In pursuance of the provision of clause (3) of article 348 of the Constitution of India, the Governor is pleased to order the publication of the following English translation of Notification **No. 139621/XXVIII-3-2023-E file No-31629,** dated July 24, 2023 for general information.

Government of Uttarakhand
Medical Health and Medical Education Department Section-3

No. 139621/XXVIII-3-2023-E file No-31629
Dated Dehradun, July 24, 2023

NOTIFICATION

In exercise of the powers conferred by section 123 of the Mental Healthcare Act, 2017 (10 of 2017), the State Mental Health Authority hereby makes following regulations, namely:-

The Uttrarakhand (State Mental Health Authority) Mental Healthcare Regulations, 2023

CHAPTER – I

PRELIMINARY

Short title and commencement.

1. (1) These regulations may be called the Uttarakhand (State Mental Health Authority), Mental Healthcare, Regulations, 2023.

(2) They shall come into force on the date of their publication in the Official Gazette.

Definitions

2. (1) In these regulations, unless the context otherwise requires,

(a) "Act" means the Mental Healthcare Act, 2017 (10 of 2017).

(b) "Authority" means the State Mental Health Authority, as defined in section 2(zb) and established under sections 45 and 46 of the Act.

(c) "Board" means the Board referred to in clause (d) of sub-section (1) of section 2 ofAct.

(d) "Chief Executive Officer" means the chief executive of the State Authority referred to in section 52 (1) of the Act.

(e) "Form" means a Form appended to these regulations.

(f) "Schedule" means the "The Schedule" appended to these regulations.

(2) The words and expressions used herein and not defined but defined in the Act shall have the same meanings as assigned to them in the Act.

Chapter II:

Advanced Directive

Manner of making an advance directive

3. (1) Any person who desires to apply for a request for advance directive or fresh directive, or change or revocation, or cancellation of directive, may make an application to the Board in writing in **Form F** which shall be provided free of cost in all mental health establishments.

(2) If a nominated representative of a person making an application for advance directive under sub-regulation (1), is named in the advance directive, such representative shall sign the request for advance directive stating his willingness to act asthe nominated representative.

(3) Every application for an advance directive under sub-regulation (1), shall be signed by two witnesses attesting to the fact that the advance directive has been signed by the person making the advance directive in their presence.

(4) Every application for an advance directive shall be registered with the Board having jurisdiction at the place where the person applying for registration resides.

(5) No fee shall be charged for registration of an advance directive under sub-regulation (1) with the Board.

(6) The Board shall make available a copy of the registered advance directive to the applicantand his or her nominated representative.

(7) No person shall release any copy of the advance directive or information in the advance directive to any unauthorized person or to the media.

(8) There shall be no restriction on the number of times an advance directive is changed by the person who applies

for, or whose name appears in the directive;

provided that-

(i) no person shall apply for change in the advance directive unless a period of three months have been elapsed from the date of the advance directive issued to him.

(ii) Every change under sub regulation (8) shall comply with the same process as referred to in sub-regulations (1) to (6) and the previous advance directive shall become null and void on registration of a fresh advance directive with the Board.

(9) The person who has been issued the advance directive or the nominated representative of such person shall, as soon as may be possible, inform the treating mental health professional of the new advance directive.

(10) A nominated representative of the person as mentioned in the advance directive may withdraw his consent, to function as such without giving any reason -

(i) by an application in writing addressed to the Board.

(ii) by giving three months prior notice in writing of such withdrawal to such person.

(11) The Board shall, on receipt of the application under sub-section (2) of section 11 of the Act, hold a hearing within a period of fourteen days and decide within a period of seven days thereafter on such application.

Chapter III: State Mental Health Authority

Officer and other employees of the State Mental Health Authority

4. (1) The appointment of officers and employees of the Authority shall be governed by recruitment rules made by the State Government.

(2) The salary, allowances, leave, joining time, joining time pay, age of superannuation and other conditions of service of the Chief Executive Officer, other officers and employees of the State Authority, shall be the same as applicable to the officers and employees of the State Government drawing equivalent pay.

Functions of the chairpersons Of the Authority

5. (1) The Chairperson of the Authority shall discharge the functions of the Authority, who shall be assisted by a Secretariat of the Authority headed by the Chief Executive Officer:

Provided that the Chairperson may delegate all or any of his functions to the Chief Executive Officer.

(2) Important policy matters relating to the functioning of the Authority shall be placed before the Authority in its meeting.

Meetings of Authority.

6. (1) The meeting of the Authority shall generally be held at Dehradun.

Provided that the Chairperson may select any other place for meeting if the circumstances render it expedient to hold the meeting at any other place in Uttarakhand.

(2) The Authority shall meet at least twice in a year at such time and place as may be fixed by the Chairperson:

Provided that the Chairperson may also call a special meeting at any time to deal with any urgent matter requiring the attention of the Authority.

(3) Every notice calling for a meeting of the Authority shall –

(a) specify therein the place, date and time of the meeting.

(b) be served upon every member of the Authority not less than seven days prior to the day appointed for the meeting;

Provided that the Chairperson may organize special meeting anytime.

(4) Along with the notice for the meeting of the Authority, the Chief Executive Officer shall, prepare and circulate to the members of the Authority an agenda for such meeting, with the approval of the Chairperson.

(5) The quorum of the meeting of the Authority shall be in accordance with sub-section (2) of section 76 of the Act.

(a) Any member of the Authority may join the meeting through video conferencing during the specified

time, and he shall have same rights and responsibilities as members attending the meeting in person.

(b) The member attending the meeting through video-conferencing shall also constitute the quorum.

(6) Any business which is to be placed before the State Authority for decision but which cannot wait for the next meeting due to urgent nature, the Chairperson or the member authorized by him shall record such a decision in writing and every such decision shall be ratified in the next meeting of the Authority.

(7) The Chief Executive Officer of the Authority shall forward the copy of the proceedings of each meeting of the Authority to the State Government.

(8) Conduct of Meetings.-

(a) A meeting shall be called to order by the Chairperson or, in his absence, by the Member chairing the meeting.

(b) The Chairperson or the member who presides over the meeting shall decide the sequence of the agenda items for consideration.

(c) Save as otherwise provided in these regulations, the Chief Executive Officer may invite a non-member to the meeting as a special invitee, with the permission of the Chairperson.

(d) A meeting shall be called to closure by the Chairperson or the Member chairing the meeting.

(9) Attendance and proceedings at Meetings.-

(a) The Chief Executive Officer shall record the attendance of members at the meeting in the attendance register maintained for the purpose by the secretariat of the Authority.

(b) The Chief Executive Officer shall record the attendance of non-members in the minutes of the meeting.

(c) The Authority may grant leave of absence to a Member not present in the meeting and the Chief Executive Officer shall record such leave of absence in the minutes of the meeting.

(10) Minutes of the meetings.-

(a) The Chief Executive Officer shall record the minutes of the meeting of the Authority.

(b) The Chairperson or the Member presiding the meeting shall approve the minutes of the meeting recorded by the Chief Executive Officer, and the Chief Executive Officer shall circulate the same to the members within a fortnight of the meeting.

(c) Objections or suggestions or comments to the recorded minutes, if any, submitted by any of the members after circulation of minutes, will be submitted to Chief Executive Officer within 3 days of receipt of minutes.

(d) Upon receiving the objections or suggestions or comments, if any, the Chief Executive Officer shall revise the minutes of meeting.

(e) It is the duty of the Chief Executive Officer to share revised minutes of meeting with all members within next 7 days after the time elapsed as mentioned in (Clause) (c).

(f) The Chief Executive Officer shall cause the approved minutes of the meeting pasted in the Minutes Book and every page of the minutes shall be authenticated by signatures of the Chairperson or the Member who chaired the meeting.

(g) The Chief Executive Officer shall communicate the relevant extracts of the decision of the Authority to all the members for necessary follow-up action and monitor their compliance by evolving a suitable reporting system.

(h) The Chief Executive Officer shall submit an action taken report on the decisions of the last meeting in the next meeting.

CHAPTER – IV

MINIMUM STANDARDS OF FACILITIES AND REGISTRATION OF MENTAL HEALTH ESTABLISHMENTS

Minimum standards of facilities

7. Every mental health establishment as defined in section 2 (p) of the Act and falling under the control of the Authority, as defined in sections 65 and 66 of the Act, shall maintain the minimum standards specified in the Schedule*(vide-infra)*.

The minimum qualification for the personnel engaged in mental health establishment.

8. For the ministerial and subordinate staff and any other personnel engaged in a mental health establishment for whom the minimum qualifications are not laid down in the Act,the minimum qualifications shall be governed by the Schedule.

Records and reporting.

9. (1) The mental health establishments shall keep the medical records in the manner specified in **Forms G to X,** as the case may be.

(2) The Authority may call for any medical record on receipt of any complaint.

(3) The medical records shall be kept for the period in accordance with the extant Government instructions or any other law for the time being in force.

Application by the mental health establishment for permanent registration.

10. (1) A mental health establishment shall apply to the Authority for permanent registration in **Form Y** accompanied by a fee of rupees twenty thousand by way of a Demand Draft drawn in favour of the Chairperson, State Mental Health Authority, payable at Dehradunor as may be specified by the State Authority from time to time.

(2) A mental health establishment while submitting an application in **Form Y** for permanentregistration with the State Authority shall enclose therewith, details of compliance of minimum standards as specified in the Schedule and the documentary proof in support of the claim.

Filing of objections against grant of permanent registration to a mental health establishment.

11. A person may file any objection to the State Authority under sub-section (14) of section 66 of the Act in **Form Z** against grant of permanent registration to a mental health establishment in response to public notice within the time specified in the notice.

CHAPTER – V

MEETINGS OF THE MENTAL HEALTH REVIEW BOARD (MHRB)

Meetings and rules of procedure of the Board.

12. (1) The Board shall meet at least once a month or more frequently as it may consider necessary.

(2) The Board shall meet at such place and at such time as the Chairperson of the Board maydecide.

(3) The Chairperson of the board shall give at least five clear days notice for a meeting of theBoard, specifying therein the date, time and place of the meeting.

(4) The Chairperson of the board shall preside at every meeting of the Board at which he is present, and in his absence, any other member of the Board as the Chairperson of boardmay authorized.

(5) The quorum of the meeting shall be three members of the Board including its Chairperson.

(6) If the quorum in the meeting is not present within half an hour after the time appointed for the meeting, the Chairperson of the board may postpone the meeting to another day and the Chairperson of the board and the members present at the postponed meeting shall constitute the quorum.

(7) All decisions of the Board shall be authenticated by the signature of the Chairperson of the board or any other member of the Board as the Chairperson of the board may authorize in his behalf.

(8) The orders of the Board shall be in writing and contain reasons.

(9) The proceedings of the Board shall be conducted in a friendly and barrier free environment.

(10) Board may hold an enquiry in a mental health establishment as per sections 82 of the Act.

(i) A visit of the Board to a mental health establishment shall be deemed to be a sitting of the Board.

(ii) For the purpose of inquiry, the Board shall comply with the basic principles of natural justice and shall ensure the informed participation of the person with mental illness and the nominated representative, or a family member of the person with mental illness and the person with mental illness shall be given an opportunity to be heard.

(iii) The Board shall complete any inquiry or decide on any complaint or request relating to medical treatment being received by a person with mental illness within three days of the receipt of the application so that treatment is not hampered.

(a) Where the Board is not able to reach a decision within three days, the treating psychiatrist shall continue the treatment planned after taking consent from the nominated representative of the person with mental illness, if he is available.

(b) In absence of nominated representative the treatment shall continue as specified in section 14of the Act.

(iv) Subject to the provisions of any law for the time being in force, a decision of the Board shall not make a mental health professional liable to civil or criminal proceedings unless the Board after inquiry in this regard records that act or omission by such mental health professional were mala fide or without reasonable care or illegal under any law for the time being in force.

CHAPTER – VI
PSYCHOSURGERY AND RESTRAINTS

Restriction on psychosurgery.

13. (1) The attending psychiatrist may submit an application, with the following papers to the Board, seeking approval for the psychosurgery procedure, namely:-

(a) a certified copy of the written informed consent for psychosurgery duly signed by the person on whom it is proposed to be performed.

(b) a detailed submission by the attending psychiatrist with clinical summary of the case, explaining and justifying the need, suitability and safety of the proposed psychosurgery;

(c) the certified copies of such person's medical records.

(2) The Board may ask for additional information and documents from the attending psychiatrist, as may be necessary.

Restraints.

14. The mental health professional shall take the following additional preventive measures in a mental health establishment to contain the use of restraint to the absolute minimum, namely:-

(a) He/she shall give periodic training to the staff of the mental health establishment in learning and adopting alternatives to the use of restraints;

(b) He/she shall discuss the option of sedation with the person with mental illness or his nominated representative in accordance with the provisions of section 89 and section 90 of the Act to manage the crisis and to avoid restrain;

(c) He/she shall submit the monthly report (within the first week of every calendar month) to the Board, under sub-section (7) of section 97 of the Act, about the restrains used during previous month in MHE. Report should contain details as shown in Form X signed by the medical officer in-charge of the MHE.

The Schedule

(See Regulations 7 to 11)

Minimum Standards for Mental Health Establishments Uttarakhand

[U/S 122.2.e with 65 (4) (a) of Mental Health Care Act 2017]

The following shall be the minimum standards of facilities and for registration of mental health establishments (MHE) under various categories in Uttarakhand as per MHCA-2017 u/s 65(5). Entities to be considered as MHE are defined in MHCA-2017 act u/s 2(p) and thus, include:

A. Centres/Premises where persons with mental illness are admitted including addiction for acute care (patients having intoxication or withdrawal symptoms)

B. Centres/Premises where persons with mental illness are admitted including addiction for long term care (patients not having symptoms of intoxication or withdrawal)

C. Considering that addictions are the mental (medical) disorders as per:

- Definition of mental illness as per MHCA-2017 u/s 2(s)
- International Classification of Diseases 11 edition (ICD-11)
- Diagnostic and Statistical Manual 5th edition (DSM-5)
- Fact that addictive disorders are integral part of postgraduate training MD (Psychiatry) as per curriculum of National Medical Council, India (May be accessed at https://www.nmc.org.in/wp-content/uploads/2019/09/MD-Psychiatry.pdf)
- Fact that Institutes of National Importance like AIIMS, New Delhi, PGI Chandigarh and NIMHANS, Bengaluru are running super-speciality courses (Post doctoral fellowship and DM) in Addiction Psychiatry
- That National Drug De-Addiction and Treatment Centre, Ghaziabad is managed by Department of Psychiatry, AIIMS, New Delhi

Hence, all centres providing residential care to patients with addiction shall be considered as MHEs.

D. Centres providing Residential Rehabilitation Services (including residential half-way homes and long stay homes)*[as defined in Rehabilitation Council of India Act 1992 u/s 2 (ma): rehabilitation refers to process aimed at enabling persons with disabilities to attain and maintain optimal physical, sensory, intellectual, psychological, environmental or*

social function levels] for patients with disability arising out of psychiatric disorders *[as defined in The Rights of persons with disability act 2016, Schedule specifying disability, clause 3 (mental illness means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life)]* will also be considered as MHE asper MHCA-2017 u/s 2(p).

All MHEs shall be abided with the MHCA-2017 and *The Mental Healthcare (The rights of persons with mental illness) rules 2018; F No. V.15011/09/2017-PH-I dated 29.05.2018*(to be substitutedby the notified rules of the SMHA of Uttarakhand) regarding their day to day functioning.

However,

E. Centers where patients with intellectual disability (not having any symptom of mental illness or if had symptoms in the past, currently stable on psychotropics) are provided rehabilitation services shall be out of purview of these minimum standards.

F. Centers catering to destitute persons and prisons, where persons with history of mental illness are kept (but who are currently asymptomatic as certified by a psychiatrist) shall be out of purview of these minimum standards.

G. Old age homes, orphanages, juvenile centers, and other such centers, where persons with history of mental illness are kept/staying (but who are currently asymptomatic as certifiedby a psychiatrist) shall be out of purview of these minimum standards.

H. Centers providing day-care in the non-restricted environment to the patients suffering from the mental illness (including addiction) that are currently in asymptomatic phase (ascertified by a psychiatrist) shall be covered under standard 15.

Standard 1 - Premises

The premises should be safe and preferably with green zone; requisite certificates/No-Objection Certificate (NOC), as applicable, and shall be well maintained and kept in good live-able condition.

a. Structure should be safe and strong enough to withstand heavy rains and moderatenatural calamities.

b. The premises and the structure should be **made disabled friendly in such a manner that disabled Patients may be kept on the ground floor only or in areas where access by them is needed shall be disabled friendly.**

c. Valid NOC of fire safety should be available.

d. Structure should be safe and hygienic for the patients, caregivers and staff

considering the possibility of harm to self or to others.

e. Common room must have TV, newspapers, magazines and indoor games. Chairs in the common room must be adequate to provide sitting to patients and caregivers.

f. Separate wards shall be available for the male patients, female patients and children and adolescents. *As specified in the schedule of CMHA regulations vide F.No.V.15011/09/2019-PH-I dated 18.12.2020 standard 8 (a)* (to be substituted by the notified regulations of the SMHA of Uttarakhand)and u/s 87 (4) of MHCA-2017, respectively).

g. **A minimum of 40 to 50 sq. feet space per bed with a minimum of 2 feet edge to edge gap between 2 beds in the ward/rooms.**

h. Bunk-beds are not allowed and patient should be accessible from both sides of bed to handle emergencies and to provide optimal medical care.

i. Separate toilets for male and female patients in the ratio not less than 1:5 patients.

j. Separate bathrooms for male and female patients in a ratio not less than 1:10 patients.

k. Number of wash basins not less than 1:12 outside the toilets/bath rooms and in the diningarea with provision of water supply round the clock.

l. Rooms, chambers, wards and corridors must have optimal number of windows for optimal ventilation. Window panes shall be made of toughened glass with film coating onboth sides or transparent polycarbonate sheets to allow natural lighting.

m. All doors and corridors should have clear space to allow transport of trolley and wheelchairs side by side simultaneously.

n. All doors must have latches/handle that have provision for unlatching from outside as well as inside.

o. Sufficient illumination during dark, sufficient for reading without causing strain to the eyes.

p. Illuminated passages during Night/ Day leading to toilets and emergency exits. Sign boards with sufficient illumination should be placed for clear identification of toilets andexits.

q. Power Back-up for emergency lights during power failures and load shedding.

r. Maintenance of the infrastructure as per norms laid down by appropriate authority of thegeographical area where the MHE is situated.

s. **Closed circuit TV cameras should be installed in the facility in different areas e.g., corridors, dining room, common room, dorms and wards to ensure the safety of the patients. It must be confirmed that such measures are not**

defying the rights to live with dignity and privacy of persons with mental illness. Recording for a minimum of one month should be stored (as per government of India Guidelines from Ministry of Social Justice & Empowerment for CCTV Cameras installation in IRCAs/ ODICs/CPLIs under NAPDDR-reg. letter no- F.NO.4-11/2020-DP-I dated- 11 Aug, 2020).

Standard 2: LIVING CONDITIONS

The living conditions of all MHEs shall be comfortable for the patients, caregivers and staff.

a. Separate cots with mattresses, pillows, bed sheets, drawer sheets and blankets for eachpatient.
b. Adequate provision for mosquito/fly/insects repellents or control measures in MHE.
c. There should be provision for maintenance of comfortable level of room temperature inall weathers.
d. Minimum two exits in a dormitory. No sleeping cots in passages, verandas, under staircaseor anywhere else except in dorms/rooms.
e. Provision for warm water for bath to be ensured during all seasons.

Standard 3: HYGIENE, SANITATION AND INFECTION CONTROL

Hygiene, cleanliness and sanitation shall be maintained.

a. Daily sweeping, mopping and dusting of the entire premises.
b. Sanitation maintained in all the areas including toilets and bathrooms using disinfectants.
    (i) Location of Sewage Treatment Plants and Effluent Treatment Plants, if present inthe MHE, shall be far away from Inpatient wards & residential housings, as per CPCB guidelines (2021) for sewage treatment.
c. Changing of bed linen at least thrice a week and more frequently, if required. Washing ofsoiled linen should be done in a clean and hygienic environment.
d. Pest free environment to be ensured all the time in whole MHE.
e. Rubbish bins in rubbish generating areas and daily disposal of rubbish should be ensured.
f. Washing and drying of plates, dishes, cutlery and other soiled vessels/containers after each use should be ensured.
g. Laundry, if inside MHE, should be equipped with washing, drying and ironing

facilities. If,outsourced, same facilities to be ascertained by the owner or Medical-in-Charge of the MHE.

h. Linen should be decontaminated regularly.

i. Condemnation of linen should be done periodically. Condemned linen should be storedseparately from the usable linen.

j. Optimal measures for the prevention of infections should be ascertained.

Standard 4 : FOOD, WATER & NUTRITION

Wholesome, sumptuous and nutritive food and potable drinking water shall be provided incomfortable settings.

a. Well cooked, fresh, hot and hygienic food, appropriate to local food habits, in sufficientquantities shall be served in each meal.

b. Adequate dinning space with sitting facility to be ensured.

c. **Quality of food to be supervised and verified by medical officer in-charge or nominee of the MHE and also be inspected by FDA department from time to time.**

d. Special diet must be served to patients with comorbid other medical disorders on theadvice of treating physician.

e. At least, tea twice a day & three meals must be served at proper timings.

f. Menu must be changed at least thrice a week and the same items other than cerealsshould not repeated on the same day or next day, except in exceptional circumstances.

g. Filtered cold water should be provided in summers and filtered room temperature waterrest of the year. Periodic maintenance of filters should be ensured.

h. Cooks and persons involved in preparation and serving of food must undergo periodic health check-ups. Those found suffering from contagious diseases should be removed tillthey recover.

Standard 5: STAFF REQUIREMENT & MINIMUM ESSENTIAL STAFF RATIO AS PER SANCTIONEDBEDS.

a. MHE (including Deaddiction Centers providing acute care):

   i. must have at least one full time Psychiatrist available as defined in MHCA-2017 u/s 2(y) in a ratio not less than 1:30 beds.

   ii. must have, in addition to a full time psychiatrist, as defined above, at least one medical practitioner for:

      a. the supported admissions u/s 89 of MHCA-2017.

b. Providing medical care to patients considering high prevalence of other medical disorders in persons with mental illness.

iii. must have, in addition to should have at least one mental health professional as defined in MHCA-2017 u/s 2 (r)] for the supported admissions u/s 89 of MHCA- 2017.

iv. in addition to above, must have at least one nurse [as defined in MHCA-2017 u/s 2(q)] for every 10 beds, round the clock.

v. Preferably 25% of the nurses should have received training in psychiatric nursing,and there should be adequate representation of male nurses.

b. MHE providing long term care (including Deaddiction Centers providing exclusively long term care and centers providing Residential Rehabilitation Services):

i. must have at least one part-time Psychiatrist as defined in MHCA-2017 u/s 2(y) available in a ratio not less than 1:50 beds. **Every patients in a MHE shall be examined by a psychiatrist at least once in two weeks and a psychiatrist should be available as on call 07 days a week round the clock.**

ii. must have at least one physician available round the clock on call, in a ratio not less than 1:50 beds.

iii. **At least one- mental health professional as defined in MHCA-2017 u/s 2(r) or Psychologist (At least MA in Psychology) or medical social worker, must visit a MHE every day on part time basis and should be available as on call round the clock every day in a ratio of not less than 1:50 beds.**

iv. It must have at least one nurse [as defined in MHCA-2017 u/s 2(q)] for every 20 beds, round the clock.

v. Allied health care professionals, viz., Physiotherapist, occupational therapist and such other professionals, as defined in National Commission for Allied and Healthcare Professionals Act 2021 dated 28.03.2021, should be available, as per the scope of the services.

vi. Trained rehabilitation specialists as per the Rehabilitation Council of India, as per the scope of the services should be available in a ratio not less than 1:20 patients,as per the scope of services.

c. All MHEs, irrespective of scope of services, must have following staff in the ratio definedbelow:

i. Ward aids 1 : 20 for every shift

ii. Sweeper 1 : 30 for every shift

iii. Other staff/personnel such as barber, cook, washerman, technicians, pharmacist, electrician, security personnel, dietician, etc. as per the requirements of the MHE. Their services may be obtained on outsource basis or on contract.

Standard 6: Other Medical Specialists:

Other Medical Specialists & trained manpower resources **as per specific requirements of the individual MHE.**

a. A qualified Anesthesiologist as defined by National Medical Council (Erstwhile Medical Council of India) shall be available during ECT procedure.
b. Considering that persons with mental illness also have comorbid other medical disorders, an in-house physician should be available. Liaison with other multispecialty centres for such patients is also acceptable. However, in such situation, Memorandum of

Understanding or letter of authorization should be submitted along with application ofregistration.

c. Ambulance should be available round the clock for transfer of patients, whenever required.
d. Trained professionals and measures (equipment / Medicines) to deal with other medicalemergencies must be available in MHE.

Standard 7: Medicines

a. Every MHE should have an in-house pharmacy section.
b. Pharmacy/drug-store of MHE shall procure and use drugs for inpatients as per requirements and scope of services of individual MHE.
c. Life-saving medications/ medications required for anticipated emergency conditionsshould be available in the pharmacy.

Standard 8: Equipment

a. Equipment and articles shall be procured and used for inpatients as per requirements and scope of services of individual MHE.
b. Equipment and inventory should always be kept in a good and usable condition.
c. An examination table with footsteps should be available, in a ratio not less than 1:15 beds.

d. Sufficient sets of basic equipment consisting of blood pressure apparatus, stethoscope, weighing machine, thermometer, pulse oximeter etc. in the ratio ofat least 1:15 beds should be available in the MHE.

e. If the electro-convulsive-therapy (ECT) procedure falls under the scope of services of the MHE, in that case, equipment to provide general anesthesia and resuscitation must be available.

f. Oxygen cylinders with flow meter or central supply of oxygen, always in working condition should be available in a ratio of at least 1:10 beds.

g. First aid box with standard contents must be available in the MHE. A daily check should be done for replenishments and a log book for the same should bemaintained.

Standard 9: Stores

a. All MHEs should have a Hospital Necessity Store (HNS).

b. Hospital Necessity Store will procure and stock all materials other than drugs and linenthat are necessary to efficiently run the MHE viz., cleaning materials, equipment, toiletries etc.

c. At least 30 days' stock of above consumables should be maintained in HNS.

Standard 10: Documentation

Patient related documentation and record keeping shall be maintained and should be easily retrievable in all MHEs.

a. Documentation of admission, treatment and discharge of patients in accordance to MHCA 2017 as specified u/s 85 to 99 as applicable to the scope of services of the MHE.

b. Following is the mandatory record to be maintained:

   i. All admissions in MHEs shall be registered and a separate column for Minors (admitted under section 87 of MHCA-2017), Supported admission (admitted under section 89 of MHCA-2017) shall be maintained.

   ii. Case record form for OPD patients should have at least following elements, asapplicable **(Form T)**

      a. Demographic details

      b. Advanced Directive **(Form F)**

      c. Details of nominated representative **(Form F)**

d. Presenting complaints and examination findings

e. Diagnosis (Provisional or final) as per ICD-11

f. Prescription

g. Investigations: laboratory investigations as well as Psychologicalassessment (Form V), as applicable

h. Record of psychosocial interventions with details, as applicable **(Form W)**

i. Record of therapy sessions, as applicable **(Form W)**

iii. Case record form for in-patients should have following elements **(Form U)**:

a. Demographic data

b. Advanced-directive, if available **(Form F)**

c. Details of nominated representative **(Form F)**

d. Assessment of mental-capacity of the patient **(Form G)**

e. Signed consent form or form specifying reasons for supported admission **(Forms H to K and O to R)**

f. Presenting complaints with details

g. Investigations: laboratory investigations as well as psychologicalassessment (Form V)

h. Daily examination charts

i. Record of psychosocial interventions with details, as applicable **(Form W)**

j. Record of restrain, if required during stay in MHE **(Form X)**

k. Consent, indications, and details of ECT procedure, as applicable

l. Prescription and notes by Psychiatrist/ medical officer/mental healthprofessional, as applicable to the scope of services of the MHE

iv. Discharge summary: Must contain all the elements including treatment, course in MHE and advice at discharge along with information as in Form U.

Standard 11: Preservation of rights of admitted patients

a. Rights of the persons with mental illness should remain preserved as defined

in MHCA-2017 u/s 97 and *The Mental Healthcare (The rights of persons with mental illness) rules 2018; F No. V.15011/09/2017-PH-I dated 29.05.2018.*

b. Right of persons with mental illness, to be protected according to provisions of MHCA-2017, sections 18 to section 28 as applicable to MHEs.

c. Restrain and seclusion policy in compliance to chapter XII section 97 of MHCA 2017 and *section 26 of Mental Healthcare Regulations (State Mental Health Authority), Uttarakhand State, 2023.*

d. Freedom and reasonable facilities for pursuing religious beliefs should be available

e. There should not be any discrimination on the grounds of religion, race, caste, creed, sex, place of birth and economic condition or on any other ground in the matter of admission and treatment of patients.

Standard 12: Diagnostic facilities

a. All MHEs should either have in-house diagnostic laboratory services.

b. In case, in-house diagnostic laboratory services are not available, round the clock liaison with a diagnostic facility must be there. Documentation of the same shouldbe submitted with the registration form.

c. Facilities for psycho-diagnostic assessment should be available, as per the scope of services of MHE.

Standard 13: Communication and recreation

a. Facilities shall be provided for social, cultural, leisure and recreational activities.

b. Facilities for entertainment and social interaction must be available.

c. Furnished visitors' room for families coming to meet patients should be available.

d. Facilities must be made available to inpatients for free and independent internal and external communications including freedom to receive visitors as per daily visiting hours of the MHE, use mobiles/telephone, send and receive mails or through any other conventional mode of communication as per MHCA-2017 u/s 18-28 and *The Mental Healthcare (The rights of persons with mental illness) rules 2018; F No. V.15011/09/2017-PH-I dated 29.05.2018.*

Standard 14: Services to be made available in residential rehabilitation Centres including deaddiction centres providing long term care:

a. Residential rehabilitation centres means the places where persons with mental illness who do not require hospitalization but are staying in a residential shall care facility and they are provided with psychosocial rehabilitation services by qualified and trained personnel.

b. Requirement of staff for such centres is spelled in Standard 5 (b) and 5 (c) of the schedule.

c. Occupational and vocational therapy activities should be made available and should be locally and culturally relevant.

d. Availability of various types of local resources and marketability of materials to be produced in the rehabilitation section should be taken into consideration while planning activities.

e. Vocational and occupational rehabilitation should be provided considering the patient's job profile, needs and free-will.

f. Daily record of rehabilitation measures provided to persons with mental illnessshould be maintained along with the progress chart.

Standard 15- Non-residential rehabilitation centres including Day care centres, vocational training centres and other such centres

a. Non-residential rehabilitation centres means the places where persons with mental illness who do not require hospitalization or residential care are provided psycho social rehabilitation services by qualified and trained personnel during daytime.

b. Visit to the centre is entirely voluntary or on the recommendation of the treating Psychiatrist. In-charge of the centre shall maintain basic medical record and producewhen asked.(*vide supra*)

c. Staff:

i. There must be a visiting psychiatrist in a ratio not less than to be 1:30 with at least one day visit every week. Responsibility of maintenance of detailed notes of visiting Psychiatrist is the responsibility of the owner or the in-charge of the centre.

ii. Scope of the services of non-residential rehabilitation centre needs to be clearly defined in the application for the registration.

iii. Allied health care professionals, viz., Physiotherapist, occupational therapist and such other professionals, as defined in National Commission for Allied and Healthcare Professionals Act 2021 dated 28.03.2021, should be available, as per the scope of the services of the non-residential rehabilitation centre.

iv. Trainedd rehabilitation specialists as per the Rehabilitation Council of India, as per the scope of the services should be available in a ratio not less than 1:20 patients.

v. At least one mental health professional, as specified in MHCA-2017 u/s 2 (r) shouldbe available in the centre in a ratio not less than 1:50 patients.

b. Physical Features-

i. Infrastructure: As per standards 1,3,4

ii. Adequate facilities to ensure safety of the patient should be provided.

iii. Adequate facilities should be provided for dining, recreation and entertainment.

iv. At least one Psychiatric Emergency room- 10 X 12ft (2 beds).

c. Facility to refer of a General Hospital/Psychiatric centres when needed.

d. Pro-forma of case record for each patient must be maintained. Detailed record of all interventions shall be maintained in the given forms.

Standard 16: Inspection of rehabilitation centres-

SMHA or the nominee of the SMHA can visit MHEs and non-residential rehabilitation centres as specified above in various standards. It is the duty of the in-charge of such centre to provide all documents desired by inspectors at the time of inspection. Inspectors may also take the feed-back from the clients/patients directly at the time of inspection.

Standard 17: Outpatient settings

Minimum standards for Mental health establishments providing outpatient services

{as per section 18 - sub section 5 (b) of MHCA 2017} are as follows:

a. Outpatient services should be organized in a separate area from the in-patient block.

b. Outpatient setting should be easily approachable and accessible to the public.

c. Minimum facilities should consist of :

(I) Waiting space with sitting arrangements

(ii) Reception, inquiry and registration counters

(iii) Cubicles or rooms for consultation with facilities for physical examination

(iv) Drinking water facilities

(v) Toilet facilities

d. Minimum documentation in case records should be maintained for all outpatients. For efficient follow up of patients, records should be easily retrievable. When patients are admitted there should be continuity of records from out-patient to in-patient.

e. If the MHE is providing non-pharmacological therapies like psychotherapy, behaviour therapy, counselling etc, there should be separate adequate space available for the same. Records for the same should be kept.

f. Mental health educational material (e.g. posters) should be prominently displayed at strategic points in the out-patient block. Patient and Family Information pamphlets, handouts and other educational materials in vernacular should be made freely available forthe public.

Standard 18: Rights Of Persons With Disability

a. Every MHE shall comply with the provisions of Rights of person with disability Act 2016(49 of 2016).

Standard 19: Miscellaneous

1. Every MHE should have written booklet stating in details, facilities and privileges available in the same; various areas like boarding, entertainment, occupational training, and participation in religious activities etc., which are open to various categories of patients. A copy of the above said booklet shall accompany the application for the license to the authority.
2. Every MHE as well as premises providing non-residential rehabilitation services to the persons with mental illness should prominently display the following information, as applicable, in such manner that it can be clearly read even from a distance of 6 meters in common places like reception, visitors room and dining room etc.:
    a. Scope of services available in the facility
    b. Menu of the kitchen of the MHE in the day and meal wise manner
    c. Fee and charges for various services provided in the premise in such clear fashion that the patient and/or caregiver may make a close estimate regarding expenses incurred towards the medical care and rehabilitation, as the case may be
    d. Name and contact numbers of the Medical officer In-charge and owner of the MHE

e. Details (Name, qualification, registration with the respective professional council) of medical and mental health professionals working in the premise
f. Registration certificate of the MHE with the SMHA
g. Contact details (Phone Number, e-mail and postal address) of Mental Health Review Board of the district where the facility is situated and State Mental Health Authority of Uttarakhand.

3. For restriction to discharge functions by professionals not covered by the field of his profession, provision of MHCA- 2017 chapter XIV (Section- 106) shall be applicable.
4. For offences and penalties, provisions of chapter XV (section-107, 108, 109) shall be applicable.
5. **Benches, comfortable for both sitting and lying for each patient's caregiver should beprovided as per scope of services of the MHE.**
6. **MHEs including residential rehabilitation centers including deaddiction centers providing long term care where women or girls are admitted, should have following additional provisions :**
   - **Only female attendants in the ward.**
   - **Only female nurses in the ward.**
   - **Adequate facilities for sanitary care should be assured.**
7. Minimum standards and forms may be amended time to time by the SMHA in consultation with experts considering the advancements in Science and prevailing acts, rules and regulations.

Suggestions: Administrative changes, reforms and recommendations

a. Medical superintendents/ In-charge of MHEs must be a Psychiatrist or a medical practitioner as per MHCA – 2017 u/s 2 (m).
b. If person having MD/ DNB/ DPM or equivalent degree is not available, State Government may recognize doctors having Diploma in Primary Care Psychiatry from NIMHANS, Bengaluru or AIIMS Rishikesh as Psychiatrist till the time they are serving the Government.
c. The administration shall be responsible for the ensuring optimal medical care to persons with mental illness, preservation of their rights, necessary documentation, confirming the minimum standards, day to day cleanliness, upkeep, utilization and maintenance of all amenities and services such as water supply, electricity, sewage system etc in the facility.
d. Staff at all levels should undergo periodic in service training and should be given continuous professional development inputs, aimed at enhancing motivation,commitment and increased professional competence.
e. **All existing residential rehabilitation centers for 'PMI which includes de-addiction, providing only long term care may be given one year to fulfill the requirement of Minimum Standards ascribed in this document.**

FAQ: Frequently asked Questions

Q-1: What is a MHE or Mental health establishment ?

Ans: Mental health establishment" means any health establishment, including Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy establishment, by whatever name called, either wholly or partly, meant for the care of persons with mental illness, established, owned, controlled or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person, where persons with mental illness are admitted and reside at, or kept in, for care, treatment, convalescence and rehabilitation, either temporarily or otherwise; and includes any general hospital or general nursing home established or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person; but does not include a family residential place where a person with mental illness resides with his relatives or friends.

Q-2: What are the different Categories of Mental Health Establishments?

Ans: • Centres where persons with mental illness are admitted including addiction for acute care.

• Centres where persons with mental illness are admitted including addiction for long term care.

• Centres providing Residential rehabilitation services for PMI (Persons with mental illness including substance abuse disorder/de-addiction).

Q-3 : Does only outpatient clinics for psychiatric services are considered as MHE ?

Ans: As per definition mentioned in Section 2 (P) in the MHCA- 2017, outpatient psychiatric services do not come under the purview of the definition of Mental Health Establishment.

Q-4: What is a mental health professional ?

Ans: "mental health professional" means

(i) psychiatrist as defined in section 2- clause (x) of MHCA- 2017.

(ii) a professional registered with the concerned State Authority section 55 of MHCA- 2017.

(iii) a professional having a post-graduate degree (Ayurveda) in Mano Vigyan Avum Manas Roga or a post-graduate degree (Homoeopathy) in Psychiatry or a post-graduate degree (Unani) in Moalijat (Nafasiyatt) or a post-graduate degree (Siddha) in Sirappu Maruthuvam.

Q-5 : What is medical social worker ?

Ans: A person having a master's degree in social work with training in both generalist social work skills and specialized medical knowledge.