Schedule – A

(See Regulation -3)

(Sec. 123.2.a read with 18.9)

MINIMUM QUALITY STANDARDS OF MENTAL HEALTH SERVICES MADE AVAILABLE BY THE GOVERNMENT

1. All mental health establishments, including those referred to in sub sections 4 and 6 of section 18 run or funded by the Government shall follow the minimum standards of facilities and services as provided in Schedule C under section 65 (4) (e) which shall be deemed as the minimum quality standards of mental health services under sub section (9) of section 18 for such establishments.

2. Such establishments, which are not mental health establishments but which run OPDs, shall follow the Minimum standards laid down for OPDs run by mental health establishments and such standards shall be deemed as minimum quality standards for such non mental health establishments.

3. Minimum quality standards of mental health services made available by the Government at places, which are not mental health establishments, shall be as under:

Minimum Quality Standards for Mental health services

(123.2.a read with 18.4.c) (18.9)]

Relief Service: Mental Health Services provided to support families of persons with mental illness by the State Government shall adhere to minimum quality standards as under:

State shall maintain a panel of trained paid caregivers whose characters and antecedents have been verified by the police. Services of paid caregivers shall be made available to the families of persons with mental illness on hourly/part time basis to enable the family caregivers to take time off from caregiving to attend to their personal chores and pursue their hobbies and interests.

If a family caregiver wishes to take a few days off for rest and recuperation, the state shall provide the services of a paid caregiver on a daily basis and there will be an option to keep the person with mental illness in a sheltered accommodation.

Emergency: Each district headquarter shall have an emergency service number available to families of persons with mental illness which in time of exigencies, family caregivers shall be able to use to call for help.

Vulnerable Caregivers: Government shall take special care of the needs of elderly caregivers, single caregivers, adolescent caregivers and other vulnerable caregivers.

Vulnerable Persons with Mental Illness: Persons with mental illness with high support needs but no family or friend caregivers to provide support being highly vulnerable, Government shall take special measures to attend to their needs and provide care and support to such persons.

Information and Guidance: Caregivers shall get easy access to information, and guidance on how to access services and support in performing their caregiving role.

Generic Medicine: The government shall ensure adequate supply free of cost for essential psychotropic medicine. The government shall also ensure easy access to generic medicines at a reasonable cost.

Child Mental Health Services

[123.2.a read with (18.4.e) and (18.9)]

i) Mental illness among children and adolescents can lead to use of alcohol, tobacco and illicit substances, school dropout and other delinquent behaviors. Government shall provide various services, school based and community based, to minimize such situations.

ii) Government shall arrange for early detection of mental health problems among children, and for providing treatments such as counseling, cognitive-behavioral therapy and, if necessary, psychotropic medication to prevent behavioral disorders, anxiety, depression and eating disorders and related risks such as inappropriate sexual behavior, substance abuse, and violence.

iii) Awareness programs shall be launched to provide information about common psychological and behavioral problems among children, educating, how to recognize early signs of mental illness among children and helping them

in managing the same and dispelling myths and misconceptions about mental illness to prevent stigma.

iv) School mental health program, as a part of the District Mental Health program, shall address behavioral and emotional issues among children and offer counselling, and other services to those in need of mental health interventions.

v) Children shall be counseled on how to take failure and success in a positive way. Teachers shall work on suicide prevention among adolescents due to disappointments in examinations or love affairs or in any other personal life event.

vi) Mental health shall be included into school curriculum to increase awareness and effective measures shall be taken to involve families and schools in child and adolescent mental health care.

vii) All secondary and senior secondary schools shall be required to employ a counselor. Visiting counselors shall be engaged by junior and middle schools.

viii) Teachers and parents shall be sensitized and oriented to help and recognize the mental problems faced by the children at an early stage. School teachers shall observe the behavior of the students in their class and talk to parents if any unusual behavior pattern is observed.

ix) Teachers shall be encouraged to develop skills to improve motivation, study habits, concentration and memory and handling exam fear, failure and related stress.

x) Parental counselling shall be provided to bring down parental expectations on academic, understand children's growing up issues, stop regimentation and excessive interference and also discriminatory over indulgence.

xi) Primary care services shall be enhanced to provide comprehensive mental health services to children and adolescents, including, detection and appropriate interventions for children and adolescents with mental illness.

xii) Mental health services shall be designed to improve the mental health and wellbeing of children, reduce their mental illness related problems, and harness support for them and their families and shall include their mental

health assessment, medical and psychiatric treatment, psychological interventions, training and education.

xiii) Mental health services for children shall involve those who are closely associated with children - parents, family members, child professionals, and teachers.

xiv) Children shall be taught to protect themselves from sexual abuse; schools and families shall be advised to remain alert and take preventive measures. If sexual abuse happens despite all care, the victimized child shall be given full support to overcome the trauma.

xv)Child and adolescent mental health services shall be made available to street children, school drop outs, juvenile delinquents and children with disability

Old age mental health services

(18.4.e)

Old persons with mental illness shall be provided quality mental health services which shall include the following:

1) Specialized older persons' mental health services by mental health professionals, both short term and long term, with integrated social service elements, for diagnosis, treatment and support.

2) Identification, diagnosis, assessment and treatment of old persons who develop mental illness in old age.

3) Services in different settings: primary care, homes, community based services, sheltered accommodation, supported accommodation, mental health establishments, hospice care and prisons.

4) Age-appropriate services which shall be of the same standard as services for other age groups.

5) Appropriate interventions to increase social participation, physical activity and continued learning to prevent depression

6) Community care and home treatment services to promote independent living and reduced need for admission in a mental health establishment.

7) Cost effective treatment of psychiatric morbidity in mental health establishments, which would facilitate early discharge and reduce the treatment costs.

8) Home care and treatment especially for those who are frail or cognitively impaired and cannot easily travel

9) Support and engagement with families and elderly caregivers by way of appreciation, information, guidance and occasional respite to prevent their breakdown and consequential disruption in long term caregiving services they provide.

10) Comprehensive and timely services by teams of professionals trained and qualified in the management of old persons' mental health with the right range of knowledge and expertise.

11) Psychological therapies, services that are delivered in both community and inpatient settings, specialist mental health assessment, diagnosis and intervention services

12) Psychological services and talking therapy to alleviate psychological distress and promote psychological well being

Mental Health Establishment

(p) "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 sare 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, organization 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 friend

Schedule – B

(See Rule -11)

[U/S 122.2.e with 65 (4) (a)]

MINIMUM STANDARDS /NORMS FOR MENTAL HEALTH ESTABLISHMENTS

(PRIVATE PSYCHIATRIC NURSING HOMES, GENERAL HOSPITALS AND MEDICAL COLLEGE HOSPITAL WITH PSYCHIATRY UNIT/WARD/BEDS)

The following shall be the minimum standards for registration of mental health establishments under all categories:

Standard 1: The premises shall be well maintained and kept in good livable condition.

Criteria:

a) Concrete structure, strong enough to withstand heavy rains and moderate natural calamities

b) Seepage free, functional windows and doors

c) Lift with generator backup for areas above 4th floor

d) Sufficient ventilation and natural light

e) Sufficient illumination after sunset, good enough for reading without causing strain to the eyes

f) Illuminated passages leading to toilets and emergency exits during the night

g) Inverters for emergency lights during power failures and load shedding

h) Periodic painting of doors, windows and walls, internal and external

<u>Standard 2</u>: The living conditions shall be comfortable.

Criteria:

a) Separate cots with mattresses, pillows, bed sheets, drawer sheets and blankets in winter.

b) Provision of mosquito repellents or control measures in sleeping areas.

c) Ratio of fans to beds, not less than 1:5

d) Minimum two exits where the number of beds in a dormitory is more than 12.

e) No sleeping cots in passages, verandas, under staircase or anywhere else except dorms/rooms

f) Hot water for baths during winter months.

g) Patients should not be forced to wear the uniform of the institute. They should be allowed to wear clothes of their choice.

h) No sharp instruments should be easily available to inmates.

Standard 3: Hygiene, cleanliness and sanitation shall be maintained.

Criteria:

a) Daily sweeping, swabbing and dusting of the entire premises.

b) Sanitation maintained in all the areas including toilets and bathrooms using disinfectants.

c) Number of toilets is not less than in the ratio of 1:5 and bathrooms not less than in the ratio of 1:10. There shall be separate toilets and bathrooms for male and female inpatients.

d) Number of wash basins not less than 1:12 outside the toilets/bathrooms and in the dining area.

e) Twenty four hour availability of water in wash basins, bathrooms and toilets.

f) Weekly change of bed linen

g) Washing of soiled linen in a clean and hygienic environment.

h) Periodic pest control treatment and premises especially kitchen free of cockroaches and rodents.

i) Rubbish bins in rubbish generating areas and daily disposal of rubbish.

j) Washing and drying of plates, dishes and cutlery used for eating, cooking vessels and other soiled vessels/containers

k) Bio-Medical waste disposal system should be in place as per Corporation/local body rules.

Standard 4: Wholesome, sumptuous and nutritive food and potable drinking water shall be provided in comfortable settings.

Criteria:

a) Well cooked, fresh, hot and hygienic food, appropriate to local food habits. Without any restriction on quantities of the food served

b) Food shall be served on chair and table

c) No adulteration and no contamination in provisions and food.

d) Special meals served to those advised for patients having physical illness

e) Breakfast, afternoon tea and two meals served at proper timings.

f) Menu changes daily and the same items other than cereals are not repeated on the same day or next.

g) Filtered cold water provided in summers and filtered room temperature water rest of the year.

Standard 5: Facilities shall be provided for social, cultural, leisure and recreational activities.

Criteria:

a) Entertainment programs, socials and excursions for inpatients.

b) Furnished visitors' room for families coming to meet the inpatients.

c) Facilities to inpatients for internal and external communications and freedom to receive visitors, use mobiles, send and receive mails and use any other conventional mode to communicate

d) Furlough to inpatients to attend weddings, funerals, other important family engagements

Standard 6: Adequate Health Professionals shall be employed to provide proper treatment.

Criteria:

a) Inpatients seen on a regular basis by a mental health professional.

b) A medical officer will be available on call 24 hrs. to meet the emergencies

c) Trained manpower in mental health will be made available to provide mental health services

d) Manpower resources requirement

i. One Psychiatrist for 100 patients

ii. One Anesthetist on call per hospital if ECTs are given

iii. One Resident Medical Officer (RMO) per 100 patients.

iv. One Clinical Psychologist per 200 patients

v. One psychiatric Social Worker (PSW/MSW) per 100 patients

vi. One Psychiatric Nurse (DPN) per 75 patients

vii.One GNM Nurse per 10 patients. (at least one nurse should be available in every shift if bed strength is less than 10).

viii.One attendant per 5 patients. Female attendants for female inmates.

ix. Adequate security Services.

x. Sufficient number of cleaning staff.

Standard 7: Other Medical and Para-Medical Staff shall be engaged as per specified requirements.

Criteria:

a) Regular visits by a qualified medical practitioner, as per the norms fixed by the state government, for checkup and treatment

b) Tie up with a local hospital for admitting patients in case of need.

c) Mental health nurses engaged for shift duty in conformity with the Indian Nursing Council Norms 1985.

d)Minimum 12th pass, multipurpose workers employed, one for every 10 beds or part thereof.

Standard 8: The premises shall have adequate floor space available.

Criteria:

a) Separate wards for mentally ill female inpatients and mentally ill male inpatients.

b) Minimum distance between two beds not less than 1 meter and the space at head end not less than 0.25 meter.

c) Door width minimum 1.2 meters and minimum corridor width 2.5 meters.

d) Ward bed and surrounding space not less than 6 sqm/ bed.

e) Kitchen/dining area and toilet/bath block not in proximity.

f) Common room has TV, newspapers, magazines and indoor games. The chairs provided are 1:4 ratio.

g) OPD has, sitting arrangements for patients and accompanying family members, registration, help and cash counter(s), drinking water facilities and separate toilets for males and females.

h) Average usable space per patient should not be less than 100 sq.ft.

i) Separate area for child patients.

j) CCTV in all wards and important locations.

Standard 9: Equipment and articles shall be procured and used for inpatients as per requirements.

Criteria:

a) Medical equipment and instruments, commensurate with the scope of services and the number of beds.

b) Equipment and inventory kept in a good usable condition.

c) Sufficient sets of basic equipment consisting of blood pressure apparatus, stethoscope, weighing machine, thermometer, Stretchers, Wheel chairs, Suction Machines etc.

d) Anesthesia equipment for ECT.

e) Oxygen cylinders with flow meter.

f) Sufficient stock of drugs, medical devices and consumables.

g) First aid box with standard contents; a daily check done for replenishments.

h) An examination table with foot step.

Standard 10: OPD facilities shall be provided for the treatment of persons with mental illness as out-patients.

Criteria:

a) Facilities for treating mentally ill out-patients morning and afternoon, six days a week.

b) Out-patients provided consultation by one or more mental health professionals.

c) Registration/help desks and billing counters managed by local language speaking staff.

d) Prescriptions containing names of the patients, dates, names of medication, dosages, frequency, duration, name, signature and registration number of the psychiatrist in legible writing

e) Separate case paper for every IPD/OPD patients

f) All necessary registers to be maintained and should be made available at the time of inspection.

g) Billing done as per the tariff fixed available to patients and their families to see.

h) Arrangements for potable drinking water.

i) Separate toilets for men and women.

Standard 11: There shall be no torture, cruelty, inhuman and degrading treatment, punishment, exploitation, violence, negligence and abuse of patients.

Criteria:

a) No verbal, physical, sexual or mental abuse by the staff or others.

b) No insistence on inpatients wearing uniforms.

c) No compulsion to tonsuring or cropping of hair.

d) No compulsion to perform non personal work; any such work given with consent, suitable remuneration paid.

e) No regimentation in regard to sleeping hours.

f) Safe injection practices followed as per WHO guidelines.

Standard 12: Alternate methods shall be used in place of seclusion and restraint to de-escalate crises situations.

Criteria:

a) No chaining or roping of patients.

b) No seclusion and no solitary confinement

c) Chemical and physical restraints used only to prevent inpatients from hurting themselves or others, with the permission of the head of the facility and the circumstances recorded in a separate register kept for this purpose.

d) Nursing Staff trained to use de-escalation techniques to prevent patients from harming themselves and others.

Standard 13: Privacy, dignity, safety and security of patients especially of women and their confidentiality shall be protected.

Criteria:

a) No discrimination based on sex, color, creed and economic condition or on any other ground and no admission or treatment denied for any such consideration.

b) Reasonable freedom and facility for pursuing religious beliefs.

c) Freedom to meet or refuse to meet the visitors.

d) Separate toilets for men and women and Sign boards displaying 'For men only' and 'For women only' in local language.

e) Examination or treatment of female patients should be done in the presence of a female attendant/female nursing staff, if conducted by male medical staff inside the hospital and vice versa.

f) Independent lockers provided to patients to keep their personal belongings.

g) Patients with suicidal tendency allotted a bed in a room with wall fans and without any sharp instrument or article which can be used for self-injury.

h) All windows with grills fixed.

i) Necessary procedures exist to meet fire and non-fire emergencies and safe exit of inpatients and others.

j) Appropriate display of directional fire exit signage, minimum in two languages, one of which is local.

k) All fire safety measures taken including fire prevention, detection, mitigation, evacuation, containment and mock drills.

l) Firefighting equipment periodically inspected, chemicals replenished and kept in usable condition.

m)Patients' case histories and records preserved and kept confidential.

DE-ADDICTION CENTERS

MINIMUM STANDARDS.

"De-Addiction Centre" means a specialized psychiatric hospital or Psychiatric nursing home established by the State Government under clause (b) of subsection (1) of section 5 of the Act for treatment and care of persons who are addicted to alcohol or other drugs with the availability of various supporting medical care services or a unit attached to a well-equipped general hospital for the treatment and care of persons addicted to alcohol or other drugs., which lead to behavioral changes in a person;

Since most patients admitted in a de-addiction ward would be suffering from withdrawal symptoms, all efforts must be made to make their hospital stay comfortable. The in-patient treatment period should be used to formulate the plans for long-term treatment and rehabilitation and the same must be discussed with the patient. All admitted patients should be provided with a discharge summary with a detailed plan for further treatment from the OPD.

1. All patients identified with alcohol use in excess of National Institute on Alcohol Abuse and Alcoholism guidelines and/or any tobacco use should receive a brief motivational counseling intervention by a healthcare worker trained in this technique

2. Healthcare providers should systematically promote patient initiation of care and engagement in ongoing treatment for substance use illness. Patients with substance use illness should receive supportive services to facilitate their participation in ongoing treatment.

3. Supportive pharmacotherapy should be available and provided to manage the symptoms and adverse consequences of withdrawal, based on a systematic

assessment of the symptoms and risk of serious adverse consequences related to the withdrawal process. Withdrawal management alone does not constitute treatment for dependence and should be linked with ongoing treatment for substance use illness.

4. Empirically validated psychosocial treatment interventions should be initiated for all patients with substance use illnesses.

5. Pharmacotherapy should be recommended and available to all adult patients diagnosed with opioid dependence and without medical contraindications. Pharmacotherapy, if prescribed, should be provided in addition to and directly linked with psychosocial treatment/support.

6. Pharmacotherapy should be offered and available to all adult patients diagnosed with alcohol dependence and without medical contraindications. Pharmacotherapy, if prescribed, should be provided in addition to and directly linked with psychosocial treatment/support.

7. Pharmacotherapy should be recommended and available to all adult patients diagnosed with nicotine dependence (including those with other substance use conditions) and without medical contraindications. Pharmacotherapy, if prescribed, should be provided in addition to and directly linked with brief motivational counselling.

8. Patients with substance use illness should be offered long-term, coordinated management of their care for substance use illness and any coexisting conditions, and this care management should be adapted based on ongoing monitoring of their progress.

9. **At** a minimum level all patients attending de-addiction treatment services should be registered in a dedicated register and should receive a unique registration number. This service is linked to record maintenance and thus patients‖ unique registration number should be reflected in all the records of the patient. While most hospitals (of which the de-addiction centers are a part) are expected to have a central registration system, the de-addiction registration number should be **separate** from the hospital registration as this would be important for monitoring and evaluation purposes. **Outpatient services**

10. **List of services which should be available at De-Addiction centers**

I. Registration

II. Outpatient Treatment

III. Inpatient Treatment
IV. Emergency services
V. Dispensing of medications (pharmacotherapy)
VI. Psychosocial interventions
VII. Laboratory services
VIII. Referral / Consultation / Linkages
IX. Record maintenance

11. **In-patient treatment:** Patients who require in-patient treatment should be admitted in a dedicated ward which is **exclusively** meant for this purpose. Thus, each hospital with a government de-addiction centre should have an exclusive, 10-bedded de-addiction ward. While the duration of the in-patient treatment may vary as per the individual needs of the patients, all efforts must be made to provide the in-patient treatment for an adequate length of time. During the in-patient stay, following services should be made available to the patient:

I. Assessment by the doctor(s): At least once per day during the morning rounds.

II. Availability of nursing care: round the clock

III. Availability of emergency care (on call doctor): round the clock

IV. Psychosocial interventions

V. Medicines

VI. For treatment of withdrawal symptoms

VII. For management of associated conditions / symptoms

IX. Food

X. Facility to meet visitors during the specified visiting hours

XI. Access to facilities for recreation: newspapers, television (if available), indoor games

XII. **IMPORTANT** While there may be certain restrictions during the inpatient stay (i.e. restrictions on bringing certain items inside the ward / restrictions on movements outside the ward etc.), the whole treatment should be provided only with the explicit informed consent

of the patient. The patient should have a right to leave treatment (against medical advice i.e. 'LAMA'), any time of the day.

12. Dispensing of medicines Pharmacotherapy plays the central role in the treatment of substance use disorders. All the patients seeking treatment from de-addiction centers should have access to the medications – free of cost – from the dispensary. In addition, the centre should strive to also make medicines available listed as ―Other medications, though they have not been put on the essential list.

13. **Psychosocial interventions** All centers should be equipped with facilities to provide psychosocial interventions at both the levels of care: Outpatient and In-patient and in both the settings: in group settings and in individual settings. Family members must also be involved in psychosocial interventions as much as possible. While the specialized psychotherapies may be out-of-scope for most of the centres, trained manpower and other facilities must be available for the following psychosocial services:

Basic psycho-education about the nature of illness, important of treatment adherence, motivation enhancement, reduction of high-risk behavior, Brief Interventions, RelapsePrevention, Counseling for occupational rehabilitation

REHABILITATION CENTER , HALF WAY HOMES,DAY CARE CENTER , ACUTE CARE CENTERS, GERIATRIC PSYCHIATRY CENTERS

1. Minimum Norms of Acute Care Centres.-

(1**) Acute care centres, shall confirm to the following minimum norms, namely:-**

(i) Staff.-

(a) Psychiatrists: patient to be 1:100

(b) Mental health professional assistant Clinical psychologist or social worker: patient to be 1:50.

(c) Nurse: Patient to be 1:10.

(d) Medical practitioner with recognized M.B.B.S Degree: patient to be 1:50.

(e) Attainders in the attendant: patient ratio of 1:5

(f) The functioning of nurses and doctors should be such that at any given time (all 24 hours) at least one doctor and

one nurse is available in a ward.

(ii) Physical Features.

(a) There will be one bed and mattress per patient along with 3 sets of bed linen (i.e. a pair of bed sheets and a pillow cover). One pillow, one blanket.

(b) The psychiatric in-patient facility should be located in a safe area.

(c) The minimum distance should be maintained between the beds is 3 feet. Living accommodation could be, double, multiple bedded or single bedroom or cottages.

(d) The accommodation shall be separate for males and females.

(e) The dormitories and multiple bedded rooms shall have Bathrooms and toilets on the following scale - one toilet for every five residents, one bathroom for every ten residents.

(iii) Support/ Facilities.-Adequate medical as well as non-medical modes of intervention must be available to all patients. The

psychiatrists in consultation with other faculty must devise a particular schedule/regimen for each patient.

(a) Each facility should be adequately equipped to look after emergencies.

(b) Pro forma of the case record for each patient must be maintained .

(c) A discharge summary must be given to each patient or guardian at the time of discharge, and a copy of the same must be maintained by the hospital. If families or consumers are interested in changing to another consultant, he/she must be provided with a discharge summary.

(d) Adequate facilities to ensure safety of the patient should be provided.

(e) Other Facilities:

(f) Adequate facilities should be provided for dining, recreation and entertainment

(2) The minimum norms of <u>Residential Halfway home</u> shall be the following, namely:-

(i) Staff.-

(a) One Psychiatrist who shall visit the Convalescent Home at least one half-day once in week and available for emergencies.

(b) Among the staff members there shall be at least one mental health professionals for every fifty residents.

(ii) Physical features.-One cot and mattress per patient, three sets of linen, i.e., Sheets, Towels, Pillow Covers, Blankets and other requirements for each resident. Separate accommodation shall be provided for male and female residents. There shall be at-leastthree feet distance between the cots.

(a) The building shall have proper ventilation and natural light and space for garden.

(b) Latrines/bath rooms one for every ten residents with water and light facilities – separately for men and women.

Guest rooms may also be provided

(iii) Support/facilities.-

(a) There shall be Medical interventions, psychosocial interventions, vocational training, behavioral interventions, family education and skills training. Facility to refer to the emergency care unit of a general hospital/Psychiatric ward when needed.

(b) Pro-forma of case record for each patient regarding details of family interventions shall be maintained.

(c) A discharge summary must be given to each patient or guardian at the time of discharge, and a copy of the same must be maintained by the hospital. If families or consumer sites visit by self-interested in changing to another consultant, he must be provided with a discharge summary.

(d) Adequate facilities should be provided for dining, recreation and entertainment.

(**3) The minimum norms of <u>Long Stay Homes</u> shall be the following, namely:-**

(i) Staff.-

(a) Visiting psychiatrist: patient ratio to be 1:100.

(b) There shall be at least one mental health professional among the staff members for every fifty residents.

(ii) Physical features. -(a) there shall be one cot and mattress. For each patient. Three sets of linen, i.e., Sheets, Towels, Pillow covers, Blankets etc., Separate accommodation shall be provided for male and female residents.

(b) There shall be a three feet gap between cots.

(iii) Support/ facilities.-

(a) Facility to refer to the emergency care unit of a general hospital/Psychiatric ward when needed.

(b) Pro-forma of case record for each patient must be maintained according.

c) A discharge summary must be given to each patient or guardian at the time of discharge, and a copy of the same must be maintained by the hospital. If families or consumers are interested in changing to another consultant, he/she must be provided with a discharge summary.

(d) Adequate facilities should be provided for dining, recreation and entertainment.

(4) The minimum norms of <u>Rehabilitation Center</u> shall be the following, namely:-

(i) Staff.-

(a)Visiting psychiatrist: patient ratio to be 1:100.

(b) Among the staff members there shall be at least two mental health professionals per fifty residents.

(ii) Physical features.-

(a) Cots and mattresses one per person, three sets of linen, i.e., sheets, towels, pillow covers, blankets etc., staff supervision shall be required to maintain cleanliness.

(b) The building/space facility shall be located for easy accessibility to general hospital/. The building shall have proper ventilation and natural light and space for garden.

(c) Separate dormitory facilities for male and female residents (preferable room to 3-5 residents) with three feet distance between the cots.

(iii) **Support/facilities.-**(a) There shall be Medical interventions, psychosocial interventions, vocational training, behavioral interventions, family education, and skills training. Facility to refer to the emergency care unit of a general hospital/psychiatric ward when needed.

(b) Pro forma of the case record for each patient must be maintained according to form-vi of state mental health rules. Record of family interventions shall be maintained.

(c) A discharge summary must be given to each patient or guardian at the time of discharge, and a copy of the same must be maintained by the hospital. If families or consumers are interested in changing to another consultant, he/she must be provided with a discharge summary.

(d) Adequate facilities should be provided for dining, recreation and entertainment.

(**5) The minimum norms of <u>Day care centre</u> shall be the following, namely:-**

"**Day care centre**" means a place where a person with mental disorders who do not require hospitalization or residential care are provided psycho social rehabilitation services <u>by qualified or trained personnel during day time</u>

- **A)** **Staff.-**There must be a visiting psychiatrist or mental health professional: clients to be 1: 50.
- **B)** (b) Among the staff members there shall be at least one mental health professionals for every fifty residents.

(ii) Physical features.-(a) the building shall have proper ventilation and natural light and space for garden.

(b) Counselling area, office room, dining hall, store room and recreation area.

(c) Psychiatric emergency room – 10 x 12ft (2 beds), 1 toilet for every 20 persons.

(d) The building shall have adequate water supply. The design of the building shall provide for unhindered movement of patients.

(iii) Support/facilities.-(a) psychosocial intervention, vocational training, behavioral intervention, and emergency care and with facility to refer to a General Hospital/Psychiatric ward when needed. Skills training Family education and training.

(b) Pro-forma of case record for each patient must be maintained . Record of family interventions shall be maintained.

(c) A discharge summary must be given to each patient or guardian at the time of discharge and a copy of the same must be maintained by the hospital. If families or consumers are interested in changing to another consultant, he must be provided with a discharge summary.

(d) Adequate facilities to ensure safety of the patient should be provided.

(e) Adequate facilities should be provided for dining, recreation and entertainment.

(6) The minimum norms of vocational training centres shall be the following, namely:-

(i) **Staff**.-

(a) There must be a visiting psychiatrist, mental health professional: client at the ratio of 1:100. Visit one half day once every week and be available for emergencies.

(b) There must be additional vocational guidance professionals appropriate to the vocational activities in the canter.

(ii) Physical features. -*(a* The building shall have proper ventilation and natural light and space for garden.

(b) Each vocational unit must have a counseling area.

(c) There must be a psychiatric emergency room with 10 ft x 12 ft with cots.

(iii) Support/facilities.-(a) psychosocial intervention, vocational training, behavioral intervention, and emergency care and with facility to refer to a General Hospital/Psychiatric ward when needed.

(b) Pro-forma of case record for each patient must be maintained according to form – VI. Record of family interventions, work, area of psychosocial rehabilitation needs, counseling programs with dates and signatures of counsellors, medication and other therapies from time to time are to be maintained.

(c) A discharge summary must be given to each patient or guardian at the time of discharge, and a copy of the same must be maintained by the hospital. If the family or consumer self is interested in changing to another consultant, he must be provided with a discharge summary.

(d) Adequate facilities should be provided for dining, recreation and entertainment.

(7) The minimum norms of Geriatric Psychiatric Center shall be the following, namely:-

(i) Staff. -(a) There must be a visiting psychiatrist. Mental health professionals: clients at the ratio of 1.50. Visit one half day once a week and be available for emergencies.

(ii) Physical features.-(a) the building facility shall be located for easy accessibility to General Hospital/PHC/psychiatricfacility, transport facility. The building shall have proper ventilation and natural light and space for garden.

(b) Counseling area, office room, dining hall, store room, lounge and recreation area.

(c) Psychiatric emergency room – 10 x 12ft. (2 cots)

(iii) Support/facilities.-(a)psychosocial intervention, vocational training, behavioral intervention, and emergency care and with facility to refer to a General Hospital/Psychiatric ward when needed. Skills Training.

(b) Family education and training.

(c) Pro-forma of case record for each patient must be maintained .Record of family interventions, work, area of psychosocial rehabilitation needs, counseling programs with dates and signatures of counselors, medication and other therapies from time to time are to be maintained.

(d) A discharge summary must be given to each patient or guardian at the time of discharge and a copy of the same must be maintained by the hospital. If families or consumer Site Visit by Self-interested in changing to another consultant, he/she must be provided with a discharge summary.

(e) Adequate facilities should be provided for dining, recreation and entertainment.

- **Maintenance of records.-**

- (1) The following registers shall be maintained in all psychiatric hospital and psychiatric nursing homes and other mental health care institutions, namely:-
- (a) An inventory of all physical facilities available in the institutions such as buildings, equipments etc;
- (b) An establishment register showing details about various categories of personnel including their qualification,
- experience and service conditions;
- (c) Outpatient register;
- (d) Inpatient register;
- (e) Census register;
- (f) Case records in standard format .
- (g) Treatment registers;
- (h) Further register/records for different institutional settings shall also be maintained as per guidelines issued in this regard.
- Separate file for recording Advance Directives to be maintained by every Mental Health Institute in the state.

(2) Every Psychiatric Care institutions shall have written booklet stating in detail, facilities and privileges available in the institutions in various areas like boarding, entertainment, occupational training,

- participation in religious activates 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.
- Boards highlighting rights of PWMI at strategic locations.

Details of Fee

1) Details of Fee for Provisional Registration of Mental Health Establishment depending on the type of establishment, bed strength and type of city and will be subject to revision every Five years:-

a) **Fee Structure:**

S. No.	Type of Mental Health Establishment	No. of Beds	Type of City		
			X Category	Y Category	Z Category
1	Mental Hospitals, Psychiatric Nursing Homes, General Hospitals and Medical College Hospitals with Psychiatry Unit / Wards / beds, De-addiction Centers	Up to 50 beds	Rs. 30,000	Rs. 25,000	Rs. 20,000
		More than 50 beds	Rs. 50,000	Rs. 40,000	Rs. 30,000
2	Rehabilitation Center, Half Way Home, Day Care Center, Geriatric Psychiatry Center. Acute Care Centers.	Up to 50 beds	Rs. 30,000	Rs. 25,000	Rs. 20,000
		More than 50 beds	Rs. 50,000	Rs. 40,000	Rs. 30,000
3	Fess for Duplicate Certificate	Rs. 2000/- (Rs. Two thousand only)			
4	Penalty for non renewal of provisional Certificate before expiry of the registration (Under rule 12 of MOHFW notification dt. 29/5/2018)	Rs. 20000/- (Rs. Twenty thousand only)			
5	Audit fees for Mental Health Establishments as per clause 67 of MHCA 2017	Rs. 10000/- (Rs. Ten thousand only)			

All the cheques to be drawn in favour of "Chairperson, Maharashtra State Mental Health Authority" payable at Mumbai

b)Registration fee for Mental Health Establishments run by Central / State Government/Municipal Corporations to be waived off. However, they need to fulfill the standards / norms for registration of Mental Health Establishments.

c)Types of Cities in Maharashtra:- as per 7th Pay Commission Recommendations.

S. No.	Type of City	Cities Included
1	X- Category	Greater Mumbai (MMRDA Region), Pune
2	Y- Category	Amravati, Nagpur, Aurangabad, Nashik, Bhiwandi, Solapur, Kolhapur, Vasai-Virar City, Malegaon, Nanded, Sangli,
3	Z - Category	All remaining cities and towns in the state (which are not covered under X or Y category)

Educational qualifications of Mental health Professionals will be as prescribed by GOI

1. 2(1)(y) "psychiatrist" means a medical practitioner possessing a post-graduate degree or diploma in psychiatry awarded by an university recognised by the University Grants Commission established under the University Grants Commission Act, 1956, or awarded or recognised by the National Board of Examinations and included in the First Schedule to the Indian Medical Council Act, 1956, or recognised by the Medical Council of India, constituted under the Indian Medical Council Act, 1956, and includes, in relation to any State, any medical officer who having regard to his knowledge and experience in psychiatry, has been declared by the Government of that State to be a psychiatrist for the purposes of this Act;
2. 2(1)(g) "clinical psychologist" means a person—(i) having a recognised qualification in Clinical Psychology from an institution approved and recognised, by the Rehabilitation Council of India, constituted under section 3 of the Rehabilitation Council of India Act, 1992; or(ii) having a Post-Graduate degree in Psychology or Clinical Psychology or Applied Psychology and a Master of Philosophy in Clinical Psychology or Medical

and Social Psychology obtained after completion of a full time course of two years which includes supervised clinical training from any University recognised by the University Grants Commission established under the University Grants Commission Act, 1956 and approved and recognised by the Rehabilitation Council of India Act, 1992 or such recognised qualifications as may be prescribed

3. 2(1) (x) "psychiatric social worker" means a person having a post-graduate degree in Social Work and a Master of Philosophy in Psychiatric Social Work obtained after completion of a full time course of two years which includes supervised clinical training from any University recognised by the University Grants Commission established under the University Grants Commission Act, 1956 or such recognised qualifications, as may be prescribed
4. 2(1)(q)“mental health nurse” means a person with a diploma or degree in general nursing or diploma or degree in psychiatric nursing recognised by the Nursing Council of India established under the Nursing Council of India Act, 1947 and registered as such with the relevant nursing council in the State