Review of performance and activities of the Institute of Mental Health and Hospital (IMHH), Agra by Dr. Lakshmidhar Mishra, IAS (Retd.), Special Rapporteur, NHRC from 28.3.11 to 30.3.11.

Backdrop of the visit:

Section 12 (c) of Protection of Human Rights Act, 1993 reads as under:-

> 'The Commission shall perform all or any of the functions namely 'Visit, notwithstanding anything contained in any other law for the time being in force, 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 the living conditions of the inmates thereof and make recommendations thereon to the Government'.

Viewed in this backdrop, IMHH, Agra fully comes within the purview of NHRC since the latter's inception. There was, however, a new dimension to this otherwise settled issue in the wake of the judgement of the Hon'ble Supreme Court while disposing off a public interest litigation No. 448 of 1994 filed by Aman Hingorani against the management of mental hospital, Agra. The provocation for filing of the public interest litigation may be attributed to the following:-

- decline towards late seventies in the standards maintained by the hospital in 30s and 40s during the colonial era;

- adverse local situation in the form of growing clout of unscrupulous employees, their self serving leaders and unregulated private practice by doctors;

- hospital authorities were inhibited to manage the hospital properly due to groupism, indiscipline and corruption among the employees on the one hand and real power and control of the hospital resting with the State Government and there being no delegated powers in favour of hospital authorities on the other.

After deep deliberation with various stake holders involving the State of affairs of the hospital Hon'ble Supreme Court reached the conclusion that the administration and management of the institution should be taken away from the State Government of U.P. and the hospital should be made an autonomous institution so that it could progress well in a decentralized and effective manner with minimal interference of

Government. The central message flowing from the judgement was to promote 'maximum opportunity with minimum interference'.

In compliance with the order of Hon'ble Supreme Court dated 8.9.94 the Government of U.P. notified mental hospital, Agra as an autonomous institution vide gazette notification No. 448/94 dated 31.1.95 and the Institute was registered as a Society under the Society Registration Act, 1860 on 14.11.96. Government of U.P. also constituted a MC under the Chairmanship of Divisional Commissioner, Agra for effective functioning and development of the institute. In view of the objectives laid down by the Hon'ble apex court Mansik Arogyashala was renamed as Institute of Mental Health and Hospital (IMHH) vide GO No. 4086/5-7-2001-15-27-98 dated 8.2.2001.

The Hon'ble Supreme Court vide its order dated 29.4.91 and 11.11.97 in Dr. Upendra Buxi Vs. State of U.P. WP (Criminal) No. 1900 of 1981 entrusted the responsibility to NHRC to monitor the activities and performance of the mental health hospital at Agra along with the ones at Gwalior and Ranchi.

In pursuance of this direction of the apex Court, successive Chairpersons, Core Members in charge of mental health and Special Rapporteurs of the Commission have been visiting IMHH and reviewing its performance and activities since 2000. My present visit to IMHH is 11th in the series, the earlier visits having taken place by my distinguished predecessor – Shri Chaman Lal on 17.11.2000, 28.2.2002, 5.5.2003, 5.3.2004, 7.3.2005 and 30.1.2006. The visits which have been conducted by me are on 15.2.007, 22.1.008, 5.3.2009, 22.3.2010 and 28.3.2010.

These visits and reviews are being conducted in a structured manner with a lot of advance planning and preparation. To start with, the dates of visit and review are always fixed in consultation with the State Government as required under the law and with that of the Director, IMHH. Secondly, to make the visit participative and consultative, a detailed questionnaire is prepared by me and circulated to the Director, IMHH sufficiently in advance to enable him to respond to the points raised therein. Thirdly the responses are discussed threadbare and cross validated by undertaking spot visits to various units and interacting with the MOs, para medics, technicians,

patients and their relatives as also with reference to registers and records. The units which are visited in course of the review are and in that order:-

- Registration counter;
- OPD;
- Drug dispensing unit;
- Male and female wards in the IPD (both closed and open wards);
- Library-cum-documentation centre;
- Occupational therapy;
- Modified ECT (including recovery room);
- Biochemical and pathological laboratory;
- Modular kitchen block;
- RO plant;
- Mechanized laundry;
- Incinerator;
- Teaching block.

The visits and reviews are being undertaken always with a view to bringing about qualitative improvement and change. This, however, is possible only if the following conditions are fulfilled:-

I. The State Government, the MC, various sub committees, the Director and his colleagues and staff perceive and internalize the good intention with which the reviewing officer makes his/her observations and recommendations and act on them in right earnest;

II. The State Government honestly reports to the Commission through an Action Taken Report (ATR) reflecting therein the suggestions/ recommendations which have been acted upon and suggestions/recommendations on which action is yet to be taken.

The ATRs are being received from the State Government/Director, IMHH from time to time but they do not meet the full requirements of the Commission. To illustrate this point, the ATRs may be divided under the following heads:-

I. ATR indicating that action on suggestions/recommendations is complete in all respects.

II. ATR indicating action has been initiated at the level of the Director but decision pending at the level of competent authority i.e. State Government.

III. ATR indicates that action is contemplated but due to paucity of resources will have to wait for some time till the resources needed are available or may be included in the next five year plan.

IV. The response in the ATR is vague and evasive.

V. The response is incomplete.

My own experience with IMHH, Agra has been that timely action has been initiated on most of the observations made by me in the review report by the Director and MC within the ambit of their delegated powers but a final decision is awaited at the level of the State Government. This is particularly true in the following areas:-

- adequacy of budget provision;
- timely flow of funds;
- sanction of staff according to norms;
- construction of staff quarters;

There are certain other areas like removal of encroachment where the issues are subjudice but firm and decisive action is required to be taken by Government in Revenue Deptt. To elaborate this point, it may be stated that IMHH has a total area of 172.84 acres of land of which 33 acres are farm land. About 30 acres of land lie outside the boundary wall and patches of this land have been encroached by construction of temples and mosques. IMHH filed a civil writ under the Public Property Act. However, IMHH is facing a problem in contesting the case in the Civil Court as the current title of the land is in the name of the erstwhile Mental Hospital (Pagalkhana). This requires to be changed and title of the land is required to be transferred in the name of IMHH, Agra by the Revenue Deptt. During my last visit and review on 22.3.10, the Special Secretary to Government – Shri Raj Kishore Yadav who was present was requested to formally write to Revenue Deptt. to issue a formal order of alienation of the land for the entire area of 172.84 acres in favour of IMHH, Agra but no action till date appears to have been taken.

To make the visit and review more action oriented I started on the premise of the last review conducted on 22.3.10. the questions raised in the light of the suggestions made in the last review report and the current status as elicited through discussion with the Director, IMHH. These are being presented in shape of a tabular statement as under:-

S.No.	Questions raised in the light of suggestions made in the last review report (22.03.10)	Current Status
1.	**Physical infrastructure:** Has the x-ray room been fully operational?	Old x-ray room at the infirmary is in full operation. However, a provision for a new x-ray unit has been made in the new OPD building for the benefit of OPD patients. The x-ray machine is to be procured from out of the funds provided by the Ministry of Health and Family Welfare, Government of India under the Centre of Excellence Proposal through the National Rural Health Mission, Agra. This is yet to be done.
2.	Has the Dharwar model of the Record Room been fully adopted?	No action has been taken. It was stated that a team to study Dharwar model of the Record Room will be deputed to Dharwar soon.
3.	Has the seminar room been put to optimal use?	The seminar room is being utilized for seminars, case conferences, journal club, short case, clinical teaching of PG students (DNB) and guest lectures.
4.	Provision was made for (a) geriatric ward (b) child guidance clinic in the first floor of the OPD Block. Has the same been made fully	For the infrastructure of the geriatric ward a proposal was sent to Ministry of Health and Family Welfare, Government of U.P. which stands sanctioned. Funds, however, are yet to be released. The unit would start

	operational?	functioning as soon as funds are made available. Meanwhile, geriatric patients are being admitted in the open ward along with family members. **Comments of the Special Rapporteur:** There is no response from IMHH, Agra about the current status of child guidance clinic. The incidence of general mental illness in U.P. is quite high (as evident from Dr. S.P. Agarwal's compilation of 2000) which is confirmed from the increase in the out turn of patients at the OPD and PC of bed occupancy at the IPD; the incidence of mental illness among children is higher still. Since the new OPD Block provides for space for a Child Guidance Clinic I suggest that a beginning should be made to treat mentally ill children by opening a clinic once a week, to start with, on the model of Institute of Psychiatry, Goa. The Director, IMHH Agra may think of deputing an officer to Goa to study this; submit a report after which this can be processed further and the MC can take a final decision.
5.	What is the track record of performance of U.P. Jal Nigam in 2010-11?	Performance of U.P. Jal Nigam during 2010-11 is reported to be satisfactory. Tasks assigned to them have been completed in time. **Comments of the Special Rapporteur:** The response is general. This should be supported by giving a list of Projects

		undertaken by UP Jal Nigam during 2010-11 with reference to the following specific points:- I. What has been the gestation period? Is it longer than necessary? II. What is the extent of cost over run? What is the extent of escalation of costs, if any? III. What is the contractual arrangement for repair and maintenance?
6.	How is the new OH tank functioning with what capacity?	Water supply to the entire campus of IMHH Agra is being made by the new OHT of 450 KL capacity. The old OHT has been completely demolished. **<u>Comments of the Special Rapporteur:</u>** Source of water is extremely important. It should be free from any contamination. This must be ensured. Secondly, it is very essential to ensure that the water which is being pumped from underground is free from chemical and bacterial impurities as also free from excess of iron, sulphur, sodium, calcium, magnesium and floride. This can be ensured by drawing samples of water at periodic intervals and sending them to an approved PH laboratory for test and affirmation. Thirdly, the OH tank requires to be cleaned by adopting the state-of-the-art technology with mechanized dewatering sludge removal, high pressure cleaning,

		vacuum cleaning, anti bacterial spray etc. Fourthly, there should be an annual maintenance contract for proper maintenance of an asset like the OHT worth Rs. 1 crore.
7.	What is the current status of utilization of the newly constructed 50 bedded male ward?	The new 50 bedded ward is being utilized with full strength. **<u>Comments of the Special Rapporteur:</u>** The quality of construction (civil, PH, electrical, fittings and furnishings) of the ward on the whole is very good. The rooms are commodious, well lighted, ventilated, proper gap has been kept between 2 beds and the beds as also mattresses and bed covers are of good quality and have been maintained neat and clean. The current status of health of the inmates generally appeared to be very good. The lavatories and wash basins as also the floors have been maintained neat and clean. The only things which were missing are IEC materials. The vacant wall space could be gainfully utilized by displaying central messages on mental health written in bold and bright letters and in simple and bolchal Hindi so that the patients who are literate could read them as also their family members who are visiting them. These messages could breathe hope, faith and conviction among the patients and their family members that (a) mental illness is curable and preventable (b) treatment involves time and, therefore, a lot of patience is needed and (c) kindness and courtesy

		beget kindness.
8.	Has the empty courtyard of the 50 bedded new male ward been fully utilized by providing a green cover?	Ten stone benches have been provided for use of the patients. Fifty PC of the courtyard is covered by natural green grass. **Comments of the Special Rapporteur:** The soil is good and the space available in the courtyard is adequate for doing a proper landscape planning, for planting selected species of flowers which can grow luxuriantly in the vacant space on account of rich nutrients. IMHH could consult a good arboriculturist/horticulturist who would be able to provide a complete landscaping and green cover which will have a salutary effect on the patients.
9.	Has there been any significant addition to construction of new staff quarters?	The construction of new staff quarters will be possible only when seed money for construction is sanctioned by Government of U.P. An estimate of Rs. 12.58 crores for construction of few buildings along with staff quarters has been submitted to Government of U.P. vide letter No. 967 dated 8.3.10. Government of U.P. has sanctioned the proposal but funds are yet to be released. **Comments of the Special Rapporteur:** As against 402 employees in IMHH, staff quarters have been constructed only for 83 persons. IMHH is located in the outskirts of the city. To attend to all services in general in time and emergency services in particular with speed and efficiency we need more staff

		quarters so that more MOs, paramedics and staff nurses could stay within the premises of IMHH and make available their services. Government of U.P. should, therefore, release the grant on a high priority basis.
	Human Resource Management: follow up of vacancies:	
1.	385 positions were lying vacant at the time of my last visit on 22.3.10. What is the current status?	Currently 155 posts in Group 'A' and 'B' and 72 in Group 'C' are lying vacant. The essential posts (54) in Group 'C' and all the posts of Group 'D' have been outsourced to a manpower agency. **Comments of the Special Rapporteur:** • While outsourcing perse is not objectionable, indiscriminate outsourcing regardless of the perennial nature of work vis a vis work which is sporadic, causal and intermittent in nature is always objectionable. This analysis does not appear to have been done. Secondly, it is necessary and desirable to evaluate the performance of the outsourcing agency, keeping the following norms in view:- I. Punctuality of staff in attendance. II. Work assigned to the agency and extent of work completed within the stipulated period. III. Quality of work performed – good or indifferent or sloppy.

		IV. Whether displeasure conveyed to the agency for work which is of poor quality. V. Overall accountability and how it is being maintained. • Amount required for filling up the 155 posts and whether Government of U.P. has been moved for making necessary budget provision.
2.	**Academic:**	
1.	Has the proposal to open a few specialized and PG courses (2 seats of MD Psychiatry) in Psychiatry duly approved by the Academic Council and Syndicate of Dr. B.R. Ambedkar University been approved by the Deptt. of Medical Education, Government of U.P?	On the basis of visit of a 3 member panel constituted by the Vice Chancellor Dr. B.R. Ambedkar University on 25.1.08 and their recommendation the following courses have been approved by the Academic Council of the University on 24.2.09 and by the Syndicate on 28.2.09:- - M.D. Psychiatry; - M.Phil and Ph.D in Clinical Psychology; - M.Phil and Ph.D in Psychiatric Social Work; - Diploma in Psychiatry Nursing. The proposal was thereafter forwarded to the Hon'ble Chancellor (Governor of U.P.). Hon'ble Member, NHRC – Justice Shri G.P. Mathur visited Lucknow for a discussion with the Hon'ble Chancellor, U.P. on 5.8.2010. The proposal was approved by the Hon'ble Chancellor on 15.9.10 and forwarded to the

		Department of Medical Education and Higher Education, Government of U.P. Since then it is pending with the Deptt.; formal approval has not yet been accorded. In the meanwhile, Medical Council of India inspected IMHH on 6.2.09 for recognition to provide 2 seats in M.D. Psychiatry. On the recommendation of the MCI, Ministry of Health and Family Welfare, Government of India sanctioned 2 seats for M.D. Psychiatry for 2009 Session. The Rehabilitation Council of India, New Delhi and Indian Nursing Council, New Delhi have given recognition to IMHH for 10 seats of M.Phil in Clinical Psychology and 20 seats of PG Diploma in Psychiatric Nursing respectively. It is a matter of pride that the National Board of Examination, New Delhi has accredited IMHH for DNB Psychiatry course from January, 2008. **Comments of the Special Rapporteur:** In the face of all these positive and encouraging developments it does not stand to reason that the proposal/recommendation as at page 14-15 duly approved by the Hon'ble Chancellor should be pending with the Department of Medical Education and Higher Education, Government of U.P. since 15.9.10. This needs to be expedited.

3.	Has the teaching activity formally commenced?	(a) The affiliation of IMHH by Dr. B.R. Ambedkar University is yet to be granted to start the following courses:- - M.D. Psychiatry; - M.Phil & Ph.D. in Clinical Psychology; - M.Phil and Ph.D. in Psychiatric Social Work; - Post Basic Diploma in Psychiatric Nursing. (b) DNB programme started from January, 2008 and the following progress has been reported:- - Seminar – once a week; - Case Conference – once a week; - Short case – once a week; - Journal Club – once a month; - Class – as per requirement. The students are also being posted in OPD, IPD, emergency, Satellite Clinic at Vrindaban and City Mental Health Clinic, Agra. They are also being sent to NIMHANS, Bangalore for training in child and adolescent psychiatry, drug deaddiction and neurology.
4.	Has there been any change in the revision of pay of Prof. Sudhir Kumar from Rs. 18400/- 22,000/- (old) to Rs.	A proposal for revision of the scale of pay of the Director at par with other Institutes of Mental Health elsewhere in the country was approved by the MC in its meeting on

	26,000/- (old) which has been pending with the Government of U.P. for the last year?	15.5.07. Despite several reminders including a D.O. reminder from the Commissioner, Agra Division and Chairman of MC the matter is still pending with Government of U.P. **Comments of the Special Rapporteur:** I have been raising this issue in my successive reports on IMHH in 2008, 2009 and 2010. I had also the occasion to bring the matter to the personal knowledge of Shri Netram, then Principal Secretary to Chief Minister. The proposal merits urgent and priority consideration for the following reasons:- I. IMHH is a very large hospital (utilization of bed strength going upto 850 and beyond) compared to NIMHANS, Bangalore and RINPAS, Ranchi. The responsibility for management of such a large institution on the part of the Director, IMHH is onerous and mind boggling. II. The scale of pay for the Directors of NIMHANS, Bangalore and RINPAS, Ranchi is much higher even though they are discharging responsibilities which are much less onerous than that of the Director, IMHH on account of the sheer size of IMHH. III. Even within U.P. the heads of equivalent/comparable institutions

		(Medical Institutes and hospitals) are in enjoyment of much higher scales of pay than that of Director, IMHH which appears to be patently discriminatory. IV. If there is disparity in scale of pay for heads of equivalent/comparative institutions and if the scale is not fixed in recognition of onerous duties and responsibilities of the head of the institution it becomes demoralizing and demotivating. The fact that Prof. Sudhir Kumar has put up with this discriminatory treatment for over 10 years and yet contributed his very best to raise the stature of IMHH, Agra to a Centre of Excellence with alround satisfaction and motivation of patients and family members, other members of the faculty and staff members and the fact that through his dedication and commitment he has succeeded in raising IMHH to the level of an institution of repute and standing should have, by now, been recognized by Government of U.P. There is no ostensible ground for depriving him of his entitlement which may eventually have serious repercussions on the morale and motivation of the current incumbent to the post and his colleagues in IMHH.

	Administrative infrastructure	
1.	Has Principal Secretary, Health, Government of U.P. nominated Special Secretary, Government of U.P. in place of Addl. Director in the MC?	Since Principal Secretary, Government of U.P. has not been able to attend the meeting of the MC due to his preoccupations, Special Secretary, Government of U.P., Ministry of Health and Family Welfare has been nominated to attend the meeting on behalf of the former. This is a positive development.
2.	Has VC, Chatrapati Sahoojee Maharaj Medical University, Lucknow who has never attended a single meeting of the MC been substituted by any other distinguished medical professional?	In the meeting of the MC held on 19.11.2010, the VC, CSM Medical University, Lucknow nominated Dr. P.K. Dalal, HOD, Deptt. of Psychiatry, CSM Medical University, Lucknow to attend the meeting and it was attended by him.
	Finances for IMHH:	
1&2.	Has any decision been taken to increase the levy money on the basis of sanctioned bed strength? Has any decision been taken to enhance the levy money of 15% every year automatically in view of price rise and annual increments in salary of its employees?	The IMHH does receive grant or grant-in-aid from Government of U.P. though not on a regular basis. Grant from Government of India has started flowing only after IMHH, Agra qualified to receive financial assistance under the 'Centre of Excellence' proposal. Prior to 16.1.07 and as per directions of Supreme Court a consolidated charge calculated on the basis of number of indoor patients @ Rs. 250/- per patient per day was being levied to the concerned State Government to which the patient belongs. Government of U.P. enhanced this to Rs. 500/- per patient per day w.e.f. 16.1.07. The MC in its meeting held on 26.8.09 resolved that (a) the levy money be released on the basis of sanctioned bed strength i.e. 838 beds and (b) the levy money should

		be enhanced by 15% automatically in view of price rise and annual increment in the salary of the employees. I have been repeatedly raising this issue in my successive reports of 2008, 2009 and 2010. As reported to me by Director, IMHH in the meeting with Senior Officials of Government of U.P. under Chairmanship of Hon'ble Justice Shri G.P. Mathur held on 5.8.10 it was agreed that levy money be sanctioned on the basis of sanctioned bed strength and it should be enhanced 15% annually in view of price rise. The proposal is still pending with Government of U.P. for issue of orders. Formal minutes of the meeting have not been issued by Government as yet. **Comments of the Special Rapporteur:** I. A decision which is otherwise sound and sensible and which is reported to have been taken at a very high level should be implemented in letter and spirit. II. If the decision is not implemented or remains unimplemented for such a long time there will be a credibility crisis. III. The State Government acknowledged the phenomenon of price rise in the meeting. The grant or grant-in-aid must correspond to such increase; if not, management of the hospital will become a serious casualty. The gap between expenditure incurred and grant-in-aid received will be rising and the hospital management will find it next to impossible to bridge this gap.

		IV. There are certain serious limitations in the existing policy of raising a bill and release of funds:- - Bills cannot be raised till expenditure has been incurred; - Payment to various suppliers cannot be made unless the grant-in-aid received; - There will be a serious problem of credibility of IMHH if payments are not released in time; - Admitted patients who are fully dependent on IMHH will be put to a lot of hardship if suppliers stop supplying essential commodities due to non payment of their dues; - Less and delayed availability of funds may cause serious dislocation in the smooth management of the hospital. The Finance Officer who has joined against a sanctioned post on 16.3.10 was advised to prepare a detailed memorandum and proceed to Lucknow for a discussion with the grant-in-aid authorities in the Deptt. of Medical Education, Government of U.P. at the earliest with a view to sorting out the delay and difficulty in release of funds. It may be useful if the full requirement of funds could be released in one instalment instead of four as is the case now.
I	Have the following equipments been procured for the biochem laboratory? - Five part haematometer;	1(a) Five part haemato analyser will be procured from the funds made available by the Ministry of Health and Family Welfare, Government of India under the Centre of Excellence proposal. (b) fully autoanalyser has already been procured.

	- Fully auto analyser.	
I.	Need for a canteen in the OPD Block was perceived in the last review report. Has any action been taken?	In the light of observations made by me in the last review report of March, 2010, an estimate of Rs. 406.52 lakhs for a separate canteen building, a waiting hall with a toilet complex for the relatives of the patients and a vehicle stand was submitted to Government of U.P. through Addl. Director, Medical and Health, Agra Division on 17.6.2010. The proposal has already been approved by Government of U.P. The grant, however, is yet to be received. In the meanwhile, a big hall for the purpose of being used as canteen near the new OPD building has been earmarked till construction of a full fledged canteen building.
I	What is the position about admission of patients from other States like M.P., Rajasthan, Delhi and Haryana? Has there been any improvement in realization of the outstanding dues from these States?	1(a) Patients of other States continue to be admitted as per the condition and requirement of the patient. (b) No amount has been received from Delhi, Rajasthan, Jharkhand, Gujarat, Jammu and Kashmir, Punjab, M.P., Bihar and Uttarakhand. Their outstanding dues are as under:- Delhi - Rs. 20,66,500/- Rajasthan - Rs. 14,09,500/- Jharkhand - Rs. 13,500/- Gujarat - Rs. 7000/- J&K - Rs. 96,750/- Punjab - Rs. 5500/- M.P. - Rs. 18,500/- Bihar - Rs. 9500/- Uttarakhand - Rs. 52,91,000/- The total amount outstanding from Delhi, Rajasthan, Jharkhand, Gujarat, J&K, Punjab, Uttarakhand, M.P., Bihar, Karnataka etc. comes to Rs. 89,35,750/-.

		Comments of the Special Rapporteur: • Non payment of dues by the concerned States whose patients are availing of the facility of treatment at IMHH is a violation of the direction of the Hon'ble Supreme Court; the charge was being levied to the concerned State Government as per Hon'ble Court's orders only. This aspect should be brought to the notice of the defaulting States. The matter should first be taken up demi-officially at the level of Chief Secretary and subsequently at the level of Hon'ble Chief Minister with their counterparts. • IMHH is seriously handicapped in meeting the expenditure from out of its limited financial resources which in shape of grant-in-aid are not being received regularly and in time from Government of U.P. For IMHH, therefore, it's a double disadvantage. • A patient is patient everywhere and treatment cannot be refused merely on the ground of budgetary and financial constraints. This creates yet another major dilemma for IMHH.
1.	Has the ICU been set up one for the male ward, one for the female ward, one for OPD and one for the family ward?	A separate ICU building is under construction and meanwhile, ICU is functioning in the post ECT room in the infirmary building.
2.	IMHH according to the prescribed norms is entitled to a minimum of 9 psychiatrists, 9 clinical psychologists, 9 psychiatric social workers, 90 staff nurses and 18	Currently there are 28 faculty positions sanctioned against which only 6 have been filled up and 22 are vacant. In regard to hospital and supervisory positions there are 105 posts sanctioned against which only 22 have been filled and 83 posts lying vacant.

	MOs. Number of posts sanctioned and number of personnel in position (which is much less than what is sanctioned) is nowhere near the minimum requirement according to the norm.	
	Is there any improvement in this otherwise a very difficult situation?	In Class III, against 173 sanctioned posts only 47 have been filled up leaving 126 vacant. It was clearly stated that there is unlikely to be any improvement in the situation unless (a) there is increase in the levy money on the basis of sanctioned bed strength and (b) levy money is enhanced by 15% every year automatically.
3.	Are all the recruitments on a regular basis or contractual basis?	It was reported that currently Dr. O.P. Gangil who recently retired as Medical Superintendent has been appointed as an Associate Professor on contract basis. Mr. Rajesh Kumar is also working on contract basis as a Clinical Psychologist.
4.	What is the latest position about psychiatric training of all nurses?	One batch of staff nurses was given orientation in mental health in July, 2010.
5.	Sanctioned strength of staff regular basis and 31 on cc When are all the staff nurse regular basis?	There is no change in the vacancy position. It was clearly stated by the administration of IMHH that it is not possible to convert the contractual posts to regular posts and not possible to make appointment on a regular basis for the remaining 39 posts unless levy money is sanctioned on the basis of sanctioned bed strength as requested by IMHH with the approval of MC.
6.	Does IMHH take up counselling in OPD, IPD and community Satellite Clinics to deal with the problem of family cum	It was reported that counselling is being provided in the OPD, IPD, Satellite Clinic and City Mental Health Clinic. It was further reported that counselling is both drug related and behaviour related.

	marital discord?	
7.	**School Mental Health Programme:** Has IMHH designed a set of IEC materials for parents, teachers and students through a workshop of creative thinkers, writers and artistes to ensure the following:- - preventing addiction to drugs; - relieving children of stress on account of parental/peer pressure; - preventing students from being driven to desperation and committing suicides.	A Quiz contest on the topic 'Our environment' was organized in collaboration with Kabir Peace Mission in various schools of Agra. In all 15 schools and 8770 students participated in 1st round of 14 schools and 530 students in the 2nd round. 680 students qualified in 1st round. In the final round, 11 students qualified. **Comments of the Special Rapporteur:** • School mental health programme is not the same as a school quiz programme; it does include but goes beyond. • School mental health programme is not a one time activity but a recurrent one. • We need to design curriculum, course content and textual materials for sensitization of parents, teachers and students separately through a workshop. • Such a programme has been launched in Tamil Nadu about a year ago. Director, IMHH may consider it appropriate to depute an officer to Chennai to visit the Institute of Mental Health at Kilpack, Chennai, study the contours of the programme launched in Tamil Nadu in 2009-10 and report on (a) how it is going (b) what has been the impact so far and (c) how this can be replicated in IMHH, Agra.
8.	What is the current status of District Mental Health Programme?	U.P. has 73 districts. Of these Government of India initially sanctioned 11 districts to be covered by DMHP. Of these, DMHP could be operational in only 4 districts. IMHH has already submitted a proposal for sanction of new DMHPs at Mathura, Etah, Mainpuri and Hathras to the Ministry of Health and Family Welfare, Government of

		India. DMHP will be taken up in these districts as soon as the proposal is cleared and funds are received.
9.	Music has a remarkable effect on the minds of people in general and on those of mentally ill persons in particular. With this central objective in mind it was suggested in the first review report of February, 2007 that arrangement should be made so that the patients could listen to a few selected songs (which have a richness of human appeal) from a few selected Hindi films to be played in a soft and subdued manner. An illustrative list of educational films was given such as Dosti, Insaniyat, Jagte Raho, Mother India, Bandini, Meri Surat Teri Aankhe, Do ankhe Barah haath, Ashirwad, Anand, Anupama, Parineeta, Devdas, Baiju Bawra, Mamta, Guide etc. What action has been taken on this suggestion?	No tangible action is reported to have been taken. **Comments of the Special Rapporteur:** GMA, Gwalior has made a modest beginning in this regard in response to my suggestion made at the time of review of GMA in January, 2008. Director, IMHH may consider it appropriate to depute an officer to GMA, Gwalior (which is close by) to study how the suggestion is being implemented, what has been its impact and take a decision to implement the suggestion accordingly.

A few other suggestions made by me in my earlier review reports of 2007, 2008 and 2009 and follow up action thereon:-

S.No.	Suggestion	Current Status
1.	All the employees of IMHH Agra should be declared as civil servants of Government of U.P.	In the wake of the direction of the Supreme Court in WP (Civil) No. 339, 1986 Rakesh Chandra Narayan Vs. State of Bihar and Others on 17th May, 1994, Shri M.S. Dayal, the then Secretary, Ministry of Health and Family Welfare, Government of India had submitted a report to the apex Court in which he had recommended that all the employees of RINPAS, Ranchi should be treated as civil servants of the State Government. The Court accepted this recommendation. In pursuance of the orders of the Court all the employees of RINPAS Ranchi are being treated as civil servants. It will be appropriate if a similar GO could be issued by Government of U.P. in case of IMHH, Agra.
2.	In majority of cases of poor patients medicines supplied for a month get exhausted. The family members/relatives of patients do not have the means to travel all the way to IMHH, Agra for collecting medicines and for follow up. These medicines are not easily available at the district/sub divisional level and even if available the	It was reported that the patients belonging to BPL families are being provided with medicines for a month and beyond depending on their need and distance.

	patients who are from BPL families cannot afford the luxury of buying them. This in turn may result in relapse of mental illness.	
3.	Concessional travel permit for patients and their family members coming from far off places by rail/bus.	The recommendation for concessional travel by rail for patients is being issued by IMHH and is being entertained by the railways. As far as making a recommendation for concessional travel by bus is concerned, there is no such policy of the State Government and, therefore, the Director, IMHH is handicapped in making any recommendation in this regard as the same may not be entertained by the U.P. Road Transport Corporation Authorities.
4.	Creation of the post of a data entry operator	It was reported that this will be created soon. Meanwhile, a ministerial staff trained in data entry has been placed in the OPD registration counter.
5.	Construction of a new and modern library building.	A proposal to this effect was submitted to the Ministry of Health and Family Welfare, Government of India for sanction under the Centre for Excellence Scheme. The proposal has already been sanctioned. The construction will begin as soon as the next instalment of funds is released by the Government of India.
6.	Construction of new wards.	An estimate of Rs. 3.14 crores for construction of new ward buildings was submitted to the Ministry of Health and Family Welfare, Government of U.P. The proposal has been approved but sanction and release of funds is yet to be made to enable IMHH to start the construction work.
7.	Introduction of solar lighting in IMHH.	NEDA, Agra has been contacted and the proposal has been processed and recommended by NEDA

		to Government of U.P. for approval which is awaited.
8.	Linking the sewerlines of IMHH with the main city sewer lines.	An estimate to this effect is under preparation. It will be placed before the Works Sub Committee of MC and after obtaining approval of MC, Government of U.P. will be requested to make necessary budget provision.
9.	IEC materials have remained in one room instead of being properly displayed all over.	More IEC materials have been procured and displayed in the OPD waiting area for better spread of public awareness. **Comments of the Special Rapporteur:** IEC materials are meant for information, education and communication of all patients and the family members accompanying them. They centre round the following:- - various forms of mental illness (Schizophrenia, uni and bipolar affective disorder, psychosis, depression, epilepsy, dementia, compulsive obsession etc.); - symptoms of each; - line of treatment and duration thereof; - preventive measures; - dos and do nots for the patients and family members. The central message underlying such IEC materials is as under:- - a mentally ill person is not an untouchable or condemnable one;

		- he/she is very much a human being and is entitled to the same dignity and decency in treatment as any other human being; - mental illness is both preventable and treatable; - in case of acute illness, the period of treatment may be long which calls for a lot of care and attention, patience and fortitude; - a mentally ill person after being effectively treated and after substantial recovery can start a fresh lease of life; he/she is not to be discarded nor frowned upon either at home or at the work place or in the public; - kindness, compassion and commiseration are the best recipes for treatment of a mentally ill person.

Role and contribution of the MC to furtherance of the objectives laid down by the Hon'ble Supreme Court in Aman Hingorani Vs. Union of India and Others.

The limitations in the functioning of the MC arising out of frequent transfer of the Divisional Commissioner who is the Chairman of the MC and other official members like the DM and SP notwithstanding, the MC and the sub committees under the MC have been meeting regularly (between 1996 and now, the MC has met 34 times) have been taking relevant and useful decisions and have made significant contribution to the overall smooth and better functioning of IMHH as under:-

- A family ward started functioning in 1996 which provided the much needed space for the family members to stay with their wards and participate in treatment and management of the patient.
- All the ward complexes have been provided with newly constructed bathrooms and dining halls.
- A modern mechanized laundry has been established.

- A RO plant is in operation to provide potable water to all patients.

- An incinerator and computerized auto clave have been commissioned for discharge of biochemical waste as per WHO norms.

- An air conditioned and computerized ECT (electro convulsive therapy) unit has started functioning. The unit is equipped with all modern gadgets for observance of safety. Till now over 60,000 ECTs have been administered safety to patients and there has not been a single casualty. The ECT unit is rated amongst the best in the country.

- An air conditioned modern biochemical laboratory equipped with State-of-the-art technology has started functioning. This is capable of undertaking all important biochemical tests, completing the tests in time and submitting reports in time.

- A Clinical Psychology department has been created with facilities of all diagnostic and therapeutic equipments and test materials.

- A research unit has been established to identify the root cause and remedial measures of mental illness. The unit has produced 72 research papers in journals of national and international repute and has been recognized by the Department of Science and Technology, Government of India.

- A Satellite Clinic at Vrindaban is functioning to render services to the community.

- All the wards have been provided with various indoor and outdoor games and colour TV.

- To facilitate the transition of effectively treated and substantially recovered patients from IPD to home and community a Half Way Home was established in 2000. This is being managed departmentally.

- Occupational Therapy as a tool of psycho-social rehabilitation has been given a pride of place. A number of new skills/trades which are also market relevant are being imparted to the inmates through male and female OT.

- A two storey new OPD Block which is commodious, well lighted and ventilated with all facilities and amenities has started functioning from 2010.

- A modular kitchen has started functioning from 2010.

- A new overhead tank of 450 kilo litre capacity has started functioning from 2010.

- On the initiative of MC a number of new Projects as under have been approved by the Government of U.P. to strengthen the facilities to mentally ill population:-

  - Deptt. of Child and Adolescent Psychiatry with a 20 bedded ward;
  - Deptt. of Neurology with a 20 bedded ward;
  - Deptt. of Geriatric Psychiatry with 20 bedded ward;
  - Deptt. of Drug Deaddiction with 20 bedded ward;
  - Three new 50 bedded wards;
  - Rehabilitation Medicine Unit and Day Care Centre;
  - Waiting Hall, Cafeteria and toilets for patients and relatives;
  - Type III and Type IV residential quarters for professional and para professional staff.

- Comprehensive and much needed psychiatric and psychological treatment to the denizens of Agra is being provided through City Mental Health Clinic (this is so as many denizens of Agra are reluctant to come to the IMHH).

- IMHH has been recognized by the Ministry of Health and Family Welfare as a Centre of Excellence along with 10 other institutions in the field of mental health.

Visit to OPD

The visit started with the Registration room. The registration is being done from 8 AM to 12 Noon. The registration slip contains the following information:-

- Patient code number;
- Date;

- Name of the patient; age/sex;
- Son/wife/daughter of x;
- Name of the village, PS, district and State the patient hails from;
- Voucher number;
- OPD registration number;
- Validity of the drug prescribed (1 month to 3 months).

Observations and suggestions:

- Some patients had arrived late (after the registration hours) as they were coming from long distances by bus/train or due to break down of their hired vehicle. The registration timing could be changed to 1300 hours to meet such contingencies and accommodate all patients who have arrived at the registration counter by that time.

- There was only one counter for male, female and elderly patients. It is suggested that there should be separate counters and rows for male, female and elderly patients.

- At present, the waiting hall accommodates the patient and all his/her attenders. This creates congestion. The ideal arrangement would be that in addition to the patient, one or maximum two attenders could be accommodated in the waiting hall and the rest could go to another waiting hall.

- Alternatively, the pattern obtaining in IHBAS, Delhi could be adopted. IHBAS has a very large waiting hall duly covered by a canopy prior to registration. This can accommodate about 200 patients and all attenders. From the Registration counter, when the patient goes to the OPD for screening and medical advice, there is an equally large waiting hall for all OPD patients and their attenders. In IHBAS the 2 waiting halls are separate whereas in IMHH the waiting place for registration and OPD is one and the same. This can be separated by following the IHBAS model.

- At the time of visit on 28.3.11 a number of old and ailing persons were found sleeping on the floor due to absence of chairs. Since the waiting period ranges from 2 to 4 hours it is urgent and imperative that one additional large waiting hall is constructed. There should be no difficulty for this as land required for the

purpose is available. Only the required funds are to be made available by the Government of U.P.

Visit to Room No. 1 (Consulting Room) of OPD:

Dr. Gangil was seeing a follow up case. There were 2 trainee nursing students – one from Adesh College of Nursing, Muktsar (Punjab) and another from G.G. College of Nursing, Agra. They were part of a group of trainees undergoing training at IMHH, Agra from 1st March, to 30th March, 2011.

I spoke to the relatives of the patient's brother – Rohit who had come to collect the medicines on her behalf. The patient – Suman Sharma (25) had epileptic seizures since last 8 years. She is married and staying with her husband and in laws at Mathura. She has been on regular medication from IMHH for the last 2 years and for the last 4 months she is free from seizures. It was encouraging to learn that the in-laws of the patient who were informed about the patient's condition before marriage were very cooperative and are currently helping her in taking the medicines regularly. This is an unfortunate case where there was no family history of mental illness. No particular reason could be cited for which seizures occurred to her at a very productive and reproductive phase of her life. The Director, IMHH who was present advised the brother of the patients for CT scan and also to ensure that medicines were continued for a period of atleast 5 years without any break.

On interrogation of the nursing students I could get some feedback on the content and quality of the training being imparted. According to the students, this was an opportunity to work in the family ward, closed female and male ward and OPD. Training has helped in changing their perception about mental patients and mental illness. They were feeling confident that they were now better equipped in handling psychiatric patients, have learnt to understand signs and symptoms of various mental disorders, learnt the interviewing skills and also how to diagnose mental illness.

The Director, IMHH explained to the students that atleast 5 years of regular medication was needed for seizure patients to ensure complete recovery and prevent relapse. He further explained that seizure was illness of the nervous system and requires prolonged treatment.

Room No. 2 (Dr. Manish Jain):

Dr. Jain was not in his seat as he was attending to an excited patient on emergent basis. There were 2 patients in the room. I spoke to the patients. The first patient - Mrs. Nirmala Devi (47) was accompanied by her husband from Nagla Khuali, Firozabad. She had been provisionally diagnosed to be a case of Schizophrenia and the illness had persisted for 15 years. She had the normal symptoms of Schizophrenia namely talking and laughing to self, tearing off clothes and being suspicious of everyone etc. The patient is a mother of 3 sons and 2 daughters. The illness was traced by the husband to loss of a 12 year old daughter 10 to 12 years back. Since that tragedy the condition of the patient took a turn for the worse. There was no perceptible progression in her case due to (a) initial treatment from faith healers and (b) followed by treatment from private medical practitioners at considerable expense. It was encouraging to know from the husband that after coming to IMHH, the condition of the patient has registered perceptible improvement.

The second one was a follow up of bipolar affective disorder. The patient – Nagla Lal (30) hails from Farrukhabad and came along with his father. On the current symptoms of illness, the patient's father reported that he has decreased sleep and his record of drug compliance was not good. He was also late for follow up by 25 days on account of sister's marriage.

The problems in this case as narrated by the father were manifold such as (a) illness is persisting for 20 years (b) there have been repeated recurrence of the ailment due to poor record of drug compliance necessitating hospitalization 3-4 times (c) Farukhabad is far off from Agra and every visit to the hospital entailed an expenditure of Rs. 400-500/- for the patient and the attender (d) they are dependent on agriculture and the area being flood prone, they have to bear heavy losses during every rainy season when the floods come. Son's illness and repeated relapse has increased the family's indebtedness and increased its economic burden.

The father was counselled by the Director on the following:- (a) he should submit an application with a photograph of the patient and a copy of the prescription to enable the Director to make a recommendation in his favour for a railway concessional ticket (b) drug compliance should be continuously monitored by the family (c) the attender to the patient should come atleast 3 to 4 days in advance for follow up before

the medicines get exhausted and (e) in this case the drugs may be issued for 2 months considering the distance, cost involved in travel and keeping the condition of the patient in view.

I further requested the Director that since both the patient and his father were illiterate, the treating physician should explain clearly while prescribing drugs, the dosage and the interval at which the drugs should be taken. He was requested to explain with the help of signs/symbols what constitutes sunrise, noon and evening so that the attenders to the patients could understand and internalize these timings (breakfast, lunch and dinner) correctly.

Interaction with staff nurses in the OPD:

Two staff nurses were present in room No. 2 at the time of my visit. They were asked to explain their role in OPD. It was explained that once the patient was seen by the consultant and the medicines were prescribed, they are sent to the staff nurse to write the prescription in another slip which is countersigned by the concerned consultant before sending it to the pharmacist. The OPD slip remains with the patient and the other slip prepared by the staff nurse remains with the pharmacist who dispenses the medicines.

I found that both the staff nurses – Mr. Sizo and Mr. S.R. Singh have been recruited on contractual basis by a manpower agency at Agra. They were getting a consolidate wage of Rs. 7500/- which was likely to be increased to Rs. 9000/-. The consolidated wage is fixed by the manpower agency which is much lower than Rs. 9000-34000/- i.e. the regular scale of pay which staff nurses at RINPAS, Ranchi get as also in many other mental health hospitals.

Poverty and illiteracy need not go together always. As I was interacting with the 2 staff nurses I came across an elderly lady who had come to collect medicines for her son. She is literate but poor and was wearing a torn saree. She had travelled ticketless from Mirzapur as she did not have enough resources to cover the cost of travel. Her son – Rajesh (25) is married but has been ill for the last 3 years. Though poor, there was an air of dignity in her appearance and talk. The Director asked the staff nurse to immediately pay Rs. 100/- to the lady from the Patient's Welfare Fund.

He also advised the lady to bring 2 photographs of the patient so that he could recommend his case for a concessional ticket to the railways.

Visit to Psychiatric Social Worker's Room:

The PSW – Shri Ashok was taking details of a patient – Sona Devi (19) who was studying in Class IX, was married last June but was having mental illness for the last 3 months. There was a positive history of mental illness in the patient's father and younger sister. The patient was accompanied by her brother. This was the first visit of the patient. I requested the PSW that the message should be loud and clear that (a) IMHH provides a scientific method of treatment free of cost (b) instead of going to faith healers the patient should have been brought to IMHH without the slightest possible delay (c) tenets of behaviour counselling should be such as would produce a positive impact on the patient and the relatives (d) this message should be widely disseminated.

Overall impressions after visiting the OPD:

- The waiting halls are commodious, airy, lighted with all facilities and amenities but the very large out turn of patients going beyond 200 sometimes overtakes the space and results in congestion.

- There is a further imbalance due to large number of vacancies of psychiatrists, clinical psychologists and psychiatric social workers.

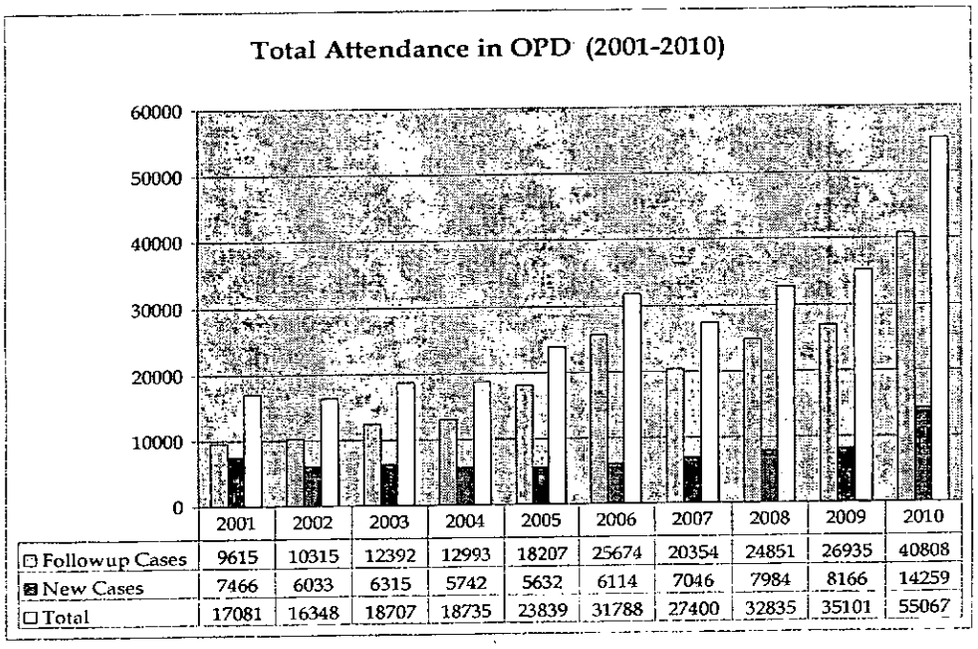
- Since there are a few MOs and more patients, the waiting period goes upto 4 hours.

- Patients come from far off places either by train or bus, most of them belong to BPL families, have to incur loan to afford the cost of travel, do not have the resources to come for the second time for follow up after 30 days when medicines get exhausted and this results in discontinuance of drugs and relapse.

- Most of the rooms in the first floor (except the research wing) have remained vacant due to delayed commissioning of Child Guidance Clinic, Geriatric Ward etc.

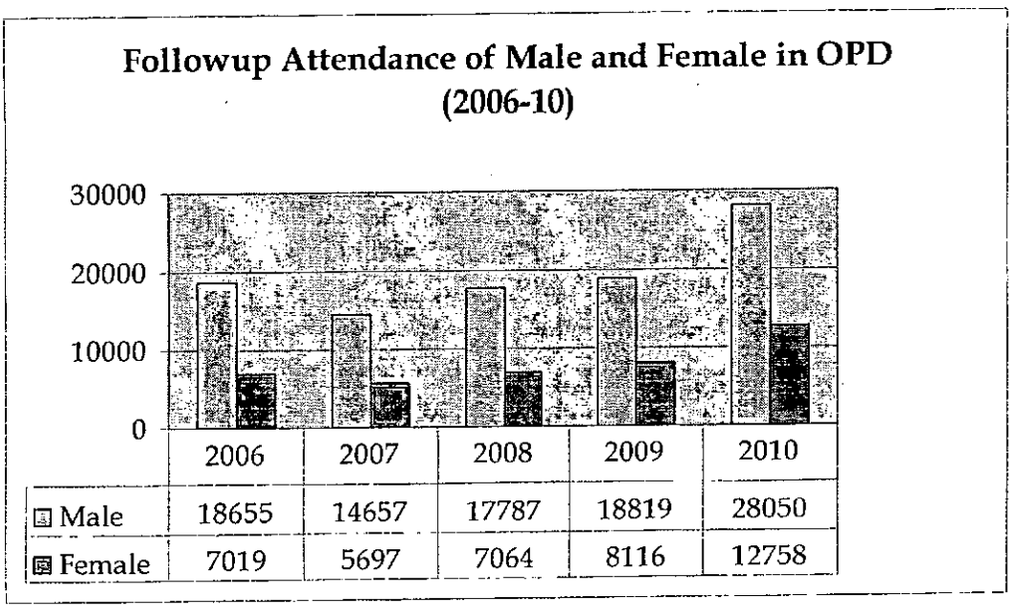
- There is need for an additional waiting hall to take care of the heavy outturn of patients – young and old who need temporary shelter for 4 hours in an environment which will relieve them of the stress and strain of long journey and all the discomfort associated therewith.

Table I indicates the total attendance and trend of attendance in OPD between 2001-10:-



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Followup Cases	9615	10315	12392	12993	18207	25674	20354	24851	26935	40808
New Cases	7466	6033	6315	5742	5632	6114	7046	7984	8166	14259
Total	17081	16348	18707	18735	23839	31788	27400	32835	35101	55067

Table II indicates the follow up attendance of male and female in OPD between 2006-10:



	2006	2007	2008	2009	2010
Male	18655	14657	17787	18819	28050
Female	7019	5697	7064	8116	12758

Table III indicates the new registration of male and female in OPD between 2006-10:-

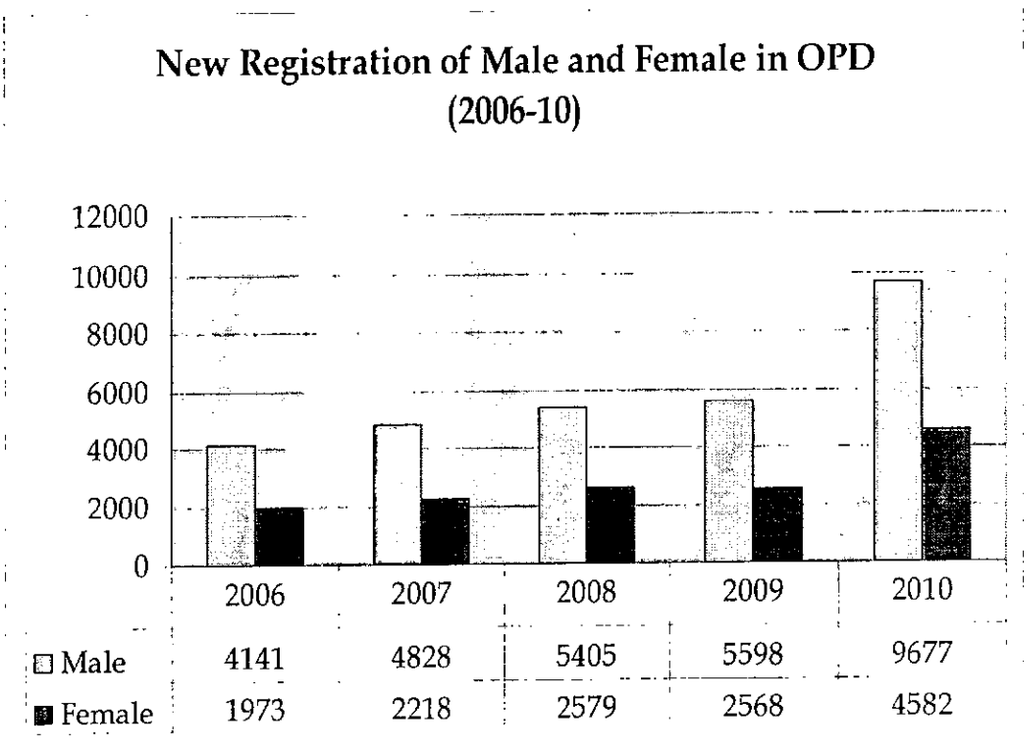
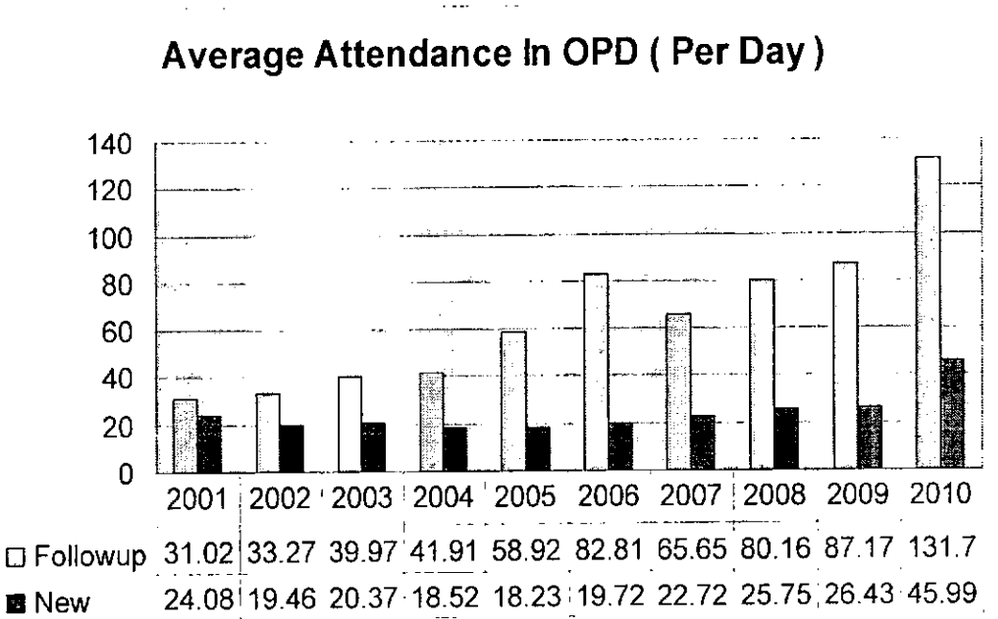


Table IV indicates the average attendance in OPD (per day) between 2001-10:-



Visit to Pathological Laboratory:

I was informed by Dr. Kushwaha, biochemist incharge of the laboratory that all requisitions have been attended to, all tests have been completed and no test reports are pending. On an average 12 to 15 requisitions are received and all of them are attended to in time and reports sent in time.

Bar chart displayed on the wall of the laboratory indicated that over the years there has been appreciable increase in the number of investigations. While the number was 71 in 1996 this has gone up to 44,160 in 2010.

I suggested to the Director the following:-

- Post of a separate pathologist should be sanctioned for the laboratory;

- Dr. Kushwaha may be deputed for a week to IHBAS, Delhi to study the working of their laboratories so that some of the innovations of IHBAS could be introduced by IMHH.

Visit to drug dispensing unit:

I was informed that by 12 noon 69 patients had collected their medicines. It takes about 2 minutes to dispense the medicines according to the prescription.

I was further informed by the pharmacist that certain essential drugs like Sodium Valproate, Resperidone, Clomipramine, Clobazam, Olanzapine were not available in the drug dispensing store. On being asked to provide reasons for non availability the Director IMHH clarified that supply of these essential drugs has been stopped for the last 3-4 months creating enormous inconvenience to the patients. This could be attributed to objections raised by audit that drugs should be purchased from Government companies in preference to private companies.

My initial reaction to what was stated by the Director is as under:-

I. Decision relating to purchase of drugs should be an autonomous one and should be left to the Director.

II. It is not the concern of audit whether drugs should be purchased from Government or Private.

III. If Private Drug Companies are ready to supply medicines of the desired quality and effectiveness at a minimum hospital rate to IMHH, they should be preferred over government supplies. In any case, it should be exclusively the decision of the Director; it cannot and should not be allowed to be influenced or dicted by audit.

IV. In view of the inconvenience caused to the patients due to non supply of the drugs on account of vague and unjustified procedural objections raised by the audit, the Divisional Commissioner as Chairman of MC should take up the matter with the Secretary, Deptt. of Medical Health, Government of U.P. at the earliest.

Visit to rooms meant for excited patients:

Handling patients who are violent and aggressive is extremely difficult. It is all the more difficult when the attender who is a widowed mother, who has come from a far off place (like Bijnor) and does not have the means to stay with the patient if it is decided to admit him. The Director was of the view that in all such cases he should be given the power to exempt the widows or other indigenous attenders who are not in a position to make any payment and take a decision to provide completely free treatment.

Visit to Psychological Laboratory:

The following suggestions were made by me to improve the functioning of psychological laboratory:-

I. There should be a close coordination between Deptt. of Psychiatry and Deptt. of Clinical Psychology for validation of cases and resolution of doubts about nature of mental illness of a person.

II. The laboratory should have access to the latest software for psychological tests.

III. There should be additional manpower for the Deptt. of Clinical Psychology and with manpower, equipments and access to software it should be possible to increase the number of tests from 62 at present.

During my last visit to the Deptt. of Clinical Psychology I had reviewed the case of one Mr. Shiv Pal Singh (25) who was educated with an M.Sc degree but was a victim of Obsessive Compulsive Disorder. This patient came under the intervention of Dr. (Mrs.) Sumitra Mishra, Clinical Psychologist who through adoption of certain behavioural techniques (exposure and response prevention, Jacobson's Progressive

muscular relaxation) had achieved some major break through in the case. The anxiety level of the patient came down and concentration level improved. Dr. Mishra had initiated cognitive therapy for correcting negative thoughts and associated illogical beliefs. After 5-6 sessions of cognitive therapy and ERP the patient had reported 50% improvement.

The review in March, 2011, however, was not so encouraging. It brought out a turn for the worse for the case which would be evident from the following:-

- the patient in 2010 (after my last visit) was irregular in follow up; long distance from home to the hospital was the main reason for this;
- he discontinued the drug treatment on his own; this led to relapse of illness;
- the patient did not like to get admitted in the family ward even though it had been explained to him that intensive behavioural management along with medication would be far more effective;
- the patient was given ERP, relaxation and cognitive therapy 5 times when he attended the OPD;
- he was advised to reduce his obsessive thoughts and be engaged in remunerative work.

Dr. Mishra reported that the patient is maintaining himself with 60% improvement although he could have improved much better with hospitalization and intensive behavioural therapy.

This case is both a success story as well as one of failure. The clinical psychologist – Dr. Sumitra Mishra has tried her level best to bring about qualitative change and improvement in the condition of the patient but the patient's response being partly indifferent and partly negative the prognosis could not be what it was expected.

There were 2 other cases which were being entertained at the time of my visit to Clinical Psychology deptt. These are:-

I. Anita Singh (30) from Agra showed signs of anxiety, restlessness and decreased sleep. She is educated, has done B.ED and wants to take up the job of a teacher. She wants the job first and get married thereafter of her own choice. She is anticipating consequences of a negative married life, states that his family members do not know much about the boy that she is going to marry as they both belong to a different caste. The patient was being given cognitive therapy to remove negative thinking. She was counselled to the following effect:-

   - she has a better chance of getting a government job as a teacher as she belongs to OBC; she should apply and try for various government jobs;

   - she should not be unduly worried about her age of marriage.

II. Anju Bal from Chandigarh has been accompanied by her sister-in-law and taking treatment in IMHH for one and half months. She had typhoid 8 years back and developed mental illness thereafter. She was taking treatment from Chandigarh earlier but after her brother was posted as a Bank Manager, Agra she has started taking treatment from IMHH. The patient prefers to stay indoors, does not communicate with anyone and lacks confidence. Counselling was given to her sister-in-law to the effect that she in such a situation had an important role to play in opening up channels of communication, increasing levels of motivation and self confidence of the patient and being cooperative with her.

Visit to inpatient's department (IPD):

IMHH has a sanctioned bed strength of 838 patients. In all there are 30 wards. There is no criminal ward as all criminals (UTPs as well as convicts) are admitted to mental health hospital, Varanasi. Each ward complex consists of a ward, toilet, bathroom and dining hall. Two barbers have been engaged for haircutting and shaving. Each ward has sufficient number of cots, beds with mattresses, blankets,

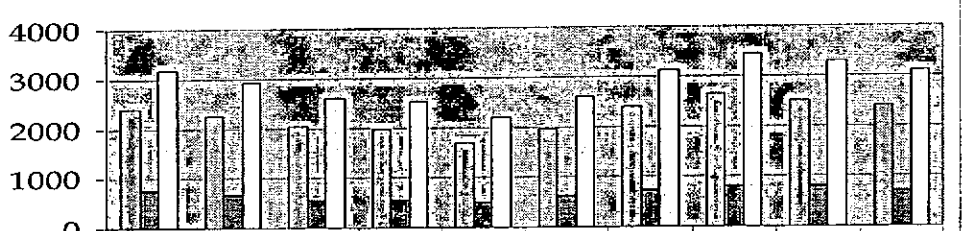
fans and desert coolers. The beds have been put at a distance of 1 metre from each other. There is no congestion.

An open ward (same as family ward) was established in 1996. The patients are admitted with family members and are treated in a family environment. It hastens recovery. It also reduces the average duration of stay of the patient in the hospital as compared to the average duration of stay of a patient in a closed ward system. Children below 18 years of age are admitted in the open (family) ward only. There are separate wards for male and female patients. The relatives of the patients are provided separate bench to sleep. Each patient is provided a bedside locker.

Dress and linen are being changed regularly twice a week and patients take bath regularly. Hot water is being made available for bath in winter. Adequate measures are being taken for anti lice and anti bug management.

Table V indicates total admissions in male and female indoor (2001-10):

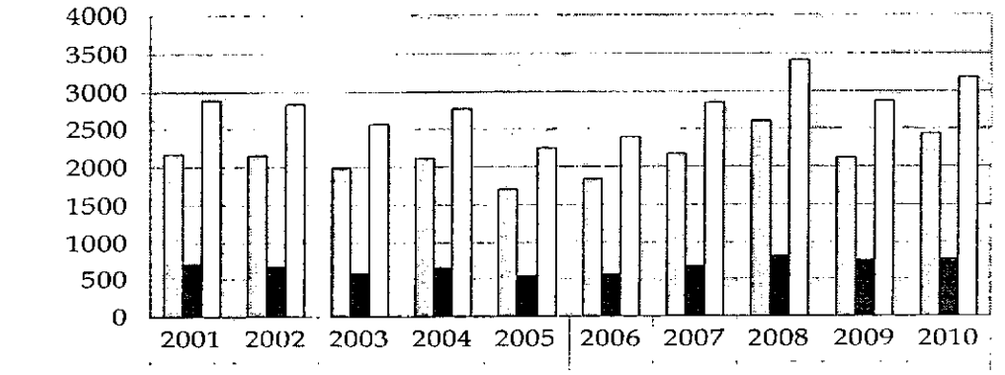
Total Admissions in Male & Female Indoor (2001-10)



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Male	2399	2238	2035	1950	1679	1961	2391	2643	2490	2389
Female	762	668	563	559	510	628	722	814	811	714
Total	3161	2906	2598	2509	2189	2589	3113	3457	3301	3103

Table VI indicates total discharges of male and female from IPD (2001-10):

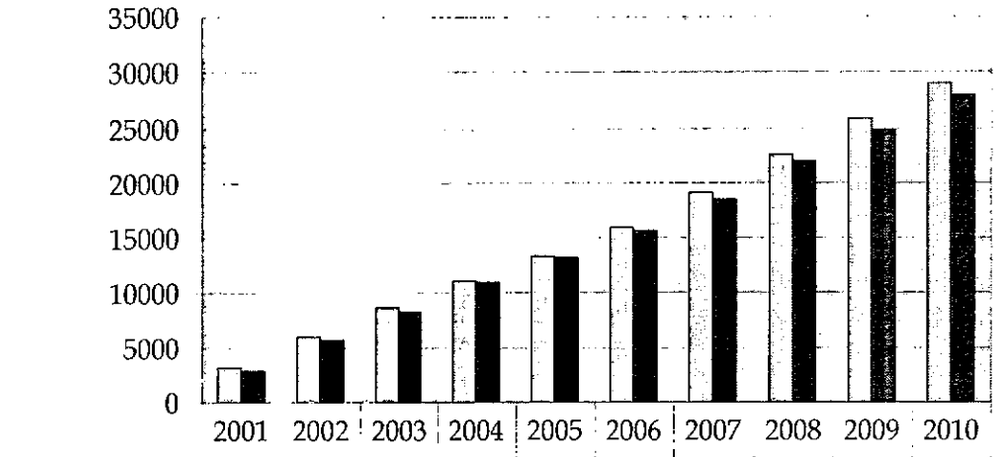
Total Discharges Of Male & Female From Indoor (2001-10)



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Male	2164	2149	1988	2118	1699	1832	2164	2604	2108	2424
Female	710	667	580	649	545	561	671	807	744	760
Total	2874	2816	2568	2767	2244	2393	2835	3411	2852	3184

Table VII indicates cumulative admissions and discharges (2001-10):

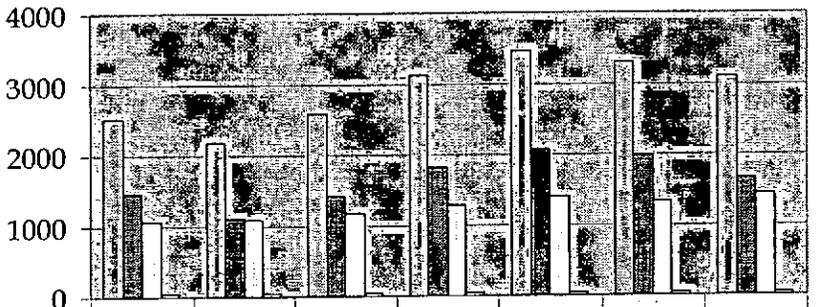
Cumulative Admissions & Discharges (2001-10)



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Admissions	3161	6067	8665	11174	13363	15952	19065	22522	25823	28926
Discharges	2874	5690	8258	11025	13269	15662	18497	21908	24760	27944

Table VIII indicates admissions and readmissions (2004-10):

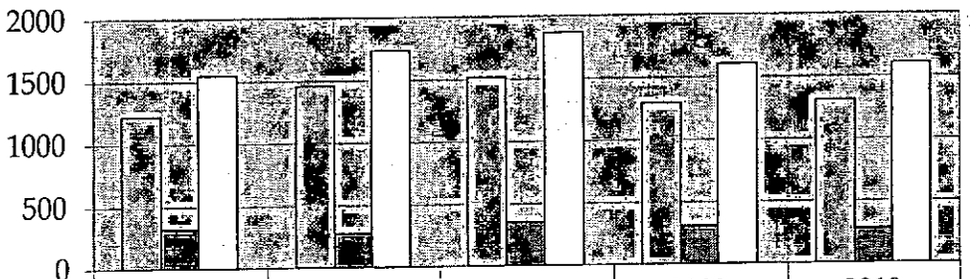
Admissions and Re-admissions (2004-10)



	2004	2005	2006	2007	2008	2009	2010
Total Admissions	2509	2189	2589	3113	3457	3301	3103
New Admission	1462	1103	1416	1831	2068	1985	1663
Readmission	1047	1086	1173	1282	1389	1316	1440
% Readmission	41.73	49.61	45.31	41.18	40.18	39.87	46.41

Table IX indicates the breakup of male and female patients admitted in closed ward (2006-10):

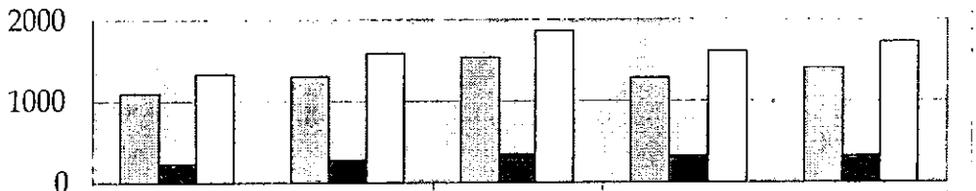
Male & Female Admitted in Closed Ward (2006-10)



	2006	2007	2008	2009	2010
Male	1221	1463	1521	1290	1313
Female	319	277	348	316	285
Total	1540	1740	1869	1606	1598

Table X indicates the male and female patients discharged from closed ward (2006-10):

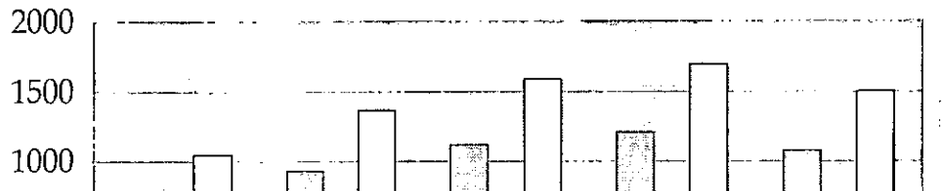
Male and Female Discharged From Closed Ward (2006-10)



	2006	2007	2008	2009	2010
Male	1096	1302	1529	1271	1396
Female	236	277	339	329	320
Total	1332	1579	1868	1600	1716

Table XI indicates the male and female patients admitted in open ward (2006-10):

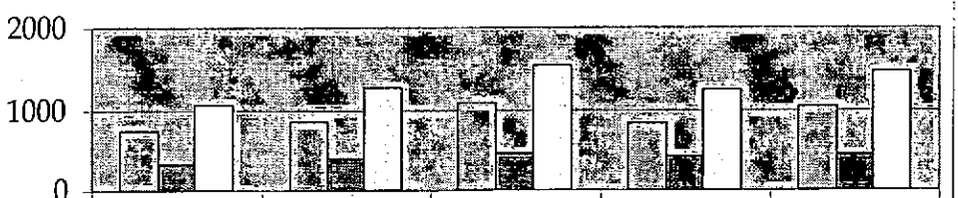
Male & Female Patients Admitted in Open Ward (2006-10)



	2006	2007	2008	2009	2010
Male	740	928	1122	1200	1076
Female	309	445	466	495	429
Total	1049	1373	1588	1695	1505

Table XII indicates the male and female patients discharged from open open ward (2006-10):

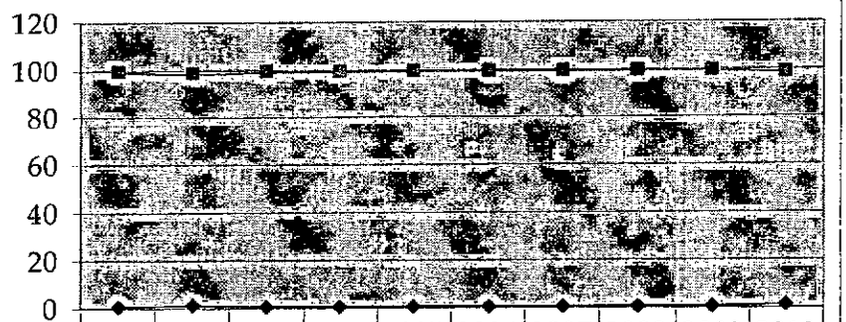
Male & Female Patients Discharged From Open Ward (2006-10)



	2006	2007	2008	2009	2010
Male	736	862	1075	837	1028
Female	325	394	468	415	440
Total	1061	1256	1543	1252	1468

Table XIII indicates the PC of involuntary and voluntary admissions (2001-10):

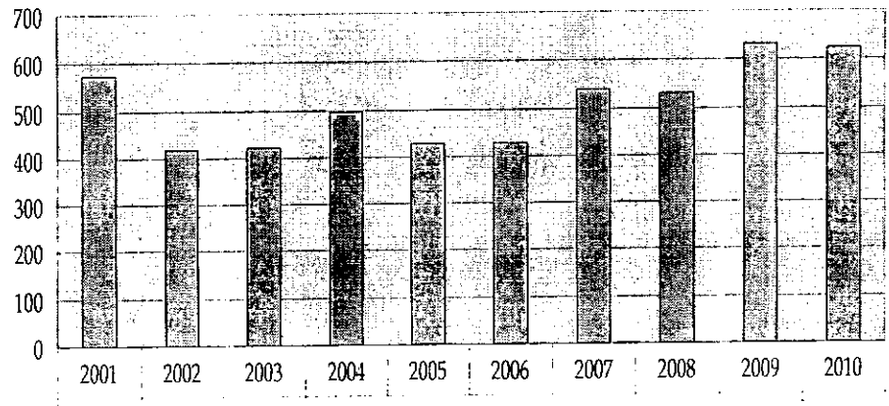
Percentage of Involuntary and Voluntary Admissions (2001-10)



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Involuntary	0.9	1.4	0.42	0.86	0.59	0.71	0.57	0.95	1.06	1.4
Voluntary	99.1	98.6	99.6	99.1	99.4	99.3	99.4	99.1	98.9	98.6

Table XIV indicates average occupancy rate of beds in the wards (2001-10):-

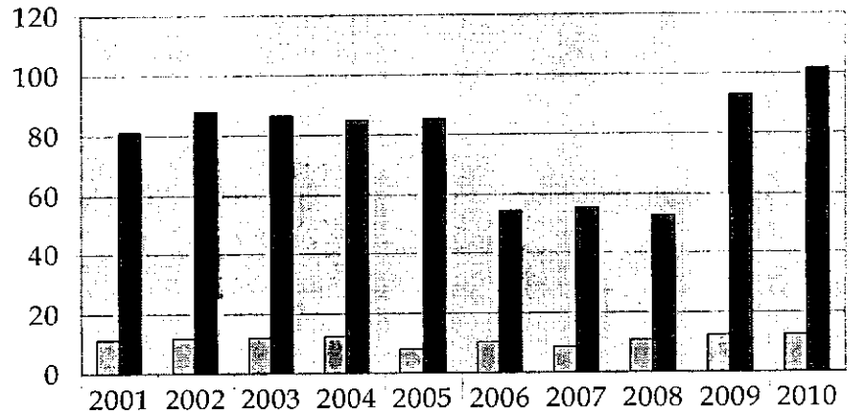
Average Occupancy (2001-10)



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Average Occupancy	572.46	417.42	421.48	495.81	427.98	427.36	539.35	528.38	631.72	623.84

Table XV indicates average stay – in days for both open ward and closed ward (2001-10):

Average Stay- In days (2001-10)



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Open Ward	11.44	11.72	11.9	12.44	8.2	10.28	8.48	11	12.76	12.5
Closed Ward	80.88	87.81	86.53	84.52	85.47	54.18	55.35	52.85	92.9	101.5

Table XVI indicates long stay patients (> = 2 years):

NO. OF LONG STAY PATIENTS (=> 2 Years)

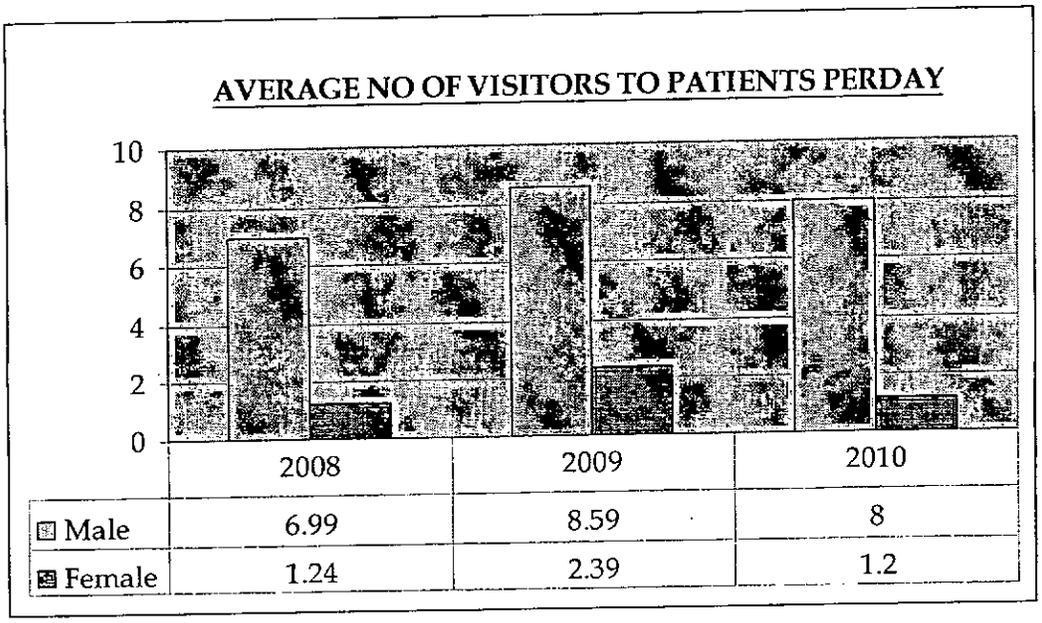
(As on morning of first day of January, 11)

YEAR	MALE(%)	FEMALE(%)	TOTAL (%)
2008	24(7.46)	52(33.98)	76(16.0)
2009	22(4.23)	59(30.10)	81(11.31)
2010	22(5.47)	66(48.89)	88(16.39)

Table XVII indicates the cases which are admitted by a reception order from the Court:

Year	For Treatment		For Observation	
	Male	Female	Male	Female
2008	4	25	4	-
2009	5	20	7	3
2010	09	21	11	03

Table XVIII indicates average number of visitors to patients per day (2008-10):



	2008	2009	2010
Male	6.99	8.59	8
Female	1.24	2.39	1.2

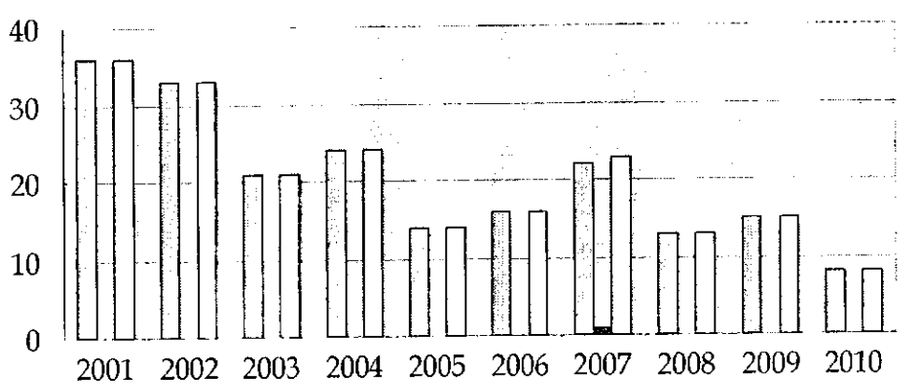
Table XIX indicates number of patients sent home with hospital escort/special effort made by IMHH (2008-10):

NO. OF PATIENTS SENT HOME WITH HOSPITAL ESCORT/ SPECIAL EFFORT (2008-10)

	2008	2009	2010
MALE	17	15	21
FEMALE	11	12	15

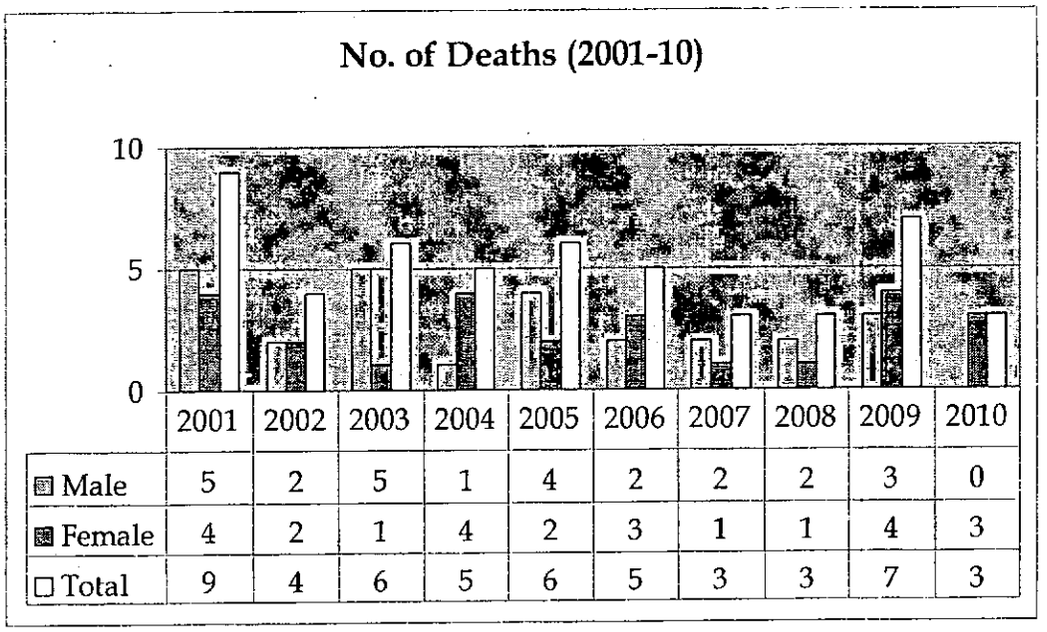
Table XX indicates number of patients who escaped from IMHH (2001-10):

No. of Escapes (2001-10)



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Male	36	33	21	24	14	16	22	13	15	8
Female	0	0	0	0	0	0	1	0	0	0
Total	36	33	21	24	14	16	23	13	15	8

Table XXI indicates the number of deaths (both natural and unnatural) in IMHH (2001-10):



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Male	5	2	5	1	4	2	2	2	3	0
Female	4	2	1	4	2	3	1	1	4	3
Total	9	4	6	5	6	5	3	3	7	3

Visit to Auditorium:

Mentally ill persons are human beings endowed with reason, intellect, imagination, ingenuity and creativity. When they are afflicted by mental illness they lose their insight temporarily but once effectively treated and substantially recovered they get back the insight and can sing, dance and perform on the stage like any other artist.

This is what I literally saw in course of a cultural programme organized as a part of the holi celebrations in the IMHH auditorium. The best of histrionic talent came out in course of their performance. Asstt. Professor, Nursing – Mrs. Sunanda GT who was leaving IMHH by the end of March, 2011 for Bangalore for personal reasons was also felicitated on this occasion for her meritorious services for several years.

Visit to female ward No. 8:

There were in all about 45 patients of varying ages but mostly below 45. Many of them were chronically ill and it was difficult to train them with any serious vocational skill (because of their condition they cannot imbibe and assimilate those skills). Most of them, therefore, had to be engaged in certain ward activities like arranging beds, carrying food and water from the kitchen to the ward etc. While Manila (45) was found to be productively engaged in ward work, Usha even after 9 months stay lacked motivation and serious interest in work, Reshma spoke a language which was not

intelligible and Ayesha Begum burst into crying when asked as to why she did not go for the OT programme on the ground that she came to know from her husband 2 days back that her daughter was beaten by the relatives.

The redeeming feature about Ayesha was that when she came for treatment to IMHH 2 months back she could hear voices telling her that she would be killed. With treatment she has stopped hearing those voices and she is feeling much better.

The interaction revealed that mentally ill persons who have been treated and who have got back their insight are normal human beings entitled to the same human feelings and emotions – joy and sorrow, laughter and tears and it was heartening to find that such emotions came out in a very normal and natural manner.

As observed earlier there are no IEC materials on mental illness displayed anywhere on the walls of the ward. This should be attended to urgently.

Visit to Female Ward OT (Occupational Therapy):

In all about 30 female patients were participating in the programme. The end products prepared by them comprised of jute bags, jute mats, paper items, waste material, dried leaves, embroidered kurta materials. The OT Instructor – Mrs. Kaur was able to communicate to the participants in a normal and natural manner and was able to encourage and motivate them.

In course of visit to the artificial jewellery unit which is an extension of the female OT, it was observed that an Instructor from Jan Shikshan Sansthan (an NGO supported by the Ministry of HRD, Government of India) was imparting training to the female patients in the making of a wide range of artificial jewellery items such as necklace, bangles, earrings, payals etc.

Additionally the following skills were also being imparted:-

- putting embroidered laces on sarees/suites;
- variety of wall hangings of jute, clothes and bedsheets etc.;
- embroidered shawl, zari work on saree;
- embroidered on dupattas;
- embroidered on salwar suits.

Occupational therapy if properly conducted becomes important tool of rehabilitation. It was encouraging to learn that two female patients namely Deepika and Anita have undergone training in the OT, have started their own boutiques and are earning about Rs. 2000/- per month.

Suggestions made by the Special Rapporteur:

- The asbestos roof of the OT was generating a lot of heat and, therefore, it is advisable to get a false ceiling done to provide relief to the inmates of the OT from the oppressive summer heat which was likely to increase in the coming months.

- Cracks developed in the OT room walls should be repaired.

- Some of the patients who were doing exceedingly well in knitting, tailoring and embroidery work could be appointed as master trainers so that they could oversee the work of the other participant trainees while inspiring many other women who were less interested in OT today to get more deeply involved in the same.

- A planning for diversification of products may be made keeping in view the market needs and individual's preferences, aptitude and interest.

Visit to Male Ward:

Ward A:

Interacted with all the patients in the ward to ascertain their reaction about working and living conditions, prognosis in ailment, overall feelings etc. The outcome of the interaction is as under:-

1. Basant Lal, patient is in the ward for the last six and half months and feels completely okay.

2. Similarly Ramakrishan from Hathras who is in the ward for the last 8 months feels completely okay.

3. Veer Bahadur from Bareilly who is in IMHH for 7 months took earlier treatment from the Mental Health Hospital at Bareilly which did not yield appreciable

results. He feels much better in the homely environment of IMHH. Staff nurses do visit regularly and enquire about his well being. Food is served in the same manner as the mother serves food to the children.

4. Raj Kumar from Agra works in the press as binder. He is doing well and has been advised to work in spiral binding work in male OT.

5. Ramesh from Etawah, Krishna from Auraiya and Sunil from Mathura have shown perceptible improvement over the last few moths of stay in IMHH, have developed good appetite and sleep and go for work in agricultural Kaman.

6. Kheria from Firozabad who is in IMHH for 6 months reported that he is completely at home. His family members come to meet him twice a month which adds to his happiness. He being literate expressed a desire to read magazines. He was told that magazines like Champak, Chandamama, Nandan and Sarita were available in the patient's library and he could make use of the same. Additionally he being literate was requested if he could read out from these magazines as also from the local newspapers to other patients who were not literate like him and, therefore, did not have access to the print world of communication.

My overall impressions after visit to Ward 'A':

- The physical environment in the ward was neat and orderly; it was well lighted and well ventilated.

- The windows were netted well making entry of mosquitoes extremely difficult.

- All patients in the ward were found physically tidy and in a sate of physical and mental fitness.

- A few patients who were addicted to narcotics prior to their admission in IMHH have given up such addiction and have taken a vow not to fall prey to narcotics again.

- The level of satisfaction with the working and living environment, quality of food and treatment was high.

Visit to Male Ward 'B':

- One patient reported that he had been to IHBAS, Delhi, did not show much improvement with the treatment he received, is now showing a lot of improvement within a few months of coming to IMHH (for the first time).

- In sharp contrast, another patient who has been admitted about four and half months back appears to be totally withdrawn without any eye contact and much less communication. Similar was the case with another patient – Bani Singh from Bharatpur.

- Mohinder Singh from Lalitpur, a farmer who has been in the ward for 3-4 months says that all is well and he is completely at home. He feels happy as his father had come to meet him.

- On being asked as to why a patient – Joshi by name was completely head shaven, it was clarified in all such cases that head shaving was done when there was some problem in scalp and always with the consent of the patient.

- Rajkumar from Mathura does all types of work including selling books, jewelleries and shoes and earns about Rs. 300-500/- per month.

- Vimlesh Kumar was admitted 5 months back with decreased sleep but after treatment he feels much better now, goes to Kaman every day and is happy that his mother came to see him 2 months back.

Suggestions made by the Special Rapporteur:

- The arrangement of placing beds in a ward should be such that 2 patients are put side by side with each other – one who has social communication skills and the other who is withdrawn and has difficulty in opening up. This would make the latter more open and would improve his communication skills. The pace and progress of recovery of a patient who is reticent, withdrawn and not communicative should be closely monitored by the hospital authorities and all out efforts should be made by MOs and staff nurses in course of their rounds to make the patient open up.

Visit to Male Ward 'C'

- I came across a patient Balkrishna by name from Farukkhabad who appeared to be depressed as he keeps remembering his family members although tragically enough no member of his family has come to meet him since his admission 3 months back. He is in a pensive mood.

- Another patient (name not reported) from Jhansi who has been admitted since last 3 months is depressed for a different reason. His mother had come to meet him and had promised that she would come for discharge at the time of Holi. Holi is over (20.3.11) but the mother did not keep the promise.

- Madan Singh from Chattar near Mathura had some dormatological problems as an associated complication with mental health for which his case was referred to District Headquarters hospital, Agra. He was treated and he has no such problem now.

- Three other patients namely Bipin from Mainpuri, Rakesh from Bodla, Agra and Mukesh Kumar from Mathur reported that they were fine and did not have any problem.

Observations and suggestions of the Special Rapporteur:

A ward in a Mental Health Hospital is an amalgam of patients with diverse socio-cultural background, temperament and demeanours. There is wide variation in the forms of mental illness and the circumstances which provoked them or contributed to them. There cannot, therefore, be one single strategy to deal with these patients in terms of behaviour therapy. The strategies will have to be as many as the number of patients. One strategy to deal with depression could be twofold:-

I Encourage all literate patients to write in their own hand to their near and dear ones so that they can pour out their feelings; the IMHH could post such letters.

II The PSW should assist those patients who are unlettered and who cannot write such letters on their own; he could also make available to the patient a cell phone from the establishment of IMHH and assist the patient in establishing communication with his near and dear ones.

Both these strategies if implemented in right earnest could provide a lot of relief to the patients who are starved of the love and affection of their family members, who cannot easily reach them and yet who hanker after their company and who are also keen and eager to open and maintain a communication channel with them.

Number of long stay patients:

It is encouraging to learn that there are no long stay patients longer than 2 years. Number of steps have been taken by IMHH to reduce long stay such as:-

- efforts are being made to collect and document correct postal addresses;
- efforts are being made to address letters to family members/guardians in the address so collected;
- patients are also encouraged to address letters, if they are literate, to their guardians/family members; if not, patients are being assisted by the PSW in this effort.

Death audit:

In all 3 deaths have taken place between 1.1.10 to 31.12.10. Of them one death took place in Sarojini Naidu Medical College and Hospital on 16.1.10 and subsequently 2 deaths took place at IMHH, Agra on 3.2.10 and 12.12.10 respectively.

An analysis of these 3 cases of death is presented below:-

1. **Smt. Kailaswati:**

The patient Smt. Kailashwati (85) W/o Dr. Ram Narayan resident of 12/416, Makrabatganj, JE Quarters, U.P., PWD Colony, Kanpur was admitted in IMHH on 5.3.2003 u/s 17 of Mental Health Act, 1987. At the time of admission she was diagnosed as a case of Chronic Schizophrenia; she continuously showed signs of the disease till her death. On 15.1.10 at 1.45 PM the patient showed signs and symptoms of confusion with incontinence of bowel and bladder with hypertension. At this stage she was sent to S.N. Medical College, Agra. She was admitted there in the Emergency Deptt. The patient expired on 16.1.10 at 8 AM.

The Incharge, Police Station, Hariparwat, Agra was informed and requested for post mortem of the body. Postmortem was done on 17.1.10 and it showed myocardial infraction or cardiac arrest as the cause of death. The guardians of the deceased did not turn up despite telegram and letter. The body was, therefore, disposed off according to Hindu rites. A formal report was sent to NHRC on 28.1.10.

II **Smt. Suman:**

The patient w/o Shri Megh Singh (30), resident of Mohalla – Kumar Nagar Colony, PO and PS Gandhi Park, Aligarh was admitted in the family ward as a voluntary boarder u/s 17 of MHA, 1987 on 2.2.10. On account of her mental disturbance and advice of psychiatrist the patient was staying in the ward with her husband.

On the next day the patient was seen again by Sr. Psychiatrist and Medical Superintendent – Dr. J.R. Kalra and necessary treatment was prescribed. On the same day i.e. 3.2.10 after taking lunch the patient was sitting in the sun with her husband and other patients in the courtyard outside the female ward where she was living. At about 4.30 PM she went to the toilet after seeking her husband's permission and asked her husband to wait outside. However, after going to toilet the patient hanged herself.

Around the same time or a few minutes mother of another patient Bhupendra, Smt. Yasodhara Devi went to the toilet and spotted her. Incidentally Smt. Suman was found hanging with the help of ligature of her saree. She immediately rushed to staff nurse on duty - Shri Mohit Rawat and informed him. The patient's husband and staff nurse, female attendant and another patient ran to the toilet, removed her from ligature and put the body down on the floor. Immediately thereafter, the Emergency Medical Officer, Dr. Manish Jain was called to resuscitate the patient but she could not be revived. Dr. Jain after examining the patient declared her dead at 4.40 PM. The I/C Police Station, Hariparvat, Agra was informed and requested for post mortem and needful on 3.2.10. The Post mortem was done at S.N. Medical College, Agra on 4.2.10. The post mortem indicated that asphyxia was the cause of death. The report has been forwarded to NHRC on 12.2.10.

III **Unknown mentally ill person:**

The patient was admitted in the hospital on 18.12.61 by order of CJM, Mirzapur u/s 14,15,17 of Indian Lunacy Act, 1912. She was brought by police of Police Line, Mirzapur from an orphanage of Mirzapur. On admission she was diagnosed as a case of mental retardation with Schizophrenia. During 50 years of her stay in IMHH she had suffered from multiple physical illnesses which were treated by various consultants and physicians of S.N. Hospital from time to time. She was also partially blind and could not speak and communicate properly. She suffered from bilateral renal paranchymol disease grade 3, falciparum malaria, bilateral cateract, angioedema, severe anaemia and others. The patient did not take her breakfast properly on 12.12.10. Emergency Medical Officer – Dr. Puneet Chaudhury was called and the patient was put in I/v fluids. The patients condition did not improve. Due to deterioration of her physical condition the consultant – Dr. D.M.S. Rathore advised that she should be transferred to Emergency Deptt. of S.N. Medical College, Agra. The patient could not be revived despite measures to resuscitate her and she expired due to multiple organ failure in IMHH itself. The patient was declared dead by Dr. D.M.S. Rathore at 10.40 AM on 12.12.10. The I/C of PS Hariparvat, Agra was requested for postmortem and the same was done on 16.12.10. The post mortem did not cite any specific cause of death. Dr. Mukkaram Hussain, MO was asked to find out the cause of death. According to him the patient expired due to multiple organ failure. The body was cremated according to the patient's religious rites as no family members or relatives could be traced. The report was forwarded to NHRC on 20.12.10.

Comments of the Special Rapporteur:

Death of patient at S.No. I and III involve patients (a) who are in a very advanced age (b) who have multiple complications including organ failures and (c) all possible efforts have been made by the medical personnel attending on them to save their lives and there is no evidence of any lapse or negligence.

The case of patient at S.No. II, however, stands on a slightly different footing. The patient was young and was mentally disturbed. Since ligature of a saree can be used for committing suicide by hanging oneself, use of saree which is not hospital uniform is best avoidable. Secondly, a mentally disturbed person should never have been allowed to go to the toilet all alone; an elderly female attendant should have

accompanied her. Thirdly the ceiling should have been kept at a sufficiently high level so as to be totally inaccessible to a mentally disturbed patient. Fourthly, what transpired between her and her husband when they were sitting in the courtyard after lunch should have been ascertained to get a clue if the same provided a motive for the suicide. A formal inquiry should have been got conducted and other patients who were sitting along with the patient should have been examined.

In the absence of a formal inquiry into the causes and circumstances of death its very difficult to arrive at any definite conclusion:-

Human Rights dimension of mental health:

1. **Right to Food:**

I had in page 55-58 of my last review report of 22.3.10 brought out several redeeming features on the right to food, kitchen and food management. I was happy to observe that the same redeeming features are noticeable during my current visit. The food which is being served to the inmates is wholesome, sumptuous and nutritious, the nutritional value of food measured in kilo calory being of the order of 3177.56 for male patients and 2969.56 for female patients. The menu is altered every day and is a balanced combination of carbohydrate, protein, oil/fat, vitamins and trace minerals. Extra diet is also provided to malnourished patients, patients having a low weight and other patients who are in need of special diet.

In course of my visit to the kitchen in March, 2011 the following additional redeeming features were found:-

- a physically handicapped (both the lower limbs are artificial limbs) lady, Rekha by name has been working for the kitchen for the last 3 years;
- during the visit on 29.3.11 she was cleaning moong dal with rice for preparing khichdi for the patients;
- the kitchen has 3 chimneys and 8 exhaust fans which provide an effective outlet for smoke to go out of the kitchen;
- chapattis are being prepared on a wire mesh which gets heated fast;

- the two permanent cooks and 15 outsourced personnel excluding 4 female patients and 2 male patients who were engaged in the kitchen stated that they liked their work;

- the manner in which the vegetables are being cut and cleaned is neat and hygienic;

- the nutrient value of food for both male and female patients is being worked out with the help of a dietician.

On my very first visit and review on 15.2.2007 I had seen the old kitchen wearing a blackish appearance in the absence of a chimney and sufficient number of exhaust fans. I had also observed how due to the defective tawa (pan) in which chapattis are baked, there was too much of burning in those chapattis. Today after a span of 4 years it was a refreshing experience to see at work the modular kitchen developed by IMHH which is a model to be emulated by other mental health hospitals. There are, however, a few suggestions which I would like IMHH management to implement to introduce better transparency in management. These are:-

Suggestions:

- It should be written down in chalk on a board to be displayed near the kitchen (a) what are the food articles which have been stored (b) how much has been brought to the kitchen (c) how much has been utilized for cooking (d) what is the food which has been cooked and (e) is it according to the menu prescribed and according to the strength of patients.

- Food was being prepared in big aluminium vessels; it was also being stored in the aluminum vessels. These should be changed over to stainless steel containers which do not gather dust as the aluminum vessels do.

I also formally opened the new central dining hall. The built up area in the dining hall is 500 square metres or about 5000 square feet. It is very spacious for free movement of the required number of people at a time. The windows have been fitted with nets to prevent entry of mosquitoes. It is well lighted and ventilated. There is a big room at the entrance for washing hands and toilets. It has a provision for rain water harvesting.

In regard to capacity it can accommodate 152 patients. The male ward has another dining room which can accommodate 100 patients. Except the patients of male ward all other patients can have food in the dining room.

The estimated cost was Rs. 76.5 lakh but actual cost came down to Rs. 74.3 lakh.

Right to potable water:

IMHH as already reported in the last review report (March, 2010) has ensured the following:-

- adequacy of arrangement for storage and distribution of water;
- adequacy of arrangement for cleaning of overhead storage tank;
- drawing of samples of water once in 6 months and sending the same for test in an approved PH laboratory to ensure that water stored and distributed conforms to the scientific parameters.
- there is no scarcity of water either in terms of storage or distribution.

I visited the RO Plant. Reverse Osmosis is the latest technique by which drinking water is effectively filtered to purge it substantially of all bacteriological and chemical impurities. The plant has a capacity of filtering 1000 litres of water per hour. It is functioning for 8 hours daily. Filtered water is taken out in large storage containers and is being supplied to different wards and departments.

A few suggestions:

- Seepage at the walls of the RO Plant need to be corrected.
- IEC materials on (a) scientific storage of water (b) scientific distribution of water and (c) scientific consumption of water (without causing any wastage) should be prepared in simple bolchal Hindi and displayed all over.

Right to Personal Hygiene:

Normally all patients who have reached a certain level of improvement are encouraged to inculcate a habit of working and taking care of self which includes washing their own clothes. Washing consists of their own clothes as well as clothes of

other patients who are not in a position to do so. Clothes like salwar, kurta and pillow cover were encouraged to be washed in summer. Warm water was being provided in winter to wash clothes like woolen socks, warm jackets, caps etc. Detergent, soap and brush were provided to patients for this purpose. Every patient has 3 pairs of dresses for daily use.

Additionally and to ensure total personal hygiene and cleanliness there is a mechanized laundry (comprising of washing machines and dryers) where the clothes of the patients, bed sheets, pillow covers etc. collected from the wards twice a week at 8 AM in the morning and delivered by the next day evening. The laundry was functioning satisfactorily and the whole operation was hygienic; it also ensured economies of scale (due to bulk handling of clothes and other items).

Environmental Sanitation:

As observed in the last review report (March, 2010) there is no sewerage line in IMHH campus linking it to the main sewer lines of the city. Soak pit and septic tank have been provided for every building/ward. These are subject to wear and tear and their maintenance is also problematic.

It is, therefore, urgent and imperative that a proper planning for linking the sewer lines of IMHH with the city sewers on a permanent basis be made. While doing such planning it has to be ensured that the sewer lines of IMHH are at a higher level than the city sewers; if not dirty waste water from the city sewers will enter the sewerlines of IMHH. If it is found that the sewerlines of IMHH are at a lower level, all the sewer lines will have to be dismantled and replaced by new sewerlines which will be at a sufficiently high level, higher than that of the city sewers.

As observed in the last review report the patient toilet ratio is 8:1. It was suggested that this should be progressively improved to 6:1 as recommended by Prof. Channabasavanna Committee in 1998-99. The suggestion is yet to be implemented.

Right to recreation:

Recreation therapy is an important means to bring about improvement in the psychological and emotional status of mentally ill persons. It brings inmates together,

promotes social solidarity, rapport and bonhomie among them and encourages one to share the joy and sorrow, laughter and tears of another.

The recreational activities promoted by IMHH may be broadly divided under the following heads:-

- indoor and outdoor games [carom, chess, ludo, cards (indoor) and cricket, volleyball, badminton (outdoor)];
- annual sports for the patients along with employees and staff members of the hospital on Republic Day every year;
- screening of good, entertaining, educational movies and movies with serious moral lessons at the auditorium equipped with LCD Projector;
- cultural programmes organized by the Cultural Committee of IMHH;
- prayers, bhajans and kirtans at the Sarvadharma Parthana Ghar;
- patients being taken out on picnics;
- celebration of other festivals like Id, Bakrid, Basanta Panchami, Holi, Hariyali Teej, Rakshya Bandhan, Dusserah, Karva Chauth, Deewali, Janmashtami, Christmas etc.;
- celebration of various other awareness programmes like World Mental Health Week through role plays, nukkad nataks, street theatres, skits, simulation exercises etc.

I have fruitfully participated in many of these events along with the Director, MS, faculty members, GDMOs, patients etc.

Right to work and rehabilitation through occupational therapy:

There are 2 occupational therapy units, one each for male and female patients. They are meant to provide vocational skill training such as tailoring, carpentry, candle making, envelope making, chalk making, dona making, weaving, spiral binding and lamination for male patients and tailoring, embroidery, painting, craftwork and artificial jewellery for female patients. Raw materials are procured from the open market and

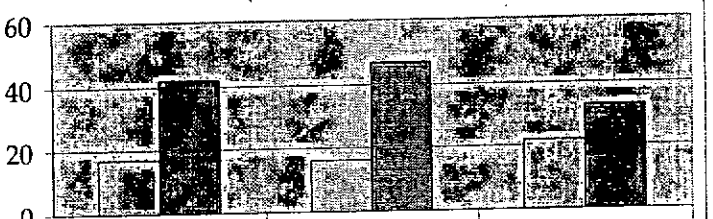
products are sold in the market on demand or during fairs and festivals. The patients who participate in these activities are being remunerated @ Rs. 25/- per day.

Additionally female patients are being placed for training in cooking and washing.

The extent of participation of both male and female patients in occupational therapy unit is not very high as would be evident from the following table:-

Table XXII (A)

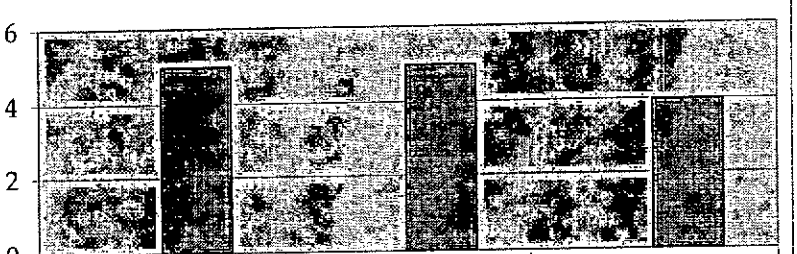
OCCUPATIONAL THERAPY UNIT
VOCATIONAL SKILLS TRAINING
(2008-10)



	2008	2009	2010
Male	17	16	22
Female	42	47	33

Table XXII (B)

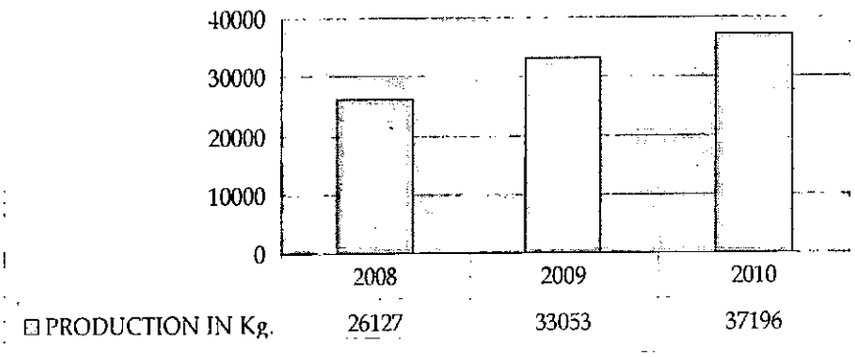
PLACEMENT IN CENTRAL KITCHEN:
OCCUPATIONAL THERAPY UNIT (2008-10)



	2008	2009	2010
Male	0	0	0
Female	5	5	4

Table XXII (C)

AGRICULTURE AND HORTICULTURE
(2008-10)



The reasons are many. Socio cultural background, aptitude, preference and interests and last but not the least ability of the person to participate (which would be dependent on the extent of recovery) are some of these factors which influence the rate of participation. At page 51-52 of the report I have dealt with my visit to the female OT. I have brought out several redeeming features of participation of female patients in effectively learning a number of skills under the able guidance of an Instructor. The experience at the male OT which I visited subsequently was as good. In the tailoring unit, 2 patients were engaged in tailoring work independently under the supervision of the master trainer. The tailoring unit was self sufficient in stitching male and female uniforms, caps and apron needed by the hospital. Interaction with a patient – Sahil Ahmed from Meerut was fascinating. He has a family background in embroidery. After being admitted in IMHH since last 4 months, he learnt additional skills of cutting and stitching. He has started wearing glasses on account of the nature of work he is doing as it requires a lot of precision and concentration. I was happy to hear from the Director that he knew Mr. Ahmed when he was young and the Director was at King George Medical College, Lucknow. Earlier he was in a very bad shape, violent and aggressive but today it was encouraging to know that he is a completely changed person and was fast on the track to rehabilitation.

Another patient – Nur Hasan on the tailoring machine stated that he can make one paijama in 20 minutes while piping of the paijama is being done by the master trainer.

Visit to male OT – weaving section:

At the time of visit 8 patients were engaged in the work of this unit. I spoke to 2 patients out of them. The first patient Trivender Singh from Kanshi Ram Nagar stated that he came to IMHH 2 months back and has learnt the nuances of the trade during this period. The second patient Shri Ram Prakash stated that this was completely a new trade for him and he is learning it albeit slowly.

The weaving unit has 2 rooms. The instructor reported that in a month the patients who have received training from him can make 25-30 small size durries. The durries are of different shape, size and colour and conspicuous for their artistic workmanship. Threads for the durries are being purchased from the local market; colouring of the durries is also being done in the said market. The master tailor – Shri Rehman (80) was a freedom fighter, full of zest and energy.

Visit to male OT – carpentry unit:

The carpentry unit which was functional at the time of my last visit has stopped now as the concerned instructor has retired, the post is vacant and no functional arrangement has been made. This should be filled up at the earliest, I suggested.

A few additional suggestions for improvement in the work environment and functioning of OT:

- Profuse seepage in the walls of the OT needs prompt attention of U.P. Jal Nigam for maintenance.

- Audit objections are creating havoc in OT units as in the matter of drug procurement. The demand for products of weaving unit is less as kutcha dhaga (thread) is being used and audit objections do not make it possible to go in for good quality thread. This should be sorted out.

- Since Kalin (carpet) has a better demand in the market than durries the OT should progressively switch over from durries to kalin. The possibility of engaging a resource person from Bhadoi, Varanasi, Mirzapur or Sonbhadra for teaching the skill of weaving kalin may be explored. Kalin has a better demand in the market, it will be good source of income and would ensure better rehabilitation of patients.

Visit to ECT unit:

Modified ECT was being administered to 2 male patients at the time of visit. There were 2 anaethestists – Dr. Madhu Sharma and Dr. Rajveer Singh, one Medical Officer along with staff nurse and attendants present. The patient had to undergo all essential investigations related to blood, BP etc. a thorough check up in the ward and countercheck by the MO before being administered ECT. Consent of the patient was obtained prior to administering ECT.

It is a matter of supreme satisfaction that thanks to the care, attention and professional handling of patients, even though 60,000 ECTs have been administered over the last 10 years or so, not a single casualty has taken place. The credit for this goes to Dr. Madhu Sharma, the anaesthesiologist and her supporting staff. They have indeed played an exemplary role.

The recovery room with 7 beds is as commodious and well furnished and equipped as the OT room. At the time of visit 2 patients who had received modified ECT were resting on the beds. On an average it takes about 15 to 20 minutes for recovery.

Visit to new ECT building under construction:

The building which is under construction by UP Jal Nigam has been well planned. It has the following components:-

- waiting room for the patient;
- pre ECT room;
- actual ECT room;
- post ECT room.

Total area covered by the building was 788.89 sq. metres. The total estimated cost was Rs. 156.6 lakhs with 31st August, 2011 as the date of completion. It was gratifying to note that (a) standard quality materials were being used for the project (b) the quality of brick, RCC masonry, roof, ceiling, walls etc. was good and (c) the work was progressing as per schedule and there will be neither any long gestation period nor any escalation of cost.

Director, IMHH reported that the Centre of Excellence proposal approved by the Ministry of Health and Family Welfare, Government of India has a works budget of Rs. 18 crores under which certain projects have been approved and the work was under execution by UP Jal Nigam. These are:-

- modified ECT and ICU building;
- Boy's and Girl's Hostels;
- New Academic Block including Library Building.

A provision of rain water harvesting has been made for all new buildings.

Since all these buildings have sizeable area of land on which they were located I suggested that in consultation with the horticulture department a proper planning for landscaping and planting such species should be made as would provide shade and contribute to the greenery of the area and at the same time whose roots would not harm the safety of the structures.

Drug planning and management – visit to the medical store:

I visited the main medical store and spent considerable time in understanding the process of planning, purchase, storage, distribution and dispensation of drugs. The process had several stages which were explained as under:-

- an open tender is called on all India basis of which some bidders are selected to supply medicines; certain medicines are left out of the tendering process as these are directly purchased at the manufacturing rate from the drug producing companies concerned;

- the pharmacist prepares the list of medicines to be purchased; this is based on the last year's purchase and keeping in view the possible increase in bed occupancy and increase in number of OPD patients (going by the average yearly outturn);

- once the list is ready after considering the cost, it is ordered for purchase;

- the order is first signed by the pharmacist, thereafter the medical stores-incharge, the Medical Superintendent; the Finance Officer and the Director, in that order, for final approval;

- once the medicines are purchased; they are kept in the medical store room at a controlled room temperature as prescribed;

- all the drugs after purchase and delivery are entered in a Central Register, duly signed by the Medical Officer incharge and Medical Superintendent in that order;

From the medical store the medicines are distributed in the following manner:-

- sub store: medicines are distributed to IPD patients and discharged patients on daily basis according to the demand from the wards sent by the Sister incharge and duly signed by the Medical officers concerned;

- OPD: medicines are sent to the OPD on weekly basis based on the demand and list sent by the pharmacist posted at the OPD and incharge of the drug dispensing unit.

Visit to the infirmary:

I was informed that the main responsibility of this unit was to cater to the needs of mentally ill patients who had associated physical illnesses like fever, vomiting, loose motion, dehydration, side effects of the medicine etc. I was further informed that cardio vascular complications, respiratory diseases (asthma, pneumonia, bronchitis, bronco-pneumonia etc.), other associated complications related to ENT, orthopaedics, general surgery etc. are referred to S.N. Medical College or District Headquarters hospital depending on need as these cases cannot be handled by IMHH.

In the paragraph captioned 'death audit' at page 66 reference has been made to death of a 85 year old female patient at S.N. Medical College. This death has not been properly investigated. I, therefore, have been making enquiries at the time of each visit and review about the general response of S.N. Medical College to the cases referred to it by IMHH. I still recall how in course of a meeting taken by the then Divisional Commissioner and Chairman of MC – Shri Sitaram Meena on 22.1.08 at the Circuit House, Agra where I was present this issue was raised and the Prof. and HOD, Deptt. of Psychiatry of S.N. Medical College instead of adopting a positive and constructive approach was found to be defending the indefensible in a very aggressive manner leaving everyone present completely dumbstruck. At the time of my current

visit to IMHH I raised this issue once again. I was informed that the overall attitude, approach and response of S.N. Medical College to the cases referred by IMHH was not very positive and I had a feeling that there should be better understanding, coordination and cooperation between the two i.e. IMHH and S.N. Medical College. To this effect, I suggested that the Director, IMHH should address a letter to Director General, Health Services (DGHS) requesting for his intervention in general and for sorting out some of these issues which have been raised in the past:-

- whether S.N. Medical College was justified in asking for provision of drugs, for services of attendants etc. in attending to all referral cases as a condition precedent before entertaining the cases?;

- whether S.N. Medical College was justified in discharging a patient in the middle of the treatment on some alibi or pretext?;

- whether there should be different norms of medical ethics (a patient is a patient everywhere) in entertaining all such referral cases?

A few other suggestions:

I. In the infirmary, there were 3 wards and 42 beds. The building was 150 years old without any DPC. There was profuse seepage in the wall and plaster of the ceiling was wearing off. Since such buildings are difficult to repair, a decision should be taken if the 3 wards could be demolished (like the old library building) and new wards like the newly constructed male ward could be put in their place. The Director IMHH should take this proposal to the Works Sub Committee of MC, discuss all the pros and cons of the proposal threadbare and bring it before the MC for a final decision.

II. Currently there was no intercom facility available in any of the wards. There was no proper MO's room or a room for the sister incharge fitted with intercom for internal contact in case of emergency.

III. Electric switches were found damaged at many points; these repairs should be carried out immediately.

Review of civil works – meeting with officials of UP Jal Nigam:

Senior Resident Engineer – Shri T.P. Sharma participated in the discussion. He presented a complete picture on the status of past, current as well as future projects as under:-

I. The following projects have been completed in all respects in 2010-11:-

- Dining Hall;
- Renovation of Director's Office;
- Renovation of Committee's Room;
- Renovation of Visitor's Room;
- Renovation of Addl. Director's Room;
- Boundary Wall at Mathura Road.

II. The following projects are under construction:-

- Type IV residential quarters – 20 numbers;
- ECT/ICU Block;
- Boys' and Girls' Hostel Block;
- Grill fencing at the OPD.

III. **Projects in the pipeline:**

In all 11 Projects as under with preliminary estimates were submitted to Government of UP through IMHH, Agra for sanction. Government of U.P. while according sanction to these projects have selected another agency called UP Processing and Construction Cooperative Federation for construction work (UPCO PAXFAD)

Project	**Estimated Cost**
- Deptt. of Neurology with 20 bedded ward	Rs. 152.07 lakh;
- Deptt. of Child and Adolescent Psychiatry With 20 bedded ward	Rs. 152.07 lakh;
- Deptt. of Geriatric Psychiatry with 20 bedded Ward	Rs. 151.94 lakh;

-	Rehabilitation Medicine Unit and Day Care Centre	Rs. 103.67 lakh;
-	Deptt. of Alcohol and Drug Deaddiction Unit with a 20 bedded ward	Rs. 152.07 lakh;
-	51 bedded ward in 3 Numbers	Rs. 379.72 lakh;
-	Waiting Hall with toilet	Rs. 194.49 lakh;
-	Canteen Building	Rs. 160.11 lakh;
-	Halfway Home building	Rs. 122.33 lakh;
-	Type III residential quarters (18 Nos.)	Rs. 212.83 lakh;
-	Type IV residential quarters (18 Nos.)	Rs. 245.48 lakh
	Total:	**Rs. 2026.78 lakh**

UP Jal Nigam has also a proposal for carrying out annual maintenance and renovation of 15 items of work amounting to Rs. 187 lakh. It was not clear if these proposals have been sent to Government of UP for approval and if so, whether funds have been released by the latter.

Suggestion:

I. Since the 11 major proposals in respect of which estimates have been prepared are related to the genuine needs of the institution, they are reported to have been approved by Government of UP and the execution agency also appears to have been finalized, funds should be placed at the disposal of IMHH so that the formalities could be completed and works could be taken up at the earliest. This is necessary in view of high rate of inflation and spiralling of prices of all commodities including the cost of building and construction materials.

II. As far as the annual repair and maintenance are concerned, the same should be taken up and completed before the onset of rains. The proposal of Jal Nigam along with the estimates should be placed before the Works Sub Committee and MC and a final decision should be taken at the earliest.

Meeting with the Finance Officer:

Shir Vishunkant Dwivedi has joined as Finance Officer of IMHH on 16.3.10. Considering his role in smooth management of a public utility and welfare oriented

institution like IMHH, I suggested the following in course of our meeting where the Director, Addl. Director and Medical Superintendent were present:-

- he should ensure timely release of funds. They should be released either in one single or at best two instalments instead of four which is the current practice and which creates difficulties in settling accounts of numerous suppliers of commodities to IMHH on a day to day basis;

- flimsy or silly objections should not be raised; endeavour should be to discuss all financial matters with the Director and Head of the Institution and resolve the differences instead of causing avoidable delay in clearance of bills which will adversely affect smooth management of the institution;

- there should be regular review of the pace and progress of allocations received vis a vis expenditure incurred at the end of every month;

- the Director, Addl. Director, MS and Finance Officer could sit together once every month and review the actual requirement of funds for IMHH in relation to increase in number of patients, cost of food, clothing, medicines, various other recurring items of expenditure and should place the genuine financial requirement of IMHH before the Finance Committee of MC and the MC should ensure that funds are made available as per requirement in time and that the financial decisions are not deferred in any way;

- Finance Officer being an integral part of IMHH establishment should play the role of a coordinator between IMHH and Deptt. of Medical Health, Government of UP and should smoothen and facilitate early decisions having financial implications by going to Lucknow, meeting and interacting with the officials of the department and getting proposals cleared in less time in the larger interest of IMHH;

- He should also sort out the objectives raised by audit with the Deptt. of Medical Health keeping the following in view:-

- decision regarding medicines and purchase of medicines is to be decided by the MC, IMHH and not by audit party deputed by the Deptt. of Medical Health;

- if companies (regardless of the sector to which they belong) are ready to supply medicines at their minimum price, while maintaining quality and efficacy of the drugs, the Director and MC should have the final say in these matters and not audit.

Community Mental Health Service:

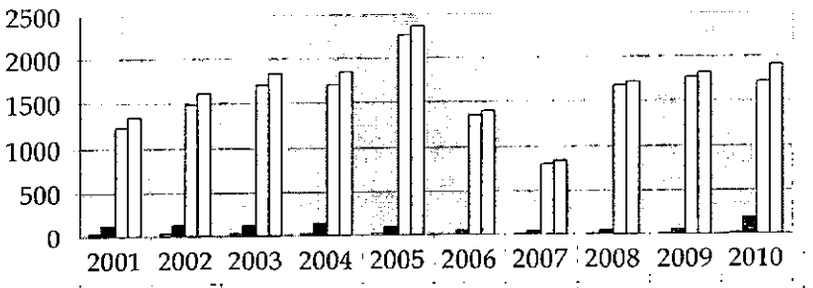
Earlier the community mental health programme was started at Community Health Centre, Farah, Community Health Centre, Bah and Ram Krishna Mission Hospital, Vrindaban but due to shortage of trained psychiatrists the health centres at Farah and Bah have been discontinued. IMHH is currently running a satellite clinic at Ram Krishna Mission, Vrindaban. A team comprising of a psychiatrist, a DNB student, a clinical psychologist, a psychiatric social worker and staff nurse visits the clinic once a month at Vrindaban to provide the following community mental health services:-

- training of medical and para medical personnel at Community Health Centre and Primary Health Centre;
- diagnosis and treatment of psychiatric disorders;
- follow up visits;
- psychotherapy;
- community education;
- individual/family counselling;
- free distribution of medicines;
- participation in health fairs and exhibitions.

Two tables below indicates the number of visits of the team and number of patients availing of Community health services at Vrindaban (2001-10):-

Table XXIII

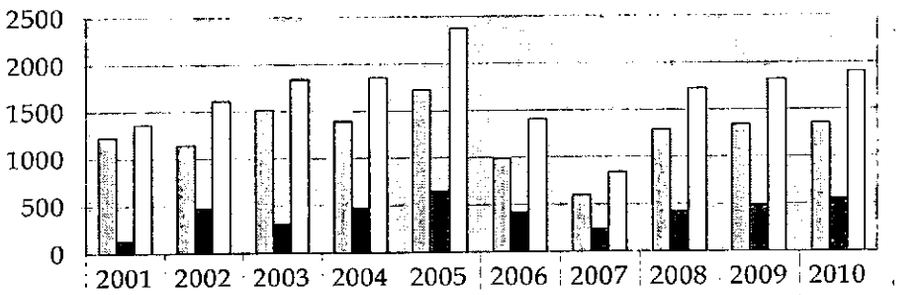
COMMUNITY MENTAL HEALTH SERVICES AT VRINDAVAN (2001-10)



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
No. of visits	24	23	24	23	28	14	10	12	12	12
New patients	116	136	136	143	103	55	37	43	48	188
Old patients	1232	1476	1696	1706	2262	1351	800	1677	1771	1718
Total	1348	1612	1832	1849	2365	1406	837	1720	1819	1906

Table XXIV

Male & Female Attended Satellite Clinic at Vrindavan (2001-10)



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Male	1218	1142	1524	1385	1724	991	598	1297	1340	1359
Female	130	470	308	464	641	415	239	423	479	547
Total	1348	1612	1832	1849	2365	1406	837	1720	1819	1906

Library service at IMHH:

There are 2 libraries in IMHH. One is the library for faculty members and research scholars and the second is meant for patients. Keeping in view the proposed teaching programme (which is likely to commence soon after approval of the proposal for affiliation with Dr. B. R. Ambedkar University by the Deptt. of Higher Education and Deptt. of Medical Education) all necessary books and journals related to psychiatry, neuro psychiatry, clinical psychology, social work, psychiatric nursing and bio chemistry are being procured for the library for faculty members. Total number of books and journals in the library are 3802 and 550 respectively. IMHH is subscribing both national and international journals since 1999. A new library is under construction from the funds made available by Ministry of Health and Family Welfare, Government of India under the 'Centre of Excellence' proposal.

Suggestion:

A reading room is an integral part of any library set up. In the reading room the following facilities should be made available:-

- considering the size of IMHH and the future potential of the proposed teaching activity to grow and reach new heights, the library will attract a number of research scholars from all over the country. There should be space for atleast 100 research scholars to sit quietly and do research in the library. For them 100 chairs and tables should be provided and they should be facilitated easy access to all books, journals and other reference materials (Ph.D thesis) kept in the library.

Research:

IMHH is engaged in research activities with a view primarily to identifying the contributing factors and remedial measures of mental illness. An independent unit has been established to promote research projects with Dr. Sandhyarani Mohanty, Ph.D, Research Officer and Co Investigator, IMHH. Four students have been currently registered for research leading to Ph.D. in Psychology. Till date 45 papers have been published in the journals of psychiatry and other allied sciences, 8 papers have been submitted for publication and 50 papers have been presented in different professional

conferences and symposia. The areas of research have been diverse but mostly action oriented such as:-

- burden of care;
- quality of life and well being of individuals;
- cognitive functioning;
- projective techniques;
- substance abuse;
- stressful life events;
- psychopathology;
- rehabilitation;
- personality;
- gender differences;
- paid work activities;
- geriatric psychiatry;
- stigma;
- insight.

I had the occasion to peruse the outline of an excellent action oriented research proposal captioned, 'Effects of remunerative jobs on Psychopathology and Psycho social functioning of hospitalized chronic schizophrenic patients'. This will be co authored by Prof. Sudhir Kumar, Director and CEO and Principal Investigator, IMHH and Dr. Sandhyarani Mohanty, Ph.D., Research Officer and Co Investigator, IMHH. The research project has been sponsored by Indian Council of Medical Research (ICMR) New Delhi and the period of research is 1.2.08 to 31.1.11.

In the researcher's own language the following are the provocations for taking up research in this very important area:-

> 'The addition of vocational dysfunction as a part of the diagnostic criteria has led researchers to investigate various dimensions of occupational functioning in the persons with major psychiatric disorders. The present study was designed to explore the effects of remunerative jobs on the following dimensions of hospitalized chronic Schizophrenic patients:-
>
> - psychopathology;

- global functioning;
- psychosocial dysfunction;
- cognitive functions;
- vocational functioning

A few problems, constraints and challenges arising from the performance of different departments:-

Deptt. of Psychiatry:

I. In November, 2009 an interview for selection of 2 Asstt. Professors was conducted. Two candidates were selected but preferred not to join the Deptt. due to low scale of pay (Rs. 15,600-Rs. 39,600/-). Instead, they preferred to join IHBAS, Delhi where they are in enjoyment of higher allowances.

II. Similar interview was held for selecting senior residents against 10 sanctioned posts which were advertised. Three candidates were selected and initially wanted to join but later relented due to poor scale of pay and allowances.

III. IMHH, Agra is required to cater to the requirement of mentally ill persons at the following places:-
   - Central Jail, Agra;
   - District Jail, Agra;
   - Sisters of Charity (once a month);
   - City Clinic (twice a week on Monday to Friday since 14.1.11);
   - Female Protection Home (Agra Nari Niketan);
   - Bal Sangrakshan Griha (Agra Children's Home).

It was reported that it is becoming increasingly difficult to depute psychiatrists who are extremely limited in number as that would cause dislocation to the work in the main hospital. To illustrate further, Dr. Kalra psychiatrist used to attend the problems of the mentally ill in Nari Niketan, Agra once a week. That is no longer possible. Now a psychiatrist can be deputed only on call.

IV. More and more NGOs are opening mental retardation homes; they also ask for assistance of a psychiatrist for issue of certification. A psychiatrist can go only

for counselling, examination and treatment; he/she cannot and should not be coerced to go to such a home for issue of certificates.

V. On request IMHH has to attend to training of professionals from Uttarakhand which is going on for a mental health hospital at Dehradun. This is posing to be difficult in view of acute shortage of manpower, constraints of time and too many competing claims.

VI. The number of medico-legal court cases are going up. On an average there are 5 to 10 cases coming up in a month at the District Courts and Family Courts. The psychiatrist who is deputed to attend such cases has a long waiting period as the cases do not come up as per schedule making the Court attendance of the psychiatrist burdensome and unproductive.

VII. Admission of patients from other States (Punjab, Haryana, Uttarakhand, Delhi, Rajasthan etc.) is posing a serious problem. These States are not prepared to pay. The budget of IMHH is extremely limited and it cannot go on bearing this unjust and unfair burden indefinitely. IN response to a letter from IMHH for making payment of bills raised, Director IHBAS – Dr. Nimesh G. Desai has sent a reply on 5.10.10 which makes a very sarcastic and cruel reading. To quote from that letter, 'it is imperative that minor issues relating to interstate reimbursement of payment/raising bills etc. should be kept aside and should not be considered. As policy such efforts are not required in large public interest'.

Such a letter is in bad taste and uncalled for. It is squarely the obligation of the Government of NCT of Delhi to pay for the patients from Delhi who are being entertained and treated by IMHH, Agra according to the prescribed rates. It cannot evade such obligation to pay on flimsy pretexts.

If IMHH does not admit the patients coming from other States the relatives will dump the patient and will go away creating a very difficult situation for IMHH.

VIII. One of the points which is reported by Director, IMHH to have been raised in the meeting held on 5.8.10 with senior officials of State Government relates to raising of allowances (as the allowances in vogue are not commensurate with

qualification, hard work and sacrifices of the existing incumbents involved). To illustrate this point further:-

		Current in IMHH	Proposed in the meeting
I	Teaching allowance	Rs. 2500/-	Rs. 5000/-
II	Research allowance	Rs. 1000/-	Rs. 3000/-
III	Clinical allowance	Nil	Rs. 5000/-
IV	Telephone	Rs. 500/-	Rs. 1000/-
V	Conveyance	Rs. 1000/-	Rs. 2000/-

Deptt. of Clinical Psychology:

1. Prof. and HOD – No post sanctioned (unlike RINPAS, Ranchi which has one such post).
2. Associate Professor – 1 post sanctioned - vacant
3. Asstt. Professor – 4 posts sanctioned – all vacant.

What IMHH has are 2 senior clinical psychologists and one junior psychologist.

The Clinical Psychologists are not treated as civil employees under Government of U.P. They are not eligible for any pension under the Employee's Pension Scheme either. They are eligible only to a new Pension scheme which is contributory in character and applicable only after April, 2005.

They are not in enjoyment of any allowances for going out and attending to orientation duties like Community Satellite Clinic, Vrindaban (once a month) or City Clinic, Agra (twice a week for 2 hours from 3 PM to 5 PM). There is no computer, no laboratory techniques and no data entry operator in the clinical psychology laboratory.

Deptt. of Psychiatric Social Work:

1. Prof. and HOD - No post sanctioned
2. Associate Professor - 1 post sanctioned – vacant
3. Asstt. Professor - 1 post sanctioned – vacant
4. PSW - 11 posts sanctioned – 4 in position

The duties and responsibilities of a PSW are onerous such as

- writing case history of new patients;
- attending to specific tasks assigned as part of ward duties;
- counselling patients (both OPD and IPD);
- attending Satellite Clinic at Vrindaban;
- home visits;
- organizing group meeting of patients in the ward.

It is inconceivable to think of discharge of these functions and doing justice to them when 7 out of 11 sanctioned PSW posts are vacant.

Deptt. of Psychiatric Nursing:

1.	Prof. and HOD	-	No post sanctioned.
2.	Associate Professor	-	1 post sanctioned – vacant.
3.	Asstt. Professor	-	1 post sanctioned – vacant.
4.	Nursing Tutors	-	2 posts sanctioned – vacant.

- Dr. (Mrs.) Sunanda GT who was the Asstt. Professor till 29.3.11 has since been relieved (she has taken voluntary retirement – to join her husband in Bangalore). The post is yet to be advertised. Since 90% of the nurses' training classes were being conducted by Dr. Mrs. Sunanda GT, training classes for B.Sc and M.Sc nurses have come to a grinding halt.

- The posts of nursing tutors were advertised but the candidate who was selected did not join.

- Staff nurses should be a balanced combination of male and female. In IMHH Agra, they are predominantly male and few female. Adequate number of staff nurses are not available for ward duties, emergency duties, drug dispensing unit, library-cum-recreation centre for patients. There are a number of chronically ill patients in the female ward who are in need of greater care and attention.

Executive summary of observations, conclusions and recommendations:

- In Rakesh Chandra Narayan Vs. State of Bihar and Others (WP (Civil) No. 339 of 1986) the apex Court in its judgement dated 17.5.94 had indicated that teaching, training and research should go side by side with treatment and social and occupational rehabilitation of the patients.

- As far as teaching in IMHH is concerned, in course of my visits in 2008, 2009 and 2010 I have observed that Director, IMHH – Prof. Sudhir Kumar has taken all possible steps to secure affiliation of IMHH with Dr. B.R. Ambedkar University, Agra. He has deposited Rs. 15 lakhs towards security deposit and has submitted a proposal for opening the following courses:-
  - M.D. Psychiatry (2 seats);
  - M.Phil and Ph.D. in Clinical Psychology (10 seats);
  - M.Phil and Ph.D in Psychiatric Social Work (10 seats);
  - Diploma in Psychiatric Nursing (20 seats).

- The proposal which had the support of a 3 member Expert Panel on 25.1.08 was approved by the Academic Council on 24.2.09 and Executive Council (Syndicate) on 28.2.09 was forwarded to the Hon'ble Chancellor of the University.

- The proposal was approved by the Hon'ble Chancellor on 15.9.10 (more than 1 ½ years after it was referred) and sent back to the State Government. The proposal is pending with Deptt. of Medical Education and Deptt. of Higher Education for the last 9 months.

- In other words, despite best efforts on the part of the Director, IMHH, the proposal is yet to see the light of the day due to bureaucratic redtapism.

- Teaching activity cannot be commenced without this approval and without formal affiliation of IMHH with Dr. B.R. Ambedkar University.

- A teaching block has been carved out by conversion of some old Blocks. There are 2 auditoria, halls (2), lecture rooms (4) and seminar rooms (3) with facilities for audio visual presentation. The teaching block has been accoustically treated and is waiting to be put to use for the last 2 years.

- The MCI and the Ministry of Health and Family Welfare, Government of India have accorded their approval for 2 seats in M.D. Psychiatry while the Rehabilitation Council of India has approved 10 seats in M.Phil, Clinical Psychology and 10 seats in M.Phil in Psychiatric Social Work.

- Commencement of classes for all these courses is awaiting approval of the proposal for affiliation with Dr. B.R. Ambedkar University by the Deptt. of Higher Education and Deptt. of Medical Education.

- It was encouraging to note that the National Board of Examination, New Delhi has accredited IMHH for DNB Psychiatry course from January, 2008. The DNB programme comprises of –
  - seminar – once a week;
  - case conference – once a week;
  - short case – once a week;
  - journal club – once a month;
  - class as per requirement.

- Two primary and two secondary students have already appeared in their DNB final examination. The first batch completed its training in December, 2010.

- The DNB students are also being given practical training by being posted in wards, emergency, OPD, Satellite Clinic at Vrindaban, City Mental Health Clinic, Agra and being sent to NIMHANS, Bangalore for training in child and adolescent psychiatry, drug deaddiction and neurology.

- In regard to research IMHH is engaged in action research to identify the root cause and remedial measures of mental illness. The areas of research are: burden of care, quality of life and total well being, cognitive functioning, projective techniques, substance abuse, stressful life events, psychopathology, rehabilitation, personality, gender differences, paid work activities, geriatric psychiatry, stigma and insight.

- Under the aegis of the research unit 6 Ph.Ds have been awarded in Psychiatry, 10 Research Projects in Psychiatry and 14 Research Projects in Clinical Psychology have been taken up and successfully completed, 86 papers have

been presented in different professional conferences, 45 have been published in the journals of psychiatry and other allied sciences.

- In regard to treatment the faculty though few (much less than the requirement according to norms laid down in Rule 22 of Mental Health Rules, 1990) is very good, has the potential to develop into professionals of good standing provided the following conditions are fulfilled:-

  - they are exposed to different training programmes, workshops and conferences at national and international level (this is not possible as the number of faculty members is few and far between and their frequent deputation outside will cause dislocation to treatment);

  - while pay scales and perks are low in comparison with their counterparts in comparable institutions, private practice is not allowed causing large scale demotivation and demoralization

- The quality of treatment is bound to be adversely affected by the following deficiencies in manpower planning:-

  - There is acute shortage of personnel in all the grades in IMHH. As on date and even after outsourcing all the Class IV posts, there are 155 vacancies in Group 'A', 'B' and 'C'. In 'A' and 'B' alone there are 83 positions vacant;

  - Persistence of such huge vacancies over a long period of time has serious implications in terms of human resource management, time management, discipline etc.;

  - Vacant posts are being advertised and readvertized (the last advertisement being on 6.5.11) but the response to the same is very discouraging;

  - Even when a limited number of candidates respond and take the interview, they are not inclined to join; they prefer to go away elsewhere like NIMHANS, Bangalore, IHBAS, Delhi or outside India where the scales of pay, other allowances and perks are far more attractive;

- The other circumscribing limitation which inhibits IMHH to fill up the vacancies is the huge gap between the genuine needs of IMHH in terms of finances, reduced outlay of funds in the budget and funds which are actually made available on the one hand and lack of timeliness in release of funds on the other (funds are currently being released in 4 instalments);

- To illustrate this point, it may be stated that IMHH incurred an expenditure of Rs. 1092.51 lakhs in 2008-09 but a sum of Rs. 1077.87 only was made available in 2009-10. An expenditure of Rs. 1166.84 was incurred in 2009-10 but a sum of Rs. 1124.52 lakh only was made available in 2010-11;

- IMHH has a Managing Committee (MC) and a number of Sub Committees (Personnel, finance, works, drugs, other purchases etc.). The MC is headed by the Divisional Commissioner. There is frequent change of incumbency of this functionary and there is no continuity. However, the current incumbent Mr. Amrit Abhijat (I could not meet him as he was not available) is reported to be taking keen interest in the development and progress of IMHH. The MC and Sub Committees are regularly meeting from time to time (34 meetings of the MC have been held since 1996) and taking decisions within the ambit of their delegated powers but there are serious problems in implementation of most of the decisions due to non release of funds by the Government of U.P.;

- To illustrate, the MC in its meeting held on 26.8.09 resolved the following:-

  - the levy money be released on the basis of sanctioned bed strength i.e. 838 and not on the basis of bed strength utilized;

  - the levy money should be enhanced by 15% every year.

- In my reports of 2008, 2009 and 2010 I have been consistently recommending to Government of U.P. to take a final decision on this. A number of reminders have been sent by IMHH. In the meting held on 5.8.10 convened by Government of U.P. the resolution adopted by the MC was fully supported but the proposal is still pending with Government of U.P.

- Director, IMHH is the Chief Executive Officer of the institution. He has a wide range of duties and responsibilities and he has to work unremittingly to do justice to his mandate. Dr. Sudhir Kumar joined as Director, Institute of Mental Health and Hospital, Agra in 1998. He has been stagnating in the maximum of Rs. 18,400- Rs. 22,000/- (Old Scale) where as heads of other equivalent/comparable institutions are in pay scale of Rs. 26000/- fixed (Old Scale). Now in the 6th pay commission report the pay scale of Rs. 18400-22000 has been revised in Pay Band – IV Rs. 37400-67000/- Plus revised to Rs. 80,000/-. On the strength of resolution adopted by the Management Committee on 15.05.2007 for revision of scale of pay of the Director equivalent to other similar institutions, Government of U.P. was requested and reminded from time to time. The NHRC has also moved to the Government of U.P. on 13.03.2009 but without any tangible results. In view of natural justice and policy of the Government it is again recommended that the Pay Scale of Director should be revised to Rs. 26,000/- is old scale and consequently to Rs. 80,000/- as per recommendation of 6th pay commission report as, is being done in case of Ranchi Institute of Neuropsychiatry and Allied Sciences, Ranchi, National Institute of Mental Health and Allied Sciences, Bangalore, Sanjay Gandhi Post Graduate Institute, Lucknow, All India Institute of Medical Sciences, Delhi, Institute of Human Behaviour and Allied Sciences, Delhi and Rural Institute of Medical Science, Saifai.

- Stagnation in a particular scale of pay which is quite low compared to the heads of equivalent/comparable institutions in medical hierarchy is quite frustrating and demotivating but that notwithstanding. Dr. Kumar as the Head of the Institution has spared no pains to bring about whatever improvement and change was possible within limited resources – human, material and financial. In course of all my 5 reviews of the performance of IMHH so far (2007, 2008, 2009, 2010 and 2011) I have found him to be very positive and responsive and as a result of his painstaking initiatives the following improvements and changes which were suggested by me have been carried to their logical conclusion:-

  - construction of a 2 storey new OPD Block fully functional from February, 2010;

- construction of a 50 bedded male ward;
- construction of a new overhead tank;
- construction of a new central dining hall;
- conversion of the erstwhile building meant for occupational therapy into a teaching block;
- renovation of Director's and Additional Director's office, Visitor's room, Committee room etc.

- On account of his initiative the following Projects which are fully need based have been taken up for construction:-
  - Type IV residence – 2 numbers;
  - A new ECT Block;
  - A new ICU Block;
  - A new Boys' and Girls' Hostel Block;
  - Grill fencing at OPD.

- On account of his futuristic vision 11 major project proposals with preliminary estimates were submitted to Government of U.P. The proposals are understood to have been approved and the construction agency has also been nominated. Funds, however, are yet to be released. The project proposals are as under:-

  - Deptt. of Neurology with 20 bedded ward – Rs. 152.07 lakh;
  - Deptt. of Child and Adolescent Psychiatry with 20 bedded ward – Rs. 152.07 lakh;
  - Deptt. of Geriatric Psychiatry with 20 bedded ward – Rs. 151.94 lakh;
  - Rehabilitation Medicine Unit and Day Care Centre – Rs. 103.67 lakh;
  - Deptt. of Alcohol and Drug De addiction Unit with 20 bedded ward – Rs. 152.07 lakh;
  - 51 bedded ward (3 Nos.) – Rs. 379.72 lakh;
  - Waiting Hall (for the OPD) with toilet – Rs. 194.49 lakh;
  - Canteen Block – Rs. 160.11 lakh;
  - Halfway Home – Rs. 122.33 lakh;
  - Type III residence (18 Nos.) – Rs. 212.83 lakh;

- Type IV residence (18 Nos.) – Rs. 245.48 lakh

Total - Rs. 2026.78 lakh

In addition to the issues which have been listed in the preceding paragraphs as pending with Government of U.P. and which call for immediate action, the following few other issues deserve special consideration of Government of U.P.:-

- Government of U.P. has been treating IMHH like any other hospital in U.P. In view of Supreme Court's direction, involvement of NHRC, changes which have already been brought about, the strides and break through which have been achieved in research, IMHH deserves to be treated as a specialized apex institution like NIMHANS, Bangalore; this deserves serious consideration of the State Government and Government of India;

- All the employees of IMHH, Agra should be notified as civil servants under Government of U.P.;

- Government must streamline the procedure for sanction and release of funds;

- Timely and decisive action will have to be taken to remove all the encroachments around IMHH and on the land of IMHH; this is absolutely essential for future expansion and growth of IMHH;

- IMHH has a limited budget and is finding it difficult to do justice to all the 4 areas of teaching, training, research and treatment. While it is conceded that a patient is a patient and has a fundamental right to be treated in an institution of his/her choice, the treatment charges (both OPD and IPD) will have to be borne either by the patient or by the State Government concerned. In case of IMHH between 1.1.2000 to 30.6.2010 a number of mentally ill persons from Delhi, Rajasthan, Jharkhand, Gujarat, Jammu and Kashmir, Punjab, Haryana, Uttarakhand, Madhya Pradesh, Bihar, Chattisgarh, Himachal Pradesh, West Bengal, Manipur and Karnataka have availed of the facility of indoor treatment but except Manipur, West Bengal and Uttarakhand (to some extent), other States have not paid the treatment charges for these patients and the outstanding dues have amounted to Rs. 89,35,750/-. The response of some of the States like Delhi has been lukewarm. Government of U.P. should take up

the matter at the level of Chief Secretary with all the defaulting States concerned at the earliest.

- There is urgent and imperative need for delegation of additional administrative and financial powers in favour of the Director in the following areas:-

    - Provision for adhoc/contractual appointment of professionals to carry out different items of work;

    - Power to make emergency purchases.

  The State Government need to issue a GO to make the above possible.

- On account of interference of audit and flimsy objections raised by the latter, there have been serious problems in procurement of certain essential drugs adversely affecting both patients and smooth drug management in the hospital. In purchase of essential drugs the Director should have the last say and unwarranted audit interference must stop. The State Government/DGHS may have to issue a GO to this effect.

- The entire procedure for budget provision (both BE and RE), sanction and release of funds should be streamlined.

The Director, IMHH needs to initiate action in the following areas:-

- the IEC materials produced by IMHH continue to be inadequate and do not come upto the desired expectation in terms of content and quality. This has been a neglected area which deserves renewed attention;

- school mental health programme should be taken up with renewed vigour and momentum. The programme should cover (a) development of appropriate curriculum, course content, textual materials (b) teacher's training (c) motivation of parents and students. Organizing quiz competition in various schools may be one of the components but cannot certainly constitute the total package for the school mental health programme;

- a scientifically planned programme should be undertaken to design software for computerized data base and management system for OPD, IPD, library, kitchen, laundry, RO, incinerator, central drug store, sub stores, emergency, ECT, EEG, ECG, X-ray etc. and the computerized data base should be built up by a firm date;

- after the new library building is ready, steps should be taken to establish e-connectivity with all departments so that the faculty members can have easy access to the information available in the library by remaining at their respective desks; a reading room fully equipped in the lines of RINPAS, Ranchi should also be an integral part of the library;

- counselling (both behaviour related and drug related) needs to be activated with a view to ensuring better drug compliance and preventing relapse.

To sum up, with a proactive MC, proactive Director and timely, decisive and supportive action on the part of the State Government to give a push to all the recommendations made by the Director and the MC and with the ungrudging support and help extended by the Ministry of Health and Family Welfare, Government of India, IMHH, Agra qualifies and has the potential to evolve, grow and acquire the same status as NIMHANS, Bangalore.

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