Report on the visit of Shri Chaman Lal, Honorary Representative, National Human Rights Commission, New Delhi to Hospital for Mental Health, Jamnagar (Gujarat) on 18-19 October, 2007

As directed by the Commission, I visited the Hospital for Mental Health (HMH), Jamnagar (Gujarat) on 18-19 October, 2007 to monitor the implementation of the Commission's directions on recommendations of Dr. Channabasavanna Committee (hereinafter referred to as the Committee) circulated vide Commission's document "Quality Assurance in Mental Health" in June, 1999. The Committee had visited HMH, Jamnagar in December, 1999 and found it poor in infrastructure, deficient in manpower and inadequate in OPD as well as inpatient services. Absence of facilities for psychological intervention, laboratory facilities and occupational therapy had drawn adverse remarks from the Committee. The Committee gave a number of specific suggestions for bringing about the desired improvement.

Dr. Hitesh Sheth, Supdt. and Psychiatrist, HMH, Jamnagar assisted by Dr. Shailesh P. Parmar, Incharge RMO, HMH, Jamnagar, briefed me on the history, present status and various aspects of functioning of HMH, Jamnagar. Mr. R.H. Bakre, Programme Officer, Commissionorate of Health Services, Gujarat accompanied me from Ahmedabad and remained present throughout the visit. The briefing was followed by a round of the campus which included visit to OPD, male block, female block, kitchen,

occupational therapy unit. The visit concluded with separate meetings held with the District Collector, Jamnagar, the Principal District and Session Judge, Jamnagar, Executive Engineer PWD and representatives of NGOs.

Hospital Infrastructure

HMH, Jamnagar, established in 1959, was shifted in 1984 to the present building constructed on the lines of a hospital in Switzerland. The new building was specifically designed to provide facilities for family members to stay with patients. Adequate open area was provided for introducing activities like gardening and creating facilities for outdoor games. It is unfortunate that for want of a psychiatrist, the hospital could not really come into existence and the infrastructure remained unutilised for several years. This resulted in almost half of the building and compound being allotted to a Dental College. The Committee had found the place resembling a detention centre with patients kept locked up all the time within the building. In the absence of a full time Psychiatrist the hospital was being run by an anaesthetist posted as Medical Supdt. The staff was unable to control violent patients whose presence was causing resentment in the surrounding neighborhood demanding its re-location.

HMH, Jamnagar has a total area of 22146.90 sq.m and builtup area of 2057.36 sq.m. Its catchment area comprises six districts of Gujarat, namely,

Jamnagar, Junagarh, Amreli, Porebandar, Rajkot and Bhavnagar and the Union Territory of Diu.

The Hospital infrastructure comprises male ward, female ward, open ward and prison ward. Open ward is meant for patients – male as well as female accompanied by a family member. Male Block has been split up into semi-improved patient ward, improved patient ward and criminal patient ward with provision of an IPCU ward. It is not understood why this rational categorization has not been tried for female patients. The hospital building also holds 9 cells in the male block each provided with a cemented plank. 6 cells have attached toilets.

The building under occupation of the Dental Hospital has been vacated on 4.8.07 although formal possession is yet to be taken by the HMH. The additional accommodation can be utilised for upgrading the OPD and setting up patients' dinning hall.

Admission and discharge

Admissions and discharges are governed by the provisions of the Mental Health Act, 1987. The following chart would show a smooth in and outflow of patients:

Year	Admission	Discharge
2004	81	101
2005	78	81
2006	80	74
2007 (till Sep.)	74	78

Admissions continued to remain involuntary for over 6 years despite the Committee's adverse observation and recommendations that "involuntary admissions need to be kept to the minimal". Voluntary admissions u/s 15 and admissions under special circumstances (u/s 19) were started from January, 2007. Out of a total of 78 admissions of the current year (till 30 Sep.), only 2 (2.7%) are voluntary admissions and 6 (8.11%) are on the request of family. The rest are under court orders. It is obvious that the hospital facilities are being utilised largely for involuntary admissions ordered by court. The idea underlying the design of the hospital on Swiss model for admissions u/s 15 and 19 of the MH Act with a family member staying with the patient is yet to be realized.

All admissions are close admissions except those in the open ward. The assertion that no patient is kept alone in a cell turned out to be false. A serious complaint on this count was heard during the round of the campus.

Male patient Rahul Bhai Jaswant Bhai was admitted on 6.10.07 for observation under the orders of the CJM, Amreli. He complained that he was kept in a lock-up for 11 days. He was found perfectly normal and in full command of his senses. He showed me the lock-up where he said he was kept for 11 days. The place has no light or fan facilities. Incharge sister Mrs. Ruthben R.Parmar, on being questioned, admitted that he was kept in that cell but only for 7-8 days. The Medical Officer Incharge male ward Dr. Naresh V. Parmar disappointed me totally by exposing his weakness in taking remedial action after he had learnt about the uncalled for detention of this man. The examination of the patient's file showed that the Supdt. Psychiatrist had examined him on 6.10.07 and described his behaviour as aggressive. However, he did not record any directions for keeping the patient in isolation. The patient was received for observation and a reply should have gone to the court concerned within 3-4 days recommending his discharge or regular admission under a reception order. The matter was pending for 12 days till the time of my visit on 18 October, 2007. I was surprised to find the Psychiatrist Supdt. totally unaware of a clear case of cell admission while he was emphatically telling me that such admissions have been stopped. Besides reflecting a glaring lack of sensitivity to the

rights of mentally ill persons by the staff on duty, the incident presents a very poor picture of supervisory control of the Supdt. Psychiatrist.

SERVICES

Casualty and Emergency services

There has been no improvement since the Committee remarked that the hospital does not have casualty and emergency services. There is no short stay ward. Ambulance facilities remain absent as before.

Outpatient services

OPD is run from 9 AM to 1 PM and 4 to 6 PM on all days except Saturday when only morning service is available. The following statistics for the year 2004 onwards give daily OPD average of 8 patients – 2 new and 6 old:

Year	New	Old	Total	Average
2004	295	2357	2652	8.54
2005	202	1943	2145	7.15
2006	262	1905	2167	7.22
2007 (till Sep	188	1561	1749	7.71

OPD arrangements are very poor with hardly any seating arrangements provided for patients and attendants. One bench just enough

to accommodate 3 persons has been placed outside the rooms occupied by one psychiatrist, one clinical psychologist (presently vacant) and one Medical Officer. For want of a clinical psychologist, no psychological testing is being done.

Free medicines are supplied for 7-10 days to the new and 2 months to the old patients. The Supdt. Psychiatric explained that the Medical College, Jamnagar situated at a distance of 1 km. From HMH has a Psychiatric unit comprising one Professor, one Associate Professor, one Assistant Professor. It is holding daily OPD. It has a bed capacity of 15 and average occupancy of 10. Daily OPD average is 15 new and 135 old cases. This cannot be taken as a satisfactorily explanation of the low average (8) of OPD cases at the HMH.

Inpatient Services

The new hospital building occupied in 1984 was designed with a capacity of 300 beds. However, the capacity of HMH, Jamnagar has been fixed as 50 – 40 male and 10 female. The average bed occupancy for the years 2004 to 2006 was 45 only. Availability of 25 toilets and 17 bathrooms presents a satisfactory picture of sanitary facilities. The supply of water by Jamnagar Municipal Committee is satisfactory. A sump of 68,000 litres capacity and overhead tank of 40,000 litres capacity ensures round the clock

supply of water for drinking and bathing purposes. Water coolers numbering 5 fitted with purifiers have been provided in all wards. Hot water is supplied during winter days. A separate water cooler with purifier has been provided near the dinning hall. Supply of electricity although without any backup is reported to be satisfactory.

On the day of the visit (18 Oct.), the hospital was found holding 36 patients - 24 male and 12 female. Only one male patient was staying in open ward along with his parents. 11 male patients were in the Semi Improved and 11 in the Improved Patient Wards. One was a criminal patient lodged separately in the criminal ward. The female ward was holding 12 patients. 8 patients – 5 male and 3 female have completed more than 2 years in the hospital. One male patient Kantibhai Gopalbhai has been languishing since July 1999. Only in 2 cases, some supportive cooperation from relatives is available. 4 patients – 3 male and 1 female are from outside Gujarat. I visited male and female wards and saw all the patients individually. Following observations are made:

Male Patients

1. Male Patient Bhagatbhai Nathabhai, aged 44 years was admitted on 29.1.05. He wants to meet his brother who is too poor to keep him. The latter is financially unable to undertake journey to Junagadh. The patient

may be taken to Junagadh by taking financial sanction from the Rogi Kalayan Samiti.

2. Shri Mahesh Bhai Mohan Bhai Parmar, 36 years, a practicing lawyer was admitted on 16.4.07 under orders of CJM, Jamnagar. He has shown good improvement and is likely to be discharged shortly. He told me that he is losing his practice because of unsympathetic attitude of his colleagues in the court. His case may be referred to the Legal Aid Committee for appropriate intervention/assistance. The local bar council can also be approached to help him in regaining his means of livelihood.
3. Shri Damjibhai Jerambhai , 36 years, was admitted on 4.10.06. He is fit for discharge and was in fact sent home twice on AOL. His family is too poor to keep him. It is a fit case for employment in the Day-Care centre.

Female Patients

1. Smt. Jayaben Ramniklal Joshi, 60 years, was admitted on 14.9.07 under a reception order issued by CJM court, Jamnagar. She is taking treatment for high blood pressure after examination by the visiting physician on 27.9.07. M.O. incharge Dr. Purna Mehta was found unaware of this fact and the entries made in patient's file by her indicate an attitude of utter casualness as no mention is made of her blood pressure which has to be monitored. It is remarkable that she

is not willing to accept the offer from her daughter and son-in-law to stay with them out of a sense of self-respect. She is a teacher and the expenditure on her maintenance can be met out of her pension. Efforts should be made to find some NGO or charitable Institute to enable her live a semi-independent life in community.

2. Mrs. Illaben Pradhyaumanbhai, 42 years, was admitted on 4.2.05 under a reception order brought by her mother. She is being treated for schizophrenia with little progress. She is keen to return to her family but her mother as well as brother are not willing to receive her. The family has been traced at their new address. Four letters sent to her brother who is a contractor have brought no reply. The psychiatric social worker is advised to meet him personally and persuade him to come and meet his sister.

3. Mrs. Gangaben, aged 30 years, was admitted as unknown on 12.9.07 under a reception order issued by CJM court, Diu. She is a Tamil speaking woman. The Psychiatric social worker has arranged with the help of local manager Reliance, a Tamilian to communicate with her but it has not been possible to obtain any worthwhile information. NGO BANIAN of Chennai may be requested to keep this patient and make efforts for tracing her family.

4. Mrs. Chandrikaben Ravjibhai, 35 years, was admitted as a wandering mentally ill person on 30.5.07 under a reception order issued by CJM, Rajkot. Till sometime after admission, her husband used to come along with their child to meet her. Thereafter, he stopped and also filed a divorce case. On her request, she was sent on parole (Absence on Leave) under hospital escort but her husband refused to receive her. The Psychiatric social worker has found that her parents are willing to keep her. They may be asked to persuade her husband to take her back and also bring community pressure on him. If these efforts fail, legal action may be initiated under section 79 of MH Act to recover the cost of maintenance from her husband who is legally bound to maintain her. The case should be referred to the Legal Aid Committee for detailed examination.

I found the M.O. incharge Dr. Purna Mehta as well as the sister on duty with little knowledge and less interest about the patient's status and individual problems:

Average Length of Stay (ALS)

The Committee had found the ALS to be 167 days. There has not been any significant improvement in HMH, Jamnagar, which is noticed at most other places. The ALS in the close wards was 133 days in 2004, 177 in

2005 and 138 in 2006 and 122 in 2007. It has shown some decline in the current year. It is heartening that the ALS for the open ward although not yet utilised to its full potential is 9 days for admission u/s 15 and 8.25 days for admission u/s 19. This proves the importance of involving patient's family in his/her treatment.

Criminal patient

HMH, Jamnagar was found holding only one criminal patient on the day of the visit. I saw this patient UTP Jentibhai Karshanbhai Jadav aged 40 years admitted on 19.5.06 under the orders of JMFC Court Porbandar. He is involved in a case u/s 307 IPC and charge sheet was filed on 14.8.06. The trial could not begin because of his mental illness (schizophrenia) rendering him unfit to defend himself. Records show that he has been produced before the Visiting Board 12 times during his stay of 16 months. Reports on his condition are sent to the trial court every month. A police guard comprising one ASI and 3 constables have been provided for guarding this prisoner. District prison, Jamnagar is designated jail for mentally ill patients for the State of Gujarat. Convict prisoners are treated in jail or in civil hospital, Jamnagar. Undertrial prisoners suffering from mental illness are admitted to HMH under reception orders issued by trial courts.

Testing facilities

The Committee had commended adversely on the absence of laboratory facilities and consequent dependence on local civil hospital for all investigations. Some improvement has been achieved by developing from 15 June 2007 facilities for routine blood examination although for blood sugar test dependence on the civil hospital continues. Same is the case with VDRL, Lithium estimation, X-ray examination, HIV screening etc. A Lab. Technician from the district TB Centre visits this hospital twice a week for this purpose. A total of 46 tests have been conducted during the last four months.

The hospital is holding an auto analyser without having put it to use so far. Lithium serum estimation machine was purchased sometime back out of grant received from the Govt. of India. The Lab. Technician was trained in operating machine. After he was replaced by another man on transfer, this important testing facility was closed. The Hospital is without EEG facility. It has Modified ECT facility operated by a visiting aneasthetist. ECT was administered to 68 patients in 2004 and 75 in 2005. Surprisingly the use of ECT has been totally stopped from Jan. 2006 onwards. It was not difficult to detect the reason for this retrograde step. The Supdt. Psychiatrist was found having strong although not very rational

views against the use of ECT which is a widely acknowledged useful intervention for immediate stabilisation of a person with suicidal tendencies.

The Committee had remarked adversely on the absence of psychological testing facilities. The situation remains poor as before although IQ/cognitive function, personality assessment tests are being carried and Home visit and collateral contacts are encouraged.

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Recreation facilities

Colour TVs (29") have been installed in all wards. Newspapers are also supplied in each ward. These facilities can be utilised systematically and more purposefully if the daily activities of patients are structured rationally and supervised properly by the nursing staff and attendants with some interest shown by the medical officer incharge. This is not being done. A clear atmosphere of pervasive neglect can be seen everywhere in this hospital.

Occupational therapy

The O.T. facility was started by a dedicated occupational therapist Sunitaben Maheria in June, 2006 with donations received from supportive and generous people. The psychiatric social worker Rameshbhai Gambhava

and dynamic staff nurse Bharatbhai Gadhia have ensured that these activities have continued even after Sunitaben was transferred to Ahmedabad. Occupational therapy is being provided in six work trades: tailoring, carpentry, door mat making, white phenyl making, decorative diya making and gardening activity. A total of 67 patients are shown to have been engaged in these trades in the current year. The poor maintenance of the campus garden does not support the statement that 19 patients are engaged in gardening activities. Year-wise production record of carpentry, tailoring, door mat making and white phenyl making units shows good potential but the results are not encouraging. I visited the OT Block and saw male patients engaged in carpentry, door mat making and tailoring work.

A total amount of Rs. 5138 has been paid as incentive to patients during the period June, 2006 to September 2007. This means a monthly average of Rs. 320. Although it is claimed that 48 patients are working in these units these days the number of patients regularly doing this work would be around 15. The amount of incentive paid to patients should be enhanced suitably to make these activities attractive and effective in raising the patients' self-esteem. It is worth mentioning that selected male patients are involved in delivery of food in wards. Female patients are involved in making chapatis for patients in female ward.

Day-care Centre

A Day-Care Centre was started on January 2007. 9 persons joined the centre but 7 of them stopped coming after attending for a period ranging from 7 days to 3 months. One of them had to be re-admitted as a patient. Others got demotivated because of long distance and lack of incentive. I met the only regular member of Day-care centre Naveen Bhai Bhalt. He joined the Day-care centre on 15 January 2007, worked in the tailoring unit and thereafter in phenyl unit and door mat unit. He told me that he has received two payments, once Rs. 110 and then Rs. 68 for his work. I found him very much interested in what he was doing and questioned him about his daily needs. He said he spends around Rs. 600 per month on the lunch tiffin he gets from outside. He would need at least Rs. 2000 per month to live independently, which he values and wants to achieve. It is a pity that the Institution is paying him an average monthly incentive of less than Rs. 20. Although this man has not asked for free lunch, the Institution could have at least provided him one meal. I could see that this simple human issue had not struck even the efficient and spirited staff of psychiatric social worker unit. The system of incentive to patients working in the OT units manufacturing marketable products needs to be improved.

Death of patients

The Committee's report mentions an average of 4 deaths (11%) and 4-5 escapes every year. The death rate appears to be rather high. A slight improvement is noticed as can be inferred from the following statement:

1999 –2 deaths, 2000 - 3, 2001 –2, 2002 – 1, 2003 – 2, 2004 – nil, 2005 – 1, 2006 – nil and 2007 (till Sep.) – 2.

I examined in detail all the cases of deaths occurring from 1.1.04 onwards (3 cases). Devendra Singh Naran Singh aged 45 was admitted on 5.5.07 under a reception order and was being treated as a patient with schizophrenia. He died suddenly on 17.6.07 at HMH. His file shows the cause of death as 'fall' without giving an account of the circumstances of his death. The entry made at the time of admission mentions Traumatic injury scalp and abnormal gait. The entry dated 14.6.07 mention Traumatic injury forehead. The last entry dated 17.6.07 says "the patient fell and became unconscious, his B.P was not recordable, there was no pulse, no respiration". The file also contains some information about his MRI examination dated 29.1.07. The report of MRI of brain mentions "difused cerebral cortical atrophy is noted. Small old lacunar infarct is noted in right lenticular nucleus". The Post Mortem Examination report gave head injury as the cause of death. It shows that the exact cause of death could not be

ascertained and therefore "Tissues were preserved for histo Pathological examination". No effort seems to have been made to find out whether this examination was actually carried out and what was the final finding about the cause of death. Entries mentioned above clearly indicate that this person had the history of the tendency of falling and it was, therefore, a case requiring special care. What is unpardonable is the fact that no internal inquiry was conducted to see whether there was any lapse on the part of the hospital staff entrusted with the care and protection of the patient.

Aniruth Singh Haridan Gadhia, 36 years was admitted on 24.8.07 as a mentally retarded person with psychosis. The file shows that at 4.30 PM on 20 September, 2007 the sister on duty noted him lying unconscious. He was examined by the M.O. and found dead. Examination of the file shows that he was referred to the Physician on 30 August and was advised serum, ECG, RBS, Serum Creatinine, TSH and Chest X-ray examination. All tests except TSH were carried out and he was examined by the Physician on 13.9.07. The Physician prescribed antibiotic treatment. He was last seen by the Physician on 19.9.07 and nothing significant was noticed in his condition. The postmortem examination report says that "he probably died due to coronary insufficiency and tissues were preserved for pathological examination". The final report is still awaited.

The examination of above files clearly revealed a lack of concern and seriousness about recording of history of the case at the time of admission. The Supdt. Psychiatrist seemed totally unaware of the requirement of mortality analysis so important in such cases.

Escape

Escape rate of 4 to 5 per month was mentioned in the Committee's report. Slight improvement is noticed with 3 escape each reported in 2004 and 2005, 2 in 2006 and only one in 2007 (till 30 Sep.). However there has been no case of escape of criminal patient.

Finance

The annual budget was about Rs. 19 lakh when the Committee visited the Institution in December, 1998. The budget was Rs. 45.94 lakh in 2004-05, Rs. 45.64 in 2005-06 and Rs. 60.70 in 2006-07. The grant in the current year till September, 2007 is Rs. 24 lakh. While expenditure on salaries has gone up from 74 % in 1999 to around 85 % over the last three years, that on purchase of medicines has fallen from 4 % in 1999 to 0.15 % in 2004-05, 1.47% in 2005-06, 1.75% in 2006-07 and 1.51 % in the current year. The expenditure on diet which was 13% at the time of the Committee's report was 5.79% in 2004-05, 7.87% in 2005-06, 4.98% in 2006-07 and just 3.29%

in the current year. This data raises serious questions about the standard of the indoor facilities being actually provided to the patients.

Staff

The Committee had found the staff position grossly inadequate with only two Medical Officers and 3 nurses and total absence of psychiatrist, clinical psychologist and psychiatric social worker. The hospital was then being run with the help of 2 visiting psychiatrists deputed from the civil hospital. The staff position has improved considerably. Now HMH jamnagar has a sanctioned strength of 46 persons including one Supdt. Psychiatrist Class-I, one RMO class I, one Honorary Psychiatrist, 3 Medical Officers class-II, one clinical psychologist, one occupational therapist and one psychiatric social worker. It is also authorised 2 pharmacists, one EEG technician, 10 staff nurses and 8 attendants. The following key posts are lying vacant:

1. Resident Medical Officer class I - one of the medical officers class II is looking after the work of RMO.
2. Honorary Psychiatrist – The Supdt. Psychiatrist has no one to look after his work in his absence. The Hony. Psychiatrist is paid Rs. 1500/- per month for 2 weekly visits. The scale of Honorarium is too meagre to attract any suitable professional. Dr. Bakre informed that

the Government has recently decided to employ honorary psychiatrists at an honorarium of Rs. 4500 per month for beggar homes run by the Department of Social Justice and Empowerment. It would be fair to raise the honorarium of honorary psychiatrist working regularly in the hospital for mental health from Rs. 1500 to Rs. 4500 per month. This would apply to all the Mental Health Hospitals in the State.

3. Clinical psychologist - the post has been lying vacant since Feb. 2007 after the last incumbent Mrs. Rachna Bhatt posted on contract basis on 4.5.06 left. The State Public Service Commission has been asked to fill up this post.

4. EEG Technician – For want of EEG technician, HMH is without the facility of an essential examination.

The authorisation of 10 staff nurses and 8 attendants is not enough to implement the revised ratio of 1:5 for nurses and 1:25 for attendants notified vide Govt. of India letter No. GSR 407(E) dated 31.5.07. A detailed examination revealed that the Nurses to Patient ratio is 1:17 in the forenoon shift (8 AM to 2 PM), 1:25 in the second shift (2 PM – 8 PM) and 1:25 in the night shift (8 PM to 8 AM). Attendant to patient ratio is 1:17, 1:25 and 1:50 respectively. It is also worth mentioning that while the Para-medical staff works on 8 hours duty basis, the doctors' duty hours are 6 hours (9 AM

to 1 PM and 4 – 6 PM). There is no doctor available on duty from 6 PM to 9 AM which is highly objectionable. It seems such vital matters are decided by the Psychiatrist Supdt. with no control from any body from above.

The staffing pattern does not include a post of Lab. Technician which is an essential requirement of any hospital. The existing arrangement of providing a Lab. Technician twice a week from the district T.B. centre is an ad-hoc arrangement. The Supdt. informed that the TB centre is likely to be closed shortly necessitating adjustment of the incumbent staff in other Institutions. It is recommended that the post of Lab. Technician may be transferred to HMH, Jamnagar.

Staff Quarter

No staff quarters are available within the hospital campus. As such, no one is available in the hospital after duty hours. Out of 110 staff quarters constructed for the HMH, Jamnagar, only 20 are occupied by the hospital employees. The remaining 90 are with G.G. Hospital and M.P. Shah Medical College. 12 quarters "D" type constructed to serve as a Dharamshala are also being utilised for its staff by the Medical College.

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Training of Staff

2 members of nursing staff, namely Shri B.M. Gadhia and Smt. B.D. Dave had attended a 10-day training programme at NIMHANS, Bangalore in January, 1999. 8 nurses were imparted orientation training in mental health for 2 days at HMH, Ahmedabad in October, 2004. 2 nurses were trained in rehabilitation and education programme at D.M. Institute, Ahmedabad. None of the medical officers has received any training in mental health. No wonder a clear lack of requisite sensitivity is reflected in their work and style.

HMH, Jamnagar has started providing facilities for training in mental health to the Nursing students from January, 2007. 3 MSW and 38 nursing students have so for benefited from this facility. This essential activity which took so many years to start needs to be expanded.

Grant for up-gradation

A special grant of Rs.82.28 lakh was received by the HMH, Jamnagar in 2006-07 for up-gradation of the Institution. It is interesting to note that this amount has been spent on purchasing items such as TV, DVD, stereo,

EPBA, water cooler, solar water heating system. The only thing related to up-gradation worthwhile purchased out of this grant is a generator of 10 KV capacity. The grant was meant for up-gradating diagnostic therapeutic facilities, which remain primitive in this hospital.

Board of Visitors

The Board of Visitors provided u/s 37 of the MHA was constituted on 24.2.03. The Board is headed by District Collector, Jamnagar with 8 officials and 2 non-official members. The Board has been visiting the Institute and holding monthly meetings regularly. Records show that the Board has visited the Institute once in 2003-04, twice in 2004-05 and twice in 2005-06. It made 11 visits in 2006-07 and has already visited 9 times in the current year. However, Collector, Jamnagar, who heads the Board has not attended a single visit/meeting of the Board since it was operationalised in 2006. He was not represented by Dy. Collector even in 9 out of 11 and 7 out 9 visits of 2006 and 2007 respectively. This was conveyed to the Collector V.P. Patel who met me at the Circuit House, Jamnagar on 19.10.07. I have no reason to disbelieve this statement that he was never informed that he is head of such a Board and is required to discharge some well defined obligations under the Mental Health Act. This, however, does

not explain his total non-involvement in the running of an important Institution in his district.

District and Session Judge Shri R.P. Dholaria has remained fully involved in the functioning of the Visiting Board although there are hardly any signs of useful intervention by the Board in matters related to the affairs of the Institution and living conditions of the patients.

I called on the D.J. Jamnagar and brought to his notice a glaring defect in the reception orders being issued by different courts under his charge. Reception orders are being issued in old form 6 of the Indian Lunacy Act 1912 which uses prohibited words like 'lunatic' and "asylum" which are not in conformity with M.H Act. Dr. Bakre sugested that the form of reception order being used by Ahmedabad courts can be obtained. I requested the DJ to look into this matter and provide the various courts with proper forms for issuing the reception orders. I had the pleasure of meeting CJM Jamnagar Shri K.S. Patel who is heading the Legal Aid Committee of Jamnagar.

Involvement of NGOs

The Committee had made specific recommendations for involvement of voluntary organisations, especially for patient's rehabilitation. A number of NGOs are taking interest in the working of this hospital.

Ganga Mata Trust Jamnagar provides meals to the patients and family members. Andhjan Talim Kendra Jamnagar and Giant's Group Saheli Jamnagar are helping in OT activities and sale of O.T products. Savatirth provides shelter to poor patients. Jalaram Sewa Trust (London) Jamnagar distributes free of cost medicines to any kind of patients and helps in selling of O.T. products. Dental College Employees Mandal Jamnagar has been helping in running O.T. units, organising Yoga Shibirs and IEC activities. Although the account given by the Supdt. impressive compressive not much evidence is seen of actual rehabilitation of cured patients. Even a Day-Care Centre has not been established on front footing.

Community Service

HMH, Jamnagar has the dubious distinction of not being involved in any kind of community service, which is an essential component of Govt. Mental Health Institution. It has been made nodal agency for the District Mental Health Programme of District Nausan. However, the programme is yet to be operationalised.

Meeting with PWD officials

A meeting was held with Shri S.R. Katarmal, Executive Engineer and Shri B.D. Bavarava, Dy. Executive Engineer, PWD. The progress of ongoing PWD works was discussed. He informed that an amount of Rs.

3.50 lakhs was allocated to PWD for renovation and laying of drainage system and developing garden. These works will be completed by 31 March, 2008. A proposal for renovation of IPCU ward, pharmacist room at an estimated cost of Rs. 8.50 lakh is pending for sanction with Govt. Construction of new kitchen complex at an estimated cost of Rs. 7.50 lakh and auditorium estimated cost of Rs. 50 lakhs will commence shortly. Funds have been made available to the Project Implementation Unit. The construction of half-way home/Quarter-way Home estimated cost of Rs. 40 lakh is nearing completion.

Concluding Remarks

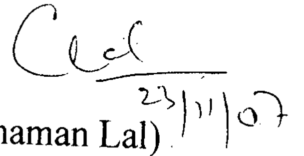
Dr. Channabasavanna Committee had found HMH, Jamnagar inadequately equipped and poorly administered lacking in essential facilities like Psycho Social intervention, Testing Laboratory, occupational therapy and community services. It is distressing to find most of the recommendations of the Committee unimplemented. The Committee's observation about hundred percent involuntary admissions is seen to have been addressed after 8 years in January, 2007. The working conditions in close wards remain prison like as before because of lack of concern for patient's rights clearly visible in a generally apathetic attitude of medical officers and nursing staff. The Institution is without a clinical Psychologist

and Occupational Therapy is yet to be established on firm footing. Lab. Facilities are utterly inadequate. Another notable deficiency is the absence of Community Service Programme. Standard of patient's care is pathetically poor. Patient's death is taken as a routine matter and handled without any sensitivity. The hospital campus particularly the garden is in a state of perpetual neglect. Patients, particular women are seen sullen, withdrawn and depressed. The entire place wears a look of gloom and heaviness.

It is unfortunate that up-gradation of staffing pattern and regular flow of sufficient funds under all heads of budget have made no difference and the Institution remains very much under-utilized. This is probably the only mental health institution where no doctor is available on duty in night shift, surprisingly of 14 hours (6 PM to 8 PM). A cost benefit analysis of this institution would reveal uneconomic character of this institution originally planned on Swiss model.

HMH, Jamnagar in its present form, does not have the potential to become an efficient health institution without a close and careful supervisory control mechanism. The Govt. may consider placing this hospital under administration as well as professional control of the Jamnagar Medical College and develop it further to serve as a Psychiatry unit of the college.

This is being suggested as one of the possible ways to ensure a judicious utilization of the public money spent on the running of this institution.



(Chaman Lal)
Honorary Representative
23.11.07