



**Review of  
Psychiatric Homes/Mental Hospitals  
of Government Sector in India**

**With**

**Special Reference to  
the Female Patients  
in IPD**

***National Commission for Women  
New Delhi  
2019***



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**Mrs. Rekha Sharma**



**Chairperson**  
**National Commission for Women**



## **Foreword**

Psychiatric Homes are yet another place after Prisons where women are kept in large number, attracting the mandate of the Commission under the National Commission for Women Act, 1990, to monitor their condition and take it up with concerned authorities for remedial action. A large number of people in India suffer from mental illness and women amongst them are in a significant proportion. This coupled with lack of awareness and accessibility to treatment facilities for mental illness particularly for women presents a gloomy scenario. The Commission taking cognizance of the pitiable condition of women suffering from the mental disorders got a study conducted in 2015-16, in collaboration with NIMHANS, Bengaluru, which identified various factors and provisions needed for ameliorating their condition.

The present report of the Commission reviews the situation in Government managed Psychiatric Institutions, in so far as, female patients admitted there as inpatients are concerned. The review points out that the condition of female patients admitted to Psychiatric Homes need a lot more attention to ensure that their dignity and rights as a woman are protected during their admissions in a Psychiatric Home/Mental Hospital.

The Commission has noted with concern that despite an elaborate code in form of Medical Healthcare Act, 2017, its provisions are yet to be implemented in true spirit and the mental health services and management of Psychiatric Homes is yet to be institutionalised in accordance with the provisions of the Act.



I hope this review report would help the stakeholders including the National/ State Mental Health Authorities and the Superintendents/Directors of Psychiatric Homes to ensure availability of the mental health treatment facilities in Psychiatric Homes in a manner befitting the requirement, rights, privacy and dignity of female patients.

With regards

**(Rekha Sharma)**



## Executive Summary

- Mental health is a serious concern in India, particularly for women as women, with mental illness are vulnerable and not socially acceptable.
- NCW is mandated to inspect Mental Hospitals/ Psychiatric Homes in terms of section 10 of the NCW Act, 1990.
- In order to review the condition of female patients in Psychiatric Homes/ Mental Hospitals in Government sector, the National Commission for Women obtained information in a comprehensive proforma. The information received from 27 institutions was analyzed. The Commission also inspected 19 Psychiatric Homes. The findings are summarized below:-
- There are no Norms regarding provisions of various categories of manpower like Psychiatrists, Residents, GDMOs, Clinical Psychologists, Nursing staffs and Medical Attendants with reference to sanctioned bed strength of the Psychiatric Home or if there are any norms they are not being adhered to. It has also not been insisted upon, resulting in inadequate number of positions and large number of vacancies in various grades.
- There are large number of vacancies in all categories, particularly among nurses and medical attendants, who provide day to day support.
- The number of authorized strength of bed for female patients is less than those for male patients. Moreover, bed occupancy in female wards is also relatively lower.
- The period of stay/admission of female patients in IPD is long in many institutions and one of the reasons attributed to it is the negligence/ indifference on part of the family members towards female patients. In several institutions like MH Indore, MHC Jaipur, IMH Amritsar MH Bareilly and CPH, Kolkata, a good number of them are admitted for a period, more than 5 years.
- Many institutions impose restrictions on the family members to visit their patients, which is not appropriate, as it restricts their involvement with patients. Three institutions, namely GHMC Vishakhapatnam, MH Jamnagar and DIMHANS, Dharwad are reportedly not permitting the family members to visit the female patients. The family members are also not provided regular counselling to enable them to have an informed and involved



treatment and to identify day to day needs of the patients during the treatment, so as to sustain it post treatment and to curb the chances of relapse.

- Privacy and dignity of female is a major concern and entry/ exit to female wards is regulated and guarded in most of the Psychiatric Homes. Still there are many exceptions. Three institutions namely HMH Jamnagar, GMH Kozhikode and IMH Amritsar are not even having separate wards for female patients and even entry to the wards is not regulated. CCTV cameras are installed in most of the institutions but in 11 of the 27 institutions they are yet to be installed.
- The personal toiletries being provided are not enough in quantity and all the essential items like comb, mirror, basic cosmetics, toothpaste, tooth brush, etc. are not provided in all the Psychiatric Home and not issued to individual patients in accordance with a norm, which needs to be developed. Some items of personal toiletries are also being used commonly in few institutions, although there number is not significant.
- The food provided does not conform to the calorie requirements of the patients and even menu is repetitive in nature with no provision of special food once a while. Large number of institutions i.e. 15 out of 26 is not having the post of dietician to organize menu and provide food to meet the nutritional requirement.
- NGOs/ Civil Society are associated with Psychiatric Homes for providing services like counselling, rehabilitation, yoga and religious activities, recreational activities and skill development/ vocational trainings. In many cases they are also helping in locating the family of the patients in case whereabouts are unknown. However, 09 out of 26 institutions are having no association with any NGO/ Civil Society.
- Mid Way/ Half Way Home facility is essential for each Psychiatric Home for therapeutic and rehabilitation of the cured/ partially cured patients. Most of the Psychiatric Homes do not have this facility, which is essential and even the apex court in WP(C) 412 of 2016 issued specific directions in this regard. In some cases the facility is in the process of being developed departmentally or provided through NGOs.
- Except in case of four institutions namely GHMC Vishakhapatnam, HHMHR Shimla, RMH Ratanagiri and MPH N Agartala, recreational programmes are being organized in all the other institutions. These programmes are in the form of indoor games and yoga, in most of the institutions. The recreational programmes, however, should be designed in a manner that they secure active participation of patients and keep them busy for considerable time. Some Psychiatric Homes have Music therapy as a therapeutic method and it needs to be adopted by all Psychiatric Homes.



- The skill development training not only helps in treating the patients but also help the patients to become self reliant post treatment. Psychiatric Homes provide skill development training to the female patients but still lot more needs to be done so that it is not confined to traditional trades/skills. Newer skills need to be introduced with linkage to local market/industry to make the patient self reliant, during their admission in Psychiatric Home and stay in half way home.
- Internal Complaint Committee (ICC) under the provisions of Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 needs to be constituted by each Psychiatric Home. ICC has been constituted in most of the Psychiatric Homes except in case of six institutions namely; BIMHAS Bhojpur Bihar, SMHI Kohima, MHI Cuttack, GHMC Hyderabad, MPH Agartala and MH Varanasi. However, ICC formed in most of the institutions is not as per provisions of the said Act and therefore they need to be reconstituted.
- Various provisions of the Mental Healthcare Act, 2017, are yet to be implemented by the Psychiatric Homes for which the National Mental Health Authority and State Mental Health Authorities need to work in a coordinated manner.





# REVIEW OF PSYCHIATRIC HOMES/MENTAL HOSPITALS OF GOVERNMENT SECTOR IN INDIA

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## INTRODUCTION

1.1 The concept of Mental Hospital was based on the idea of segregating the mentally ill of the community and not to treat them as normal. It was perhaps this concept that in the initial years of their establishment, the mental asylums/ mental hospitals were functioning under the Inspector General of Police and it was only in later years, around 1912, that they were renamed as Mental Hospital and were put under the charge of the Civil Surgeons. In the Mental Health Policy 2014, the focus has moved from medical response to social prescriptions with a diverse range of robust social services. The policy aims to promote mental health, prevent mental illness, enable recovery from mental illness, promote de-stigmatization and de-segregation and ensure socio-economic inclusion of mentally ill people. However, the mental health care resources in India are inadequate with poor infrastructure and low number of health care professionals. There are in total 43 Government run Mental Hospital across the country to cater large number of mental patients. It is reported that there are around 150 million people that need mental health care services and only 30 million are seeking care. It is also reported that the availability of Psychiatrists (per lakh population) is dismally low i.e. 0.3 per one lakh population as against the requirement of one Psychiatrist. It varies across States from .05 per one lakh in Madhya Pradesh to 1.2 per one lakh in Kerala. There is an overall shortage of specialists of mental health human resources (Psychiatrist, Clinical Psychologist and Psychiatric Social Worker). (***National Mental Health Survey 2016-NIMHANS***).

1.2 The legal framework for functioning of Psychiatric Homes dates back to the Mental Health Act, 1987, which can be taken as the first significant transformation in the concept of mental health care with equal emphasis on human rights of the mentally ill person. The age old mental asylums in India were renamed as Mental Hospital through Indian Lunacy Act of 1912, but it was only through the Mental Health, Act 1987, that importance of support and involvement of family as key to in-patient care of persons with mental illness (PMI) was recognised. Rules under Section 96 of the Act were framed for constitution of Central and State Mental Health



Authorities, which governed the matter, related to functioning of Psychiatric Homes and various essential provisions therein. However, after India becoming a signatory to the UN Convention of Rights of Persons with Disabilities (CRPD), a comprehensive legislation, the Mental Healthcare Act, 2017 has been enacted, which has elaborate provisions about admission, treatment and discharge of various categories of persons/ patients with mental ailments in Section 88, 89 and 90 of the Act.

1.3 National Commission for Women is a statutory body established under the provisions of NCW Act, 1990. The functions assigned to the Commission inter alia include investigation and examination of all matters relating to the safeguards provided for women under the Constitution and other laws, to make recommendations for effective implementation of these safeguards for improving the condition of women, take up the cases of violation of the provisions and to 'inspect' or 'cause to be inspected' various places where women are kept as prisoners or otherwise. These functions are elaborately mentioned in clauses (a), (b), (c), (e) and (k) of subsection (1) Section 10 of the NCW Act. The Commission has been undertaking periodic visits/inspections of prisons/ Psychiatric Homes in the country and taking up the matter with the concerned authorities for improving the condition of women inmates in these Institutions.

1.4 Earlier, during 2015-16 NCW conducted a study in collaboration with NIMHANS, Bengaluru and its report titled 'Addressing Concerns of Women Admitted in Psychiatric Institutions in India- an In-depth analysis' has already been placed on the website of NCW. The details of this study and its findings are presented in **Chapter 2** of this Report as background for the present analysis. The study gives an insight on the actual state of affairs in these Psychiatric Homes about female patients admitted therein.

1.5 The Commission decided to devise a mechanism to assess the condition of female patients admitted to Psychiatric Homes and the action taken for improvement thereof. Accordingly, a two pronged approach was followed wherein some Institutions were physically inspected by the Members of the Commission and information was also collected through a self certified proforma from the concerned Institutions. For this purpose a comprehensive proforma was devised for collecting all the relevant information, particularly those concerning the status and living condition of the female patients in these Psychiatric Homes and which could provide the parameters for inspections of the Psychiatric Homes.

1.6 The proforma evolved was formally approved by the Commission and thereafter, it was sent on 20<sup>th</sup> December, 2018 to 34 Psychiatric Institutions, out of total 43 Psychiatric Homes in the Government sector in the Country (09 institutions were already inspected by the Commission during the year). Till 30<sup>th</sup> June, 2019 information has been received from 27 Psychiatric Homes



in the prescribed proforma. This information has been consolidated, analyzed and the general observations/ recommendations based on the analysis of the information submitted by the Psychiatric Institutions in the prescribed proforma are given in **Chapter 3** of this Report. Data tables on various parameters form part of this report as **Appendix**.

1.7 Meanwhile, inspections were carried out by the Commission and in total 19 Psychiatric Homes were inspected by the Commission during the period from February, 2018 till May, 2019. The details of Psychiatric Homes inspected with the date of inspection and the gist of common deficiencies based on the inspections of the Psychiatric Homes by the Commission is given in **Chapter 4** of this Report.

1.8 Inspection report of each Psychiatric Home has been forwarded to the Medical Superintendents/Director of the respective Psychiatric Homes, requesting for an action taken report.

1.9 Similarly, in case of 27 Psychiatric Homes, the Commission's observations/ recommendations based on the analysis of information submitted in the prescribed proforma by each Institution has been forwarded to the Medical Superintendents/Director of the respective Psychiatric Homes, requesting for an action taken report. The gist of observations/ recommendations in respect of each Psychiatric Home forms part of **Chapter 5** of the Report. 10 of these 27 Psychiatric Homes have also been inspected by the Commission.

1.10 The summary of recommendation, as included in **Chapter 5** of the report are based on the analysis of data collectively in respect of 27 institutions and findings based on the inspections of Psychiatric Homes.

1.11 The main objective of the present exercise has been to identify and address the specific areas of concern in respect of female patients admitted to Psychiatric Homes, particularly with reference to the violation of their rights and dignity as a woman during the course of their treatment and suggest measures to ameliorate their condition. The remedial action in pursuance to observations/ recommendations by the concerned authorities would go a long way in improving the conditions of female patients in Psychiatric Homes.



## STUDY IN COLLABORATION WITH NIMHANS, BENGALURU

2.1 The National Mental Health Program, initiated in 1980, expanded in 1996 and re-strategized in 2011-12, emphasized to bring Mental Health Care closer to the community. As such, attention continued to remain on the Mental Hospital/ Psychiatric Home; particularly with reference to ascertaining the violation of Human Rights in these Institutions and inadequacies in institutional care, physical, verbal and sexual abuse at the hands of the Institutional authorities and ensure that dignity of female patients admitted in these Institutions are not compromised in any manner.

2.2 The National Commission for Women, commissioned a research study in collaboration with National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru in September, 2015 to identify the concerns of women admitted to Psychiatric Institutions in the Country. The Study by a multi-disciplinary team was conducted in three phases i.e. (i) Collection of information from Government Mental Health Care Institutions (ii) Utilizing gender specific information on long stay women patients, collected by Ministry of Health & Family Welfare and (iii) Physical visits made to ten selected Psychiatric Institutions in the Country. The recommendations emerging from these three phases were clearly identified and an action plan was suggested in the report as the outcome of the study. The report of the study titled “Addressing concerns of Women Admitted in Psychiatric Institutions in India- An In-depth analysis” was published by the Commission in 2016 and is available on the website of the Commission.

2.3 The main objective of the study was to assess the level of care available to women admitted in Psychiatric Institutions and to identify the clinical, social, cultural, familial, economic and legal factors likely to affect their lives, in Psychiatric Homes and thereafter. Accordingly, the specific areas of inquiry that were part of this study were:-

- (i) Basic facilities including environment in Psychiatric Homes
- (ii) Treatment and management of problem behaviors



- (iii) Consent and participation in treatment
- (iv) Special needs of women with mental illness
- (v) Circumstances of admission
- (vi) Involvement of family care givers and
- (vii) Rights within the community

#### 2.4 The methodology of study involved

- (i) Personal interviews with patients, family care-givers, service providers/ administrators through site visit of 10 Psychiatric Homes in the country
- (ii) Analysis of information obtained during the visit and
- (iii) analysis of information obtained through the questionnaire that was sent to Mental Health Institutions in the country.

2.5 The findings of the study, including the general deficiencies in Psychiatric Homes which form part of the recommendations have been listed in the report and important amongst them are summarized below:-

- a. Deficiencies were observed in infrastructure, facilities and care, non-availability of non-psychiatric medical care, rehabilitation facilities, etc. The dissatisfaction amongst the female patients admitted in IPD, with reference to the living conditions was due to
  - (i) Overcrowding
  - (ii) Lack of recreational facilities
  - (iii) Poor personal hygiene of the female inmates- inadequate personal toiletries, sanitary napkins, inner garments, own clothes etc.
  - (iv) Lack of availability of running water with geyser/ heating facility, continuous electricity, clean toilets, beds with clean bed sheets/ pillows, and inadequate moving space noticed in many Psychiatric Homes.
- b. Dignity of female patients was compromised due to lack of privacy during bathing, changing clothes and using the toilet, etc.
- c. Human resources were inadequate and particularly female officers/ staff, including Psychiatric Social Worker being much less than the sanctioned strength.
- d. There was dissatisfaction among the patients about the right based issues like-
  - (i) Hair cut without consent



- (ii) No education about illness/ medication and consent
  - (iii) Non-participation in health care decisions
  - (iv) No information on rights of patients.
- e. There were cases of long stays in Psychiatric institutions, even after treatment of illness. Reasons for over-stayal have been identified as-
- (i) Rejection/ non-acceptance by family
  - (ii) Property issues, re-marriage by spouse
  - (iii) Rampant stigma
  - (iv) Lack of policy/ legal provision binding the family to take the responsibility
  - (v) Absence of efforts on the part of the hospital authorities to trace family/ relatives.
  - (vi) Lack of psycho-social interventions and counselling of family members necessary to build acceptance and openness towards the person with mental illness.
- f. There was lack of proper documentation, identification including Aadhar number of female inmates, at the time of admission.
- g. Standard Operating Procedures (SOPs) were not developed by the institutions and were not available to Doctors/Staff to carry out treatment/ associated regimen and routine tasks related to female patients, so as to ensure efficiency and uniformity in functioning.
- h. Confidentiality about patients and their treatment were not maintained.
- i. Recreational facilities were not adequate in Psychiatric Homes. Therapeutic recreational activities are essential in every Psychiatric Home. This intervention addresses the needs of individuals with illnesses and/or disabling conditions and adds to psychological and physical health, well-being and recovery of the patients.
- j. The Psychiatric Homes are generally not having internal committee for prevention of sexual harassment under the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013.
- k. The need for Mid-way Homes, to keep the patients in a normal living/ community situation after their treatment or prior to total discontinuation of the treatment is imperative. This requirement is also for those female patients, who are partially treated and needed normal living conditions for further continuing the treatment under medical supervision. The Psychiatric Homes need to have such Mid-way Homes separately and need to work for its establishment, if it is not there.



- 2.6 The recommendations that emerged from the study are summarized below:-
- i. **Treatment facility-** The institutions providing mental care facilities needs to specifically focus on gender related issues and rights of women with mental illness. The treatment process/facility needs to be more gender sensitive.
  - ii. **Human Resources-** Adequate human resources including female officers/staff need to be available in Psychiatric Homes, in order to provide effective treatment to the patients.
  - iii. **Provision of basic facilities-** Gender sensitive aspects need to be given priority in Psychiatric Homes eg: provision for personal toiletries, undergarments, sanitary napkins, and focus on dignity.
  - iv. **Recreational/ Educational facilities-** Adequate facilities for basic literacy/ education, recreation, leisure time activities singing & dancing, reading, painting, indoor/ outdoor games, spiritual activities, etc. need to be provided.
  - v. **Acceptance by family/ community/society-** In cases where the treated female patients find difficulty in reintegration with the family/ community/society, contact with the family of patients and documenting their identities must be established. Need for counselling of the family members for continuous involvement with the patient and her welfare should not be undermined.
  - vi. **Mid-way Homes-** Long term stay should be discouraged. Mid-way homes to be provided for women who have recovered and need a place to stay. Skill development training needs to be provided to them to start life on their own.
  - vii. **Legal Recommendations:**
    - a. Legal aid need assessment must be carried out for each woman admitted involuntarily or if she is not discharged within three months of hospitalization.
    - b. Provisions for child care, day care facilities must be provided for children upto the age of 18 years, while children up to the age of 6 years should be allowed to stay with their mothers in the Institution.
    - c. Application for intake/admission of allegedly mentally ill person must be medically certified by two medical practitioners and ratified by Government psychiatrist.
    - d. Child born to a mentally ill woman should not be declared free for adoption, without the consent of the mother and proper assessment of her ability to provide care.
    - e. Rights of abused/violated woman with mental illness should be protected.



- f. A provision for external supervision especially for women patients, through visits may be institutionalized for Psychiatric Homes.
- viii. **Community Level Response:** Community level facilities like half-way homes, shelter homes, rehabilitation centers, day care facilities, vocational centers, etc. need to be developed in the absence of family care-givers and loss in their capacity to care for mentally ill patients.
- ix. **Identification from other settings:** Detection of woman with mental illness need to be ensured from other settings such as, Beggar's Home, Prisons, Juvenile Homes for adolescent girls, Old Age Homes for women, Private Residential facilities by NGOs, etc.
- 2.7 The Commission wrote to all the Stakeholders including Department of Health & Family Welfare of all State Governments, conveying the observations and requesting them to initiate appropriate action to improve the living condition and re-habilitation of women inmates in Psychiatric Homes. The present report of the Commission is therefore, a continuation of this process of assessment of the present status of women in these Psychiatric Homes.
- 2.8 As brought out in subsequent chapters in many of the Institutes the deficiencies are persisting.



## PSYCHIATRIC HOMES- GENERAL OBSERVATIONS

3.1 The present study confined itself to analyse the status of mental health care, as it exists in the Psychiatric Homes in the Government sector in the country. For this purpose, the study adopted the twin approach of inspections of the Psychiatric Home by the Commission and also by gathering information in the comprehensive proforma, evolved for the purpose. While the observations based on inspections have been dealt in the **Chapter 4** of the report, the present chapter elaborates on the inferences drawn from the analysis of information received from the Psychiatric Homes in the prescribed proforma.

3.2 NCW, requested 34 Psychiatric Homes, out of total 43 in Government sector in the country, to provide information in the prescribed proforma, relating to various aspects of their functioning. The proforma was not sent to the remaining 09 Psychiatric Homes, as they were already inspected during the year 2018 and the Commission had already sent its observations/recommendations separately for each Psychiatric Home inspected to the respective authorities for taking further necessary action. The commission received information in the prescribed proforma only from 27 institutions, till 30<sup>th</sup> June, 2019 on various aspects related to the functioning of the Psychiatric Homes. The information about the female patients admitted in the Psychiatric Homes has been tabulated and thereafter analysed, so as to have a general idea about functioning of these institutions and to suggest measures for their improvement. The data has been tabulated on the following aspects, with the table number given against each parameter:-

S. No.	Content	Table
1.	Profile of the Female Patients Admitted in IPD	
	Age-wise Distribution of the female patients admitted	Table 1.1
	Marital Status of the female patients admitted	Table 1.2
	Educational Profile of the female patients admitted	Table 1.3
	Occupational Status of the female patients admitted	Table 1.4

S. No.	Content	Table
2.	Manpower	
	Status of Psychiatrists, Senior Residents/Residents, GDMOs and Clinical Psychologists/ Psychiatric Social Workers.	Table 2.1
	Status of Nursing Staff, Medical Attendants and Other Staff	Table 2.2
	No. of patients and availability of Psychiatrist	Table 2.3
3.	Utilization of beds	Table 3
4.	Period of Admissions/ Stay of female patients in IPD	Table 4
5.	Mid-way Home facilities	Table 5
6.	Standard Operating Procedures (SOP)	Table 6
7.	Privacy of Female inmates	Table 7
8.	Provision of Personal toiletries to female patients	Table 8
9.	Food and Kitchen/ Calorific values and kitchen staff	Table 9
10.	Association/visit/contact with family members	Table 10
11.	Counselling to family members	Table 11
12.	Association with NGOs/Civil Society	Table 12
13.	Recreational Activities	Table 13
14.	Skill Development	Table 14
15.	Internal Complaint Committee as per Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013	Table 15

3.3 The general observation based on the analysis of all these tables along with the recommendations of the Commission that emerge from this analysis are discussed below. It may be mentioned that in many cases, information has not been made available on all the parameters included in the proforma by the institutions and therefore, in such cases the conclusion has been drawn on the basis of available information for less than 27 Institutions. Further, while analysing the information made available by the Psychiatric Homes, provisions of the Mental Healthcare Act, 2017, have been quoted to bring the perspective regarding non compliance to provisions of the Act as well as denial of certain rights to female patients with mental illness.

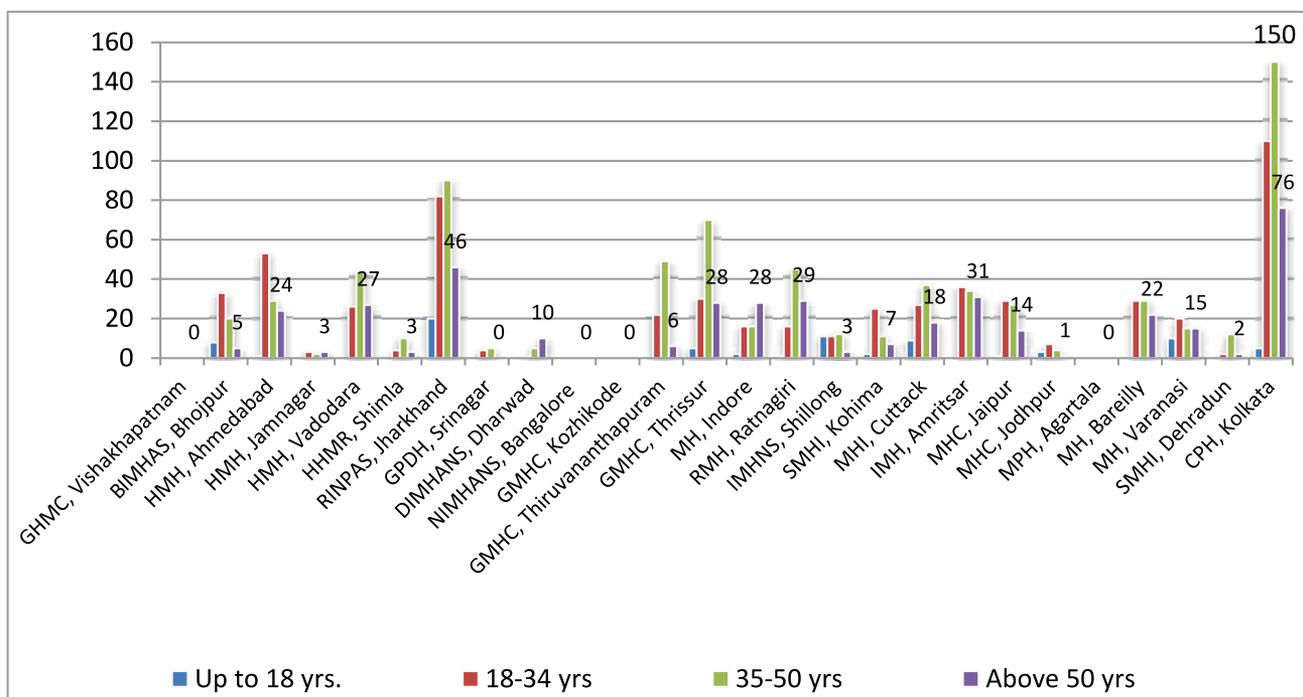


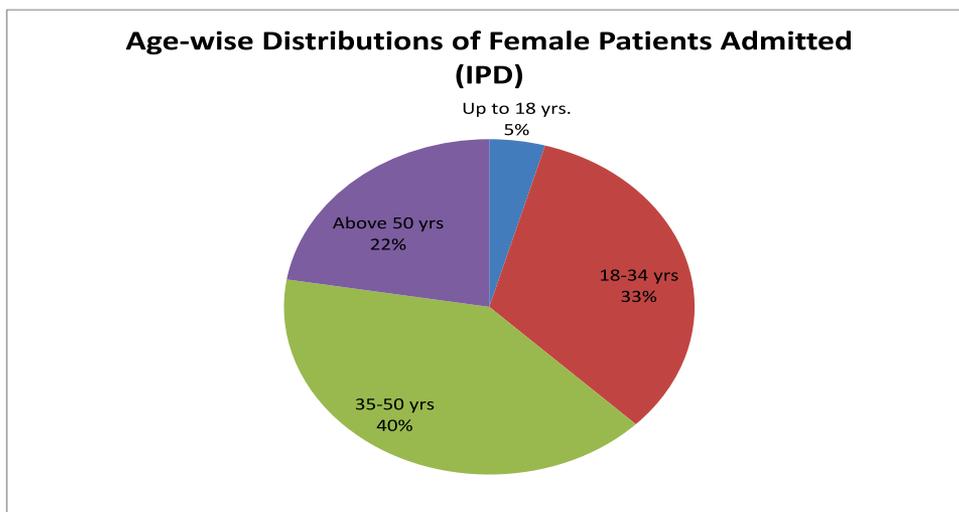
## Profile of the female patients admitted (IPD)

### 3.4.1 Age Distribution

The data collected on the age distribution of the female patients admitted in 27 Psychiatric Homes is placed at Table 1.1. While analysing the data, the details furnished by 23 institutions have been taken into account, keeping in view the consistency and completeness of data. Information is therefore available in respect of only 1778 female patients and their age profile reflects that only around 4 per cent of them are in the age group up to 18 years, whereas 33 per cent of them are in the age group of 18-34 years and 40 per cent in the age group of 35-50 years. Only 22 per cent of them are in the age group of 50 years and above. It was further noticed that in HMH Vadodara (28 per cent), MH Indore (45 per cent), RMH Ratnagiri (32 per cent), GMH Amritsar (31 per cent), MH Bareilly (28 per cent) and MH Varanasi (25 per cent), the percentage of women in the age group of 50 and above was much higher in comparison to other Psychiatric Homes.

**Table 1.1 Age-wise Distributions of Female Patients Admitted (IPD)**

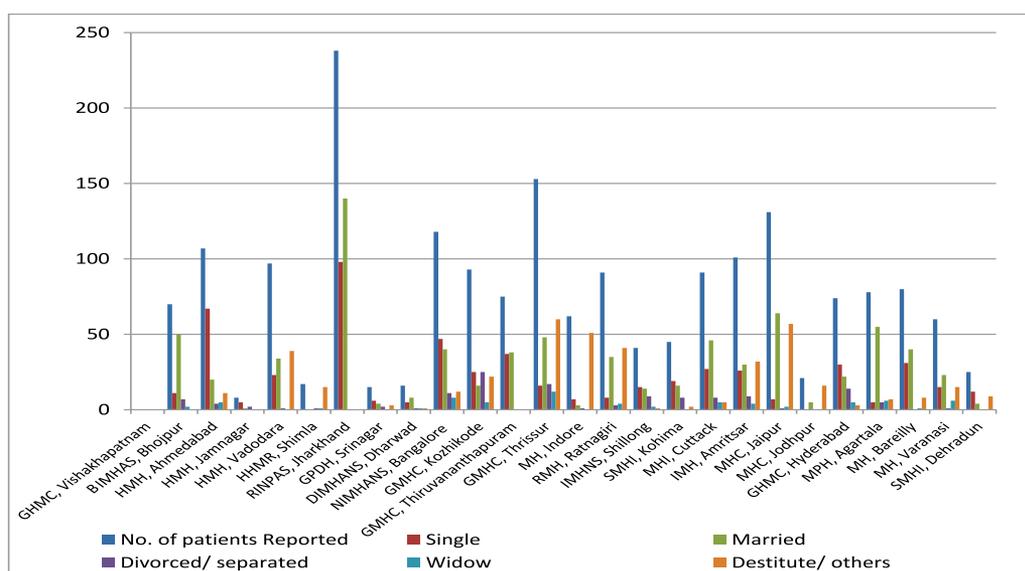


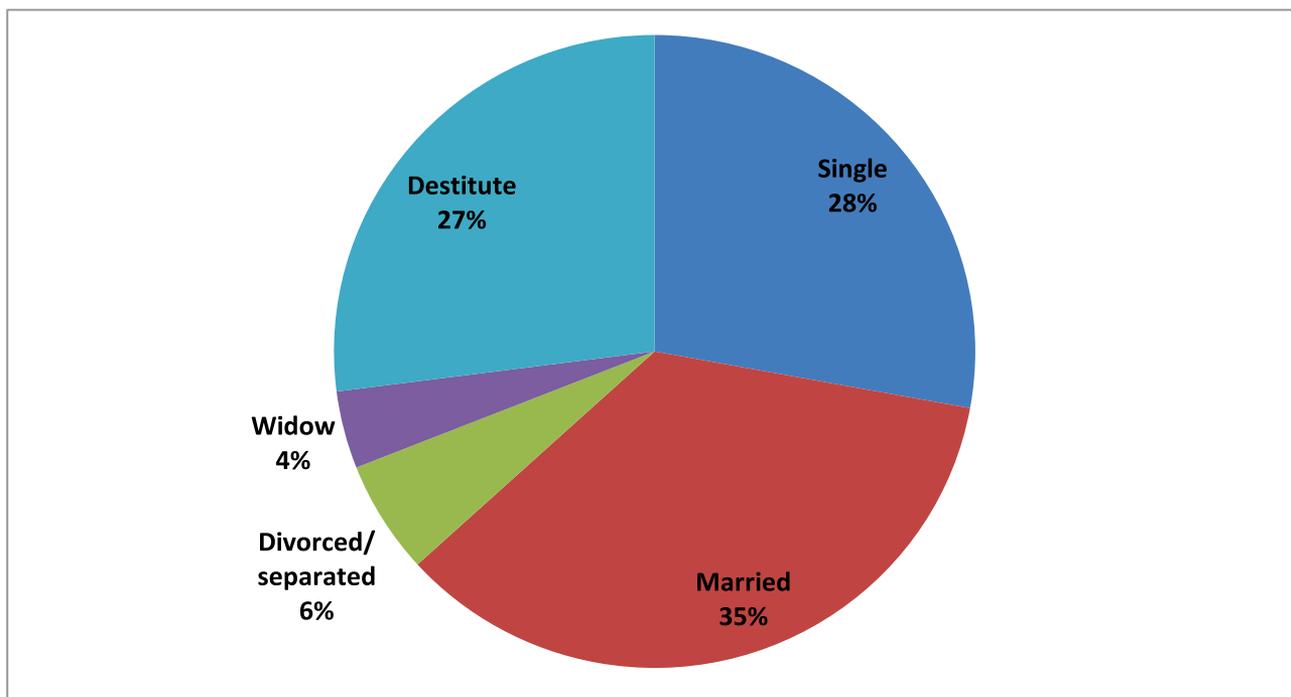


### 3.4.2 Marital Status

The data collected on the marital status of the female patients admitted in 27 Psychiatric Homes is placed at Table 1.2. It reflects that out of the total 2250 such patients, only 28 per cent of them are single while remaining are married/ divorced/ separated/ widows/ destitute. If we see the further details in different categories 35 per cent of them are married, 6per cent are divorced/ separate and 4per cent of them are widows while 27 per cent of them are destitute /others. High percentage of destitute indicates that even after treatment and recovery they have no place to go.

It was further noticed that percentage of destitute/ others was significantly higher in case of HMH Vadodara (40 per cent), MH Indore (82 per cent), RMH Ratnagiri (45 per cent), IMH Amritsar (32 per cent), MHC Jodhpur (76 per cent) and CPH, Kolkata (58 per cent).



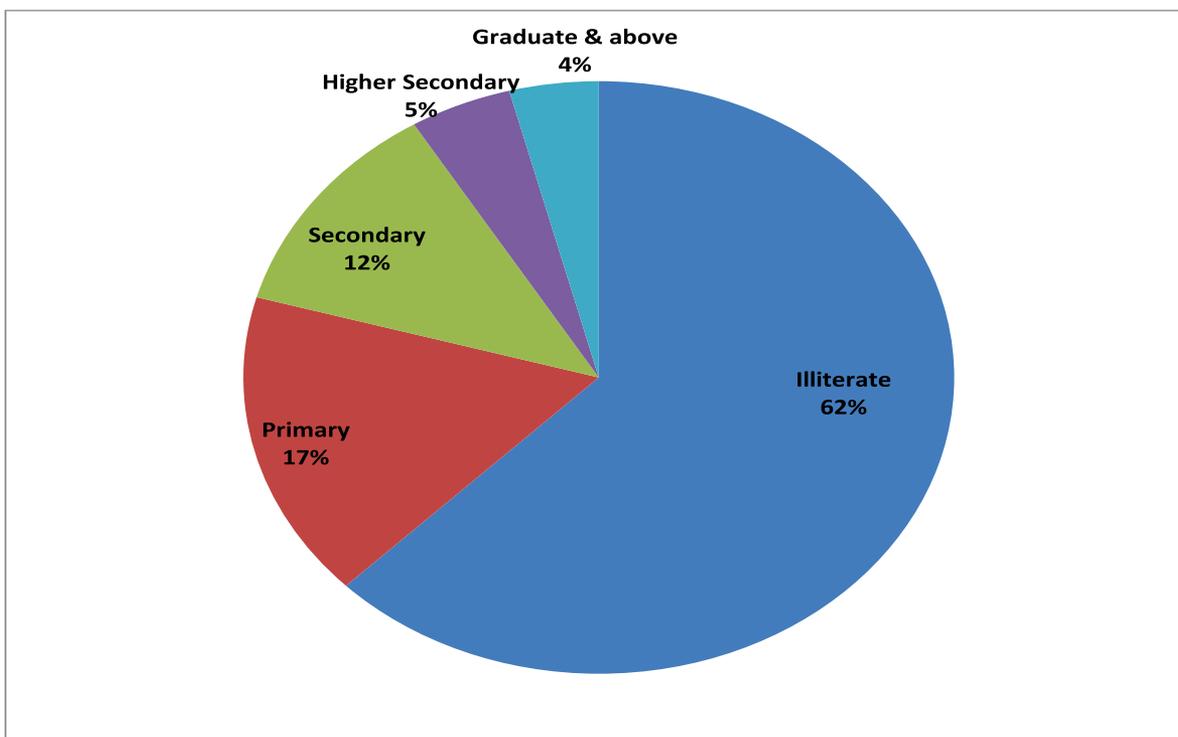
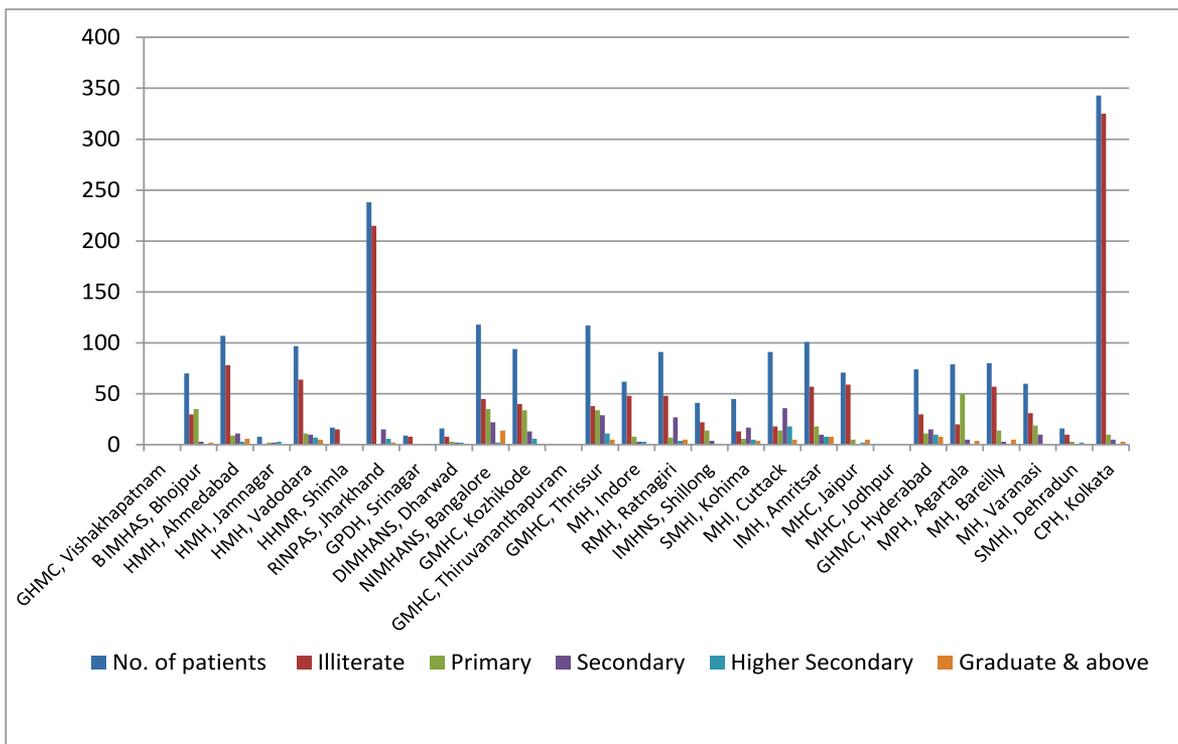


### 3.4.3 Educational Profile

The data collected on the educational profile of the female patients admitted in 25 Psychiatric Homes out of 27 institutions is placed at Table 1.3, providing information on educational profile of 2045 female patients. It is seen that 62 per cent of them are illiterate, whereas, 17 per cent are educated up to primary level, 12 per cent up to Secondary level, 5 per cent at Higher Secondary and 4 per cent at Graduate level and above. High level of illiteracy is an area of concern coupled with the fact that many of them are staying involuntarily.

It is also worth noting that illiteracy levels were particularly high in case of HMH Ahmedabad (73 per cent), HMH Vadodara (66 per cent), RINPAS Jharkhand (90 per cent), GPDH Srinagar (89 per cent), MH Indore (77 per cent), MHC Jaipur (83 per cent), MH Bareilly (71 per cent) and CPH, Kolkata (95 per cent). While, the National average of literacy in some of these states is lower than the national average, this trend on high proportion of illiterates among the in-patients is disturbing as it has implications towards awareness about rights of these female in-patients.

**Table 1.3 Educational Profiles of Female Patients Admitted (IPD)**



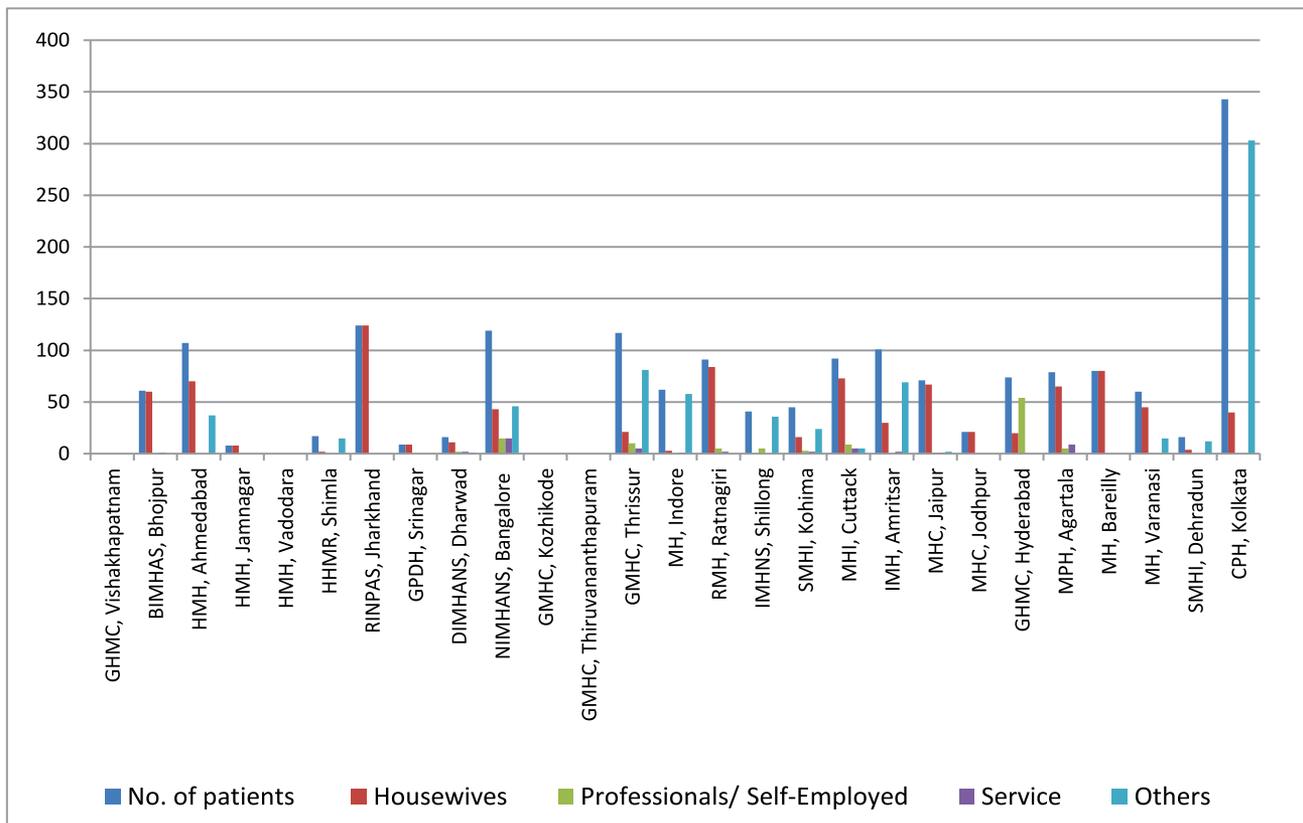


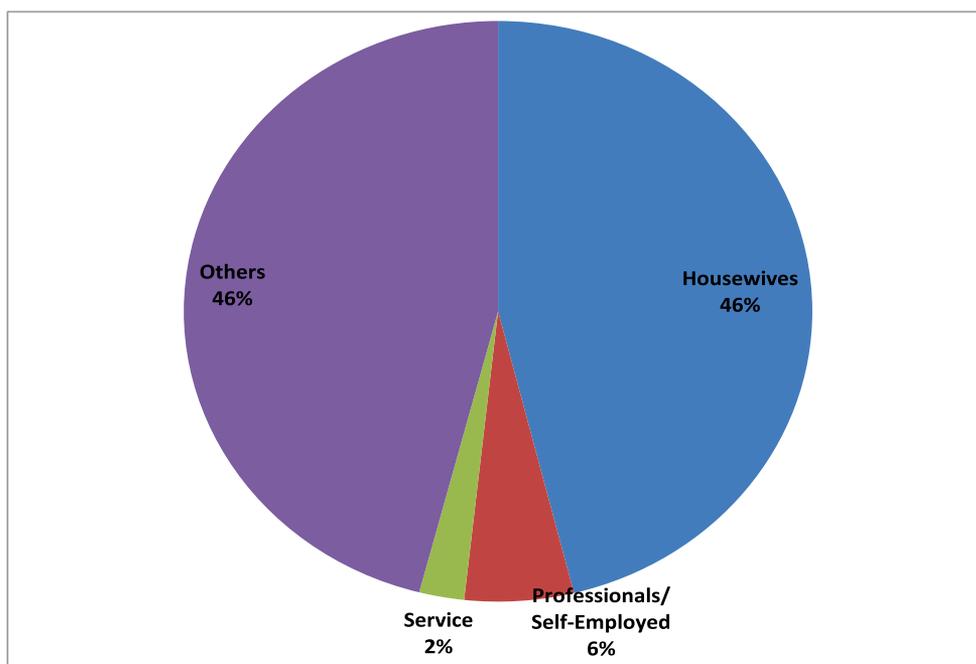
### 3.4.4 Occupational Status

The data collected on the occupational status of the female patients admitted in 23 Psychiatric Homes out of 27 institutions is placed at Table 1.4. It provides information on occupational status of 1754 female patients. It is seen that 51per cent of them are house wives, while, 6per cent are professional/self employed. Only 3per cent are in service (working) while, remaining 40per cent have been placed in the category of others.

The figures also indicate that in case of BIMHAS, Bihar, RMH, Ratnagiri and MHC, Jaipur, the majority of female patients are housewives, while in case of GHMC, Hyderabad, the professional/self employed are significant. The number of those in service is very low except in case of NIMHANS, Bengaluru, MHI, Cuttack and MPH, Agartala, where there are few inmates in this category.

**Table 1.4 Occupational Status of Female Patients Admitted (IPD)**





### Manpower

#### 3.5 Psychiatrists:

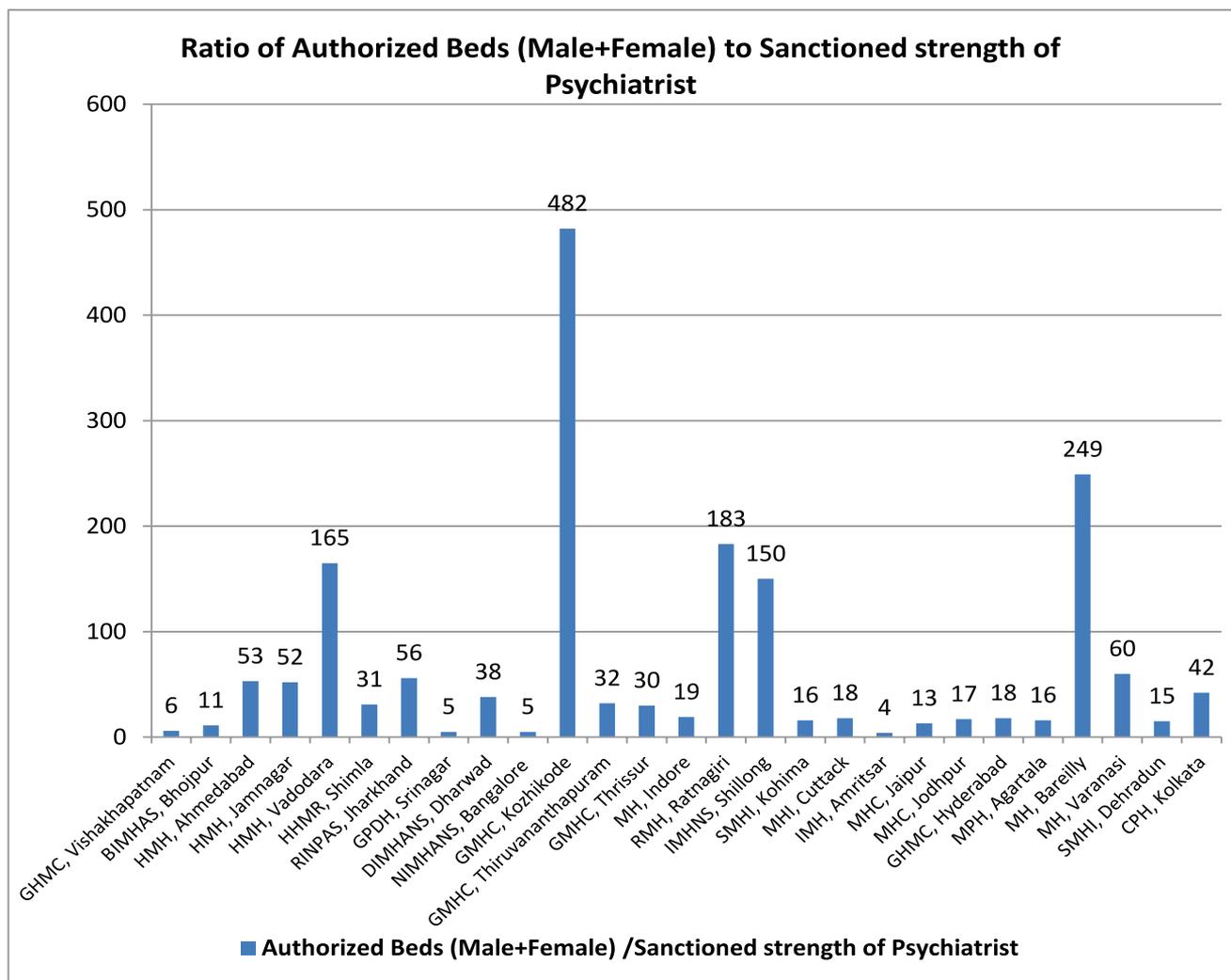
Table 2.1 gives the sanctioned strength in the category of Psychiatrists/Specialists and Senior Residents/ Residents. There are in total 184 Psychiatrists in position against 223 sanctioned positions in 26 Psychiatric Homes. (This figure excludes 43 posts of Psychiatrists sanctioned and in position in NIMHANS Bengaluru as it would have disturbed the general trend). Similarly, 361 doctors with formal education in Psychiatry i.e. in the combined category of Psychiatrists/ Specialists and Senior Residents/ Residents are in position against 397 sanctioned posts (except NIMHANS). The team of trained psychiatrists are expected to cater to the total authorised strength of 5842 patients, both male (3550) and female (2292), in IPD. This shows an average availability of one sanctioned position of Psychiatrist for 26 patients in IPD and when this is seen with reference to number of Psychiatrists in position, it reveals availability of only one Psychiatrist for 32 patients. Similarly, if this ratio is seen with reference to the combined category of Psychiatrists/ Residents, it is noted that one such doctor is sanctioned for 15 patients in IPD, whereas, actual workload in IPD for one Psychiatrist/resident is 16 patients.

**Mental Health Act 1987- State Mental Health Rules 1990, issued in pursuance of the provisions of the Act-** Rule 22 provides for minimum requirement of Psychiatric Hospital or Psychiatric Home of one Psychiatrist and one Psychiatric Social Worker or Clinical Psychologist for a 10 bedded Hospital/Home.



### 3.5.1 Absence of Norms

In the histogram based on the ratio of authorised bed strength and Psychiatrists in position reveals that there is no uniform pattern in the provision of Psychiatrists in different institutions. No correlation could be established between authorized bed strength and the sanctioned position of Psychiatrists at Senior Level in the Psychiatric Homes. While in Vishakhapatnam for authorised bed strength of 210, sanctioned strength of Psychiatrists is 36, in Bareilly for authorised bed strength of 498 only two posts of Psychiatrists are sanctioned. There are variations within same state also. In GMHC Kozhikhode, there is one sanctioned post for 482 bed strength, while in Thiruvananthapuram there are 17 sanctioned posts for authorised bed strength of 545. It is evident that there is no pattern and no norms available regarding provision of Psychiatrists w.r.t. sanctioned beds in IPD.



### 3.5.2 Availability of Psychiatrists

Analysis of Table 2.1 revealed that with reference to sanctioned strength the vacant position among the Psychiatrists is alarming particularly in Srinagar and Hyderabad. It is perhaps due to non-availability of norms that the sanctioned positions of Psychiatrists and their availability in different institutions have a gap. The following table gives details about the availability of Psychiatrists w.r.t. the range of patients admitted in IPD for a group of institutions.

Psychiatric Homes	No. of Psychiatrists available (range)	Range of patients in IPD
Ahmedabad, Jamnagar, Vadodara, Shimla, Dharwad, Ratnagiri, Shillong, Kohima, Amritsar, Jodhpur, Agartala, Dehradun, Bareilly, Varanasi	0-5	08-555
Bihar, RINPAS, Srinagar, Indore, Cuttack, Calcutta Pavlov	6-10	70-343
Kozhikode, Thiruvananthapuram, Thrissur, Hyderabad	11-20	173-271
Vishakhapatnam, Jaipur, NIMHANS	21 - 50	71-189

3.5.3 Further, analysis revealed that there are only 04 Psychiatrists catering to 555 female patients in IPD in case of Hospital for Mental Health Ahmedabad, whereas, in case of Hospital for Mental Health, Vadodara, there are two Psychiatrists in position for 98 female patients in IPD, while in case of Hospital for Mental Health, Jamnagar, there is no Psychiatrist in position. Similarly, in case of Regional Mental Health Hospital, Ratnagiri, there is only one Psychiatrist in position for 97 female patients in IPD. In case of Calcutta Pavlov Hospital, there are only six Psychiatrists for 343 female in-patients. This situation needs to be seen in comparison to the position in GHMC Vishakhapatnam and NIMHANS, where there are twenty-six and forty-three Psychiatrists for 189 and 180 female in-patients respectively.

### 3.5.4 Availability of women Psychiatrists

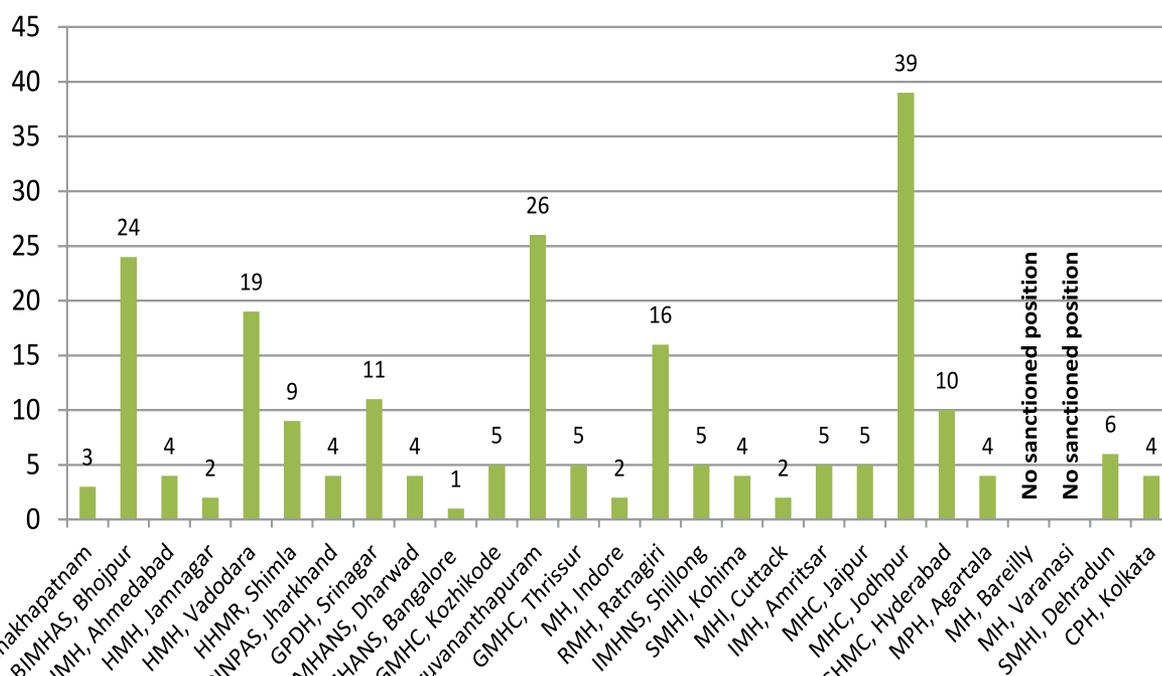
While, the number of Psychiatrists in different Psychiatric Homes is not satisfactory, the position about availability of female Psychiatrist in these Psychiatric Homes is even worse. Out of total 227 Psychiatrists in position in all the 27 institutions (including NIMHANS), there are only 58 women Psychiatrists. Here, again there is no pattern about availability of female Psychiatrist vis-à-vis number of female patients admitted in IPD. In 12 Psychiatric Homes under study there is not a single female Psychiatrist in position, as detailed below:



### Psychiatric Homes with No female Psychiatrist

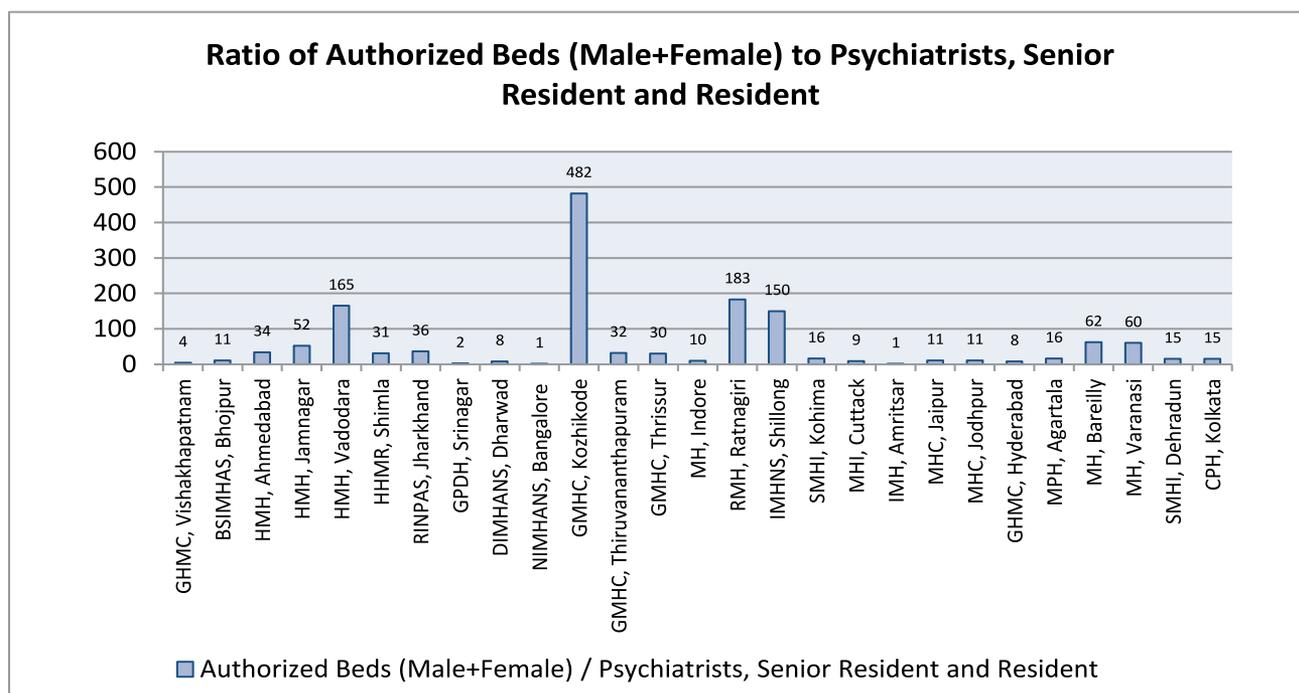
S.No.	Name of the Institution	No. of female patients in IPD
1	Hospital for Mental Health, Jamnagar, Gujarat	08
2	Hospital for Mental Health, Vadodara, Gujarat	103
3	Himachal Hospital for Mental Health & Rehabilitation, Shimla, Himachal Pradesh	16
4	Dharwad Institute of Mental Health & Neuroscience, Karnataka	16
5	Mental Hospital, Indore, Madhya Pradesh	70
6	Regional Mental Hospital, Ratnagiri, Maharashtra	91
7	Institute of Mental Health and Neurological Sciences, Lawmali, Meghalaya	41
8	State Mental Health Institute, Kohima, Nagaland	45
9	Psychiatric Centre Jodhpur, Rajasthan	41
10	Modern Psychiatric Hospital, Narsingarh, Agartala, Tripura.	75
11	Mental Hospital, Bareilly, Uttar Pradesh	84
12	Mental Hospital Varanasi, Uttar Pradesh	60

### Ratio of Authorized Beds (Male+Female) to Nursing staff



### 3.6 Senior Resident/Resident:

3.6.1 In the category of Senior Residents/Residents, total number of women Senior Resident/Resident is 141 as against the total 342 in position. As such, women doctors with a Post Graduate qualification in Psychiatry is critically low in case of most of the institutions. The number of Psychiatrists/ Specialists in the Psychiatric Homes is not adequate and the number of women amongst them is even worse. It is only in the combined category with Senior Residents/ Residents that a respectable proportion of women amongst them is available, due to their slightly higher representation in the category of Residents.



### 3.7 Clinical Psychologists/ Psychiatric Social Workers:

3.7.1 There are in total 177 sanctioned positions of Clinical Psychologists and Psychiatric Social Workers in 24 Psychiatric Homes as there are no positions reported in this category by 3 institutions namely; HHMHR, Shimla, MH, Bareilly and SHMI, Dehradun. Here again, there is no norm regarding sanction/ availability of Psychologists and Psychiatric Social Workers with reference to number of authorised beds/patients in IPD in different Psychiatric Homes. For instance, there are six sanctioned positions in the category against 155 authorised beds in MH, Indore, whereas, in RHM, Ratnagiri, there are only three sanctioned positions in this category for authorised bed strength of 365. Analysis of data reflects clearly that there are no norms regarding sanctioned strength of Clinical Psychologists.



3.7.2 Out of 129 persons in position in 24 institutions in this combined category only 62 (48 per cent) are women. The representation of women in this category also needs to be improved.

#### **Recommendations:-**

- **The Central Mental Health Authority needs to develop norms regarding availability of Psychiatrists/ Specialist in each Psychiatric Homes, with reference to average OPD patients and Patients admitted in IPD.**
- **Each Psychiatric Home should have adequate number of Psychiatrists/Specialists and at least one should be a woman amongst them. In case where the number of Psychiatrists/Specialists is higher, there is a need for proportionately higher number of women amongst them, as in most of the institutions the number of female patients in OPD and IPD is considerably high. The vacancies in the grade need to be filled with adequate representation to women Psychiatrists.**

### **3.8 General Duty Medical Doctors:**

3.8.1 The number of sanctioned strength of GDMOs, those in position and female amongst them was analyzed (Table 2.1 refers). Following observations are noted:

3.8.2 All Psychiatric Homes are having positions of General Duty Medical Officers (GDMOs), and they are in addition to Psychiatrists.

3.8.3 Out of sanctioned strength of 170 GDMOs in 24 Psychiatric Homes (except NIMHANS, Cuttack and Varanasi) 105 GDMOs are in position out of which 41 are women. These GDMOs are expected to cater a total of 5101 Psychiatric patients.

3.8.4 No pattern/ norms regarding availability of GDMOs vis-à-vis the number of patients in IPD emerges on the analysis of data on Psychiatric Homes as is evident from the following table:

S. No.	No. of Institutions	Range of patients in IPD	Availability of GDMOs
1.	09	18-3611	1-2
2.	05	43-117	3-5
3.	10	47-596	6-10

3.8.5 In case of 9 Psychiatric Homes, the number of GDMOs exceeds the number of Psychiatrists/ Specialists. In some cases there are no Psychiatrists and the clinical services are managed by GDMOs.

**Recommendations:-**

- **Norms for provision of General Duty Medical Doctors in different categories of Mental Health establishments need to be developed and notified by the Central Mental Health Authority.**
- **In Psychiatric Homes, where GDMOs are higher in number but Psychiatrists/Specialists are not available in adequate numbers, the two cadres/categories need to be reorganized to restore required proportion of Psychiatrists/Specialists and GDMOs.**

**3.9 Nursing Staff**

3.9.1 The sanctioned strength of nursing staff, persons in position and female Nurses amongst them is presented in Table 2.2. Analysis of the data revealed as under:-

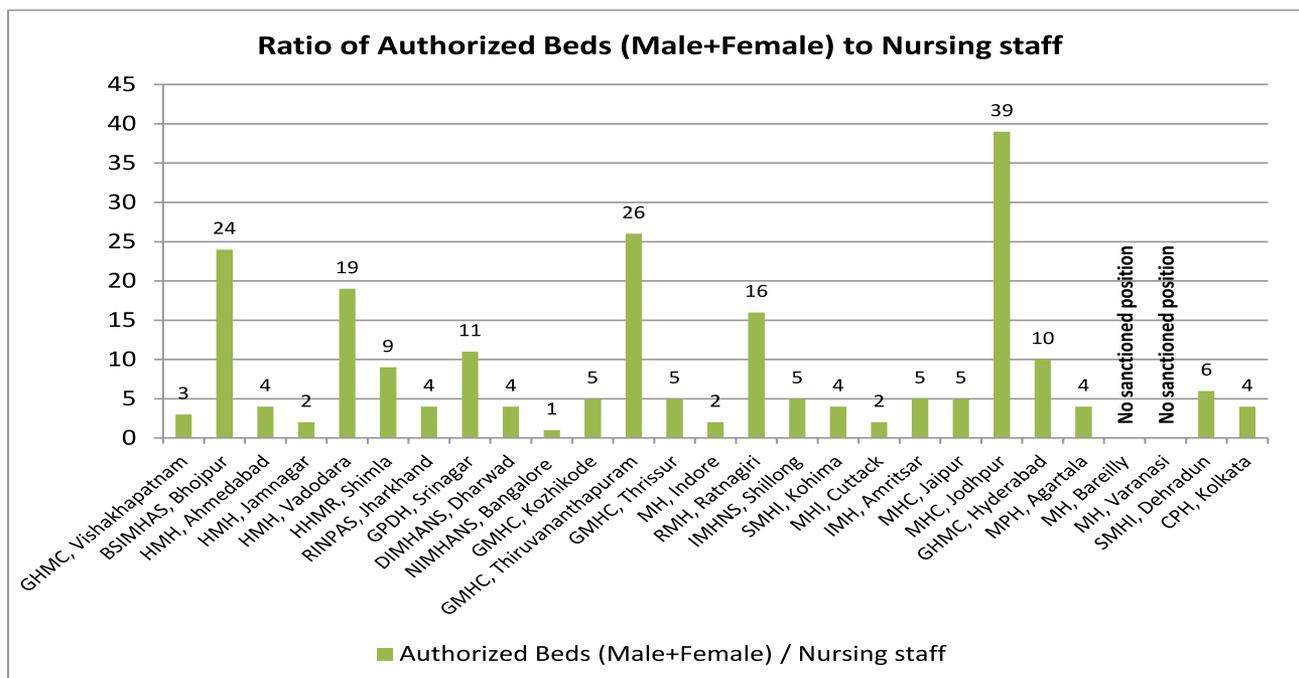
3.9.2 Against the sanctioned strength of 1214 positions of Nursing Staff in 26 Psychiatric Homes there are only 841 Nursing Staff in position. The vacancies need to be filled up on a priority, maintaining the present ratio of availability of female nursing staff.

3.9.3 Out of 841 nurses in position there are only 559 women amongst them. As such, proportion of women amongst nursing staff needs to be increased.

3.9.4 The availability of nursing staff in different institutions has a wide gap. In Mental Hospital Varanasi, there is no sanctioned position of nursing staff. The tabular representation below depicts the range of availability of nursing staff w.r.t. range of patients admitted in IPD for a group of institutions.

Psychiatric Homes	Range of patients in IPD	No. of Nursing Staff in position (Range)
Bihar, Vadodara, Simla, Srinagar, Kozhikode, Kohima, Amritsar, Tripura, Dehradun, Bareilly (10 Institutions)	20-420	1-10
Jamnagar, RINPAS, DIMHANS, Thiruvananthapuram, Ratnagiri, Meghalaya, Jaipur, Jodhpur (08 Institutions)	10-238	11-30
Vishakhapatnam, Ahmedabad, Thrissur, Indore, Cuttack, Hyderabad, Calcutta Pavlov (07 Institutions)	40-1600	30-100

3.9.5 The above table clearly indicates that there is no norm regarding sanction/ availability of nurses with reference to number of authorised beds in different Psychiatric Homes. In the institutions like GHMC, Vishakhapatnam, against authorised bed strength of 210 there are 63 sanctioned positions of nurses, whereas, in GHMC, Thiruvananthapuram, against authorised bed strength of 545 there are only 21 sanctioned positions of nurses.



**Recommendations:-**

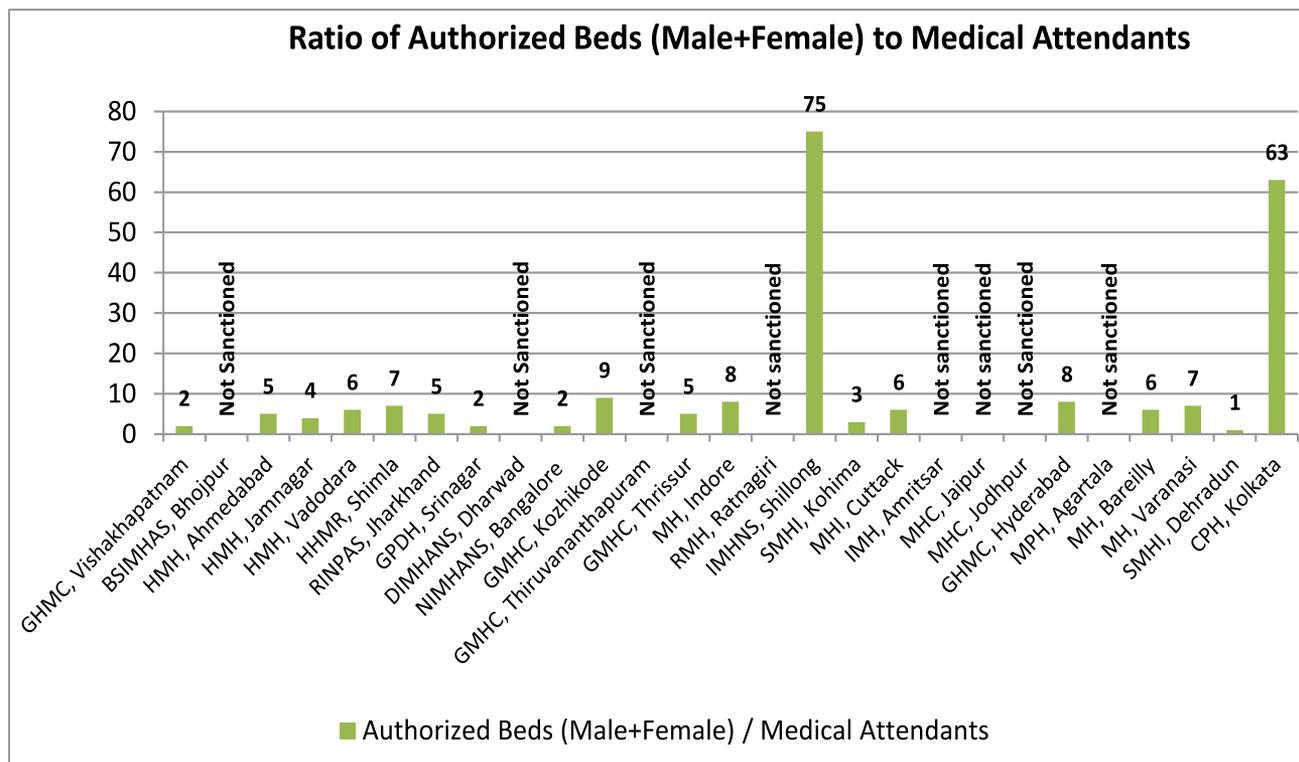
- **Norms regarding provisions of nursing staff w.r.t. to Patients in IPD in different categories of the Psychiatric Homes needs to be developed.**
- **The norms need to define the number of Female Nurses keeping in view the numbers of female patients in Psychiatric Home.**
- **The vacancies of nursing staff in the Psychiatric Homes are on a higher side, they need to be filled on a priority basis, with adequate representation to female amongst them.**

**3.10 Medical attendants**

3.10.1 The sanctioned strength of Medical Attendants and those in position and female amongst them in 21 Psychiatric Homes has been analyzed (Table 2.2 refers). Analysis of the data revealed as under:-

Sanctioned posts	In-position	Male	Female
981	665	520	145
06 Institutions have not provided details about the availability of Medical Attendants (Bhojpur-Bihar, Dharwad, Thiruvananthapuram, Ratnagiri, Amritsar and Agartala)			

3.10.2 There is a huge gap between sanctioned position and actual number in position. Similarly, females employed in these positions are far less in number as compared to male employees.



3.10.3 The analysis of information regarding female Medical Attendants revealed that 145 female attendants are catering to a total of 2037 female patients in 21 Institutions, which means 14.04 female patients per female attendant. In contrast there are 520 Male Attendants vis-à-vis 5593 male patients in IPD i.e. only 10.75 patients per male attendant which reflects poor services and facilities to female patients. As such, it is evident that the number of female attendants in IPD is lower. The number of female Medical Attendants in Psychiatric Homes needs to be increased.

**Recommendations:-**

- **Norm for provision of Female Attendants w.r.t. the female patients in IPD in a Psychiatric Institution needs to be developed and defined, keeping in view the requirements of female patients.**
- **The vacancies of Medical Attendants are on higher side and need to be filled up with adequate representation to female Attendants.**

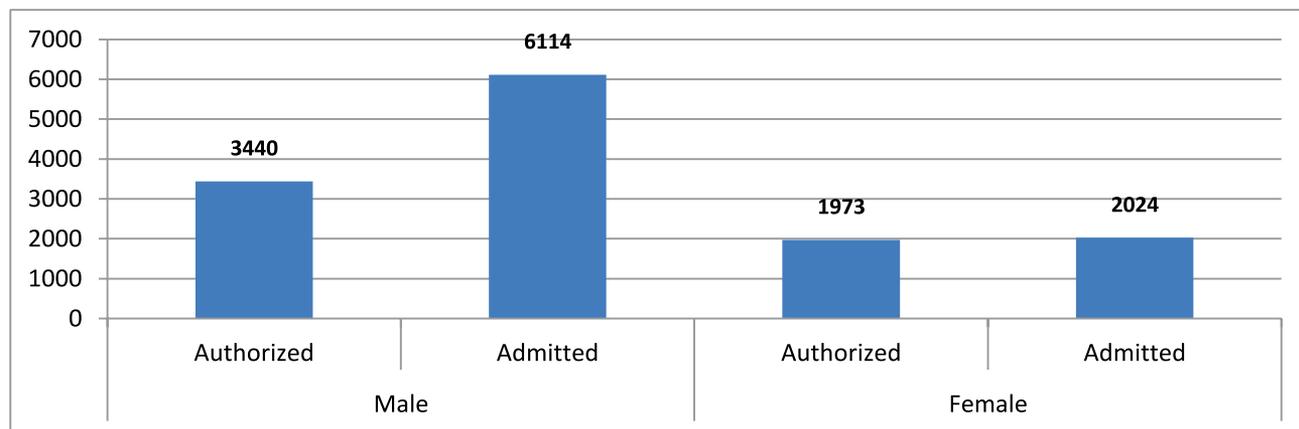
**3.11 Utilization of Beds:**

3.11.1 Information regarding authorized bed strength and the admitted number of patients, both male and female was analyzed in respect of 21 institutions (excluding 6 institutions as comparable data is not available) (Table 3 refers), which revealed as under:



Category	Patients in IPD	
	Authorized bed strength	Patients admitted
Female	1973	2024
Male	3440	6114

Table 3: Utilization of Beds



3.11.2 Availability of beds in terms of sanctioned bed strength in IPD and its utilization in terms of number of patients admitted varies from one Psychiatric Home to another. In case of following 9 Psychiatric Homes the number of female patients admitted is much higher than the authorized bed strength in IPD:-

S. No.	Institutions	Female beds in IPD	
		Authorized	Admitted
1.	BIMHAS, Bhojpur	40	70
2.	RINPAS, Jharkhand	150	238
3.	Government Mental Health Centre , Thrissur	135	153
4.	State Mental Health Institute, Kohima	15	45
5.	Mental Health Institute ,Cuttack	55	91
6.	Mental Health Centre, Jaipur	108	131
7.	Modern Psychiatric Hospital, Agartala	26	79
8.	State Mental Health Institute, Dehradun	15	25
9.	Calcutta Pavlov Hospital, Kolkata	125	343

3.11.3 In 12 institutions, other than 09 listed above, the number of female patients admitted is invariably lower than the authorized bed strength in female wards.

**Recommendations:-**

- **The utilization of female beds in Psychiatric Homes is relatively low, as compared to males. This could be on account of poor access to treatment by female patients with mental ailments and providing them treatment in IPD. It needs to be ensured that female patients are not denied admission in IPD on extraneous considerations.**
- **The authorized strength of female patients in IPD needs to be increased in case of those Psychiatric Homes, where the number of female patients admitted is higher. The additional infrastructure/ facilities needed should be provided in such Psychiatric Homes.**

**3.12 Period of Admission/Stay of Female Patients in IPD:**

**The Mental Healthcare Act, 2017**

**Section 88(1)** The medical officer or mental health professional in charge of a mental health establishment shall discharge from the mental health establishment any person admitted under section 86 as an independent patient immediately on request made by such person.....”

**Section 89(1)** The medical officer or mental health professional in charge of a mental health establishment shall admit every such person to the establishment, upon application by the nominated representative of the person, under this section, if (a) the person has been independently examined on the day of admission or in the preceding seven days, by one psychiatrist and the other being a mental health professional or a medical practitioner, and both independently conclude based on the examination and, if appropriate, on information provided by others, that the person has a mental illness of such severity that .....

**Section 89 (2)** The admission of a person with mental illness to a mental health establishment under this section shall be limited to a period of thirty days.

**Section 89(3)** At the end of the period mentioned under sub-section (2), or earlier, if the person no longer meets the criteria for admission as stated in sub-section (1), the patient shall no longer remain in the establishment under this section.

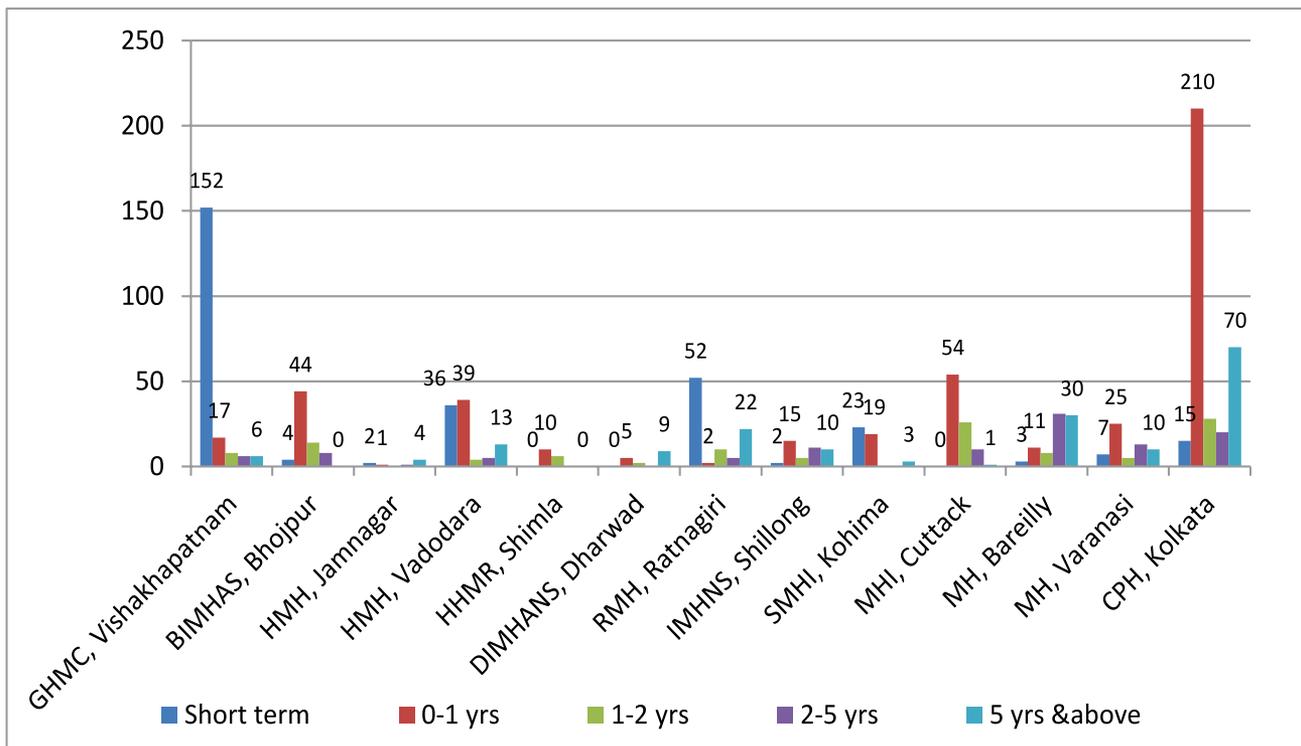
**Section 89(4)** On the expiry of the period of thirty days referred to in sub-section (2), the person may continue to remain admitted in the mental health establishment in accordance with the provisions of section 90.

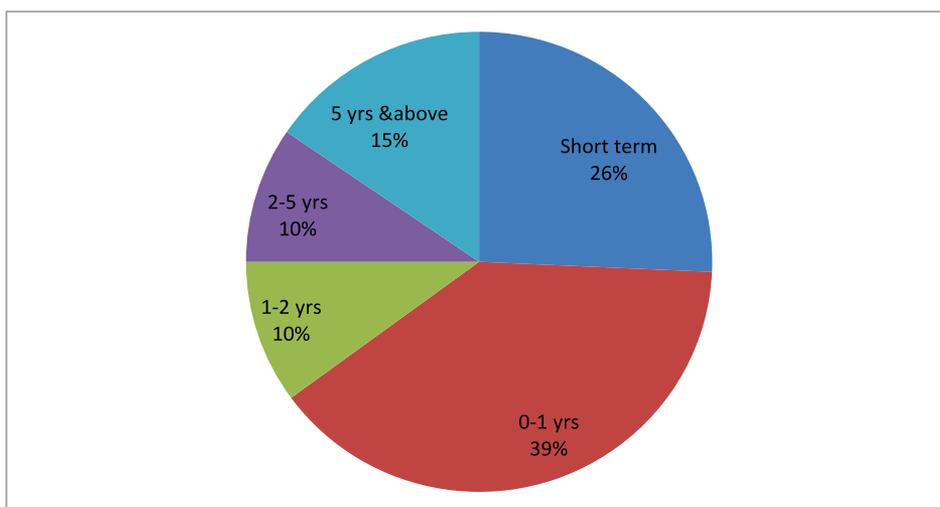


**Section 90(1)** If a person with mental illness admitted under section 89 requires continuous admission and treatment beyond thirty days or a person with mental illness discharged under sub-section (15) of that section requires readmission within seven days of such discharge; he shall be admitted in accordance with the provisions of this section.

3.12.1 Information regarding period of admission of female patients in Psychiatric Homes has been received from all the 27 Psychiatric Homes except in case of RINPAS, Jharkhand where this information has not been given. In many other cases the total number of patients about whom the information was given was much higher than their authorised bed strength for female patients, which indicated that they covered a larger period for giving this information. As such, the trend in this regard has been derived by analysing the data given by only 13 institutions. It shows that out of total 1152 female patients, 296 were admitted on short term basis for a period less than one month, whereas, 856 of them were admitted on a long term basis in different spells of duration as given below (Table 4 refers):-

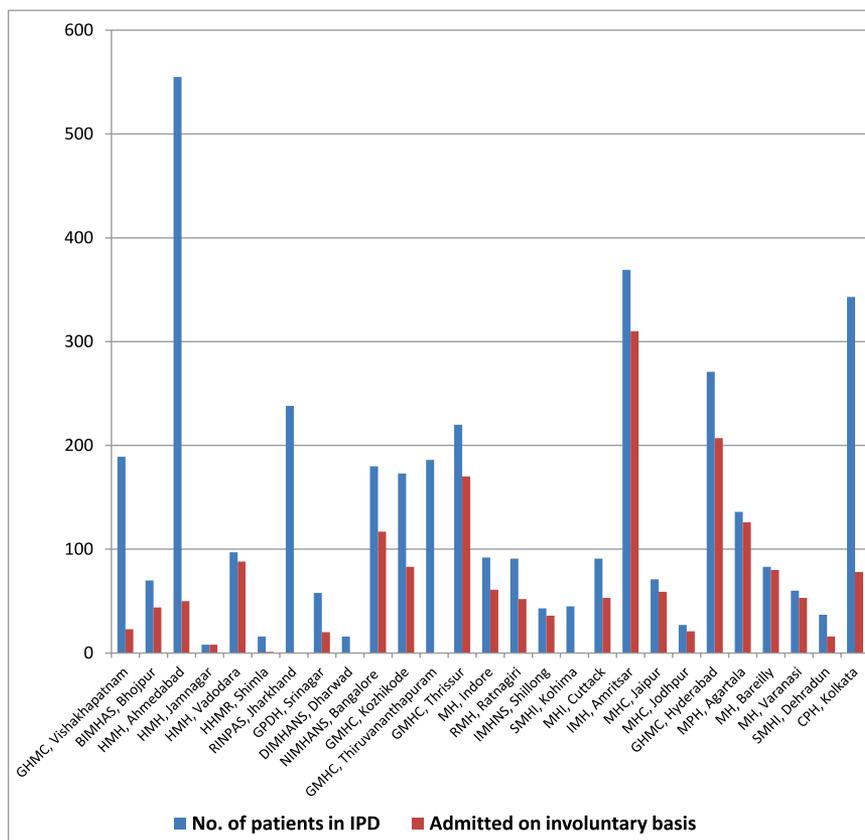
	Number of patients	Percentage of different durations of long term patients			
		Upto 1 year	01- 02 years	02-05 years	Above 5 years
Short-term	296	-	-	-	-
Long-term	856 (100)	53 per cent	13 per cent	13 per cent	21 per cent





3.12.2 Out of total 1152 female patients admitted in the hospital, 516 (45 per cent) have been admitted on involuntary basis meaning thereby that they were admitted and remained confined to the Psychiatric Homes against their wishes

**Table 4: Patients Admitted Involuntarily**





3.12.3 The Commission during inspections also noticed that a good number of patients in the Psychiatric Homes have achieved apparent near normalcy and expressed very strong desire to go out of the Psychiatric Home. The situation of their continued admission is not acceptable as it is contrary to the National Mental Health Policy and National Mental Healthcare Act, 2017.

#### **Recommendations:-**

- **The provisions in the Mental Healthcare Act, 2017 under Sections 19, 88, 89 and 90 need to be implemented by Psychiatric Homes.**
- **The cases of all the female inmates living beyond a period of 2 years should be reviewed in terms of the provisions of the Act (by a Board of Psychiatrists/ Specialists) to review their medication and assess the need for their continued admission in the Psychiatric Home.**

### **3.13 Mid Way Home Facility with Psychiatric Homes**

#### **Mental Healthcare Act, 2017-**

**Section 19 (1)** Every person with mental illness shall,— (a) have a right to live in, be part of and not be segregated from society; and (b) not continue to remain in a mental health establishment merely because he does not have a family or is not accepted by his family or is homeless or due to absence of community based facilities.

#### **Section 18:**

**(3)** The appropriate Government shall make sufficient provision as may be necessary, for a range of services required by persons with mental illness.

**(4)** Without prejudice to the generality of range of services under sub-section (3), such services shall include

**(b)** provision of half-way homes, sheltered accommodation, supported accommodation as may be prescribed;

3.13.1 The rights of persons with mental illness admitted to mental health establishment have been elaborately defined in chapter V of the Mental Healthcare Act, 2017. Section 19 (1) of the Act, provides for the rights of persons with mental illness which includes non segregation from the society and their right to live with the family. Section 18(4) (b) of the Act, provides for half way homes. The National Mental Health Policy 2014 also provides that all in-patient facilities must be linked to community care to support persons who are discharged or who are being



managed in the community, on the principle of continuing care. These provisions recognise the right of the person with a mental illness to be a part of the Society and not to be segregated from the Society. Moreover, the Act also provides that the patients with mental illness should not continue to remain in a mental health establishment because he/she does not have a family or is not accepted by his family or is homeless due to absence of community based facilities. It is thus incumbent on the part of the appropriate Government to provide a less restrictive community based establishment including halfway homes, group homes etc. for the persons who no longer require treatment in a restrictive mental health establishment. As such, long stay in a mental health establishment is something which needs to be guarded against.

3.13.2 The half way house/home is a residential facility designed to help patient's transition from Psychiatric Home to an independent living in a home. They are, therefore, designed to help the people with mental health condition for transfer back to the Community. The people with mental illness have the right to live in the least restrictive setting possible and half way homes are a valuable tool to provide transfer to an independent living and learn important skills including those related to social living ;making them economically self reliant/viable. The half way homes thus serve the purpose of a stepping stone for the mentally ill patients, who no longer need to be in a Psychiatric Home but are not yet considered ready to return to their homes. Spending time in a half way home allows more meaningful recovery that may prevent the relapse of the mental illness and thus a return to Psychiatric Home.

3.13.3 The need for a half way home is particularly important for female patients for their faster recovery and for reintegration with the family/community, for the following reasons:-

- (i) The number of female patients staying in a Psychiatric Home for a long period even beyond 5 years is significantly high and there is a need for their urgent reintegration with their family/community.
- (ii) The Commission during the course of inspection of Psychiatric Homes observed that a good number of female patients are in a near normal mental condition and with little more efforts they could be reintegrated back to their family/community.
- (iii) The general apathy of the family members of a mentally ill female patient, admitted to a Psychiatric Home not to take them back can only be countered by clearly demonstrating to them that the patient is capable of living independently and is not going to be a liability to them, once she is back to the family. This is possible only if while living in a half way home they manage themselves well and acquire the skills that would eventually make them economically independent.



3.13.4 The information provided in Table 5, indicates that out of 27 Psychiatric Homes only 08 are having such a facility, while 02 institutions are in the process of being provided/developed. In the remaining 16 Psychiatric Homes, there is no such facility in existence. No information has been provided by GMHC, Thiruvananthapuram.

Category	Number of Institutions	Details
<b>Institutions with Half-Way Home facility</b>	08	Vadodra, Thrissur, NIMHANS, Indore, Cuttack, Jodhpur, Hyderabad, Tripura,
<b>Institutions with no Half-Way Home facility</b>	16	Vishakhapatnam, Bihar, Ahmedabad, Jamnagar, RINPAS Ranchi, Srinagar, DIMHANS Dharwad, Kozhikode, Ratnagiri, Shillong, Kohima, Amritsar, Jaipur, Dehradun, Bareilly, Varanasi
<b>Facility in process of being developed</b>	02	Shimla, Kolkata

3.13.5 The above situation is despite the fact that Government of India issued elaborate Guidelines for following three categories

- (i) living with mental illness, who have been cured,
- (ii) who do not need further hospitalisation and
- (iii) who are homeless and who are not accepted by their families

These guidelines have been issued by Ministry of Health and Family Welfare and by Department of Empowerment of Persons with Disabilities for setting up of rehabilitation homes for persons living with mental illness by the State Governments and the other as part of Deen Dayal Disabled Rehabilitation Scheme for persons who have received treatment for mental illness but do not require hospitalizations/institutionalization. The guidelines by Department of Empowerment of Persons with Disabilities also include a model Project for Half-Way Home for Psycho-social Rehabilitation of treated and controlled mentally ill persons.

3.13.6 Hon'ble Supreme Court of India in WP(C) 412 Gaurav Kumar Bansal v/s Dinesh Kumar Bansal and others dealt with the need for setting up of rehabilitation homes and issued specific direction to the Central Government to suggest a road map with regard to each State Government and Union Territory regarding establishment of half way homes. In spite of such detailed instructions and guidelines the situation is far from satisfactory.

3.13.7 A large number of NGOs have been assisted under the PPP model for establishing/maintaining residential facilities for persons with mental illness by Directorate General of Health Services under National Mental Health Programme. However, it appears that there is no linkage of these NGOs with the Psychiatric Institutions, so that the Psychiatric Homes could refer treated/partially treated patients who need to live in a near normal condition with continuance of the medication, to these half-way homes. An arrangement, therefore, needs to be made till such time all the Psychiatric Institutions are able to establish their own half-way/ mid-way homes.

#### **Recommendations:-**

- **All Psychiatric Homes need to have a mid way/half way home of its own for the female mentally ill patients, who have been treated and are in a near normal mental state, requiring the transfer to family/community. The half way home should be directly administered by the Psychiatric Home and the female patients transferred to the home should continue to get the treatment/rehabilitation under the multi disciplinary team of the Psychiatric Home.**
- **The NGOs, receiving financial assistance under the PPP model for running a Residential/Long Term Continuing Care Centre should be attached with a Psychiatric Home from where the treated mentally ill patients could be shifted. A linkage with a Psychiatric Home/Mental Hospital needs to be essentially developed for each NGO/ Agency receiving assistance under National Mental Health Programme.**
- **The NGOs should have separate Residential/Long term continuing care centre for treated mentally ill female patients.**

#### **3.14 Standard Operating Procedures:**

3.14.1 Standard Operating Procedures are comprehensive set of rigid criteria, outlining the management steps for treatment of a single clinical condition. Thus, SOPs ensure higher standard of medical attention in serious ailments. The need for such SOPs for different mental ailments is equally important and in no way less than other serious health conditions. SOPs for various mental ailments cannot be uniform for all Psychiatric Homes/ Hospitals; rather they need to be customised in the context of individual institutions/hospitals. SOPs also depend on what is practical and expedient in the environment in which they are applied.

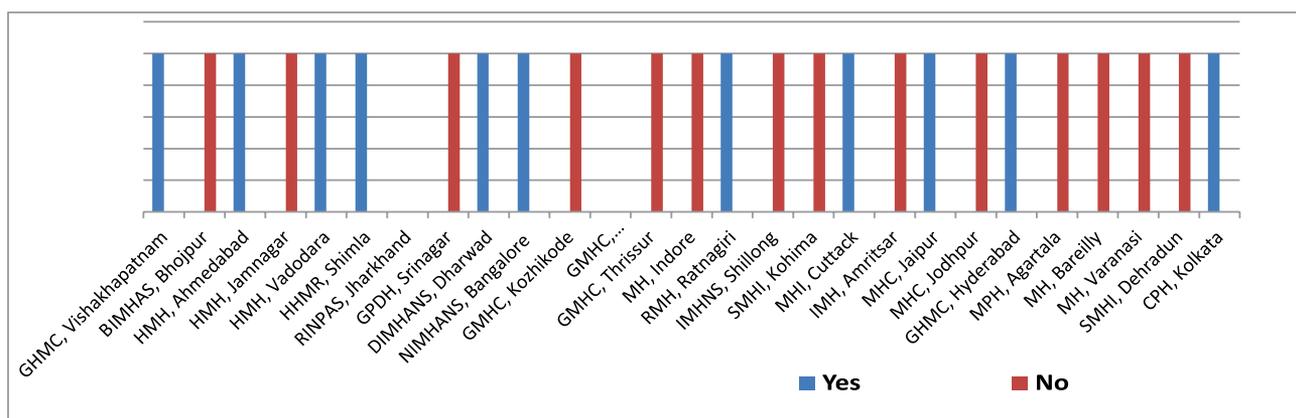
3.14.2 Analysis of the data obtained from 25 Psychiatric Homes (except RINPAS, Jharkhand and GHMC, Thiruvananthapuram, Kerala) regarding availability of SOPs (Table.6 refers) revealed the following:



Category	Number of Institutions
SOPS available/ being developed	11
Evidence based treatment/ by consensus	01
Guidelines of NABH, IPS, etc.	05
No SOPs available	08
<b>Total</b>	<b>25</b>

3.14.3 The situation of not having any SOP or following some national/international guidelines is not in accordance with the current scientific thinking about SOPs, as even the Indian Psychiatric Society guidelines provides for having SOPs by individual institutions.

**Table 6. Standard Operating Procedures (SOP)**



### Recommendations:-

- **Each Psychiatric Home needs to develop SOPs for the major mental disorders being treated by them. SOPs need to be institution specific and conform to the guidelines issued by national/international professional organizations.**
- **The SOPs need to be reviewed regularly keeping in view the local requirements and advancement in the field of medicines.**

### 3.15 Privacy of female inmates

3.15.1 The female patients in Psychiatric Homes require special care to ensure that their privacy and dignity is respected and their rights as a woman are not violated. Therefore, special arrangements are invariably needed for female patients admitted in Psychiatric Homes. The female wards in the Psychiatric Homes need to have segregated enclosure with restricted/regulated entry.

3.15.2 Their security also needs special care and therefore, the vulnerable point leading entry to the female ward needs to have CCTV cameras. However, the usage of CCTV cameras within female ward needs to be avoided to protect the privacy/dignity of female inmates.

#### **The Mental Healthcare Act, 2017**

**Section 20 (1)** Every person with mental illness shall have a right to live with dignity.

**Section 20 (2)** Every person with mental illness shall be protected from cruel, inhuman or degrading treatment in any mental health establishment and shall have the following rights, namely:— (a) to live in safe and hygienic environment; (b) to have adequate sanitary conditions; (c) to have reasonable facilities for leisure, recreation, education and religious practices; (d) to privacy; (e) for proper clothing so as to protect such person from exposure of his body to maintain his dignity; (f) to not be forced to undertake work in a mental health establishment and to receive appropriate remuneration for work when undertaken; (g) to have adequate provision for preparing for living in the community; (h) to have adequate provision for wholesome food, sanitation, space and access to articles of personal hygiene, in particular, women's personal hygiene be adequately addressed by providing access to items that may be required during menstruation; (i) to not be subject to compulsory tonsuring (shaving of head hair); (j) to wear own personal clothes if so wished and to not be forced to wear uniforms provided by the establishment; and Right to community living. Right to protection from cruel, inhuman and degrading treatment (k) to be protected from all forms of physical, verbal, emotional and sexual abuse.

3.15.3 Table 7 of this report provide details about the provisions in this regard. 23 of the 27 Psychiatric Homes have separate female wards. It is only in case of 04 Psychiatric Homes namely, HMH Jamnagar, GHMC Kozhikode, IMH Amritsar and Psychiatric Centre Jodhpur that there is no separate female ward. Also, entry to these female wards is regulated. Regarding CCTVs, it is available in 15 Psychiatric Homes, but only in case of 09 Psychiatric Homes, it is installed at vantage position.

#### **Recommendations:-**

- **All Psychiatric Homes should ensure privacy and dignity of female patients and take all the measures essential for this purpose.**
- **Accessibility to female wards/ patient should be strictly restricted and regulated, and entry of even other male employees not concerned with the treatment and other services should be restricted. More female Medical Attendants should be employed to take care of the female patients / wards.**



### 3.16 Personal Toiletries to female patients

3.16.1 Within Psychiatric Homes/ Institutions the provision of toiletries is a gender sensitive aspect, for which special attention needs to be given by the concerned authorities so as to ensure that the general environment around female patients is conducive and their appearance should have some semblance of being prim and proper. All facilities to improve personal hygiene (provision for toiletries and personal effects, provision for under garments, regular supply of sanitary napkins and their proper disposal etc.) need to be adequately provided. This needs to be seen in the context of provision under Section 20 of the Mental Healthcare Act, 2017 which, while protecting the right of a mentally ill person to live with dignity, specifically provides for safe and hygienic environment, adequate sanitary condition etc.

3.16.2 The availability of toiletries in 27 Psychiatric Homes has been analyzed (Table 8 refers) and revealed the following:

Number of Institutions having provision of Toiletries for all items	Number of Institutions not having provision of different Toiletries essential for female patients like comb, mirror shampoo, detergent, basic cosmetics, inner garments, footwear etc.	No information given
12	13	02 (Ratnagiri and Kolkata)

3.15.3 The items of toiletries which are generally not provided to female patients are inner garments, basic cosmetics, comb, mirror, towels, and detergent and in some cases even sanitary napkins. In 06 Psychiatric Homes namely; HMH, Ahmedabad, GPDH, Srinagar, NIMHANS, Bengaluru, IMHNS, Shillong, IMH, Amritsar and MHC, Jodhpur, the items of toiletries are provided but many items are made available at a common place to be used by all female patients and are not issued to them individually.

#### Recommendations:-

- **All the items of personal toiletries should be issued to individual female patients admitted in IPD. These items should not be used commonly.**
- **A norm for quantity of different items of personal toiletries and the periodicity of provision needs to be developed, so that items of toiletries are individually issued on a regular basis, instead of providing them 'on demand' or as 'per need'.**
- **All attempts should be made by the institute authorities so that the general outlook of the female patients is kept neat and tidy.**



### 3.17 Food kitchen/ Nutrition calorific value and kitchen staff

3.17.1 Information in the prescribed proforma was sought about calorific value of food items, menu, availability of special meal and number of staff available in the kitchen of Psychiatric Homes. (Table 9 refers). 50 per cent of Psychiatric Homes reported the calorific value of food being provided to them. However, this information wherever provided, is not based on appropriate assignment of the calorific value to different food items served and it has been highly over rated. As such, the calorific value of the food items available to the patients in most of the Psychiatric Homes is not up to the desired level, which in the long run adversely affects the general health of the mentally ill female patients.

3.17.2 One of the possible reasons for this situation is the non-availability of a Dietician in the kitchen. Out of total 27 Psychiatric Homes only 11 are having a Dietician whereas, remaining kitchens are being managed by the cooks and helpers, who may have a limited idea of the calorific requirements of food for patients.

3.17.3 It is also noted that no norm exists for provision of staff of various categories in the kitchen. As such, while in most of the cases where number of patients is low, the number of staff appears to be adequate but in other Psychiatric Homes with large number of patients in IPD, the available staff in the Kitchen is not adequate. Psychiatric Homes like HMH Ahmedabad, GHMC, Thrissur; CPHG, Kolkata; RINPAS, Ranchi, etc. need to be strengthened with more kitchen staff as number of female patients is higher and existing kitchen staff is not adequate in number.

3.17.4 The menu of the food being provided in most of the Psychiatric Homes is repetitive in nature. If at all a menu is planned in some Psychiatric Homes, it is being done only on weekly basis. Moreover, no special food is provided to the inmates on weekly or twice a week basis. There is a need for more innovative approach in this regard to ensure that provision of food is not monotonous. Provision for special food in form of a sweet dish or a special dish breaks the monotony and is perhaps essential for the well being of even mentally ill patients.

#### **Recommendations:-**

- **The calorific value of the food being provided to the patients in Psychiatric Homes needs to be properly worked out and it needs to be ensured that the items served by the kitchen meet the calorie requirement of the individual patient .**
- **At least one post of Dietician needs to be provided in all the Psychiatric Homes, who should plan the menu appropriately.**
- **Staffing norms for Cooks, Assistant Cooks and Helpers needs to be developed with**



**reference to number of patients in IPD. Adequate staff in accordance with the norms needs to be provided to all the Psychiatric Homes.**

- **Special food items should be provided at appropriate intervals. This should be in addition to the special food being provided by some of the Psychiatric Homes on special occasions and festivals.**

### **3.18 Association/ Visit/ Contact with family members**

3.18.1 It is well known that people/ family associated with persons with mental illness are stigmatized simply because they are connected to someone having a mental illness. This is in addition to the financial burden of the mentally ill person on the family. It is due to these reasons that family members after admitting the mentally ill person tend to withdraw their association and in some cases it even leads to abandoning the patient and severing all the ties including regular visits to them in the Psychiatric Homes. This situation is rather acute in case of female patients.

3.18.2 It also cannot be denied that the persons with serious mental illness like schizophrenia, bipolar disorder, obsessive-compulsive disorder and major depressive disorders can live full rewarding lives with treatment. In these situations family members are an invaluable source for the individual coping with his mental illness. The family members with an informed participation in the treatment process, by learning more about the illness can immensely help their loved ones.

3.18.3 Analysis of data in Table 10, reveals that 22 out of 27 Psychiatric Homes permit visits by family members, while strangely, 3 institutions, namely; GHMC Vishakhapatnam, HMH Jamnagar, DIMHANS Karnataka, have indicated that they do not permit the visits of family members. On the contrary, State Mental Health Institute, Kohima, permits the family members to stay with the patient during treatment.

3.18.4 About availability of separate enclosures/ common room for the visit of the family members, 15 Psychiatric Homes have confirmed availability of the same, while 12 of them do not have such facility. Regarding frequency of the visits permitted by the Psychiatric Homes the situation varies from one Psychiatric Home to another.

<b>Frequency of family visits</b>					
<b>Frequency</b>	<b>Daily</b>	<b>Once in a Week</b>	<b>Once in a Fortnight</b>	<b>Once in a Month</b>	<b>No limit</b>
<b>No. of Institutions</b>	05	04	05	02	03

Information has not been furnished by 08 Psychiatric Homes.

3.18.5 It is also noticed from Table 10 that the female patients in IPD are mostly without any caregiver and in some cases family members are providing care to the patients. In some cases the caregivers are made available on payment basis.

#### **Recommendations:-**

- **All Psychiatric Homes should provide free access to the family members to visit their female patients admitted in IPD. The frequency of visits on weekly, fortnightly and monthly basis could be decided in consultation with psychiatrists.**
- **All Psychiatric Homes should facilitate meeting of the family members of female patients in a common room or in some open space, where privacy could also be maintained.**
- **The Psychiatric Homes should identify the female patients in IPD, whose family members are indifferent towards their patients, so that they could be counseled and persuaded to visit their patients regularly, as it would help in their treatment/early recovery.**
- **The Psychiatric Homes should counsel and persuade the family of the patient to provide a caregiver from within the family as it is extremely helpful in treatment of the mentally ill patients. This would be feasible only if the Psychiatric Homes ensure that the admission period of patients is kept at minimum and thereafter the treatment is continued in family setting.**
- **Assistance of police and services of an advocate should be obtained through legal aid services wherever the family members have abandoned their female patients in order to restore the legal right of the mentally ill persons to live in the family home under the provisions of Section 19 (2) of the Mental Healthcare Act, 2017.**
- **Arrangements should be made by the Psychiatric Homes to facilitate emotional support to the female in-patients by their spouse, as it would help in their faster recovery. Psychiatric Homes should facilitate stay of the spouse of the female patients, once in a while in the hospital itself for this purpose.**

### **3.19 Counselling to family members**

3.19.1 The importance of counselling of the family member of a mentally ill person is well documented. Such counselling is not only important during the treatment of the patient in the Psychiatric Home but also thereafter, during their stay in half way home or family where the treatment is continuing. As such, during the treatment in the Psychiatric Homes there is a need



for an informed medication, particularly when patient's participation in the treatment process is not feasible due to mental illness. The family members need to be given all the information regarding medication, care practices etc. about their patient and this needs to be given due attention by all those involved in the treatment process i.e. Psychiatrists, Clinical Psychologists, Psychiatric Social Workers.

3.19.2 It is noted from the data in Table. 11 that discharge counselling to the family members of the patient are provided in 24 of the 27 Institutions. However, it is also noted that it is only in case of five Institutions that the discharge counselling is provided by the main Psychiatrist treating the patients. In rest of the cases, the discharge counselling is provided by the Clinical Psychologists/ Psychiatric Social Workers. The level of counselling to the family members, during the period of admission/ treatment should be enhanced and it needs to be provided by the main Medical Psychiatrists treating the patients along with Clinical Psychologist and Psychiatrist Social Worker.

#### **Recommendations:-**

- **The family members of the female patients admitted in IPD should be fully involved in the treatment process by giving them all the relevant information regarding medication, care practices, likely duration of the treatment, need for continued stay in the Psychiatric Home beyond certain period etc.**
- **Psychiatric Homes should provide counseling to the family/ care giver of the patient in a comprehensive manner so that he/she is able to take care of the day-to-day needs of the patients, monitor the mental state of the patient, identify the signs of relapse or deterioration, and help the patient in accessing services, while supervising the treatment and providing emotional support to the patient.**
- **The counselling at the time of discharge of the female patients should invariably be done by the treating Psychiatrist for the medication and by Clinical Psychologists/ Psychiatric Social Workers for behavioural aspects.**
- **The family members of the patient also need to be made aware about the benefits like free/subsidized treatment, disability benefits, travel benefits etc. available to the mentally ill patients.**

### **3.20 Association with NGOs/Civil Society**

3.20.1 NGOs can play a key role in promoting and facilitating health related activities. They can also play a big role in providing necessary services like counselling, skill development/vocational training during and post treatment and other rehabilitation services for re-integration of treated



patients in family/society. They can be of much help in counselling the family to give up their prejudice and indifference, if any, towards the mentally ill family members and encourage them to accept them as family members and provide a conducive environment for treatment and for making them self reliant.

3.20.2 The Government of India which is implementing the National Mental Health Programme since 1982, to cope with the huge burden of mental disorder and shortage of qualifying professional in the field, places a lot of reliance on NGOs. Under PPP Model Activities, it provides financial support to NGOs to implement various components of Mental Health programmes e.g., IEC, Daycare Centres, Residential/Long Term Residential Care Centres, Training and sensitization of health workers.

3.20.3 It is noted from Table 12 that 16 out of the 27 Psychiatric Homes are having association with the NGOs/ Civil societies. On an average 1-2 NGOs are associated with most of the Psychiatric Homes except in case of NIMHANS, Bengaluru (15); GMHC, Thiruvananthapuram (6); MH, Indore(6); MHC, Kozhikode(5); HMH, Jamnagar (5) and MHI, Cuttack (4) , where the number of NGOs associated is higher. In most of the cases the NGOs are generally being associated for providing food, facilities, counselling, rehabilitation, yoga and religious activities.

#### **Recommendations:-**

- **All Psychiatric Homes should develop association with NGOs/ Civil Societies for various purposes like counseling, recreational activities, skill development/ vocational training, rehabilitation etc.**
- **The NGOs running Day Care Centers, Residential/Long Term Residential Care Centers assisted by Government of India or otherwise need to be associated for the purpose of shifting patients post treatment or even for continuing the treatment in a near normal situation.**
- **NGOs could be associated for locating the family of the patients in cases where the details are not available in the Psychiatric Home, counseling of the family for their greater involvement, ensuring frequent visits by them to Psychiatric Homes during the treatment and for their acceptance post treatment or post mid way home stay.**

### **3.21 Recreational Activities**

3.21.1 The recreational activities are one of the important components of the Psychiatric Homes as they not only help in the treatment of mentally ill persons but also play an important role in their rehabilitation post discharge. There are well documented studies showing positive correlation between social participation and improvement in the mental health.



3.21.2 Section 20 (2) (c) of Mental Healthcare Act, 2017, also provides for right of mentally ill persons to have reasonable facilities for leisure, recreation and religious practices.

The information available in Table. 13 about 27 institutions reveals following:-

Category	Number of Institutions
Recreational activities organized	23
No Recreational activities organized	04 (Vishakhapatnam, Shimla, Ratnagiri and Tripura)
Indoor games taken as recreational activity	21
Yoga taken as recreational activity	15

3.21.3 Recreational activities either solo or in group, which may help the patients in drawing out their creativity and ability including special ability in music, dance, drama, devotional singing, etc. will not only help therapeutically but also in keeping the patients engaged in some activities, while in the Psychiatric Home.

3.21.4 Three Psychiatric Homes (Ahmedabad, Shimla and Tripura) are even adopting music therapy as a method to supplement the treatment for mentally ill patients by organising music programmes and encouraging individual talent amongst the patients to sing, listen to music, practice instrumental music etc. These are form of supplementary activities to the medication and needs to be given due importance.

#### **Recommendation:-**

- **Psychiatric Homes should organize adequate recreational programmes, in addition to existing recreational activities in the form of conventional indoor and outdoor games.**
- **The recreational programmes should be participative in nature wherein the patient could also take part in group dance, musical evenings, singing, devotional songs (bhajan sessions) etc.**
- **Individual patients having special abilities of singing, playing instrumental music should be provided required facilities and opportunity to demonstrate their skills.**
- **Music therapy, as being practiced in some of the Psychiatric Homes should be adopted by all Psychiatric Homes.**

## **3.22 Skill Development**

3.22.1 Psycho-Social Rehabilitation strategies are now well established for various kind of mental illness. These strategies are adopted not only during intense therapeutic treatment with

stay in Psychiatric Homes/ Mental Hospitals but are equally important while the patient is in a Halfway Home, post treatment. The nature of training /programme may, however, differ during the two stages. Social skill training for example, helps in the process of recovery of the patient during the treatment. Similarly, the nature of skill training during stay in Halfway Home focuses more on those vocational skills which instil a sense of confidence in a patient to be on his own in the family/ community in an economically self reliant manner and as a productive member of the society.

3.22.2 The data collected from the Psychiatric Homes as tabulated in table 14 shows that out of 27 Psychiatric Homes 26 provided details of skill development programmes (RINPAS, Jharkhand did not provide any information). 08 out of these 26 institutions were not having any skill development programs organized by the institutions themselves. Out of the 18 institutions, which were having Skill Development Programmes, 14 of them organized only 2-5 programs in a year and duration of such programmes did not exceed 2-4 hours a day. This arrangement is highly inadequate.

<b>Institutions arranging Skill Development programs</b>	Vishakhapatnam, Bihar, Ahmedabad, Jamnagar, Vadodara, Shimla, DIMHANS, NIMHANS, Kozhikode, Thiruvananthapuram, Thrissur, Indore, Cuttack, Amritsar, Jaipur, Tripura, Bareilly, Kolkata
<b>Institutions not arranging Skill Development programs</b>	Srinagar, Ratnagiri, Shillong, Nagaland, Jodhpur, Hyderabad, Dehradun, Varanasi,

3.22.3 In some institutions like those in Ahmedabad and Thrissur, number of programmes were 17 and 13 respectively for 2 hours each during the course of the programmes. It is thus, evident that the skill development programmes were not being undertaken by most of the Psychiatric Homes on continuous basis as a matter of routine or as part of their treatment.

3.22.4 The nature of courses being organized in most of the Psychiatric Homes related to traditional domestic skills eg., tailoring, stitching, knitting, weaving and making of candle boxes, file covers, envelopes, soap, broom etc. These skills are all conventional with limited market value and provide a very limited scope for a female treated patient to become economically self reliant. It is only in cases of very few institutions where an innovative approach has been adopted in choosing skills like mobile cover making, gift packing, screen printing, handicrafts, leather toys making, painting, craftwork, music, gardening ,goat farming etc. The institutions have not provided details about actual number of patients trained by them and whether as a result of this training or during the course of their training, the products made by them were able to get any return and whether amount so earned was given to the patients.



### Recommendations:-

- **All Psychiatric Homes should make an evaluation of the extent of disability and details of the residual ability in respect of each mentally ill patient admitted in the IPD on social, psychological and work parameters, so as to assess ability of each patient to learn, adjust to a work situation and adaptability to work.**
- **Psychiatric Homes should arrange for continuous skill training of patients in accordance with their ability and interest. Skills which may help the patient to become self reliant may be given preference, while choosing the skills training programmes.**
- **The skill training programmes should be so organized that they are available for a considerable duration and on regular basis, so that the patients who are capable of undergoing such training do not sit idle during the day.**
- **Ministry of Health and Family Welfare and the State Departments of Health and Family Welfare should make separate allocation of funds in the Budget of respective Psychiatric Homes to meet the expenditure on organizing various Vocational/ Skill Development training programmes/ courses for patients with mental illness admitted in the Psychiatric Homes/ Half-way Homes.**
- **Ministry of Skill Development and Entrepreneurship should ensure that its field organizations e.g. Directorate General of Training, National Skill Development Agency and National Skill Development Corporation, etc. sponsor/ organize adequate number of Vocational training/ Skill Development programmes in Psychiatric Homes/ Half-way Homes, with a waiver to payment of course fee.**

### 3.23 Internal Committee on Sexual Harassment

3.23.1 The provisions of the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 are applicable ipso facto to the Psychiatric Homes. This applicability is not only for the employees of the Psychiatric Homes but it equally protects the women with mental illness coming for treatment either in OPD or IPD. This is evident from the definition of the 'workplace' in the Act that inter alia includes hospitals and nursing homes. Similarly, the definition of the aggrieved woman also covers the woman patients in view of the provision, "woman, of any age whether employed or not, who alleges to have been subjected to any act of sexual harassment by the respondent". The Act also provide under Section 9 (2) that where the aggrieved woman is unable to make complaint on account of her physical or mental incapacity or death or otherwise, her legal heir or such other person as may be prescribed may make a complaint under this section. This provision needs to be seen in the context of provision under Section 14 of the Mental Healthcare Act, 2017, which gives right to the patient to appoint a nominated representative. In view of these statutory provisions, in the two acts it is incumbent



on the part of all Psychiatric Homes to implement various provisions of the two Acts and appoint an Internal Complaint Committee (ICC), as provided under Section 4 of the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act of 2013.

3.23.2 As per the information in Table 15 of this Report, 20 out of the total 27 Psychiatric Homes have constituted the ICC, but it is evident from the copies of the orders of these organisations that the constitution of the Committees were not in existence earlier and have been constituted only when the information was sought by this Commission. Still, in 7 Psychiatric Homes it is yet to be constituted. Moreover, the ICC constituted are not in accordance with the provisions of the Act, as in most of the cases the requirement under Section 4 (2) (c) of the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013, has not been met. One member from amongst NGOs or Associations committed to the cause of women or a person familiar with the issues relating to sexual harassment has not been included in the ICC constituted by most of the Psychiatric Homes.

3.23.3 It is also noted from table 15 that regular meetings of the ICC have not been held and they are held only when required. The Psychiatric Homes have reported that ICC meets monthly (2 Institutions), Quarterly (5 Institutions) and Six monthly (1 Institution). However, it is felt that regular meetings of ICC needs to be held to oversee the arrangements about protection of female patients coming for treatment in OPD or admitted in IPD from any sexual harassment.

#### **Recommendations:-**

- **All Psychiatric Homes should ensure that ICC is constituted and it is as per provisions of the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 and includes an outside Member as provided under Section 4 (2) (c) of the Act. A separate ICC needs to be constituted specifically for the Psychiatric Home in cases where the institution is a part of medical college/ university.**
- **The composition of ICC wherever constituted should be reviewed, so as to make it in accordance with the provisions of the Act.**
- **The ICC must entertain complaints if any, from the female patients coming to the hospital in OPD or admitted in IPD. They need to give equal weightage to any complaint filed by the care-giver of the patient about herself or for the patient.**
- **The ICC should have regular meetings not only to consider the cases of complaint but also to see the overall arrangements made by the Psychiatric Homes and suggest effective measures to protect the rights/dignity of the female patients and their attendants in IPD/OPD and to prevent cases of sexual harassment.**

## COMMON DEFICIENCIES BASED ON INSPECTIONS

**4.1** The Commission inspected 19 Psychiatric Homes during the period from February 2018 to May 2019. Out of these 19 Psychiatric Homes, 09 were inspected during 2018 and 10 were inspected during 2019 (till May). Observations/ recommendations in respect of them have been communicated to respective Medical Superintendents and other concerned authorities with the request to take action on the observations and recommendations of the Commission and submit the action taken report (ATR). ATRs have already been received and in case of 03 institutions it has been found satisfactory and accepted by the Commission whereas, in case of remaining 05 institutions the ATRs are being scrutinised, in consultation with the concerned institution, as they were not found satisfactory. Institutions have been asked to take action in accordance with the recommendations of the Commission, before ATR is accepted by the Commission. The detail in this regard is given below:

S. No.	Name of the Psychiatric Home	Date of Inspection	ATR received	Status of ATR
1	Central Institute of Psychiatry, Ranchi, Jharkhand	21.02.2018	Yes	Under scrutiny in consultation with the institution.
2	IMHH, Agra, Uttar Pradesh	08.03.2018		
3	RMH, Yerwada, Pune, Maharashtra	04.05.2018		
4	Institute of Psychiatry & Human Behavior, Bambolim, Goa	31.05.2018	Yes	Accepted
5	IMH, Kilpauk, Chennai, Tamil Nadu	21.06.2018	Yes	Under scrutiny in consultation with the institution.
6	Lokopriya Gopinath Bordoloi Regional Mental Hospital, Tezpur, Assam	28.06.2018	Yes	Accepted
7	Regional Mental Hospital, Nagpur, Maharashtra	12.07.2018		
8	Regional Mental Hospital, Thane, Maharashtra	26.07.2018	Yes	Accepted



S. No.	Name of the Psychiatric Home	Date of Inspection	ATR received	Status of ATR
9	Gwalior Mansik Arogyashala, Madhya Pradesh	30.08.2018		
10	RINPAS, Ranchi, Jharkhand	13.02.2019	Yes	Under scrutiny in consultation with the institution.
11	Hospital for Mental Health Ahmedabad, Gujarat	09.05.2019		
12	Himachal Hospital of Mental Health and Rehabilitation in Shimla, Himachal Pradesh	13.05.2019	Yes	Under scrutiny in consultation with the institution.
13	State Mental Health Institute, Dehradun, Uttarakhand	13.05.2019		
14	Mental Health Koilwar, Bhojpur, Bihar	16.5.2019		
15	Government Mental Health Centre, Thrissur, Kerala	17.05.2019		
16	Mental Hospital, Kohima, Nagaland	17.05.2019	Yes	Under scrutiny in consultation with the institution.
17	Government hospital for Mental Care, Vishakhapatnam, Andhra Pradesh	17.05.2019		
18	Mental Health Karelilbag, Baroda, Gujarat	18.05.2019		
19	Mental Hospital, Jodhpur, Rajasthan	21.05.2019		

**4.2** The common observations/recommendations, based on the inspection conducted by the Commission, in respect of these Psychiatric Homes are discussed in this chapter. Based on the inspections conducted so far, the Commission has observed certain deficiencies to be addressed to ensure that women patients are treated with dignity and respect within the Psychiatric Homes and all facilities for their welfare with protection of their rights are provided. The common deficiencies found in most of the Psychiatric Homes inspected are briefly discussed in the succeeding paragraphs.

**4.3 Bed occupancy in female wards:** Inspections confirmed the general trend in the Psychiatric Homes that the sanctioned beds in female wards are not fully occupied in many hospitals. The bed strength of the female wards in most of the Psychiatric Homes inspected were found to be less than those sanctioned for male wards and still the occupancy in the female wards was not found to be commensurate with the authorised bed strength. It is only in cases of five institutions in Thrissur, Goa, Gwalior, RINPAS, Ranchi and Dehradun where the bed occupancy was higher than the authorized capacity. In cases of other institutions the occupancy in the female ward was much below their authorised capacity.



**4.4 Man power:** The sanctioned strength of Psychiatrists and availability of Physicians trained in the field of Psychiatry has not been found adequate in most of the Psychiatric Homes. Even the sanctioned positions are not fully filled and vacancies continue to hamper the availability of quality services in the field of clinical Psychiatry. The scarcity of sanctioned positions of Psychiatrists is being overcome through the services of Senior Residents/ Residents. However, the need for senior positions at specialist's level cannot be undermined. Following are the details about availability of Psychiatrists/ other associated staff in respect of 09 institutions inspected during 2018; information for whom has not been obtained in the prescribed proforma.

S. No.	Institution	Female patients (in IPD)	Psychiatrists Senior Resident and Resident		Clinical Psychologists/ Psychiatric Social Workers		Medical Attendants	
			In-position	Female	In-position	Female	In-position	Female
1.	CIP Ranchi	84	103	44	03	01	133	43
2.	IMHH Agra	140						
3.	RMH, Yerwada, Pune	698	09	06	12	04	412	147
4.	IPHB Goa	230	27	19	04	02	128	57
5.	IMH Chennai	342	01	01	10	07	144	44
6.	LGBRMH Tezpur	58	49	12	07	03	57	12
7.	RMH Nagpur	230						
8.	RMH Thane	630	09	06	09	05	275	129
9.	Gwalior Mansik Arogyashala	226	06	00	04	01	35	14

**4.4.1** It is evident from the table above that there is no specific trend regarding availability of female psychiatrists in terms of psychiatrist/patient ratio or over all availability. The situation about the availability of female Psychiatrist is further worrisome as in number of Institutions inspected the services of female Psychiatrist at senior/ Specialists level are generally not available. This has been noticed despite the fact that the number of female Psychiatrists coming out of Medical Colleges is increasing in the country. It is not the case that the female Psychiatrists are better or more suited for the treatment of the female Psychiatric patients but in the overall cultural milieu of the Indian society, the need for a female Psychiatrist for the care with ease and



for overall welfare of the female patients with mental illness, particularly for catering to their specific needs and dignity/privacy cannot be undermined.

**4.4.2** In several Psychiatric Homes a good number of GDMOs are posted, even when the general hospital services including the emergency services are not available in these Psychiatric Homes. As such, availability of GDMOs beyond a level is not understood except that they are working as adjunct to the senior Psychiatrists and are providing clinical services in Psychiatry, despite having no formal training and specialization for treatment of mentally ill patients.

**4.4.3** This makes it imperative that women are represented not only amongst Senior Psychiatrists but also in other staff, like Clinical Psychologists /Psychiatric Social Worker, Medical Attendant, Safai Karamcharis etc., where again their number is inadequate in most of the Psychiatric Homes.

**4.5 Patients admitted without their wishes:** A general trend observed during the inspections was about the involuntary nature of patients admitted in the Psychiatric Homes. A common tendency noticed during the inspections was that some patients, who were apparently in a near normal state of mind wanted to return back to their families but were not being released for variety of reasons. In many cases they were facing the apathy of their family members and in several such cases the whereabouts of their families were not even known. Concerted efforts were therefore needed on the part of the Psychiatric Home authorities, with assistance from Police/NGOs, to locate the families of these mentally ill patients languishing there for a long period of time and re-integrate them with family/community.

**4.6 Legal aid to the patients:** Patients with mental illness are not aware of legal aid facility in most of the Psychiatric Homes except in case of Institute of Psychiatry & Human Behaviour, Bambolim, Goa, which provides for programmes in legal awareness. Effective Legal aid needs to be made available in Psychiatric Homes by NGOs and DLSA and mere conducting of legal education/awareness programme in Psychiatric Home is not likely to yield good results towards enforcement of rights of the patient with mental illness. Authorities of Psychiatric Homes also need to identify such patients for legal aid, who are constrained to stay for a longer period, despite having been cured and are ready for re-integration with the family but are not accepted and are neglected by the family for various reasons; which may include property related disputes or any other family dispute. As women are in a disadvantageous position in this respect, female patients need to be made aware of their rights for effective legal action. Mental Healthcare Act, 2017 have specific provisions regarding rights of patients with mental illness and procedures thereof as detailed below:



### **Mental Healthcare Act, 2017**

**Section 19 (2):** Where it is not possible for a mentally ill person to live with his family or relatives, or where a mentally ill person has been abandoned by his family or relatives, the appropriate Government shall provide support as appropriate including legal aid and to facilitate exercising his right to family home and living in the family home.

**Section 27:** (1) A person with mental illness shall be entitled to receive free legal services to exercise any of his rights given under this Act.

(2) It shall be the duty of magistrate, police officer, person in charge of such custodial institution as may be prescribed or medical officer or mental health professional in charge of a mental health establishment to inform the person with mental illness that he is entitled to free legal services under the Legal Services Authorities Act, 1987 or other relevant laws or under any order of the court if so ordered and provide the contact details of the availability of services.

#### **4.7 Reintegration with Family:**

Psychiatric Social Worker or Social Worker associated with the hospital needs to make efforts and counsel the families of the female patients admitted in the hospitals to meet their patients on a regular basis, as it may help in their speedy recovery. Also, family members should be counselled and encouraged to willingly take the female patients back home once they are treated and discharged and are ready for re-integration in the society. It was observed that the family members do not come to meet the female patients regularly and their indifference results in a situation that the female patients are left with no place to go once they are in a near normal condition, as a result of which they had to stay for longer period in the hospital itself. As such, the hospital authorities need to be constantly in touch with the family members of the patients. Restrictions in the hospital about visit of the family members need to be imposed only in consultation with the concerned Psychiatrist.

#### **4.8 Association/ Collaborations with NGOs/ Civil Society:**

Most of the Psychiatric Homes are having associations with NGOs/ Civil Society except in 04 institutions where the involvement of NGO's is limited to providing some services in the hospital and to the patients, which are the responsibility of the Psychiatric Home itself. Institutions having association with NGOs, are taking their assistance for counselling of the patients, counselling the family members of the patients, locating the families of the patients where their details are not available with the Institution and also to counsel them to accept the treated patients back in the

#### **Institutions having no association with NGOs-**

- GHMC Vishakhapatnam
- GMHC Thrissur
- MH Kohima
- SMHI Dehradun

family (*The EAST* associated with LGBRMH, Tezpur is one such NGO). Services of NGOs/ Civil society are also being obtained for vocational/ skill development training to the cured/partially cured patients. NGOs may also conduct basic education/ literacy classes, organize various recreational, religious/spiritual activities and legal awareness camps suited for mentally ill and cured/ partly cured patients.

**Other services provided by NGOs-**

- Temporary shelter
- Rehabilitation
- Vocational training
- Conduct literacy classes

**4.9 Vocational Training /Skill Development:**

Majority of the Psychiatric Homes have some arrangements for providing skill training to patients, who have partly recovered or are recovering. However, such training is being provided in traditional areas. There is a need for further improvement in the training programmes with a view to diversify the vocations/skills, which are relevant to the local industry/market and help them in becoming productive and self reliant during the course of their admission in Psychiatric Homes, stay in half way homes and thereafter.

**Traditional Trades in which skill training is being provided**

Stitching, Knitting, Embroidery, Crochet, Cooking

**Modern Trades in which skill training is being provided**

Baking, Sculpture making, Basic computer training, Mat making, Decorative items making, Painting.

**4.10 Half-way Homes/ Mid-way Homes:**

In none of the Psychiatric Homes inspected by the Commission the facility of half way home/mid way home was in existence, except in cases of Mansik Arogyashala Gwalior, Madhya Pradesh and Mental Hospital, Vadodra, Gujarat. In case of Mansik Arogyashala Gwalior, Madhya Pradesh, the hospital runs a Half Way Home named as “Mercy Homes” in collaboration with Red Cross Society, wherein mentally retarded patients are taken care of by the Institute’s faculty; an arrangement which is contrary to the concept of providing half way home facilities in Psychiatric Homes to the cured/ partially cured patients who have acquired normalcy/near normalcy. Further, in case of Government hospital for Mental Care, Vishakhapatnam, Andhra Pradesh, the hospital authorities have requested the Andhra Pradesh State Government to provide land for constructing half-way home for long stay patients as per the Supreme Court orders. In the absence of such a facility the female patients do not have opportunity to get treatment in a near normal situation away from the Psychiatric Home.

**Mental Healthcare Act, 2017**

**Section 19 (3) :** The appropriate Government shall, within a reasonable period, provide for or support the establishment of less restrictive community based establishments including half-way homes, group homes and the like for persons who no longer require treatment in more restrictive mental health establishments such as long stay mental hospitals.



**4.10.1** It is incumbent on the part of the appropriate Government to provide, within a reasonable period, a community based establishment with less restrictions, including half-way homes, group homes and the like for persons who no longer require treatment in more restrictive mental health establishments. For this purpose Psychiatric Homes needs to associate themselves with local NGOs who may be running or can establish Half-way homes, where the cured or partially cured patients could stay. The patients will be provided with Counselling, Skill development training before re-integrating them back in the society. As such, it is imperative that half-way homes are established so that each Psychiatric Home in the country is associated with half-way homes, also to meet the requirement of law in this regard.

**4.11 Internal Committee on Sexual Harassment:** An Internal Complaint Committee (ICC) for considering complaints regarding Sexual Harassment is required to be constituted by every Psychiatric Home, which should cater to the requirements of not only the female employees but also the female patients admitted in these Institutions or coming for treatment in its OPD. Despite a clear provision

**ICC constituted as per Statute:**

- HMH Ahmedabad
- HMH Vadodara
- RINPAS, Ranchi
- Psychiatric Centre, Jodhpur

in the Sexual Harassment at Workplace (Prevention, Prohibition and Redressal) Act, 2013 about constitution of ICC, it has been observed during inspections that in most of the Institutions such a committee did not exist and wherever it existed, it has not been constituted in accordance with the provisions of the said Act, with an outside expert as a Member, in most of the cases.

**4.12 Segregation of Wards:** It is generally noted that the female patients and male patients are kept in separate wards situated at a distance from each other. However, it is also noticed that in many Psychiatric Homes patients who tend to possess violent behaviour are kept in an isolation cell so that other patients are not harmed. Such confinement of patients with suspected violent behaviour is not desirable and needs to be dealt strictly.

**Mental Healthcare Act, 2017**

**Section 97 (1) :** “A person with mental illness shall not be subjected to seclusion or solitary confinement, and, where necessary, physical restraint may only be used when,—

(a) it is the only means available to prevent imminent and immediate harm to person concerned or to others;

(b) it is authorized by the psychiatrist in charge of the person’s treatment at the mental health establishment”

**4.12.1** During the inspection of Mental Health Centre, Jodhpur, Rajasthan, the team found that one female patient of around 50-55 years of age was handcuffed and chained; such an act should be discouraged and all mentally ill patients should be treated with respect and dignity.

## SUMMARY OF RECOMMENDATIONS

It is evident from the analysis in chapter III of this Report, which is based on collective data on various parameters received in the prescribed proforma that a series of remedial measures needs to be taken by the Psychiatric Homes in the Country for improving the condition of mentally ill patients in general and mentally ill female patients in particular. The recommendations of the Commission are summarized in this chapter for appropriate action by the concerned authorities including Medical Superintendents of the hospital covered in this Report. The recommendations in case of individual Institutions based on inspection and scrutiny of information in the prescribed proforma as mentioned in Annexure-I and Annexure-II of this Report has been sent to each Psychiatric Home for further necessary action.

### 5.1 Manpower

#### Psychiatrists, Residents and Clinical Psychologist

5.1.1 The Central Mental Health Authority needs to develop norms regarding availability of Psychiatrists/ Specialist in each Psychiatric Homes, with reference to average OPD patients and Patients admitted in IPD.

5.1.2 Each Psychiatric Home should have adequate number of Psychiatrists/Specialists and at least one should be a woman amongst them. In case where the number of Psychiatrists/ Specialists is higher, there is a need for proportionately higher number of women amongst them, as in most of the institutions the number of female patients in OPD and IPD is considerably high. The vacancies in the grade need to be filled with adequate representation to women Psychiatrists.

#### General Duty Medical Doctors

5.1.3 Norms for provision of General Duty Medical Doctors in different categories of Mental Health establishments need to be developed and notified by the Central Mental Health Authority.



5.1.4 In Psychiatric Homes, where GDMOs are higher in number but Psychiatrists/Specialists are not available in adequate numbers, the two cadres/categories need to be reorganized to restore required proportion of Psychiatrists/Specialists and GDMOs.

### **Nursing Staff**

5.1.5 Norms regarding provisions of nursing staff w.r.t. to Patients in IPD in different categories of the Psychiatric Homes need to be developed.

5.1.6 The norms need to define the number of Female Nurses keeping in view the numbers of female patients in Psychiatric Home.

5.1.7 The vacancies of nursing staff in the Psychiatric Homes are on a higher side, they need to be filled on a priority basis, with adequate representation to female amongst them.

### **Medical Attendants**

5.1.8 Norm for provision of Female Attendants w.r.t. the female patients in IPD in a Psychiatric Institution needs to be developed and defined, keeping in view the requirements of female patients.

5.1.9 The vacancies of Medical Attendants are on higher side and need to be filled up with adequate representation to female Attendants.

## **5.2 Utilization of Beds**

5.2.1 The utilization of female beds in Psychiatric Homes is relatively low, as compared to males. This could be on account of poor access to treatment by female patients with mental ailments and providing them treatment in IPD. It needs to be ensured that female patients are not denied admission in IPD on extraneous considerations.

5.2.2 The authorized strength of female patients in IPD needs to be increased in case of those Psychiatric Homes, where the number of female patients admitted is higher. The additional infrastructure/ facilities needed should be provided in such Psychiatric Homes.

## **5.3 Period of Admission/Stay of Female Patients in IPD**

5.3.1 The provisions in the Mental Healthcare Act, 2017 under Sections 19, 88, 89 and 90 need to be implemented by Psychiatric Homes.

5.3.2 The cases of all the female inmates living beyond a period of 2 years should be reviewed in terms of the provisions of the Act (by a Board of Psychiatrists/Specialists) to review their medication and assess the need for their continued admission in the Psychiatric Home.



#### **5.4 Half way/Mid Way Home Facility with Psychiatric Homes**

5.4.1 All Psychiatric Homes need to have a mid way/half way home of its own for the female mentally ill patients, who have been treated and are in a near normal mental state, requiring the transfer to family/community. The half way home should be directly administered by the Psychiatric Home and the female patients transferred to the home should continue to get the treatment/rehabilitation under the multi disciplinary team of the Psychiatric Home.

5.4.2 The NGOs, receiving financial assistance under the PPP model for running a Residential/ Long Term Continuing Care Centre should be associated with a Psychiatric Home from where the treated mentally ill patients could be shifted. A linkage with a Psychiatric Home/Mental Hospital needs to be essentially developed for each NGO/ Agency receiving assistance under National Mental Health Programme.

5.4.3 The NGOs should have separate Residential/Long term continuing care centre for treated mentally ill female patients.

#### **5.5 Standard Operating Procedures**

5.5.1 Each Psychiatric Home needs to develop SOPs for the major mental disorders being treated by them. SOPs need to be institution specific and conform to the guidelines issued by national/international professional organizations.

5.5.2 The SOPs need to be reviewed regularly keeping in view the local requirements and advancement in the field of medicines.

#### **5.6 Privacy of female inmates**

5.6.1 All the Psychiatric Homes should ensure privacy and dignity of female patients and take all the measures essential for this purpose. All Psychiatric Homes should ensure privacy and dignity of female patients and take all the measures essential for this purpose.

5.6.2 Accessibility to female wards/ patient should be strictly restricted and regulated, and entry of even other male employees not concerned with the treatment and other services should be restricted. More female Medical Attendants should be employed to take care of the female patients / wards.

#### **5.7 Personal Toiletries to female patients**

5.7.1 All the items of personal toiletries should be issued to individual female patients admitted in IPD. These items should not be used commonly.



5.7.2 A norm for quantity of different items of personal toiletries and the periodicity of provision needs to be developed, so that items of toiletries are individually issued on a regular basis, instead of providing them 'on demand' or as 'per need'.

5.7.3 All attempts should be made by the institute authorities, to ensure that the general outlook of the female patients is kept neat and tidy.

## **5.8 Food kitchen/ Nutrition calorific value and kitchen staff**

5.8.1 The calorific value of the food being provided to the patients in Psychiatric Homes needs to be properly worked out and it needs to be ensured that the items served by the kitchen meet the calorie requirement of the individual patient .

5.8.2 At least one post of Dietician needs to be provided in all the Psychiatric Homes, who should plan the menu appropriately.

5.8.3 Staffing norms for Cooks, Assistant Cooks and Helpers needs to be developed with reference to number of patients in IPD. Adequate staff in accordance with the norms needs to be provided to all the Psychiatric Homes.

5.8.4 Special food items should be provided at appropriate intervals. This should be in addition to the special food being provided by some of the Psychiatric Homes on special occasions and festivals.

## **5.9 Association/ Visit/ Contact with family members**

5.9.1 All Psychiatric Homes should provide free access to the family members to visit their female patients admitted in IPD. The frequency of visits on weekly, fortnightly and monthly basis could be decided in consultation with psychiatrists.

5.9.2 All Psychiatric Homes should facilitate meeting of the family members of female patients in a common room or in some open space, where privacy could also be maintained.

5.9.3 The Psychiatric Homes should identify the female patients in IPD, whose family members are indifferent towards their patients, so that they could be counseled and persuaded to visit their patients regularly, as it would help in their treatment/ early recovery.

5.9.4 The Psychiatric Homes should counsel and persuade the family of the patient to provide a caregiver from within the family as it is extremely helpful in treatment of the mentally ill patients. This would be feasible only if the Psychiatric Homes ensure that the admission period of patients is kept at minimum and thereafter the treatment is continued in family setting.



5.9.5 Assistance of police and services of an advocate should be obtained through legal aid services wherever the family members have abandoned their female patients in order to restore the legal right of the mentally ill persons to live in the family home under the provisions of Section 19 (2) of the Mental Healthcare Act, 2017.

5.9.6 Arrangements should be made by the Psychiatric Homes to facilitate emotional support to the female in-patients by their spouse, as it would help in their faster recovery. Psychiatric Homes should facilitate stay of the spouse of the female patients, once in a while in the hospital itself for this purpose.

### **5.10 Counselling to family members**

5.10.1 The family members of the female patients admitted in IPD should be fully involved in the treatment process by giving all the relevant information regarding medication, care practices, likely duration of the treatment, need for continued stay in the Psychiatric Home, beyond certain period etc.

5.10.2 Psychiatric Homes should provide counseling to the family/ care giver of the patient in a comprehensive manner so that he/she is able to take care of the day-to-day needs of the patients, monitor the mental state of the patient, identify the signs of relapse or deterioration, and help the patient in accessing services, while supervising the treatment and providing emotional support to the patient.

5.10.3 The counselling at the time of discharge of the female patients should invariably be done by the treating Psychiatrist for the medication and by Clinical Psychologists/ Psychiatric Social Workers for behavioural aspects.

5.10.4 The family members of the patient also need to be made aware about the benefits like free/subsidized treatment, disability benefits, travel benefits etc. available to the mentally ill patients.

### **5.11 Association with NGOs/Civil Society**

5.11.1 All Psychiatric Homes should develop association with NGOs/ Civil Societies for various purposes like counseling, recreational activities, skill development/ vocational training, rehabilitation etc.

5.11.2 The NGOs running Day Care Centers, Residential/Long Term Residential Care Centers assisted by Government of India or otherwise need to be associated for the purpose of shifting patients post treatment or even for continuing the treatment in a near normal situation.



5.11.3 NGOs could be associated for locating the family of the patients in cases where the details are not available in the Psychiatric Home, counseling of the family for their greater involvement, ensuring frequent visits by them to Psychiatric Homes during the treatment and for their acceptance post treatment or post mid way home stay.

## **5.12 Recreational Activities**

5.12.1 Psychiatric Homes should organize adequate recreational programmes in addition to existing recreational activities in the form of conventional indoor and outdoor games.

5.12.2 The recreational programmes should be participative in nature wherein the patient could also take part in group dance, musical evenings, singing, devotional songs (bhajan sessions) etc.

5.12.3 Individual patients having special abilities of singing, playing instrumental music should be provided required facilities and opportunity to demonstrate their skills.

5.12.4 Music therapy, as being practiced in some of the Psychiatric Homes should be adopted by all Psychiatric Homes.

## **5.13 Skill Development**

5.13.1 All Psychiatric Homes should make an evaluation of the extent of disability and details of the residual ability in respect of each mentally ill patient admitted in the IPD on social, psychological and work parameters, so as to assess ability of each patient to learn, adjust to a work situation and adaptability to work.

5.13.2 Psychiatric Homes should arrange for continuous skill training of patients in accordance with their ability and interest. Skills which may help the patient to become self reliant may be given preference, while choosing the skills training programmes.

5.13.3 The skill training programmes should be so organized that they are available for a considerable duration and on regular basis, so that the patients who are capable of undergoing such training do not sit idle during the day.

5.13.4 Ministry of Health and Family Welfare and the State Departments of Health and Family Welfare should make separate allocation of funds in the Budget of respective Psychiatric Homes to meet the expenditure on organizing various Vocational/ Skill Development training programmes/ courses for patients with mental illness admitted in the Psychiatric Homes/ Half-way Homes.

5.13.5 Ministry of Skill Development and Entrepreneurship should ensure that its field organizations e.g. Directorate General of Training, National Skill Development Agency and



National Skill Development Corporation, etc. sponsor/ organize adequate number of Vocational training/ Skill Development programmes in Psychiatric Homes/ Half-way Homes, with a waiver to payment of course fee.

#### **5.14 Sexual Harassment Committee**

5.14.1 All Psychiatric Homes should ensure that ICC is constituted and it is as per provisions of the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 and includes an outside Member as provided under Section 4 (2) (c) of the Act. A separate ICC needs to be constituted specifically for the Psychiatric Home in cases where the institution is a part of medical college/university.

5.14.2 The composition of ICC wherever constituted should be reviewed, so as to make it in accordance with the provisions of the Act.

5.14.3 The ICC must entertain complaints if any, from the female patients coming to the hospital in OPD or admitted in IPD. They need to give equal weightage to any complaint filed by the caregiver of the patient about herself or for the patient.

5.14.4 The ICC should have regular meetings not only to consider the cases of complaint but also to see the overall arrangements made by the Psychiatric Homes and suggest effective measures to protect the rights/dignity of the female patients and their attendants in IPD/OPD and to prevent cases of sexual harassment.

#### **5.15 Legal Aid**

5.15.1 Legal Aid services should be made available to admitted female patients through NGO/ DLSA, with a view to ensure that they have been admitted to the Psychiatric Home for no other reason but the mental ailment itself. It should also help the patients in getting their rights as enshrined in the Mental Healthcare Act, 2017, particularly their right to reintegrate with family, post-treatment.



## ANNEXURE I

## GIST OF DEFICIENCIES- BASED ON INFORMATION IN THE PRESCRIBED PROFORMA

The prescribed proforma as approved by the Commission was sent to 34 Psychiatric Homes in the government sector in the country. 27 of these Psychiatric Homes submitted information in the prescribed proforma, which has been scrutinized by the Commission and the gist of deficiencies based on this scrutiny is given below in respect of each of these institutions. The detailed observations/and recommendations in respect of these deficiencies has been separately communicated to the Medical Superintendent of each institution with a request to take remedial action and provide action taken report thereon to the commission.

### 1. Government Hospital for Mental Care, Vishakhapatnam, Andhra Pradesh

- Adequate number of women amongst Psychiatrists and other clinical staff.
- Only 14 female Medical Attendants, against the sanctioned positions of 108.
- 80per cent of the patients in IPD are for a short period, while remaining for a period ranging upto 10 years and they are all on involuntary basis.
- SOP/Treatment Protocol, available only for few mental ailments and even they seem to have not been revised, from time to time.
- NO CCTV but installation is stated to be in process.
- Items of personal toiletries like tooth brush; comb, mirror basic cosmetics, inner garments and footwear are not provided to the female patients.
- Sanitary napkins are disposed off as part of the general bio-medical waste and no separate arrangement exists for this purpose.
- Basic facilities like recreational room, indoor games facility yoga, meditation/prayer room, are not available. Similarly there is no crèche in the Institute.
- Menu of the food provided is of a routine and repetitive nature, despite availability of Dietician and other sanctioned staff for the kitchen. No provision for special food (with sweets) once or twice in a week.
- Restrictions on the visit of the family members of the patients, who are allowed to visit only once in a week.
- Skill training is only in the traditional trades like Candle making, Paper covers, Sweet boxes and Soft toys.



- No Half-way Home/Mid-way Home facility provided by the Institute either on its own or in collaboration with NGOs.
- NGOs/Civil society involvement with the Hospitals is confined to providing food to patients and attendants, once in a while.
- Internal Complaint Committee for prevention of sexual harassment has not been constituted as per statutory provision.

## 2. Bihar State Institute of Mental Health and Allied Sciences, Bhojpur, Bihar

- Only 01 female each as Psychiatrist, Clinical Psychologist /Psychiatric Social Worker and Psychiatric Nurse.
- 35 female patients in IPD against the authorized capacity of 40.
- Period of stay of patients in Institute is on an average 0-1 year and it is only in case of around 30per cent of the patients that the stay exceeds one year.
- No SOPs for mental ailments and there is no indication that they are being developed. The present arrangement of treatment by 'Evidence based Consensus guidelines' is no substitute for institution based SOPs.
- No CCTV for vulnerable points, leading entry to the female wards.
- Items of personal toiletries like tooth brush, shampoo, comb, mirror, basic cosmetics etc. not provided to the female patients.
- No library and crèche in the Institute.
- No dietician in the Institute and the menu is of routine and repetitive nature, but special food is served on bi-weekly basis.
- Restrictions on the visit by family members ,who are allowed only once in a week Common room facility is available for such meetings and stay facilities for the attendants of the patients, within the Institute is also available.
- Discharge counselling is provided by a team of Psychologist and Psychiatric Social Worker and not by the treating Psychiatrist.
- Skill Development in traditional trades of 'Envelop Making', 'Knitting' and 'Stitching', which does not seem to be of much value for the patient to become economically self-reliant.
- No Half-way Home/Mid-way Home facility provided by the Institute either on its own or in collaboration with NGOs.



- No Civil Society / Association involvement..
- No Internal Complaint Committee on Sexual Harassment constituted by the Institute.

### 3. Hospital for Mental Health, Ahmadabad, Gujarat

- No female amongst 06 Psychiatrist. Only one female Clinical Psychologists/ Psychiatric Social Workers out of the two positions filled.
- Only 04 of the 15 Medical Attendants in position are females against 75 sanctioned posts.
- 45 per cent of the female patients in IPD are for a short duration while remaining were admitted for a period up to 5 years and were all admitted on the court orders and kept in the hospital on involuntary basis.
- No SOP for different mental ailment. Protocols and guidelines of Indian Psychiatric Society are being followed by the Hospital, but it is no substitute to the hospital based SOP developed for different mental ailments.
- Kitchen services are good and menu is not repetitive but there is no provision for special food once or twice in a week.
- Services of female patients are utilized as cooking assistant but they are not paid for the services.
- Skill Development Programmes to the female patients are of diverse nature e.g. modular training for tailoring, carpentry, door mat, sofa-cover mat making items, box packing, office boy training in banking and purchasing, mobile cover, decorative items making etc.
- No Half-way home/ Mid-way home facility by the hospital itself, despite being part of a multi-centric study on National strategy on Inclusive and Community based living of persons with mental health issues.
- No engagements with the Civil Society/ NGOs especially for rehabilitation, transport, help line, counselling, IEC activity, vocational training, etc.

### 4. Hospital for Mental Health, Jamnagar, Gujarat

- No Psychiatrist in position in the Hospital. No female amongst Clinical Psychologist and Psychiatric Social Worker
- Against 12 sanctioned positions of Medical Attendants only 02 are filled and none of them is a female not even amongst 05 position filled by outsourcing.

- There are only 08 female patients against the authorized capacity of 10 in IPD. 5 of them are admitted for more than 5 years now while 01 is for period of 2-5 years.
- No SOP for treatment of mental ailment.
- No separate entry to female wards; no CCTV.
- The personal toiletries provided 'as per need' and not issued periodically and individually to female patients.
- Despite 03 sanctioned positions of cook/ cooking staff with one cook in position, the work related to kitchen and food is totally outsourced
- Visitors are allowed to meet the patients in IPD in the outdoor area of the hospital, and there is no separate visiting room/space for the purpose.
- No engagements with NGOs/Civil Society organizations.
- Skill Development training is provided for 'diya' and 'garba' making only.
- No half-way home/ mid-way home facility in the hospital.
- No recreational activities are organized in the Hospital.
- Internal Complaint Committee for prevention of Sexual Harassment needs to be constituted as per provision in the Statute.

## 5. Hospital for Mental Health, Vadodara, Gujarat

- No female Psychiatrist and only one position of Clinical Psychologist is occupied by a female. Instead there are 08 General Duty Doctors. The Hospital needs to consider creation of the posts of Psychiatrists in lieu of General Duty Doctors, as number of patients with other ailment are not many and general health services are not provided in the hospital.
- 97 female patients are admitted and 84 of them are staying in the Hospital for a period of 0-1 year, while those staying for more than 5 years are 13.
- SOP for different ailments is stated to be available and they are based on NABH standard for all procedures and treatment of patients.
- CCTVs are in process of being installed.
- No provision of crèche.
- The food being provided is stated to be in accordance with Government of Gujarat order on the subject. However, Hospital lacks adequate staff and dining space.



- Restrictions on the meetings of family members, which requires prior permission.
- Counselling and Discharge Counselling are provided by the Clinical Psychologists and Social Workers of the hospital and not by the treating Psychiatrist.
- Skill Development /Vocational Training provided in box making, stitching, mattress, doormat and broom making, which are not very useful and needs diversification.
- Half-way home/ mid-way home facility provided through two NGOs associated for the purpose.
- The NGOs associated with the hospital provide counselling, residential facility and indoor facility to the patients.

## 6. Himachal Hospital of Mental Health & Rehabilitation Shimla, Himachal Pradesh

- No female Psychiatrists and only one of the two sanctioned post is filled, while the other post is vacant. None of the 05 General Duty Doctors in position is a female. No position of Clinical Psychiatrists or Psychiatric Social Workers is sanctioned. There are more GDMOs than the Psychiatrists in the Hospital
- 04 of the 09 Medical Attendants in the hospital are females.
- 16 female patients in IPD against the authorized capacity of 20 and 10 of them are admitted for a period up to 1 year, while other 6 are admitted for 1-2 years.
- SOPs of IPA/APA are stated to be followed, although it needs to develop its own SOPs for all the major mental ailments being treated in the hospital.
- Entry to female ward is not regulated. CCTVs installed are not at the vantage positions.
- Personal toiletries like hair oil/shampoo are provided only on need basis.
- Sanitary Napkins are disposed through two incinerators in the hospital.
- No facility for crèche and library and indoor and outdoor games is being provided in the hospital.
- Food provided does not meet the calorific requirement of the patients; the menu is repetitive in nature. No post of Dietician is sanctioned.
- There is no common room/enclosure facility for meetings of the family with patients.
- Skill Development /Vocational Training Programmes are restrictive; only in knitting, and stitching,

- No half-way home/ mid-way home facility but a proposal to have one, in collaboration with an NGO is under consideration of the Department of Social Justice.
- Recreational room is available but recreational activities are not organized.
- NGOs /Civil Society involvement with two NGO namely Prayas and Red Cross is for Yoga and dance therapy only and not for other activities.
- Internal Complaint Committee on Sexual Harassment is stated to be constituted but it is not clear whether it has been constituted as per provision in the Statute.

#### **7. Ranchi Institute of Neuro-Psychiatry and Allied Sciences (RINPAS), Jharkhand**

- Two of the 07 positions of Senior Psychiatrists are females and one of the 04 Resident is a female. Out of 16 positions of Clinical Psychologist/ Psychiatric Social Worker, 07 are females. None of the 04 Medical Officers in the Institute is a female.
- Number of patients staying for a longer period in the Institute is high. 72 of them are staying for a period beyond 5 years, whereas 97 of them are there for a period from 1-5 years. Majority of them are staying on involuntary basis.
- The Skill Development programmes include training in social skills and vocational skill for 30 days in each category. The vocational training is however restrictive in nature and needs diversification. .
- Provision of personal toiletries to female patients is not properly regulated and no norm for the purpose has been developed; can be issued once in a quarter or six months.
- Frequency of visits of family member to female patients is not up to the mark. The Institute needs to persuade/ encourage the family members to visit more frequently.
- Internal Complaint Committee on sexual harassment has not been constituted in accordance with the statutory provisions.
- No Half-way home attached to the Institute.
- No SOPs for treatment of various mental ailments are allowed while the Institute claims that it operates on guidelines given under Mental Health Rule 1990 and Mental Healthcare Act 2017.



## 8. Government Psychiatric Diseases Hospital, Srinagar, Jammu and Kashmir

- 30 per cent posts of Officers and Staff of various categories in the Hospital are vacant. There are 4 vacancies in the senior grade of Professor/ Specialist, against sanctioned positions of 14 and out of 10 positions filled 3 are occupied by female Psychiatrists.
- Only 7 female Medical Attendants in position against the sanctioned strength of 39.
- 23 female patients in IPD against the authorized strength of 38 and amongst them the number of patients staying in the hospital for a longer duration is on a higher side.
- No SOP for any mental ailment has been developed by the Hospital and there is no indication that they are being developed.
- No CCTV camera, making the women patients vulnerable. The security aspect of female ward is slack, which is evident from the number of escapes/ attempted escapes from hospital during the last three years.
- No separate arrangement for the disposal of Sanitary napkins
- No crèche in the Hospital.
- No sanctioned posts for the Kitchen, which is outsourced.
- Visit of Family members is only once in a month, which is indicative of apathy on the part of the family members towards the patients. No common room for such visits and they meet outside in an open area.
- No counselling to the family members by the treating Psychiatrist and Psychiatric Social Worker, during the treatment and post treatment.
- No Skill Development or Vocational Training.
- No half-way home/ mid-way home facility.
- No recreational programs organized by the Institute. The Hospital has no outdoor games facility.
- No involvement of NGOs/ Civil Society for counselling, recreational activities and skill training etc., and for legal assistance to the patients.
- The Internal Complaint Committee constituted by the Institute is not as per statutory provisions.



## 9. Dharwad Institute of Mental Health & Neuroscience, Karnataka

- No female Psychiatrists amongst the 04 positions filled. Only 02 female Residents, out of 07 filled against total 19 sanctioned positions of Resident. Vacancies in various clinical positions are higher in number.
- 85 females in general ward against sanctioned strength of 40.
- SOP for treatment is stated to be available but its details /copies has not been provided.
- Staying facility for the attendants of the patients and a crèche is available in the Institute.
- Food served to the patients is repetitive in nature, despite 23 sanctioned positions of Dietician, cooks, helpers, etc. in the kitchen.
- Institute has indicated about family members' visits as 'not applicable'.
- Skill Development /Vocational Training is provided in the conventional areas of tailoring, knitting, candle making, sweater making, mat making and paper bag making etc.
- No half-way home/ mid-way home facility is either provided by the hospital or in collaboration with the NGOs.
- Despite availability of recreational room recreational activities are apparently not being organized in the Institute.
- No civil society/ NGOs are associated with the hospital.

## 10. National Institute of Mental Health and Neuro Sciences (NIMHANS), Bengaluru

- Adequate representation of women amongst various category of clinical positions in the Institute.
- 138 female patients admitted against sanctioned bed strength of 235 in IPD.
- Most of the female patients in IPD stay for 0-1 year, while 20per cent of the patients in IPD are staying for a longer period of over 5 years.
- SOPs available only for emergency care, ECT, Mother-baby wards, but no SOP for various mental ailments being treated in the Institute.
- All the basic facilities including- library, yoga centre, crèche etc. are available in the Institute.



- Quantity and quality of food served is found to be adequate. The kitchen has adequate number of cooking staff with 2 Dietitians and enough space for dining and storing of food items
- Family members are allowed to visit the patients daily. There is a common room for such meetings.
- Detailed discharge counselling is provided by Consultant Doctors and Psychiatrists to the family members of the patients.
- Skill Development /Vocational training programmes are in candle making, tailoring, green and domestic skills, which do not appear to be of much use for the patients to make them economically self reliant and stable, post treatment.
- A half-way home is run by the Institute, which is known as Sakalwara Community Mental Health Centre, NIMHANS.
- Recreational room is available in each ward with games and television facilities.
- 15 NGOs associated with the institute provide variety of services to the patients like vocational training, employment opportunities, long stay facility, rehabilitation etc.

#### **11. Government Mental Health Centre, Kozhikode, Kerala**

- Out of 11 Psychiatrists 04 are females. Similarly, amongst 06 sanctioned positions of Clinical Psychologists/ Psychiatric Social workers, only 05 are filled and only one of them is a female.
- No female Medical Attendants in the Centre out of 45 in position.
- 173 female patients admitted in IPD, against authorized capacity of 184.
- 78per cent of female patients in IPD are for short duration, while remaining patients are for a long duration from 1year to 20 years. 28 long term patients are staying on involuntary basis.
- No SOP for various mental ailments has been developed by the centre.
- The items of personal toiletries like bathing soap, hair oil and shampoo, inner garments and clothes are provided on daily basis to the patients instead of providing it to each patient individually in accordance with a norm.
- The Calorific value of the food being served is not enough for the nutritional requirements of the female patients, even when there is a dietician and 5 Cooks in the Kitchen. The menu is of a repetitive type and no special food is provided

on any of the week days except on the days when it is sponsored by some outside organization.

- Restrictions on visit of the family members of the patients; they are allowed to visit once in a month.
- Skill Development /Vocational Training being provided in the centre is for cover making, weaving, and mat- making which does not seem to be of much use in making the female patients self-reliant.
- No half-way home/ mid-way home facility at the centre. Patients whose family members are unwilling to take them home are transferred to the Government Asha Bhavan, under Social Justice Department.
- 05 NGOs associated with the Institute are for food, cleaning and scholarship services, but not for Counselling, rehabilitation Skill Development, recreational activities etc.
- Sponsorship of NGOs for food is not commensurate to the dignity of the patients and needs to be discontinued..
- The Internal Complaint Committee has not been constituted as per provisions of the Statute.

## 12. Government Mental Health Centre, Thiruvananthapuram, Kerala

- 06 females amongst 17 Psychiatrists/Specialists in position.
- 03 out of 06 Clinical Psychologist Psychiatric Social Workers in position are women.
- 153 Hospital Attendants are in position against 175 sanctioned posts but number of female amongst them has not been indicated.
- 12 out of 13 sanctioned posts of cook are vacant.
- There are 186 patients in IPD against the sanctioned capacity of 196. Most of the IPD patients are only for a short duration of one month (49 patients) remaining patients are admitted for long duration of 1 to 5 years and even above. No information is provided by the Institute whether the patients are admitted in IPD on voluntary or involuntary basis.
- No indication whether SOPs have been developed and are being followed.
- No facility of yoga, meditation/prayer room and indoor sports facilities.



- No information about crèche in the Institute is specified
- Out of 13 sanctioned posts of Cook only 01 is filled.
- Family members/ visitors are allowed to visit but no information about frequency of their visits is given.
- Skill Development/ Vocational Training provided in diverse trades like Weaving of bed sheets and mats, Tailoring, Soap making, Medicine cover, Umbrella cover, Paper Pen making, Handicrafts, Agarbatti making, etc.
- No information on Half-way Home/Mid-way Home facility
- NGOs/ Civil Society like UST Global, Lions Club, HLL Peroorkada, State Literacy Mission and Sathya Sai Group are stated to be associated with the hospital for skill development training, bilingual translation work, religious and spiritual activities etc.

### **13. Government Mental Health Centre, Thrissur, Kerala**

- Adequate representation of females at all levels Psychiatrist/Staff in the institution.
- The Institution is overcrowded, as number of patients admitted is much higher than the authorized capacity.
- Female Patients admitted on involuntary basis in IPD is on higher side.
- No facility for emergency and treatment of diseases other than mental ailments.
- No SOP for any of the mental ailments being treated in the centre.
- Items of personal toiletries like inner garments, basic cosmetics and sanitary pads are given as and 'when necessary' and not issued on regular basis on a Norm.
- No Crèche in the hospital.
- Female patients whose services are being utilized in the kitchen are not paid for it.
- Restrictions on the visit of the family members, who are allowed to visit twice in a month only.
- Skill Development /Vocational training being provided in diverse trades.
- Two Half-way Home/ Mid-way Homes attached to the Hospital, one of which is for female patients.
- Recreation Cultural activities are not being organized.



#### 14. Mental Hospital, Indore, Madhya Pradesh

- No female Psychiatrist/Specialists /Residents, out of 11 positions filled. Amongst 6 sanctioned position of Clinical psychologist/ psychiatric social workers only 3 are filled and 2 of them are occupied by females.
- In IPD there are total 24 male patients and 70 female patients against the authorized capacity of 75 and 80 respectively. Majority of the female patients in IPD are admitted on involuntary basis and are admitted on long term basis.
- No SOP for treatment of various mental ailments. The Institute maintains adequate privacy for its female patients with separate female wards having regulated entry and 36 working CCTVs installed at vantage points.
- No crèche in the Hospital.
- The menu is repetitive in nature with no provision for special food on weekly or twice a week basis, despite a Dietician and other Staff.
- Skill Development/Vocational training provided for handicrafts, leather making, sewing, weaving and computers, which needs further diversification.
- 32 bedded half-way home/ mid-way home facility provided by the hospital itself.
- 06 NGOs /Civil Society Organizations are associated for rehabilitation, and other activities.
- The Internal Complaint Committee on Sexual Harassment is not constituted as per provision of the Statute.

#### 15. Regional Mental Hospital, Ratnagiri, Maharashtra.

- No female Psychiatrists in the hospital and one position (out of 2 sanctioned) is filled by a male Psychiatrist. All the three General Duty Medical Officers Doctors are male.
- Representation of women in other categories of staff has not been indicated as the work is outsourced.
- The hospital is overcrowded and number of female patients staying for a longer duration is very significant: most of them on involuntary basis.
- No SOP for treatment of any of the major ailments. SOP is stated to have been referred to the Additional Director Mental Health for authentication, but fact remains that it is yet to be adopted and used for treatment purposes.



- No crèche, library and recreational room in the Hospital.
- The calorific value of the food being provided is not as per calorific requirement of the patients. The menu is repetitive type despite availability of Dietician and other Staff.
- Restriction on the visits of Family members as they are allowed only once in 15 days.
- Counselor/ NGO activists are not permitted to visit.
- Discharge Counselling is provided by social service superintendent to the family members of female patients and not by the treating Psychiatrist of the hospital, during the course of treatment and thereafter
- Skill Development/Vocational training is in occupational therapy.
- No half-way home/ mid-way home.
- No recreation room and various recreational and other activities are arranged in the dining hall of the hospital.
- Two NGOs associated for cultural activities and rehabilitation of wandering patients.
- Internal Complaint Committee on Sexual Harassment not constituted as per provision in the Statute.

#### **16. Institute of Mental Health and Neurological Sciences, Lawmali, Shillong**

- There is only one Psychiatrist/Resident in the institution, two Clinical Psychologist/ Psychiatric Social Workers, three GDMOs and only two Medical Attendants. The institute has insufficient Psychiatrists/Specialists and Medical Attendants.
- 43 female patients in IPD, against the authorized capacity of 100. The period of stay for most of them is up to 1 year but 25 per cent of them are admitted for a longer period of 2-5 years and are admitted on involuntary basis.
- No SOP for any ailment has been developed and followed by the Institute.
- No CCTVs and not even at the vantage point of entry to the female ward.
- Adequate provision for personal toiletries but items like soap, comb, mirror, and inner garments are not provided individually to each patient.
- No facilities like library, recreational room, meditation room and crèche.



- The calorific value of food being provided is not upto the mark. . The menu is also repetitive, with special food only once in a month.
- The family members visits only once in a month and need to be persuaded to visit more frequently.
- Discharge counselling is provided by Psychiatric Social Workers but no counseling by treating Psychiatrist at the time of discharge and during the treatment.
- No Skill Development/Vocational training
- No half-way home/ mid-way home facility provided by the Institute itself or in collaboration with any NGO.
- No recreational room and recreational activity.
- No Civil Society/NGO involvement for counselling, recreational activities and skill development training.
- Internal Complaint Committee on Sexual Harassment not constituted as per provision in the Statutes.

#### **17. State Mental Health Institute, Kohima, Nagaland.**

- No female Psychiatrists out of two in position. One out of two General Duty Medical Officers working in the hospital is a female. As such, there is no representation of women in Psychiatric Clinical staff, except a post of GDMO.
- 45 female patients are admitted in IPD against the authorized capacity of 12 beds.
- The duration of admission of female patients is not very long, but in case of 03 patients the stay is for a long period above 5 years.
- SOPs for various mental ailments have not been developed by the Institute and there is also no indication that they are in the process of being developed.
- The privacy and security of female patients are not being maintained and they are very vulnerable in the absence of a boundary wall and provision of partial fencing with an iron chain and no CCTV.
- Personal toiletries are provided to only those female patients who do not have family members/ relatives staying with them; this linkage is not appropriate.
- Library, recreational room and crèche is not available in the Institute
- Accommodation for the attendants of the patients is inadequate.



- The calorific value of food being provided has not been indicated but the menu is repetitive with no provision for special food.
- NGO/ Civil Society association is restricted to morning prayers and counselling twice a week.
- No half-way home/ mid-way home facility provided by the Institute itself or in collaboration with NGOs.
- No Internal Complaint Committee on Sexual Harassment in the Institute.

### 18. Mental Health Institute, Cuttack, Odisha

- Only one female Psychiatrist amongst 07 Psychiatrists/Specialists in position. Amongst 18 Residents in positions, 09 are women.
- Only 03 female Medical Attendants amongst 20 in-positions.
- The posts of Radiologist, Anesthetic and Vocational trainer are vacant.
- In IPD maximum numbers of female patients out of 80 admitted are for long duration of 1 year and above. Majority of the patients staying in the institute on long term basis are on involuntary basis (62 out of 91 patients).
- The hospital has the treatment protocol for Psychiatric disorders, Schizophrenia, Bipolar Disorder, Depression and Dementia. It has not been indicated as to when these protocols were developed and whether they have been revised since then.
- Separate female ward with regulated entry but no CCTV installed, which is stated to be in process.
- No library and crèche in the Institute.
- Sitting arrangements with light, and fan is provided for, but no information is given on the frequency of visits allowed to the family members/ visitors.
- NGOs namely Mission Ashra and Neelachal Seva Pratisthan provide training under DDRS scheme and therapeutic services; trades in which training is provided has not been indicated.
- Half-way Home/Mid-way Home facility is being provided to the cured patients/ partly cured patients by hospital in different districts of Odisha in association with NGOs namely Mission Ashra (in Bhubneshwar), Basundhara (in Cuttack), AVA (in Delanga, Puri) and Neelachal Seva Pratisthan (in Kanasa, Puri). A standard procedure is followed by the hospital authorities to rehabilitate the cured patients.



### 19. Institute of Mental Health, (Government Mental Hospital) Amritsar, Punjab

- Adequate number of female Psychiatrists available in the Institute.
- Large number of vacancies in the Grade of Safai Karamcharis (39 out of 68 sanctioned) with only 5 females in position
- Majority of the patients admitted are for a long period of above 5 years and they are all on involuntary basis.
- Good number of female patients suffer from reproductive problems, tuberculosis and skin disease, but services of Specialists particularly Gynecologist are not available.
- No SOP at present, but is stated to be under consideration.
- Certain items of Personal toiletries like inner garments, basic cosmetics, footwear, and sanitary napkins are provided on donation basis, and the hospital has no budget for this purpose.
- No recreation room and crèche in the Institute.
- Discharge counselling is provided but no informed treatment/ Counselling to the family members of the patients during their admission and treatment.
- Skill Development Programmes for 'Knitting' and 'Stitching' is obsolete and needs diversification.
- No half-way home/ mid-way home facility by the Institute itself or in collaboration with any NGO.
- No area specified for recreational activities.
- No NGO/Civil Society involvement/ association for counselling, recreational activities, skill training etc.
- The Internal Complaint Committee is not as per norms specified in the Statute.

### 20. Mental Health Centre, Jaipur, Rajasthan

- Only two females, out of 21 senior level Psychiatrists in positions. Similarly, against 17 Residents in position, there is only one female
- None of the 05 positions of Clinical Psychologists/ Psychiatric Social Worker is filled.
- Only 11 female Psychiatric Nurses amongst 45 in position.
- Only 69 female patients in IPD against the authorized capacity of 90.



- Single room facility is available for 16 patients in IPD but the same is being availed by only one female patient.
- Large number of female patients is admitted for more than five years (33 out of 69 patients) on involuntarily basis.
- SOP protocol for treatment of various ailments is stated to be available as per requirement of the patients but no copy of the SOP has been provided.
- CCTVs installed are not functional.
- Personal toiletries to female patients are being provided to the patients on 'as and when required' basis and not issued to them individually.
- No space/rooms for recreational, meditation/yoga, indoor games purposes.
- No Crèche facility is available in the hospital.
- The Calorific value of food being provided needs to be improved. The menu is of repetitive nature, even though adequate manpower in the kitchen is available.
- Family members of the patients and counselor/NGO are allowed to visit once or twice in a week and an exclusive room is available for the purpose. Institution also facilitates stay of patient's attendants/relatives.
- Skill Development/Vocational training provided is restricted to handicrafts and painting.
- The half-way home/ mid-way home facility are being provided in collaboration with two NGOs one of which is an old age home.

## 21. Mental Hospital (Psychiatry Centre) Jodhpur, Rajasthan

- No female Psychiatrist against 05 in position. However one position of Sr. Resident/ Resident out of 4 in position is filled by a female.
- 41 female patients are admitted in IPD against the authorized capacity of 33 beds in female ward.
- Out of 27 Patients reported in IPD, only 06 are for a short duration of one month, while remaining 21 are admitted for a long duration of above 1 year and all of them are there on involuntary basis.
- No SOP protocol for treatment of various ailments has been developed; although the hospital claims that they follow the medical guidelines and admission/ discharge procedure as per Mental Health Care Act 2017. The need for SOP still continues.



- No indication given about separate and regulated entry to the female wards. No CCTVs installed in the campus.
- Facility for Creche and library is not available.
- No indication about nature of recreational activities/ indoor and outdoor games is provided.
- The food served does not have the required calorific value and menu is repetitive despite having one dietician, 02 cooks and 07 cooking staffs in the kitchen.
- Family members are allowed to visit and stay with the patients. Other category of visitors like- Counselors, NGO activists are allowed for such meetings selectively with prior approval.
- Counselling is provided by Consultants, Psychiatrists, Nursing staff, Residents and clinical Psychologist as per requirement for the treatment and rehabilitation of the patients.
- No Skill Development programme for the female patients in the hospital.
- Half-way home/ mid-way home facility are provided in collaboration of 4 NGOs, which are running Nari Niketan, old age home etc. This is against the very concept of mid-way home, and the arrangement needs to be reviewed so that the hospital develops its own half way home or have a collaborative arrangement with an NGO having the residential facility for mentally ill patients.
- No recreational activity is organized.
- Association with two NGOs needs to be utilized for organizing counselling, cultural, recreational activities and skill training etc.

## **22. Government Hospital for Mental Care, Hyderabad, Telangana**

- Large number of Vacancies of Psychiatrists.
- Only 44 Medical Attendants, with 9 female amongst them in position, against 80 sanctioned positions. Vacancies need to be filled with adequate number of women amongst them.
- 133 of the 281 female patients were admitted for a short period, while remaining are for a longer duration of above 1 year. Large number of them is admitted on involuntary basis.
- SOP is stated to be available as per International Statistical Classification of Diseases and Related Health Problems (ICD)-10. Hospital needed to develop its own SOP.



- Personal toiletries provided to the female patients are not adequate. Items like inner garments, footwear and most important sanitary napkins are not being provided to the female patients. The items of individual toiletries need to be issued individually to the patients on a regular basis.
- No crèche and training centre is available in the hospital.
- The menu is repetitive with no provision for special food once/twice in a week.
- Restriction on visit by family members, who are allowed once in every 10-15 days. No common room/ enclosure with privacy for such visits and meetings.
- Skill Development programme in knitting, stitching, yoga and music, which have no potential to make them self reliant. There is a need for further diversification in the programmes
- Half-way home/ mid-way home facility available in collaboration with 04 NGOs but is not being availed, as till now none of the patients have been sent there.
- Hospital has association with two NGOs namely Satya Sai and Akshayapatra and for supply of lunch to the attendants of patients in IPD and OPD. Although the purpose of such association is to provide services such as counselling, vocational training, mid-way home for rehabilitation and reintegration of patients into the society, organizing cultural/recreational programmes etc.
- Internal Complaint Committee on Sexual Harassment needs to be constituted as per provisions of the Act.

### **23. Modern Psychiatric Hospital, Narsingarh, Agartala**

- The registration of the Hospital needs to be expedited; along with all the required accreditation.
- No female Psychiatrists amongst 05 in position.
- Only 03 nurses in position against sanctioned position of 20, remaining being vacant.
- 75 female patients admitted in IPD against the authorized capacity of 26.
- The number of patients staying in the hospital for long duration is not high, as compared to similar other hospitals but still significant.
- No SOP is available and the hospital follows the National Institute for Health and Care Excellence (NICE) guidelines for treatment, which is not appropriate. Hospital needs to develop its own protocol/SOP.



- The hospital is not having a well segregated female ward with a separate regulated entry. No CCTVs are installed in the campus.
- Hospital does not have a crèche.
- No mention of the calorific value of food being provided to the patients.
- No common room facility is available for meeting of the family members with the patients.
- Skill training is in music and some vocational courses, details of which have not been given.
- Half-way/ mid-way home facility is provided in collaboration with two NGOs, which are catering to the purposes other than a half-way home and not exclusively for residence and rehabilitation of persons with mental ailment.
- No Internal Complaint Committee on Sexual Harassment in the Institute.

**24. State Mental Health Institute, Selaqui, Dehradun.**

- One out of two Psychiatrist in position is a female
- There is no sanctioned post of Clinical Psychologists and Psychiatric Social Workers.
- Out of 16 Medical Attendants in position (24 sanctioned) only 8 are female.
- There are 37 female patients in IPD, 16 of them admitted on involuntary basis, while 10 of them are for a long period of 2 years to 5 years.
- No SOP protocol for treatment has been developed for any of the mental ailments being treated in the hospital.
- The Institute has proper boundary wall and regulated entry-exit gates, but it does not have separate entry to female wards, which undermines the privacy and security of the female patients.
- Provisions of certain Personal toiletries like tooth brush, dress inner garments, washing soap does not appear to be adequate.
- The institute lacks facilities for yoga/ meditation, training centre and crèche in the Institute.
- The food provided does not meet the calorific requirement of patients; also there is no provision for special food which is available only on festivals/ holidays, instead of once or twice in a week.



- Discharge counselling is provided by the Psychiatrist about the illness, course of treatment, duration of treatment, importance of drug compliance and follow-up visits to the hospital for further evaluation and check-up etc.
- No Skill Development Program is being provided in the Institute.
- No half-way home/ mid-way home facility at present but State Government is considering one in collaboration with HANS foundation.
- No detail of recreational programs being organized by the Institute has been given.
- No Civil Society/ NGO association for counselling, recreational activities, skill training etc.,
- The Internal Complaint Committee on Sexual Harassment has not been constituted as per provision in the Statute.

## 25. Mental Hospital, Bareilly, Uttar Pradesh

- In addition to the Director of the hospital, there are only two Psychiatrists in position in the hospital.
- None of the 6 positions of Sr. Resident/ Sr. Specialist are filled.
- Against 79 sanctioned positions of Medical Attendants 67 are filled and only 13 of them are female.
- There are 80 female patients admitted in the hospital against the authorized capacity of 112 beds in the general ward of IPD.
- All the 80 patients in IPD are admitted on involuntary basis and their period of stay is very long; 61 of them being there for 2 to 5 years.
- No SOP for various mental ailments has been developed by the Institute
- The Institute has separate female wards with regulated entry but, lack of CCTV makes the women patients vulnerable.
- Provision of personal toiletries needs to be rationalized by providing comb, mirror, tooth brush, regular washing/ laundry of the clothes or provision for washing soap/detergent etc.
- There is no library, meditation/prayer/yoga room, indoor sports facility and crèche in the hospital.
- The calorific value of food being provided to the patients has not been indicated; there is a need for a Dietician in the hospital.



- Visits of Family members of the patients need to be encouraged and a common room facility for the purpose needs to be provided.
- Skill Development /Vocational Training provided in the hospital are for sewing, paper bag making, embroidery, paper card etc. which needs diversification
- No half-way/ mid-way home facility provided by the hospital itself or in collaboration with NGOs working in the field of rehabilitation of mentally ill women.
- No indoor game/ recreational facilities are organized, even when a recreation room is available in the institute.
- No Internal Complaint Committee on Sexual Harassment constituted.

## 26. Mental Hospital Varanasi, Uttar Pradesh

- No female Psychiatrist, out of 04 in position, against 06 sanctioned positions of Psychiatrists.
- Positions of Clinical Psychologists, Psychiatric Social Workers, General Duty Medical Officers and Nursing Staff are vacant.
- Against 55 sanctioned posts of Medical Attendants, 30 positions are filled out of which only 06 are females.
- There are 60 female patients admitted against the authorized capacity of 89 in IPD. Most of the female patients in IPD are admitted on involuntary basis and are in the hospital for a long duration of 2 to 5 years and above.
- No SOP protocol for treatment of various mental ailments is being observed.
- Facility for crèche and library is not available in the hospital. Nature of recreational activities, indoor and outdoor games has not been specified and they are apparently not being organized by the hospital.
- The calorific value for the food and menu is not indicated. The menu is repeated after a week and special food is provided twice a week.
- Restrictions on visit of family members and they are allowed to visit once in a month.
- Discharge counselling is provided by the hospital but details about the level at which counselling is provided have not been indicated.
- No Skill Development/Vocational training programme for the female patients.
- No of half-way home/ mid-way home facility available in the hospital.



- Recreational room is available in the hospital but the nature and type of recreation activities being organized has not been indicated.
- No NGO/ Civil Society involvement/ association for recreational, educational, cultural and spiritual activities/programmes.
- No Internal Complaint Committee on Sexual Harassment in the Institute.

## 27. **Calcutta Pavlov Hospital, Gobra Road, Kolkata**

- Only one female Senior Residents/ Residents amongst 08 in position.
- No female Medical Attendants out of 04 in position.
- Large number of vacancies amongst housekeeping staff with only 9 females, against sanctioned strength of 133.
- There are total 253 male patients and 343 female patients against the authorized capacity of 125 each. A large numbers of female patients are admitted in the hospital for a long period.
- SOP for patients is stated to be available but none of the SOPs has been enclosed with the proforma.
- Paucity of CCTVs prevents their installation at all vantage points.
- The items of personal toiletries are made available to the patients but the provisions are linked to need instead of issuing them as per Norms.
- Facilities like crèche, workshop training centre, yoga training etc. is not available.
- The calorific value of the food items being provided has not been indicated and menu seems to be repetitive in nature with provision for special food only for 4 days in a year during Durga puja. No Dietician in position.
- Counselling to the family members is provided by the Clinical Psychologists in the hospital and not by treating Psychiatrist.
- A half-way home is stated to be under construction.
- Skill Development/Vocational training to the female patients provided in drawing, singing, reading & writing and Gardening.
- Hospital has associations with two NGOs namely ANJALI and PARIPURNATA. ANJALI organizes activities like painting, printing and other vocational programmes as part of patient's skill development.
- The Internal Complaint Committee on Sexual Harassment has not been constituted as per provisions in the Statute.



## Annexure – II

## GIST OF DEFICIENCIES- BASED ON INSPECTIONS

The Commission inspected 19 Psychiatric Homes during the period from February 2018 to May 2019. Out of these 19 Psychiatric Homes, 10 were inspected during 2018 and observations/ Recommendation in respect of them have been communicated to the respective Medical Superintendent. In most of the cases the Inspection Reports of these Institutions have been forwarded to the authorities concerned with the request to take immediate necessary action and submit the action taken report (ATR). In cases where ATR has been received, it has been scrutinized and considered by the Commission and the concerned institution has been further informed. The gist of deficiencies, based on the inspection conducted by the Commission, in respect of each of these Psychiatric Homes is given below:

### 1. Central Institute of Psychiatry, Kanke, Ranchi, Jharkhand

#### Inspection: 21<sup>st</sup> February, 2018

- The female ward is underutilized, as only 84 patients are admitted against the sanctioned bed strength of 222.
- There is only one female Psychiatrist at Professor's level amongst 09 in position against the sanctioned strength of 14. At the Specialist level, out of 45 sanctioned positions, 16 posts are vacant with 21 female specialists in position. No female Psychiatric Social Worker is available in the Institute.
- Out of 58 sanctioned position of Safai Karamchari, 16 positions are vacant.
- Psychiatrists find difficulty in prescribing the new medicines needed for mental health therapy, due to their non-availability in the Institute and in the local market.
- Water is being stored in open container, as the water supply in the Institute is erratic.
- Skill development or rehabilitation training/ programme for female patients is in knitting, embroidery/crochet and cooking.
- Strong desire in female patients to return back to their families could be seen.
- Facilities for recreational, leisure time and spiritual activities were not available.
- No mid-way/ half-way home facility is available.

The Commission forwarded the inspection report to the concerned authorities on 23.05.2018 and the ATR received from the Medical Superintendent of the Institute on 21.01.2019 was



examined. Further, an action was initiated with Director General of Health Services for a mid-way home facility, the Ministry of Health and Family Welfare for filling up the vacant positions, and with the Director, CIP Ranchi about under-utilization of available resources.

## 2. Institute of Mental Health and Hospital (IMHH), Agra, Uttar Pradesh

### Inspection: 7<sup>th</sup> March, 2018

- 140 female patients admitted against the authorized capacity of 150.
- Non-vegetarian food and pickles were not being served despite the demand from patients, as it is felt that it interferes with certain medication given to the patients.
- Room heaters provided only in infirmary and geriatric wards for patients who are confined to bed.
- Female patients complained about the indifferent attitude of their family members and their not being in touch with them.
- The mentally retarded women are being referred to this institute.

The inspection report was forwarded to the concerned authorities on 28.05.2018. ATR is awaited.

## 3. Regional Mental Hospital, Yerwada, Pune, Maharashtra

### Inspection: 3<sup>rd</sup> May, 2018

- The total bed strength available in the hospital is that of 2540, out of which 1000 is for female patients. On the date of inspection there were only 698 female patients in the IPD. 80 of these patients were in the hospital for more than 20 years. The available facilities in the hospital are not being optimally utilized. The wards in use are still overcrowded and repair & renovation of the building is needed to be actively followed with the concerned authorities/ agencies.
- Living conditions, food, clothing, maintenance and medical care available in the Hospital continues to be poor.
- Out of 13 sanctioned post of Specialist (Psychologist), 09 positions are vacant.
- Out of 32 sanctioned post of Senior Staff Nurse, 20 positions are vacant.
- Lack of mid way home / post-discharge residential facilities for women creates problem in reintegration of patients with their families/Community.
- The Municipal Corporation provides the water supply to the hospital and facility for drinking water is adequate.



- The kitchen staff is out sourced.
- The cooking gas pond in the rear was dysfunctional and needed to be re-operationalized.
- The internal road of the hospital needed repair.

The inspection report was forwarded to the concerned authorities on 17.05.2018. ATR is awaited.

#### **4. Institute of Psychiatry & Human Behavior, Bambolim, Goa**

##### **Inspection: 30<sup>th</sup> May, 2018**

- 230 patients against the sanctioned capacity of 190 beds in the female Ward.
- The one time registration fee which, earlier was Rs. 20 only, has been increased to Rs. 100 from 1<sup>st</sup> March, 2018.
- The patients admitted wear their own clothes and only if they do not have their clothes hospital provides them.
- NGOs are as such not associated with the hospital except for providing legal advice and legal awareness to the patients.
- Female patients are given training in stitching and embroidery only.

The Inspection Report was sent to the Institute on 06.08.2018 and the Institute submitted Action Taken Report (ATR) on 06.09.2018, which has been considered by the Commission and found in order.

#### **5. Institute of Mental Health, Kilpauk, Chennai, Tamil Nadu**

##### **Inspection: 21<sup>st</sup> June, 2018**

- 342 female patients admitted against the authorised strength of 600 beds in the female wards.
- Both male and female patients who had recovered/ nearly recovered were working in the kitchen. The Institute is running a bakery where male patients help in baking, while the female patients are involved in cleaning, etc. but it is not clear whether they are paid for their services.
- No gas pond for LPG cylinder to avoid wastage of gas.
- No half way home /post-discharge residential facilities for women making their re-integration with their family difficult.
- The Institute has a Training Centre where women inmates are occupied in both conventional and non-conventional activities like making decorative items, pen stand, flower vase, wall hangings, lamp shades, bead work etc. from waste news papers.



The inspection report was forwarded to the concerned authorities on 05.07.2018 and the ATR received from the Medical Superintendent of the Institute on 18.01.2019 was scrutinized by the Commission and was not found to be satisfactory, as no specific action was taken to implement the recommendations of the Commission.

## **6. Lokopriya Gopinath Bordoloi Regional Mental Hospital, Tezpur, Assam**

### **Inspection: 28<sup>th</sup> June, 2018**

- 58 female inmates, against an authorized strength of 90 inmates.
- The cured female patients face indifference of the family members/ relatives and the society at large in their acceptance.
- Lack of Half way home / post-discharge residential facility. The NGO, 'INCENSE' of Tata Trust is providing temporary shelter to the patients who have recovered to a certain extent and the patients are gradually gaining confidence to assimilate with the outside world. Another NGO, 'The EAST' is also doing a good job in trying to facilitate reuniting of cured patients with their families.
- Only male patients who have recovered were employed in the kitchen and food was being taken from the kitchen to female wing in containers. No kitchenette or pantry is available in the female ward.
- No provision for a gas pond to avoid wastage of gas.
- The sanitary napkins were being disposed in general garbage, picked up by Municipal Corporation.
- Skill Development programme in new ventures like bamboo cane furniture making, flower vase making, door mats, wall hangings, etc. is very promising.
- Institute, succeeded in reuniting some cured patients with their families but efforts to trace the families of many others has not succeeded.
- Proactive actions on the part of Hospital authorities and interaction with NGO(s) have succeeded in finding accommodation to cured patients in Shelter Homes.

The inspection report was forwarded to the concerned authorities on 17.07.2018 and the ATR received from the Medical Superintendent of the Institute considered and accepted by the Commission.



## 7. Regional Mental Hospital, Nagpur, Maharashtra

### Inspection: 12<sup>th</sup> July, 2018

- 279 female patients admitted against sanctioned bed capacity of 280, out of which 230 were from the State of Maharashtra.
- 146 Medical Attendants were in position against the sanctioned strength of 234 out of which only 32 were female. The number of female Medical Attendants is not adequate to cope up with the work related to female patients.
- The centralised gas supply system for cooking gas constructed in the Hospital has not been operational, due to lack of clearances for further connectivity and safety.
- Installation of exhaust fan was needed in the Kitchen.
- Tata Trust Social Workers and representatives of India Fellow provided assistance in treating patients through Dance therapy.
- The tie-ups/ arrangements with hotels like Radisson Blu, Le Meridian, to provide training to the recovered patients in basic tasks such as cleaning/ housekeeping needs to be further strengthened. The proposal to provide training to patients of the female wards in the beauty parlour need to be expedited.
- Patients used for certain jobs, including those under going training need to be appropriately paid.
- 'Care-giver interaction program', providing counselling to the family members/ relatives needs to be strengthened.
- The long stay/ family homes within the vicinity, for recovered patients through NGO Banyan, needs to be taken as a step towards establishing a half way home by the Hospital.
- Vocational training is provided in door mat making, decoration items, envelop making, crochet knitting, etc. and the products are being sold through OPD and through other Government Channels. Female patients were involved in vegetable cultivation like spinach, coriander, brinjal, etc.
- Officials/Staffs were given training by Indian Law Society on 'Human Rights of Mentally ill patients' and post training, 17 officials/ staff personnel were designated as master trainers.

The inspection report has been forwarded to the concerned authorities on 18.07.2018 and ATR is awaited.



## 8. Regional Mental Hospital, Thane, Maharashtra

**Date of Inspection: 26<sup>th</sup> July, 2018**

- 630 female admitted against authorised bed strength of 800 in the female ward.
- 84 posts of Medical Attendants, out of total 360 sanctioned were vacant
- Under outreach services, faculty goes to Thane Central Jail, Beggars' Home Chembur and Civil Hospital Thane to provide specialized services.
- Significant shortfall in post of Occupational therapist, Psychiatrists and Psychiatrist nurses was noticed.
- A TISS driven project named TARASHA provided rehabilitation, counselling and temporary shelter to the patients, who have recovered to certain extent.
- NGOs like Neptune, Sevadham Trust Thane, Rotary Club Mumbai, Hari Om Trust, Manav Seva Sangh, etc. are associated with the Hospital. The NGO Neptune Foundation donated two E-rickshaws to the Hospital and admitted 187 persons from the streets (men and women) and united 165 of them with their families after their treatment in the Hospital.
- Female patients complained about the apathy of their family members towards them, as they were in the Hospital even after they got cured. Concerted efforts needed through Staff and NGOs to re-unite the cured patients with their families including those staying in the Shelter Homes.
- The Occupational Therapy Centre engaged female patients in traditional stitching, tailoring, embroidery, knitting, etc. and in some new ventures like computer literacy and jewellery making.

The Inspection Report was sent to the Institute on 27.07.2018, and the Action Taken Report (ATR) received on 06.09.2018 has been considered by the Commission and found to be in order.

## 9. Gwalior Mansik Arogyashala, Madhya Pradesh

**Inspection: 30<sup>th</sup> August, 2018**

- The medical facilities available seemed to be adequate, which included ECT room, Observation room, etc. but there is shortage of specialized staff/ Para-medical staff in providing medical facilities.
- Regular Yoga and Meditation classes were being conducted by a full-time instructor.
- Skill Development Program was being organized in knitting, embroidery, stitching, yoga, other activities included music, sports and English and Hindi teaching. One notable



initiative was in making clay based idols of Lord Ganesha, which commanded a premium price in the market. The patients were given basic computer literacy classes to equip the patients for data entry knowledge.

- Music therapy was being used as a part of the treatment; dance as a therapy could also be adopted for treatment as can be seen in other sister institutions of Nagpur and Pune.
- Old newspapers and magazines need to be used for making products by the patients.
- “Mercy Homes” run in collaboration with Red Cross Society for retarded patients are being used as half way home.

The inspection report has been forwarded to the concerned authorities on 05.09.2018 and ATR is awaited.

## **10. Ranchi Institute of Neuro-Psychiatry and Allied Sciences (RINPAS), Jharkhand**

### **Inspection: 12<sup>th</sup> February, 2019**

- Overcrowding in the female ward, as 238 female patients are admitted against the sanctioned strength of 150. Family’s reluctance and abandonment also responsible for overcrowding.
- The number of staff (Specialist, Social Worker, Sr. Nurse, and Medical officer) is minimal.
- Female patients are admitted on Court order, brought in by family/ relatives and women wandering in the streets are also brought to the institute by Police.
- The hospital building is old and is not maintained properly. The rooms are spacious but lighting and ventilation is poor.
- There is a Rehabilitation centre and Occupational Therapy room for the patients, where they are involved in weaving, tailoring, door mat making, etc and the patients are paid according to their skills and the amount is credited to their bank account.
- Female inmates conveyed their willingness to return back to their homes.
- No visits by Social Workers to the families of patients, to provide counselling and persuade them to take back their female patients, once they are fit to be discharged.
- No half-way homes to keep the recovered patients, who still require follow up treatments,/ skill development training etc.,before re-integrating them in the society.
- The hospital staff is dedicated and provide quality care to the patients, despite having limited human resource.

The inspection report was forwarded to the concerned authorities on 07.03.2019 on which the ATR received on 22.05.2019, is under consideration of the Commission.



(The Institute also submitted information in the prescribed proforma, which has been scrutinized and observation based on it is included at Sr. No.07 of Annexure I)

## **11. Hospital for Mental Health Ahmedabad, Gujarat**

### **Inspection: 13<sup>th</sup> May, 2019**

- Wide range of skill development programmes are available for the female patients e.g. modular training in tailoring, carpentry, door mat making, sofa-cover mat making, box packing, office boy training in banking and purchasing, mobile cover, decorative items making etc. Training in these activities is used as a therapy for the patients and is also productive as the products are sold and the earning is deposited in the patient's bank account.
- Counseling to the family members is provided by the Doctors and nursing staff, once the patients are re-integrated with their families.
- The Institute has the Internal Complaint Committee on Sexual Harassment, but the authorities need to check on the complaints/ grievances of the patients regarding sexual harassment.
- More recreational activities other than television and music, to help the patients to improve their mental health.
- No dietician and cooking Staff available in the hospital.

The inspection report forwarded to the concerned authorities on 28.06.2019.

(The Institute also submitted information in the prescribed proforma, which has been scrutinized and observation based on it is included at Sr. No.03 of Annexure I of this report)

## **12. Himachal Hospital of Mental Health and Rehabilitation in Shimla, Himachal Pradesh**

### **Inspection: 13<sup>th</sup> May, 2019**

- CCTV is installed but not at the vantage position, risking female patients. The number of security staff is also not adequate and lighting was found to be poor in the female ward.
- Involvement of the family is minimal. Many of the patients requested for going back to their home and complained of abandonment by the family.
- The kitchen was found to be unhygienic and required renovation. The hospital needs to maintain hygiene, cleanliness and an overall pleasant atmosphere in terms of painted walls and doors; well- maintained gardens, clean/hygienic bathrooms, kitchen and well lit wards.



- The Occupational Therapy and Rehabilitation Centre being run in the hospital, provides training to the female patients in weaving, tailoring, door mat making, etc. The patients are paid according to their skill and the amount is credited to their bank account.
- All vacant positions of Psychiatrists, Clinical Psychologists, trained Psychiatric Nurses and hospital attendants need to be filled. Also, female representation in higher positions and at medical attendants/ housekeeping level is recommended.
- The Social workers associated with the hospital were recommended to visit patient's family and provide counseling to them on mental health issues/ challenges and encourage them to take the women patients back home when they are fit for discharge post-treatment. In any case, where discharge is not medically recommended, the families should be encouraged to visit the patients regularly.
- Due to restricted number of Shelter Homes in the city, it was recommended to the Institute to set-up mid-way homes for such female patients, who are not accepted by the families post discharge.
- In collaboration with the police, legal authorities and NGOs attempt to track families of the patients could be made.

The inspection report has been forwarded to the concerned authorities on 28.06.2019.

(The Institute also submitted information in the prescribed proforma, which has been scrutinized and observation based on it is included at Sr. No.06 of Annexure I of this Report)

### **13. State Mental Health Institute, Dehradun, Uttarakhand**

#### **Inspection: 13<sup>th</sup> May, 2019**

- The hospital is run in an old building, re-structuring/ renovation of the building is essential and the infrastructure needs to be further strengthened.
- Against the sanctioned bed strength of 13 there were 16 female patients.
- The number of Psychiatrist in the hospital is not commensurate to the number of patients in OPD and IPD; more positions of Psychiatrist/ Specialist are needed. There is a need for female Psychiatrist as well.
- The hospital has no sanctioned position of Sr. Resident/ Resident Doctor, Psychologists and Psychiatric Social Workers.
- Laboratory facilities for clinical investigation needs to be developed in the Hospital itself for effective treatment of the patients and utilization of the services of General Duty Medical Doctors.



- No NGO is associated with the Hospital.
- No Skill Development training is being conducted /organized for the patients.
- The vacant position of Dietician in the hospital; needs to be filled.
- No mid-way/half-way home facility for the partially/fully cured female patients is available. It is essential due to number of destitute female patients in the hospital.

The inspection report has been forwarded to the concerned authorities on 28.06.2019. ATR is awaited.

(The Institute also submitted information in the prescribed proforma, which has been scrutinizes and observation based on it is included at Sr. No.22 of Annexure I of this Report)

#### **14. Institute of Mental Health Koilwar, Bhojpur, Bihar**

##### **Inspection: 16<sup>th</sup> May, 2019**

- Only 30 female patients admitted, against the sanctioned capacity of 35.
- NGO named as 'People for People' is associated with the Institute for betterment of patients and their rehabilitation.
- Services of both male and female patients, who have recovered / nearly recovered, are utilized in kitchen but it is not clear whether they are paid for their services or not.
- Female patients mentioned about the apathy of their families towards them and not keeping in touch with them. Hospital staff needed to be proactive in identifying their families and impressing upon them to accept their responsibility
- There was a well maintained Geriatric ward for elderly patients.
- A team of Psychiatric Social Workers provides discharge counseling and imparts knowledge about the illness, course of treatment, its nature and duration of treatment, but it needs to be provided by the treating Psychiatrist as well.
- Aadhar facilities for treated patients need to be arranged by the hospital authorities.
- Mentally retarded women, who are otherwise not psychologically ill, should not be referred to the Institute and they should be referred to the National Institute of Mentally Handicapped at Secunderabad.

The inspection report has been forwarded to the concerned authorities on 28.06.2019. ATR is awaited.

(The Institute also submitted information in the prescribed proforma, which has been scrutinizes and observation based on it is included at Sr. No. 02 of Annexure I of this Report.)



## 15. Government Mental Health Centre, Thrissur, Kerala

### Inspection: 17<sup>th</sup> May, 2019

- 351 female patients in the ward, against the sanctioned capacity of 112. The problem of overcrowding is due to limited authorised capacity of bed, family reluctance and abandonment, long recovery time and long stay patients from neighboring states.
- 87 female patients admitted by the police, through an order of the magistrate, rest are admitted by family/ relatives and the women found wandering on the streets or at bus stands are also brought by the police to the institute.
- Free medicines are given to the patients in the OPD for a month. In addition to psychiatrists, the services of other specialists e.g. physician, eye specialist, specialist in tropical medicine and dentist are also available. Psychological testing and family counseling services are also available. Pathological examination and other investigation facilities are available in the OPD complex. Physiotherapy unit is also located in the OPD Complex.
- The hospital is run in an old building which requires renovation. The rooms are spacious but have poor lighting and ventilation.
- The hospital runs an Occupational Therapy and Rehabilitation Centre, wherein the patients are involved in weaving, tailoring, door mat making, etc. and are paid according to their skill/labor.
- Family involvement with patients is at its minimal level, despite pre-admission and pre-discharge counselling. Many female patients expressed their desired for going back to their families.
- Kitchen was found to be unhygienic although the food served was of good quality.
- No CCTV camera and no proper lighting of the wards.
- Vacant positions of Psychiatrists, Clinical Psychologists, trained Psychiatric nurses and hospital attendants, needs to be filled through a special fast track recruitment drive.
- Social workers should visit the families of patients and persuade them to take the women patients home, when they are fit for discharge after effective treatment;
- No half-way homes facilities provided by the centre or through an NGO.
- General public needs to be sensitized to allay the fears and stigma associated with mental illness.
- No focused attempts were taken to trace families of patients in collaboration with the police, legal authorities and NGO's to restore the treated patients to their families.



- Family needs to be involved in the treatment and an arrangement to accommodate the family within the hospital needs to be made in order to implement the Family Oriented Treatment Model.

The inspection report has been forwarded to the concerned authorities on 28.06.2019. ATR is awaited.

(The Institute also submitted information in the prescribed proforma, which has been scrutinized and observation based on it is at Sr. No.14 of Annexure I of this Report)

## 16. Mental Hospital, Kohima, Nagaland

### Inspection: 17<sup>th</sup> May, 2019

- Female patients treated by the hospital are discriminated as even after treatment they are not acceptable by the family members, although such a situation is not faced by other treated mentally ill patients.
- 13 female patients against authorized capacity of 15, which has increased to 45 over a period of time.
- The care-givers residing along with their mentally ill patients are charged Rs.300 per day for staying in the cabin, provided for the purpose.
- The kitchen of the hospital is far away from the female ward.
- Out of 13 female patients in IPD, 03 of them are abandoned by their families while remaining female patients are living along with their family care-takers.
- No bread (roti) is served during lunch and dinner and instead rice is served. The dinner is served at 06 pm every day. The nutritional requirement of the patients needs to be assessed and the menu to be modified accordingly.
- No personal toiletries like- comb, oil, etc. are provided to female patients.
- The hospital has separate cells for the patients who sometimes turn violent .The stay in the cell needs to regulated and reduced to minimum under medical supervision.
- The female patients under treatment have strong urge to live with their family even during the treatment. The hospital works to re-unite the treated and discharged patients with their families but in cases where it fails to locate the family of such patients there is no provision for any interim arrangement for their stay. Solution to this problem needs to be found out, with assistance of NGOs, if necessary.
- Music and musical instruments needs to be used to supplement the treatment in the hospital.



The inspection report has been forwarded to the concerned authorities on 08.07.2019. ATR is awaited.

(The Institute also submitted information in the prescribed proforma, which has been scrutinized and observation based on it is at Sr. No17 of Annexure I of this Report)

### **17. Government Hospital for Mental Care, Vishakhapatnam, Andhra Pradesh**

#### **Inspection: 17<sup>th</sup> May, 2019**

- The hospital provides Disability certificate to patients through SADAREM camp enabling them to obtain disability pension.
- The patients either wore their own clothes or were provided by the Institute, depending on the need.
- The patients are provided with all basic necessity toiletry items like sanitary napkins, soaps, shampoos, combs, hair oil, tooth powder, talcum powder etc., as per their requirement.
- The patients are provided with individual bed, mattress and linen sheets being changed regularly.
- Food is always served under supervision of attendants.
- A Separate area for laundry is provided and a washer man is assigned to do the necessary washing and drying.
- All the entry and exit points are guarded.
- The hospital also provides services in Child Psychiatry, Geriatric Psychiatry, De-Addiction courses, Community Services to the Central Prison and Mother Teresa home for the destitute.
- The hospital authorities requested the Andhra Pradesh State Government to provide land for constructing half-way home for long stay patients as per the Supreme Court orders.

The inspection report has been forwarded to the concerned authorities on 28.06.2019. ATR is awaited.

(The Institute also submitted information in the prescribed proforma, which has been scrutinized and observation based on it is included at Sr. No.01 of Annexure I of this Report)



## 18. Hospital for Mental Health, Vadodara, Gujarat

### Inspection: 18<sup>th</sup> May, 2019

- The current sanctioned bed strength for female ward needs to be increased.
- Skill development programmes of the hospital for the female patients is diverse e.g. modular training in tailoring, carpentry, door mat, sofa-cover mat making items, box packing, office boy training in banking and purchasing, mobile cover, decorative items making etc.
- The hospital authorities organize Sports, Cultural event and National festival between all four State mental hospitals every year. The hospital also celebrates their patient's birthday.
- 02 clinical Psychologist and 02 Social Workers provide counselling to the family members for continuation of medicines, follow up and side effects of medicines if any.
- Internal Complaint Committee on sexual harassment is constituted.
- Installation of CCTV is in process.
- Standard Operating Procedure is stated to be available with the institution as per the NABH standards but SOPs needs to be developed by the institute for all the major mental ailments being treated by them.
- Half-way home provided for the cured patients, who are not accepted by their families/relatives.
- Two NGOs namely - Hope Charitable Trust and Sevathirth are associated with the hospital for providing counselling and rehabilitation facilities to the patients.
- No recreational activity is provided by the hospital other than television and music.

The inspection report has been forwarded to the concerned authorities on 28.06.2019. ATR is awaited.

(The Institute also submitted information in the prescribed proforma, which has been scrutinized and observation based on it is included at Sr. No. 05 of Annexure I of this Report)

## 19. Mental Hospital, Jodhpur, Rajasthan

### Inspection: 21<sup>st</sup> May, 2019

- 15 female patients admitted against the authorized capacity of 30. Still the female patients are kept in a pitiable condition, in a small room of 14×50 sq.ft. The inspection team could gauge that these patients were kept in some isolated place elsewhere and were brought



in the ward in view of the inspection. They need to be provided with rooms/ wards having adequate space and ventilation. One patient of 50-55 years of age was found handcuffed and chained; she was immediately released from these fetters.

- The kitchen of the hospital was unhygienic and the quality of food served was not up to the mark and timings of the meals are not practical. After dinner at 6 pm nothing is provided to patients till 9 o'clock in the morning
- The treatment process of the patients is not effective, due to which the patients are admitted for very long period of around 15 years in some cases.
- Personal toiletries are not provided to the female patients.
- The female patients under treatment have strong urge to live with their families even during the treatment.
- The patients who are not united with their family, after treatment; there is no interim arrangement for their stay. Rajasthan State Women Commission is working with the hospital to find out a solution in this regard.
- Assistance of UIDAI be taken to locate the families of the patients and all existing patients with untraceable family links should be facilitated to obtain Aadhar card.
- Solar energy should be used as an alternative source of energy for various purposes.
- Adequate arrangement needs to be made for cleaning the hospital and its wards.

The inspection report has been forwarded to the concerned authorities on 28.06.2019. ATR is awaited.

(The Institute also submitted information in the prescribed proforma, which has been scrutinized and observation based on it is included at Sr. No. 21 of Annexure I this Report.



## DATA TABLES – INFORMATION COMPILED ON 27 PSYCHIATRIC HOMES

**Table 1.1 Age-wise Distributions of Female Patients Admitted (IPD):**

S. No.	Name of the Institution	No. of patients	Age Group			
			Up to 18 yrs	18-34 yrs	35-50 yrs	Above 50 yrs
1.	Government Hospital for Mental Care, Vishakhapatnam, AP*	0	0	0	0	0
2.	Bihar State Institute of Mental Health and Allied Sciences, Bhojpur, Bihar	66	08	33	20	05
3.	Hospital for Mental Health, Ahmedabad, Gujarat	107	01	53	29	24
4.	Hospital for Mental Health, Jamnagar, Gujarat	08	00	03	02	03
5.	Hospital for Mental Health, Vadodara, Gujarat	97	0	26	44	27
6.	Himachal Hospital for Mental Health & Rehabilitation, Shimla, HP	17	00	04	10	03
7.	RINPAS, Jharkhand	238	20	82	90	46
8.	Government Psychiatric Diseases Hospital, Srinagar, J&K	09	0	04	05	0
9.	Dharwad Institute of Mental Health & Neuroscience, Karnataka	16	00	01	05	10
10.	NIMHANS, Bengaluru	0	0	0	0	0
11.	Government Mental Health Centre, Kozhikode, Kerala	0	0	0	0	0
12.	Government Mental Health Centre, Thiruvananthapuram, Kerala	77	0	22	49	06
13.	Government Mental Health centre, Thrissur, Kerala	133	05	30	70	28
14.	Mental Hospital, Indore, MP	62	02	16	16	28
15.	Regional Mental Hospital, Ratnagiri, Maharashtra	91	01	16	45	29



S. No.	Name of the Institution	No. of patients	Age Group			
			Up to 18 yrs	18-34 yrs	35-50 yrs	Above 50 yrs
16.	Institute of Mental Health and Neurological Sciences, Shillong, Meghalaya	37	11	11	12	03
17.	State Mental Health Institute, Kohima, Nagaland.	45	02	25	11	07
18.	Mental Health Institute, Cuttack, Odisha	91	9	27	37	18
19.	Institute of Mental Health, (Government Mental Hospital) Amritsar, Punjab	101	00	36	34	31
20.	Mental Health Centre, Jaipur, Rajasthan	71	01	29	27	14
21.	Mental Health Centre, Jodhpur, Rajasthan	15	03	07	04	01
22.	Government Hospital for Mental Care, Hyderabad, Telangana*	1088*	03	560	452	73
23.	Modern Psychiatric Hospital, Narsingarh, Agartala, Tripura.	0	0	0	0	0
24.	Mental Hospital, Bareilly, UP	80	00	29	29	22
25.	Mental Hospital Varanasi, UP	60	10	20	15	15
26.	State Mental Health Institute, Selaqui, Dehradun, Uttarakhand	16	0	02	12	02
27.	Calcutta Pavlov Hospital, Gobra Road, Kolkata, WB	341	05	110	150	76
<b>Total</b>		<b>1778</b>	<b>78</b>	<b>586</b>	<b>716</b>	<b>398</b>
Percentage		100	4	33	40	23

\*Data not included due to inconsistencies found.

**Table 1.2 Marital Status of Female Patients Admitted (IPD):**

S. No.	Name of the Institution	No. of patients Reported	Marital Status				
			Single	Married	Divorced/ separated	Widow	Destitute/ others
1.	Government Hospital for Mental Care, Vishakhapatnam, AP	0	0	0	0	0	0
2.	Bihar State Institute of M H and Allied Sciences, Bhojpur, Bihar	70	11	50	07	02	0
3.	Hospital for Mental Health, Ahmedabad, Gujarat	107	67	20	04	05	11
4.	Hospital for Mental Health, Jamnagar, Gujarat	08	05	01	02	0	0
5.	Hospital for Mental Health, Vadodara, Gujarat	97	23	34	01	00	39
6.	Himachal Hospital for M H & Rehabilitation, Shimla,	17	00	00	01	01	15
7.	RINPAS, Jharkhand	238	98	140	0	0	0
8.	Government Psychiatric Diseases Hospital, Srinagar, J&K	15	06	04	02	0	03
9.	Dharwad Institute of M. H. & Neuroscience, Karnataka	16	05	08	01	01	01
10.	NIMHANS, Bengaluru	118	47	40	11	08	12
11.	Government Mental Health Centre, Kozhikode Kerala	93	25	16	25	05	22
12.	Government Mental Health Centre, Thiruvananthapuram, Kerala	75	37	38	0	0	0
13.	Government Mental Health centre, Thrissur , Kerala	153	16	48	17	12	60
14.	Mental Hospital Indore, MP	62	07	03	01	00	51
15.	Regional Mental Hospital, Ratnagiri, Maharashtra	91	08	35	03	04	41



S. No.	Name of the Institution	No. of patients Reported	Marital Status				
			Single	Married	Divorced/ separated	Widow	Destitute/ others
16	Institute of Mental Health and Neurological Sciences, Shillong, Meghalaya	41	15	14	09	02	01
17	State Mental Health Institute, Kohima	45	19	16	08	00	02
18	Mental Health Institute, Cuttack, Odisha	91	27	46	8	5	5
19	Institute of Mental Health, Amritsar, Punjab	101	26	30	09	04	32
20	Mental Health Centre, Jaipur, Rajasthan	131	07	64	01	02	57
21	Psychiatric Centre Jodhpur, Rajasthan	21	0	05	0	0	16
22	Government Hospital for Mental Care, Hyderabad, Telangana	74	30	22	14	05	03
23	Modern Psychiatric Hospital, Agartala, Tripura.	78	05	55	05	06	07
24	Mental Hospital, Bareilly, UP	80	31	40	00	01	08
25	Mental Hospital Varanasi, UP	60	15	23	01	06	15
26	State Mental Health Institute, Dehradun.	25	12	04	00	00	09
27	Calcutta Pavlov Hospital, Gobra Road, Kolkata	343	85	40	0	20	198
	<b>Total</b>	<b>2250</b>	<b>627</b>	<b>796</b>	<b>130</b>	<b>89</b>	<b>608</b>
	<b>Percentage</b>	<b>100</b>	<b>28</b>	<b>35</b>	<b>6</b>	<b>4</b>	<b>27</b>

**Table 1.3 Educational Profiles of Female Patients Admitted (IPD):**

S. No.	Name of the Institution	No. of patients	Educational Level				
			Illiterate	Primary	Secondary	Higher Secondary	Graduate & above
1.	Government Hospital for Mental Care, Vishakhapatnam, AP	0	0	0	0	0	0
2.	Bihar State Institute of Mental Health and Allied Sciences, Bhojpur, Bihar	70	30	35	03	0	02
3.	Hospital for Mental Health, Ahmedabad,	107	78	09	11	03	06
4.	Hospital for Mental Health, Jamnagar	08	01	02	02	03	00
5.	Hospital for Mental Health, Vadodara	97	64	11	10	07	05
6.	Himachal Hospital for M. H.& Rehabilitation, Shimla	17	15	01	01	00	00
7	RINPAS, Jharkhand	238	215	00	15	06	02
8.	Government Psychiatric Diseases Hospital, Srinagar, J&K	09	08	0	0	01	0
9.	Dharwad Institute of M. H. & Neuroscience, Karnataka	16	08	03	02	02	01
10.	NIMHANS, Bengaluru	118	45	35	22	02	14
11.	Government Mental Health centre, Kozhikode Kerala	94	40	34	13	06	1
12.	Government Mental Health Centre, Thiruvananthapuram, Kerala	0	0	0	0	0	0
13.	Government Mental Health centre, Thrissur Kerala	117	38	34	29	11	05



S. No.	Name of the Institution	No. of patients	Educational Level				
			Illiterate	Primary	Secondary	Higher Secondary	Graduate & above
14.	Mental Hospital, Indore, MP	62	48	08	03	03	00
15	Regional Mental Hospital, Ratnagiri, Maharashtra	91	48	07	27	04	05
16	Institute of M. H. & Neurological Sciences, Shillong	41	22	14	04	01	00
17	State Mental Health Institute, Kohima, Nagaland	45	13	06	17	05	04
18.	Mental Health Institute, Cuttack, Odisha	91	18	14	36	18	5
19.	Institute of Mental Health, Amritsar,	101	57	18	10	08	08
20.	Mental Health Centre, Jaipur, Rajasthan	71	59	05	00	02	05
21.	Psychiatric Centre Jodhpur, Rajasthan	0	0	0	0	0	0
22.	Government Hospital for Mental Care, Hyderabad	74	30	11	15	10	08
23.	Modern Psychiatric Hospital, Agartala, Tripura	79	20	50	05	00	04
24.	Mental Hospital, Bareilly, UP	80	57	14	03	01	05
25.	Mental Hospital Varanasi, UP	60	31	19	10	00	00
26.	State Mental Health Institute, Dehradun.	16	10	03	01	02	00
27.	Calcutta Pavlov Hospital, Kolkata	343	325	10	05	00	03
<b>Total</b>		<b>2045</b>	<b>1280</b>	<b>343</b>	<b>244</b>	<b>95</b>	<b>83</b>
<b>Percentage</b>		<b>100</b>	<b>62</b>	<b>17</b>	<b>12</b>	<b>5</b>	<b>4</b>

**Table 1.4 Occupational Status of Female Patients Admitted (IPD):**

S. No.	Name of the Institution	No. of patients	Number of Patients in Professions			
			Housewives	Professionals/ Self-Employed	Service	Others
1.	Government Hospital for Mental Care, Vishakhapatnam, AP*	0	0	0	0	0
2.	Bihar State Institute of Mental Health and Allied Sciences, Bhojpur, Bihar	61	60	00	01	00
3.	Hospital for Mental Health, Ahmedabad,	107	70	00	00	37
4.	Hospital for Mental Health, Jamnagar	08	08	0	0	0
5.	Hospital for Mental Health, Vadodara*	0	0	0	0	0
6.	Himachal Hospital for M. H. & Rehabilitation, Shimla, HP	17	02	00	00	15
7.	RINPAS, Jharkhand	124	124	0	0	0
8.	Government Psychiatric Diseases Hospital, Srinagar, J&K	09	09	0	0	0
9.	Dharwad Institute of M. H. & Neuroscience, Karnataka	16	11	02	02	01
10.	NIMHANS, Bengaluru	119	43	15	15	46
11.	Government Mental Health centre, Kozhikode, Kerala*	0	0	0	0	0
12.	Government Mental Health Centre, Thiruvananthapuram, Kerala*	0	0	0	0	0
13.	Government Mental Health centre, Thrissur, Kerala	117	21	10	05	81
14.	Mental Hospital, Indore, MP	62	03	00	01	58



S. No.	Name of the Institution	No. of patients	Number of Patients in Professions			
			Housewives	Professionals/ Self-Employed	Service	Others
15.	Regional Mental Hospital, Ratnagiri, Maharashtra	91	84	05	02	00
16.	Institute of M. H. & Neurological Sciences, Shillong, Meghalaya	41	00	05	00	36
17.	State Mental Health Institute, Kohima, Nagaland.	45	16	03	02	24
18.	Mental Health Institute, Cuttack, Odisha	92	73	9	5	5
19.	Institute of Mental Health, (Government Mental Hospital) Amritsar, Punjab	101	30	0	02	69
20.	Mental Health Centre, Jaipur, Rajasthan	71	67	01	01	02
21.	Psychiatric Centre Jodhpur, Rajasthan	21	21	0	0	0
22.	Government Hospital for Mental Care, Hyderabad, Telangana	74	20	54	0	0
23.	Modern Psychiatric Hospital, Narsingarh, Agartala, Tripura	79	65	05	09	00
24.	Mental Hospital, Bareilly, UP	80	80	00	00	00
25.	Mental Hospital Varanasi, UP	60	45	0	0	15
26.	State Mental Health Institute, Dehradun	16	04	00	00	12
27.	Calcutta Pavlov Hospital, Kolkata	343	40	00	00	303
<b>Total</b>		<b>1754</b>	<b>896</b>	<b>109</b>	<b>45</b>	<b>704</b>
<b>Percentage</b>		<b>100</b>	<b>51</b>	<b>6</b>	<b>3</b>	<b>40</b>



**Table 2.1 Status of Psychiatrists, Senior Residents/Residents, GDMOs and Clinical Psychologists/ Psychiatric Social Workers**

S. No.	Name of the Institution	Psychiatrists			Senior Resident and Resident			General Duty Medical Doctors			Clinical Psychologists/ Psychiatric Social Workers			Authorized bed strength (Male+Female)	No. of female patients in IPD
		Sanctioned	In position	Female	Sanctioned	In Position	Female	Sanctioned	In position	Female	Sanctioned	In position	Female		
1	Government Hospital for Mental Care, Vishakhapatnam, AP	36	26	14	18	32	19	07	07	04	02	01	01	210	189
2	Bihar State Institute of Mental Health and Allied Sciences, Bhojpur, Bihar	09*	09	01	00	00	00	01*	01	01	04*	01	01	97	70
3	Hospital for Mental Health, Ahmedabad	07	04	02	04	03	01	08	06	02	06	02	01	370	107
4	Hospital for Mental Health, Jamnagar	01	00	00	00	00	00	04	01	01	02	02	00	52	08
5	Hospital for Mental Health, Vadodara, Gujarat	02	02	00	00	00	00	08	08	04	04	01	01	330	97
6	Himachal Hospital for Mental Health & Rehabilitation, Shimla, Himachal Pradesh	02	01	00	00	00	00	05	05	00	00	00	00	62	17
7	RINPAS, Jharkhand	9	7	2	5	5	1	17	07	01	26	16	07	500	238
8	Government Psychiatric Diseases Hospital, Srinagar, J&K	14	10	03	27	26	16	09	07	03	06	05	01	65	15
9	Dharwad Institute of Mental Health & Neuroscience, Karnataka	05	04	00	19	07	02	47	08	04	19	15	08	190	16
10	NIMHANS, Bengaluru, Karnataka	43	43	05	165	165	59	178	170	62	39	38	12	235	118
11	Government Mental Health centre, Kozhikode Kerala	01	11	04	00	00	00	01	01	00	06	05	03	482	122
12	Government Mental Health Centre, Thiruvananthapuram, Kerala	17	17	06	-	-	-	07	07	03	06	06	03	545	186



S. No.	Name of the Institution	Psychiatrists			Senior Resident and Resident			General Duty Medical Doctors			Clinical Psychologists/ Psychiatric Social Workers			Authorized bed strength (Male+Female)	No. of female patients in IPD
		Sanctioned	In position	Female	Sanctioned	In Position	Female	Sanctioned	In position	Female	Sanctioned	In position	Female		
13	Government Mental Health centre, Thrissur , Kerala	12	12	06	00	00	00	06	06	05	02	02	01	361	153
14	Mental Hospital, Indore, MP	08	08	00	07	03	00	04	01	01	06	03	02	155	62
15	Regional Mental Hospital, Ratnagiri, Maharashtra	02	01	00	00	00	00	03	03	00	03	01	00	365	91
16	Institute of Mental Health and Neurological Sciences, Lawmali, Meghalaya	01	01	00	00	00	00	03	03	03	03	02	02	150	41
17	State Mental Health Institute, Kohima	02	02	00	00	00	00	02	02	01	01*	01	01	32	45
18	Mental Health Institute, Cuttack, Odisha	08	07	01	09	18	09	-	-	-	10	09	06	145	91
19	Institute of Mental Health, Amritsar	05	05	03	20	12	06	02*	02	00	07	05	03	19	101
20	Mental Health Centre, Jaipur,	21*	21	02	05	17	04	05	05	01	05	00	00	282	131
21	Psychiatric Centre Jodhpur, Rajasthan	07	05	00	04*	04	03	03*	03	02	01	01	00	118	21
22	Government Hospital for Mental Care, Hyderabad	33	12	06	39	39	20	03	02	00	03	02	01	600	74
23	Modern Psychiatric Hospital, Narsingarh, Agartala, Tripura	05	05	00	00	00	00	06	06	02	02	02	02	78	79
24	Mental Hospital, Bareilly, UP	02*	02	00	06	00	00	02*	02	02	00	00	00	498	80
25	Mental Hospital Varanasi, UP	06	04	00	00	00	00	00	00	00	06	00	00	361	60
26	State Mental Health Institute, Seलाqui, Dehradun	02	02	01	00	00	00	03	02	00	00	00	00	30	25
27	Calcutta Pavlov Hospital, Gobra Road, Kolkata, West Bengal	06	06	02	11	11	01	14	10	01	08	06	06	250	343
	<b>Total</b>	<b>266</b>	<b>227</b>	<b>58</b>	<b>339</b>	<b>342</b>	<b>141</b>	<b>348</b>	<b>275</b>	<b>103</b>	<b>177</b>	<b>129</b>	<b>62</b>	<b>5842</b>	<b>2580</b>



Table 2.2 Status of Nursing Staff, Medical Attendants and Other Staff:

S. No.	Name of the Institution	Nursing staff			Medical Attendants			Other Staff			Authorized bed strength (male + female)	No. of female patients in IPD
		Sanctioned	In Position	Female	Sanctioned	In Position	Female	Sanctioned	In Position	Female		
1	Government Hospital for Mental care, Vishakhapatnam, AP	63	56	55	109	76	14	00	95	00	210	189
2	Bihar State Institute of Mental Health and Allied Sciences, Bhojpur, Bihar	04	04	01	00	18	18	00	01	00	97	70
3	Hospital for Mental Health, Ahmedabad, Gujarat	90	72	58	75	15	04	64	48	18	370	107
4	Hospital for Mental Health, Jamnagar, Gujarat	28	11	11	12	02	00	05	04	01	52	08
5	Hospital for Mental Health, Vadodara, Gujarat	17	05	05	52	00	00	19	03	00	330	97
6	Himachal Hospital for Mental Health & Rehabilitation, Shimla, HP	07	07	01	09	09	04	15	15	06	62	17
7	RINPAS, Jharkhand	133	25	20	108	38	08	302	246	62	500	238
8	Government Psychiatric Diseases Hospital, Srinagar, J&K	06	04	01	39	34	07	56	24	02	65	15



S. No.	Name of the Institution	Nursing staff			Medical Attendants			Other Staff			Authorized bed strength (male + female)	No. of female patients in IPD
		Sanctioned	In Position	Female	Sanctioned	In Position	Female	Sanctioned	In Position	Female		
9	Dharwad Institute of Mental Health & Neuroscience, Karnataka	53	17	16	00	00	00	186	--	--	190	16
10	NIMHANS, Bengaluru	195	195	--	151	151	--	39	38	12	235	118
11	Government Mental Health centre, Kozhikode Kerala	103	04	04	51	45	--	08	03	00	482	122
12	Government Mental Health Centre, Thiruvananthapuram, Kerala	21	21	21	--	--	--	13	01	--	545	186
13	Government Mental Health centre, Thrissur	73	71	70	74	63	36	06	06	01	361	153
14	Mental Hospital, Indore, MP	73	56	42	20	20	07	46	40	25	155	62
15	Regional Mental Hospital, Ratnagiri, Maharashtra	23	14	13	-	-	-	02	02	01	365	91
16	Institute of Mental Health and Neurological Sciences, Lawmali, Meghalaya	31	31	25	02	02	01	28	28	07	150	41
17	State Mental Health Institute, Kohima	08	08	07	11	11	07	03	03	00	32	45



S. No.	Name of the Institution	Nursing staff			Medical Attendants			Other Staff			Authorized bed strength (male + female)	No. of female patients in IPD
		Sanctioned	In Position	Female	Sanctioned	In Position	Female	Sanctioned	In Position	Female		
18	Mental Health Institute, Cuttack, Odisha	61	49	47	26	20	03	20	10	05	145	91
19	Institute of Mental Health, Amritsar	04	04	04	--	--	--	154	101	39	19	101
20	Mental Health Centre, Jaipur	61	45	11	00	00	00	01	16	00	282	131
21	Psychiatric Centre Jodhpur,	03	20	25	00	00	00	30	25	11	118	21
22	Government Hospital for Mental Care, Hyderabad	63	51	51	80	44	09	109	105	45	600	74
23	Modern Psychiatric Hospital, Narsingarh, Agartala, Tripura	20	03	03	00	00	00	33	33	12	78	79
24	Mental Hospital, Bareilly, UP	00	05	05	79	67	13	70	42	03	498	80
25	Mental Hospital Varanasi, UP	00	00	00	55	30	06	31	19	03	361	60
26	State Mental Health Institute, Sel a q u i , Dehradun	05	07	07	24	16	08	00	14	04	30	25
27	Calcutta Pavlov Hospital, Gobra Road, Kolkata, WB	69	56	56	04	04	00	169	102	16	250	343
	<b>Total</b>	<b>1214</b>	<b>841</b>	<b>559</b>	<b>981</b>	<b>665</b>	<b>145</b>	<b>1409</b>	<b>1024</b>	<b>273</b>	<b>5842</b>	<b>2580</b>

**Table 2.3 No. of patients and availability of Psychiatrist**

S. No.	Name of the Institution	Bed Strength				Authorized patients (Male + Female)	Psychiatrists In position	Sanctioned Position of Psychiatrists
		Male		Female				
		Authorized	Admitted	Authorized	Admitted			
1	GHMC, Vishakhapatnam	110	24	100	189	210	26	36
2	BIMHAS, Bhojpur	57	39	40	70	97	9	09
3	HMH, Ahmedabad	185	197	185	107	370	4	07
4	HMH, Jamnagar	40	10	12	8	52	0	01
5	HMH, Vadodara	230	203	100	97	330	2	02
6	HHMR, Shimla	42	42	20	17	62	1	02
7	RINPAS, Jharkhand	350	310	150	238	500	7	9
8	GPDH, Srinagar	27	24	38	15	65	10	14
9	DIMHANS, Dharwad	105	0	85	16	190	4	05
10	NIMHANS, Bengaluru	0	0	235	118	235	43	43
11	GMHC, Kozhikode	298	298	184	122	482	11	01
12	GMHC, Thiruvananthapuram	349	388	196	186	545	17	17
13	GMHC, Thrissur	226	1123	135	153	361	12	12
14	MH, Indore	75	24	80	62	155	8	08
15	RMH, Ratnagiri	300	0	65	91	365	1	02
16	IMHNS, Shillong	100	0	50	41	150	1	01
17	SMHI, Kohima	17	75	15	45	32	2	02
18	MHI, Cuttack	90	76	55	91	145	7	08
19	IMH, Amritsar	0	0	19	101	19	5	05
20	MHC, Jaipur	174	106	108	131	282	21	21
21	MHC, Jodhpur	85	69	33	21	118	5	07
22	GHMC, Hyderabad	365	2523	235	74	600	12	33
23	MPH, Agartala	52	118	26	79	78	5	05
24	MH, Bareilly	366	82	132	80	498	2	02
25	MH, Varanasi	272	142	89	60	361	4	06
26	SMHI, Dehradun	15	12	15	25	30	2	02
27	CPH, Kolkata	125	253	125	343	250	6	06
	<b>Total*</b>	<b>3550</b>	<b>6138</b>	<b>2292</b>	<b>2580</b>	<b>5842</b>	<b>227</b>	<b>266</b>

\*It excludes data in respect of NIMHANS, Bengaluru as its inclusion would have skewed the inferences due to very good Psychiatric/Patient ratio.

**Table. 3 Utilization of Beds**

S. No	Name of the Institution	Bed Strength			
		Male		Female	
		Authorized	Admitted	Authorized	Admitted
1.	Government Hospital for Mental Care, Vishakhapatnam, AP *	0	0	0	0
2.	Bihar State Institute of M. H. and Allied Sciences, Bhojpur, Bihar	57	39	40	70
3.	Hospital for Mental Health, Ahmedabad, Gujarat	185	197	185	107
4.	Hospital for Mental Health, Jamnagar, Gujarat	40	10	12	08
5.	Hospital for Mental Health, Vadodara, Gujarat	230	203	100	97
6.	Himachal Hospital for M. H. & Rehabilitation, Shimla,	42	42	20	17
7.	RINPAS, Jharkhand	350	310	150	238
8.	Government Psychiatric Diseases Hospital, Srinagar, J&K	27	24	38	15
9.	Dharwad Institute of Mental Health & Neuroscience, Karnataka*	0	0	0	0
10.	NIMHANS, Bengaluru*	0	0	0	0
11.	Government Mental Health centre, Kozhikode Kerala	298	298	184	122
12.	Government Mental Health Centre, Thiruvananthapuram, Kerala	349	388	196	186
13.	Government Mental Health centre, Thrissur, Kerala	226	1123	135	153
14.	Mental Hospital, Indore, M P	75	24	80	62
15.	Regional Mental Hospital, Ratnagiri, Maharashtra*	0	0	0	0
16.	Institute of Mental Health and Neurological Sciences, Shillong*	0	0	0	0



S. No	Name of the Institution	Bed Strength			
		Male		Female	
		Authorized	Admitted	Authorized	Admitted
17.	State Mental Health Institute, Kohima, Nagaland	17	75	15	45
18.	Mental Health Institute, Cuttack, Odisha	90	76	55	91
19.	Institute of Mental Health, Mental Amritsar, Punjab*	0	0	0	0
20.	Mental Health Centre, Jaipur, Rajasthan	174	106	108	131
21.	Psychiatric Centre Jodhpur, Rajasthan	85	69	33	21
22.	Government Hospital for Mental Care, Hyderabad, Telangana	365	2523	235	74
23.	Modern Psychiatric Hospital, Agartala	52	118	26	79
24.	Mental Hospital, Bareilly, UP	366	82	132	80
25.	Mental Hospital Varanasi, UP	272	142	89	60
26.	State Mental Health Institute, Selaqui, Dehradun.	15	12	15	25
27.	Calcutta Pavlov Hospital, Kolkata	125	253	125	343
	<b>Total</b>	<b>3440</b>	<b>6114</b>	<b>1973</b>	<b>2024</b>

\*Excluded as data both for male and female was not available.

**Table. 4 Period of Admissions/ Stay of female patients in IPD**

S. No.	Name of the Institution	No. of patients in IPD	No. of patients admitted on					Admitted on involuntary basis
			Short term	Long term				
				0-1 yrs	1-2 yrs	2-5 yrs	5 yrs & above	
1.	Government Hospital for Mental Care, Vishakhapatnam, AP	189	152	17	08	06	06	23
2.	Bihar State Institute of M. H. and Allied Sciences, Bhojpur, Bihar	70	04	44	14	08	00	44
3.	Hospital for Mental Health, Jamnagar, Gujarat	08	02	01	00	01	04	08
4.	Hospital for Mental Health, Vadodara, Gujarat	97	36	39	04	05	13	88
5.	Himachal Hospital for M. H. & Rehabilitation, Shimla, HP	16	00	10	06	00	00	01
6.	Dharwad Institute of Mental Health & Neuroscience, Karnataka	16	00	05	02	00	09	-
7.	Regional Mental Hospital, Ratnagiri, Maharashtra	91	52	02	10	05	22	52
8.	Institute of M. H. and Neurological Sciences, Shillong, Meghalaya	43	02	15	05	11	10	36
9.	State M. H. Institute, Kohima, Nagaland	45	23	19	00	00	03	-
10.	Mental Health Institute, Cuttack, Odisha	91	0	54	26	10	01	53
11.	Mental Hospital, Bareilly, Uttar Pradesh	83	03	11	08	31	30	80
12.	Mental Hospital Varanasi, Uttar Pradesh.	60	07	25	05	13	10	53
13.	Calcutta Pavlov Hospital, Gobra Road, Kolkata	343	15	210	28	20	70	78
	<b>Total</b>	<b>1152</b>	<b>296</b>	<b>452</b>	<b>116</b>	<b>110</b>	<b>178</b>	<b>516</b>

**Table 5. Mid Way Home facilities:**

S. No.	Name of the Institution	Available		If yes, departmental/ in collaboration with NGO	If No whether in Process
		Yes	No		
1.	Government Hospital for Mental Care, Vishakhapatnam, AP		No	0	0
2.	Bihar State Institute of M.H. and Allied Sciences, Bhojpur, Bihar		No	0	0
3.	Hospital for M.H., Ahmedabad, Gujarat		No	0	0
4.	Hospital for M.H., Jamnagar, Gujarat		No	0	0
5.	Hospital for M.H., Vadodara, Gujarat	Yes	0	2 NGOs	0
6.	Himachal Hospital for M.H.& Rehabilitation, Shimla, H.P.		No	0	Yes
7.	RINPAS , Jharkhand		No	0	0
8.	Government Psychiatric Diseases Hospital, Srinagar, J&K		No	0	0
9.	Dharwad Institute of M. H. & Neuroscience, Karnataka		No	0	0
10.	NIMHANS, Bengaluru, Karnataka	Yes	0	Departmental	0
11.	Government Mental Health centre, Kozhikode, Kerala		No	0	
12.	Government Mental Health Centre, Thiruvananthapuram, Kerala	0	0	0	0
13.	Government M. H. centre, Thrissur, Kerala	Yes		with NGO	0
14.	Mental Hospital, Indore, MP	Yes		Departmental	0
15.	Regional Mental Hospital, Ratnagiri, Maharashtra		No	0	0
16.	Institute of Mental Health and Neurological Sciences, , Shillong		No	0	0
17.	State Mental Health Institute, Kohima,		No	0	0
18.	Mental Health Institute, Cuttack,Odisha	Yes		with 4 NGOs	
19.	Institute of Mental Health, (Government Mental Hospital) Amritsar, Punjab		No	0	0
20.	Mental Health Centre, Jaipur, Rajasthan		No	0	0
21.	Psychiatric Centre Jodhpur, Rajasthan	Yes		with 4 NGOs	0
22.	Government Hospital for Mental Care, Hyderabad, Talangana	Yes		with NGO	
23.	Modern Psychiatric Hospital, Narsingarh, Agartala, Tripura	Yes		with NGO	0
24.	Mental Hospital, Bareilly, UP		No	0	0
25.	Mental Hospital Varanasi, UP		No	0	0
26.	State Mental Health Institute, Selaqui, Dehradun.		No	0	0
27.	Calcutta Pavlov Hospital, Kolkata		No	0	Yes

**Table 6. Standard Operating Procedures (SOP):**

S. No.	Name of the Institution	Available		In the process of preparation		Remarks
		Yes	No	Yes	No	
1.	Government Hospital for Mental Care, Vishakhapatnam, AP	Yes	0	0	0	Details not given.
2.	Bihar State Institute of M. H. and Allied Sciences, Bhojpur, Bihar		No		No	Evidence based consensus guidelines
3.	Hospital for Mental Health, Ahmedabad	Yes	0	0	0	Indian Psychiatric Society. guidelines
4.	Hospital for Mental Health, Jamnagar, Gujarat		No	0	0	0
5.	Hospital for Mental Health, Vadodara, Gujarat	Yes	0	0	0	NABH standard.
6.	Himachal Hospital for M. H. & Rehabilitation, Shimla, HP	Yes		0	0	IPA/ APA standard.
7.	RINPAS, Jharkhand	0	0	0	0	0
8.	Government Psychiatric Diseases Hospital, Srinagar, J&K		No	0	0	0
9.	Dharwad Institute of Mental Health & Neuroscience, Karnataka	Yes		0	0	No details given.
10.	NIMHANS, Bengaluru,	Yes		0		0
11.	Government Mental Health centre, Kozhikode Kerala		No	0	0	0
12.	Government Mental Health Centre, Thiruvananthapuram, Kerala	0	0	0	0	0
13.	Government Mental Health centre, Thrissur Kerala		No	0	0	0
14.	Mental Hospital, Indore, MP		No	0	0	0



S. No.	Name of the Institution	Available		In the process of preparation		Remarks
		Yes	No	Yes	No	
15.	Regional Mental Hospital, Ratnagiri, Maharashtra	Yes		0		Under Process
16.	Institute of Mental Health and Neurological Sciences, Shillong		No	0	0	0
17.	State Mental Health Institute, Kohima		No	0	0	0
18.	Mental Health Institute, Cuttack, Odisha	Yes				Details not given
19.	Institute of Mental Health, Amritsar		No	Yes	0	under consideration
20.	Mental Health Centre, Jaipur, Rajasthan	Yes	0	0	0	As per requirement
21.	Psychiatric Centre Jodhpur, Rajasthan		No	0	0	Treatment as per medical guidelines
22.	Government Hospital for Mental Care, Hyderabad	Yes		0		As per ICD010
23.	Modern Psychiatric Hospital, Agartala, Tripura		No	0	0	NICE guidelines.
24.	Mental Hospital, Bareilly, UP		No	0	0	0
25.	Mental Hospital Varanasi,		No	0	0	0
26.	State Mental Health Institute, Selaqui, Dehradun.		No	0	0	0
27.	Calcutta Pavlov Hospital, Kolkata	Yes		0	0	0

**Table. 7 Privacy of female inmates:**

S. No.	Name of the Institution	Separate female ward		Regulated Entry		CCTV			
		Yes	No	Yes	No	Available		Installation at vantage position	
						Yes	No	Yes	No
1.	Government Hospital for Mental Care, Vishakhapatnam, AP	Yes		Yes		In process		0	0
2.	Bihar State Institute of M. H. and Allied Sciences, Bhojpur, Bihar	Yes		Yes			No		No
3.	Hospital for Mental Health, Ahmedabad, Gujarat	Yes		Yes		Yes		Yes	
4.	Hospital for Mental Health, Jamnagar, Gujarat		No		No		No	0	0
5.	Hospital for Mental Health, Vadodara, Gujarat	Yes		Yes			No		No
6.	Himachal Hospital for M. H.& Rehabilitation, Shimla	Yes		Yes		Yes			No
7.	RINPAS, Jharkhand	Yes		Yes		Yes		Yes	
8.	Government Psychiatric Diseases Hospital, Srinagar, J&K	Yes		Yes			No	0	0
9.	Dharwad Institute of M. H. & Neuroscience, Karnataka	Yes		Yes		Yes			No
10.	NIMHANS, Bengaluru	Yes		Yes		Yes		Yes	
11.	Government Mental Health centre, Kozhikode Kerala		No		No	Yes			No
12.	Government Mental Health Centre, Thiruvananthapuram, Kerala	Yes		Yes		Yes		Yes	
13.	Government Mental Health centre, Thrissur, Kerala	Yes		Yes		Yes			No
14.	Mental Hospital, Indore, MP	Yes		Yes		Yes		Yes	



S. No.	Name of the Institution	Separate female ward		Regulated Entry		CCTV			
		Yes	No	Yes	No	Available		Installation at vantage position	
						Yes	No	Yes	No
15.	Regional Mental Hospital, Ratnagiri, Maharashtra	Yes		Yes		Yes			No
16.	Institute of Mental Health and Neurological Sciences, Shillong, Meghalaya	Yes		Yes			No	0	0
17.	State M. H. Institute, Kohima, Nagaland.	Yes		Yes			No	0	0
18.	Mental Health Institute, Cuttack, Odisha	Yes		Yes		In process			
19.	Institute of Mental Health, Amritsar, Punjab		No		No	Yes			No
20.	Mental Health Centre, Jaipur, Rajasthan	Yes		Yes		Yes			No
21.	Psychiatric Centre Jodhpur, Rajasthan		No	Yes			No		No
22.	Government Hospital for Mental Care, Hyderabad	Yes		Yes		Yes		Yes	
23.	Modern Psychiatric Hospital, Agartala, Tripura	Yes		Yes			No		NA
24.	Mental Hospital, Bareilly, U P	Yes		Yes			No		No
25.	Mental Hospital Varanasi, Uttar Pradesh.	Yes		Yes		Yes		Yes	
26.	State Mental Health Institute, Dehradun.	Yes		Yes			No	Yes	
27.	Calcutta Pavlov Hospital, Kolkata	Yes		Yes		Yes			No

**Table 8. Provision of Personal Toiletries to female patients:**

S. No.	Name of the Institution	Provisions exist for all the items		There is no provision for	Items provided are used	
		(Yes)	(No)		Commonly	Individually
1.	Government Hospital for Mental Care, Vishakhapatnam, AP		No	Inner garments, basis cosmetics, footwear, comb, mirror.		Individually
2.	Bihar State Institute of Mental Health and Allied Sciences, Bhojpur, Bihar	Yes		0		Individually
3.	Hospital for Mental Health, Ahmedabad, Gujarat	Yes		0	Commonly	
4.	Hospital for Mental Health, Jamnagar, Gujarat	Yes				As per need
5.	Hospital for Mental Health, Vadodara, Gujarat	Yes				Individually
6.	Himachal Hospital for M. H. & Rehabilitation, Shimla, HP		No	Mirror, other items of need		Individually
7.	RINPAS, Jharkhand	Yes		0		As per need.
8.	Government Psychiatric Diseases Hospital, Srinagar, J&K		No	Mirror, other items of need	Commonly	
9.	Dharwad Institute of Mental Health & Neuroscience, Karnataka	Yes		0	0	0
10.	NIMHANS, Bengaluru	Yes			Commonly	
11.	Government Mental Health centre, , Kozhikode Kerala		No	Basic Cosmetics, footwear, Detergent, comb, mirror, Sanitary Pads		Individually
12.	Government Mental Health Centre, Thiruvananthapuram, Kerala	Yes				



S. No.	Name of the Institution	Provisions exist for all the items		There is no provision for	Items provided are used	
		(Yes)	(No)		Commonly	Individually
13.	Government Mental Health centre, Thrissur , Kerala		No	Footwear, Comb	0	0
14.	Mental Hospital, Indore, MP	Yes	0	0		Individually
15.	Regional Mental Hospital, Ratnagiri, Maharashtra					
16.	Institute of Mental Health and Neurological Sciences, Shillong, Meghalaya.		No	Basic cosmetics, Footwear, Comb, Mirror, Sanitary pads	Commonly	
17	State Mental Health Institute, Kohima, Nagaland.		No	Only to poor patients facilities are provided.	0	0
18.	Mental Health Institute, Cuttack,Odisha	Yes				
19.	Institute of Mental Health, (Government Mental Hospital) Amritsar, Punjab	Yes		0	Commonly	
20.	Mental Health Centre, Jaipur, Rajasthan	Yes, but quantity not given.	0	0	0	0
21.	Psychiatric Centre Jodhpur, Rajasthan		No	Basic Cosmetics	Commonly	
22.	Government Hospital for Mental Care, Hyderabad, Talangana		No	Mirror		Individually
23.	Modern Psychiatric Hospital, Narsingarh, Agartala, Tripura		No	Mirror		Individually
24.	Mental Hospital, Bareilly,Uttar Pradesh		No	Mirror		Individually



S. No.	Name of the Institution	Provisions exist for all the items		There is no provision for	Items provided are used	
		(Yes)	(No)		Commonly	Individually
25.	Mental Hospital Varanasi, Uttar Pradesh.		No	Detergent		Individually
26.	State Mental Health Institute, Selaqui, Dehradun.		No	Basic Cosmetics, Mirror		Individually
27.	Calcutta Pavlov Hospital, Gobra Road, Kolkata	0	0	0	0	0

**Table. 9 Food and Kitchen/ Calorific values and kitchen staff:**

S. No.	Name of the Institution	Calorific Value Provided			Number of Staffs in kitchen			Menu Repetitive/ Planned on weekly basis	Special Food Provided or Not	Remarks
		Yes	No	Inappropriate value	Dietician	Cook	Helper			
1.	Government Hospital for Mental Care, Vishakhapatnam, AP	Yes		Inappropriate	01	01	04	0	No provided.	Space for dining is not mentioned
2.	Bihar State Institute of Mental Health and Allied Sciences, Bhojpur, Bihar		No	0	00	01	03	weekly	Served during festivals.	lacks variety in the menu corridor used as dining space.
3.	Hospital for M H, Ahmedabad, Gujarat	Yes		Higher	00	03	01	Repetitive.	Not provided.	Patients used as cooking assistants.
4.	Hospital for M H, Jamnagar, Gujarat		No	Inappropriate	00	00	01	No details	Not provided.	facilities not mentioned
5.	Hospital for M H, Vadodara, Gujarat	0	0	0	00	02	04	0	0	List not attached.
6.	Himachal Hospital for M. H. & Rehabilitation, Shimla, HP	Yes		Inappropriate	00	01	06	Repetitive	Provided on weekly basis.	Nonveg & parathas with curd is served as special food.
7.	RINPAS, Jharkhand	Yes		Appropriate	01	10	06	Weekly	Provided	0
8.	Government Psychiatric Diseases Hospital, Srinagar, J&K	Yes		Inappropriate	00	00	04	weekly	Provided on festival.	Dietician must be appointed.
9.	Dharwad Institute of Mental Health & Neuroscience, Karnataka		No	0	11	01	11	Repetitive	No	
10.	NIMHANS, Bengaluru, Karnataka	Yes		Appropriate	02	05	03	Repetitive	Provided.	



S. No.	Name of the Institution	Calorific Value Provided			Number of Staffs in kitchen			Menu Repetitive/ Planned on weekly basis	Special Food Provided or Not	Remarks
		Yes	No	Inappropriate value	Dietician	Cook	Helper			
11.	Government Mental Health centre, Kozhikode Kerala	Yes		Inappropriate	01	00	05	Repetitive	Provided.	Special food provided depends on sponsorship.
12.	Government Mental Health Centre, Thiruvananthapuram, Kerala	Yes			01	01	08	Repetitive	0	
13.	Government Mental Health centre, Thrissur , Kerala	Yes		Appropriate.	01	01	Post abolished.	Planned on weekly basis.	Not provided.	Female patients are trained for chapatti & Bread making
14.	Mental Hospital, Indore, MP	Yes		Inappropriate	00	01	05	Repetitive	Not provided	Variety in the menu is required.
15.	Regional Mental Hospital, Ratnagiri, Maharashtra	Yes		Inappropriate	00	00	05	Repetitive	Not Provided.	
16.	Institute of Mental Health and Neurological Sciences, Shillong, Meghalaya	Yes		Appropriate	01	00	04	Repetitive	Provided on occasions.	
17.	State Mental Health Institute, Kohima, Nagaland.		No	Inappropriate	00	00	02	Repetitive	Not provided.	Inadequate no. of staffs.
18.	Mental Health Institute, Cuttack, Odisha	0	0		01					
19.	Institute of Mental Health, Amritsar, Punjab	Yes		Appropriate	00	06	05	Planned on weekly basis.	Not provided.	
20.	Mental Health Centre, Jaipur, Rajasthan	Yes		Inappropriate	00	01	09	Repetitive	sometimes	Nursing staff are utilised as manager in kitchen



S. No.	Name of the Institution	Calorific Value Provided			Number of Staffs in kitchen			Menu Repetitive/ Planned on weekly basis	Special Food Provided or Not	Remarks
		Yes	No	Inappropriate value	Dietician	Cook	Helper			
21.	Psychiatric Centre Jodhpur, Rajasthan	Yes		Inappropriate	00	02	07	Repetitive	No	
22.	Government Hospital for Mental Care, Hyderabad	Yes		Appropriate	01	03	05	Repetitive	Provided on festivals.	
23.	Modern Psychiatric Hospital, Agartala, Tripura		No	Inappropriate	01	02	04	Repetitive	Not Provided.	Menu is not planned properly
24.	Mental Hospital, Bareilly, Uttar Pradesh		No	Inappropriate	00	00	02	Repetitive	Provided on festivals.	Inadequate no. of kitchen staffs.
25.	Mental Hospital Varanasi, Uttar Pradesh.	0	0		0	0	0	0	0	List not attached.
26.	State Mental Health Institute, Selaqui, Dehradun.	Yes		Appropriate	00	00	02	Planned on weekly basis.	Provided on festivals.	Staffs are not adequate.
27.	Calcutta Pavlov Hospital, Gobra Road, Kolkata	Yes		Appropriate	00	01	09	Repetitive	Special food is provided	

**Table. 10 Association/ Visit/ Contact with family members:**

S. No.	Name of the Institution	Visits permitted	Separate enclosure Yes/No	Frequency Permitted	Indifference of family if noted	No. of female patients with caregivers		
						By family members	On payment	Without Caregivers
1.	Government Hospital for Mental Care, Vishakhapatnam, A P	Family members not allowed. NGOs permitted	No	weekly	0	0	0	0
2.	Bihar State Institute of M H and Allied Sciences, Bhojpur, Bihar	Yes	Yes	Weekly	Once in a month	2	0	30
3.	Hospital for M. H., Ahmedabad	Yes	Yes	No restriction	7010 days	253	254 by attendant	0
4.	Hospital for M. H., Jamnagar, Gujarat	No	No	0	0	07	00	03
5.	Hospital for M. H., Vadodara, Gujarat	Yes	No	Not fixed	When needed	06	00	91
6.	Himachal Hospital for M. H. & Rehabilitation, Shimla, H.P.	Yes	No	As and when required	0	02	00	15
7	RINPAS, Jharkhand	Yes	Yes	Fortnightly	monthly	196	42	0
8.	Government Psychiatric Diseases Hospital, Srinagar, J&K	Yes	No	Bi weekly	monthly	05	10 by regular caregivers	0
9	Dharwad Institute of Mental Health & Neuroscience, Karnataka	No	No	0	0	0	0	0
10	NIMHANS, Bengaluru	Yes	Yes	Daily	0	76	00	42
11	Government Mental Health centre, , Kozhikode Kerala	Yes	Yes	Monthly	Varies	0	0	by hospital staff.
12	Government Mental Health Centre, Thiruvananthapuram, Kerala	Yes		For NGO— to 5 days/ month		18		
13	Government Mental Health centre, Thrissur , Kerala	Yes	Yes	Fortnitely	Monthly	317	000	113
14	Mental Hospital, Indore, MP	Yes	Yes	weekly	203 times in a month	405	102	62



S. No.	Name of the Institution	Visits permitted	Separate enclosure Yes/No	Frequency Permitted	Indifference of family if noted	No. of female patients with caregivers		
						By family members	On payment	Without Caregivers
15	Regional Mental Hospital, Ratnagiri, Maharashtra	Yes	Yes	Fortnitely	2 times in a month	03	00	88
16	Institute of M. H. and Neurological Sciences, Shillong, Meghalaya	Yes	Yes	Daily	weekly	0	0	0
17	State Mental Health Institute, Kohima, Nagaland.	Family member stay with the patient	0	NA	NA	42	00	03
18	Mental Health Institute, Cuttack, Odisha						90	
19	Institute of Mental Health, Amritsar, Punjab	Yes	Yes	Daily	203 days	0	0	0
20	Mental Health Centre, Jaipur, Rajasthan	Yes	Yes	Once in 15 days	Few days	08	00	63
21	Psychiatric Centre Jodhpur, Rajasthan	Yes	No	Not fixed	0	05	00	21
22	Government Hospital for Mental Care, Hyderabad	Yes	No	10015 days	0	28	00	00
23	Modern Psychiatric Hospital, Agartala, Tripura	Yes	No	Once in a week	0	15 (regular) 10 (casual)	00	25
24	Mental Hospital, Bareilly, UP	Yes	Yes	Daily	203 visits monthly	02	00	00
25	Mental Hospital Varanasi, UP.	Yes	Yes	Monthly	No	06	00	54
26	State Mental Health Institute, Dehradun.	Yes	Yes	No set limit	0	patients attended by staff	0	0
27	Calcutta Pavlov Hospital, Kolkata	Yes	Yes	Twice a day	15 visits	Attended by hospital staffs	203 patients if pregnant	0

**Table 11. Counselling to family members:**

S. No.	Name of the Institution	Discharge Counselling Yes/No	Counselling Provided by
1.	Government Hospital for Mental Care, Vishakhapatnam, A.P.	No	0
2.	Bihar State Institute of M.H.and Allied Sciences, Bhojpur, Bihar	Yes	Psychiatrists
3.	Hospital for M. H., Ahmedabad, Gujarat	Yes	Psychiatrists & Nursing staff
4.	Hospital for M.H, Jamnagar, Gujarat	Yes	Not Mentioned
5.	Hospital for M.H, Vadodara, Gujarat	Yes	Clinical Psychologist
6.	Himachal Hospital for M. H. & Rehabilitation, Shimla, Himachal Pradesh	Yes	Doctors & Psychologists
7.	RIPAS, Jharkhand	0	0
8.	Government Psychiatric Diseases Hospital, Srinagar, J&K	Yes	Not mentioned
9.	Dharwad Institute of Mental Health & Neuroscience, Karnataka	Yes	Not Mentioned
10.	NIMHANS, Bengaluru	Yes	Senior Doctors
11.	Government M.H.Centre, Kozhikode, Kerala	Yes	Not mentioned
12.	Government Mental Health Centre, Thiruvananthapuram, Kerala	Yes	Not mentioned
13.	Government M.H.Centre, Thrissur, Kerala	Yes	Clinical Psychologists
14.	Mental Hospital, Indore, Madhya Pradesh	Yes	Not mentioned
15.	Regional Mental Hospital, Ratnagiri, Maharashtra	Yes	Social Science Superintendent
16.	Institute of Mental Health and Neurological Sciences, Shillong	Yes	Psychiatric Social Workers & Nursing Staff



S. No.	Name of the Institution	Discharge Counselling Yes/No	Counselling Provided by
17.	State Mental Health Institute, Kohima, Nagaland.	Yes	Not mentioned
18.	Mental Health Institute, Cuttack, Odisha	Yes	Psychiatrists & Psychiatric Social Worker
19.	Institute of Mental Health, Amritsar, Punjab	Yes	Psychiatrists & Psychiatric Social Worker
20.	Mental Health Centre, Jaipur, Rajasthan	Yes	Not Mentioned
21.	Psychiatric Centre Jodhpur, Rajasthan	Yes	Senior doctors and nursing staffs
22.	Government Hospital for Mental Care, Hyderabad, Telangana	Yes	Doctors & psychologists
23.	Modern Psychiatric Hospital, Agartala, Tripura	Yes	Not Mentioned
24.	Mental Hospital, Bareilly, Uttar Pradesh	No	0
25.	Mental Hospital Varanasi, Uttar Pradesh.	Yes	Not given
26.	State Mental Health Institute, Selaqui, Dehradun.	Yes	Psychiatrists
27.	Calcutta Pavlov Hospital, Gobra Road, Kolkata	Yes	Clinical Psychologist

**Table 12. Association with NGOs/Civil Society:**

S. No.	Name of the Institution	Civil Society Association Yes/No	Number of Civil society associations	Services Provided (Recreational/ Rehabilitation/ Cultural/ other)
1.	Government Hospital for Mental Care, Vishakhapatnam, AP	Yes	04	NGOs for food, facilities etc
2.	Bihar State Institute of Mental Health and Allied Sciences, Bhojpur, Bihar	No	0	0
3.	Hospital for Mental Health, Ahmedabad, Gujarat	Yes	02	Rehabilitation, counselling, vocational training etc.
4.	Hospital for M.H., Jamnagar, Gujarat	No	0	0
5.	Hospital for M.H., Vadodara, Gujarat	Yes	05	Counselling
6.	Himachal Hospital for M.H.& Rehabilitation, Shimla, H.P.	Yes	02	Yoga, dance
7.	RINPAS, Jharkhand	0	0	0
8.	Government Psychiatric Diseases Hospital, Srinagar, J&K	Yes	01	legal aid
9.	Dharwad Institute of M.H. & Neuroscience, Karnataka	No	0	0
10.	NIMHANS, Bengaluru, Karnataka	Yes	15	recreational, counselling, rehabilitation, occupational etc.
11.	Government M.H.Centre, Kozhikode, Kerala	Yes	05	cleaning , food Services
12.	Government Mental Health Centre, Thiruvananthapuram, Kerala	Yes	06	

S. No.	Name of the Institution	Civil Society Association Yes/No	Number of Civil society associations	Services Provided (Recreational/ Rehabilitation/ Cultural/ other)
13.	Government M.H.Centre, Thrissur, Kerala	Yes	01	Rehabilitation
14	Mental Hospital, Indore, MP	Yes	06	only one service by all
15	Regional Mental Hospital, Ratnagiri, Maharashtra	Yes	02	Cultural & Rehabilitation services occasionally.
16	Institute of M.H. & Neurological Sciences, Shillong, Meghalaya	No	0	0
17	State M.H.Institute, Kohima, Nagaland.	Yes	01	Morning prayer & counseling
18	Mental Health Institute, Cuttack, Odisha	Yes	04	Rehabilitation
19	Institute of M.H., Amritsar, Punjab	No	0	0
20	Mental Health Centre, Jaipur, Rajasthan	No	0	0
21	Psychiatric Centre Jodhpur, Rajasthan	Yes	02	Not mentioned
22	Government Hospital for Mental Care, Hyderabad	Yes	02	lunch & attendants.
23	Modern Psychiatric Hospital, Agartala	No	0	0
24	Mental Hospital, Bareilly, Uttar Pradesh	No	0	0
25	Mental Hospital Varanasi, Uttar Pradesh.	No	00	0
26	State Mental Health Institute, Dehradun.	No	0	0
27	Calcutta Pavlov Hospital, , Kolkata	Yes	02	Recreational activities drawing & painting.

**Table.13 Recreational Activities**

S. No.	Name of the Institution	Organized by the Hospital		Nature of Recreational Activities			
		Yes	No	Indoor Sports	Outdoor Sports	Yoga	Others
1.	Government Hospital for Mental Care, Vishakhapatnam, AP		No	0	0	0	0
2.	Bihar State Institute of M.H. and Allied Sciences, Bhojpur, Bihar	Yes		Yes	Yes	Yes	0
3.	Hospital for Mental Health, Ahmedabad, Gujarat	Yes		Yes	Yes	Yes	0
4.	Hospital for Mental Health, Jamnagar, Gujarat	Yes		Yes	Yes	Yes	
5.	Hospital for Mental Health, Vadodara, Gujarat	Yes		Yes	Yes	Yes	0
6.	Himachal Hospital for Mental Health & Rehabilitation, Shimla, HP		No	0	0	0	0
7.	RINPAS, Jharkhand	Yes		0	0	Yes	TV/ newspaper/ magazines
8.	Government Psychiatric Diseases Hospital, Srinagar, J&K	Yes		Yes	0	0	0
9.	Dharwad Institute of Mental Health & Neuroscience, Karnataka	Yes		Yes	0	Yes	0
10.	NIMHANS, Bengaluru, Karnataka	Yes		Yes	Yes	Yes	0
11.	Government Mental Health centre, Kozhikode, Kerala	Yes		Yes	Yes	Yes	0
12.	Government Mental Health Centre, Thiruvananthapuram, Kerala	Yes		No	Yes		



S. No.	Name of the Institution	Organized by the Hospital		Nature of Recreational Activities			
		Yes	No	Indoor Sports	Outdoor Sports	Yoga	Others
13.	Government Mental Health centre, Thrissur, Kerala	Yes		Yes	Yes	Yes	0
14.	Mental Hospital, Indore, Madhya Pradesh	Yes		Yes	Yes	Yes	0
15.	Regional Mental Hospital, Ratnagiri, Maharashtra		No	Yes.			
16.	Institute of Mental Health and Neurological Sciences, Lawmali, Shillong, Meghalaya	Yes		Yes	Yes	0	0
17.	State Mental Health Institute, Kohima.	Yes		Yes	Yes	0	0
18.	Mental Health Institute, Cuttack, Odisha	Yes		Yes	No	Yes	
19.	Institute of Mental Health, (Government Mental Hospital) Amritsar, Punjab	Yes		Yes	Yes	0	0
20.	Mental Health Centre, Jaipur, Rajasthan	Yes		Yes	Yes	Yes	
21.	Psychiatric Centre Jodhpur, Rajasthan	Yes		Yes	Yes	Yes	0
22.	Government Hospital for Mental Care, Hyderabad, Telangana	Yes		Yes	Yes	Yes	0
23.	Modern Psychiatric Hospital, Narsingarh, Agartala, Tripura		No	0	0	0	0
24.	Mental Hospital, Bareilly, Uttar Pradesh	Yes	0	0	Yes	0	0
25.	Mental Hospital Varanasi, Uttar Pradesh	Yes		Yes	Yes	Yes	0
26.	State Mental Health Institute, Selaqui, Dehradun	Yes		Yes	Yes	0	0
27.	Calcutta Pavlov Hospital, Gobra Road, Kolkata	Yes		Yes	Yes	0	0

**Table. 14. Skill Development:**

S. No.	Name of the Institution	Organized departmentally	No. of programs	Programmes	Number of Patients trained	Duration
1.	Government Hospital for Mental Care, Vishakhapatnam, Andhra Pradesh	Yes	04	Candle, Paper cover & sweet boxes making.	Not mentioned	2 hrs/day
2.	Bihar State Institute of Mental Health and Allied Sciences, Bhojpur, Bihar	Yes	03	Envelop making, knitting & Stitching	Around 80	6012 months
3.	Hospital for Mental Health, Ahmedabad, Gujarat	Yes	17	tailoring, office boy training, mobile cover & file making, gift packing, screen painting, decorative articles etc.	Around 300	2 hrs daily
4.	Hospital for Mental Health, Jamnagar, Gujarat	Yes	02	Diya & Garba Making	02	Not mentioned
5.	Hospital for Mental Health, Vadodara, Gujarat	Yes	05	Stitching, Matress & Spinning, Doormat making, Broom making, box packing	236	2 hours daily.
6.	Himachal Hospital for Mental Health & Rehabilitation, Shimla, Himachal Pradesh	Yes	04	Knitting, envelop making, Yoga, Music	Not mentioned	2 hours
7	RINPAS, Jharkhand	0	0	0	0	0



S. No.	Name of the Institution	Organized departmentally	No. of programs	Programmes	Number of Patients trained	Duration
8.	Government Psychiatric Diseases Hospital, Srinagar, J&K	No	0	0	0	0
9.	Dharwad Institute of Mental Health & Neuroscience, Karnataka	Yes	06	tailoring, knitting, candle, sweater, mat and paper bag	Around 16	3 months
10.	NIMHANS, Bengaluru, Karnataka	Yes	04	Candle making, tailoring green & domestic skills	IPD=12 OPD=20	2 hours
11.	Government Mental Health centre, Kozhikode, Kerala	Yes	03	Weaving, Cover & mat making	Around 15	4 hrs daily
12.	Government Mental Health Centre, Thiruvananthapuram, Kerala	Yes		Weaving, tailoring, soap making, medicine cover, umbrella making, paper pen making, handicrafts, agarbatti, peeling unit.	51	
13	Government Mental Health centre, Thrissur, Kerala	Yes	13	Bread, Chapatti, Soap, Broom, Ornament, file making, goat farming, book binding, vegetable farming.	Around 30	2 hrs daily



S. No.	Name of the Institution	Organized departmentally	No. of programs	Programmes	Number of Patients trained	Duration
14.	Mental Hospital, Indore, Madhya Pradesh	Yes	04	Handicraft, Leather toys making, Sewing, Weaving & Computers	5 women are utilised daily	Hours not mentioned
15.	Regional Mental Hospital, Ratnagiri, Maharashtra	No	0	0	0	0
16.	Institute of Mental Health and Neurological Sciences, Shillong	No	0	0	0	0
17.	State Mental Health Institute, Kohima, Nagaland.	No	0	0	0	
18.	Mental Health Institute, Cuttack, Odisha	Yes			63	
19.	Institute of Mental Health, () Amritsar, Punjab	Yes	02	Sewing & Knitting	304 patients	2 hrs daily
20.	Mental Health Centre, Jaipur, Rajasthan	through NGO	04	Painting, craftworks, envelop & tailoring	Not mentioned	Not mentioned
21.	Psychiatric Centre Jodhpur, Rajasthan	No	0	0	0	0
22.	Government Hospital for Mental Care, Hyderabad, Talangana	No	0	0	0	0



S. No.	Name of the Institution	Organized departmentally	No. of programs	Programmes	Number of Patients trained	Duration
23.	Modern Psychiatric Hospital, Narsingarh, Agartala, Tripura	Yes	02	Music & Vocational	Around 80	Music (Monthly) Vocational (Weekly)
24.	Mental Hospital, Bareilly, Uttar Pradesh	Yes	04	Stitching, paper bag making, embroidery, card making	Around 20	Embroidery (305 months) stitching (7 days). paper bag card making (5010 days)
25	Mental Hospital Varanasi, Uttar Pradesh.	No	0	0	0	0
26.	State Mental Health Institute, Selaqui, Dehradun.	No	0	0	0	
27.	Calcutta Pavlov Hospital, Gobra Road, Kolkata	Yes	05	Recitation, Drawing, Singing, Gardening, Reading & writing,	102 per week	Recitation & gardening by NGO



**Table15. Internal Complaint Committee (ICC) as per Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013:**

S. No	Name of the Institution	ICC Constituted	Constituted as per norms	Regular meetings held
1.	Government Hospital for Mental Care, Vishakhapatnam, Andhra Pradesh	Yes	No	Quarterly
2.	Bihar State Institute of Mental Health and Allied Sciences, Bhojpur, Bihar	No	0	0
3.	Hospital for Mental Health, Ahmedabad, Gujarat	Yes	Yes	when required
4.	Hospital for Mental Health, Jamnagar, Gujarat	Yes	0	0
5.	Hospital for Mental Health, Vadodara, Gujarat	Yes	Yes	when required
6.	Himachal Hospital for Mental Health & Rehabilitation, Shimla, Himachal Pradesh	Yes	No	when required
7.	RINPAS, Jharkhand	Yes	Yes	0
8.	Government Psychiatric Diseases Hospital, Srinagar, J&K	Yes	No,	monthly
9.	Dharwad Institute of Mental Health & Neuroscience, Karnataka	Yes	No	0
10.	NIMHANS, Bengaluru, Karnataka	Yes	Yes	Quarterly
11.	Government Mental Health centre, Kozhikode, Kerala	Yes	No	Quarterly
12.	Government Mental Health Centre, Thiruvananthapuram, Kerala	Yes	Yes	As per need arises
13.	Government Mental Health centre, Thrissur, Kerala	Yes	No	Quarterly
14.	Mental Hospital, Indore, Madhya Pradesh	Yes	Yes	Monthly



S. No	Name of the Institution	ICC Constituted	Constituted as per norms	Regular meetings held
15.	Regional Mental Hospital, Ratnagiri, Maharashtra	Yes	Yes	When Required
16.	Institute of Mental Health and Neurological Sciences, Lawmali, Shillong	No	0	0
17.	State Mental Health Institute, Kohima, Nagaland.	No	0	0
18.	Mental Health Institute, Cuttack, Odisha	Yes	Yes	0
19.	Institute of Mental Health, (Government Mental Hospital) Amritsar, Punjab	Yes	Yes	0
20.	Mental Health Centre, Jaipur, Rajasthan	Yes	Yes	6 months
21.	Psychiatric Centre Jodhpur, Rajasthan	Yes	Yes	0
22.	Government Hospital for Mental Care, Hyderabad, Talangana	No	0	0
23.	Modern Psychiatric Hospital, Narsingarh, Agartala, Tripura	No	0	0
24.	Mental Hospital, Bareilly, Uttar Pradesh	No	0	0
25.	Mental Hospital Varanasi, Uttar Pradesh.	No	0	0
26.	State Mental Health Institute, Selaqui, Dehradun.	Yes	No	Quarterly
27.	Calcutta Pavlov Hospital, Gobra Road, Kolkata	Yes	Yes	As per necessity



## ***National Commission for Women***

Plot No. 21, Jasola Institutional Area, New Delhi-110 025

Website : <http://ncw.nic.in>