TUESDAY, THE 21ST DAY OF JULY 2026

WP(C) No. 16603 of 2026

THE HIGH COURT LEGAL AID COMMITTEE *CORRECTED

VS

THE STATE OF KERALA & OTHERS

ADVS FOR PETITIONER/S:
X

ADVS FOR RESPONDENT/S:
SPECIAL GOVERNMENT PLEADER, GOVERNMENT PLEADER, SHRI.LITTO VARGHESE PALATHINKAL, SMT.THANUJA ROSHAN, DR.S.GOPAKUMARAN NAIR (SR.), SRI.ABRAHAM GEORGE JACOB, SMT.ATHIRA A.MENON, SRI.ISAAC THOMAS, KUM.S.KRISHNA, SRI.N.ASHOK KUMAR, SRI.LIJI.J.VADAKEDOM, SRI.K.ANAND, SRI.SONU AUGUSTINE, SHRI.N.MANOJ KUMAR, STATE ATTORNEY, SHRI.K.R.RANJITH, GOVERNMENT PLEADER WITH STATE ATTORNEY, O.M.SHALINA, DEPUTY SOLICITOR GENERAL OF INDIA, SHRI.C.MURALIKRISHNAN (PAYYANUR), SHRI.AKSHAY R, SMT.N.N.GIRIJA, SHRI.SHARAD JOSEPH KODANTHARA, SHRI.ALEXANDER JOSEPH MARKOS, SRI.P.G.CHANDAPILLAI ABRAHAM, SMT.MARIAMMA GEORGE MARANGOLY, SHRI.S.PRASANTH, SRI.SOORAJ T.ELENJICKAL, SRI.K.ARJUN VENUGOPAL, SHRI.ASWIN KUMAR M J, SHRI.ARUN ROY, SHRI.SUVIN R.MENON, SENIOR PANEL COUNSEL

DEVAN RAMACHANDRAN & BASANT BALAJI, JJ.

WP(C)No.16603 of 2026

Dated this the 21st day of July, 2026

O R D E R

Devan Ramachandran, J.

This Bench inspected the Mental Health Center, Thiruvananthapuram, on 18.07.2026 in the presence of the learned *Amicus Curiae*, Sri.V.Ramkumar Nambiar; the Secretary, DLSA, Thiruvananthapuram; Smt.Sandhya, Coordinator, VRC, Thiruvananthapuram; and other officials and stakeholders, as directed in our order dated 14.07.2026.

2. The scenario we saw was, in our opinion, after some amount of dressing up and cleaning; but even then, it deeply concerned us, to say the least.

3. Apart from the infrastructural requirements as are absolutely essential, various issues relating to patient care and management have to be considered in the context of the present modern era, without being enslaved to the protocols of the past.

4. Before we speak on this further, one aspect that is of absolute and vital importance in this context is that, against sanctioned posts of 158 attenders, the Mental Health Center is now surviving with only 127. These persons are the mainstay of the institution because, they are not only in

charge of the patients' requirements, but ensure that their dignity and necessities are properly managed by the caregivers and doctors.

5. We were told that, in fact, there were 13 posts of cooks and one of 'Dhobi' in the past, but that they have been abolished over time on account of pay fixation, or for such other reasons.

6. The end result is that even cooking - with the kitchen requiring continuous operation - is now being handled by the attenders, who perhaps have not even been trained for it, but have learnt it on the job. The lack of qualified cooks and other personnel was visible in the activities of kitchen and we must record that we are not fully satisfied with what we saw.

7. To add to the problem, several patients are required to be taken to other hospitals for care each day; and for this, each are to be accompanied by an attender; and to stand by them, if they were to be admitted.

8. To make the matters worse, we did not find any security personnel in charge of the Center, and that even this is being done by the Attenders. They are also in charge of cleaning the premises, which is stated to be about 31 acres in extent - if not more, and all this causes a great burden on them.

9. Without meaning to enter into a blamegame, or to fix accountability at this time, we are not sure whether the kind of atmosphere now offered to the patients is conducive to their improvement.

10. Though we are not experts, it is well documented - and we speak from the literature available publicly - that medication for a patient suffering from mental healthcare issues is only one of the attributes; and what would be most salutary would be to give them a milieu in which they can express themselves and find solace through interactions, friendships, distractions, and avocations/matters of interest.

11. As far as essential medications are concerned, perhaps most of the patients are provided what the doctors have prescribed; and they are also given food in spite of the huge constraints in the strength of the posts of attenders. However, we saw that most of the patients, if not all, were confined to their rooms or cells, which were locked; and this was more painful because we witnessed men and women walking up and down in the cells/rooms in a restless manner, with many of them requesting us to set them free.

12. Though we are not competent to talk about the protocols of treatment, we have little doubt that a person who has the means would possibly get a much different kind of atmosphere in private facilities; but when it comes to patients in the Mental Health Centers, they are virtually left to fend for themselves, with the nurses and other staff - who appear committed to what they do – being literally bewildered by the enormity of the task they are entrusted with.

13. We are not sure how the patients can improve if they are

confined to spaces like this. In a facility like the Mental Health Center, Thiruvananthapuram – where there is enough space in terms of open land for patients to be given access to nature, to trees, to the wind, to sights and smells, that would certainly have a sobering effect, offering them a sense of solace rather than being constrained and forced to be terrified of closed spaces – much can be done, if the Government and stakeholders think out of the box.

14. The medical personnel available at the time of our inspection agreed with our suggestions above; stating that much higher manpower is an absolute requisite because, the safety of the patients - particularly since many of them have a tendency to escape or run away - needs to be ensured.

15. Undoubtedly, the existing attenders are woefully insufficient to take care of the patients entrusted to the Center; and this now creates a cascading effect. The patients are administered drugs and then forced to confine themselves to spaces, except for a few minutes or hours in the morning or evening, as the case may be. During the time that they are so confined, what they experience is a sense of being in prison, rather than in the freedom of openness and choice.

16. The Mental Healthcare Act, 2017 ('Act') recognizes patients as being very vulnerable; and this cannot be lost sight of by any of the stakeholders. Their needs are surely different from that of a person who is

otherwise hale and hearty; and we are firm that the protocols of treatment, have to now give way to new thoughts and intents.

17. There is another class of patients that we saw in the Center, namely those who are accused of crimes and are either convicted or under trial. They are housed in a separate section, guarded by the officers of the Department of Prisons. Their situation is no different; though many of them did not express themselves, when they saw us.

18. To exacerbate the situation, is the rather pitiable condition of the infrastructure, with many buildings — which earlier housed wards — now being declared uninhabitable and unsafe by the Public Works Department (PWD).

19. There are two buildings under construction within the Center — one intended to be a modern male psychiatric ward and the other as a 'Halfway Home' for reintegration into society. But its construction is stated to be virtually halted.

20. Even the smallest of things, which ought to have normally obtained the urgent attention of the Authorities, did not appear to be receiving it. This was manifest when we saw that the branch of a tree was dangerously overhanging Ward No.22, with the potential to cause great harm. As a result, the said ward has now been left vacant since the risk of having patients in it cannot be taken. The distressing aspect is that, any Authority - including the District Collector, could have invoked their powers

to remove the branch, which would have taken no more than half a day's work, at the most.

21. The condition of the internal roads in this Center was also pitiable - making it impossible not only for vehicles to ply but also for people to walk without falling down. It is, therefore, left to the imagination what would happen to the patients whenever they are given the opportunity to be outside their rooms.

22. In the midst of this are the harrowing circumstances the patients go through; and since they are unable to express themselves in the manner that a normal person would, their cries and pathos are often left unrecognized and unnoticed.

23. Further, during the inspection we noticed that the Center, Thiruvananthapuram presently has 531 beds and about 437 patients. Out of the patients aforementioned, 55 are stated to be "fit to be discharged", but are unable to be so on account of lack of support from their families and incapacitation of not being able to go anywhere else.

24. The Center has a Vocational Training Center – which we found to the most positive of the establishments in the Center – where men and women are engaged in manufacture of soaps, umbrellas and such other. This kind of engagement is vital; and is to be read in conjunction with what we have said above because, when the energy of the patient is dissipated in a productive manner, recovery would be remarkable, even without the

aid of the full scope of medicines. When the mind is without fear and apprehension it would be unnecessary for one to guess the results because, after all, every human brain yearns for comfort and security.

25. The importance of treatment and administration of medicines is also crucual. Though we say general medications like antibiotics and such other, we found requirement, which the Superintendent and the doctors are trying to make available by transfers from other institutions. This has to change and the Center has to be made self sufficient for its requirements.

26. In addition, as noticed above, many patients were shifted to the Peroorkada Primary Health Center and even to the Medical College Hospital, Thiruvananthapuram, for treatment of physical ailments; and we are told that the proposals with respect to the Center includes doctors and treatment facilities for such diseases also. However, we do not see them in operation during our visit.

27. The mentation has to change and the protocols have to evolve with the ultimate desideratum of every patient being brought back to life and to be worthy citizens, reintegrated to their families and Society.

28. Alas, we are not sure if the present situation we saw in the Mental Health Center, Thirivuvananthapuram, would be contributive to the afore objective.

29. Of course, this Court may not be able to find solutions for

everything. But baby steps will have to be taken, which we propose to do, so that it becomes a movement in the future, once the society recognises that the persons housed in the Center are their sons, daughters, fathers and mothers. This cannot be lost sight off; and it is therefore, that this Court had decided to make a personal visit.

30. There are several other issues which remain unresolved; but as said above, we propose to take baby steps, and then proceed to take longer strides thereafter.

31. In summation, we pass the following orders, as the first measure, qua the Mental Health Center, Thiruvananthapuram.

a) The Government is directed to immediately take steps to fill up all the vacant posts of Attenders in the Mental Health Centre, Thiruvananthapuram; and report to this Court, not later than the next posting date.

b) The competent Authorities will file an affidavit before this Court as to why there are no Cooks, Dhobis or enough Drivers in the Mental Health Center, Thiruvananthapuram.

c) The Government is directed to inform this Court why, apart from a Sergeant, there are no other specialised security personnel for the Mental Health Center, Thiruvananthapuram. This is in the context of our assessment that a minimum of 40-50 security personnel may be required to guard the perimeter of the Center,

specially because it remains without proper fencing or compound walls at many places. The Government will also inform us if there are any sanctioned posts, as of today, of security personnel and its number, with specific reference to whether any of them are vacant.

d) The competent Authority of the Government will file an affidavit before this Court on the present status of the buildings mentioned above, which are in a half constructed state; and the proposals for completion of its construction and the timelines within which it is likely to be. The affidavit will also inform us within what time the internal roads of the Centre will be tarred or otherwise maintained. This direction shall be taken as peremptory in nature because, it is only if the infrastructure is enhanced, can the patients of the Center have any hope. This affidavit will also contain the Government's proposal with respect to the buildings that have been certified by the PWD to be unusable and the manner in which such facilities will be restored/augmented/reconstructed.

e) As regards the building presently being used for consultation of Clinical Psychology, we direct the competent Authorities to suggest the manner in which it can be used better for the patients of the Center, including for their accommodation and other allied purposes; and this shall also be part of the affidavit ordered above.

f) Quoad hoc the patients who are now "fit to be discharged",

the competent Authority will inform this Court the mechanism for their rehabilitation and how they can be reintegrated to their family and Society.

g) Finally, this Court will be informed of the manner in which the requisites of the Center qua medications – not merely Mental Health Care but also physical conditions - are being met and will be provided in future.

List on 04.08.2026.

Sd/-

DEVANRAMACHANDRAN
JUDGE

Sd/-
BASANT BALAJI
JUDGE

akv/Sru