Report on the visit of S. Jalaja, Special Rapporteur, NHRC To RINPAS, Ranchi on 28-8-2012

The National Human Rights Commission (NHRC) is empowered under Section 12(c) of the Protection of Human Rights Act, 1993 to visit any jail or other institution under the control of the State Government where persons are detained or lodged for purposes of treatment, reformation or protection, for the study of living conditions of inmates thereof and make recommendation thereon to the Government. With the approval of the Commission I visited the State of Jharkhand from 28-31 August, 2012. The first day of my visit was spent in Ranchi, the State HQs. I took this opportunity to visit RINPAS (Ranchi Institute of Neuro- Psychiatry and Allied Sciences) to review the progress of implementation of the orders passed by the Supreme Court in September, 1994 in writ petition (civil) No.339 of 1986, followed by the directions issued by the NHRC from time to time, after its involvement with the management of the institution since 1997.

Shri S.S Meena IAS, Divisional Commissioner, Ranchi and Prof. (Dr.) Amool Ranjan Singh, Director-in Charge were present at the time of my visit. The Director-in-charge briefed me on the aims and objectives of RINPAS and the activities taken up for achieving the objectives. He explained that RINPAS provides diagnostic and therapeutic facilities for the mentally challenged, facilitates social and occupational rehabilitation for the patients, helps expansion of mental health services at community level by providing training to medical and Para-medical personnel in the field, undertakes research in Behavioural Sciences and offers Professional and Para-professional training in the field of Psychiatry, Clinical Psychology, Psychiatric Social Work and Psychiatric Nursing. Shri Meena elaborated the recent decisions taken by the Management Committee. It was pointed out that the Commission had made some observations and given certain directions in respect of the management of the Institute after the last visit of the former Special Rapporteur, NHRC. Their compliance was reviewed with the Commissioner and the Director. It was confirmed by Shri Singh that action has been taken in respect of each of the items.

After the review meeting I went round the campus and visited the OPD, the Departments of Psychiatry, Clinical psychology, Pathology, Psychiatric Social Work, Occupational Therapy and Rehabilitation Units. I also visited the Agricultural area and was briefed about its utilisation and annual output. I saw the General and Paid Wards in both male and female sections .The observations of the visit, along with the suggestions for improvement, are recorded below:-

Administration

Prof. (Dr.) Amool Ranjan Singh is presently the Director-in-charge of the Institution. Smt. Mukta Sahay is the Deputy Director (Admn.) and Dr. Ashok kumar Nag is performing the duties of Medical Superintendent of the Institute. I was told that the post of Director of the Institute is vacant since 1st August, 2007. A mental health institution like RINPAS ought to have a regular Director to oversee its mandated activities. It is unfortunate that despite the intervention of the Commission, the matter is still pending with the State Government. I was told that the State Government has taken action in this regard. However, Keeping the post vacant for such a long time, that too when the Apex court itself is monitoring its functioning, is indeed unacceptable.

Management Committee.

The Management Committee of the Institute is chaired by the Divisional Commissioner, Ranchi, with Secretaries of Departments of Health and Family Welfare as well Medical Education, DC, Ranchi, Senior SP, Ranchi, Director RIMS, Vice-chancellors of Ranchi University and B.A.U, as Members. Dr.R.P Srivastava and Dr.Elizabeth are the two non-official Members at present. Director, RINPAS is the Member Secretary of the Committee. Last meeting of the Committee was held in February,2012. In the meeting with the Divisional Commissioner it was pointed out that it is essential for the Committee to meet regularly to enable the Institute to function smoothly.

Out patient's Department (OPD)

I visited the OPD run by the Institute. The OPD which was started in 1958 is today a well- established facility. While in 2001-02 the OPD attendance was **16,175**, it has steadily increased over years and is **86578**, at present. Similarly

Specialist OPD attendance has also grown progressively from **17951** in 2001-2 to **96457** today (Annexures-1&2). The Institute charges Rs.20/- as Registration Fee, while it is free for the BPL. Waiting room facilities are available for both patients and their relatives. In addition to family counselling services, services of specialists are also available. The OPD is said to have been computerised but I could not see it as it was off-time.

Indoor patients The number of indoor patients treated at the institute has increased from **1830** in 2001-2 to **3038** at present.Annexure-3 I was told that the daily average bed occupancy has only marginally increased. The marginal increase may be because of the low rate of discharge compared to admissions.

Total admissions and Discharges Total number of admissions in 2011-12 is **2514** when compared to **1297** in 2001-2 (ANNEXURE-4) The discharges reported in 2001-2 were **1349** and today it is **2436.**9 (ANNEURE-4) Admissions and discharges are almost evenly matched at present ie.**2514** and **2436**. Fewer women are admitted when compared to men (appx.1:5). 465 cases are shown as readmissions in 2011-12.

It is reported by the institute that the maximum number of patients are from Jharkhand followed by Bihar. In 2001-2 1424 patients were from Jharkhand and 1063 from Bihar. Only 7-8 patients are from the eastern and north-eastern states.

Condition of the patients The proposed Mental Health Care Bill,2011 provides that persons with mental illnesses should be treated like other persons with health problems and that the environment around them should be made conducive to facilitate their recovery, rehabilitation and full participation in society. Since there is no dearth of open space in RINPAS, the movements of the patients were not restricted. They were also free to interact with other patients in an open atmosphere. The staff members were found taking good care of the patients.

There are 23 patients (22 male: 1 female) staying in the wards, transferred form jails. Male patients have been segregated while the lone female lives the female ward. I interacted with both male and female patients. Some of the patients expressed a desire to go back to their homes. General health of the

patients appeared to be normal. It was heartening to note that the patients were wearing house- coats and home- wear stitched by them.

Pay ward facility is also available in the hospital. In 2001-02 165 patients have been admitted in this category while in 2001-02 it was only 29. (ANNEXURE-5)

Length of stay Average length of stay of indoor patients is shown as **54.63** for the year 2011-12, while it was **100.93** in 2001-2. 9Annexure-6) . There is gradual decline in the length of stay of patients in the hospital.

Long stay patients

Details of the long stay patients are given in Annexure-3. There are 104 long stay patients in the Institute at present, of which 35 are male and 59 females. 25 of them (12M:13F) are staying for more than 2 years; 14 (1M:13F) for 5 years and above;11 (2M:9F) for more than 10 years and above and 53(20M:33F) above 15 years and above. The long stay patients have been kept in separate wards.

Out of 104 long stay patients at present74 (27M: 48F) have recovered and stated to be fit for dis charge. There are 40 certified cases wherein correct home address of the person concerned is not available. It was seen that some of the women patients continue to remain in the hospital with no support from the family. In some cases the address given is incorrect and therefore the families could not be contacted. Others, it would appear have been abandoned by their families. Following some of the women with whom I interacted:-

1. **Laxmi Jaiswal (Female)** C/o Mr. Ram Janam Prasad, Vill: Jaina More, PO+PS: BalidihDist: Bokaro (Jharkhand)

The patient is 79 years old and was admitted on 28-11-1985. She was said to have been brought in by her brother-in-law. She was diagnosed as having Chronic Schizophrenia. Patient's address mentioned in file was found to be incorrect. Therefore, correspondence made in this address was futile. Further communication was made in address stated by the patient.

1. Rekha Devi, Near Dharmashala, Upper Bazar, Ranchi (Jharkhand)

Patient is currently stable but is having cataract (left eye) + Diabetes.

2. **Chandra Kiran** C/o Tara Shankar Prasad, Circle Inspector, Chiraiya tanr (Near Devisthali), G.P.O, Patna (Bihar).

The patient is a 68 year old Hindu woman. She appears to belong to middle socio-economic status. She was admitted on 10-12-1973 and was brought in by her brother. The Patient was diagnosed with Paranoid Schizophrenia. It was stated that a number of official letters were sent for discharge of the patient, but there was no response. Although discharge was made, her family refused to accept the patient.

The Patient is said to be currently stable; but had fracture of right leg two years back.

3. **Ratna Boral** C/o Sri Sujit Kumar Sinha, Saraswati Bandana Apartment, Ratu Road, Ranchi (Jharkhand)

The patient is a 66 year old Hindu female apparently belonging to upper socio-economic strata. She was admitted on 28-8-1979 and was brought in by her family members. Patient was diagnosed with unspecified non- organic psychosis. Various official letters had been sent in the address given, for the discharge of the patient, but there is no response. Nevertheless, her discharge was made, but her family refused to accept the patient. Once apparently her sister-in-law had come to visit the patient, but after that visit no family member ever turned up to visit her. Patient's address mentioned in file was found to be incorrect. Patient is currently stable.

4. **Nagma** TulaiyaVill, Chandoli PO, Andheri Dist, Martinga, Andhra Pradesh

The patient is a 70 year old woman. She was admitted on 4-7-1977. She was found wandering in Kanke Chowk by a person named Sikandar, who brought her to RINPAS and got her admitted. Numerous official letters were sent in the address given for discharge of the patient, but there was no response. Patient is currently stable with right- sided paresis.

5. **Shanti Lata Roy** c/o Omyo Bhattacharjee, Anant Kumar Roy, Vill. + P.O.: Hatia, Ranchi (Jharkhand)

The patient was admitted on 4-9-1971 and was brought in by her father. The Patient was diagnosed with Catatonic Syndrome. She was re-admitted on 15-7-1974. Various official letters were sent in the address given for the discharge of the patient, but there was no response. The patient is said to be having formal thought disorder and her speech is incoherent.

6. **Mamta Devi**

The patient was admitted on 18-5-1983 brought in by her father Balehand Khatik. Patient was diagnosed with unspecified non- organic psychosis.

The patient showed improvement over time, but her family could not be contacted in the address given. No one from her family has ever visited her. Due to lack of proper information no communication was ever made to her family members.

Patient is currently stable and manageable.

7. **Radha Kumari** C/o Sheo Shankar Prasad, Vill+Mohalla, Dakhsu Derawali, Civil Line, Gaya,Bihar

The patient was admitted on 27-6-1975 and brought by her father. The patient was diagnosed with Chronic Schizophrenia. Many official letters were sent for discharge of the patient, but there was no response from her family. The patient is currently having some behavioural problems, although she is manageable.

8. **Bimla Devi** C/o Bhuneswar Thakur, Vill+PO, Macheswar PS, Brahmpur, Dist. Bhojpur (Bihar)
   The patient is a 57year old Hindu woman. She was admitted on 22-6-1977 and brought in by her family members. The patient was diagnosed with unspecified non- organic Psychosis, along with Epilepsy. Many official letters were sent for discharge of the patient, but there was no response from her family. She was discharged from the hospital on 07-11-1996. However, after five months on 31-5-1997 the patient was re-admitted, as her family left her near the hospital campus. Patient is currently stable and is stated to be manageable.
9. **Mala Devi** c/o Omyo Bhattacharjee, Anant Kumar Roy, Vill. & P.O.: Hatia, Ranchi (Jharkhand) The patient is a 52 year old Hindu woman. She was admitted on 31-10-1987. She was brought in by her husband. The

patient was diagnosed with Schizophrenia and also epilepsy with RA .The address given by her husband was not found correct. The patient claimed that she was from Patna. **Strangely Sr.No.6 also shares the same address!! The Director explained that it was a typographic error.**

10. **Agensia** The patient is a 64 year old woman admitted on 11-5-1973. She was brought in by her father from Bishop's Compound. Patna. Patient was diagnosed with Schizophrenia. She also has diabetes and hypertension. Patient is not able to give her home address so no contact could be made with her family. The patient is said to be stable and manageable.
11. **Kaushalya Devi** The patient is a 60 year old woman who was admitted on 21-9-2007.She was brought in by her family members. Patient was diagnosed as having un- differentiated Schizophrenia. Address given by her family members was not correct. The patient also was not able to give her correct home address. Therefore no contact with family members could be made.

Patient is said to be having delusion and hallucination.

Seeing the condition of the women who are forced to stay in a mental hospital life-long it is felt that

1. Action should be taken by the Institute to **prevent** it from happening, and, if due to any reason such a contingency arises, **a more pro-active role** should be played by it. Just by saying that the patient's address is incorrect, it cannot escape from its own responsibility.
2. It should be obligatory on the part of the Institute to seek valid ID proof both of the patient and his/her family at the time of admission so that at the time of discharge there should be no difficulty.
3. After admission, the case history of each patient, **including family history,** should be ascertained.
4. The Institute should **satisfy itself** that the person who has been admitted as a patient is **not being dumped or abandoned** by family members on the pre-text of mental illness. This should be considered relevant because many people in our society do suffer from mental problems like depression, epilepsy etc. Any collusion by staff of the Institute needs to be ruled out.

5. In the case of women who is brought by her husband's relatives for admission, it should be mandatory for a family member from her side also is present as far as possible. In case she is brought by any member of her husband's family members due to any unavoidable reasons, she should be admitted only after proper questioning.
6. In case the Institute is not able to discharge the patients due to their incorrect addresses, they should try all means including search through Thanas, TV/ Newspaper Ads etc. Just issuing notices is not good enough.
7. The institute should consider whether some of them could be gainfully employed in the institute itself, depending on their mental and physical condition.
8. Some of the fully recovered patients, especially old and infirm who have nowhere to go in their life-time, other than stay in the mental hospitals where they were treated. Long stay Homes or Community Centres should be set up especially for them, so that they are no longer confined to a restricted space and atmosphere.
9. Abandoned both by their families and the society they should be made to feel wanted and cared for. Their rehabilitation which enables them to stand on their own feet is very much needed.

Death of patients

The number of deaths reported year-wise show that it is almost static ie.4-5 deaths per year. There were only two deaths reported in 2011-12 . (Annexure-6) . The Director confirmed that they were due to natural causes. As per the directions of the Commission they have been inquired into and a report sent to the NHRC.

Escape of patients

It was seen that patients allowed moving about freely in the hospital which is a very welcome change. Even then two cases of escape have been reported in 2011-12. In 2001-2 the number reported was 15. Even though the number of patients escaping is very minimal, the security in the institute needs to be raised to such a level that escapes do not happen at all. It was reported that they have been brought back to the institute.

Occupational therapy The institute has a full-fledged occupational Therapy and Rehabilitation Unit offering comprehensive vocational training to in-patients. The Department trains the patients in different skills so that they are not considered a liability by their families and society. Besides, engagement in chosen occupations which stimulate their creativity give them mental peace and joy.632 patients attended the sessions in 2011-12 of which 376 were involved in unskilled work.241 semi-skilled patients also participated in these sessions.

I was told that the skilled and semi-skilled patients earn Rs.20 & 10 daily respectively. Those who do nothing nevertheless come for these sessions are paid Rs.5/- to motivate them to do work. Patients exchange tokens for food taken from the canteen and the balance is sent home.

I felt that the amount paid them is too meagre. *The rates of payment should be enhanced commensurate with the time spent and the quality of the product.* I was surprised to see the range and quality of their products. The training includes tailoring, printing, welding; black-smithy; weaving; carpentry etc. for men and tailoring; knitting; basket making; shawl making etc. for women. The sight of mentally challenged persons working in complete silence and with full concentration on their work is unforgettable. 23 years ago such a program for inmates of the Institute was unimaginable.

Agriculture, Horticulture, Poultry and Dairy units The Institute is has a separate Agriculture and Horticulture Division covering appx.105 acres of land of which about 90 acres of land has been fenced. Paddy, pulses and vegetables are grown in 50 acres and the rest of the land is being utilised for mango and litchi orchards. Additional 34 acres are planned to be brought under cultivation. Patients themselves are working in the land. The agricultural produce is consumed by the patients themselves. Poultry and dairy farms have also started functioning. Milk and curd produced in the farm are utilised in the kitchen.

Amenities for patients. It is seen that wards are provided with **TV sets, water coolers and facilities for indoor and outdoor games**. A mineral water plant with a capacity of 1000 litre per hour has been installed from which mineral water is being supplied to patients in sealed containers.

The institute has a 200 kg capacity mechanical **laundry.** Patient's linen and clothes are collected, washed, dried and delivered in the ward itself.

A well- maintained **Canteen** is available in the institute.

The patients are served **food** amounting to 3260 calories per day. On Special occasions they are served special items. At present the average expenditure per day per patient is **Rs.45.95** only. Keeping in view the current food prices in the market this appeared to be too low. The Director clarified that it is proposed to raise it to **Rs.75/-** by the Management Committee. There were no complaints from the patients about the quality of food supplied to them.

Special Activities for patients. Activities are organised for patients on Special occasions like Independence Day, Republic Day and during religious festivals. Annual Sports day and Annual Picnic day are being organised in which patients, officers, students and staff of RINPAS participate.

There are separate **libraries** for male and female patients. There are 5821 books and 748 magazines in the male and 1829 books and 431 magazines in the female libraries. It was reported that 6295 male and 2565 female patients have visited the libraries so far. Besides books and magazines, newspapers and periodicals are also subscribed by the libraries.

Bio-Medical Waste Management The existing incarcerator is not currently functional. A new one is being installed.

Teaching and academic Activities

Courses: The Institute has regular M.Phil., PhD, M.D Courses in Clinical Pathology and Psychiatric social work as well as D.P.M in Psychiatry and D.P.N.in Psychiatric Nursing affiliated to the Ranchi University. The Institute is the recognized centre for teaching MBBS students. It has tie-up with reputed institutions in the country.

Facilities: There are five lecture halls with audio-visual facility. In addition it also has two conference halls (both AC and non AC). It also has modern teaching equipment.

Students: In the current academic year a total number of 31 students are doing their MD in (Psychiatry(1), PhD in Clinical Pathology (4), Ph.D. in

Psychiatric Social work (4), M.Phils. in Medical and Social Psychology and Psychiatric social work (12,9),DPN (nil) and DPM(1).

Departments: The Institute has the following Departments foe imparting Mental Health education:-

1. Department of Psychiatry -

This is the largest department in the institute with around 2000 OPD admissions per year. The Department is actively involved in clinical work, teaching and research activities. The Department is headed by a Professor assisted by two Associate Professors. ***One post of Professor and 9 posts of Associate professors are vacant.*** Management of OPD, care of indoor Patients, academic activities including regular teaching programs, lectures, and OPD and Ward case discussions are some of the duties/functions of the Department. Psychiatrists and senior residents, along with other team members, are involved in various community out-reach programs. Doctors also visit the Central Jails of Ranchi, Hazaribgh and Khunti.

2. Department of Clinical Psychology The faculty is involved in clinical, teaching, research, rural community program and Urban School Mental Health Programmes. It is equipped with modern neuro-psychological test materials and bio-feedback machines. The Department carries out Psych-diagnostic and psycho-therapeutic programs. Students are actively involved in community out-reach programs.

The department is headed by a Professor and is assisted by two additional and associate professors each. ***Posts of 4 Associate Professors are vacant.***

3. Department of Psychiatric social work

This was started in the year 1977 and received recognition from Ranchi University in 1988. The Department is running Post graduate MPhil and PhD. courses in Psychiatric Social Work. Apart from teaching and training the Department is also involved in clinical research, rehabilitation, community mental health, extension services and outreach programs. The post of Professor and six associate professors are vacant. ***There is only an Assistant professor at present.***

4. Department of Psychiatric Nursing

This Department was opened in 2005.it was recognized as a Teaching Department by Ranchi University from2006. The Department has 6 seats in diploma in Psychiatric Nursing approved by the Indian Nursing Council, New Delhi from the academic session in 2006-7. ***There is only one Nursing Tutor working in the department. Two posts of Assistant Professors are vacant.*** The department runs BSc and MSc Nursing, , GNM, NGO courses.

5. Department of Pathology . This Department is well-equipped with latest diagnostic instruments. It has three sections: Haematology, Biochemistry, and Clinical Pathology. In 2011-12, 15589 Haematology, 11150 Biochemical and 9312 other cases have been analysed by the Department. In the year 2003, for the same items the number of cases were 12009, 2251 an2748 respectively. There is a steady increase in the number of cases of pathological investigation.
6. Department of Medicine This department provides services to the OPD and indoor patients. EEG and ECG facilities are available in the Department. ***The Department has one Physician and one Specialist in Tropical Medicine.***
7. Department of Ophthalmology This Department provides regular OPD facilities for patients with eye-related complaints. It also caters to the needs of inpatients, whenever needed. The facilities for consultation, Refraction, Tonometry, Slit- Lamp Examination Ophthalmoscopy and Biometry are available.

One eye-Specialist and one Ophthalmic Assistant are presently working in this Department

8. Department of Dental surgery This Department started functioning in RINPAS OPD complex from 2005. At present a Dental Surgeon and one Staff Nurse are posted here. The Department provides services to OPD patients and Psychiatric patients. This unit is air-conditioned and has generator facility.

I was very impressed to see a modern Dental Unit functioning efficiently within the Institute.

9. Department of Radiology There is one 5oom A X-ray machine, one Multi-Slice CT Scan machine and one OPG for Dental X-Ray. During 2011-12 the Department has taken X-ray photos of 2958 patients; CT scans of 43 patients.

The department has two Radiographers. No Radiologist is posted here.

Research Activities It is seen that various Departments have under taken research projects on different aspects of mental health and have organised seminars and workshops. Departments of Psychiatry, Clinical Psychology and psychiatric Social Works are involved in research activities.

In the **Department of Psychiatry,** two students have received their MD and DPM. Dr. Jayati Simlai and S.Soren, Associate and Asst. Professors have together 6 publications to their credit and have attended various conferences. Besides, Junior and senior research Officers have also attended various conferences.

The Department of Clinical Psychology has 5 completed Research projects and has another 5 on-going projects to its credit.11 Ph.Ds. have been awarded last year; another 3 have been submitted.35 research projects are in progress. 10 MPhil dissertations have been completed in 2011-12; another 10 are in progress. 41 Research papers have been published by this Department in 2011-12.

The department of Psychiatric Social Work has taken up 5 research projects. It has published 35 research papers published.one PhD had been awarded and 3 are under progress. Two MPhil theses are also under progress. Faculty and Research Officers have attended various seminars and International conferences.

It may be noted that in the Psychiatry Department the only post of Professor is vacant. In the Department of Psychiatric Social Work posts of the only professor and 3 Associate Professors are vacant. In these circumstances how the Institute is able to carry on its research activities and how it ensures the quality of research and maintains good standard for its publications is not clear. Since the patients admitted in the Institute are from different states and the patients suffer from a variety of illnesses, they provide excellent base for

high- end research. Therefore, not only the vacant posts of senior faculty need to be filled up quickly, but also additional staff also needs to be provided. A reputed institution like NIMHANS could study and suggest what changes need to be brought about. In the review meeting with the Commissioner and Director of the Institute it was suggested that faculty and research staff need to be deputed on training abroad to learn about the latest trends in management of mental health care. The World Health Organisation (WHO) or other agency could be requested for support. The Ministry of Health and Family Welfare could provide financial support for these efforts.

Community Out reach Program

The institute is running four satellite Clinics in Jonha (40km.from Ranchi), Khuti (40km.), Saraikela (168km.), and Hazaribagh (120km.). Medical teams comprising of Psychiatrists, Para-medical staff and students are sent to these centres. Nav Bharti Jagran Kendra and Sanjeevani Gram Trust are assisting the Institute in the identification of patients and follow up of treatments. The number of patients attending the program has progressively increased from **1321** in 2001-2 to **30397** in 2011-12. However it is not clear what was the outcome. It is felt that this program needs to be evaluated by an outside agency.

District Mental health Program (DMHP)

The institute is the nodal point for implementing the program. Dumka, Gumla, Palamu and Singhbhum districts are covered under the Program. It was mentioned that four more such centres have been sanctioned. DMHP program also need to be evaluated by an external agency.

Physiotherapy Unit. This unit was started in 2000. A trained and experienced Physiotherapist is posted in the unit. Both outdoor and indoor patients attend the sessions. A total number of 1942 patients attended the sessions in 2011-12 when compared to 813 in 2001-2. It is felt that one physio-theapist alone may not be able to take the work load. The unit should be strengthened suitably.

Drug De-Addiction Centre

The Institute does not have a separate Drug De-addiction Centre, but has a unit in ward No.3 where patients are admitted.445 male patient have registered for

de-addiction in 2011-12 and 125 were admitted. The quality and outcome of the work by this unit should be evaluated.

Yoga and meditation centre The institute has started yoga and Meditation sessions for both male and female indoor patients by a qualified professional.

Half-way Homes Half-way homes serve the purpose of segregation of cured patients and provide them with facilities for self- management. This facility for both men and women are not presently functional in RINPAS. It is very necessary to segregate the cured patients from those undergoing treatment. Two Half-way Homes (50-bedded each) are under construction, one for male and the other for female, in the campus of the institute. The Director stated that 50% funds have already been advanced to the Zila Parishad, Ranchi, which is the construction agency. It would be necessary to have some make-shift arrangements for the long-stay patients who are cured.

NGO Volunteers

As already mentioned Nav Bharti Jagran Kendra and Sanjeevani Gram Trust are assisting the Institute in its outreach programs. Perhaps due to scarcity of voluntary organisations engaged in the area of mental health, the NGO involvement is very limited. It would be desirable to engage reputed organisations like the Ramkrishna Mission and Missionaries of Charity in many of the programs involving patient care and training.

Administration of the Institute **Faculty and Staff** The list of RINPAS Faculty and staff is given in (annexure-8) .Details of filled up and vacant posts are given in (Annexure- 9). It was indicated by the Director that about (5o posts teaching and around 250 non-teachings) are vacant in the institute. The post of Director is vacant. The pendency is due to delay in following administrative procedures for filling up the posts, including framing of recruitment rules, granting permission for advertisements etc. The Commission had already pointed out that the power of issuing advertisements in respect of all vacant posts of Groups A, B, C and D should be delegated to the Management committee of the Institute. The power of making budget provision and release of funds should, however, be left to the state government. Similarly, sanction for new posts are pending. Regarding anomalies in pay fixation including that of Psychiatric Social Worker and payment of nursing allowance, the Director

stated that references have also been made to the state government. (Annexure-10). They need to be decided by the State Government quickly. The entire matter has been referred to the State Government by the Institute vide letter no.1169 dated 15-5 2012. The matter was discussed in the presence of the Joint Secretary. He promised to expedite the matter.

In the last report a mention was made about sanctioning of one post of full time Dietician-cum-Nutritionist in the institute. Sri Singh stated that this post has been sanctioned.

Land and Infrastructure It is seen that steps have already been taken for removing the encroachments and protecting the property owned by the institute. Construction of a compound wall is underway.

The area presently with the Institute is approximately 356 acres. Another 200 acres are in the possession of the Agriculture Department. The long pending dispute between the two needs to be settled once for all.

It was already pointed out during the last inspection by the then Spl. Rapporteur that government of Jharkhand should expedite the process of according approval for all pending projects including the Technical Block, ladies hostel, transit hostel, cottages, Residential quarters, and Medical library. The Director stated that construction of the Transit Hostel and Cottages will be taken up after the approval of the Works sub-committee. The Director also confirmed that AMCs have been entered into with the executing agencies for all items of repair and maintenance.

Computerisation It was stated that various Divisions of RINPAS have been provided with PCs, Including the Academic, Accounts and Establishment sections, OPD, Medical Library and Stores. Faculty members have been provided with laptops. Students are using computers in the Library. Orders have been placed for more number of computers.

It was mentioned that soft- ware has been developed for OPD, Registration, and distribution of medicine, medical store inventory, and bank advice system and pay-slip management.

It may be stated that RINPAS is yet to implement a comprehensive computerisation program covering its different Divisions. The Registration and

OPD Sections ought to have been fully computerised by now. For student's use a separate computer Lab needs to be set up.

The Institute has developed a website: www.rinpas.nic.in

On checking the site it is seen that the information given is very sketchy and out dated. Under Research projects the information given pertains to the period 2006-7.Under the heading ` Advertisement', nothing is advertised. The Website has to be regularly updated.

Financial Management

The principal sources of income of the institute are Grant-in-Aid from the State Government, Govt. of Bihar and other states, Registration Fee from out patients, agriculture and related sources, student admissions& Registrations etc. On the expenditure side are included funds spent on hospital and Academic management, educational and related activities and construction of new buildings etc. 25 % of the funds are set apart for development activities, on the orders of the Supreme Court.

Budget The Director explained that in the financial year 2010-11 the Institute received Rs.14 crores under Non-plan and Rs.4.9 crores under Plan. Rs. One crore was received as maintain ace assistance. Similarly in 2011-12 it received Rs.16 crores under Non-plan and 5.5 crores under Plan.Rs.1 crore was received as Maintenance grant. In 2012 Rs.16 crores have been allocated under non-Plan and 7 crores under Plan. Maintenance Grant for this financial year is Rs.one crore. He further stated that last year the Institute had projected Rs 26 crores and this year rs.27 crores as budget estimates. . The institute almost fully utilised the amounts allocated by the Government under Salary and Establishment both under Hospital and Academic sections, maintenance of its buildings as well as Development Work. However for Development work the fund allotted was only to the tune of Rs.5.5 crores, against a demand of Rs.29.25 crores projected by the institute. This year again the Institute has projected a requirement of Rs.27.81 crores under the head `Development work'.

Visitors Committee

The Visitor's committee constituted by the State Mental Health Authority visit the Hospital regularly once a month.

Outstanding dues from other states Since patients from neighbouring states are using the facilities at RINPAS, the Institute is being paid their due share by these states. The Governments of West Bengal, Chhattisgarh, Orissa, Arunachal Pradesh and Bihar, have so far paid Rs.30.40, 74.65, 52.70, 2.5, 59.75cores respectively. Governments of MP, Maharashtra, Nepal, MP, Maharashtra, Nepal and Meghalaya have paid nominal amounts as number of patients has dwindled from these states.(Annexure-11). Bihar still owes RINPAS Rs.12.80 crores, which need to be collected without delay. Since many of the eastern states apparently do not have good mental hospitals, it will be desirable for these states to give publicity regarding availability of services in RINPAS and make proportional payments to the institute till such time they are able to set up their own hospitals.

Audit Audit report of RINPAS has been completed only up to 2009. Annual Report of RINPAS is complete only up to 2005. RINPAS should ensure that the Audit report is made up to date immediately. Annual Report also should be made up to date.

Important events Apart from the Foundation Day program, RINPAS organised workshops on Behavioural Problems Among School-going Children on 30-3-2012;Eye Donation and Awareness Program on 27-8-2012; Recent Advances in Clinical Psychology, on 1-8-2012.

Concluding remarks It may not be perhaps be out of place to mention that I had accompanied the then Divisional Commissioner, Ranchi (who also was the Chairperson of the Management Committee of RINPAS) on her visit to RINPAS in 1986, when I was the then Deputy Commissioner of Lohardagga district. At that time the Institute was in a moribund state, the buildings in run down condition, with virtually no staff to manage it. The conditions in which the patients lived were indeed shocking. Now, after nearly 26 years, thanks to the monitoring by the Apex Court and the regular interventions by the Commission and the support of the State Government, RINPAS has been making steady progress in achieving the objectives set by the Supreme Court while granting it an autonomous status. Standards of diagnostic and therapeutic services, living

conditions and patient care have registered distinct improvement. The Occupational Therapy Unit needs a special mention. The quality of training programs and the facilities for training have improved. The scope and reach of programs involving the community have expanded. The Institute has certainly gained in confidence. Its reputation as a mental health Institution seems to be well established now. The present Director is dynamic and is committed to improve the functioning of the institution further. The Divisional Commissioner, Ranchi is sensitive to the problems of the institute and has been providing it all help and support. The State Chief Secretary whom I met on 28-8-2012 was receptive to suggestions, including more autonomy to the Institute.

Having stated thus, it may be pointed out that there is plenty of scope for further improvement. The autonomy now granted to the institute does not, in reality, appear to be complete. Out of a total of 638 posts of teaching faculty and non-teaching staff, around 300 are vacant. The number of posts (50 faculty: 250 staff) which need to be filled up alone could be an indicator of the extent of autonomy enjoyed by the institute!! A management committee formed mostly with government officials as members will not be in a position to provide sufficient flexibility in decision making. Reputed professionals and Heads of Institutions should be members of the Committee. RINPAS should, for all purposes, be made a truly autonomous institute. Lacunae in this regard need to be identified and rectified.

To reduce its dependence on the State Government for funds, the Institute should be allowed to accept funding /sponsorships from corporate sources, since many of the important public and private sector industrial units are located in Ranchi and its neighbourhood. Funds could be provided by them to RINPAS for specific works/programs as a part of their corporate social responsibility.

The research activities in the institute should be strengthened. The institute need to have networking with world-class institutions to improve the quality of research undertaken by it. The faculty and staff need exposure to modern ways of imparting mental health care in institutions abroad. This will also widen their mental horizon. An exercise should be undertaken to identify the training needs of the Faculty and staff, and a training calendar chalked out.

Today due to various pressures in life children also suffer from a variety of mental conditions. While children from well to do families may be able to get medical help easily, those belonging to poorer section are left with no facility to treat their children. Many a time the parents are not aware of their mental condition; even if they do they are helpless. Commission may like to bring this to the kind notice of the Supreme Court for appropriate orders (OPD could be started without any problem, immediately).

During my posting as Secretary to Government of India in the Department of AYUSH, I discovered that Indian traditional systems of medicine have much to offer in the treatment of mental illnesses. It is understood that NIMHANS has started research projects in this regard. RINPAS could, in collaboration with NIMHANS, initiate action in this regard. The land around RINPAS should be ideal in growing medicinal plants.

The way fore ward Modern approach to mental healthcare envisages protection and promotion of the rights of persons with mental illness during the delivery of health care in institutions and community. Care, treatment and rehabilitation of persons who are mentally challenged are to be provided in the least restrictive environment as possible and in a manner that does not intrude on their rights and dignity. The proposed Mental Health Care Bill,2011 provides that to fulfil the obligations under the Constitution and under various International Conventions ratified by India, it needs to be ensured that the treatment, care and rehabilitation of the mentally ill improve the capacity of the person to his/hers full integration into society.

In the Strategic Plan, Objective: 4 of the National Institute of Mental Health (NIMH), USA it is stated that---"Ideally, deinstitutionalization represents more humane and liberal treatment of mental illness in community-based settings. Pragmatically, it represents a change in the scope of mental health care from longer, custodial inpatient care to shorter outpatient care." Community based solutions, preferably in the vicinity of the patient's usual place of residence are preferred to institutional solutions. Since in India Community Mental Healthcare is in its infancy, it may not be possible, at present, to follow this strategy at once. However, eventually RINPAS will also have to move in that direction, reducing custodial care and increasing outpatient care, strengthening and expanding community services while remaining as a hub, holding together and managing various programs. While working towards

prevention, recovery, and cure, it must find ways to ensure that the interventions and information generated can be used by patients, families, health care providers, and the wider community involved in mental health care.

The success of the Institute's mission depends on its effective collaboration with all stakeholders in the field of mental health. This requires strengthening current partnerships and working to build new ones so that there is a better understanding of the needs, capabilities, and limitations of the field, while moving forward together. RINPAS still has to go a long way in becoming a world-class centre for mental health care.

S. JALAJA
Spl. Rapporteur
NHRC

Annex-II

The major observations, suggestions/recommendations emanating out the visit report are as follows:

1. The post of Director of the Institute is vacant since 1 August 2007, the state government must take action in this regard.

2. Seeing the conditions of the women who are forced to stay in a mental hospital life-long it is felt that:

   i. Action should be taken by the Institute to prevent it from happening, and, if due to any reason such a contingency arises, a more pro-active role should be played by it. Just by saying that the patient's address is incorrect, it cannot escape from its own responsibility.

   ii. It should be obligatory on the part of the Institute to seek valid ID proof both of the patient and his/her family at the time of admission so that at the time of discharge there should be no difficulty.

   iii. After admission, the case history of each patient, including family history, should be ascertained.

   iv. The Institute should satisfy itself that the person who has been admitted as a patient is not being dumped or abandoned by family members on the pretext of mental illness. This should be considered relevant because many people in our society do suffer from mental problems like depression, epilepsy etc. Any collusion by staff of the Institute needs to be ruled out.

   v. In the case of a woman who is brought by her husband's relatives for admission, it should be mandatory for a family member from her side to be present also as far as possible. In case she is brought by any member of her husband's family due to any unavoidable reasons, she should be admitted only after proper questioning.

   vi. In case the Institute is not able to discharge the patients due to their incorrect addresses, they should try all means including search through Thanas, TV/Newspaper Ads etc. Just issuing notice is not good enough.

   vii. The Institute should consider whether some of them could be gainfully employed in the Institute itself, depending on their mental and physical condition.

   viii. Some of the fully recovered patients, especially old and infirm who have nowhere to go in their life-time, other than stay in the mental hospitals where they were treated, Long stay Homes or Community Centres should be set up especially for them, so that they are no longer confined to a restricted space and atmosphere.

   ix. Abandoned both by their families and the society they should be made to feel wanted and cared for. Their rehabilitation which enables them to stand on their own feet is very much needed.

3. In the occupational therapy unit, the skilled and semi-skilled patient earns ₹ 20 and ₹10 daily respectively. The rate of payments should be enhanced.

4. The vacant posts of Professor and Assistant Professor in Psychiatry and Psychiatric Social Work must be filled.

5. The outcome of outreach programme and District Mental Health Programme be evaluated by an outside agency.

6. The website of Institute must be updated regularly.

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