

क- यह कार्य दृढ़ कि सार्वजनिक क्षेत्र में वित्तिय सहायता को अन्य विधित्तिय सहायता की है, के लिए एक संशोधित विधित्तिय प्रणाली लागू करिए, ऐसे के लिए अन्य सार्वजनिकीकरण केन्द्रों में कार्य को जोड़ा है। इसी के लिए विधि में सार्वजनिक प्रणाली या वित्तिय सहायता को जोड़ा है।

ख- वित्तिय सहायता को जोड़ा है। वित्तिय सहायता को जोड़ा है। वित्तिय सहायता को जोड़ा है।

ग- सार्वजनिक प्रणाली सहायता में अन्य विधित्तिय सहायता को जोड़ा है। वित्तिय सहायता को जोड़ा है। वित्तिय सहायता को जोड़ा है।

भाग- 7 सार्वजनिक

क- सार्वजनिक प्रणाली सहायता में वित्तिय सहायता को जोड़ा है।

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भाग 8 - सार्वजनिक

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In pursuance of the provisions of clause (2) of article 248 of the Constitution of India, the Governor is pleased to order the publication of the following English translation of Notification No. 02861503719-3-0013-0-000 No.00419, dated July 24, 2023 for general information.

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

No. 10001503719-3-0013-0-000 No.00419
Dated: Dehradun, July 24, 2023

EXECUTION

In exercise of the powers conferred by section 123 of the Mental Healthcare Act, 2017 (18 of 2017), the State Mental Health Authority hereby makes following regulation, namely:-

**The Uttarakhand (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. 1. (1) In these regulations, unless the context otherwise requires,

(a) "Act" means the Mental Healthcare Act, 2017 (18 of 2017);

(b) "Authority" means the State Mental Health Authority, as defined in section 2(2) and established under sections 43 and 44 of the Act;

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

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

- (6) "Form" means a Form appended to these regulations.
- (7) "Schedule" means the "The Schedule" appended to these regulations.
- (8) The words and expressions used herein and not defined (or defined in the Act) shall have the same meanings as assigned to them in the Act.

Chapter 03

Advanced Directive

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| <p>Manner making advance directive</p> | <p>of</p> | <p>3.</p> | <p>(1) Any person who desires to apply for a request for advance directive or health directive, or change or revocation, or cancellation of directive, may make an application in the manner set forth in Form F which shall be provided free of cost to all mental health establishments.</p> <p>(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 as a nominated representative.</p> <p>(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.</p> <p>(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.</p> <p>(5) No fee shall be charged for registration of an advance directive under sub-regulation (1) with the Board.</p> <p>(6) The Board shall make available a copy of the registered advance directive to the applicant and his or her nominated representative.</p> <p>(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.</p> <p>(8) There shall be no restriction on the number of times an advance directive is changed by the person who applies</p> |
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file, or whose name appears in the directive;
provided that:

- (i) no person shall apply for change in the advance directive within a period of three months after being placed under the date of the advance directive issued to him.
- (ii) Every change under this regulation (3) 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 completion of a fresh advance directive with the Board.
- (7) 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 so mentioned in the advance directive may withdraw his consent, in 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-regulation (7) 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 131.00 State Mental Health Authority

Officers and
other
employees of
the State
Mental Health
Authority

4. (1) The appointments of officers and employees of the Authority shall be governed by recruitment rules made by the State Government.
- (2) The salary, allowances, leave, pension, gratuity, 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 occupying equivalent posts.

Functions of the chairperson of the Authority of 3. (1) The Chairperson of the Authority shall discharge the functions of the Authority, who shall be assisted by a Secretary of the Authority located 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 the Authority of 4. (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 regulate 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 each 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 P.C.A. 1987.

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

shall, and he shall have same rights and responsibilities as members standing for meeting in person.

(5) 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 action, the Chairperson or the member authorized by him shall request such a decision in writing and every such decision shall be notified 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.

(F) Conduct of Meetings:-

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

(G) 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.

(X) 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 disseminate minutes of meeting with all members within next 7 days after the first signed as mentioned in (Clause) (c).
- (f) The Chief Executive Officer shall cause the approved minutes of the meeting posted in the Minutes Book and every page of the minutes shall be substantiated by signatures of the Chairperson or the Member who chaired the meeting.
- (g) The Chief Executive Officer shall communicate the relevant extracts of the decisions of the Authority to all the members for necessary follow-up action and receive 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

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| Minimum standards of facilities | 7. | Every mental health establishment as defined in section 2 (j) of the Act and falling under the control of the Authority, as defined in sections 43 and 44 of the Act, shall maintain the minimum standards specified in the Schedule(A-B-I-j-h-k). |
| The minimum qualifications for the personnel engaged in mental health establishments. | 8. | For the clinical and administrative 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. | <p>(1) The mental health establishments shall keep the medical records in the manner specified in Forms G to X, as the case may be.</p> <p>(2) The Authority may call for any medical record on receipt of any complaint.</p> <p>(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.</p> |
| Application by the mental health establishments for permanent registration. | 10. | <p>(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 Udaipur or as may be specified by the State Authority from time to time.</p> <p>(2) A mental health establishment while submitting an application in Form Y for permanent registration 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.</p> |

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| Filing of IL | A person may file any objection to the State Authority under sub-section (1C) of section 16 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. |
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CHAPTER-V

MEETINGS OF THE MENTAL HEALTH REVIEW BOARD
(MHBR)

- 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 may decide.
- (3) The Chairperson of the Board shall give at least five clear days notice for a meeting of the Board, 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 the Board may authorize.
- (5) The quorum of the meeting shall be three members of the Board including its Chairperson.
- (6) If the quorum 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 harmonious environment.
- (10) The Board may hold an enquiry in a closed hall or a closed room as per sections 17 of the Act.

- (3) A vote of the Board is a medical health confidentiality shall be deemed to be a voting of the Board.
- (4) 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 mandated 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.
- (5) 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 or that treatment is not required.
 - (a) Where the Board is not able to reach a decision within three days, the treating psychiatrist shall continue the treatment planned after taking counsel from the mandated representative of the person with mental illness, if he is available.
 - (b) In absence of mandated representative the treatment shall continue as specified in section 14 of the Act.
- (6) Subject to the provisions of any law for the time being in force, a decision of the Board shall not make a medical health professional liable to civil or criminal proceedings unless the Board after inquiry in this regard records that act or omission by such medical health professional were made with or without reasonable care or thought under any law for the time being in force.

CHAPTER - VI
PSYCHOSURGERY AND RESTRAINTS

Restriction on psychosurgery. 13. (i) 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 staff who the following additional preventive measures in a mental health establishment to ensure the use of restraints to the absolute minimum, namely:-

- (a) He/she shall give periodic training to the staff of the mental health establishment in knowing and adapting alternatives to the use of restraints;
- (b) He/she shall discuss the policy of restraint with the person with mental illness or his nominated representative in accordance with the provisions of section 59 and section 60 of the Act to manage the crisis and to avoid restraint;
- (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 59 of the Act, about the restraint used during previous month in MHU. Report should contain details as shown in Form X signed by the medical officer in-charge of the MHU.

The Schedule

(See Regulations 7 to 11)

Minimum Standards for Mental Health Establishments Undertaking[15 (2)(3) & 6(6) (c) of Mental Health Care Act 2017]

The following shall be the minimum standards of facilities and the registration of mental health establishments (MHE) under various categories in Undertaking as per MHCA-2017 as (NC): Entities to be considered as MHE are defined in MHCA-2017 act s/s 3(j) and thus, facilities:

- Carens/Prisons where persons with mental illness are admitted including addition for acute care (patients having immediate or withdrawal symptoms)
- Carens/Prisons where persons with mental illness are admitted including addition for long term care (patients not having symptoms of intensification or withdrawal)
- Considering that all illness are the mental (psychiatric) disorders as per:

- Definition of mental illness as per MHCA-2017 s/s 3(i)
- International Classification of Diseases 11th edition (ICD-11)
- Diagnostic and Statistical Manual 5th edition (DSM-5)
- Fact that additive disorders are integral part of psychiatry making MD (Psychiatry) as per curriculum of National Medical Council, India (May be accessed at <https://www.nmc.org.in/wp-content/uploads/2015/04/MD-Psychiatry.pdf>)
- Fact that facilities of National Institutes like AIIMS, New Delhi, PG Chandigarh and NIMHANS, Bangalore are running super-specialty centres (Post doctorate fellowship and DM) in Addiction Psychiatry
- That National Drug De-addiction and Treatment Centre, Gurukul is managed by Department of Psychiatry, AIIMS, New Delhi

Thus, all centres providing medical care to patients with addiction shall be considered as MHE.

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

mental function level) for patients with disability arising out of psychiatric disorders (as defined in The Rights of persons with disability act 2016, Schedule specifying disability, clause 2 (mental illness means a substantial disorder of thinking, mood, perception, orientation or memory that greatly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life)) will also be considered as MHI as per MHA-2017 rule 29).

All SMHA shall be aligned with the MHA-2017 and The Mental Healthcare (The rights of persons with mental illness) rules 2018, P. No. P.150/100/2017-PH-I dated 22.05.2018 to be substituted by the unified rules of the SMHA of Uttarakhand regarding this day to day functioning.

However,

- E. Centers where patients with intellectual disability (not having any symptoms of mental illness or if had symptoms in the past, currently stable on psychotropic) are provided rehabilitation services shall be out of purview of these minimum standards.
- F. Centers catering to disturbed patients and prisoners, 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, orphan ages, juvenile centers, and other such centers, where persons with history of mental illness are kept/staying (but who are currently asymptomatic as certified by a psychiatrist) shall be out of purview of these minimum standards.
- H. Centers providing day-care to the non-restricted outpatients to the patients suffering from the mental illness (including addiction) that are currently in asymptomatic phase (as certified by a psychiatrist) shall be covered under standard 12.

Standard 1 - Premises

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

- a. Structure should be safe and strong enough to withstand heavy rain and moderate natural 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 knee to wall or to others.

- a. Common rooms must have TV, (cushy seats), magazines and in door 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 CMSA regulations vide P.N. 11311/2002019-PW-I dated 06.12.2019 standard 8 (c) (c) be substituted by the notified regulations of the SDA, of Uttaranchal and viz. 67 (B) of MCOA-2007, respectively).
- g. A minimum of 40 to 50 sq. feet space per bed with a minimum of 1 foot edge to edge gap between 3 beds in the ward/rooms.
- h. Bunk beds are not allowed and patients should be secure like those both sides of bed to handle emergencies and to provide optimal medical care.
- i. Separate toilet for male and female patients in the ratio not less than 1:1 patients.
- j. Separate bathroom for male and female patients in a ratio not less than 1:30 patients.
- k. Number of wash basins are less than 1:12 outside the toilet/bath rooms and in the dayrooms 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 pasting on both sides or transparent polycarbonate sheets to allow natural lighting.
- m. All doors and corridors should have clear space to allow transport of trolley and wheelchair side by side simultaneously.
- n. All doors must have latches/handle that have provision for unlocking from outside as well as inside.
- o. Sufficient illumination during dark, sufficient for reading without causing strain to the eyes.
- p. Illuminated passage during Night Day lighting to toilet and emergency exits. Sign boards with sufficient illumination should be placed for clear identification of toilet facilities.
- q. Power Back-up for emergency light during power failure and load shedding.
- r. Maintenance of the infrastructure as per norms laid down by appropriate authority of the geographical area where the NRE is situated.
- s. Closed circuit TV cameras should be installed in the facility in different areas e.g., corridors, dining room, recreation areas, lounge and wards to ensure the safety of the patients. It must be confirmed that such cameras are not

defying the rights to live with dignity and privacy of persons with mental illness. Recording (or a screenshot) of sex assets should be stored (in govt government of India Guidelines from Ministry of Social Justice & Empowerment for CCTV Camera installation in IRCA/ ODDCA/CPLs under NAPSH-veg letter no- F.NO.4-10288-BP-I dated- 11 Aug, 2020).

Standard 2: LIVING CONDITIONS

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

- Separate cots with mattress, pillow, bed sheet, drawer sheet and blanket for each patient.
- Adequate provision for mosquito net/curtain/repellent or control measures in MHU.
- There should be provision for maintenance of comfortable level of room temperature (air conditioner).
- Maximum two cots in a dormitory. No sleeping on the passage, veranda, under staircase or anywhere else except in dormitories.
- 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.

- Daily sweeping, mopping and disinfecting of the entire premises.
- Sanitation maintained in all the areas including toilet and bathroom using disinfectants.
 - Location of Sewage Treatment Plants and Effluent Treatment Plants, if present in the MHU, shall be far away from important roads & residential housing, as per CPCB guidelines (2011) for sewage treatment.
- Changing of bed linen at least thrice a week and more frequently, if required. Washing bedsheet linen should be done in a clean and hygienic environment.
- Foot line environment to be ensured all the time in whole MHU.
- Rubbish that is rubbish generating areas and daily disposal of rubbish should be ensured.
- Washing and drying of plates, dishes, cutlery and other solid vessels/containers after each use should be ensured.
- Laundry, if inside MHU, should be equipped with washing, drying and ironing

facilities. If necessary, some facilities to be maintained by the owner or Medical-in-Charge of the MHF.

- b. Litter should be disposed and/or regularly.
- i. Contamination of linen should be done periodically. Contaminated linen should be stored separately from the usable linen.
- j. Optimal measures for the prevention of infections should be maintained.

Standard 4: FOOD, WATER & NUTRITION

Wholesome, complete and nutritive food and potable drinking water shall be provided in comfortable settings.

- a. Well cooked, fresh, hot and hygienic food, appropriate to local food habits, in sufficient quantities shall be served in each meal.
- * a. Adequate dining space with sitting facility to be ensured.
- i. Quality of food to be supervised and verified by medical officers in-charge or members of the MHF, and also be inspected by FDA department from time to time.
- ii. Special diet must be served to patients with cerebral or other medical disorders on direction of treating physician.
- iii. At least, two twice a day & three meals must be served at proper timings.
- iv. Menu must be changed at least three a week and the same items after that consultation not repeated on the same day or next day, except in exceptional circumstances.
- v. Filtered cold water should be provided in summer and filtered hot a temperature warm water in the year. Potable mechanisms of filters should be ensured.
- vi. 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 till they recover.

Standard 5: STAFF REQUIREMENT & MINIMUM ESSENTIAL STAFF RATIO AFTER SANCTIONED BEDS.

- i. MHF (including Observation Centres providing acute care)
 - a. must have at least one full time Psychiatrist available as defined in MRC-2017 sub X(v) in a ratio not less than 1:10 beds.
 - b. that have, in addition to a full time psychiatrist, as defined above, at least one medical practitioner for:
 - a. the supported admissions sub B of MRC-2017.

- b. Providing medical cover to patients considering high prevalence of other medical disorders in persons with mental illness.
 - i. must have, in addition to should have at least one mental health professional as defined in MHCA-2017 s/4 1 (c) for the supported substances s/4 35 of MHCA- 2017.
 - ii. in addition to above, must have at least one nurse [as defined in MHCA- 2017 s/4 2(g)] for every 18 beds, round the clock.
 - iii. Preferably 10% of the nurses should have in-service training in psychiatric nursing and there should be adequate representation of male nurses.
- c. MHU providing long term care (including Deinstitution 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 s/4 2(y) available in a ratio not less than 1:100 beds. Every patient in a MHU shall be examined by a psychiatrist at least once in two weeks and a psychiatrist shall be available on an call 27 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 s/4 2(p) or Psychologist (At least MA in Psychology) or medical social worker, must visit a MHU every day on part time basis and shall be available on an 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 s/4 2(g)] for every 30 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 2011, dated 28.03.2021, should be available, as per the scope of the services.
 - vi. Treatment 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 1:50 patients as per the scope of services.
- d. All MHUs, irrespective of scope of services, must have following staff in the ratio definitions:
 - i. Ward staff 1 : 28 for every shift
 - ii. Bedroom 1 : 30 for every shift

- b. Other staff/personnel such as barber, cook, maintenance, infection, pharmacist, electrician, security personnel, etc. as per the requirements of the MHE. Their services may be obtained on contract basis or on contract.

Standard 6: Other Medical Specialists

Other Medical Specialists & related support resources as per specific requirements of the individual MHE.

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

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

- c. Ambulance should be available round the clock for transfer of patients, wherever required.
- d. Technical professionals and resources (equipment / Medicines) to deal with other medical emergencies 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 conditions should 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 footrests should be available, in a room not less than 1.05 beds.

- a. Sufficient sets of basic equipment consisting of blood pressure apparatus, reflexoscope, weighing machine, thermometer, pulse oximeter etc. in the ratio of at least 1:15 beds should be available in the MHE.
- b. If the electro-convulsive-therapy (ECT) procedure MHE under the scope of services of the MHE, in that case, equipment to provide general anaesthesia and ventilation must be available.
- c. Oxygen cylinders with flow meter or control supply of oxygen, always in working condition should be available in a ratio of at least 1:10 beds.
- d. 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 be maintained.

Standard 9: Stores

- a. All MHEs should have a Hospital Store/Supply Store (HSS).
- b. Hospital Store/Supply Store will possess and stock all materials other than drugs and therefore are necessary to efficiently run the MHE viz., dressing materials, equipment, utilities etc.
- c. At least 30 days' stock of above commodities should be maintained in HSS.

Standard 10: Documentation

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

- a. Documentation of admission, treatment and discharge of patients in accordance to MHCA 2017 as specified in 85 to 96 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 MHEs (added under section 87 of MHCA-2017), Supported admission (added under section 90 of MHCA-2017) shall be maintained.
 - ii. Case record form for GPD patients should use at least following elements, as applicable (Form F)
 - a. Demographic details
 - b. Admitted Description (Form F)
 - c. Death of nominated representative (Form F)

in MHRCA-2017 s/s 97 and *The Mental Healthcare (The rights of persons with mental illness) rules 2018, P.No. F.130A100/2017-PH-1 dated 19.03.2018.*

- A. Right of persons with mental illness, to be provided according to provisions of MHRCA-2017, sections 18 to section 28 as applicable to MHRA.
- i. Positive and sensitive policy in compliance to chapter XII section 97 of MHRCA 2017 and section 20 of *Mental Healthcare Regulations (The Mental Health Act, 2017), Government of India, 2017.*
- 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 11: Diagnostic facilities

- a. All MHRA should either have in-house diagnostic laboratory services.
- b. In case, in-house diagnostic laboratory services are not available, referral to check liaison with a diagnostic facility must be there. Documentation of the same should be submitted with the registration form.
- c. Facilities for pre-post-diagnostic assessment should be available, as per the scope of services of MHRA.

Standard 12: 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 facilities visiting in most 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 MHRA, use radiotelephones, land and mobile radio or through any other convenient mode of communication as per MHRCA-2017 s/s 18-25 and *The Mental Healthcare (The rights of persons with mental illness) rules 2018, P.No. F.130A100/2017-PH-1 dated 19.03.2018.*

Standard 14: Services to be made available in residential rehabilitative Centres including deinstitutionalisation providing long term care.

- a. Residential rehabilitation centre means the place where persons with mental illness who do not require hospitalisation but are staying in a residential staff care facility and they are provided with psychosocial rehabilitation services by qualified and trained personnel.
- b. Requirement of staff for such centre is specified in Standard 5 (b) and 5 (c) of the schedule.
- c. Occupational and vocational therapy activities should be made available and should be timely and culturally relevant.
- d. Availability of various types of local resources and availability of materials to be produced in the rehabilitation centre 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 illness should 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 centre means the place where persons with mental illness who do not require hospitalisation 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-charges of the centre shall maintain basic medical record and production sheet (vide report)
- c. Staff:
 - i. There must be a visiting psychiatrist in a ratio one: ten: five to be 1:20 with at least one day visit every week. Responsibility of maintenance of medical notes of visiting Psychiatrist is the responsibility of the centre 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 Professions Act 2001 dated 28.05.2011, should be available, as per the scope of the services of the non-residential rehabilitation centre.

- a. 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.
- a. At least one mental health professional, as specified in MHCA-2017 (iv 2 (i)) should be available in the centre in a ratio not less than 1:20 patients.
- a. **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- (E X U) (2 beds)
- a. Facility to refer to a General Hospital/Psychiatric centres when needed.
- a. Pre-Forms of case record for each patient must be maintained. Detailed record of all interventions shall be maintained in the given form.

Standard 16: Inspection of rehabilitation centres-

EMHA or the nominee of the EMHA can visit MHIs 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 1 (b) of MHCA 2017) are as follows:

- a. Outpatient services should be organized in a separate unit from the inpatient 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 counter

- (ii) Cubicles or rooms for consultation with facilities for physical examination
- (iv) Drinking water facilities
- (v) Toilet facilities
- c. Minimum accommodations in each centre should be maintained for all outpatients. For efficient follow up of patients, records should be easily accessible. When patients are admitted there should be continuity of records from outpatient to inpatient.
- d. If the MHU is providing neuropsychological therapies like psychotherapy, behaviour therapy, counselling etc, there should be separate adequate space available for the same. Records for the same should be kept.
- e. Mental health educational material (e.g. posters) should be prominently displayed at strategic points in the out-patient block. Patient and Family Information pamphlets, brochures and other educational materials in vernacular should be easily freely available for the public.

Standard 18: Rights Of Persons With Disability

- a. Every MHU shall comply with the provisions of Rights of persons with disability Act 2016(19 of 2016).

Standard 19: Miscellaneous

- 1. Every MHU should have written booklet stating in details, facilities and principles available in the centre, various areas like housing, 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 MHU as well as persons providing run-outside or ambulatory 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, waiting areas and during visits etc).
 - a. Scope of services available in the facility
 - b. Name of the members of the MHU in the day and night watch room
 - c. Fee and charges for various services provided in the premises in such clear fashion that the patient or the caregiver may make a clear 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 a member of the MHU

- e. Details (Name, qualifications, registration with the respective professional council) of medical and mental health professionals working in the premises
 - f. Registration certificate of the MHU with the MHFA
 - 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 Thailand.
6. For services in discharge functions by professionals not covered by the field of his profession, provision of MHFA 2017 chapter XIV (Section-156) shall be applicable.
 7. For officers and position, provisions of chapter XV (Section-157, 158, 159) shall be applicable.
 8. Bedsets, comfortable for both sitting and lying for each patient's caregiver should be provided as per scope of services of the MHU.
 9. MHUs including residential rehabilitation centers including residential centers providing long term care where women or girls are admitted, should have following additional provision:
 - Only female attendants in the ward.
 - Only female nurses in the ward.
 - Adequate facilities for sanitary care should be covered.
 10. Minimum standards and items may be amended from to time by the MHFA in consultation with experts considering the advancements in Science and providing new rules and regulations.

Suggestion: Administrative changes, reforms and recommendations

- a. Medical superintendent/ In-charge of MHUs must be a Psychiatrist or a medical practitioner as per MHFA – 2017 act 2 (3).
- b. If person having MD/ DPM or equivalent degree is not available, State Government may recognize doctor having Diploma in Primary Care Psychiatry from NIMHANS, Bangalore or ATMS (Kishore) as Psychiatrist till the time they are serving the Government.
- c. The administrator shall be responsible for the ensuring optimal medical care to persons with mental illness, preservation of their rights, necessary documentation, conforming the minimum standards, day to day cleanliness, safety, utilization and maintenance of all facilities 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 PMH which includes Co-addiction, providing only long term care may be given one year to fulfill the requirement of Minimum Standards specified in this document.

FAQ: Frequently asked Questions

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

Ans: Mental health establishment means any health establishment, including Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy establishments, 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 or, 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 admission for acute care.
- Centres where persons with mental illness are admitted including admission for long term care.
- Centres providing Residential rehabilitation services for PMH (Persons with mental illness including substance abuse disorders)-admission).

Q-3: Does only institutions offering psychiatric services are considered as MHIE?

Ans: As per definition mentioned in Section 2 (7) of the MHCA- 2017, 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 (a) of MHCA- 2017.
- (ii) a professional registered with the concerned State Authority section 22 of MHCA- 2017.
- (iii) a professional having a post-graduate degree (Ayurveda) in Manas Vigyan Aron Manas Roga or a post-graduate degree (Karasapathy) in Tipikidhy or a post-graduate degree (Unani) in Mawjizat (Nabhiyat) or a post-graduate degree (Siddha) in Sippa Manasavayam.

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.