Status Report submitted to National Human Right Commission

Visit date: 27-28 May 2013

to

Hospital for Mental Health, Ahmedabad
Delhi Gate, Shahibaug Road
Ahmedabad 380 004

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National Human Rights Commission

Status Report on visit of Hospital for Mental Health, Ahmedabad

1. Physical Infrastructure for Hospital for Mental Health Ahmedabad

1.1 Hospital Information

The British Government built up hospital for mental health in Ahmedabad on 6th January 1863 as a mental asylum. Old building was built in jail pattern, now a day this asylum is converted in hospital set-up & construction of the new building started phase wise, in which wards are built like general wards where 20-25 patients live together.

Hospital provides optimal mental health care and psychosocial rehabilitation according Mental Health Act 1987 beside, catering to the needs of mentally ill patients of Gujarat and its neighboring districts of Rajasthan, Maharashtra and Madhya Pradesh.

Hospital for Mental Health-Ahmedabad is pioneer in Quality mental health care and first Mental Health hospital in country - Accredited under National Accreditation Board for Hospital and Health Care providers' By Quality council of India.

Developmental milestone:

1. 6th Jan. 1863 British Govt. built up an asylum in the Ahmedabad city in a jail pattern. First Superintendent was Major P. PIRAI. Till 1954 the post of Superintendent was held by Army Officers,
2. From 1912 to June 1982 Hospital was renamed as a Mental hospital and worked under the Indian Lunacy Act 1912
3. July 1982: Mental Hospital became Hospital for Mental Health
4. 28th January 1998: Foundation stone of new building was laid by Governor of Gujarat
5. 28th January 2001: Inauguration of new male wards & kitchen blocks.
6. 28th January 2008 : Inauguration of New Chronic Female & Male wards , OT workshops, Rehabilitation unit ,Emergency unit and OPD blocks

Hospital is under administrative control of Superintendent, Health & Family Welfare Department, Govt. of Gujarat

Hospital has own building, which is located in the heart of city at Shahibaug area which is about 2 km away from Railway Station and 5 km away from Airport and Central state transport bus station. This building was newly constructed from 1999-2008 after the demolition of 140 years old prison type building.

Area of Hospital

(1) Area Occupied By the Hospital	16,551.0 sq. mts.
(a) Constructed Area	11,800.0 sq.mtrs
(b) Open area within hospital campus	4,751.0 sq.mts
(2) Open Land	15,321.0 sq.mts
(3) Total Area of the Campus	31,872.0 sq. mts

The building is news and above space is adequate for functioning of hospital which gives enough space, proper lightening and ventilation without overcrowding . The campus has a well built boundary and free from encroachment. The hospital is located on the main road of the city.

The hospital has around 10 green belts and parks within the hospital. Its upkeep has been out-sourced to a private agency and Local Municipal Park and Garden Department monitors the agency's functions.

For the Building & electrifiable maintenance: There is a Project Implementation Unit (PIU) under the Health & Family Welfare Department of Govt. of Guj. For immediate or emergency or minor maintenance or repairs: The Rogi Kalyan Samiti (RKS) an autonomous Body has power for repairing and maintenance of all the patient related services. For the A.C./Water cooler, R.O. plant: Annual maintenance contract with local agency.

For the routine hospital related purchases Hospital authority supervises & observe the quality parameters, while building and furniture etc are managed by PIU

Hospital is having policy of preventive maintenance for all equipments from 2009

1.2 Bed and occupancy report

1. Bed strength 317 and Occupancy

Year	2008	2009	2010	2011	2012
Average Occupancy Rate	220	212	223	246	262

No overcrowding has been reported in the hospital as the occupancy rate is way below sanctioned beds.

Indoor Patients Data of last 5 years

Types of admission	2009	2010	2011	2012	2013 (upto May 20)

Voluntary	1372	1327	1393	1499	476
Special Circumstances	54	98	112	110	98
By court-Non criminal	61	41	139	135	64
By court-Criminal	04	08	07	01	00
Total	1475	1524	1520	1745	638

There is no overcrowding and beds are sufficient considering influx of patients

2. Adequacy of amenities for patients

According to Government of Gujarat, Health and Industries Department, Resolution No.HSP-1061/17290-B,I, Sachivalaya,Ahmedabad-15,Dated 31st March 1962, Department of Nutrition, Diets Recommended for Mental Hospitals (General Class) full diets,

FOR THE ROUTINE DIET

Food stuff	in calories	(in gram)
Rice	400	110.0
Bread	250	85.0
Wheat	400	195.0
Pulses	380	110.0
Leafy vegetables	100	85.0
Root vegetables	150	110.0
Other vegetables	100	85.0
Sugar /Jaggery	200	42.0
Vegetable oils/fats	150	28.0ml
Butter	100	14.0
Milk	180	310.0ml
Groundnuts	80	14.0
Tea	50	70
Salt	00	14.0
Condiments and spices	20	14.0

SPECIAL DIET

Foodstuff	In calories	Vegetarian (in grams)
Pulses	250	85.0
Fruits	65	one
Sugar/Jaggery	400	85.0
Butter	100	14.0
Ghee	150	14.0
Milk	250	455.0ml
Eggs	---	one
Milk	300	500 ML
Salt free diet	2200	
Diabetes	2000	
High protein	2800	
Liquid diet	2000	

For the monitoring of the diet quality, tidiness of kitchen & dining hall, the Hospital Diet Committee regularly supervises and monitors the diet related activities. Daily expenses on diet of each patients are Rs.59.60.

The kitchen has a chimney, exhaust fans and tiling been done on the wall up to a height of 1 meter. Platform has been made for washing, cutting & storing cut vegetables before they are cooked. The hospital has dining table, food trolleys etc for better services.

The members of Diet committee are RMO, PSW, Matron, MO, Steward and wards nursing staff & overseer, routinely oversees the process of cooking and serving food.

2.1. Timing for serving of breakfast, Lunch & Dinner

Breakfast	6:30 – 7:15 am
Lunch	12:30 -1:15 noon
Tea	3.00 -3:15 pm
Dinner	7:30-8:15 pm

Cots, toilet, fans bed-patient ratio, toilet-patient ratio, fan-patient ratio, adequacy of the scale, observance of the scale

Cots – 330

Toilets – 54

Fans – 314

Bed patient ratio – 1:1

Toilet patient ratio – 1:4

Fan patient ration – 1:2

Air coolers: 15

Water coolers: 10

Water Facilities:

Hospital has 2 overhead water tanks and 1 sump (capacity of 1 lakh liters each). Hospital has its own bore well so whenever water is requirement it is filled.

For daily use of water, each building has over head tank: total 12 tanks with capacity of storage 10,000 liters each.

Every month regularly cleaning of overhead tank & sump & the examination of water for portability and for bacteriological testing is performed at the district laboratory of Gujarat Water Supply and Sewerage Board Ahmedabad.

The cleaning of main overhead tank is every 3 months. In case of epidemics it is being conducted as per requirement. Water is found to be potable.

All wards having water cooler with R.O. systems for drinking water and it is certified to be free from excess of iron, sulphur, magnesium, sodium, fluoride etc.

Every month the tanks are cleaned. Each wards having warm steam water heater are installed.

There is a provision for supply of cool potable water through water coolers along with RO Plant in summer

2.3 Type of Wards

- Closed ward, cells, open & paying ward, children's ward, criminal ward, de-addiction ward, family ward, chronic patients ward etc.
    - Acute patient Ward (Separate for Male and Female)
    - Chronic patient (Separate for Male and Female)
    - Emergency Psychiatric care unit for male and female
    - Recovered patient Ward for male and female
    - Post E.C.T. ward
    - Family ward (open ward) for male and female
    - Criminal patients ward
- Duration of stay of the patient, separate break up between stay of male and female patients, justification for long stay, ways & means to bring down the stay if the same could be a step towards speedy recovery & rehabilitation.

Ward	Male	Female
Family /Open	15days	14 days
Acute	62days	67 days
Chronic	3 months	4 months
Long Stay of patients		
More than 10 years	0	0
More than 5 year	1	0
2 year to 5 year	10	1
less than 2 years	08	04

Justification: Patient admitted in hospital more than 5 year is a wandering patient who is deaf and dumb and illiterate too therefore he is totally incapable of communicating his address or any kind of information. He is presently psychologically better with occasional anger outburst.

Patients staying from last 2 to 5 year are going their home on LOA and readmitted frequently by their relatives due to behavioral and social problems generally these patients stay 15-20 days at home every 2 months.

Frequency of supervision of the wards through rounds to ensure that living conditions are normal?

Supervisory cadre	Frequency of supervision
Superintendent and RMO	Daily & any time surprise rounds
Medical officer	In each shift - 3 times
Mental Health Professionals	Daily- in rounds
Nurses	Every 4 hrs
Matron/Overseer	Every 4 hrs
Attendants	Round the clock

Routinely health of inmates is checked at the time of admission and every four month with laboratory test and recorded in patients file for reference

General health checkup of all the patients are checked by medical officer every week, while physical illness checked every day or as required.

General observation reflects that few of the antipsychotic drugs show their side effects or some nutritional problems and skin problems.

Patients with physical illness are tested as per the expert's advices.(SOP for Assessment of inpatients are attached)

In case there are serious ailments accompanying mental illness (Cancer, Cardiac complications, infection in respiratory track, immunological disorders, complications centering around eye, ear, nose & throat), close coordination between the mental hospital and general referral hospital is being maintained

Patients who are physically ill and unable to be managed by the hospital are transferred to civil hospital Ahmedabad which is 2.5 km away from hospital, which is a well equipped hospital attached with medical college along with all the medical emergency and investigation facility.

Before transferring to another facility, necessary first aid is given by the medical officer/duty doctor to the patient. Ambulance service of the hospital is outsourced to 108 government ambulance service. Ambulance is called by hospital whenever required. Staff Nurse calls the ambulance through phone. Patient is transferred to the ambulance with the help of ward attendant. In case of acute emergency, patient is transferred with a CPR/BLS trained Nurse.

In emergency situation list of alternative hospital facilities are also provided to each wards. A list of other hospitals emergency services and ambulance services along with the contact number is maintained at each nursing station. Staff Nurse does continue monitoring of the patient in the ambulance.

3 Record Keeping & Computerization

Case of every mentally ill person is required to be registered at the OPD. 4 Case writers at registration counter who are trained and having good communication skill and they treat each patient and their relatives with full courtesy.

No computer facilities on case window at present but for all IPD discharged patient their medical summary is being entered in the computer and OPD demographic data are also entered in computer from last year.

Recently GOG developed computer software for Mental hospitals with TCS & this software is operational both in patient ward and outpatient ward.

4 HMIS: Improving Patient Care

Hospital Management & Information System (HMIS) specific to mental hospital is a computer-based medical information system for patient care and hospital management. HMIS automates clinical, financial, administrative and patient care activities of hospital, generates extensive management reports, operational statistics & offers a powerful query module. It generates as well as maintains Electronic Medical Record (EMR) of each and every patient and makes it available across the hospitals.
HMIS caters to the entire outpatient flow, inpatient flow and other inventory/admin flows of entire mental hospital.

HMIS has been envisaged to not only help the administrators to have better monitoring and control of the functioning of mental hospitals using decision support indicators but also assist the doctors and medical staff to improve health services with readily reference patient's EMR. It also provides work flow enabled process and parameterized alarms and triggers while patient treatment cycle.
HMIS monitors pre-defined health indicators and uses exception reporting to enable efficient decision making by the hospital management, top management and administrators for policy and strategic decisions.

Objectives
- Streamline overall operations and increase efficiency of mental hospital
- maintaining high patient satisfaction index through quality health care services
- monitoring hospital resources and evaluating their performance on defined parameters
- Consolidated patient EMR(Electronic Medical Record) made readily available
- Effective management of available resources (manpower, machine, space)

Salient Features
- In-depth statistics for healthcare policy making, Quality improvement for efficient hospital administration
- Integrated solution with data integration among different hospital processes and functions
- Compliance to International and National Standards like ICD-10, MCCD, HL7, NABH etc
- Web Based Application, enhanced and extensive MIS Reporting facility

Key Benefits
- Holistic view of hospitals' day-to-day functioning
- Efficient and effective monitoring of key medical and non-medical indicators
- Decision support based on exception reporting using alerts, triggers and visual alarms
- Increased efficiency due to easy access to EMR and templatized approach
- Acts as repository for analysis and studying disease trends, drug consumption trends and resource utilization

5. The Centre for Excellence (COE) will be established to overcome the huge gap between the burden and the availability of appropriate mental services within the State.

This COE will make a difference in the future of treatment and recovery for serious mental illness because:

- It will train the next generation of mental health professionals using proven, multi-disciplinary programs.
- Emphasize early identification and prevention along with top-notch interdisciplinary care, sustained recovery, and proven clinical treatment.
- Apply leading-edge academic research to real-world mental health treatment.
- Share successes broadly across the state's mental health community.
- Foster partnerships among state, academic, and community mental health

The Center for Excellence will generate Psychiatrists, Clinical psychologists, Psychiatric Nurses, Psychiatric social workers, Researchers and other mental health professionals. The COE will help move Gujarat's mental health system from where it is today to a higher and more compassionate standard of care.

Relevant courses will be established for MD Psychiatry, M.Phil and PHd in clinical psychology and Psychiatric social workers and M Sc. and Diploma in Psychiatry Nursing. The COE building will consist of Academic classrooms, well equipped modern Library, Clinical and Research Labs, Modern Neuro Psychiatric investigation facilities, conference rooms and computer labs and hostel for students and Researchers.

Total cost of project is Rs 50 crores, Rs 35 crores are for construction.(28 crore sanctioned by GOI ,Rest budget from State Government

Rs 4 crores for investigation and equipments, 3 crores for E library, 3 crores for research lab and rest for teaching faculty

5.1 Financial Status (In Rs. Lakhs) as on Funds from Government of India

S. No.	Heads Funded	Funds Received	Expenditure Incurred	Balance (to be utilized)
1.	Capital Work	1300	1450	-150
2.	Equipments (Technical)	200	60	140
3.	Equipments (Non-Technical)	100	---	100
4.	Library	100	20	70
5.	Faculty & staff	158	78	80
		1858	1618	240

	Total			

5.2 Status of physical Progress(Please substantiate your responses with **documentary** proofs and **photographs)**

S. No.	Heads Funded	**Pre set Targets** Choose hints to fill the **'progress'** field against each pre set target as given in the brackets with blue ink	**Progress** (Annex **documentary proofs** and **photographs**)
1.	Capital Work	Preliminary design stage/ Obtaining approval of local bodies.	Ready
		Detail design stage with DPR	Ready
		Tendering & award of work	Awarded
		Construction Stage(	Started
		Completion of work	Construction planed for Academic block (lecture rooms , Faculty rooms , academic labs , seminar ,library) & hostel block Completed in Feb 2014 1. Currently Construction of basement, 1st and 2nd floor of the Accademic block completed , 3rd and 4th floor construction to be completed before Feb 2014 2. Construction of P.G. hostel completed , flooring and drainage work pending , to be completed before Feb 2014
		Possession of the building received by the department /Institute	After completion of work institute will take possession

S. No.	Heads Funded	Pre set Targets Choose hints to fill the 'progress' field against each pre set target as given in the brackets with blue ink	Progress (Annex documentary proofs and photographs)
2.	Library (Procurement of books)	Necessary approval for procurement of books and journals taken	Yes
		Orders placed to procure books and journals	Yes
		Total no. of books procured	120 + 98 new books purchased
		Total no. of journals procured	**07 + 2 index journal subscribed**
3.	Equipments (Procurement of technical &non-technical equipments)	Administrative approval for procurement of technical &non-technical equipments	Yes
		Tenders floated	No. After the construction work completed tender will be floated
		Date of tender opening	--
		Whether tenders have been awarded;	----
		Delivery schedule of equipments	Technical- Non-Technical-
		Scheduled date of installation of technical equipments	
		Scheduled date of installation of non-technical equipments	

N.B. With the center of Excellence Diploma in psychiatry and M.phil in Clinical psychology course started first time in state of Gujarat both courses are Approved by Indian nursing counsel and Rehabilitation counsel of India respectively

6. Supportive Services in HMHA

There are intercom telephone, color television, central music system indoor games and outdoor games.

Celebration of all the national and religious festivals with the traditional cultural activities are arranged at hospital as well as outside in city.

Every 4-6 months patients are also sent for movies at multiplex theaters with 50-60 patients.

Every 15 days outing picnic within city limits with 30-40 patients and their family members are arranged while every month out station picnic are arranged .

Daily physical exercise, prayers and yoga activities schedule for all the inmates.

7. Books and Journals available in HMHA

Indian Journal of Psychiatry
Indian Journal of Social Psychiatry
American Journal of Psychiatry
Journal of Clinical Psychology
Journal of Social Work and Mental Health Of Tata Institute Of Social Sciences
Indian Journal of Nursing

Books

1.	General - 180	9.	Medicine -10
2.	Philosophy- 28	10.	Neurology- 19
3.	Psychiatry -65	11.	Psychology- 45
4.	Religion- 15	12.	Applied science-06
5.	Social Work- 05	13.	Art-15
6.	Mental Health- 45	14.	Literature- 300
7.	Language – 04	15.	History- nil
8.	Pure Science- nil	16.	Geography--

There is a proper reading room in the main library for officers & staff members. 2 foreign journals & 3 periodicals are subscribed. Library is under construction as hospital is also going to be an Academic institution and this is a part of it.
Planning for E-connectivity is done and administrative approval will be obtained within a year construction will be completed

8. Drug Management

Hospital receives 70 % medicine from Central Medical Store Gandhinagar Government of Gujarat & 30% local purchase by R.C. & quotation as per Govt.
rules.In pharmacy store generally 3 months stocks of all medication are stored.
For the routing medical supply towards daily or weekly indent is placed as per the prescription of doctors. In case of non availability of medicine, pharmacist makes a note and informs the same to the Nursing Supervisor of respective ward. Non available medicine is either purchased by outside medical store in case of emergency or ordered

through supplier. A substitute medicine is given with the consent of respective doctor in case of non availability of prescribed medicine.

A kit is prepared according to enlisted medicines by pharmacist. Medication kit is rechecked for quantity and expiry date before dispatching to ward. Medicine Kit is send to the respective department with the ward attendant or housekeeping staff along with the signed list. Pharmacist makes entry into the stock intent book of pharmacy department. In case of non availability of adequate quantity of medicine, a note is made by pharmacist and send along with the medicine kit. At the ward Nursing Supervisor personally checks the medicines for quantity and expiry date and counter sign the medicine list. The signed acknowledged list is send back to pharmacy.

Emergency medicine for the patient is always available at the crash cart at wards in adequate amount and whenever any medicine from crash cart is utilized, it is replaced immediately.

Generally OPD issues drugs for 2 weeks, and if the patient is coming from long distance or rural area medicines are issued up to 3 months.

9. Occupational Therapy

Occupation therapy exists separately for male & female patients. Total capacity is 80 patients. 50 Males and 30 females

Livelihood training for the patients

Various types of training provided in the department

Type of training	Type of training
Tailoring	Agarbatti making
Weaving and Spinning	Candle making
Carpentry	Mat weaving
Door Mat Weaving	Polishing and Color work on wood and iron
Household items making	Chock stick making
▪ Liquid soap ▪ Bathing Soap ▪ Phenyl ▪ Tooth powder	Paper dish & cup making
File making and binding	Embroidery work
Rakhi and greetings cards	Screen printing

Vocational training given at occupational therapy unit in 2011-12 and 2012-2013 *collaboration with H.R.D. Dept. of Gujarat University.*

		2011-2012				2012-2013		
Days	Trades Training	Training given to the		No. of patients Earning at	Job placement	Training given to the	No. of patients	Job placement
		Male	Female					

				home		Male	Female	Earning at home	
15	Candle fancy	36	25	15	05	40	15	15	3
12	Fancy Rakhi	28	28	10	-	30	28	10	-
10	Decorative Diyas	25	30	20	-	30	35	20	-
15	Box making	25	28	05	03	25	30	5	2
10	Vaseline/ balm	24	20	-	-	15	-	-	-
15	Tailoring	35	20	40	10	37	22	44	12
15	Screen printing	38		13	10	40	-	-	11
10	Binding	18		-	02	20	-	-	2
12	Hand work		35	20	-	-	37	25	-
10	Best from waste	20	19	12	05	23	25	15	7
15	Carpentry work	10	- 2	5	10	15	-	8	1

- What are the end products? Production of O. T. Unit: 2011 to 2013

No	Items	Production		Sale	
		2011-2012	2012-2013	2011-2012	2012-2013
1	Stick (Sandal Wood)	9800 kgs	11000kgs	9500 kgs	10500 kgs
2	Phenyl (Black)	600 lt	800 lt	575 lt	750 lt
3	Phenyl (White)	35 lt	50 lt	33 lt	50 lt
4	Weaving (Carpet)	100 no	160 no	98 no	155 no
5	Weaving Cotton (Door Met)	7000 no	9000 no	7000 no	9000 no
6	Liquid Soap	15 lt	20 lt	13.05 lt	19 lt
7	Woolen Knitting	13 no	15 no	11 no	06 no
8	Detergent	50 kg	65 kgs	48 kgs	60 kgs
9	Soap (neem)	1000 no	1400 no	925 no	1350 no
10	Beg (Cloths & Eco-friendly materials)	210 no	500 no	200 no	500 no
11	Vaseline	75 kgs	80 kgs	73 kgs	78 kgs
12	File	425 no	500 no	423 no	500 no
13	Carpet (Kathi)	20 no	25 no	19 kgs	25 no
14	Rope	25 kg	30 kgs	25 kgs	30 kgs

No	Items	Production		Sale	
		2011-2012	2012-2013	2011-2012	2012-2013
15	Rakhi	10000 no	12000 no	9800 no	11800 no
16	Printing			870820 rupees	922750 rupees
17	Binding			23000 rupees	30000 rupees
18	Tailoring			20000 rupees	25000 rupees
19	Decorative Diyas	9500 no	10500 no	9300 no	10300 no
20	Painting of Glass article	100 no	60 no	95 no	55 no
21	PADIYA	25000 no	28000 no	23000 no	24000 no
22	Embroidery work			7000 Rupees	10000 rupees

Tailoring, Carpentery, Weaving, Gardener and Multipurpose Instructors are working in hospital as Instructor. They are selected by Government of Gujarat as per Recruitment Rules. Only technically trained person in their concerned field are recruited. Hospital also has few trained Nursing and Attendant staff as vocational and occupational trainer.

A small counter is in the OPD department for sale of products , also the patients and staff visit the schools and corporate for sale of products, HMHA regularly arrange exhibition in '*melas*' and prominent places in city .Hospital has established committee which fixes the price for selling the products and also fixes the incentives of the patients.

10. Psychiatric Services:

In accordance to the Mental Health Act 1987, following types of admissions are taken in to consideration at Hospital:

- Voluntary Admission (Section15)
- Admission Under Special Circumstances (Section 19)
- Admission Via Court Order(Section 20,23 ,24- 28)
- Family Ward Admission (Section 15)

Voluntary: For voluntary admission mentally ill person request Hospital Superintendent with written application for the admission. Then, Superintendent refer applicant for opinion of 2 medical officers (in which one must be psychiatrist) and as per the opinion person can be admitted in interest of mental health and safety of applicant.

Special circumstances: For special circumstances family members/relatives of mentally ill person request Hospital Superintendent with written application for the admission. Then, Superintendent refer applicant for opinion of 2 medical officers (in which one must be psychiatrist) and as per the opinion person can be admitted in interest of mental health and safety of mentally ill person.

For both of the above mentioned admission the consultant's advice, management plan of patient is recorded in the OPD Patient's Case file. OPD nurse record the admission type in the respective admission register maintained in the OPD. Admission form is filled by the patient or family before admission. A prescribed format is provided according to the type of admission. Admission form is duly signed by the patient or patient's relatives and certified by Clinical Psychiatrist and Medical Officer. Indoor case file is issued to the patient by the OPD nurse after collection of the residential proof of the patient. Admission register is signed by the RMO, Medical Officer, Psychiatric Social Worker, at the time of admission. Indoor case file is filled by the Treating Consultant, including the general examination, consents (if require), investigations, medications, and references (if any). Completed indoor case file is forwarded to the PSW department for the generation of PSW Report.

A voluntary contribution if patient's relatives' wants to pays are collected under "ROGI KALYAN SAMITI" and given receipt to the relatives. For the admission under Voluntary and Special circumstances the maximum duration of stay is 90 days.
By court order: The court order accompanied by the patient along with the escort police officer/relative addressing the Head of the Hospital. MO checks the order and notifies the same. Medical Officer also notifies the same with date and time, and advice the patient admission.

If patient is admitted as an observational case the observational patient is examined and assessed for minimum 10 days which is extendable up to maximum 30 days. After observation by Mental Health Professional team, a report is send to concerned court. Concerned Court order for reception or discharge for the patient according to the report and their observation.

After completion of admission procedure at Out Patient Department, Patient transferred to the ward for further management. Information for the admission is given to the ward nurse by the MO. Patient is accompanied by ward attendant during the transportation to the ward. Patient made comfortable and oriented about services provided, patient rights and responsibilities by the ward nurse. Hand over personal belongings of the patient, which is documented in receipt of valuable form. Name and signature of the relative taken in the property register. In case relatives not available, patient belongings handed over to the nurse in-charge or Nursing Supervisor. Registered Nurse takes a brief history carries out assessment and documents the same in the Nursing Assessment form which includes allergies, vital parameters, functional assessment, safety, skin, physical, systemic, pain, neurological, psychosocial/cultural/spiritual and other additional assessment on admission.

11. Mortality figures over a period of 5 years

Particular	2009	2010	2011	2012	2013 till 20th may
Death	5	2	4	7	2
Suicide	-	-	-	-	-

Homicide	-	-	-	-	-
Escape	-	-	-	-	-

All cases have been reported and postmortem examination has been done for the same. Hospital has death audit committee and external committee under the boards of visitors does the audit for the all the deaths in hospital.

- Inpatient services ,tidiness of the wards, change of dress & linen, adequacy of uniforms(including adequacy of mattresses, linen ,blankets, warm clothing etc) observance of privacy of patients ,measures for anti-lice, anti-bug, anti-malaria, use of mosquito repellents etc;

  Nursing staff monitor tidiness of wards which is documented.

  Patient dress is changed on daily basis or it is changed whenever required, whereas linen is changed at alternate days. Other all linen are in adequate amount as 5 dresses to each patient is available.

  Privacy of patient is well considered for the same purpose separate emergency room is developed where patient examination is being conducted.

  Proper measures for anti lice, anti bug, anti malaria and use of mosquito repellent are taken, like Medicare shampoo and lycil for anti-lices, for malaria preventive/prophylactic medicines (chlropine- 2 tablet in a week) are given and proper environmental sanitation is taken care by spreading diesel smoke through fogging machine, by making sure that water is not logged anywhere in hospital etc.

- Maintenance of records after admission, check up at periodic intervals, about body weight, loss/gain of body weight, if any, reasons thereof, menstruation, blood pressure, blood count and all other blood profiles (for female inmates),arrangements for shaving, haircut etc for male inmates, measures to keep the patients neat & tidy etc;

- Record of patient is maintained in ward with all concerning papers in patient medical record file.

  Weekly physical and psychiatric check-up is done, and investigations are conducted as per medical requirement. MOU with NABL accredited lab is also being done for all investigation which is not conducted in hospital.

  Separate registers are maintained for the weight, menstruation, physical sick weak patient and also for the patient with seizure disorders for regular monitoring and special attention.

  Male and female barbers have been appointed for maintaining regularity in patients' hair cut, shaving etc.

  Daily monitoring of patient regarding the personal hygiene is checked by nursing staff along with cross check and documentation of the same is done.

Present Status Of Pathological & Bio-Chemical Laboratories in the Mental Hospital-Arrangements For Investigation:

- HB
- TC
- ESR
- MP
- RBC
- PLAELET COUNT
- BOOD SUGER
- Bl. UREA
- S. CREATININE
- S. CHOLESTROL
- S. BILIRUBIN
- SGPT , SGOT
- Total Protein
- S. ELECTROLYTE (lithium, sodium, potassium)
- URINE ROUTINE MICRO
- URINE BILE SALT
- BILE PIGMENT TEST
- VDRL test
- HbsAg test
- S.TSH, S.T3 , S.T4
- Lipid Profile

All other tests which are required to be done are carried in **NABL** accredited lab with which hospital has MoU. Sample is collected in hospital and then transported to lab.

HIV test is conducted in civil hospital Ahmedabad for which patient is send there after proper counseling as per NACO guideline.

For emergency medical treatment every ward has separate room which is equipped with oxygen cylinder, suction machine and required trays. In each area crash cart with emergency medicines are also available.

All lab tests, medical/psychiatric/psychological treatment is conducted free of cost.

- Psychological tests:

There Is Separate Room For The Psychological Testing.

List Of Psychological Tests Available

1) Rorschach Test
2) Thematic Apperception Test (T.A.T.)
3) Children Apperception (C.A.T.)
4) Rosen Wing Picture Frustration (Adult& (Children)
5) 16 personality Factor Questionnaires.
6) Bhatia Battery. & Revised Bhatia Battery Short Form.
7) Stalduld Progressive Matrices (SPM)

8) Color Progressive Matrices (CPM)
9) Bender Visual Gestalt Test (BGT-II)
10) Sequin Form Bold with Instruction.
11) Draw-a-man
12) Wechsler Adult Performance Intelligence Scale
13) Advance Progressive Matrices (APM)
14) Vineland Social Material Scale.
15) House-Tree Person & Draw Person Measures of Abuse of Children.

Name of test	No of tests performed					
Year	2008	2009	2010	2011	2012	2013 till April
IQ test	607	885	510	574	590	153
Projective tests	83	86	086	091	83	19
Neuro Psychiatry & other	27	26	033	038	36	08
Diagnostic Interview	189	204	983	1239	1306	1731
Counseling and Relaxation	468	436	579	639	642	169
Psychotherapy	74	78	92	084	79	11
Av. daily patients attended	4.13	5.64	7.40	8.70	8.88	10.70

12. Casualty and Emergency Services

A Casualty and Emergency service are easily accessible and is located near Out Patients Care. These services are provided 24x7. Casualty is well equipped with all resuscitation and life support. The staffs are trained in basic and advanced life support care. Emergency protocols for care, emergency telephone numbers, list of hospitals are displayed in the Casualty. Crash cart trolleys are fully equipped with life-saving medicines; Oxygen, Suction machine and Cardio-respiratory support equipment are available in casualty as well as all the in-patient wards of the Hospital.

13. Kitchen

Kitchen is well ventilated & hygienic. There is separately defined vegetable cutting space, cooking space, storage, etc. Regular medical check-up and vaccination of the kitchen staff is done on a regular basis to prevent contagious diseases. Utensil washing is in a scientific way of three stages including normal water wash, detergent wash, and hot water wash. Considering the safety, the gas bank has been kept separately in the backyard of the kitchen well ventilated.

14. Maintenance of Hospital Building

For The Building & Electrification Maintenance: Initially State P.W.D. was maintaining the building, but there were many delays in repairs and renovation work which affects the care of patient in hospital. State Government decided that the for the construction & maintenance of the all hospitals building will be carried out by the Project Implementation Unit (PIU) which is administratively directy under control of the Health & Family Welfare Department from 2011-12 .

Deputy engineer, Section officer and Supervisors are deployed at HMHA and this PIU team looking after routine maintenance and repairing work as well as construction of Centre of Excellence in Mental Health , Health & Family Welfare Department monitoring the quality & time bound manners of the work of PIU

15. Family Ward:

Hospital for Mental Health, Ahmedabad has family ward for male (30 beds) and female (20 beds) patients. Family wards are well ventilated and sufficient space for stay of patients and one family member. Separate lockers and coats for family members are provided in the wards. Hospital also provides the food to family member in the family ward. On 27-05 -2013 there are total 33 patients admitted in family ward (19 male and 14 female) ,all patients and family members are satisfied with the services , treatment offered and they all appreciate superintendent and staffs involvement in patient care .

16. Recreation facility:

All the wards have provision of color television and music systems and news paper in Gujarati and Hindi languages for entertainment of patients. Indoors and out door games were played by the patients. Every 15 days out door picnic arranged and watching of movies at Multiplex theatre in the city. All the national and religious festivals are celebrated at hospital. In each wards there is provision of prayer before each meal and photos of Gods of religion are kept in each wards.

17. OPD Service

There is daily upturn of 158 patients on a average per day

OPD DATA LAST FIVE YEARS

Sr.	Year	New	Old	Total	OPD days	Average
1	2006	6394	29896	36290	303	108.22
2	2007	5458	36108	40566	302	134.42
3	2008	6044	43209	49253	302	148.94
4	2009	6967	48583	55550	307	180.94
5	2010	7333	53848	61181	302	203.93
6	2011	7482	54451	61933	303	206.44
7	2012	8217	55584	63701	302	212.34

There are perforated chairs for sitting of patients and relatives at OPD. There is arrangement for drinking water, toilet, recreational avenues (through newspapers, color televisions) have been made. Registration takes about 5 minutes and examination take 30 mins to 1 hour. Dispensing of medicine is done in the same OPD building.

18. Management of the Hospital:

A management committee composed of Superintendent, RMO, Matron, Administrative Officer and Assistant Hospital Administrator are responsible for functioning of the hospital. The Management Committee meets once in week and important decision are taken. Some decisions taken are:

- AMC to maintain green belt
- Maintenance and repairs of D Block
- Replacement of wooden doors in wards with FPR Doors in D & E Blocks
- Rehabilitation of one male and 2 female wandering mentally ill patient
- ECT medical audit is to be done
- Amendments in hospital SOPs.
- Training of infection control for INC nurse and HIC chapter champion
- ACLS training of selected nursing staff is to be conducted
- Few of the quality improvement project of different departments is to be planned for which departmental heads are ordered.

The procedure for recruitment of Group 'A', 'B', 'C' and 'D' category posts:

For class I and class II recruited by Gujarat Public Services Commission and class III, by Subordinate Services Commission while class IV by the superintend with approval from GOG.

Sr. No.	*Name of Cadre/Class*	*As on march1 998*	*As on 31/03/2013*			*Remarks*
			Sanct.	*Filled*	*Vacant*	
1	Superintendent, (Psychiatrist,Cl-1)	1	1	1	0	
2	R.M.O., Class-1	1	1	1	0	
3	Psychiatrist, Cl-1	0	1	1	0	
4	Lady Psychiatrist	0	1	0	1	Created in 11/2000
5	Hon. Psychiatrist	0	2	2	0	
6	Hon Neurophysician	0	1	0	1	
7	Hon Anesthetist	0	1	1	0	Anesthetist under RKS
8	Hon Pathologist	0	1	0	1	
9	Medical Officer, Cl-2	5	7	7	0	
10	Clinical Psychologist	1	1	1	0	
11	Matron, Cl-2	1	1	1	0	
12	Psy. Social Worker	2	2	1+1	1	One under Red cross society
13	Mental Health Worker	0	1	1	0	
14	E.E.G. Technician	0	1	0	1	Created in 3/02

15	Lab. Technician	1	1	1	0	
16	Lab. Servant	1	1	1	0	
17	Senior Pharmacist	1	1	1	0	
18	Junior Pharmacist	3	3	2+1	1	One under Red cross society
19	Head Nurse	6	6	6	0	
20	Staff Nurse	27	27	24+4	3	Four under Red cross society
21	Nursing Assistant	2	2	0	0	
22	Occup.Therapist	1	1	1	0	
23	Laundry Man	4	4	0	4	Outsourced
24	Cobbler	1	1	0	1	
25	Gardner	2	2	1	1	Outsourced
26	Barber	3	2	2	0	Under RKS
27	Linen Keeper	1	1	0	1	
28	Carpenter	1	1	1	0	
29	Tailor	1	1	1	0	
30	Head Cook	1	1	0	1	
31	Cook	6	5	4	1	
32	Driver	0	1	0+1	0	One under Red cross society
33	Overseer	2	2	0	2	
34	Head Male Atndt	1	1	0	1	
35	Head Female Atndt	1	1	0	1	
36	Senior Male Atndt	6	5	0	5	
37	Senior Female Atndt	1	1	0	1	
38	Male Attendant	49	49	25+24	24	24 under Red cross society
39	Female Attendant	18	18	5+13	13	13 under Red cross society
40	Peon	1	1	1	0	
41	Mukadam	1	1	0	1	
42	Male/Female Sweeper	36	30	16	14	Housekeeping out sourced (22)

Some of the positions which were vacant were fulfilled by outsourcing the staff in different categories.

To assess the work, conduct & performance of staff in various categories special Performa has been prepared which is filled by their controlling & head of hospital.

Hospital management pays special attention to human resource development through orientation & training of officers & staff members.

19. Rehabilitation & reintegration of patients into the mainstream of the family, community and civil society:

Particular	2009	2010	2011	2012	2013 (upto May 20)
Discharge	1483	1524	1520	1684	549
Fit for discharge	10	11	17	33	21

Improved patients are discharged as per the Mental Health Act, Section 40(1). If any difficulty is found in discharging the patient Visitors Committees and Legal Aid Committee of hospital help out in the rehabilitation of the patients.

20. OTHER INFORMATIONS

Generally observed reasons for the long stay in our hospital:

- No relative available (admitted as wandering on society)
- Non cooperation from relatives
- Coming from poor socio economical class & non-availability of mental health services nearby.
- Resistant cases of medicines due to chronicity of mental illness (reasons are lack of knowledge, resources, hostile approach of family & society and ignorance & stigma of mental illness.
- Alternative arrangement not available for them.

Steps taken by Hospital with support of Government

- Essential psychiatric drugs made available, and increased the supply of drugs from two weeks to two months, as per the need of patient, newer medicines made available
- Emphasized more on short stay (section 15 & 19)
- Started open ward facility, where patients are admitted with their family
- Started Group of Family Care givers' for addressing their problems and patients' management at homes
- Started IEC activity and family care givers involved in this processes
- Outreach services started
- Hospital staff trained in the rehabilitation services
- Enhanced the vocational and occupational training & relatives also trained in the vocational and occupational training along with the patients
- NGO linkages strengthened for rehabilitation of chronic mentally ill.

Table showing reduction in no of long stay patients as a result of efforts made by hospital

Year	Male	Female	Total
1st Jan., 2000	133	57	190
1st Jan.,2001	120	54	174
1st Jan.,2002	77	36	126
1st Jan.,2003	40	20	60
1st Jan.,2004	26	15	41
1st Jan.,2005	24	12	36
1st Jan.,2006	19	10	29
1st Jan 2007	16	8	24
1st Jan 2008	7	6	13
1st Jan 2009	6	6	12
1st Jan 2010	5	5	10
1st Jan 2011	8	6	14

1st Jan 2012	10	08	18

Hospital for Mental Health Ahmedabad
List of New Cases registered at IPD/OPD on 27/5/13

No	Case Number	Name
1	1805-13 Coming from rural place 100 km from hospital , referred by neighbor whose brother is taking treatment from hospital	Mr.Tarachand Tanaji Kalel Total duration of illness : 3 years , 2nd exacerbation since 2 months Present complaints : Talkativeness , impulsivity, suspiciousness and sleep disturbances Initially treated at private facility for 6 months ,then at medical college department for 8 months Provisional diagnosis : Paranoid schizophrenia Treatment & advice : Admitted in family ward and antipsychotic medication given
2	1806-13 Coming from Urban area in Ahmedabad 10 km travelling referred by a cured patient of hospital	Naynaben Manilal Salat Total duration of illness : 1years Present complaints :sleep disturbances , Multiple somatic pain, Dysphoric mood , irritability and negative thoughts Initially treated at private faciity for 3 months with anti depressant and sleeping pills Provisional diagnosis : Depression with Somatization Treatment & advice : antidepressant medication with relaxation exercise and follow up for supportive psychotherapy (patient treated as outpatient)
3	1807-13 Coming from rural area 150 km from hospital , referred by District Hospital	Mr Gopiji Manaji Vanjara Total duration of illness : 7 years , exacerbation since 2 months Present complaints : Behavioral problems , impulsivity, abusiveness and sleep disturbances Initially treated at private facility for 9 months ,then at medical college department at BJ Medical college for 8 months Provisional diagnosis : Chronic schizophrenia Treatment & advice : Admitted in family ward and injectable antipsychotic medication given
4	1808-13	Mr Alpeshbhai Vikrambhai Chauhan

	Coming from rural place 100 km from hospital , referred by Teacher of village	Total duration of illness : 3 years , 2nd exacerbation since 2 months Present complaints : Talkativeness , impulsivity, suspiciousness and sleep disturbances Initially treated at private facility for 6 months ,then at medical college department for 8 months Provisional diagnosis : Paranoid schizophrenia Treatment & advice : Admitted in family ward and antipsychotic medication given
5	1809-13 Coming from rural place 80 km from hospital , Came after seen T.V. programme of hospital services on Doordarshan	Mr Govinbhai Heerabhai Devipujak Total duration of illness : 13 years , 6th exacerbation Present complaints : Talkativeness , high talks , impulsivity, Grandiosity and sleep disturbances Initially treated at private facility for 3 years ,then at medical college department for 2 months Provisional diagnosis : Paranoid schizophrenia Treatment & advice : Admitted in family ward and antipsychotic medication given for control of agitation
6	1810-13 Coming from Ahmedabad , Referred by GP	Sunitaben Nanubhai Aud Total duration of illness : 8 Months Present complaints :Forgetfulness ,sleep disturbances , Multiple vague pains, Dysphoric mood , irritability and negative thoughts Initially treated for 3 months with anti depressant and sleeping pills by General physician Provisional diagnosis : Depression Treatment & advice : antidepressant medication and follow up for Cognitive Behavior therapy (patient treated as outpatient)
7	1811-13 Coming from village near Indore Madhya Pradesh referred by cured patient of hospital	Mr Sudama Rajbalm Yadav Total duration of illness : 4 years sleep and appetite disturbances , not much communication, remain alone , self talking , occasionally laughing without reason Untreated , they contacted faith healers and temples for rituals Diagnosed as Schizophrenia : Antipsychotic medication & psycho-education to family members (patient treated as outpatient)
8	1812-13	Mr Ramanlal Rajmal Jain

	Referred by family friend	Total duration 3 years ,gradually detoriating Forgetfulness, not recognizing places and person , talks more, sleep disturbances H/O CV Stroke before 4 years ,treated by Neuro physician Diagnosed as Vascular Dementia with secondary depression Advice: Donepezil 10 mg with Antidepressant medication and behavior modification therapy by Occupational therapist along with Antihypertensive medication (patient treated as outpatient)
9	1813-13	Mr Hareshbhai Govindbhai Darji Present Complaints: Alcohol withdrawal symptoms with sever behavioural problem Admitted in family ward for Alcohol detoxification and control of withdrawal symptoms
10	1814-13 Referred by health worker of village	Sitaben Ramlal Patel Known case of Epilepsy since 9 years but seizures are not in control Advice : changes in dose of antiepileptic and counseling for Diet , medication and Does and don't of Epilepsy protocol (patient treated s as outpatient)
11	1815-13	Mr Babubhai Shivabhai Patel Having stress related anxiety and somatic complaint, headaches and forgertfulness Stress of : work overload , recent death of brother and financial issues Diagnosed as acute stress reaction with reactive depression Advices ; Cognitive Behaviour therapy session and Antidepressant (Patient treated as outpatient)
12	1816-13 Referred by NGO	Mr Jasvantbhai Ishvarbhai Panchal Suffering with delay in achieving milestone ,difficulties in school, not able to learn at the same rate as other students in class, difficulties to understand what is said and to do what is instructed & Difficulties in everyday functioning Diagnosed as Mental retardation moderate degree Advice : Day care and skill development therapy at CGC (Patient treated as outpatient)
13	1817-13	Farjana Imambhai Sheikh Poor appetite or overeating , Insomnia Low energy or fatigue Low self-esteem, Poor concentration or difficulty making decisions Feelings of hopelessness, depressed mood, loss of interest or pleasure Feelings of worthlessness, diminished ability to think and concentrate

		Diagnosed as Major Depressive Disorder Advice : Anti depressant therapy (Patient treated as ou patient)
14	1818-13 Refereed by Neighbors , previously untreated	Mr Abdulbhai Jhabbarabdula Memon second episode 3 months duration Elevated, expansive, or irritable mood, Talkative or feeling pressure to keep talking. , Distractibility, Increase in goal-directed activity , Inflated self-esteem and grandiosity Diagnosed : Bipolar mood disorder Advice ; Antipsychotic medication , mood stabilizer medication given , Advice Admission but relative refused as they have social commitment (Patient treated as outpatient)
15	1819-13 Teacher at secondary school	Arunaben Arvindbhai Bhavsar Tension, Feeling of uncertainty, Feeling that something adverse will happen, Feeling of impending doom, Loss of concentration Feeling of restlessness, Feeling nervous, Irritability Inability to decide, Depersonalization, Derealization Diagnosed as Generalised Anxiety Disorder with Panic Attack Advice : Anti depressant , Anti Anxiety medication with Relaxation therapy and meditation (Patient treated as outpatient)
16	1820-13	Mr Jogeshbhai Rameshbhai Chauhan Feel that his body, mind and other activities are being controlled by remote control in the hand of other people ,Believes that one or more persons are planning a conspiracy to kill him, do not show any kind of reaction, Markedly irritable without any reason Diagnosed as Paraniod schizophrenia Advice ; Admitted in Male Acute ward as voluntary patient
17	1821-13 coming from Ahmedabad city referred by NGO Ahmedabad Women Action Group (AWAG)	Padmaben Muljibhai Chavda Tremor , Sweating ,Palpitations, Difficulty in breathing Choking sensations, Chest pain ,dryness in throat Giddiness ,Insomnia,Increased urge to pass urine 'Butterflies' in stomach ,depressed mood and decrease interest in pleasurable activity She is having chronic stress – husband having alcohol dependence and frequent conflict with him Diagnosed as Generalized Anxiety Disorder Anti depressant , Anti Anxiety medication with Deep breathing exercise

		and call husband for therapy (Patient treated as outpatient)
18	1822-13 coming from 80 km from Dhandhuka ,Ahmedabad rural came at hospital as not afford the treatment from privet	Jyotsanaben Babubhai Vankar Total duration of illness : 5 years Present complaints :sleep disturbances , Multiple Vague pain, dysphoric mood , forgetfulness ,easy irritability and negative thoughts about self and future Initially treated at private facility for 3 months with G.P. then by Private Psychiatrist for 15 months with anti depressant and sleeping pills Diagnosis : Depression with dysthymia Treatment & advice : antidepressant medication and follow up for supportive psychotherapy (Patient treated as outpatient)
19	1823-13 Coming from Dhangdhra ,Surendranagar referred by dept of psychiatry	Mr Maheshbhai Bhagabhai Makwana Total duration of illness : 4 years Present complaints : Talkativeness , High talks , impulsivity, Grandiosity ,suspiciousness ,excitement and sleep disturbances Initially treated at private facility for 15 months ,then at medical college department for 7 months but not seen much improvement Diagnosis : Paranoid schizophrenia Treatment & advice : Admitted in family ward and injection of antipsychotic medication given for control of agitation
20	1824-13 coming from Mehasana District contacted hospital as not afford the cost of private facility	Mr Arvindbhai Kacharabhai Dantani known case of Bipolar mood disorder ,initially treated by privet psychiatrist for 8 months then contacted NGO run hospital but relapses due to drug defaults Advices ; Mood stabilizer and Antipsychotic given for 4 weeks (Patient treated as outpatient)
21	1825-13 Coming from Kapadvanj Nadiad district Referred by Special educator	Mr Ravibhai Mohanbhai Gattar Known case of Mental retardation with Epilepsy and behavior problem Antiepileptic and low dose of antipsychotic medicine given Disability certificate issued (50% disability due to MR) (Patient treated as outpatient)
22	1826-13 coming from rural area in Ahmedabad	Jyoti Motilal Verma total duration 5 months stress of : death of mother 6 months back Present complaint: Depressed mood, Loss of interest and pleasure, Loss of appetite ,Insomnia ,Psychomotor retardation Fatigue ,Diminished ability to

		think or concentrate, Recurrent thoughts of death Counseling by psychologist , behavior modification therapy and low dose of Antidepressant advices (Patient treated as outpatient).
23	1827-13 coming from Slum area of Ahmedabad , Referred by cured patient who is his neighbor	Mr Mukesh Ambalal Patel Patient Complaints: gives various somatic complaints: fatigue, weakness, loss of appetite, loss of strength ,sexual dysfunctions like, erectile dysfunction or premature ejaculation and shame, guilt, and anxiety about sexual performances Diagnosed as Erectile dysfunction due to Anxiety disorder (Patient treated as outpatient)
24	1828-13 Referred by relatives of cured patient Coming from 200 km from hospital	Ruksanabanu Mohd Anasari sleep and appetite disturbances , poor communication, remain withdrawn , muttering to self , occasionally laughing without reason Untreated , they contacted faith healers and Diagnosed as Schizophrenia : Antipsychotic medication for 4 weeks & psycho-education to family members (Patient treated as outpatient)
25	1829-13 coming from Ahmedabad city	Mr Ashwin Dhulaji Thakor Total duration of illness : 2 years Present complaints :sleep disturbances , , Dysphoric mood , forgetfulness ,easy irritability and negative thoughts about self and future Initially treated at privet for with G.P. then private psychiatrist for 1year with anti depressant and sleeping pills Diagnosis : Depression with GAD Treatment & advice : antidepressant medication and muscular relaxation technique (Patient treated as outpatient)
26	1830-13 Referred by Health worker of PHC Bakrol Anand District	Mr Ramesh Vihabhai Parmar Known case of Mental retardation with Epilepsy Also having behavior problem & excitement Antiepileptic and of antipsychotic medicine given Disability certificate issued & counseling to family member (Patient treated as outpatient)
27	1831-13 coming from	Mrs Kulsumbibi R Saiyad total duration 12 months

	Ahmedabad city	Forgetfulness ,sleep disturbances , Multiple vague pains, Dysphoric mood , irritability and negative thoughts, Law self confidence Diagnosed as major depressive disorder Antidepressant medication and cognitive behaviour therapy session 2 days in week (Patient treated as outpatient)

21. List of Long Stay Patients

Long stay Patient

1. Yoginbhai Ramanbhai Desai: A male aged approximately 60 years old has been admitted as a wandering patient through the order of M. M. Court 12, on 08/06/2011. This patient is suffering from Schizophrenia for more than 30 years and has been under treatment. Patient has improved from behavioral aspects but delusion and hallucination still persists. Hospital was able to trace his home which is in Nadiad but unfortunately the entire family lives in America. However, his family consists of his brother and sister only and they both are out of country. There is nobody else in his family. Hospital is in the process to rehabilitate him once he recovers.
2. Tulsi Gopal: He was admitted in the Hospital as a wandering patient in the year 1998. Hospital tried to find out his whereabouts where we came to know that his family had deceased and he did not have any nearest relatives who could take care of him. After he recuperated HMHA transferred him to an old age home at Junagadh rehabilitating him in the community, but somehow he escaped from there and returned back to the HMH. Again he has been re-admitted in HMH since 08/06/2011.
3. Kalapi Ushakant: He was admitted in the Hospital as a wandering patient in the year 1998. Hospital tried to find out his whereabouts where we came to know that his family had deceased and he did not have any near relatives who could take care of him. After he recuperated HMHA transferred him to an old age home at Junagadh rehabilitating him in the community, but somehow he escaped from there and returned back to the HMH. Again he has been re-admitted in HMH since 08/06/2011.
4. Minda Singh: He was admitted in the Hospital as a wandering patient in the year 2010. He has been under medication since then but he does have any remarkable signs of improvement.
5. Bhupat Kanji Koli: was an accused of IPC 302, and was admitted as an under-trial prisoner in 1990. during his treatment, cognitively he was not showing any signs of improvement and he was not fit to stand the trial. Considering his mental conditions, Hospital decided and represented his case with legal-aid in the Court. On 31/03/2008 the Court considered the facts and arguments of hospital and released him under Section 84 of IPC. His parents and 2 brothers have deceased and he does not have anybody now who can to take care of him.
6. Rakshit Jyotivardhan: Patient was admitted on 1/07/2010. Patient has severe neuro-behavioural problems which cannot be controlled. His family is in constant touch with him during his stay in the hospital and at frequent intervals they also take him home and for outing on a regular basis.

Patients from serial no. 7 – 12 have been admitted in the Hospital as wandering mentally ill through Helpline under section 23 of the MH Act. Hospital has already traced their families. They belong to various parts of Southern India. Their rail tickets have been booked and the Hospital is taking them to get re-united with their families on 17-06-2013.

Sr	Name	Rehabilitated
7	Malik Abdulkarim	Rehabilitated on 18/06/2013 at Bijapur ,Karnataka
8	Mahadev T SWAMI	Rehabilitated on 20/06/2013 at Belgaluru ,Karnataka
9	Shankar Raman	Rehabilitated on 22/06/2013 at Hyderabad
10	Yamul Usman	Rehabilitated 22/06/2013 at Hyderabad
11	Surender MohanRaj	Rehabilitated 22/06/2013 at Hyderabad
12	Vinayaka Ramsubramaniam	Rehabilitated on 20/06/2013 at Belgaluru ,Karnataka

Patients from serial no. 13 – 16 have been admitted in the Hospital as wandering mentally ill through Helpline under section 23 of the MH Act. Hospital has already traced their families in UP and Bihar. Their rail tickets have been booked and the Hospital is taking them to get re-united with their families on 29-06-2013.

SR	NAME OF PATIENT	ADDRESS OF PATIENT
13	SURENDRA	SURNDRA BILASNATH VILLAGE : BASANTPUR, BLOCK : CHAP POLICE STAION : AKODIGOLA DIST : ROHTAS, BIHAR
14	SHASHIKANT SHARMA	KISHAN GOPAL SHARMA VILLAGE : AMROHA KATRA, GULAMALI SUPAR MARKET, DIST: AMROHA UTTAR PRADESH
15	PAPPU	MOHIMMUDIN NAGAR PURANI BAZAR, DIST.MUZAFFPUR,BIHAR
16	RANIGLA KUMARI	HARILAL SHARMA VILLAGE : ROSHANPUR- POLICE STATION : BOCHAHA DIST : MUZAFFARPUR, BIHAR

17. Rajkumari Dolat: patient getting treatment through the Honorable M.M Court order from: 14/02/2011, she is suffering from Schizo-affective Disorders and is also having borderline Personality Disorders. Her father has deceased and her brother is suffering from Schizophrenia. Her mother is also suffering from Neurotic problems. Her mother is ready to accept her and also takes her home but unfortunately the patients comes back to hospital due to her Personality problems.

18. Nilaben Dayabhai: patient getting treatment through the Honorable M.M Court order from: 7/06/2011. She has lost her father and her mother and her brother are not ready to take care o her. Her case has been presented in the Court, where Hospital has provided legal-aid for her rehabilitation within her family.

22. Patients Admitted As Special Case Under Court Orders

1. Bana Pratap Thakor (IPC 302): Accused of IPC 302, admitted by Additional Session Judge – Kheda-Nadiad with Reception order on 06/06/08.

He was suffering of Schizophrenia, had taken treatment from Private Psychiatrist at Nadiad, Mansa and Modasa in past. He had killed his wife while beating her by heavy wooden stick at home. Police inquest and record noticed that six witnesses had given statement that the accused was under influence of mental illness and he killed his wife impulsively without any other reason.

He was a third child of his parents and had one brother and two sisters. After 4 years of his marriage he developed mental illness in year 2001. He had symptoms of Delusion and Hallucination and frequent anger outburst. He had no support of his family or his relatives due to his mental illness.

After 8 to 10 months active treatment and psychotherapeutic intervention he improved. His case was discussed in the meeting of Board of Visitors and as recommended by BOV, Psychiatric social worker visited his relatives four times but there was no positive response. BOV recommended him for legal-aid and hospital managed to provide him necessary legal aid and his case was represented in the court. The Honorable Court accepted the insanity defense and declared him not guilty on 23-9-2010.

After the Court Order Hospital again contacted his family, interacted with all his relatives, village leaders constantly for 2 months and finally his brother- in-law got ready to accept him and he was rehabilitated with his brother-in-law Ramabhai Thakor on 19-11-10.

2. Imran Kamran (Pakistani Citizen): Patient was brought by Dayapar Police station, Block Lakhpat, District Kutch which is a Border of India in Gujarat, Honorable JMFC-Nakhatrana issued a Reception Order on an application from Dayapar Police station on 09/07/2010

Initially he was treated at Hospital for Mental Health-Bhuj- Kutch as an inpatient for a year but as there was no significant improvement noticed by Psychiatrist of Bhuj, he opined that the patient needed an intensive treatment and cognitive-behavior modification therapy with psycho-social rehabilitation. Honorable JMFC-Nakhatrana then transferred him to Hospital for Mental Health, Ahmedabad with transfer order on 17/07/2011.
At the time of admission he did not know his name and address of where he lived. He was treated with Atypical Antipsychotic Medication and 6 ECTs initially and Medication

continued with psychotherapeutic and cognitive behavior therapy for 12 months. Regular psychiatric treatment and with daily intervention of PSW and the team of mental health professionals, he showed remarkable improvement. His identity was established and verified by District Police and Joint Interrogation Cell-Bhuj, that he belonged to Pakistan. Hospital Authority communicated with the Pakistan High Commission and Police Commissioner of Ahmedabad for further action in regards to his rehabilitation. Finally all the legal formalities were completed and he was handed over to the Dayapur Police Station and was reunited at with his family on 29-04-2013.

3. Nimaben Rameshgiri Goswami accused of IPC 302, admitted by Additional Sessions Court, Himmatnagar through Reception Order on 17 August, 2009.

Background history; Patient has a female child of around 8 years and is in the custody of her husband. The patient's parents expired and she was living with her brother. The patient was suffering from Grand Mal Epilepsy with psychotic behavior problems since long. Her husband was not taking proper care of patient due to her behavioral problems.

While she was playing with a 1 year old girl, she has an epileptic attack and during her attack she held the girl's neck which resulted into the death of that girl, due to banging her head repetitively due to involuntary movement of her hand during the attack.

After treatment when she improved, Hospital Authority interacted with her brother and convinced him to represent her case in the Court. Hospital provided legal-aid to the patient with help of Legal-Aid Society and Board of Visitors. All the medical evidence and findings were reported to the Court and all the witnesses pointed to the fact that she was not responsible for the death of the victim. Considering the facts the Additional Sessions Judge, Himmatnagar released her under section 84 of IPC on 01 Dec, 2011.

The patient recovered from her illness but her brother and her husband were reluctant to take her responsibility. For the rehabilitation and safe custody of the patient the Psychiatric Social Worker of hospital convinced the Superintendent, Nari Sarakshan Gruha at Gandhinagar, to keep her and take care of her. Psychiatric Social Worker regularly visits the patient. After 6 - 7 months she had a relapse and she was re-admitted in the hospital. The efforts for rehabilitation of the patient were continued with the consulting of patient's family members and her husband. Hospital authority used to frequently interact with her husband and daughter and finally after counseling they agreed to visit her in the hospital.

4. Alpaben Bhavesh (Case of Family Problems): She developed Schizophrenia after her marriage but her husband and in laws were not taking proper care of her. She was sent to her parental home due to behavioural problems. Her parents expired and then her care was taken by her sisters. One of her sister is a widow and another sister's husband was not ready to take care of her for long time. That was one of the reasons why she had exacerbation of her illness and she was admitted as voluntary patient in 2009 in the Hospital. After medical treatment and cognitive therapy she improved remarkably. Hospital's Social Worker contacted her husband and counseled him to visit her in the hospital to see the behavioural changes in her wife. Her husband was convinced within 6-8 months of interaction and psycho education after which he visited her at hospital. Hospital provided all the necessary information about her illness and treatment which convinced her husband and his family to accept her after she gets cured.

5. Jyotshnaben aged 28 year: She was admitted as wandering mentally ill through the Helpline as an unknown person with the Reception Order from the Chief Judicial Magistrate First class –Gandhinagar on 13/11/2010. On medical examination she was found with 20 weeks of pregnancy but she was not aware about her pregnancy. As her identity was not established and she was not aware about her pregnancy along with poor insight and judgment, hospital Committee decided to terminate the pregnancy as she was not in position to take care of herself and her foetus.

Her case was represented in CJMC Court and after taking opinion of Professor of Gynecology of the Medical College & Psychiatrist, Court passed the order to terminate her pregnancy under M.T.P Act 1969

After the treatment, when she improved and her identity was established, the hospital contacted her family members and her family came forward to take care from West Bengal. Her parents informed that she had left home long back (almost 17 months) due to mental illness and she was not married. Hospital authority gave all the facts and they readily accepted her and thanked the hospital for terminating her pregnancy.

6. Basanti was admitted as a wandering mentally ill brought by Helpline with help of Madhupura Police Station through a reception order of M.M Court 12, Ahmedabad on 5/04/2011.

During her treatment it was found that she was suffering with chronic mental illness and had poor communication skills, irrelevant talking and lack of goal oriented behavior. She was not able to provide sufficient details of her whereabouts. During regular interactions of PSW and Clinical Psychologist with the patient, she only used to speak one word of 'Pathargaon (village)'. After a lot of efforts PSW was able to find her village in the Sate of Jharkhand. Hospital communicated the information repetitively to Jharkhand Police to find out the details, but all these efforts were in vain. As Hospital staff was traveling to rehabilitate other patients in the State of Jharkhand, finally after consultation with the Board of Visitors, hospital authority decided to send this patient also along-with the team to find out her house. She was escorted with the hospital staff of two females and one male staff to Jharkhand. When they reached Jharkhand, they were able to trace her village in the district of Jashpur of Jharkhand State. Finally when they reached her village Pathargaon, her family and villagers were overjoyed to see her. The Sarpanch and the villager leaders organized felicitation ceremony for the Hospital staff and appreciated them for such a noble cause which hospital was doing. The family informed the hospital staff that she had gone missing since 2004 and had returned home after 7 years with the efforts of HMH-Ahmedabad.

7. Pritiben: Wandering female patient brought by Helpline and Maninagar Police Station through Honorable Metropolitan .Magistrate Court NO: 12 through Reception Order, admitted on 31/08/2012.

At the time of admission she was having poor communication skills, muttering, poor self care, irrelevant laughing, lack of insight and judgment. She was diagnosed with Chronic Schizophrenia. She responded well to medical and psychological intervention and started regaining her senses.

She revealed that she had a family which included four brothers and she was a divorcee since 3 years. She also informed that her brothers are settled in the Government jobs but none of them is ready to take care of her. Her details were verified when the hospital staff contacted her brothers. They were reluctant to accept her in their families. Hospital also

contacted her husband who stated that he had been divorced from her since last 3 years and was not ready to assist her. As the case becoming complicated, Superintendant discussed her case in the Board of Visitors meeting. The Board of Visitors suggested presenting her case in the Court of Law. The case has been presented in the Court of Law on March 29, 2013. The Hospital has provided all the legal-aid and has assigned Hospital PSW to represent her case in the Court with the objectives of;

1) To rehabilitate her in the community
2) To make her family responsible for taking her care, her share in their ancestral property and other basic legal rights
3) To make her husband provide maintenance to her under the law

23. Project On Rehabilitation Of The Wandering Mentally Ill Persons

Under Section 23 of Mental Health Act 1987, the provision has been made for the treatment and other intervention for the people who are mentally ill wondering on the road. In this section powers and duties assigned to every officer in charge of police station in respect of mentally ill person but this powers and duties were not efficiently utilized. To make efficient use of this provision Hospital for Mental Health has started project for family reintegration, and psychosocial rehabilitation for the Destitute Mentally ill, who are wondering on road, with the help of Police commissioner Ahmedabad within his jurisdiction.

In primary phase of this project , Superintendent of Hospital has discussed these issue with Commissioner of Police and sensitized him about the need for these wandering destitute mentally ill and how these person can be rehabilitated in society with the help of police. After this discussion, the Police Commissioner, has given written direction to the Police Inspector for help wondering mentally ill and make an arrangement for hospitalization of person before producing to Metropolitan Magistrate.

Person treated with medicine and other therapeutic behavior modification after the admission. Along with the routine treatment professional team provide training in the area of Self-care, Skill development, Communication skills, Occupation and Vocational training to the wondering Mentally Ill patients. Social work department and other professionals involve in activity monitor the recovery of these patients, along with the special interest for find out relatives and trace out their residents. Once the relatives are found, professionals contact them by telephone or telegram and call them for rehabilitation purpose. When family members come they make them aware about rights of mentally ill person, how to manage and care them at home with behavior modification and counseling. Patients are discharged after completing above process with assurance from relatives/ family members for treatment and follow up patients.

Table showing the details as per Mental Health Act Section -23 Rehabilitation of Wandering mentally ill person who have been admitted in the Hospital (2009-2013 till 20th May)

No	Particulars	2009	2010	2011	2012	2013 till 20th May
1	Remaining on 1st January	15	11	12	80	106

2	Admission during the year	12	41	139	135	98
3	Total patients taken care in hospital	27	62	151	205	204
4	Patients reintegrate with family after treatment	10	58	64	143	132
5	Rehabilitation In Government And NGO	07	5	7	11	8
6	Remaining on 31st December	11	12	80	106	66

Family members who are not able to come due to financial constrains or physical conditions and old age, such patients are rehabilitated at their home by hospital staff with government expenses. At the home professional staff provide psycho education about management of their beloved patients at home, with necessary treatment and follow ups.

Details of Wandering Mental ill Patients rehabilitated of outside Gujarat state, (2010-2013 till 20th May)

		2010			2011			2012			2013		
Sr. No	Name of state	M	F	T	M	F	T	M	F	T	M	F	T
1	Rajasthan	04	02	06	04	01	05	05	04	09	03	03	06
2	Madhya Pradesh	02	01	03	01	02	03	01	01	2	05	1	06
3	Haryana	01	01	02	-	-	-	-	02	2	-	-	-
4	Delhi	-	-	-	-		-	01	-	1	-	-	-
5	Utter Pradesh	04	01	05	01	01	02	02	02	4	2	-	2
6	Uttaranchal	-	-	-	00	01	01	02	-	2	-	-	-
7	Punjab	01	01	02	01	02	03	02	01	3	-	-	-
8	Assam	00	01	01		-	-	-	-	-	-	-	-
9	Meghalaya	-		-		-	-	-	-	-	-	-	-
10	West Bengal	03	02	05	01	03	04	02	01	3	1	-	1
11	Bihar	05	02	07	02	03	05	04	-	4	2	02	04
12	Chhattisgarh	01	02	03	01	01	02	-	01	1	-	01	01
13	Andhra Pradesh	04	01	05	02	01	03	-	02	2	1	-	1
14	Jharkhand	00	01	01	-	01	01	-	-		-	-	-
15	Orissa	01	-	01	01	01	02	-	01	1	-	-	-
16	Tamilnadu	01	-	01	01	02	03	-	-	-	-	-	-
17	Maharashtra	02	02	04	02	04	06	4	02	6	4	-	04
18	Karnataka	02	-	02	01	01	02	-	-	-	-		-
19	other N.G.O	2	3	5	02	05	07	2	09	11	06	01	07
20	Other country (				01	-	01				01		01

	Pakistan)												
21	Total	39	24	63	31	40	71	40	43	83	37	16	53

24. Self – Help Group of Family Caregivers of Mentally ill (SATHI)

As chronic mental illness is complex issue, it needs multiple level approaches. There are needs to works at various fronts like:

1) Treatment Of Mentally Ill
2) Day Care Facilities & Rehabilitation of Recovered Persons.
3) Creating Community Awareness
4) Starting Small Units of Support Groups of Care Givers or Self Help Groups of relatives of Mentally Ill.
5) Making available necessary medical and rehabilitative services to needy.
6) Social Welfare Services to Mentally Ill
7) Providing Training Programmes and Education and Awareness to individuals coming In regular contact of mentally Ill.
8) Self Advocacy

These objectives require enormous resources, which cannot be generated from only one resource that is government. One can easily understand value of involvement of individuals directly or indirectly affected, in the process of their own rehabilitation. Such programmes have proved very useful in various chronic conditions, like Mental retardation, Cerebral palsy, Substance use (Addiction), H.I.V. etc. The common factors between these condition and chronic mental illness are: -

A) These all condition need intervention at multiple levels including community
B) Participation of individual coming in regular contact of mentally ill is very important
C) Awareness & Support and educational programmes of these care takers is essential

Though there are many success stories of organization like "Maitry" at Mumbai, "Asha" at Karnataka, SAA at Pune, these type of organizations need following forces which could make it. Hospital for Mental Health has initiated to form the Self- Help Group of family of caregivers in Gujarat for the first time named as a '*SATHI*'.
Hospital for Mental Health conducts Meeting with the caregivers at every 2nd and 4th Sunday per month. In this meeting they discuss

- the different issues faced by families,
- Treatment modality,
- Rehabilitation aspect,
- Management of patient at home,
- Benefits as per Person with Disability Act,
- Role of social defense for chronic mentally ill
- Income tax and other benefits in regarding mentally ill patients.

Self help groups learn in a practical manner from other people's experiences and responses to ever-changing needs. Members exchange their views and ideas
Awareness Program:

- Exhibition
- Health Mela
- IEC (Information Education and Communication) materials

- Tarang
- Psycho Education
- Awareness camp
- Role Play

AWARNESS ACTIVITY CARRIED OUT BY HOSPITAL

1. CELABRATE MENTAL HEALTH DAY :
2. EPELEPSY DAY
3. SCHIZOPHRENIA DAY
4. WORLD DEMITIA DAY
5. DEADDICATION DAY
6. WORLD HEALTH DAY
7. HOSPITAL FOUNDATION DAY

25. Altruist – Registered NGO Introduction

Thought to launch "ALTRUIST":
Milesh Amlai 's younger brother suffers from Schizophrenia since 1996. As a care giver after going through the tormenting path for his brother's survival and existence, sometimes rushing to places untraveled to bring back home his brother, sometimes fighting with my own family for his existence, sometimes spending nights with him in hospital made him realize that the agony of such mentally ill and their care takers are more or less same. This motivated him to work for this vulnerable class and Altruist was born to help them regain humanity for their beloved ones suffering from mental illness.

'Dava & Dua'

On the 06th of August 2001 in the State of Tamil Nadu in Erwadi, Ramanathapuram district nearby Madurai, 25 mentally ill patients were charred to death and they could not escape the blaze as they had been chained. After this gruesome incidence The Hon. Supreme Court of India considered this matter as very a 'Serious Concern' and gave a directive to all the State Governments to ensure care for such mentally ill persons in the State. The directive also stated that the rights of treatment and rehabilitation of the mentally ill person should be safe guarded with basic rights.

Similar to Erwadi Dargah there are many such places in the State of Gujarat where persons suffering from emotional and behavioral problems are generally treated with traditional and religious rituals being available and accessible easily and are generally accepted due to lack of awareness on mental health, misconceptions, stigma and unavailability of MH services. One such place is the Dargah of Hazrat Saiyed Ali Mira Datar 550 years old and a famous historical place situated in the village of Unava, with strong religious significance regarded as one of the most pious places after the Dargah of Ajmer Sharif in the country for unexplained ailments in the world of ghosts and djinns in regards to behavioral and emotional problems. It was seen that there was a heavy patients' turnout at this Dargah for seeking religious cure of behavioral and emotional disturbances. The patients were brought here chained, their human rights were violated and there was a serious hygiene concern within the Dargah.

A holistic approach towards any of the issues of humans has been embedded culturally. It was impossible to close such a religious place realising its importance and also considering the livelihood of many dependint on this Dargah. Simultaneously adhering to the Supreme Court and National Human Rights Commission directives were even more vital and to provide medical

treatment to those visiting this Dargah with mental illness was also important. Narrowing down to the solution it was seen that these faith healers (also known as Mujavars and Khadims) could play an important role in the lives of people suffering from mental illness as lay counsellors referring them to avail medical treatment. Emphasizing on below mentioned inspirations of;

1) An ancient Indian belief that Dava *(Medicine)* & Dua *(Prayers)* together cure problems faster and
2) As Mid-wife (Dai) were covered under RCH (Reproductive Child Health) for safe deliveries,Similarly these faith healers could be evolved in this process as lay counsellors to help and refer to medical treatment to those suffering from psychological disorders visiting the Dargah the Novel concept of Dava & Dua was conceptualized by Dr Ajay Chauhan Suprintendent of HMH Ahmedabad in 2004

2)The basic objective of the program was and is to safeguard the human rights of the patients visiting the Dargah for holistic care, provide them with medical treatment and create awareness on mental health without disturbing their faith.

26. NGO ROLE

Initially the Dava and Dua project was implemented till 2005 by Hospital for Mental Health, Ahmedabad. The mental health services were provided once in a week mainly pharmacotherapy, counseling and trainings. As the number of users started increasing for availing these services it became difficult for HMH, Ahmedabad to provide service on a daily basis. Therefore, Government decided to involve a dedicated NGO to serve the purpose. Altruist has already been working exclusively in the field of mental health and they were well experienced in working with rural and urban mental health subject. Government decided to make this project a joint partnership between HMH Ahmedabad and Altruist and funded the project.

Altruist has been playing a role more behind the curtain, but yet effective. The objective of the NGO was to mobilize the existing services and facilitate the entire program process.

Though dormant, yet very powerful and effective the role of NGO has been to link the entire religious system with the medical services and local administration for effective implementation of MH service delivery module.

Implementing systematic management for follow and referral systems have been key objectives of Altruist so that the patients would continue getting proper care and treatment. Not leaving the most important process of rehabilitation, Altruist staff very effectively through counseling has been able to change the attitude of the patients, care takers and Mujavars for availing mental health treatment for the mentally ill. During this process the staff of Altruist makes sure of rehabilitating the patients in their own families. Altruist is focused on creating mental health backup services available locally at PHC level to bring mental health in the mainstream of health system.

The Program has been running with following objectives;

- To adhere to the Supreme Court and National Human Rights Commission directives
- To safe-guard rights of the mentally ill patients within the Dargah
- To provide free medical treatment to those suffering from psychological problems visiting the Dargah

- To educate Mujavars on mental health, mental illness its signs and symptoms so as they can refer patients for medical treatment
- To create awareness on mental health
- To improve hygiene and sanitation of Dargah by empowering the Dargah Trust
- To establish a linkage between Mujavars and Health professionals
- To spread positive mental health in the Dargah and within the vicinity

Situation Analysis

Outcome of this program are:

- There has been increase in the patients for availing medical treatment for mental illness in the Dargah OPD
- Knowledge on mental health and its symptoms has increased amongst Mujavar community after sensitizing them and providing them training into the same.
- Stigma towards mental health has reduced and Mujavar community has come forward to avail treatment for their mentally ill patients in the families.
- A strong rapport has been developed between the Mujavars, NGO and Health Professionals
- The Mujavars started referring the patients to the health professionals thus bringing chronicity of the illness amongst the patients well under control
- Human rights of the patients have started being safe guarded as per the Supreme Court directives
- The program has gained strong mileage in the vicinity of Unjha District as many patients from the village and nearby villages have started availing mental health services from this project.
- By sensitizing the caretakers and the local community, awareness has been created on mental health and they realized that mental illnesses are treatable and curable.
- A referral system has been established for the patients.

Lessons Learnt

- Human rights of the patients can well be safe guarded by creating awareness
- Traditional faith healing can complement modern medical science indirectly in curing mentally ill patients and reducing stigma towards mental health.
- People are more adaptive to Dava *(Medicine)* with Dua *(Prayers)*.
- A systematic monitoring and follow up system has been developed for the patients and the Mujavars
- Public private partnership has proven beneficial for larger target approach and for sustainability of the program.

Statistical Data for the year July 2008 – April 2013 under Dava & Dua program

Year wise Data of New & Follow-up Cases

	Male	Female	Children	Total	Male	Female	Children	Total	
years	New Case				Follow up Case				Total Patient
2008	270	196	28	494	232	198	32	462	956
2009	363	437	112	912	1,123	1,042	177	2,342	3,254
2010	274	283	97	654	1,306	1,327	199	2,832	3,486
2011	204	217	57	478	1,513	1,389	206	3,108	3,586
2012	209	224	50	483	1,322	1,222	293	2,837	3,320
April -2013	133	140	38	311	783	675	181	1,639	1,950

TOTAL	1,453	1,497	382	3,332	6,279	5,853	1,088	13,220	16,552

Referral Break-up of New Cases

Patients referral Sources	Numbers
Patients referred through Mujavars	2,073
Through IEC (Awareness) activities	717
Patients referred patients	468
Patients referred by private Doctors of the Area	66
Patients referred by Teachers of local schools	8
Total	3,332

Illness wise data

Illness Name	Patient
Depression	791
Schizophrenia	747
Somatoforms Disorder	310
Epilepsy	217
General Medical Condition	148
Psychosis	104
Other Mental Disorder	912
Mental Retardation	103
Total	3,332

27. 'Aadhaar' – Helpline for Wandering Mentally Ill

In response to a PIL and High Court Judgment in Gujarat, Department of Family Welfare appointed Altruist to start this program for rescuing wandering mentally ill from the city of Ahmedabad, adhering to Section 23 of The Mental Health Act 1987. Under this Section, this responsibility has been designated to the Police Department; therefore they have done a MOU with the Commissioner of Police, Ahmedabad for helping rescue such vulnerable people.

This program was inaugurated on January 06, 2011 by the Health and Tourism Minister of the State Shri Jaynarayan Vyas alongwith Shri Kirit Solanki Member of The Parliament, Ahmedabad Mayor Shri Asit Vora and many more dignitaries of the State. This tripartite strategy involves Altruist (NGO), Health and Family Welfare Department, Gujarat and City Police Ahmedabad. Helpline numbers are; +91 97 22 100 101, +91 97 22 100 200

The objective of this helpline is to rescue many such wandering mentally ill from the roads of Ahmedabad and helping the city Police bring them for care and treatment to the Hospital for Mental health, Ahmedabad after obtaining an order of observation from the court.

This process in turn also safeguards the rights of the mentally ill patients and they are provided with basic necessities such as food, shelter, clothing, medical treatment and security within the Hospital. Once the patients recover, their family members are traced and upon confirmation with their family members under the court supervision such patients are reunited with their families by Aadhaar, this programme is also implemented by Altruist NGO.

Thereafter the follow-up of the patient(s) is done by the Altruist staff.

Objectives

- Establish linkages amongst all concerned government departments (Police, Hospitals and Law)
- To establish a Altruist helpline for wandering mentally ill

- Create awareness on mental health
- Rescue wandering mentally ill and provide access to care and safety
- Reintegration of these cured patients in the society
- To establish a role model in the city of Ahmedabad and replicating it at other places of the state
- To provide information through helpline on Mental Health
- To create awareness on mental health
- To assist and facilitate such families who have persons with mental illness in their homes for guidance, referrals and follow-up treatment

Sr. No.	Details of Calls received	Rehab	Number
1	Wandering Mentally Ill admitted in hospitals		496
2	Family cases brought to Hospital for mental Health for treatment		262
3	Counseling done for mental health problems (Depression, Suicide, etc.)		117
4	Physically & Mentally Ill admitted in Civil Hospital, Ahmedabad		90
4	Beggars facilitated in Beggar Homes of Department of Social Justice		61
5	Information provided on Aadhaar Helpline, Mental Health, MR/MI, etc.		1,653
	Cured Patients re-united with families	430	
	Total		2,679

28. Human Development & Research Foundation

HDRF is a Sensory and Re-Habilitation Centre for individuals with special needs at Hospital for Mental Health for the past 4 years. HDRF is registered with Government of India through Rehabilitation Council of India (RCI), Government of Gujarat under 'The Persons with Disabilities (Equal Opportunities Protection of Rights and full Participation) Act, 1995 and all other statutory bodies of Govt, both at the State and Central level since 2005. They are also registered with National Trust, CARE etc & works with the objective to restore the position of the individual with special needs predominantly mentally illness and Mental Retardation (MR) in the society. Their endeavor is to incorporate innovative ideas and methods to benefit the MR in most effective way.

Aim: To provide scientific & comprehensive training helping rehabilitation of special children to live a better life and creating a healthy society.

Objectives of HDRF: To establish, first time in India, a unique facility with the aim to provide comprehensive training to persons with special needs. HDRF intends to establish, with the patronage from Govt of Gujarat and donor agencies, a centre to offer training solutions that are based on scientific and proven techniques world over.

Working with Special needs

Working with Special needs	

• Mental Illness	• Multiple Disabilities
• Mental Retardation	• Cerebral Palsy
• Autism	• School refuge
• Slow Learner	• Problem child
• Hyper Active	• Mental Illness

Facilities available at HDRF: Medical assessment (Clinical Psychologist) Therapeutics Treatment:

- PsychologicalTreatment-Behavior therapy of Behavior modification,
- Early Intervention, identification, early prevention (Abortion counseling etc),
- Child Development & Family Counseling....
- Speech therapy
- Physiotherapy
- Nutritional Counseling
- Genetic Counseling
- The Curriculum- (Special Education)
- Physical Education and Sports
- Vocational Training, Job Placement,
- Work experience and Career.
- Music therapy
- Meditation, Yoga
- Animation

Activities: Observation to assess a child to obtain an IQ certificate from Hospital for Mental Health, Systematic recording of case history, a Scientific test to assess mental ability of individual child mainly to identify type of training required and counseling of parents to make them fully aware helping them continuous training. With the help of teaching aids and special educators, they are providing comprehensive training helping child to live independently. Children are also provided snacks and medicines at the centre. A team of expert doctors also provide their opinions, pay visits and suggest treatment. Keeping in mind the convenience and comfort, they also provide pick up and drop facility with an escort. HRDF organizes health check up camps to identify children who requires more attention and comprehensive training. A team of experts also provide counseling to children

Today, a total 50 children are undergoing various forms of activities provided at their Day Care Centre which is a 100% increase since inauguration in the year 2005. HDRF has also helped registering total 700 patients with Social Defense Dept, Ministry of Welfare, Govt. of Gujarat and got issued Identity cards (mentioning % disability). These beneficiaries are now receiving benefits such as free travel on State Transport buses in Gujarat, Indian Railways, and stipend of Rs 200 / per month under Din Dayal Social Welfare scheme,

Free life insurance besides benefits offered by National Trust of Govt. of India. Year	Counseling provided to no. of Patients & their parents	No. of beneficiaries of Social Defense Dept, Govt. of Gujarat	No. of Patients undergoing training at Day Care Centre
2005	151	30	5
2006	199	45	12
2007	237	53	18
2008	313	60	23
2009	365	100	31
2010	405	140	39
2011	419	177	44
2012	411	192	51
Total	2500	697	223

Govt Policy: This project has been conceptualized and designed keeping in mind Govt of Gujarat's policy for Child Development. To give further boost to this policy and the said project, HDRF has submitted a detailed project for approval to the Government . This project is based on PPP fundamentals engaging the Govt, private institutions and public. This is not for profit project and would be guided by the principles of PPP.

Resource available: Ms Hiral Vaidya is a qualified and experienced resource who in turn has trained a team to manage this centre to cater to the needs efficiently. A well qualified and experienced team of medical professionals are also associated with HDRF. Ms. Vaidya has a unique opportunity to work in such facilities in the UK and have gained rich experience and exposure to modern techniques.

Future Plan:
A fully equipped Sensory unit offering scientifically designed equipment and training courses helping children with special needs to get rehabilitated quickly. HDRF intends to set up, under one roof, an integrated facility designed to offer medical treatment and services located within Govt. Hospital for Mental Health in Ahmedabad. Sensory unit: they have established a test model of Sensory unit at the Centre where children are undergoing different training, experience such as stimulation, visual expression, colours, displays, touch & feel and so on. We want to develop a Multi Sensory unit for our institute which is a totally a new concept and being envisaged to implement for the first time in India. Sensory unit consists of various components like Black Sensory Room, White Sensory Room and so on. The Multi-Sensory Room (MSR) uses light, sound and a range of specialized equipments designed to create an environment that is used for relaxation and calming. The multi sensory room is a platform for fun learning and development as it focuses on cause and effect learning. The equipments for the sensory unit would be imported from the UK.

Way Forward: HDRF have already identified and contacted one of the world's best manufactures and exporters of equipment and services worldwide and is based out of the United Kingdom. Company has shown keen interest in not only supplying necessary technology and equipments but also will provide all necessary technical help in managing this unique facility in the State of Gujarat. British Trade Office, Ahmedabad of British Dy High Commission has also kindly agreed to provide necessary support. The Government of Gujrat needs to take a call on at the earliest on the proposal submitted by HRDF for creation of this unique facility in the interest of children with special needs.

a. Linkages with NGOs

NGO working actively with patients of multiple disabilities had implemented project for Mental Disorders in CBR (Community Based Rehabilitation) model. Community Based Rehabilitation (CBR) as an approach to rehabilitation of Person with Disabilities has been in for last two decades now and proved itself as a cost effective way of reaching the services to the un- reached. It has gradually moved its focus from mere service delivery to rights based approach and from charity orientation to empowerment of the disabled people. In this activity, educating the public, taking care and involvement develop human resources; link with other sectors, community health all these aspects is covered under community rehabilitation.

CBR also advocates that disability, both- mental and physical is no more a welfare issue but a development issue and a human rights issue. It ultimately aims at the empowerment of the disabled individual and creation of family and community support, which is very similar to the aim of psychosocial rehabilitation of mentally ill people. Along with this task NGOs are also providing training to their workers regarding Mental Health issues, create awareness, create support group, vocational and occupational training for Indoor patients.

In Gujrat's CBR model they collaborate with Blind People Association in 4 District 5 Blocks were selected from Gujarat, where camps were, organized after screening by trained field workers. Some of the non government organization which has contributed to community based rehabilitation associated with Hospital for Mental Health, Ahmedabad are as follows.

NGO Involvement in different activity

Outreach	IEC	Camps	Training	Rehabilitation
AWAG	SAATHI	Sakti Vikas Trust - Mandal	Avirat	Gujarat Sarvar Mandal, Ahmedabad
Blind People's Association	Blind People's Association	Gujarat Vidyapith , Abd.	Blind People's Association	Ahmedabad Sarvar Mandal, Ahmedabad
Avirat	Avirat	NAB Patdi	HRD Gujarat University	Om Voluntary Organization
SAATHI	Agakhan Trust	Lions club Viramgam	Agakhan Trust	Banian Chennai
	Gujarat Vidyapith , Abd	District Panchayat, Sabarkantha	Ahmedabad Sarvar Mandal, Abd.	Sahyog, Rajendranagar
	Udan Foundation, Ahmedabad	District Panchayat, Surendrnagar	Udan Foundation, Ahmedabad	Kasturba Trust
				Sadkary Seva trust
				Jain Youth trust

29. Budget Allotted By Govt. To Hospital (Rs In Thousands)

	2010-2011	2011-2012	2012-2013
Plan	3570	4500	14405
Non plan	47600	51680	62115
New Item		4578	72600
RKS fund	700	1000	1000

QIP	16500	1000	1000

30. Expenditure Of Budget (Rs In Thousands)

Particular	2010-2011	2011-2012	2012-2013
Salary	45718	48996	57290
Medicine	2718	2782	2786
Linen	428	356	427
Diet	2213	3889	4168

31. Expenditure For Center Of Excellence In Mental Health Under NMHP (Rs In Thousands)

Particular	2010-2011	2011-2012	2012-2013
Grant allotted	52800	-	133100
Expenditure	30624	15494	110644
Balance	23554	8060	3188

32. Quality Assurance Project – NABH

Government of Gujarat has taken this initiative to make the government hospital NABH accredited. NABH stands for Nation Accreditation Board for Hospitals and Health Providers; it is a national governing body which has developed certain standards for the hospitals and health provider in regards of maintaining the quality and to make quality assurance. Hospital has gone through the NABH pre assessment in which assessor team appreciated the work of hospital a lot. Under this project hospital has done the following progress:

- Development of Vision and Mission for Hospital.

Mission

"To be the finest Mental Health Care institute in country, providing quality mental health care services with the state of art technology, easy accessibility, affordability and equity, this could become complimentary to the mental health act, 1987 for the people of Gujarat and beyond"

Vision

To enhance patients quality of life reduce stigma for better acceptance in society, provide specialized psychosocial interventions in the community to promote positive mental health care to the people of Gujarat and beyond

- Development of various checklists like documents must be present in file, patient personal hygiene; tray and crash cart medicines etc. for the purpose of monitoring and to reduce the error.
- Display of various sign board to direct and educate the patient and their relatives.

- Renovation and maintenance of infrastructure, and other facilities like hand wash, changing room for staff, enquiry center, control room etc.
- Calibration and preventive maintenance of all medical equipments.
- To put suggestion box and complaint box everywhere.
- Development of standard operating procedures, quality manual, Infection control manual and safety manual
- Provide training to staff regarding, patient care (vulnerable, geriatric, violent patient, medication of patient, CPR, emergency handling, disaster management etc.
- Development of an emergency room and IPCU in ward.
- Improvement in quality of linen and kitchen and its management.
- Improvement in housekeeping.
- Adequate staff in hospital
- Reduction in infection in hospital and its proper monitoring by ward surveillance
- Placement of fire extinguisher everywhere and proper training regarding the same.
- Development of new IPD file.
- Improved and managed pharmacy and MRD department
- Quality improvement project in various field like reduction in infection, reduction in stock out of medicines, increase number of patient in occupation therapy department, improvement in documentation, improved flow of patient in OPD and redesigning of OPD building with efficient space utilization.

As a part of the Quality improvement project under NABH Hospital implemented following practices:-

- Standard operating procedures for patient assessment, treatment and care
- Implementation of Patient Rights & Responsibilities
- Management of Medication
- Quality Indicators for patient care and management
- Basic Infection Control Practices
- Implementation of safety and quality practices
- Patient satisfaction survey
- Continuous Quality Improvement
- Employee satisfaction survey
- Incorporation of management tools
- Benchmarking the indicators

Following Committees are functioning in the Hospital for monitoring quality of care.

1. Quality improvement committee
2. Infection control committee
3. Safety committee
4. Medical Audit Committee
5. Grievance Redressal Committee
6. Vishakha (sexual harassment prevention) committee
7. Drug and Therapeutic committee
8. Death Audit Committee

Hospital for Mental Health, Ahmedabad has gone through the NABH assessment and awarded NABH Accredited 1st mental hospital in the country hospital

33. Details of Human Resource Development Programmes

Name of Training	No of training		Participant
	2011-12	2012-13	
Hospital Safety ➢ Fire Safety ➢ Disaster Management ➢ Bomb threat	7	14	All staff
Patient care & Patient safety ➢ Assessment of patient condition ➢ End of life care ➢ Admission & Discharge protocol	10	11	Medical Officer Nursing staff Paramedical Staff
Medical Illness ➢ Chronic Medical Condition management ➢ Management of T.B. patient * ➢ Management of HIV infected and HbsAg positive patient* * ➢ Epileptic patient management ➢ Psychiatric emergency	12	16	Medical Officer Nursing staff Attendant Staff
Management of Medication	4	5	Medical Officer Nursing staff Pharmacist
Patient Rights & Responsibility & Education	4	5	Nursing staff Attendant Staff
Patient Satisfaction	4	4	All staff
Infection control Needle stick injury Blood & mercury spill Management	8	10	Nursing staff Housekeeping Staff
Handling of Biomedical Waste	5	8	Nursing staff Housekeeping Staff Attendant Staff
Basic Life Support	2	2	Nursing staff
Isolation Protocol.	3	3	Medical Officer Nursing Staff
Nutritional assessment and Management in chronic mentally ill.	4	5	Medical Officer Nursing Staff Attendant staff
Total	63	83	

1	Total hours of training conducted in the organization : (for all employees including outsource staff)				
2	Trainings attended	Total number of hours		Average hours/person/year	
		Technical/Skill related	Soft skill	Technical/Skill related	Soft skill
2.a	Doctors (eg.CME)	660 hrs.	126 hrs.	60 hrs.	18 hrs.

2.b	Nurses (eg.CNE)	840 hrs.	880 hrs.	19 hrs.	20 hrs.
2.c	Technicians	66 hrs.	96 hrs.	16.5 hrs.	8 hrs.
2.d	Support staff	1680 hrs.	2420 hrs.	18 hrs.	44 hrs.

3	Total number of hours of total CME conducted :- 21 hours
4	Total number of hours of total CNE conducted:- 45 hours
5	Details of research papers published by the clinicians of the hospital 1. Dr. Ajay Chauhan: - Recent initiatives in Community Mental Health in India: Model for Rural Area. (Godhra Gujarat) National Conference of Indian Association For Social Psychiatry 23rd - 25th November 2012. 2. Dr. Ajay Chauhan: - "Dava & Dua': A novel concept of amalgamating traditional religious belief practices and science for cure in mental health "international Conference on Religion, Healing, and Psychiatry at university of Münster Germany 23.02. 2012 – 25.02.2012

Critical evaluation of HMHA with special reference M H care in Gujarat

1. Matching of service demand and delivery

Gujarat faces a heavy burden of mental health morbidity. As per estimates, there are 3.1 million adults with common and severe mental disorders at any point of time in Gujarat. About 11000 new cases of schizophrenia are added to the mental illness burden' annually. The population burden of all severe mental disorders is more than four times the number of persons affected by schizophrenia. Physical disorders commonly exist as co-morbidity.

1.1. Taking into account the current burden of mental illness in the state, there is an urgent need to augment services. At present the services are provided in a limited number of settings and focus mainly on in-patient and out-patient care.

1.2. Promotion, prevention and rehabilitation are hardly covered. The MH sector not only needs to urgently improve and expand the existing facilities, but also develop new modalities of service delivery to adequately serve the demand among those needing service.

2 Human Resource Development

Not only HMHA but the whole MH sector requires a major effort in capacity building. Current services are insufficient to cope with the growing demand. Motivational levels, both in private and public sector, are too low. Human resources need to be strengthened in three ways: quantity, quality and organisational structure. The numbers of MH professionals will need to increase. This will be for all types of professionals:

Psychiatrists
Clinical psychologists
Psychiatric social workers
Psychiatric nurses
Occupational therapists (including life skills and rehabilitation)
Counsellors

2.1 To generate more human resources the sector will also have to look towards the allied professionals in the field such as general practitioners, neurologists, physicians, general nurses, and other para- medical and non-medical health staff.

2.2 There is a need to strengthen the components of MH education in other related courses (MBBS, nursing courses, educational courses, child development courses).

2.3 The increase of professionals in the MH services would lead to increased availability of services and would provide an enhanced opportunity to introduce the multidisciplinary approach.

2.4 Merely increasing the number of MH professionals will not improve the services. Quality standards also need attention:

The MH professionals currently working in the sector -- government, NGO and private - need a continuous education programme

The non-mental health professionals who deal with mental illness in their day-to-day practice (e.g. GPs, nurses, rehabilitation staff, NGOs) need focused support on mental health related topics.

Mental health aspects in the education for medical students and nurses need more attention.

2.5 These quantity and quality improvements require a huge effort from training and on-the-job support programmes. This training capacity is to be strengthened and to a certain extent, to be newly developed. In Gujarat there is a need for an organisation specifically focusing on MH capacity development.

3. Service providers in the Communities

The first entry point for most patients with symptoms associated with mental illness is the general practitioner or traditional faith healers. If available, patients also consult the PHC medical officer. At primary care level, it can be very helpful to have a systematic "on the job" training of primary care staff covering the common conditions, and the skills they will require to handle them. This can be reinforced by:

3.1 Distribution of good practice guidelines for assessment, diagnosis, management and criteria for referral (e.g. by developing a HMHA & Gujarat adaptation of the WHO primary care guidelines)

3.2 Routine data collection at PHC level covering the common conditions such as depression, anxiety, schizophrenia, bipolar disorders, dementia, alcohol, drug abuse, PTSD, childhood behavioral and emotional disorders,

3.3 Regular supervision and support from the secondary level including meetings to discuss issues such as criteria for referral, discharge letters, shared care procedures, need for medicines, information transfer, training, good practice guidelines and research.

4. Care giver involvement

Care givers form the backbone of the MH delivery system. They detect illness at an early stage and take up the responsibility for the continuous care of the patient. They are also the ones most burdened with the consequences of the disease. Parents, husbands, wives, children and other family members are severely affected by having a mentally ill patient in the family. If provided with psycho-education, counselling and other types of support, they can form a crucial part in care and treatment.

4.1 The creation of organisations of care givers would result in having valuable discussion partners for service providers and administrators. They would also be effective partners for community based NGOs and advocacy groups. In this way,.

4.2 Sectoral linkages

mental health is a topic that encompasses medical, social and economical aspects. Therefore it is not restricted to the Department of Health and Family Welfare. Other departments involved would be:

- Social Justice and Empowerment
- Women and Child
- Education

4.3 These other departments have programmes which involve mental health related areas. Coordination mechanisms need to be established to streamline policies and programmes. At the operational level, linkages are needed between MH professionals and other services that are in contact with people with mental disorders, like judiciary, police and various NGOs.

These linkages are missing at the moment. There should be concerted effort by Department of Health and Family Welfare to establish and nurture these linkages for the welfare of people suffering from mental health problem.

5. Community Based Rehabilitation

Lack of resources, lack of awareness and stigma from community are the major hindrances in the pathways of care for mentally ill patients. There is immense need for identifying, treating and rehabilitation of these patients back into their community. Non Government Organization play a major role in working for those suffering from mental disorder in the community based rehabilitation model.

There is need to promote Self Help Group by HMHA as well as by Department of Family Health and Welfare as they can be very useful in following areas:

1. Self Help Groups Strengthen Partnership between Parents, And Professionals.
2. Forum to Share Problems.
3. To make them feel that they are not alone In the in the Struggle to Put up with Mental Illness.
4. To Make Learn Coping Strategies.
5. To Make Learn Problem Solving Skills.
6. Caregivers play a key role In successful coping with their Mentally Ill Person.
7. Parents' Involvement In Self Help Group Is extremely Important to give continuity of treatment and reduce the disability of mentally Ill.
8. Protect Basic Rights of Mentally Ill Person.
9. Advocacy for Mentally Ill Person.
10. Provide Platform for Professional and family for IEC Activities.
11. Parents Can Learn from the Success of other carers.
12. To Develop Feelings Of Bondage and Avenue for Mutual Support.
13. To Make Aware of Possibility of locating Care Avenues.
14. To Make Learn Stress Reduction Techniques.
15. To make them aware about advocacy and activism.

6. Draft Mental Health Policy of 2005

The Department of Health and Family Welfare, constituted, in April 2002, a Mission to suggest priority and strategies for the mental health sector. The Indian Institute of Management, Ahmedabad (IIMA) in collaboration with B. J. Medical College, Ahmedabad and Bapu Trust, Pune carried out the tasks entrusted to the Mission. The Mission commissioned several studies relating to: socio-economic determinants of mental

disorders; mental health delivery systems in the public, private and the voluntary sector; the cost of mental health services; framework for financing mental health sector; issues relating to human resource development; management issues in the mental health sector; gender and mental health; role of ethics in mental health; issues relating to de-stigmatization of mental health; interface of law and mental health in the context of Gujarat. Extensive consultations with various stakeholders have provided valuable inputs. The mission report forms substantial basis of the draft MH policy..Though finalised in 2005 but have not been implemented till date. Its implementation would go a long way in improving the quality of Mental Health care in Gujarat.

Implementation of Mental Health Policy will not only positively impact the quality of care provided by HMHA others in the State of Gujrat as such

7. Opretionalisation of Center of Excellence:

The Academic Block as well as Nursing Block is in advanced stage of construction. It is expected that they would be ready by the end of 2013.But the biggest challenge is sanction and recruitment of staff to man them. Till this is done the expenditure incurred on the construction of above mentioned building would be of no use and the very purpose of the program would be defeated

'Centre of Excellence' of the Ministry of Health and Family Welfare, Government of India is a composite proposal. A provision of Rs. 3 Crores has been envisaged for sanction of a prescribed number of posts in the field of psychiatry, Clinical Psychology and Psychiatric Social Work. These posts need to be sanctioned and filled up in their entirety to operationalize the center at the earliest.
In view of the above State Government has to take urgent steps for filling up of these posts

8...Inadequate Budget Support:

The hospital for mental health has established beyond doubt its excellent credentials within Gujarat and outside. This is evident from the fact that patients from Rajasthan, Madhya Pradesh, Haryana, Delhi, Uttar Pradesh, Uttaranchal, Punjab, Jammu and Kashmir, Assam, Meghalaya, West Bengal, Bihar, Chhattisgarh, Andhra Pradesh, Jharkhand, Orissa, Tamil Nadu, Maharashtra and Karnataka have come to the hospital, have been treated and have been rehabilitated by the hospital staff.

Over the years, however, there is a marginal increase under the head 'medicine' from Rs. 19, 70,000/- to Rs. 23, 64,120/- in 2009-10. The allocation is grossly inadequate as even a small mental health hospital at Cuttack with 60 beds has a budgetary allocation of Rs. 30 lakhs. The allocation in Ahmedabad needs to be augmented to a minimum of Rs. 40 lakhs as the hospital authorities have to discharge a number of obligations at Ahmedabad Central Jail, services provided by NGOs, OPD service being provided.

Also, most of these funds are just sufficient for meeting salary expenditures and not much is available for other programme components. Lower budget allocation limits the availability of services within the government system. Under these circumstances people in need of services depend on the private sector. About 90 per cent of total expenditure in the MH sector is out-of-pocket expenses. Financial protection mechanisms are not available to the populations in general.

The overall budget provision also needs to be substantially augmented.

At least it should be at least 5% of H&FW's budget.

9. Hospital for Mental Health, Ahmedabad's needs affiliation with the Medical College and Hospital for 2 seats in MD Psychiatry. The affiliation orders have been issued by the State Government but the authorities of the College do not appear to be very enthusiastic about such affiliation. Teaching is a very significant activity along with treatment and teaching cannot commence (as it has commenced at Ranchi, Jaipur, Goa, IHBAS, NIMHANS) unless the affiliation order is fully implemented.
Additional Chief Secretary and Principal Secretary, H&FW was requested to prevail on the authorities of medical college and hospital to implement the above mentioned Govt Order

10. Vacancy in HMHA: impacting care.

Name of Cadre/Class	*As on march1998*	*As on 31/03/2013*			*Remarks*
		Sanct.	*Filled*	*Vacant*	
Lady Psychiatrist	0	1	0	1	Created in 11/2000
Hon Neurophysician	0	1	0	1	
Hon Pathologist	0	1	0	1	
Psy. Social Worker	2	2	1+1	1	One under Red cross society
E.E.G. Technician	0	1	0	1	Created in 3/02
Junior Pharmacist	3	3	2+1	1	One under Red cross society
Staff Nurse	27	27	24+4	3	Four under Red cross society
Laundry Man	4	4	0	4	Outsourced
Cobbler	1	1	0	1	
Gardner	2	2	1	1	Outsourced
Linen Keeper	1	1	0	1	
Head Cook	1	1	0	1	
Cook	6	5	4	1	
Overseer	2	2	0	2	
Head Male Atndt	1	1	0	1	
Head Female Atndt	1	1	0	1	
Senior Male Atndt	6	5	0	5	
Senior Female Atndt	1	1	0	1	
Male Attendant	49	49	25+24	24	24 under Red cross society
Female Attendant	18	18	5+13	13	13 under Red cross society
Mukadam	1	1	0	1	
Male/Female Sweeper	36	30	16	14	Housekeeping out sourced (22)

These vacancies are very adversely impacting the care of patients of Mental Health. They need to be filled on war footing. The Superintendent has power of appointment only in case of class 4 employees that too with the approval of State Government. At least the recruitment of class 4 employees be delegated to Superintendent.

11.HMHA is one of the premier mental care institute but it **does not have an exclusive Geriatric Ward** like the Institute of Psychiatry, Jaipur . Budget Provision for a full

fledged geriatric ward would go a long way in helping patients with age related problem as a cell would be dedicated for geriatric patients.

12. Introduction of cost & quality parameters for Private Psychiatric Facilities:

As per the Mental Health Act 1987 Psychiatric Hospitals or Psychiatric Nursing Homes can be only established after obtaining the license and Additional Director Medical Services is the licensing authority for the same. I advised the ACS Health and Principal Secretary to see whether these licensed institutes can be regulated in terms of cost and quality parameters since the large number of beneficiaries belong to poor and underprivileged class..It was pointed out that Provision of Mental Health Act 1987 does not have provision for the same ,but regulation in quality and cost should not compromised for poor and under privileged so the Additional Director Medical Services will call a meeting with Gujarat Psychiatry Society with in charge of licensed psychiatric hospital and nursing home for developing guideline for the state in this regards on august 20 ,2013

13. Stigma attached with Mental Health

Society generally has a negative perception of individuals with mental illness. The stigma attached to mental illness is manifested by bias, distrust, stereotyping, fear, embarrassment, anger, and/or avoidance. It is a barrier that discourages people from seeking treatment, especially in rural areas. In order to address the issue of stigma, there needs to be a change in society's perception of mental illness through greater availability of effective treatment options, provider attitude toward recovery for individuals with mental illness, and public awareness that mental illness is not only common but treatable, an IEC campaign on the lines of HIV would go a long way in changing people's perception about Mental illness..

Conclusion:

The HOD/Superintendent has initiated a number of innovative programmes with imagination and sensitivity. The success of 'Dava and Dua' experiment at the 550 year old Dargah of Mira Datar speaks volumes of his exemplary persuasiveness and capacity to carry conviction. These qualities have stood him in good stead in striking an emotive bond with a large number of good, reliable and committed NGOs who are non political and apolitical. These have helped in bringing about a qualitative change in the functioning of the hospital and have enhanced its credibility and total image.

Under the leadership of Dr Ajay Chauhan HMHA has bright future. It has already implemented NABH protocol and Hospital Management & Information System (HMIS). All the imaginative initiatives launched by the HOD/Superintendent - Dr. Ajay Chauhan has full support of Rajesh Kishore Additional Chief Secretary Health as well as P K Taneja the Principal Secretary, Health and Family Welfare and Director General of Health Services of the State Government in terms of assuring whatever it requires.
During my visit to the hospital I got this impression that Dr Chauhan is liked by one and all. I am grateful to him as well as of Rajesh Kishore Additional Chief Secretary Health as well as P K Taneja the Principal Secretary, Health and Family Welfare and Director General of Health Services of the State for making my visit fruitful and productive.