

“Tongues that Speak”

The “Voices” program of Anjali, started inside Pavlov Hospital, a state run institute for those with mental health problems in Kolkata, West Bengal in the year 2001. In 2017, it was extended to Institute of Mental Care, Purulia with the support of the Paul Hamlyn Foundation. This document captures some of the experiences from the Voices program at IMC, Purulia.

The state government had invited Anjali to start a ‘Voices’ program inside IMC, Purulia. Persons living inside the mental hospital are its residents. They, usually, live a monotonous life; one day is undistinguishable from the other. Neither does the festival of Holi colour the days nor does Pujo vibrate the night; seasons fail to budge the stubborn way of life there and verily the place becomes like a time loop, where the same scenes play over and over again, a vacuum of timelessness.

In this vacuum, a sense of self of the person is sucked out, leaving the body with no sense of selfhood. Residents wear a uniform, all of similar colour, and pattern, an army of human beings with striking similarity of having lost themselves out in time. The surrender of civil clothes for the uniform, was the beginning of the loss, and in family members not visiting, the loss was underlined and complete.

It’s good to hear your voice, at the top of one’s voice, find your voice, get a voice, give voice to, make voice heard, ... idioms of voice relate to freedom one has in speaking. The primary aim of Voices was to help the

person re-discover himself in this indistinguishable crowd, re-discover the colour in their lives, add a dash of colour here or there, to shake things a bit, to break the sense of timelessness.

But it was a tall order. Colour could be added if one was loved, by oneself and also by others. Was a resident of a mental hospital worthy of love and care? How does one retrieve them from this graveyard of the living? Worthy of love? Everyone is worthy of love! Why would the residents think themselves unworthy of it? Because of the inhuman treatment they received, a case in point being the food.

Consider for once the example of an insignificant mug or tumbler. The mug that the residents received tea in doubled as their companion to the toilet. No less than the toilet! Why was such a shocking practice in place? The issue was brought up with the Hospital Superintendent. In another state run mental hospital, residents were provided with steel glasses for tea.

The Nursing Superintendent informed that Steel glasses had indeed been considered but decided against.

“Steel glasses threaten the peace of the hospital!”

“They may be used by residents as weapons to hit one another; fights would commence”.

The residents could become uncontrollable. The present arrangement was in any case substantial!

The ‘Voices’ team organized a discourse on violence inside IMC as a part of their dialogue with the hospital staff. Violence was often a consequence of limited resources and

in this particular case, threat of violence as suspected, had nothing to do with mental illness or its treatment.

It is often presumed that a person suffering from and/or living with psychosocial disability has tendencies to become violent and aggressive. The authorities responsible for their wellbeing have to control them, even at the cost of denial of their basic rights.

Interventions with the staff was crucial. Some unlearning was necessary for the hospital staff in order to provide better services. But there was a counter argument.

“These mugs appropriately measure the tea to be served to each resident”. Melmoware (melamine) cups would replace the ones currently used. Anjali’s Program Manager and Assistant Program Manager of the Voices program surfed through the local market in Purulia for samples of the cup. Finally, a cup was finalized. This passed the twin test of a mug – it receives the right measure of tea and minimized chances of the mug being used as a weapon during fights as feared by hospital authorities. It was a hygienic solution for the residents as well. A small yet significant achievement in upholding the dignity of the residents.

There was considerable resistance against the innocuous melamine cup. It was a new measure, a variance from the routine, a challenge to the given ways of operating inside the hospital, it was a change, and any change is worth resisting! It is cup today, it will be kettle tomorrow and then...

Indeed, it was kettle tomorrow.

The cups finally made their way in. They were to be used exclusively for tea. The tea

itself was carried to the wards, rather condescendingly, in a bucket. It tasted like boiled water! It appeared that the colour, taste and aroma of the tea had shriveled and withdrawn itself at the sight of the banal bucket, in which it was carried. The Voices team argued with the kitchen and food supervisors on behalf of the residents. The bucket gave way to a kettle. But the taste of tea oscillates between slightly improved to the same as old version. Maintaining a consistent standard has been a challenge despite repeated appeals and supervisions by the Voices team.

Food was transferred ‘uncovered’ from the kitchen to the residents’ dining area. The Voices team persevered to get it covered while being taken to the dining space.

These issues appear trivial and often escaped the attention of hospital authorities who looked for major interventions. It was tough for the Voices team to even get them acknowledge the gravity of these issues.

“Where are the plates?”

“Ah, washing them is a task!”

“So?”

“So, there are no plates.”

“How will you serve breakfast then? It is morning and should you not be serving breakfast?”

“Yes, we will serve breakfast in a bit”

This conversation between a member of the Voices team and a staff member of the vendor in-charge of the food at the hospital was followed by serving of the breakfast. In the absence of any plates, the breakfast was

served or rather handed out to the residents on their palms!

The vendor in-charge of food considered the task of washing plates rather inconvenient. In order to escape it, the vendor did away with them altogether. And no one objected! It was easy for him. His 'consumers' did not have a 'voice' to protest, he could easily get away with it with the hospital staff hardly caring about maintenance of rules.

The Voices team had several long meetings with the kitchen supervisor, and a few follow up visits. The kitchen staff, in-charge of washing plates, had to be motivated and convinced to do a job which was his to begin with but was outsourced to the vendor. After much negotiation, plates were provided during breakfast. Anjali advocated with the staff that serving food without plates was inhuman. Would the staff ever do it with guests in their house or to themselves, they were asked? The standards were lowered, residents, voiceless did not protest or raise their voice against this malpractice.

If the breakfast was served on palms, other meals during the day were served in unhygienic conditions. Food was served in the canteen. Residents sat on the floor, squatting, visibly uncomfortable when food was served to them. On the wet and slippery floors, servers walked around in slippers making the space a mess and unsuitable for eating.

Servers and other caretakers perhaps felt that 'insane' people, residents of the hospital, were of no consequence, non-productive, and therefore, not to be treated properly.

Anjali's team enquired why dining tables were not provided for the residents.

Apparently, the authorities had thought about it but deferred the purchase. They feared that installing the table could destabilize the old hospital building. Most of the residents in any case did not have the habit of eating at dining tables, they were from rural areas, and had in all probability never seen a dining table themselves.

"Do you think they have dining tables in their homes?"

The Voices team confronted the authorities and demanded them to follow etiquettes of care. Providing a dining table was their responsibility in order to give the residents a comfortable life within an, otherwise, trapped environment.

The team advocated with the office of the Chief Medical Officer of Health who was stationed at the state capital. They sent several letters along with photographs and video clips gathered from the residents themselves to *Swasthya Bhawan* and repeatedly kept knocking the doors of the health department. They were determined not to stop till action was taken.

After constant pleas, the Assistant Director, Health Services, of Public Health, visited the canteen and saw for himself the insanitary condition of the canteen. Finally, dining tables were provided for the residents.

There was a cost to be paid for each change that Anjali advocated for in the hospital.

Despite continuous follow-up, constant appeals to the health departments and authorities of the hospital, changes were not sustained.

One instance was the regular fluctuation in the quality and quantity of food served to

residents. Residents repeatedly complained about the quality and quantity of food to Voices staff, when they came in to participate in the activities. They mentioned that the caterer knew in advance of the visit plan of any representative from Anjali to inspect the canteen. On that day, food would be tastier and its quality much improved. On other days, food quality remained bad- watery *dal* (lentil), tasteless vegetables, rotten rice and eggs, were routine.

Residual food from the morning was often served the same day during dinner. Sometimes the food was even rotten. Several residents suffered stomach ailments. No action was taken to address the issue. Residents were, of course, given medicines for their ailments and the cycle went on. It was only constant monitoring by the Voices team that led to an improvement in quality of food although malpractices continued.

Concerns around quality and quantity of food have been a persistent struggle and challenge for the Voices team to tackle.

They advocated with residents and made them realise their right to proper food, they deserved good food and could ask for a quantity that filled their stomach.

The system at IMC, Purulia over the past 20 years had never faced any scrutiny. This had led to unquestioned malpractices and injustices. Making the participants aware of their rights gave them a voice to protest or complain against poor quality and quantity of food. They had never done this before. The residents had not even thought they could. Somewhere, it appeared, they had internalized the idea that as long as they got food, it was fine, its quality and quantity was

not something they could influence. The Voices team had to make them aware of their rights as residents inside the hospital. This was yet another challenge that the team had to overcome.

Strict supervision, monitoring and regular audits are required to maintain quality and quantity of food served to residents. The service provider or vendor to whom the responsibility of food has been outsourced needs to be constantly monitored to ensure its quality is maintained. This is the responsibility of the hospital authority. But they only provided verbal assurances, no concrete action was ever taken by them. The Superintendent shrugged away his responsibility often citing his orders that he had asked food vendor to meet him, but the latter did not comply!

But it's not all black and white, as one would like to believe! The vendor complained that many a times the number of residents for who food is cooked were far more than initially agreed upon in his contract. The vendor has no choice but to accommodate everyone. Within the overall ceiling of the food budget, providing for larger number meant poor quality vegetables and condiments made their way into food. A few residents asked for more rice than what was allowed for in the rules. This he said, made the dal watery, and pieces of fish smaller. Was it the low provision of food budget? Before the Voices program started, Rs. 20 per person per day was the allowance for food. This has been raised to Rs. 78.20 under sustained pressure from The Voices program. Is this high or still too low? *For those interested, the food menu is attached at the end.*

Some of the residents have developed a defense mechanism against the poor quality food. They strike a rapport with hospital staff. In exchange of mopping a room or restraining another resident, or some such thing, they welcome small treats, a share in the tiffin or an extra chilli during meals.

Sometimes it is limited budget, at other times, more number of residents, and at some other occasion just a lackadaisical approach to cooking meals, all compromises quality and quantity of food to residents. It is a daily battle, and one from which the Voices team have to keep an eye on, even a wink is not allowed.

The process of constant supervision has been taken up by the Voices team since the very advent of the program at IMC, Purulia. It is an ongoing issue. One staff member of the Voices team keeps a close eye on the daily occurrences while other senior members of the team conduct monthly visits and surprise canteen inspections. It shall take time for the residents to find their voice, and ensure that they are taken well care of, and till that time, the Voices program will continue to wage the battle on their behalf.

Soon after this learning was recorded, it was again discovered that residents were being served breakfast in mugs again. A mug was filled with milk, banana, bread and eggs and given to the residents. The vendor and the hospital staff, almost in unison, mentioned that the residents were comfortable with this arrangement, they even preferred it!

After due protest by the Voices team, plates were reinstated, almost immediately. Several plates in the female ward were broken and damaged. These plates had sharp edges that

increased the risk of cuts and injury. These broken plates were served only in the female ward! New plates have since been purchased but only after protest and demanding changes, a voice raising issues and demanding changes, matters!

About Anjali

Anjali's began its journey in the year 2000, as a response to continued negligence and ill-behavior faced by individuals suffering from psychosocial disability and mental illness. There was a dire need for improvement in the quality of treatment and other services within state-run mental institutions, family, community and the society. Anjali's work aimed to reduce stigma and discrimination that a person with psychosocial disability faced on a daily basis from the community and by its extension inside the hospital.

During the years, Anjali has brought the discourse on civil and human rights, entitlements and citizenship as well as cross-sectional issues like gender, sexuality and reproductive rights of person with psychosocial issues to the fore front.

During its work inside state run mental hospitals, Anjali felt the need to work with the community as well. "Janamanas", a Community Mental Health Programme, was therefore conceptualized and initiated by Anjali.

Anjali advocates for progressive mental health laws, policies and practices both at national and regional levels. It strives to end stigma, violation and discrimination associated with mental illness.

Anjali's has three core programs:

1. "Voices" - Institution Based Capacity Building Program
2. "Janamanas" – A Community Mental Health Program
3. "ARC" – Advocacy, Research and Campaign

The Voices Program

Through its Voices program, Anjali provides capacity building and skills training to persons who have recovered from psychosocial disability but who continue to reside inside mental hospitals across the state of West Bengal. In partnership with the state government of West Bengal, the Voices Program aims to achieve social inclusion for them by providing them with livelihood opportunities.

Food Menu

Breakfast	Lunch	Evening snack (Tiffin)	Dinner
a. Milk 250 ml b. Banana 01 pc c. Bread 100 gm d. Sugar 20 gm e. Egg 01 pc	a. Rice 200 gm b. Dal 30 gm c. Potato 70 gm d. Mixed vegetable 125 gm e. fish 75 gm	a. Tea 150 ml b. Biscuits 100 gm	a. Rice/atta 150 gm b. Dal 40 gm c. Potato 70 gm d. Mixed vegetable 125 gm e. Egg 01 pc