



Govt. of Uttarakhand

## Office Directorate of Medical Health and Family Welfare

Danda Lakhound, Post Office Gujrara. Sahastradhara Road,  
Dehradun, Uttarakhand -248001

Email: [smhauthority007@gmail.com](mailto:smhauthority007@gmail.com) | Phone No. 0135-2608763, Fax : 0135-2608746

### **Notice Inviting Public Comments**

Draft Minimum Standards for Mental Health Establishments, Uttarakhand-2022 are placed in Public Domain through our website [health.uk.gov.in](http://health.uk.gov.in) on 18-06-2022. Inviting Comments from Public in General and Experts/Stakeholders/organizations working in the field of Mental Health for the following proposed regulations:

Minimum Standards for Mental Health Establishments, Uttarakhand-2022.

The Comments should be sent by mail at [smhauthority007@gmail.com](mailto:smhauthority007@gmail.com) within 10 days i.e. by 27-06-2022.

**Chief Executive Officer**  
State Mental Health Authority  
Uttarakhand, Dehradun



## कार्यालय महानिदेशक, चिकित्सा स्वास्थ्य एवं परिवार कल्याण, उत्तराखण्ड

डाण्डा लखौण्ड, पो०ओ० गुजराड़ा, सहस्त्रधारा रोड, देहरादून-248001

ई-मेल : [smhauthority007@gmail.com](mailto:smhauthority007@gmail.com), दूरभाष : 0135-2608763, फ़ैक्स : 0135-2608746

### सूचना-सार्वजनिक सुझाव हेतु आमंत्रण

उत्तराखण्ड के मानसिक स्वास्थ्य स्थापनों के संचालन हेतु न्यूनतम मानक-2022 का प्रारूप सार्वजनिक परीक्षण हेतु हमारी वेबसाइट [health.uk.gov.in](http://health.uk.gov.in) पर दिनांक 18.06.2022 को प्रेषित कर दिया गया है। उक्त पर आम जनता / विशेषज्ञों / हित धारकों एवं समाजिक संगठनों से सुझाव आमंत्रित किये जाते हैं। अपने सुझाव [smhauthority007@gmail.com](mailto:smhauthority007@gmail.com) पर 10 दिवस के भीतर (दिनांक 27.06.2022) तक भेजने का कष्ट करें।

(मुख्य कार्यकारी अधिकारी)  
राज्य मानसिक स्वास्थ्य प्राधिकरण,  
उत्तराखण्ड देहरादून

## 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 addiction 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 5<sup>th</sup> 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 as per 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 regarding their day to day functioning.

However,

- E. Centres where patients with intellectual disability (without active psychiatric symptoms or stable on neuroleptics) are provided rehabilitation services shall be out of purview of these minimum standards.
- F. Centres catering to destitute persons, with history of psychiatric illness but currently asymptomatic (as certified by two psychiatrists independently on a regular basis) shall be out of purview of standards 1-14. Minimal standards for such centres are as spelled in Standard 15.
- G. Centres providing day-care in the non-restricted environment to the patients suffering from the psychiatric disorders (including addiction) that are currently in asymptomatic phase (as certified by two psychiatrists independently on a regular basis) shall not be covered under standards 1-14. Minimal standards for such centres are cited in standard 15.

### **Standard 1 - Premises**

The premises should be safe and preferably with green zone; requisite certificates/NOCs, as applicable, and shall be well maintained and kept in good liveable condition.

- a. Structure should be safe and strong enough to withstand heavy rains and moderate natural calamities.
- b. The premises and the structure should 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 CMHA regulations vide F.No.V.15011/09/2019-PH-I dated 18.12.2020 standard 8 (a) and u/s 87 (4) of MHCA-2017, respectively).
- g. A minimum of 60 square feet space per bed with a minimum of 3 feet edge to edge gap between two beds in the wards/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 dining area 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 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 wheelchairs side by side simultaneously
- n. All doors must have latches/handle that have provision for unlatching from outside and 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 and exits.
- 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 the land.

## **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 (in winters) for each patient.
- b. Benches, comfortable for both sitting and lying for each patient's caregiver should be provided.
- c. Adequate provision for mosquito/fly/insects repellents or control measures in sleeping areas.
- d. There should be provision for maintenance of comfortable level of room temperature in all weathers.
- e. Minimum two exits in a dormitory. No sleeping cots in passages, verandas, under staircase or anywhere else except in dorms/rooms.
- f. 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. Location of STPs/ETPs 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 of soiled 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.
- f. Washing and drying of plates, dishes, cutlery and other soiled vessels/containers after each use.
- g. Laundry, if inside MHE, should be equipped facilities for with washing, drying and ironing facilities. If, outsourced, same facilities to be ascertained by the owner/in-charge of the MHE.
- h. Linen should be decontaminated regularly.
- i. Condemnation of linen should be done periodically. Condemned linen should be stored separately.
- 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 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.
- b. Adequate dining 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 time to time.
- d. Special diet must be served to patients with comorbid other medical disorders on the advice 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 cereals should not be repeated on the same day or next day.
- g. Filtered cold water provided in summers and filtered room temperature water rest of the year with periodic maintenance of filters.

**Standard 5: STAFF REQUIREMENT & MINIMUM ESSENTIAL STAFF RATIO AS PER SANCTIONED BEDS.**

- a. **MHE** (including Deaddiction Centres 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, should also have at least one medical practitioner and/or mental health professional [as defined in MHCA-2017 u/s 2 (r)] for the supported admissions as defined in MHCA-2017 u/s 89.
  - iii. 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. (Preferably 25% of the nurses should have received training in psychiatric nursing, adequate representation of male nurses.)
- b. However, **MHE** providing long term care (including Deaddiction Centres providing long term care and centres providing Residential Rehabilitation Services):
  - i. must have at least one part-time Psychiatrist (at least twice a week visit) available as defined in MHCA-2017 u/s 2(y) in a ratio not less than 1:50 beds.

- ii. In addition to above, 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, available round the clock in a ratio of not less than 1:50 beds.
  - iv. in addition to above, 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, as per the scope of the services and defined in National Commission for Allied and Healthcare Professionals Act 2021 dated 28.03.2021. As per the scope of services of the rehabilitation centre, Physiotherapist/occupational therapist and such other professionals should be available, as needed.
- c. All MHEs, irrespective of category, must have following staff in the ratio defined below:
- 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, may be outsourced or on contractual services.

**Standard 6: Other Medical Specialities**

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

- a. A qualified Anaesthesiologist as defined by National Medical Council (Erstwhile Medical Council of India) shall be available during ECT procedure.
- b. Considering that patients with psychiatric disorders have comorbid other medical disorders, an in-house physician or liaison with other multispecialty centres for such patients is also acceptable (MoU or letter of authorization to be submitted along with application of registration).
- c. Ambulance to be made available round the clock for transfer of patients, whenever required.



- d. Trained professionals and measures (equipment / Medicines) to deal with other medical emergencies must be available in MHE.

**Standard 7: Medicines**

Pharmacy / Medical Store shall procure and use drugs for inpatients as per requirements and scope of services of individual MHE.

**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 kept in a good usable condition.
- c. An examination table with footsteps in the ratio not less than 1:15 beds.
- d. Sufficient sets of basic equipment consisting of blood pressure apparatus, stethoscope, weighing machine, thermometer etc. in the ratio of at least 1:15 beds
- e. Anaesthesia equipment for ECT, if falls under the scope of services of the MHE.
- f. Oxygen cylinders with flow meter in working condition in at least 1:10 beds ratio or central oxygen facilities pertaining to scope of services of the MHE.
- g. First aid box with standard contents; a daily check done and verified for replenishments.

**Standard 9: Stores**

Hospital Necessity Stores (HNS); All MHEs should have a Hospital Necessity Store'

- a. Hospital Necessity Store will procure and stock all materials other than drugs and linen which are necessary to efficiently run the MHEs such as cleaning materials, equipment, toiletries for patients and other ward requirements.
- b. At least 30 days' stock of consumables.

**Standard 10: Documentation**

Patient related documentation and record keeping shall be well maintained and easily retrievable in all MHEs, irrespective of category.

- a. Documentation of admission, treatment and discharge of patients in accordance to MHCA 2017 as specified u/s 85 to 99.
- b. Following is the mandatory record to be maintained:
  - i. Admission register; 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. Assessment of mental-capacity of the patient
  - iii. Signed consent form or form specifying supported admission
  - iv. Case record form
  - v. Doctor's prescription
  - vi. Investigation and medication related documents
  - vii. Daily examination charts.
  - viii. Record of psychosocial interventions with details
  - ix. Discharge summary

#### **Standard 11: Preservation of rights of admitted patients**

Rights of the psychiatric patients 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.

- a. Restrain and seclusion policy in compliance to chapter XII section 97 of MHCA 2017.
- 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.

#### **Standard 12: Diagnostic facilities**

All MHEs should either have in-house diagnostic and laboratory Services facilities and facilities for psycho-diagnostic assessments or round the clock liaison with a diagnostic facility must be there as per the scope of the MHE. (Documentation to be submitted with the registration form).

### **Standard 13: COMMUNICATION AND RECREATION**

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

- a. Facilities for entertainment and social interaction must be available.
- b. Furnished visitors' room for families coming to meet patients.
- c. Facilities must be made available to inpatients for free and independent internal and external communications including freedom to receive visitors, use mobiles, send and receive mails or through any other conventional mode to communicate 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.
- d. All MHEs shall prominently display in each ward and rooms that such facilities are available and can be used by the patients.

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

Occupational and vocational therapy activities to be made available and should be locally and culturally relevant. 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. Vocational and occupational rehabilitation should be provided considering the patient's job profile, needs and free-will.

A rehabilitation committee involving local non-governmental organisations should be set up.

### **Standard 15- Non-residential rehabilitation centres including Day care centres, vocational training centres**

Means the places where persons with psychiatric disorders who do not require hospitalization or residential care are provided psycho social rehabilitation services by qualified and trained personnel during daytime.

- a. Visit to the centre is entirely voluntary or on the recommendation of the treating Psychiatrist. In-charge of the centre shall maintain such record and produce when asked.

- b. Staff:
- i. There must be a visiting psychiatrist in a ratio not less than to be 1:50 with at least one day visit every week. Responsibility of maintenance of detailed notes of visiting Psychiatrist is the responsibility of the owner as well as in-charge of the centre.
  - ii. Scope of the services of day-care centre needs to be clearly defined in the application for the registration.
  - iii. Allied health care professionals, as per the scope of the services and defined in National Commission for Allied and Healthcare Professionals Act 2021 dated 28.03.2021. As per the scope of services of the rehabilitation centre, Physiotherapist/occupational therapist and such other professionals should be available, as needed.
  - iv. 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.
  - v. At least one mental health professional, as specified in MHCA-2017 u/s 2 (r) should be available all the time in the centre in a ratio not less than 1:50 patients.
- c. 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).
- d. Facility to refer of a General Hospital/Psychiatric centres when needed.
- e. Pro-forma of case record for each patient must be maintained. Detailed record of all interventions shall be maintained.

#### **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: Administrative changes, reforms and recommendations**

- a. Medical superintendents/ In-charge of MHEs must be a Psychiatrist as per MHCA – 2017 u/s 2(m) If person having MD/ DNB/ DPM or equivalent degree is not available, State Government may recognise doctors having Diploma in Primary Care Psychiatry from NIMHANS, Bengaluru or AIIMS Rishikesh as Psychiatrist till the time they are serving the Government. A medical practitioner may also discharge duties of medical officer in charge.
- b. The administration should be responsible for the day to day cleanliness, upkeep, utility and maintenance of all amenities and services such as water supply, electricity, sewage system etc.
- c. 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.

### **Standard 18: 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 organised 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.
- 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 for the public.

**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. 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.
3. For offences and penalties, provisions of chapter XV (section-107, 108, 109) shall be applicable.