



# Revitalizing and Upgrading State Mental Hospitals in Uttar Pradesh is Crucial in Today's Context

Alok Kumar Shukla<sup>1\*</sup>, Navin Kumar Singh<sup>2</sup>, CP Mall<sup>3</sup>, Akhilesh Kumar Sharma<sup>1</sup>

<sup>1</sup>Department of Psychiatry, Mental Hospital, Bareilly, Uttar Pradesh, India.

<sup>2</sup>Department of Psychiatry, Mental Hospital, Varanasi, Uttar Pradesh, India.

<sup>3</sup>Mental Hospital, Varanasi, Uttar Pradesh, India.

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### \*Correspondence:

Alok Kumar Shukla  
alok0440@gmail.com  
Department of  
Psychiatry, Mental  
Hospital, Bareilly, Uttar  
Pradesh, India.

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## Abstract

Mental hospitals have historically played a strong central role in providing mental health services in India. Their journey from asylum to hospitals has come a long way, yet there is a lot to be done as mental hospitals did not evolve as per the demand of the era. The role of mental hospitals is yet limited to the treatment of the insane. Patients are difficult to discharge due to neglect and unwillingness of families. People consider these hospitals as custodial setups for dumping down psychiatric patients. With the modernization of facilities in these hospitals, the scenario can be significantly changed. In order to effectively address the diverse needs of patients, a mental hospital must incorporate a range of specialized units within its premises, including departments dedicated to various domains such as addiction treatment, childhood psychiatric disorders, geriatric psychiatry and rehabilitation facilities. Along with those infrastructural developments such as separate ECT complex, ICU, hemato-biochemical lab and radiology unit will further enhance the efficiency of services in these hospitals.

Revitalizing and upgrading mental health institutions is imperative for the times. Upgrading mental health facilities shall help countering the stigma associated with mental health issues.

## INTRODUCTION

The significance of mental hospitals in the area of mental health services in India cannot be underestimated, with their role holding a strong, vital, and central position. During the British era in India, mental hospitals originated as asylums designed for the detention of individuals deemed lunatics, serving the objective of isolating them from society.<sup>1</sup> Taking Uttar Pradesh into consideration, Mental Hospital Varanasi, Agra and Bareilly were founded as mental asylum in the year 1809, 1858 and 1862, respectively.<sup>2</sup> Our mental hospitals have a long history of journey from asylum to a hospital, which actually started after the discovery of electroconvulsive therapy and psychotropic medicines. Thereafter, the emphasis on healthcare moved towards outpatient and community-based care.

Unfortunately, the progression of services in most mental hospitals did not keep pace with the expectations of the time. They remained only a custodial

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setup for the insane.<sup>3</sup> Over time, a prevailing attitude within society took root, viewing these hospitals as places where psychiatric patients were often relegated, akin to a dumping ground.<sup>4</sup>

## Current Scenario

Since after Mental Healthcare Act 2017 came into existence, these problems have been reduced significantly and the Human rights of psychiatric patients are being obliged.<sup>5</sup> The government has notably increased the deployment of psychiatrists in mental hospitals, a departure from the previous practice of assigning general physicians with basic medical science undergraduate degrees and limited expertise in psychiatry. This indicates a high level of government attentiveness towards the mental well-being of the state residents. However, the situation is still lagging behind in mental hospitals in terms of diversification of sub-specialties.<sup>6</sup>

Having such a huge land resource and bed occupancy, these hospitals have a hidden potential for development according to the requirements of the modern age. But the matter of concern is that the integrity of the land area of these hospitals is not being properly advocated. A significant part of the land has been donated to other departments in the past and this trend is still going on without thinking that mental hospitals are the primary pillars in the field of mental health facilities in India. The original land area of the hospitals has significantly reduced over time.

Desired steps to be taken: The contemporary need calls for the improvement of mental hospitals and now it should be diversified in various domains as follows:

### Department of general psychiatry

There are three mental hospitals in Uttar Pradesh. Mental hospitals in Bareilly and Varanasi are government-owned. Institute of Mental Health & Hospital,

**Table 1:** About mental hospitals in Uttar Pradesh

Mental hospital	Year of establishment	Area (acres)	Bed occupancy
Agra	1859	173	718
Bareilly	1862	32	494
Varanasi	1809	26	361

Agra, is an autonomous body under the State Government, running various mental health-related academic courses. Most of the mental hospitals in Uttar Pradesh are successfully running General Psychiatry OPD with an average of 400 to 600 patients per day. Over the past 20 years, the number of patients visiting mental hospitals has increased 10-fold, indicating reduced stigma related to mental hospitals. It is very difficult to deal with such a large number of patients with quality assurance. The introduction of a diverse range of patients with psychiatric illnesses will alleviate the burden on the general psychiatric outpatient department (OPD), thereby enhancing the overall quality of mental health services. Computer-based OPD registrations are functional only in the Institute of Mental Health & Hospital Agra, whereas Mental Hospital Bareilly and Varanasi are still working with manual OPD registrations, which need to be upgraded. The OPD registration data should be saved digitally.

### Department of deaddiction

The growing problem of substance abuse in India highlights the critical need for an integrated deaddiction facility within the premises of the mental hospitals. These patients have to stay within general psychiatric wards as there are no specialized wards with medicines and facilities related to addiction medicine for these patients. Most of the mental hospitals do not have a separate deaddiction complex except in Agra. The medications essential for managing detoxification and anti-craving agents employed in treating alcohol and opioid dependence face accessibility challenges, attributed to intricate licensing procedures, record-keeping procedures and constraints imposed by the Law and Narcotics Department.<sup>7</sup> These challenges stand as the principal reasons driving patients with substance abuse disorders to opt for private deaddiction centers elsewhere, which further imposes an economic burden on caregivers. As the government deploys well-trained psychiatrists in every mental hospital, it should be obvious to build a separate deaddiction ward/complex in mental hospitals.

### Department of childhood psychiatric disorders

Diagnosing a childhood psychiatric disorder such as autism, specific learning disorder, intellectual

disability and ADHD is a difficult task that takes lots of experience and time. It is very difficult to handle such cases with such a heavy patient load in the general psychiatric OPD. So, for proper evaluation of childhood disorders, it is imperative to have a separate Department of Childhood Psychiatric Disorders. Obtaining crucial medications like methylphenidate and atomoxetine,<sup>8</sup> vital for ADHD management, is hindered by complex licensing processes, meticulous record-keeping requirements, and regulatory constraints imposed by the Law and Narcotics Department. A sincere commitment from both hospital administration and the state government is imperative to make these medications accessible within mental health institutions, addressing the needs of children undergoing challenges associated with ADHD.

### ***Department of geriatric psychiatry***

A separate Department of Geriatric Psychiatry is desirable in mental hospitals because it addresses the unique mental health needs of elderly individuals. Elderly patients often present with complex medical histories, cognitive decline, and unique social and environmental factors that influence their mental well-being. Dementia, a prevalent condition among the elderly, requires specialized expertise for accurate diagnosis and comprehensive care planning. Specialized care considers age-related factors, comorbidities, and tailored treatment approaches to ensure better outcomes for elderly patients.<sup>9</sup>

### ***Department of psychosexual disorders clinic***

Sexual health concerns can be sensitive and may require a high level of confidentiality. A separate clinic provides a discreet environment, fostering a safe space for individuals to discuss intimate matters without fear of judgment or breach of privacy.

### ***Department of Hematological and Biochemical Investigations***

Mental hospitals lack a proper hematological and biochemical lab due to which patients have to visit nearby District Hospital/Medical College for routine investigations, which is very inconvenient for patients as well as their family members. Psycho-

tropic medications used in mental health treatment may impact hematological parameters. Regular blood tests help monitor potential side effects,<sup>10</sup> toxic drug levels in blood,<sup>11</sup> or adverse reactions, ensuring the safe and effective use of psychiatric medications. So, it is desirable to have an in-house hemato-biochemical lab within mental hospital premises.

### **Proper Modified ECT Complex with Pre-ECT and Post-ECT Recovery Rooms**

ECT complex is an integral part of mental hospitals as they often deal with the most severe mental illnesses. In-house ECT complex is mandatory with pre-ECT and post-ECT recovery room facilities. An anaesthetist should be posted here permanently for the purpose of modified ECT with all necessary medications and equipment. The EEG facility and RTMS therapy cabin can be integrated into the same building.

### ***ICU complex***

Delirium is often encountered in patients with alcohol withdrawal, drug overdose, electrolyte imbalances and organic causes of psychosis. Sometimes, side effects of antipsychotics may lead to severe and life-threatening conditions such as neuroleptic malignant syndrome. Mental hospitals should be enabled with an ICU setup to deal with such scenarios.

### ***Emergency department***

Patients who are agitated, aggressive, have hostile attitudes, and prone to deliberate self-harm or harm to others should be dealt with care in emergency wards only and not in general psychiatric wards.

### ***Radiology department with X-ray, CT scan & MRI facilities***

Radiologists are crucial in mental hospitals. Radiological imaging, including X-rays, CT scans, and MRI, allows for a more accurate differentiation of neurological and psychiatric conditions. It fosters collaboration between radiologists and mental health professionals to explore correlations between brain structure and psychiatric conditions.

### **Residences & hospital building**

Older residences and hospital buildings have worn out. Some old buildings were renovated, a few were declared condemned and some required renovation. The budget allocated last year in Varanasi and Bareilly for the maintenance of hospitals was around 17.88 lakh & 71.95 lakhs, respectively, out of which 17.876 lakh spent and merely 304 rupees were surrendered in Varanasi and 71.94 lakhs spent and only 3963 rupees surrendered in Bareilly. Mental health professionals are compelled to stay away from hospital premises. For so many years new residence for doctors has been clearly overlooked.

### **Director of mental hospital**

Professionals from other fields may not understand the need for occupational therapy, skill training routines, as well as behavioral and emotional demands of psychiatric patients; therefore, the Director of a mental hospital should preferably be a psychiatrist only.

### **Rehabilitation facility**

It should be run by posting adequate staff for a multidisciplinary team comprising a psychiatrist, a clinical psychologist, a psychiatric social worker, a psychiatric nurse, and vocational instructors. Services can be provided in OPD, day-care, and inpatient settings. Patients should be encouraged to choose activities of their choice from different vocational sections, viz arts, dance, yoga and recreational activities. Nominal incentives can be given as reinforcement for day boarders attending rehabilitation services.

### **Budget**

Allocated budget in the financial year 2023 for Bareilly & Varanasi 15.7 crore and 0.6 crore, which incorporates all types of expenses.

### **Deinstitutionalization**

Every week meeting is held for the deinstitutionalization of improved patients. They are sent to their home halfway home. In last year ten patients were sent to halfway home and 22 were sent to their

home from Varanasi and 21 patients were sent halfway/log stay home from Bareilly.

### **Neuroscience institute**

Upgradation to neuroscience definitely alleviates stigma and provides more comprehensive care.

### **Drug procurement**

About 80% of drugs are procured through state medical corporations and 20% through local purchases (GEM Portal). Budgets were allocated last year around one crore in Varanasi, out of which merely 2645 rupees were surrendered & for Bareilly, around 1.22 crore and only 134 surrendered. To date, there is no opioid substitution therapy (OST) center in a mental hospital in Varanasi & Bareilly.

### **Community services**

In family wards in mental hospitals, treatment occurs in the presence of family members. Destitute patients after treatment are sent to halfway homes; similarly, patients who are able to tell their addresses are sent to their homes by hospital administration. Services offered by telemanas include counselling by trained counselors and tele-consultation by mental health professionals when required. Telemanas aware the general population about mental illness through digital connection. Awareness programs with incorporation with the Chief Medical Officer through Asha, ANM & BHW can reduce stigma and improve accessibility. Family & patient help group who previously suffered from psychiatric disorders can share their experience. Likewise, in alcoholics anonymous could also help in community integration and reduce stigma.

### **Training programs**

Training to staff nurses and doctors from PHC, CHC district hospitals occurs in phase-wise by experts. In last one year in Bareilly, 70 staff nurses and 39 medical officers get trained in Bareilly & in Varanasi, 110 medical officers and 64 nurses get trained.

### **Technology integration**

In mental hospitals, particularly in outpatient departments (OPDs), has significantly enhanced

**Table 2:** Caption missing

Ward	Number	Number of beds	Con. cost	Staff salary	Total amount
Geriatric ward	1	30	1.23 crore	8.2 lakhs	1.32 crore
De-addiction ward	1	30	1.23 crore	8.2 lakhs	1.32 crore
Child & adolescent ward	1	30	1.23 crore	NR	1.23 crore
Training & conference room	1	60/person	30–60 lakhs	42 thousand	30–60 lakhs
Library	1	30/person	25–30 lakhs	36 thousand	25–30 lakhs
Modular kitchen	1	300/person	50–60 lakhs	16.4 lakh	50–60 lakhs
Male ward	1	60	2.46 crore	16.4 lakh	2.63 crore
Female ward	1	60	2.46 crore	16.4 lakh	2.63 crore
Family ward	1	60	2.46 crore	16.4 lakh	2.63 crore

(Abbreviations: 1. con.cost-construction cost 2. Total amt.-Total amount. Staff salary is monthly in a table. All cost mentioned in the table is taken from government documents with permission from the respective authority)

the quality of care, efficiency, and patient outcomes through the incorporation of:

- **Electronic health records (EHRs)**

Provide a centralized platform for storing patient information and reduce paperwork and hence efficiency.

- **Telepsychiatry**

Help remote consultation, especially in rural and underserved areas and facilitates ongoing care for patients who may have difficulty attending in-person appointments

- **Artificial Intelligence (AI)**

AI algorithms & AI-driven chatbots can predict relapses, identify high-risk patients, and personalize treatment plans along with providing preliminary mental health assessments.

## Implementation Strategies

Upgradation of mental hospitals can be done in a phased manner as follows-

### Phase 1: Assessment and planning

- **Step 1**

Needs assessment and feasibility study of the current state of the hospital, including infrastructure, staffing, equipment, and services.

- **Step 2**

Develop a master plan upgrade project, including architectural designs, service improvements, and timelines.

### Phase 2: Infrastructure upgradation

- **Step 3**

Renovate and repair existing buildings to meet modern standards, including structural repairs, plumbing, and electrical systems.

- **Step 4**

Construction of new facilities

### Phase 3: Medical equipment and facilities

- **Step 5**

Procurement of medical equipment, estimated cost: ₹1–2 crores.

- **Step 6**

Setting Up modern treatment facilities, estimated cost: ₹1–2 crores

### Phase 4: Human resources and training

- **Step 7**

Recruitment of Medical Staff.

- **Step 8**

Training and development programs.

**Phase 5: Technology integration and patient care services**

- **Step 9**

Implementation of health information systems-electronic health record (EHR) system for efficient patient data management and telemedicine capabilities. Estimated cost: ₹1–2 crores.

- **Step 10**

Enhanced patient care services-introduce patient-centered services like counseling, occupational therapy, and community outreach programs. Estimated cost: ₹50–75 lakhs annually.

**Phase 6: Monitoring and Evaluation-**

- **Step 11**

Continuous monitoring and quality assurance

- **Total estimated cost**

A ₹13 to 20 crores, which ensures that the upgradation of the mental hospital is systematic, comprehensive, and sustainable, focusing on immediate needs and long-term improvements.

## CONCLUSION

Upgrading mental health facilities challenges and reducing the stigma associated with mental health issues. A modern and well-designed environment promotes a more positive image of mental health treatment, encouraging individuals to seek help without fear of judgment.

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Nil.

## CONFLICTS OF INTEREST

None.

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