

**Government of West Bengal
Health & Family Welfare Department
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NOTICE

An electronic copy of the Draft Policy for Rehabilitation of Long Staying Inpatients in State run Mental Hospitals, since prepared by the Technical Committee constituted for the purpose has been posted under the Act/Rules Tab in the official website of the Department at www.wbhealth.gov.in for public information. Comments or suggestions on the draft policy may be mailed to as_mental@wbhealth.gov.in within 31st January, 2013.

Dated 09 January, 2013

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Chairman, Technical Committee

**Draft Policy for
Psychiatric Rehabilitation
Of long staying patients
in
State run Mental Hospitals.**



**Prepared by
PHP Branch (Mental Health Cell)
Health and Family Welfare Department
Government of West Bengal**

Part-I

Psychiatric Rehabilitation-in theory and practice

1.1.1 Definition:- Rehabilitation for mental health, is known as ‘psychiatric rehabilitation’. It is a “set of targeted interventions that is intended to prevent further, or reduce disability that is associated with mental health problems. It is a process of assisting people to acquire and to use the strengths and skills, supports, and resources necessary for successful and satisfying living, learning, and working in the environments of their choice.” “All patients suffering from severe and persistent mental illness require rehabilitation. The goal of psychiatric rehabilitation is to help disabled individuals to develop the emotional, social and intellectual skills needed to live, learn and work in the community with the least amount of professional support.”

1.1.2 Components: Rehabilitation for mental health involves two service components.

- **Clinical rehabilitation:-** “It refers to specific interventions that assist people to recover from mental illness by *improving* role functioning, increasing ability and, or, decreasing disability, and developing skills and resources that are specific to individual needs.” Clinical Rehabilitation is hospital based and individual-centered “aiming at developing the patient's skills in interacting with a stressful environment.”
- **Disability Support:** -“Secondly, rehabilitation refers to interventions that are aimed at the *maintenance* of role functioning, life skills and independence.” Disability Support is Community Based. Sub components of Disability Support are: -
 - i) Housing/Shelter
 - ii) Employment
 - iii) Vocational Training
 - iv) Financial Assistance/Disability Pension etc.

This approach is “ecological and directed towards developing environmental resources to reduce potential stressors. Most disabled persons need a combination of both approaches.”

1.1.3 Present Situation: Generally Clinical Rehabilitation of the mentally ill inpatients should be done at the level of Mental Hospitals under the aegis of Health & Family Welfare Department and Disability Support within the community may be the responsibility of Social Welfare Department as far as our State is concerned.

In our state-run mental hospitals, few NGOs are bearing the responsibility of rehabilitation of selected inpatients according to their capability by way of different therapies but the number of selected inpatients availing of such facility is much less than the present patient strength. The facility of (occupational) therapy should be extended to all the inpatients who have mental

ability to respond to such therapies. To cope with the matter, mental health cell have prepared a scheme for occupational therapy/vocational training of the mentally ill inpatients in four mental hospitals with the help of the NGOs, which is enclosed as Annexure-I.

As far as disability support is concerned it is apparent that in other states (viz. Tamilnadu) disability support to the mentally ill persons are being provided by the Social welfare Department. They provide financial grant to the NGOs for maintaining Homes for mentally ill people. It is necessary to develop coordination between these two Departments for the purpose of effective rehabilitation of mentally ill persons of the mental hospitals.

Part-II

Long staying Patients in State run Mental Hospitals

1. 2.1. Problem of long staying patients in state run mental hospitals: In our State there are five state run mental hospitals which have facility of both outdoor and indoor treatment. But out of five, four hospitals are overcrowded with the long staying patients who are stable/fit to be discharged but their families are not willing to take them back. Few patients do not have near relatives at all which includes some of the patients who were either brought from different jails in terms of direction of Hon'ble Supreme Court of India in view of violation of their human rights by detention in Jails or shifted from CIP, Kanke/RINPASS, Ranchi to West Bengal as patients of this State in terms of direction of GOI or admitted by the Police authorities after being picked up from road.

There are different provisions in Mental Health Act, 1987, e.g. Section 18, 40-44 for discharge of persons under different circumstances but the Superintendent of a mental hospital is authorized under section 40 of the MHA, 1987 for discharge of any person [other than voluntary inpatient or mentally ill prisoner] on recommendation of two Medical Officers (one of them should be a psychiatrist) with an intimation to the authority which have issued order for his/her admission to the hospital. But the hospital authorities fear to take the risk of discharging persons willing to be discharged but refused by their families, under section 40 of the Mental Health Act, 1987 keeping in mind their safety and protection, specially of the female patients after release and simultaneously owing to apprehension of facing responsibility in case such patients befall any untoward situation after release. Their apprehension seems to be justified to a great extent

as far as safety of the persons is concerned though our custodial nature contributes a lot for such mindset. Further clarification of the matter from the legal point of view is required to reach a concrete decision in this regard.

Report regarding details of long staying patients has been obtained from the Superintendents of the four hospitals which are enclosed in Annexure III to VI. There is only one long staying patient in the Institute of Psychiatry, Kolkata and this is why the facility has been excluded from this discourse. The patients who are forced to stay in the mental hospitals for more than one year after being cured/ controlled have been treated as long staying patients and their status is furnished below.

Sl. No	Name of Mental Hospital	Sanctioned Bed strength	Functional bed strength	No of long staying patients			Stable/Fit for discharge	%
				Male	Female	Total		
1	Calcutta Pavlov Hospital	250	250	64	79	143	53	37%
2	Lumbini Park Mental Hospital	200	113	48	39	87	30	34%
3.	Berhampore Mental Hospital	350	310	91	82	173	48	28%
4.	Institute for Mental Care, Purulia	190	110	66	30	096	28	29%
	Total	990	783	269	230	499	159	32%

It is evident that 63 % of the functional bed strength of the mental hospitals is occupied by the long staying patients whereas the number of stable/fit for discharge long staying patient is reckoned to be 32% of the total long staying patients. Though all the inpatients are under proper treatment in the hospitals but the number of 'stable/fit for discharge' long staying patients is much less than the total long staying patients because of relapse of mental illness owing to frustration/disappointment as they are forced to stay in the hospitals for years on end. It is pertinent to mention that there is system of re-admission of the persons who were released some time ago but faced relapse of disease. The system of re-admission encourages the families to take back the cured/controlled patients for some time.

1.2.2. On scrutiny of the list of long staying patients the year wise status and mode of admission of the patients are furnished below.

	Year of stay			Mode of admission			
	>1 year	>5 year	>10year	NCL	Reception order of court	CIP/RINPASS	Others
Calcutta Pavlov Hospital	14	55	74	NA	100	0	73
Lumbini Park Mental Hospital	20	28	34	17	22	0	43
Berhampore Mental Hospital	59	41	73	NA	NA	NA	NA
Institute for Mental Care, Purulia	30	28	38	20	5	19	52
Total	123	152	219	37	127	19	168

Furthermore, some of the long staying persons are **mentally retarded persons** who were admitted by way of reception order issued by the Courts. We all know that mentally retarded persons are not treated as Psychiatric patient as per section 2(l) of MHA, 1987 as mental retardation is not a disease, rather it is deficiency of required intelligence. It is not proper to keep them with the mentally ill persons in the same ward as complaint of mental retarded patients being injured by other psychiatric patients is apprehended. They should either be segregated in separate wards of the mental hospitals or shifted to special homes for their protection & safety.

1.2.3 We all know the reasons which may be attributed to the generation of long staying patients in the mental hospitals. Poverty is one of the root causes in the regard. It is an established fact that the poor are more vulnerable to mental illness than others. In the poor families psychiatric patients suffering from major mental disorders become a burden in the long run owing to their inability to earn or maintain themselves. Apart from that, difficulty in maintaining a chronic psychiatric patient in house coupled with social stigma also contributes for refusal of the families to take them back once they are admitted in the state run mental hospitals. Lastly, the patients who do not have any family/near relatives have no option left but to stay in the hospitals for years on end. The history of the long staying patients in the mental hospitals corroborates the facts above. Huge infrastructure and public money is being utilized in the specialized mental hospitals only for maintenance of a good number of cured/controlled patients. Administrative limitation of the hospital authorities to pursue with the families has also played a role for failure to integrate the persons.

1. 2.4. The long staying patients have been occupying the bed of the facilities for a long time and this has converted the status of the hospitals into custodial homes. Simultaneously, bed blocking by the long staying patients are also dwindling day by day the scope of indoor treatment of the

new patients who require hospitalization. The figure of admission and discharge during last two years are furnished below.

Sl No	Name of Mental Hospital	Functional Bed strength	2010		2011	
			Admission	Discharge	Admission	Discharge
1	Calcutta Pavlov Hospital	250	160	101	191	126
2	Lumbini Park Mental Hospital	113	034	023	037	032
3.	Berhampore Mental Hospital	310	288	230	211	205
4.	Institute for Mental Care, Purulia	110	016	016	019	014
	Total	783	498	370	458	377

Increase of admission of patients in Calcutta Pavlov Hospital in 2011 is due to admission in compliance of reception orders issued by the appropriate courts under section 22/24 of the MHA, 1987 in spite of sanctioned bed strength having been crossed. Since the treatment of mentally ill patients takes longer than other ailments, admission rate of new patients should be on an average four (4) times of bed strength in a year. But the admission rate is 0.63 in 2010 and 0.56 during 2011. It is no denying fact that long staying of stable/fit for discharge patients have become a major problem of the mental hospitals.

Part-III

Rehabilitation of long staying patients

1. 3.1 As stated above, because of the long staying stable/fit for discharge patients, the mental hospitals with its huge resources has eventually reduced to Psychiatric homes. The only way to remove the bottleneck is rehabilitation of these long staying stable/fit for discharge patients which has become a most challenging issue before us. The rehabilitation of such patients may be done by the following two ways which are:-

i) Integration with family members and

ii) Disability support

The approaches above are not wholly apart from each other, rather correlated and combination of both approaches should be explored to yield a better result for effective rehabilitation.

Integration with Family Members

1.3.3 Integration with Family Members: A two way strategy may be taken to deal with abandonment of mentally ill persons by taking:-

- i) short term measure with an eye to pursue continuously with the family members of the present long staying persons for taking them back to their respective families and
- ii) long term measures in order to stop the generation of long staying patients in future.

1) Short term measure: The following steps may be taken for this purpose:-

- i) Probable list of cured/controlled persons whose integration with family is possible may be prepared. In case the persons were admitted by force of reception order, the court which has issued the reception order may be moved for his discharge at the first instance. Simultaneously, intimation from the end of the H&FW department may be given to the relatives of the patients requesting them to take back the patients within a specified time frame referring to the penal provision of section 80 of the MHA, 1987 in the event of failure to take back the controlled persons.
- ii) Commissioner, Calcutta Police and Superintendent of Police and District Magistrates of the districts may be requested to pursue with the family members of the inpatients and create social pressure over them to take back the patients.
- iii) An all out effort may be taken to reintegrate the persons with their family members with the help of police authority & district administration by sending them direct to his house with adequate escort. Assurance of re- admission in case of relapse of disease may be given to the families to encourage them taking back the patients. A special allotment of fund may be given to the hospitals for arrangement of conveyance for a particular period.
- iv) Legal action may be taken against the reluctant family members in the court of law under appropriate section of the MHA for their failure to maintain the persons.
- v) Arrangement of Special assistance for the patients as an incentive to the families to encourage them to take back the patients. [The matter has been dwelt on elaborately in the paragraph for Disability Support]

2) Long terms measure to reduce the possibility of abandonment of patients in future.

Abandonment of mentally ill persons by their family members taking the advantage of administrative laxity cannot be stopped completely under the present the socio economic conditions which is playing a major role behind the abandonment. We should, however take some measures to curb the menace in future.

A. Proper documentation:-

- i) Collection of Phone Number & full address with PIN Code of the relatives at the time of admission of the patients.
- ii) Introduction of undertaking from the relatives of the patients in plain paper to make them legally bound for taking back and maintenance of the patients after recovery/release.
- iii) Digitization of data of the persons for easy retrieval in future as and when it will be required.
- iv) Keeping contact with the families over telephone and writing letters at a regular interval to take the cured/controlled persons back. Family Counseling Centers within the Mental hospitals may be established with the help of the reputed NGOs working for the rehabilitation of the mentally ill patients who may pursue with the family members to take the persons back in addition to providing other assistance.

B. Orientation of Judicial Magistrates so as to check the intention of family members to drop out the patient forever as well as to stop admission of mentally retarded persons in the psychiatric hospitals. Help of the Law branch of H&FW Deptt may be taken in this regard.

C. Incentive and conveyance cost to NGO members: Incentive @ Rs. 1000/- (approx) per patients in addition to actual cost of conveyance may be given to the NGOs for their effort to reintegrate long staying patients with the family members. A criterion may be set for giving the incentive. For example, incentive may be considered for reintegration of patients who are staying for more than one year. In case the hospital authority fails to send back the controlled/cured patients to his family after repeated persuasion, they may take help of the NGO for reintegration. Provision of some fund for this purpose may be kept every year for the hospitals.

D. Legal action against family members bound to maintain such persons: Like short term measure, family members legally bound to maintain mentally ill patient may be implicated in the court of law under appropriate section of the MHA for their negligence and failure to maintain the such persons. Law Branch of this Department may help deal with the matter.

Disability Support

1.3.4: Before dwelling on this issue, the orders passed by Hon'ble Supreme Court of India in the Civil Writ Petition No 334/2001 & 562/2001- Erwady-Saarthak Public Interest Litigation (PIL) is reproduced below

“In respect of inmates who are found to be not mentally ill but abandoned by their families, Old Age Pension under the category of destitute persons will be sanctioned to them by the District Collectors. Further, those who do not have homes to return to will be admitted in the Old Age

Homes or Destitute Homes run by the State Government and reputed Non Government Organizations.”

“A Scheme may be envisaged for rehabilitation process for those who are not having any backing, or lack of support in the community. The Scheme may be on the basis of quarterway homes (Supported Shared Home-Like Accommodation) for all patients ready to be discharged, but are not being discharged due to family not taking them back, or lack of support in the community, should be placed in a home-like accommodation created on the hospital campus itself. This accommodation could be an existing ward converted to have a home-like environment, with patients being taught house keeping skills, cooking, shopping and also encouraged to take up responsibilities in the hospital for which they should be paid for and then gradually encouraged to go the community for work.”

The former order was issued to the Government of Tamilnadu and the latter was to the State Governments of all States in India in view of incidence of death of mentally ill persons at Erwady in Tamil Nadu. The content of the order is still relevant as far as rehabilitation of long staying patients is concerned.

Disability support may be provided to the long staying patients in the form of:-

- i) Shelter in special half way homes attached to mental hospitals with facilities of health check up and rehabilitation/integration in case the family members are reluctant to take them back.
- ii) Facility of Occupational therapy/vocational training in mental hospitals and facility of production centers in the Half Way Homes and provision of remuneration/rewards to the patients for participation and production.
- iii) Employment or pension so that the patients (both reintegrated and those staying in half way homes) can maintain themselves without much reliance on others.
- iv) Shelter with liberty to maintain free life for the intending boarders.

A) Special half way homes for providing shelter to cured/controlled long staying patients of mental hospitals:

Providing shelter to long staying cured/controlled persons of mental hospitals in Half way Homes is a continuous process since abandonment of patients by the relatives cannot be stopped absolutely in the existing socio economic condition. The long staying persons who could not be reintegrated with their family members in spite of all out effort by hospital authorities may be given shelter in Psychiatric Half way homes. Such Homes must have facility of adequate support and care including regular health check up (mental & physical), medicines, occupational therapy

etc. and small production centers of some common trades. In terms of order of the Hon'ble Apex Court, the patients may be taught house keeping skills, cooking, shopping as a part of occupational therapy and then gradually encouraged to go the community for work. Proper leisure time activities may also be there. Skilled persons may also seek employment outside and stay in the Homes.

Big homes are indeed cost effective but the homes with smaller bed capacity may be more effective as far as proper care and service is concerned. At least six half way homes with bed capacity of 50 each may be established; four in Kolkata, one in Berhampore and one in Purulia. The Home may be tagged with a particular mental hospital. Psychiatric diet may also be allowed in the homes.

The following models may be explored for setting up of psychiatric half way homes.

1) Existing Homes of Social Welfare Department may be converted to Psychiatric Half Way Home under joint venture of the Department of Social Welfare and Health & Family Welfare. Social Welfare Department may shoulder the responsibility for management of the Half Way homes and the H&FW Deptt may bear the responsibility of regular health check up of the boarders including supply of medicines. Or

2) Special half way homes for psychiatric patients may be established in active collaboration with reputed NGOs like Ramakrishna Mission etc. under the ownership of either DoSW or DoHFW. A draft scheme for running Half way Homes by NGOs has been given in Annexure-II. It is apparent that approx Rs 3.45 Lakh per month may be required for running a Half way Home with 50 bed capacity. The arrangement may be cost-effective compared to the cost borne in mental hospitals.

B) Vocational Training/production centers: As stated in the foregoing paragraph, small production centers may be established within the special half way homes which may be run in collaboration with the NGOs. The centre will impart training to the boarders on some trades and engage them in production of the items keeping in mind his/her willingness, choice & ability. If feasible, the production center may be set up with the help of Tantuja for production of gauge & bandage which may be supplied to govt. hospitals. It may be noted that the DoHFW takes supply of gauge & bandage in the hospitals from Tantuja and the DoHFW may expect their help in such benevolent activities. Help of other Govt. undertakings may also be taken in this regard. The patients on the other hand may get remuneration for their labour. The patients who have interest in other trades may get training in outside institutions.

C) Employment of Patients: Providing employment to cured/controlled persons is a difficult task indeed but the rehabilitation units may take effort in association with the placement agencies to assist the persons staying in half way homes in getting employment in the community according to his/her skill and willingness. Adequate care should be taken in this behalf as the incidence of disappearance of two persons from the custody of a NGO occurred few years back.

D) Special assistance and Disability pension: Special assistance indicates its distinction from disability pension which is sanctioned for the person having certain level of permanent disability. The cured/controlled long staying persons in the mental hospitals may not be eligible for disability pension since they do not have permanent disability. The objective of special assistance is to facilitate reintegration of cured/long staying patients with their families. It may be an incentive to the poor families to encourage them to take cured/controlled persons back and maintain them within the community. Apart from that, the cured/controlled boarders of half way homes may also be given an option of special pension in case they have accommodation and want to maintain free life with the help of NGOs. Side by side, disability pension may also be provided as usual to those long staying persons who have permanent disability and are eligible for getting disability certificate. A special camp for screening of patients for disability certificate may be organized in each mental hospital.

It is pertinent to mention that the provision of special assistance is cost effective taking into account the huge cost borne for maintenance of cured/controlled persons in mental hospitals. Financial assistance at the rate of Rs 750/- along with conveyance cost of Rs 250/- for OPD treatment totaling Rs 1000/- per month and free medicines may be given to the long staying persons whose family members are willing to take them back. Either H&FW Department or the Social Welfare Department may take the ownership of the scheme for providing pension to the patients. Fund involvement for this purpose cannot be calculated at this stage as the number of patients who may come under this scheme could not be ascertained.

Part-IV

Conclusion

1.3.4. It is expected that the ill fated long staying persons in the four mental hospitals in our State may be rehabilitated by taking the steps/measures stated in the foregoing paragraphs. Keeping an eye to effective psycho-social rehabilitation of the patients of mental hospitals, both the H&FW department and Social Welfare Department may embark on a joint venture for effective rehabilitation of the long staying cured/controlled persons.

Last but not the least, it is pertinent to say that bed blocking by the long staying patients is a world wide problem as a usual consequence of the custodial nature of the specialized big mental hospitals from the days of its origination. At present, there is a paradigm shift from the concept of big mental hospitals to GHPU (General Hospital Psychiatric Unit). In a GHPU, mentally ill persons may avail of the treatment facility alongside the patients suffering from other ailments. GHPUs have an important role in reducing stigma in respect of treatment of psychiatric patients.

In West Bengal, treatment facility of mental disorder is available in all the districts hospitals and Medical Colleges & Hospitals in addition to specialized psychiatric hospitals. Emphasis should also be given for strengthening of GHPUs for providing greater accessibility and treatment facility to the patients of rural areas to reduce the pressure on mental hospitals. At the same time the facility of psychosocial rehabilitation should also be made available at the district level throughout the State in collaboration with the reputed NGOs.

Source:

- 1) Background Papers , NCMH (Burden of Disease)
- 2) Framework for rehabilitation for mental health-NSW Government
- 3) MH Pilots in Gujarat
- 4) Order passed by Hon'ble Supreme Court of India in Erwady-Sarthak PIL
- 5) Journal of WPA
- 6) Online edition of The Hindu dated June 09, 2010

Annexure-I

Establishment of Rehabilitation Centre –cum-Family Counseling Centre in 4 (four) State run Mental Hospitals

I. Objective:

- i) To facilitate psychosocial rehabilitation the mentally ill persons of the State run mental hospitals through occupational therapy/vocational training.
- ii) To conduct 'Family Counseling Centers'(FCC) within each state run mental hospital for providing guidance and assistance to family members for effective community based care of mentally ill persons.
- iii) To keep contact with screening centers and to assist families to obtain disability certificate
- iii) To pursue family members to take back the admitted mentally ill persons declared fit by the Hospital

II. Operating Procedure:

- a) DoHFW will select Rehabilitation Centre in the existing buildings within the premises of the four State run Psychiatric Hospital and provide furniture and equipments. Annual grant towards cost for O&M for the centre will also be provided to the Private sector Partner (PSP)/NGO. The PSP/NGO will be responsible for effective rehabilitation of the patients and family counseling by the trained therapist/Counselors.
- b) The centre will have two components which are i) Rehabilitation Centre and ii) Family Counseling Centre. The rehabilitation centre shall have facilities of occupational therapy & Vocational Training of few trades such as Data Entry in computer, Weaving, Handicraft, Tailoring, Incense making etc. The OPD patients of nearest locality may also avail the vocational training as Day care Centre.
- c) The PSP/NGO has to organize Family Counseling Centers for counseling of the family members of the outpatients continuing treatment and inpatients who have been discharged. From OPD, the family members of the patients will be sent to the Counseling Centre where they will get all types of assistance and guidance for proper care of the patients within the family.
- e) The FCC will keep contact with each and every inpatient as far as practicable from the date of admission and pursue the family members to take back patients whenever they will be declared fit by the Hospital.

III. Contributions from DoHFW:

- a) Existing buildings of the Mental Hospitals will be used as Rehabilitation Centre. DoHFW will make renovation/alteration of the existing building @ Rs 1.00 Lakh each for the Hospital and @ Max Rs 4.00 Lakh for procurement of furniture and equipments and also provide annual upkeep grant @ of max Rs 9.90 Lakh for a unit of 100 patients to the PSP/NGO according to actual number of participants.

IV. Role of PSP/NGO under PPP:

The PSP/NGO will be responsible for engagement of Psychologists/PSWs and other trainers/Counselors and organizing training, effective rehabilitation and counseling of the family members of the patients.

V. **i) No of proposed Unit:** -4 (Four) for the present

ii) **Locations:** Within the premises of:

- 1) Kolkata Pavlov Hospital
- 2) Lumbini Park Mental Hospital
- 3) Berhampore Mental Hospital
- 4) Institute of Mental Care, Purulia

VI. **No. of Beneficiaries:**

a) Rehab: Yearly 5000 patients,

b) Family Counseling Center (FCC): yearly 20000 families

VII. **Activity mapping/Time table for residents**

Time	Activity	Days in a week	Responsibility
6.30 AM to 7.00 AM	Getting up/ Personal Hygiene/Tea	Every day	
7.00-8.00 AM	Prayer/Walk/Exercise/Yoga	5 days	Yoga/Games teacher
8.00 AM to 9.00 PM	Breakfast		
9.30 AM -11.30 AM	Music/Dance/Painting/Gardening/ House keeping skills	4 days	Music/Dance/Painting teacher
	Counseling /Reading/ Writing skills	2 days	Cl. Psychologist /PSW/Counselor
12.30 PM	Lunch		
3.00	Tea		
3.30 PM to 6.00 PM	Afternoon Tiffin		
	Vocational training	2 days	Vocational teacher
	Games		Yoga/Games teacher
	Cultural activities	4 days	Music/Dance/ Painting teacher
6.00 PM to 7.00 PM	Evening Prayer & group discussion	5 days	Cl. Psychologist /PSW/Counselor
6.30 PM to 8.00 PM	TV watching		
8.00 PM	Dinner & bed time		

* Nursing staff and GDA in the particular shift will render assistance to the teacher on duty. Help of fit patients may also be taken.

VIII. **Total Cost for establishment of Six (6) Sub-units (one time) is provided as under:**

[Total Six sub-units according to patient strength: Pavlov 2 Us, LMH-1 U, Berhampore-2Us, and Purulia-1 U for total 600 Patients]

Type of Exp	Purpose	Max Prob. Expenditure for one unit	Maximum prob. exp for 6 (Six) units/4 Hospitals
		(Rs in Lakh)	(Rs in Lakh)
<u>A. One time</u> exp for Establishment	Renovation/alteration of the existing building for setting up of rehab centre	1.00	6.00

of set up	Cost towards procurement of equipments(app) and furniture	4.00	24.00
	Total	5.00	30.00

X. Cost break up for therapy activities and vocational training

Purpose	Max Prob. Expenditure per month
	Rs in Lakh
1. Cost for engagement of two part time Yoga/Games Teachers with Assistant for 22 days a month	0.15
2. Cost for engagement of one part time Music teacher with Assistant for 18 days a month	0.07
3. Cost for engagement of one part time painting teacher with Assistant for 18 days a month	0.07
4. Cost for engagement of one part time dance teacher with Assistant for 18 days a month	0.07
5. Cost for engagement of three teachers for vocational training.(three trades)	0.15
6. Cost of materials for therapy and vocational training including reward to the patients for activity	0.09
Total	0.60

* Income from finished product of vocational training may be utilized

IX. Annual grant required for operation and management of the 6 sub-units (every year) in 4 hospitals:

Type of Exp	Category	Purpose	Max Prob. Expenditure for one sub-unit per month	Max Prob. Expenditure for one sub-unit per year	Maximum prob. exp for 6 (Six) sub-units of 4 Hospitals
			Rs in Lakh	(Rs in Lakh)	(Rs in Lakh)
B. Annual O&M Grant*	OT and VT	Cost for therapy activities and vocational training	0.60	7.20	43.20
	Family Counseling Centre	Honorarium of Counselors	0.14	1.68	10.08
		Telephone cost (help line) for keeping contact with family members.	0.01	0.12	00.72
		Conveyance cost and incentive for reintegration of the patients @ Rs 1500/- for 5 such patient.	0.075	0.90	05.40
	Total		0.825	9.90	59.40

X. Hospital wise cost for Rehab Centre

Name of Hospital	Sanctioned strength	Average No. of in patient	Total Sub-Unit	Total Cost per Sub-Unit per Month	Total Cost per month for each Unit per month	Total Annual Cost for all units
				Rs in Lakh	Rs in Lakh	Rs in Lakh
Calcutta Pavlov	250	350	2	0.825	1.65	19.80
Lumbini Park	113	110	1	0.825	0.825	09.90

Purulia	110	100	1	0.825	0.825	09.90
Berhampore	310	250	2	0.825	1.65	19.80
Total	783	855	6	3.30	4.95	59.40

VIII. Monitoring Mechanisms:

- a) The Superintendent of the respective State run Psychiatric Hospital will monitor the performance of the Centre and extend all sorts of cooperation to the PSP/NGO for its smooth running. The members of the RKS of the respective Hospital will visit and monitor the Rehabilitation and assess the quality of service rendered by the PSP/NGO. They will submit report to the DoHFW.
- b) Performance audit may also be done to review the performance of the Centre.
- c) The PSP/NGO shall submit monthly performance report to the respective R.K.S as well as the DoHFW each month to review and monitor the activities.

Annexure-II

Establishment of six Psychiatric Half Way Homes

Model-II (run by PSP/NGO under control of DoHFW or DoSW)

I. Objective:

- a) To provide shelter to the cured /controlled persons admitted in the state run mental hospitals whose family members are not willing to take them back.
- b) To rehabilitate such cured/controlled persons and try to integrate them with their family members
- c) To provide legal assistance to the cured/controlled persons who require it.

II. Operating Procedure:

a) The Half way Home may be accommodated in a rented building to be arranged by the PSP/NGO itself or Govt. premises. The Home may be run in existing Homes of DoSW or buildings of DoHFW.

(b) State Government may provide one time grant for furnishing of the facility and annual O&M grant for smooth running of the Half way Home. The selected PSP/NGO will be responsible for proper and efficient operation and management of the Home with their own Human Resource for rehabilitation of the mentally ill patients.

b) Each half way home may have bed capacity of 50. It will be attached to specific state run mental hospital i.e. Calcutta Pavlov Hospital, Lumbini Park Mental Hospital, Berhampore Mental Hospital and Institute for Mental Care, Purulia for the purpose of ownership. The service of Psychiatrists of the respective Hospital may be utilized for betterment. The respective State run Psychiatric Hospital will send to the Half way Home the cured/controlled admitted persons who could not be reintegrated with their families because of refusal or who does not have any family members at all.

C) In each Home there will be some production centers where the willing patients may be engaged after training and they may get remuneration/reward for production of item which may be sold in the open market. Endeavour may also be taken for production of gauge bandage etc. in collaboration with Tantuja who will procure the products and sell it to Hospitals of Health and Family Welfare Departments.

d) The PSP/NGO will take effort to reintegrate the persons with their family or make arrangement of proper rehabilitation in the long run with the help of different schemes of GOWB or GOI.

III. Contributions from DoHFW:

a) State Government may provide existing buildings/homes for running the half way Homes and also provide annual O&M grant @ max Rs 2300/- per patient per day to the PSP/NGO according to actual number of patients for the purpose of food, medicine, other facilities and rehabilitation/reintegration.

b) The PSP/NGO may avail the facility of schemes sponsored by GOI for financial assistance for running half way home and in that case DoHFW will send recommendation to the GOI if deem fit.

IV. Role of PSP/NGO under PPP:

The intending Organization will be responsible for smooth and efficient operation & management of the Homes with their trained human resource. The have to engage Part time Psychiatrists, Part time GDMO, Social Worker, Clinical Psychologists and other support staff for this purpose and Government shall have no liability in this regard.

V. a) No of proposed Unit & Locations: - 6 (Six)

Location	Category	Bed capacity	Name of attached Hospital
Kolkata-1	Male	50	Calcutta Pavlov
Kolkata-2	Female	50	Calcutta Pavlov
Kolkata-3	Male +Female	50	Lumbini Park
Murshidabad-1	Male	50	Berhampore Mental Hospital
Murshidabad-2	Female	50	Berhampore Mental Hospital
Purulia	Male + Female	50	Institute for Mental Care, Purulia

VI. No of beneficiary : 300X2=600 patients per year will be benefited

Sl No	Item	Category	Unit	Monthly Cost
1	Salary of staff	Part time Psychiatrist	1 @ Rs15000	Rs 15000/-
2		Part time GDMO	1 @ Rs 12000	Rs 12000/-
3		PSW/Cl. Psychologist	1 @ Rs 10000	Rs 10000/-
4		Nurse	3 @ Rs 10000/-	Rs 30000/-
5		Superintendent/Manager	1@ Rs 12000	Rs 12000/-
6		Typist	1 @ Rs 6000/-	Rs 6000/-
7		Attendee/Helper	7 @ 5000/-	Rs 35000/-
8		Night Guard	3 @ 6000	Rs 18000/-
9		Part time Sweeper	3 @ 2000/-	Rs 6000/-
10		Part time Barber	1 @ 2000/-	Rs 2000/-
11		Part time OT teacher	2 @ 5000/-	Rs 10000/-
12		Work Staff for production centre	2 @ 5000/-	Rs 10000/-
13	Food Medicine & Other cares	Supply of diet	50 @ 60 /-X30	Rs 90000/-
14		Supply of medicine	50@ Rs 250/-	Rs 12500/-
15		Dress [4 sets per year: total1000/- per yr] + Towel	50 @ Rs 100	Rs 5000/-
16		Sweater and Rag (Av. for 2 yrs)	50 @ Rs 50	Rs 2500/-
17		Other(Soap + Tooth paste+ Oil etc.	50 @ Rs 60	Rs 3000/-
18		Newspaper +Magazine	2@ Rs100 +80	Rs 280/-
19		Chappal (1 per 2 yr)	50X100/24	Rs 200/-
20		Gardening		Rs 1000/-
21		Outing (twice a year)	2 @ 6000/-	Rs12000/-

22		Cultural Programme with reward	1 @ 500/-	Rs 500/-
23	Contingency	Rent for building		Rs 25000
24		Hiring of Ambulance	5 days @ 600	Rs 3000/-
25		Electricity		Rs 5000/-
26		Telephone		Rs 1000/-
27	Reintegration	Conveyance	20 @ Rs 500/-	Rs 10000/-
28	Legal Aid	Charge for advocate	02 @ 2000/-	Rs 4000/-
29	OT + Prod. Centre	Raw Materials		Rs 5000/-
		Total Cost		Rs 3,45,980/-
		Cost per patient per month		Rs 230/- p.p.p.m

In case the Home is run in Govt. premises and medicines is supplied from the stock of mental hospitals, then the cost for these two items may be deducted

VII. Probable cost

Type of Exp	Purpose	Max Prob. Expenditure for one unit per month	Maximum prob. exp for six units per month	Annual Cost
		(Rs in Lakh)	(Rs in Lakh)	(Rs in Lakh)
<u>A. One time</u>	Cost towards procurement of furniture and equipments(app)	1.00	6.00	6.00
<u>B. Annual Grant-in Aid</u>	O&M Cost @ Rs 230/- (App) per patient per day for 50 beds for food, dress, medicine and other facilities including rehabilitation & legal charges	3.45	20.70	368.40

XI. Monitoring Mechanisms:

- a) Superintendent of the respective Hospital will look into the activities of the Half Way Home. There will be a board of monitoring members for each Home to be constituted by the DoHFW for inspection at a regular interval to assess & monitor the quality of care and service being provided to the boarders. The Board will submit a report to the DoHFW on the basis of their inspection & assessment.
- b) Performance Audit will also be arranged by the State Government to review the performance of the Home.
- c) The PSP/NGO shall submit monthly performance report to the respective Hospital as well as the DoHFW each month to review and monitor the activities.

Broad Terms & Conditions for operation and management of the scheme:

- 1) The scheme would be governed by an agreement with detailed terms and conditions to be signed with the selected PSP/NGO by the competent authority of DoHFW, GoWB for running of each of the services. Standard Operating Procedures (SOPs) including the protocol for Quality Assurance Standards would be incorporated as 'Schedule' in the Agreement
- 2) DoHFW would provide an annual grant under this scheme for operation and management of different facilities as described under Section 6. The PSP/NGO shall be responsible for the entire operation and management of the allocated services with its own resources by utilizing the annual grant from DoHFW.
- 3) The agreement will be valid for a period of four years renewable thereafter based on comprehensive performance appraisal and on mutual consent of both the partners. Regular review of performance will be undertaken on quarterly basis. The said agreement will also incorporate the causes for termination of the agreement.
- 4) Qualitative treatment & care of the patients will be first and foremost condition for renewal of annual contract with the PSP/NGO along with other eligibility parameters. Policy of Zero tolerance shall be exercised as far as patient care is concerned.
- 5) The selected PSP/NGO shall be required to provide security by way of Bank Guarantee equivalent to 5% of the annual grant for settlement of any pending claim arising out of dispute during the course of operation and management of the Hospital. The Bank Guarantee shall be in favour of DoHFW with any scheduled/nationalized bank acceptable to DoHFW.
- 6) The PSP/NGO has to obtain license from appropriate Authority as per MH Act, 1987 as amended hereafter for establishment of Psychiatric Hospital, Short Stay Home and Half Way Home. The selected Organizations need to comply with relevant Clinical Acts and Laws relating to deployment of medical, technical and other personnel.
- 7) The establishment so set up shall be open to inspection by the officers of the State Government or a nominee of their authorities.
- 8) The PSP/NGO shall maintain a record of all assets created by State Government and that acquired wholly or substantially out of Government grant in the Stock Register and present to the Auditor for checking. In this regard, the provisions of General Financial Rules would be applicable. Such assets shall not be disposed or encumbered or utilized for purposes other than those for which grant was given without prior sanction of the Government of West Bengal. In case the organization/institution ceases to exist at any time such properties shall revert to the Government of West Bengal.

Causes for Termination of Contract

Any of the following events shall constitute an event of default by the PSP/NGOs entitling DoHFW to terminate this agreement:

- a. Failure to commence services in the Hospital within the specified months stated in the agreement after signing of the agreement
- b. Failure to comply with SOPs for operation and management of the services
- c. Negligence on the part of PSP/NGO which may cause loss or damage of Government property and harm to the patients,
- d. Collecting charges from the patients in violation of the Policy on User Charges
- e. Failure to comply with the statutory requirements, Clinical Establishment Acts, Rules and other applicable norms
- f. Criminal indictment of the promoters, member/s of the Board of Directors, chief functionaries, key personnel engaged by the PSP/NGO for operation and management of the services.
- g. Engagement of unqualified persons for running of the Services
- h. Use of the allocated space/premises by the PSP/NGOs for any other purpose other than the approved scheme.

Upon occurrence of any of the defaults, DoHFW would follow the procedures of issuing Notice/Show Cause before deciding on termination of the agreement. The decision of DoHFW shall be final and binding on the PSP.

Policy on Payment of Annual Grant

- a. DoHFW would provide an annual grant for operation and management of different facilities.
- b. The quantum of grant would be finally decided based on the proposal relating to annual cost received from the technically eligible applicants
- c. The grant would cover the expenses relating to operation and management of the facilities.
- d. The approved grant would be payable to the selected organizations upfront on quarterly basis. 90 % of the applicable amount in the Quarter would be released on auto release basis while remaining 10% of the amount would be paid later after submission of prescribed documents by the PSP/NGO. The PSP/NGO needs to submit prescribed documents every month to concerned authority on utilization of services.
- e. DoHFW may review the quantum of the Grant for revision on every two years based on performance appraisal.

- f. If an organization has already received or is expected to receive a grant from some other official sources for the purpose for which the application is being made under this Scheme, assessment of State grant will normally be made after taking into account grant from such other official sources. The Organization needs to furnish necessary information for such grants.
- g. The PSP/NGO shall maintain separate accounts of the Grants received under this Scheme. They shall always be open to check by an officer deputed by the Government of West Bengal
- h. This shall be open to a system of internal audit or concurrent audit. They shall also be open to test check by Internal Audit Branch of Finance Department.

ELIGIBILITY AND SELECTION CRITERIA FOR INTENDING APPLICANTS

(A) Selection Committee:

DoHFW shall form a Selection Committee (SC) as under to undertake selection of the applicants for operation and management under PPP:

1. Director of Health Services, West Bengal-Chairman
2. Special Secretary/Joint Secretary, Mental Health-Member
3. Joint Secretary (Law)-Member
3. Dy. Director of Health Services (Mental)-Convener
4. Assistant Director of Health Services (Mental)-Member
5. HOD (Psy) of MC&H nominated by DME-Member
6. Addl. DHS (AA&V)-Member
7. One Technical Officer of SPSRC Cell nominated by Director SPSRC-Member

(B) Eligibility Criteria for application by the Intending Organizations:

The eligibility criteria for application of intending organizations for consideration of selection of the Organization for operation and management of the mental health facilities under PPP are provided as under:

- 1) The Organization (NGO / Trust / Limited Company / Private Limited Company / Partnership or Proprietary Firm) must be registered under appropriate statutory authority of Government of West Bengal / Government of India or under Companies Act
- 2) The Organization may be located any where in India but has experience for more than three years in activities relating to health care/rehabilitation/counseling for persons suffering from mental and behavioral disorders.
- 3) In case of application for operation and management of Psychiatric hospital, the Organization needs to have experience in running a minimum of 50 bedded hospital with OPD facilities for mentally ill patients.
- 4) The annual turn over of the Organization (in Rupees) shall be considered for being eligible to apply are as under:
 - a) Rs Three Crore in aggregate of last two financial years ending March 2011 in case of Organization applying for operation and management of Psychiatric Hospitals
 - b) Rs Thirty lakh in aggregate of last two financial years ending March 2011 in case of Organizations applying for operation and management of each of the initiatives other than Psychiatric Hospitals
- 5) No litigation is pending on date and no penal measures were taken against the applicant under applicable Acts and laws

Applicant failing to fulfill any of the above-mentioned Eligibility Criteria will not be considered for selection.

(C) Selection Procedure

- 1) Selection process would involve short-listing of applicants based on marks scored by the applicants based on specified technical criteria. Physical inspection at the facilities of the applicants with prior intimation may be undertaken by SC or members authorized by SC for gathering information relating to short listing of applicants for further processing for selection.
- 2) After short-listing of technically eligible applicants as mentioned above, final selection of the Organization from the short-listed applicants would be made on the lowest offer made by an applicant for financial grant for operation and management for each of the services under PPP.
(*The financial BID will be opened only for technically eligible applicants.*)
