indigenous and foreign) (b) establishing e-

connectivity between the library and various departments of GMA and designing a software for the same (c) establishing continuous institutional interaction and exchange of ideas between the faculty of GMA and those of IMHH, Agra and RINPAS, Ranchi;

- creation of a separate website of GMA and putting all the research papers published by the faculty on the said website;

- adopting a liberal policy of deputing faculty members to various conferences, seminars and workshops for presentation of papers and for chairing technical sessions on invitation;

- deputing a faculty member to RINPAS, Ranchi for studying as to how to plan a new library set up with e-connectivity with the deptt. of Psychiatry, Clinical Psychology and Psychiatric Social Work.

Autonomy of GMA:

- GMA was accorded an autonomous status by the Government of M.P. by issue of a gazette notification dated 25.10.94. A Managing Committee was constituted with the Divisional Commissioner as the Chairman and Collector/DM, SP, Secretary, PH and FW or his/her representative, a nominee of the State Government who will be a woman, Principal, Gajaraja Medical College and Director, GMA as members. The notification provided for constitution of as many as 7 Sub Committees.

- However, over the years, it has been observed that the said autonomy is a myth on account of the following reasons:-

  - no specific order for delegation and exercise of specific administrative and financial powers in favour of Director, GMA

as a State level HOD has been issued by the State Government as has been done in case of 5 medical colleges so far;

- power for creation of Class I, II, III and IV posts rests with the State Government;

- the Director, GMA can fill up Class III and IV posts only after getting permission from the State Government and after following the existing government Rules (Rule 20.6 of the Autonomy Rules); this leads to a lot of paper work and consumes a lot of time;

- the Director does not have any autonomy in procurement of essential store items like drugs;

- there is too frequent change in the policy for indenting and procurement of drugs; this is irritating, cumbersome and inexpedient;

- according to the new policy, there will be a Central Purchase Committee with the Dean, MGM College, Indore as the Chairman;

- there will be 2 separate rate contracts for supply of drugs and other items, one for 2009-10 and another for 2010-11;

- at one stage it was decided by Government that all drugs will be procured through Tamil Nadu Medical Supply Corporation and in no time (11.1.11) another order was issued keeping the earlier order in abeyance for a period of 6 months;

- too frequent change of policies is bound to create alround confusion; it will be counter productive;

- the Director, GMA will place her entire requirement of drugs with the suppliers (50 in number) with whom the above rate

contract has been signed on a quarterly basis; she does not have the option and discretion to do anything else;

- a lot of well founded apprehensions have been expressed against the current drug policy of government; the concerns were articulated in the meeting taken by CM M.P. in Dec'10 and they continue to be expressed every now and then;

- the apprehensions centre round the following:-

  - many essential drugs have not been included in the rate contract;

  - there is a distinct possibility that with reduced rates the desired quality of drugs may not be supplied and instead spurious drugs may be supplied;

  - potency of drugs has been reduced which will have many serious implications.

- all other purchases (tools, equipments) are couched with and circumscribed by a number of restrictions (like no purchase can be made after 31st January of a year); the rationale and applicability of the said order is open to question;

- the Director does not have any power even to purchase journals and periodicals considered essential for the library;

- all matters pertaining to GPF, DPF, anticipatory pension and GIS matters are still being routed to Treasury through Dean, Gajaraja Medical College exposing there by the hollowness of the claim that GMA is an autonomous body.

Training:

This is an important input of human resource development and number of suggestions were made in the last review report (Feb'10) but

no action seems to have been taken as would be evident from the following:-

- not a single staff nurse has been deputed outside to undergo psychiatric training;

- no inhouse training facility has been created;

- hardly an serious effort has been made to provide either induction or refresher training to any other officer or staff member (including paramedics and technicians).

OPD:

The following deficiencies in OPD deserve attention:-

- with increase in daily average outturn of patients, the existing sitting arrangement continues to be inadequate;

- there is no pro poor and pro patient policy of the State Government to allow the patients and their relatives any concessional travel by the buses of Madhya Pradesh State Road Transport Corporation;

- this would have been a boon to patients and their relatives who are coming to GMA by travelling from far off places like Hoshangabad, Sagar, Jabalpur, Bina, Katni, Chattarpur, Satna, Rewa, Bhind, Morena, Tikamgarh etc.;

- no post of data entry operator has been sanctioned on a regular basis as yet; no software for recording personal history, family history, case history of the patient has been developed so far;

- there is no arrangement to administer sedatives to violent and aggressive patients, make them tranquillized and allowed rest in 2 separate observation rooms (one for male and another for female) which is not there in GMA;

- there is no arrangement to receive patients and their relatives who due to ignorance arrive after the OPD hours (as they may be coming from long distances) and keep them in 2 separate rest rooms (one for male and another for female patients) till the next day morning when they can attend the OPD and go back to their respective destinations;

- there is no help desk or information counter from where the patients and their attenders could be guided/escorted to their respective destinations;

- the record room is too small and congested. Even a small mental health hospital at Dharwad has a better record room in terms of space and the manner in which records have been maintained. Despite my specific suggestion in the earlier review report to depute an officer to Dharwad to study the system of record keeping there, no action has so far been taken in that direction;

- counselling at the time of registration, at the time of examination by the MO in his/her room, at the time of collection of medicine at the drug dispensing room should be an integral part of the activities in the OPD; this does not seem to have received the type of attention which it deserved.

IPD

Open ward:

- There are silver linings as well as grey areas.
- Among the silver linings relatives/family members of the patients are willingly and gracefully putting up with the discomfort and inconvenience (on account of being required to sleep on bare floors in cold winter nights) and many of them have turned out to be excellent caregivers.

- Among the grey areas (a) the abscond rate is very high (b) relatives/family members sometimes dump patients in the open ward and go away, not to turn up again (c) false addresses are given and whereabouts of relatives/family members are not easily traceable.

Closed ward:

The grey areas in the closed ward are:-

- less number of patients are discharged in the closed ward;
- many of these patients are brought by the police with reception orders from the CJM;
- since whereabouts of the patients or relatives of the patients are not furnished, they have no place to go even though they may recover and may be declared fit for discharge;
- there are a number of patients whose illness is chronic, who are incapable of any worthwhile recovery and who continue in the ward as long stay patients. There are 11 such patients who have stayed for more than 15 years in 2006, 2007 and 2008. The number has come down to 9 in 2009 and to 7 in 2010;
- the large number of deaths (5 in 2010) in the closed ward is also a matter of deep concern. Death audit has been conducted on all the 5 deaths and it appears that all possible efforts have been made to save the lives of the patients. Lives could not, however, be saved as the patients were admitted in a critical condition which ruled out easy recovery.

Right to Food:

- Despite rising inflation and food inflation and spiralling of the prices of all commodities, the percapita scale of expenditure remains Rs. 34/- only which is quite low.

- GMA is procuring all essential commodities (rice, wheat, atta, sugar, pulses, condiments etc.) from the open market at 450% of the rate over the rate at which some of these commodities are available with PDS.

- In the absence of a dietician in GMA it is difficult to certify the nutritive value of food served to the inmates in the closed and open wards, halfway home etc.

- Keeping in view the steep increase in inflation in general and in food inflation in particular the Welfare Sub Committee of the Managing Committee of GMA should review and recommend to Government revision of percapita scale of expenditure on food (covering morning tea, breakfast, lunch, afternoon tea and dinner) from Rs. 34/- to atleast Rs. 50/- with which (as in IHBAS, Delhi) it should be possible to ensure a nutritive value of food at 2500 kilo calorie for women and 3000 kilo calorie for men.

- Food trolleys should be procured without any further delay for transportation of food from the kitchen to the wards.

- Food grains (rice, wheat, atta, flour, suji, sugar, besan, jagri, condiments etc. as also vegetables) should be stored in separate compartments resting on platforms under controlled temperature and should not be allowed to lie on the floor and susceptible to pest attacks.

- The room where the food grains are stored should be adequately lighted and ventilated. Anti termite and pest control measures should be taken recourse to protect the foodgrains from pest attack.

Right to Water:

- The new overhead tank with a capacity of 3 lakh litres fitted with submersible pump should be made operational without further delay by the public health engineering department.

- The latest water sample testing report dated 27.1.11 confirms that water sample No. 3 is bacterially contaminated and, therefore, not potable. It should be scientifically chequed and accurately ascertained if water is being contaminated at the source or at the distribution point and necessary corrective;

Right to Personal Hygiene:

It is advisable that GMA has its mechanized laundry as in IMHH Agra, RINPAS, Ranchi and many other hospitals so that quality services are rendered to the inmates (in terms of timely collection and delivery of their clothings).

Right to medical examination and regular check up of health:

- Patients who are having low body weight and who could be victims of under nourishment and malnourishment need special attention of hospital authorities including special diet as they have less resistance to fight infections and may be easily vulnerable to secondary infections.

Right to Recreation:

- The triangular open space near the male open ward measuring 17.5 metre x 45 metre or 787.50 sq. metre should be developed into a mini park where the patients can sit with relatives in the morning and afternoon hours and do a bit of relaxation.

- The male recreation centre should be put incharge of a male organizer. He should motivate the male inmates who are literate and numerate, who can read out newspapers and explain the contents thereof to their counterparts who are not so privileged to read and write.

- The same experiment may be carried out in the female recreation centre as well.

- Matching and batching should be done between literate volunteers willing to teach 3 Rs. to their unlettered counterparts. A beginning may be made to impart functional literacy and numeracy with the help of State Resource Centre at Indore (under the Directorate of Adult Education, Government of M.P.).

Right to rehabilitation through occupational therapy (OT):

The OT Unit needs to be reorganized keeping the following suggestions in view:-

- the vacant post of occupational therapist (male) should be filled up at the earliest;
- new skills/trades which are market relevant should be chosen;
- products made by inmates should bear their names as also the period when they are made;
- planned and coordinated efforts should be made for better marketing of products in the OT units.

Future expansion and growth of GMA:

- This should comprise of (a) geriatric ward (b) a child guidance clinic (c) a physiotherapy centre (d) a day care centre (e) a long stay home (f) a Convention Centre for holding workshops and conferences and (g) a centre for prayer, meditation, yoga and pranayam.
- These should receive timely and coordinated attention of Government of M.P. in terms of (a) making available a suitable plot of land of the desired size (b) human, material and financial resources to translate these ideas to action.

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