2.2 Mental Healthcare in Gujarat

2.2.1 Introduction

Mental healthcare is related to promotion of mental well-being, prevention of mental disorders, and treatment and rehabilitation of people affected by mental disorders. Mental healthcare is governed by the Mental Health Act (MH Act), 1987. In April 2017, GoI repealed the Mental Health Act, 1987 and enacted the Mental Healthcare Act, 2017 to provide for mental healthcare and services for persons with mental illness and to protect, promote and fulfil the rights of such persons during delivery of mental healthcare. As per National Mental Health Survey (2015-16), 10.60 *per cent* of population on National level and 7.40 *per cent* of total population above 13 years of age in Gujarat is suffering from one or more mental disorders. The State is having four Hospitals for Mental Health (HMHs) exclusively for delivery of psychiatric services. Apart from this, psychiatric services are also available in six Government Medical Colleges (GMCs) and District Mental Health Programme (DMHP) Units established in all 33 District level Hospitals under District Mental Health Programme[56]. During 2015-19, State Government allocated ₹ 147 crore[57] (0.50 *per cent* of allocation of State health budget) on mental health services. Of this, ₹ 108 crore (73 *per cent*) was allocated for four HMHs and remaining ₹ 39 crore for mental health programme and development of physical infrastructure for psychiatric services. State Mental Health Authority (SMHA) is the apex body for regulation, development and co-ordination with respect to Mental Health Services under the State Government.

Audit conducted (April-November 2019) a review of mental healthcare in the State to assess and evaluate efficacy of mental healthcare services and rehabilitation of mentally ill persons. Records pertaining to the period 2015-19 maintained at the office of State Mental Health Authority, all four HMHs[58], six GMCs[59] and 11 of 33 DMHP units[60] were scrutinised by Audit. Selection of DMHP units was done by adopting Simple Random Sampling Without Replacement method. The MH Act 1987, Minium Standards of Care in Mental Hospitals prescribed by National Institute of Mental Health and Neuro Science (NIMHANS), Bengaluru, Guidelines of District Mental Health Programme issued by GoI and instructions issued by SMHA were adopted as criteria for evaluation.

Audit findings

2.2.2 Policies, plan and legislative response

National Mental Health Survey[61] (2015-16) conducted across 12 States[62] revealed that 10.60 *per cent* of population on National level and 7.40 *per cent*

[56] Launched by GoI (1996) for strengthening mental health, prevention and treatment of mental health disorders at district level.
[57] This does not include establishment expenditure of Psychiatric Department of GMCs/District Hospitals.
[58] Ahmedabad, Bhuj, Jamnagar and Vadodara
[59] Ahmedabad, Bhavnagar, Jamnagar, Rajkot, Surat and Vadodara
[60] Amreli, Banaskantha (Palanpur), Dahod, Gandhinagar, Gir Somnath (Veraval), Junagadh, Narmada (Rajpipla), Porbandar, Panchmahal (Godhra), Sabarkantha (Himatnagar) and Surat
[61] Conducted by NIMHANS, Bengaluru.
[62] North: Punjab and Uttar Pradesh, South: Tamilnadu and Kerala, East: Jharkhand and West Bengal, West: Rajasthan and Gujarat, Central: Madhya Pradesh and Chattisgarh and North-East: Assam and Manipur

of total population above 13 years of age (approximately 32.00 lakh as per Census 2011) in Gujarat is suffering from one or more mental disorders. Owing to the enormity of the problem, it was prudent to have a strategic, integrated and holistic policy to address the mental health problems. Audit observed gaps in policies, plan and executive response for betterment of mental healthcare in the State as discussed below-

2.2.2.1 State Mental Health Policy

State Government constituted (April 2002) a Mission[63] with the objective of suggesting priority strategies for development of mental health sector. On the basis of the report of the Mission, draft Gujarat Mental Healthcare Policy was prepared in April 2009. The goal of the policy was to develop effective, efficient and adequate provision and mechanism for community-based mental healthcare including promotion, prevention, treatment and rehabilitation. However, the policy was not approved as State Government decided to first prepare the State Health Policy (SHP). Audit observed that though the SHP got approved in 2016, approval of mental healthcare policy was awaited as of May 2020.

The Government stated (June 2020) that draft policy is under revision in view of Mental Healthcare Act, 2017 and findings of National Mental Health Survey.

2.2.2.2 Action plan and budget allocation

National Mental Health Survey recommended that to cover severe mental disorders[64], common mental disorders[65] and substance use problems[66], States should develop annual action plans that include specified and defined activity components, financial provisions, strengthening of the required facilities, human resources and drugs logistics in a time bound manner. Audit observed that State has not developed comprehensive plan for betterment of mental healthcare in systematic manner. During 2015-19, State Government allocated ₹ 147 crore[67] (0.50 *per cent* of allocation of State health budget) on mental health services. Of this, ₹ 108 crore (73 *per cent*) was allocated for four HMHs and remaining ₹ 39 crore for mental health programme and development of physical infrastructure for psychiatric services. Shortage of health professionals, deficient infrastructure in hospitals providing mental healthcare and lack of rehabilitation facilities indicates that mental health programmes need to be streamlined with good planning and increased allocation of fund.

The Government stated (June 2020) that action plan including prevention, promotion, community-based treatment, inter-sectoral linkage for welfare of mentally ill people would be prepared within six months. Budget outlay on mental health would also be increased to implement the envisaged plan.

63 State Government in collaboration with Indian Institute of Management, Ahmedabad and Bapu Trust, Pune
64 Disorders that produces psychotic systems *viz.* schizophrenia, bipolar disorders, *etc.*
65 These include depression, anxiety disorders, obsessive-compulsive disorders, *etc.*
66 Emotional disturbances due to use of substance *viz.* alcohol, drugs, tobacco, *etc.*
67 This does not include establishment expenditure of Psychiatric Department of GMCs/District Hospitals.

2.2.2.3 Implementation of the Mental Healthcare Act, 2017

Government of India repealed (April 2017) the Mental Health Act, 1987 and enacted the Mental Healthcare Act, 2017 to provide for mental healthcare and services for person with mental illness and to protect, promote and fulfil the rights of such persons during delivery of mental healthcare. The Act also aims at to regulate attempt to commit suicide as non-punishable offence, restrictive use of Elctroconvulsive Therapy and providing right of community living, confidentiality, legal aid to the mentally ill people. The Act stipulates that every State Government shall establish State Mental Health Authority (SMHA) within a period of nine months from the date on which this Act receives the assent of the President for regulation, development and co-ordination with respect to Mental Health Services under the State Government. Main functions of SMHA include registration of all mental healthcare establishments in the State, develop quality and service provision norms, registration of mental health professionals, *etc*. Audit observed that though the Mental Healthcare Act, 2017 received the assent of the President in April 2017 and GoI also notified (January 2018) implementation of the Act from July 2018, State Government constituted SMHA in August 2019 only. Further, the constitution of SMHA was incomplete as State Government had not nominated any non-official members[68] as required under the Act. Further, framing rules and regulations for implementation of the Act and constitution of a Review Board for redressal of complaints, *etc*. were also not done as of May 2020. Thus, objectives of the Mental Healthcare Act, 2017 to protect promote and fulfil the rights of persons with mental illness during delivery of mental healthcare and services could not be attained as envisaged.

The Government stated (June 2020) that appointment of non-official members of SMHA and framing of State Mental Health Rules could not be done due to COVID 19 and lockdown, and would be done by October 2020.

2.2.3 Prevention of mental illness and promotion of mental health

Prevention of mental illness and promotion of mental health are the key areas to address, as there is a wide spread lack of knowledge on the nature and prevalence of mental illness. Persons with mental health problems face stigma and thus, their families are often unwilling to recognise the presence of illness. District Mental Health Programme (DMHP) is implemented in all districts of Gujarat with the objective to prevent mental illness and promotion of mental health services through (i) Information, Education and Communication (IEC), (ii) Targeted Intervention and (iii) Out-patient clinic at CHCs. Implementation of these components in test-checked districts are discussed below-

2.2.3.1 Information, Education and Communication (IEC)

The objective of IEC is to sensitize the community about de-stigmatisation, features of mental disorders, availability of their management in the Government healthcare establishments, benefits of treatment to the ill persons and their family. The IEC activities were to be carried out through mass media, outdoor media, folk media and interpersonal communication. HMH, Ahmedabad was the nodal agency for State level IEC activities, whereas

[68] Head of Mental Hospitals, eminent psychiatrist, clinical psychologist, persons representing persons who have or had mental illness, care-givers of persons with mental illness *etc*.

DMHP units were responsible for IEC activities at district level. During 2015-19, State level agency had incurred expenditure of ₹ 1.77 crore on IEC activities out of allocated fund of ₹ 2.02 crore. For IEC activities at district level, grant of ₹ 2.00 lakh was being released every year to the respective DMHP units. Test-checked DMHP units had incurred expenditure of ₹ 0.40 crore on IEC activities out of allocated fund of ₹ 0.53 crore during 2015-19. Audit observed that IEC annual action plan was not prepared either at State level or at district level to create awareness in planned manner. The State nodal agency had not carried out IEC activities efficiently as 22,534 (84 *per cent*) out 26,800 items of IEC materials[69] were lying undistributed in the store and eight of 11 TV spots on mental health were not telecast for one to two years. In test-checked districts, grant[70] for IEC activities was utilised on procurement of indoor patient file of psychiatric department, small carry bags, *etc.* on which sign and symptoms of mental disorders were depicted. The IEC activities at district level were also found inadequate in the test-checked districts as mass awareness through wall writing and public meeting was done in only three[71] of 11 test-checked DMHP units. Even, board or banners related with mental healthcare were not found displayed at two[72] out of 11 test-checked DMHP units.

The Government stated (June 2020) that instructions have been issued to the concerned officers for proper planning and effective implementation of IEC activities. It was further stated that some of the IEC materials had been distributed to district units and arrangments have been made for telecast of remaining TV Spots.

2.2.3.2 Targeted Intervention

Targeted Intervention (TI) aims at stress management and prevention of suicide among vulnerable populations. National Mental Health Survey (2015-16) revealed that nearly one *per cent* of population is under high suicidal risk. The survey also revealed that suicide incidence rate per lakh population was higher in Gujarat (11.70) than at National level (10.60). Thus, effective implementation of targeted intervention was of great importance. State Government entered into Memorandum of Understanding (MoU) with two Non- Government Organisations (NGOs) to carry out activities in consultation with DMHP units. The activities were to be undertaken by trained community health workers to educate the people about features of mental disorders, availability and benefits of treatment, stress management, *etc*. The DMHP units were also authorised to conduct TI activities on their own or through local NGOs. To meet the expenses, permissible expenditure was ₹ 5,000 per activity or the actual expense, whichever was less. During 2015-19, test-checked DMHP units had done 4,919 activities and incurred expenditure of ₹ 1.60 crore. Audit observed deficiencies in TI activities as discussed below-

- As per MoU, NGOs had to furnish schedule of activities, design of training, training module, *etc*. before commencement of activities.

[69] Brochures, charts, training modules, *etc.*
[70] ₹ 2.00 lakh per year to all DMHP units
[71] Dahod, Junagadh and Porbandar.
[72] Amreli and Gandhinagar

Activities were to be carried out in presence of representative of DMHP unit. However, neither any NGO had submitted advance planning to any of the test-checked DMHP units nor the activities were conducted under supervision of DMHP units. Resultantly, quality of activities performed could not be ensured.

- As per DMHP guidelines, the activities were to be undertaken at schools, colleges, workplaces, adolescents out of school, urban slums, *etc*. The DMHP unit or NGOs did activities at schools, colleges and Gram Panchayats. However, in none of the test-checked districts, activities were carried out at work places and urban slums where vulnerability to mental disorders may exist due to stress of workload and poverty respectively.
- Most of the activities were undertaken between January and March of the year due to belated receipt of grant. Instead of wider coverage, five to 23 training programmes were arranged at the same institute in the test-checked districts.

Thus, the targeted intervention programme was executed without proper planning and ensuring the quality of training imparted to vulnerable population.

The Government stated (June 2020) that necessary instructions have been issued for systematic implementation of TI activities and to rectify the deficiencies pointed out by Audit.

2.2.3.3 Out-patient clinic at Community Health Centres

Guidelines of DMHP provide that psychiatrist at the district hospital, along with one nurse from the district hospital shall visit and conduct an out-patient clinic at each CHCs at regular intervals. Audit observed-

- Out of 11 test-checked districts, out-patient clinic was not conducted in any of the 22 CHCs functioning in Amreli and Junagadh districts due to vacant post of Psychiatrist.
- Among the test-checked districts, performance of district hospital of Narmada and Porbandar districts was found appreciable as out-patient clinic was conducted monthly in all CHCs and in a planned manner. Resultantly, 1,976 patients[73] were treated at eight CHCs of these districts during 2017-19.
- In remaining seven districts, clinic was conducted only at 46[74] out of 107 CHCs functioning in these districts, as there were only one Psychiatrist to cover 10 to 12 CHCs. Patient inflow at these 46 CHCs were 9,472 during 2017-19.

Thus, out-patient clinic was conducted only in 54 (42 *per cent*) of 129 CHCs functioning in the test-checked districts.

The Government stated (June 2020) that sanctioned strength of Psychiatrist in the districts having more than four CHCs would be increased to cover all

[73] Narmada- 1719 patients at four CHCs, Porbandar- 257 patients at four CHCs

[74] Banaskantha- 8 out of 27, Dahod -8 out of 21, Gandhinagar- 8 out of 10, Gir Somnath- 2 out of 8, Godhara-7 out of 13, Sabarkantha- 6 out of 13 and Surat-7 out of 15.

CHCs, in a phased manner. It was further stated that efforts are on to fill vacant posts of Psychiatrist and Clinical Psychologist.

2.2.4 Human Resource and Infrastructure

2.2.4.1 Availability of Human Resource

Availability of Psychiatrists, Clinical Psychologists and Psychiatric Social Workers in adequate number are pre-requisite for delivery of quality mental healthcare services. Audit observed shortage of mental health professionals in all Hospitals for Mental Health (HMHs) and District Mental Health Programme (DMHP) units as discussed below-

(i) Availability of mental health professionals in HMHs

Guidelines of National Institute of Mental Health and Neuro Sciences (NIMHANS) on minimum standards of care in mental hospitals prescribe one post of psychiatrist, two posts of clinical psychologist and two posts of psychiatric social worker for every 50 beds. Availability of mental healh professionals against prescribed strength (PS) and sanctioned strength (SS) in all HMHs as of March 2019 are as given in **Table 1** below -

Table 1: Availability of mental health professionals in HMHs as of March 2019

HMHs	Number of beds	Availability of mental health professionals against PS and SS				Percentage shortfall against PS and SS	
		PS	SS	Filled	Vacant	PS	SS
Ahmedabad	300	30	21	08	13	73	62
Bhuj	16	05	05	02	03	60	60
Jamnagar	50	05	03	02	01	60	33
Vadodara	300	30	09	03	06	90	66
Total	**666**	**70**	**38**	**15**	**23**	**79**	**61**

(Source: Information furnished by HMHs)

The above table shows shortage of mental health professionals against prescribed strength ranged between 60 and 90 *per cent* and against sanctioned strength ranged between 33 and 66 *per cent*. Out of four HMHs, sanctioned strength of only HMH Ahmedabad was increased due to commencement of post graduate course of Psychiatry. Among mental health professionals, 62 *per cent* posts of psychiatrists, 50 *per cent* post of psychologists and 56 *per cent* post of psychiatric social workers were vacant in HMHs. Situation of HMH Jamnagar was alarming as post of Psychiatrist was vacant during 2018-19. In HMH Bhuj, post of Clinical Psychologist was vacant since 2008. Due to shortage of mental health professionals, protocol developed for social, psychological, clinical and psychiatric assessment of patients was not followed in all HMHs except HMH Ahmedabad.

(ii) Availability of mental health professionals in DMHP units

Mental healthcare service at district level is being provided by DMHP units and regular psychiatric department of district hospitals. During 2015-19, State Government had appointed 18 Psychiatrists, 27 Clinical Psychologists and 26 Psychiatric Social Workers under mental health programme. Despite this, nine (33 *per cent*) out of 27 posts of Psychiatrist, six (18 *per cent*) out of 33 posts of Clinical Psychologists and seven (21 *per cent*) out of 33 posts of Psychiatric Social Workers sanctioned under mental health programme were vacant as of

March 2019. Services of Psychiatrist and Clinical Psychologists were not available in five [75] and 10 DMHP units[76]. In two[77] (18 *per cent*) out of 11 test-checked districts, indoor service was not available for mentally ill people due to shortage of mental health professionals.

The facts narrated above shows that delivery of mental healthcare suffered in HMHs and DMHP units due to shortage of mental health professionals. Audit is of the view that institutional capacity of these mental healthcare facilities may be strengthened.

The Government stated (June 2020) that recruitment has been done for the posts of Psychiatrist and Psychologist during 2015-19. Results from Gujarat Public Service Commission are awaited to fill 28 posts of Psychiatrist and 23 posts of Psychologist.

2.2.4.2 Development of human resource

(i) Implementation of schemes for augmentation of manpower

Shortage of mental health professionals is an issue of conern. As of March 2019, sanctioned intake in six Government Medical Colleges (GMCs) of Gujarat for the course of Psychiatrist is only 28[78] per year. For Master of Philosophy (M.Phil) course in a Clinical Psychology, approved intake in a Government institute[79] is only 12 per year. To mitigate the shortage of mental health professionals, GoI, introduced (April 2009) two schemes for development of manpower under National Mental Health Programme. This included (i) establishment of Centre of Excellence (CoE) by upgrading existing mental health institutions and (ii) strengthening medical colleges or hospitals for initiating post graduate courses in Psychiatry, Clinical Psychology, Psychiatric Social Work and Psychiatric Nursing. Audit observed-

- A Centre of Excellence was established (2016) at HMH Ahmedabad with central assistance of ₹ 23.79 crore. The CoE had to start Diplomate in National Board (DNB) course for psychiatry, M.Phil course for clinical psychology, Master of Social Work (MSW) course for psychiatric social work and Diploma in Psychiatric Nursing (DPN) course for Nursing. As of October 2019, out of four courses, M.Phil courses for clinical psychology could not be commenced due to vacant post of faculties, whereas MSW course for psychiatric work could not be commenced due to non-sanction of teaching posts.
- Out of six GMCs, GMC Rajkot and GMC Surat were selected (April 2009) under the scheme of strengthening medical college. Audit observed that financial assistance of GoI was provided (March 2011) to GMC Rajkot for commencement of course for psychiatric nursing and to GMC Surat for commencement of course for clinical psychology. However, as of October 2019, none of the courses could be commenced in these two GMCs. The Head of the Psychiatric

[75] Amreli, Chotaudepur, Devbhumi Dwarka, Mahisagar and Valsad
[76] Ahwa-Dang, Amreli, Aravali, Bharuch, Bhavnagar, Chhotaudepur, Mahisagar, Narmada, Surat and Valsad.
[77] Amreli and Panchmahal
[78] Doctor of Medicine (MD) - 19 and Diplomate in National Board (DNB) - 09.
[79] Institute of Behavioural Science, Gujarat Forensic Science University, Gandhinagar

Department of GMC Rajkot stated that course could not be commenced due to non-creation of required infrastructure. Head of the Psychiatric Department of GMC Surat attributed reasons for non-commencement of course to difficulties in appointing faculties.

Thus, the objectives of the scheme to augment human resources for mental healthcare got substantially defeated.

The Government stated (June 2020) that appointment of faculties for courses of clinical psychology and psychiatric social work are under process. The GMCs would also be provided assistance for commencement of approved courses.

(ii) Training of mental health professionals

Guidelines of DMHP provide for training of health personnel of district hospitals at Centre of Excellence (CoE). Medical Officers and para-medical staff of Community Health Centres (CHCs) and Primary Health Centres (PHCs) were to be trained at district hospital for early detection, managing common mental disorders and referral services. Guidelines also provide for sensitization training of community health workers and elected representatives of community for awareness generation. Audit observed that -

- During 2015-19, 75 training programmes were organised at CoE of HMH, Ahmedabad to train 5,277 health personnel. As per training module developed by CoE, duration of training for Medical Officer, Staff Nurse and health workers were 14 days, six days and five days respectively. However, the durations of training for these health personnel were kept only for one day. This indicates that the courses designed for training were not covered as expected.
- HMH Ahmedabad organised 11 training programmes exclusively for its staff. However, not a single training was organised for staff of other three HMHs functioning in the State.
- Training to ASHA workers and school teachers are important for early diagnosis, as sign and symptoms of many mental disorders first appear during adolescence. Training module for ASHA workers and school teachers were also developed. However, not a single training programme was organised for them as of December 2019.
- Health personnel of PHCs and CHCs were not provided training for early detection of mental illness and management of common mental disorders by any of the test-checked DMHP units or at CoE.
- In none of the test-checked districts, sensitization training programme was organised to train community health workers and elected representatives of community.

The Government stated (June 2020) that residential facilities are being created to follow designed courses. Digital Academy is also established in collaboration with NIMHANS. Till now, online training is given to 350 health professionals. Health professionals at PHCs and CHCs would also be trained to extend facilities of psychiatric service at these centres.

2.2.4.3 Availability of physical infrastructure

Availability of adequate physical infrastructure in hospitals is one of the essential requirement for delivery of quality healthcare services. Audit observed deficiencies in services due to inadequate infrastructure in test-checked hospitals as discussed below -

- Guidelines of NIMHANS on minimum standards of care in mental hospitals prescribe that each patient should have separate bed. In HMHs Ahmedabad and Vadodara, upto 323 and 332 patients respectively were found admitted against strength of 300 beds. Situation was alarming in HMH Bhuj where against strength of 16 beds, 34 to 52 patients were found admitted on regular basis. Resultantly, patients were found sleeping on the floor.
- Guidelines of NIMHANS on minimum standards of care in mental hospitals provide for separate geriatric, child and drug-addiction wards. However, in none of the HMHs, separate geriatric and child wards were established. Separate drug-addiction ward was created only in HMH Vadodara. Thus, patients of all age groups and addicted patients were kept together.
- Guidelines of NIMHANS on minimum standards of care in mental hospitals provide that apart from "short period isolation rooms", Intensive Care Unit (ICU) equipped with emergency drugs, oxygen, suction facilities, *etc*. should be available in the mental hospitals. However, ICU was not established in any of the HMHs. The Head of the HMHs stated that hospitals were equipped to deal with general emergency. However, for handling critical cases, patients are referred to the Government Medical Colleges.
- Guidelines of DMHP provides for 10 bedded separate ward in district hospital. Out of 11 test-checked hospitals, in five district hospitals[80], psychiatric patients were admitted in general wards as separate ward for psychiatric patient was not established. In DH Sabarkantha, despite having a separate psychiatric ward, psychiatric patients were kept with patients of skin ward. Thus, psychiatric patients admitted in the hospital were fraught with risk of acquiring infection.

The Government stated (June 2020) that possession of geriatric, child, and drug-addiction wards have been taken (March 2020) in HMH Ahmedabad. Work orders for construction of separate geriatric ward at HMH Vadodara and new building for 50 bedded hospitals at Bhuj has already been issued to mitigate the problem. Efforts would be made to ensure 10 bedded separate wards in all DMHP units.

Shortage of beds in comparison to patient inflow, non-establishment of ICU and non-availability of separate wards *viz*. child, geriatric and drug addiction wards in HMHs and separate ward for patients of mental disorder in DMHP units, are issues of concern. Audit is of the view that requisite infrastructure may be created to strengthen the institutional capacity of the mental healthcare facilities.

[80] Amreli, Banaskantha, Gir Somnath, Narmada and Panchmahal

2.2.5 Delivery of mental healthcare services

2.2.5.1 Integration of mental healthcare with primary healthcare

National Mental Health Survey (NMHS) reported an overall treatment gap of 83 *per cent* for any mental health problem. To narrow the treatment gap, NMHS recommended for integration of mental healthcare with primary healthcare. The DMHP guidelines also provide for psychiatric training of health personnel of PHCs and CHCs at respective DMHP unit to provide essential mental healthcare at primary level. Audit observed that none of the test-checked DMHP units had provided training to health personnel. In test-checked districts, psychiatric clinic was organised in only 46 (36 *per cent*) out of 129 CHCs functioning in these districts. This shows that integration of mental healthcare with primary healthcare is yet to be done at the level of PHCs and partially done at the level of CHCs.

The Government stated (June 2020) that health personnel of PHCs and CHCs would also be trained at Centre of Excellence to provide psychiatric services at their respective centres.

2.2.5.2 Mental healthcare services at district level hospitals

Psychiatric services were available in DMHP units of all districts. Apart from DMHP units, mental healthcare services were also being provided by the psychiatric department of all six Government Medical Colleges (GMCs). During 2015-19, patient inflow in 11 test-checked DMHP units and six GMCs were 2,20,614[81] and 8,68,204[82] respectively. Audit observed deficiencies in services in test-checked DMHP units and GMCs as discussed below-

- Indoor facility was not available in DMHP unit, Amreli due to non-availability of regular psychiatrist and in DMHP unit, Panchmahal due to non-availability of separate psychiatric ward.
- Out of six GMCs and 11 test-checked DMHP Units, services of clinical psychologist was available only in two GMCs (Ahmedabad and Surat) and three DMHP units (Dahod, Gandhinagar and Gir Somnath). As a result, assessment of psychological condition of patients were not being done in remaining four GMCs and eight DMHP units.
- Physical infrastructure *viz*. isolation room, closed ward, *etc*. to manage aggressive patients was not available in any of the GMCs and test-checked DMHP units. As a result, patients without attendant were not admitted in these hospitals.

2.2.5.3 Mental healthcare services at Hospitals for Mental Health

State Government has established four[83] Hospitals for Mental Health (HMHs) exclusively for treatment of mentally ill people. Apart from outdoor and indoor patient services, HMHs were also providing occupational therapy to develop cognitive ability and vocational skills of patients. During 2015-19,

[81] OPD - 2,16,678 and IPD - 3,936
[82] OPD - 8,49,649 and IPD - 18,555
[83] At Ahmedabad, Bhuj, Jamnagar and Vadodara.

outdoor and indoor services were provided to 5,97,052[84] and 17,972[85] patients at four HMHs. Audit observed deficiencies in delivery of mental healthcare services as discussed below –

- ***Social, psychological, clinical and psychiatric assessment of patients***

Hospitals for Mental Health have developed a protocol for diagnosis, management and treatment of patients suffering from mental disorder. It starts with Psychiatric Social Workers who records basic information, social and economic status, psychosexual history and past medical history of the patients. Clinical Psychologist records opinion on patients psychological conditions *viz.* thought, mood, perception, behaviour, judgement, *etc*. Medical Officer records clinical observations and finally the Psychiatrist designs the course of treatment.

Audit test-checked 100 indoor cases in each HMHs to ensure whether protocol developed for diagnosis, management and treatment of patients were followed. Audit observed that protocol was followed in all 100 indoor cases test-checked in HMH, Ahmedabad, which is appreciable. In HMH, Vadodara, opinion of psychatric social worker was not recorded in any case, whereas opinion of psychologist was found recorded in 12 cases. In HMH, Jamnagar, opinion of psychologist was not found recorded in any of the case. In HMH, Bhuj, opinion of neither psychologist nor social worker was found recorded in any of the case. Audit is of the view that Head of other HMHs may take necessary action to follow the protocol as followed by HMH, Ahmedabad.

- ***Diagnostic services***

Availability of adequate diagnostic service in hospital is essential for identification of disease and designing course of treatment. Guidelines of NIMHANS on minimum standards of care in mental hospitals provide that hospital should have diagnostic facilities for routine blood and urine examinations, lithium estimations[86], X-ray, Electrocardiogram (ECG) and Electroencephalogram (EEG), *etc*. Audit observed that prescribed diagnostic facilities except X-ray were available in HMH Ahmedabad whereas facility of X-ray, ECG and EEG were not available in HMH Vadodara. HMH Bhuj and HMH Jamnagar were not having diagnostic laboratory. As a result, required tests in HMHs Bhuj and Jamnagar were done either by sending sample of blood and urine or by referring patient to the Government Medical College. Non-availability of laboratory in a hospital is a serious concern as need of basic diagnosis may arise at any time.

- ***Nursing services***

For taking utmost care of indoor patients, nursing stations were established in all HMHs. The nursing staff were assigned duty of taking care of medication, dietary, safety and recording of assessment of improvement[87] in the condition of patients. Audit observed that consumption of prescribed medicines by patients was being ensured by nursing staff in HMH Ahmedabad and HMH

[84] Outdoor services (Ahmedabad- 1,80,920, Bhuj- 1,37,223, Jamnagar- 27,102 and Vadodara- 2,51,807)
[85] Indoor services (Ahmedabad- 6,509, Bhuj- 1,544, Jamnagar- 179 and Vadodara- 9,740)
[86] To measure lithium levels in the blood in order to determine the therapeutic level before starting lithium medication.
[87] Ability to do activities of daily living, behaviours, communications, *etc*.

Bhuj whereas partially followed in HMH Vadodara. Out of 100 test-checked indoor cases in each HMH, assessment of improvement in condition of patients were not found recorded in 27 cases in HMH Vadodara and in 74 cases in HMH Bhuj. Nursing care was found mostly deficient in HMH Jamnagar as neither consumption of medicines by patients nor assessment of improvement in condition of patients was recorded in any of the test-checked cases. The Head of HMHs agreed to the audit observation and stated that measures would be taken for improving nursing care.

- ***Drugs availability***

Uninterrupted supply of drugs is essential for delivery of quality healthcare services. Audit observed that prescribed drugs were provided free of cost to both outdoor and indoor patients in all HMHs. Availability of drugs was found satisfactory in all HMHs except HMH Bhuj. In HMH Bhuj, out of 150 drugs, 33 to 53 drugs were not available in stock on intermittent basis. As of March 2019, 33 drugs were not available for more than three months despite having funds for purchase of medicines with HMH. As a result, outdoor patients were forced to purchase prescribed drugs at their own cost. HMH Bhuj attributed reasons for non-availability of drugs to the limited local purchase power. The reply offered is not tenable as stock out drugs could have been procured through e-tender.

The Government stated (June 2020) that instructions would be issued to all HMHs to remove the deficiencies pointed out by Audit.

2.2.6 Rehabilitation of persons with mental illness

2.2.6.1 Availability of rehabilitation facilities

Rehabilitation is one of the important component of mental healthcare services to remedy long-standing disabilities and help the patients to develop the social and intellectual skills that they would need for integrattion into mainstream society. This requires establishment of long-stayal home for patients who cannot live independently and needs care, half-way home for patients who no longer need the full services with hospital but need living skills to live independently. As of March 2019, 131 patients[88], fit for discharge for one to five years could not be relieved from the hospitals as State has not established any rehabilitation centre for mentally ill people at its own or in collaboration with NGOs. Audit further observed that Hospitals for Mental Health (HMHs) have developed a mechanism to re-unite wandering patients with their family. Team of HMHs with NGO does repetitive counselling of mentally ill people to find out details of their family and address. Thereafter, they do contact with care givers and hand over patients to them after verification of the fact. During 2015-19, out of 963 wandering patients[89] admitted in four HMHs, 720[90] patients were re-united with their family by HMHs and 75 patients were sent to different shelter homes[91]. Re-union of 720 patients with their family is quite appreciable. However, challenge lies in rehabilitation of those patients whose either whereabout is not known or family is not willing to accept them.

[88] 79 male and 52 female
[89] HMH Ahmedabad - 461, HMH Bhuj - 164, HMH Jamnagar - 19 and HMH Vadodara - 319
[90] 427 patients of Gujarat and 293 patients of other States.
[91] Nari Sanrakshan Gruh, Bhikshuk Gruh and private shelter homes

The Government stated (June 2020) that a committee has been formed (November 2019) to resolve the issue of rehabilitation of mentally ill people. Social Justice and Empowerment Department has made provision in the budget of 2020-21 for establishment of rehabilitation centres in seven districts. Discussion is also being held with interested NGOs for rehabilitation of mentally ill people.

2.2.6.2 Occupational therapy

Occupational therapy is one of the effective measures for rehabilitation of patients who have symptomatic stabilized behaviour after initial treatment. The objective of this therapy is to develop cognitive ability and vocational skills in patients to empower them to lead an independent and dignified life through a planned course of intervention. Audit observed that occupational therapy department is established in HMH Ahmedabad and HMH Vadodara. Apart from imparting learning activities of daily livings, skill training in trades *viz*. tailoring, carpentary, book binding, phenyl making, broom making, *etc*. are also being imparted to both outdoor and indoor patients. Patients engaged in work were also paid incentives from the profit earned by sale of products. However, facilities of occupational therapy was not available in HMH Bhuj and was partially available in HMH Jamnagar due to vacant post of occupational therapist and skill trainers. Functioning of occupational therapy departments of HMH Ahmedabad and HMH Vadodara was found appreciable and may be replicated in HMHs of Bhuj and Jamnagar.

The Government stated (June 2020) that efforts would be made for appointment of occupational therapist and creation of requisite infrastructure at these two HMHs for providing occupational therapy.

2.2.7 Good practices

State Government initiatives for care of mentally ill people which were noted as good practices by Audit are discussed below-

2.2.7.1 Establishment of Aadhaar helpline services for wandering patients

State Government entered into an agreement with an NGO, for establishment of Aadhaar helpline services at HMH Ahmedabad in 2011 and at HMH Vadodara in 2015. Aadhaar team consisted of psychologists, social workers, male and female attendants, *etc*. On receipt of a call from public regarding wandering person suspected of having mental illness, the Aadhaar helpline team with help of police brings the person to HMH for treatment. After physical and psychological investigation, if required, patient is admitted in hospital on reception order from the Hon'ble District Court as envisaged in the MH Act, 1987. During 2015-19, the Aadhaar helpline team rescued and brought 329 wandering patients in HMH Ahmedabad and 230 wandering patients in HMH Vadodara for treatment. The NGO also plays an active role in re-union of patients with their family. The innovation is of great help to the persons who are not aware of their mental conditions and are in need of psychiatric care.

2.2.7.2 Dava and Dua concept

State Government entered into an agreement (2008) with an NGO, to provide psychiatric services to the persons visiting the Dargah of Hazrat Saiyed Ali

Mira Datar at Mehsana known for healing of mental and behavioral problems. The NGO provides psychiatric clinic services, medicines, follow-up and referral of patients. During 2015-19, 3,645 new cases and 38,446 follow-up cases were handled by the NGO.

2.2.8 Conclusion

As per National Mental Health Survey (2015-16), 7.40 *per cent* of total population above 13 years age in Gujarat are suffering from one or more mental disorders. The suicide incidence rate per lakh population was found on higher side in Gujarat (11.70) than at National level (10.60). Audit observed gaps in policies, plan and executive response as (i) State Mental health policy drafted in 2009 was not approved as of May 2020, (ii) Action plan for specified activities was not prepared, (iii) only 0.50 *per cent* of State health budget was allocated for mental health services and (iv) The Mental Healthcare Act, 2017, enacted by GoI, to provide mental healthcare and services and to protect, promote and fulfil the rights of person with mental illness was not implemented as of May 2020. Objectives of District Mental Health Programme (DMHP) for prevention of mental illness and promotion of mental healthcare services remained under-achieved due to deficiencies in planning, execution of awareness campaign and targeted intervention. Acute shortage of mental health professionals were noticed in all four Hospitals for Mental Health and DMHP units. Schemes for development of manpower and training programme for early diagnosis and management of mental illness could not yield desired results due to lack of efficient planning and execution. As a result, mental healthcare could not be integrated with primary healthcare at the level of PHCs and was partially integrated at the level of CHCs. Indoor services were not available in two test-checked DMHP units due to non-availability of Psychiatrist and separate wards. Protocol developed for social, psychological, clinical and psychiatric treatment was partially followed in HMHs except HMH, Ahmedabad. Government had not established rehabilitation centre for rehabilitation of mentally ill people. In absence of rehabilitation centre, 131 patients fit to be discharged for one to five years are languishing in Hospitals for mental health. Functioning of occupational therapy unit was found appreciable in HMHs of Ahmedabad and Vadodara but deficient in HMHs of Bhuj and Jamnagar. Establishment of Aadhaar helpline service for rescue and treatment of wandering patients and Dava and Dua concept to provide formal/institutional psychiatric treatment alongside traditional faith healing were found appreciable in Audit.