

कार्यालय महानिदेशक, चिकित्सा स्वास्थ्य एवं परिवार कल्याण, उत्तराखण्ड

डाण्डा लखौण्ड, पो0ओ0 गुजराड़ा, सहस्त्रधारा रोड़, देहरादून।

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पत्रांक:-21प/सा0/रा0मा0स्वा0प्राधि0/03/2020/

देहरादून: दिनांक 21 नवम्बर, 2022

सेवा में,

आई0ई0सी0अधिकारी,
स्वास्थ्य सेवा महानिदेशालय,
उत्तराखण्ड देहरादून।

विषय :- दो दैनिक समाचार पत्रों (हिन्दी व अंग्रेजी) में मानसिक स्वास्थ्य स्थापनों के संचालन हेतु न्यूनतम मानक-2022 सार्वजनिक सुझाव हेतु आमंत्रित किये जाने विषयक।

महोदय,

उपर्युक्त विषयक अवगत कराना है कि महानिदेशालय, चिकित्सा स्वास्थ्य एवं परिवार कल्याण, विभाग उत्तराखण्ड देहरादून सरकार द्वारा मानसिक स्वास्थ्य स्थापनों (नशा मुक्ति केन्द्रों सहित) के संचालन हेतु "न्यूनतम मानक-2022" के संशोधित प्रारूप सार्वजनिक परीक्षण हेतु आम जनता/विशेषज्ञों/हित धारकों एवं समाजिक संगठनों से सुझाव आमंत्रित किये जाने हेतु दो दैनिक समाचार पत्रों (हिन्दी व अंग्रेजी) के माध्यम से सार्वजनिक सुझाव/सूचना प्रकाशित की जानी है।

अतः विज्ञप्ति को हिन्दी व अंग्रेजी में आपको इस आशय के साथ संलग्न कर प्रेषित किया जा रहा है कि आप सर्वाधिक प्रचलित दो दैनिक समाचार पत्रों (हिन्दी व अंग्रेजी) के माध्यम से सार्वजनिक सुझाव/सूचना दिनांक-22/11/2022 को प्रकाशित कराना सुनिश्चित करें।

भवदीया,

(विनीता शाह)

मुख्य कार्यकारी अधिकारी
राज्य मानसिक स्वास्थ्य प्राधिकरण
उत्तराखण्ड देहरादून।

पत्र संख्या- 21प/सा0/रा0मा0स्वा0प्राधि0/03/2020/ 27696 तददिनांकित।

प्रतिलिपि:- नोडल अधिकारी(आई0टी0 सैल), स्वास्थ्य सेवा महानिदेशालय को इस आशय के साथ प्रेषित की उक्त वेबसाइट पर उत्तराखण्ड के मानसिक स्वास्थ्य स्थापनों के संचालन हेतु "न्यूनतम मानक-2022" के संशोधित प्रारूप को Upload करना सुनिश्चित करें (छायाप्रति संलग्न)।

Bah
(विनीता शाह)

मुख्य कार्यकारी अधिकारी
राज्य मानसिक स्वास्थ्य प्राधिकरण
उत्तराखण्ड देहरादून।

To,

15.11.2022

The Director General
Medical, Health and Family Welfare
P.O. Gujarada, Sahastradhara Road, Dehradun, Uttarakhand.

Subject: Regarding Review and modifications of Draft copy of Minimum Standards for Mental Health Establishments Uttarakhand dated 13th July, 2022.

Dear Madam,

In compliance with instructions given by the chief Secretary of Uttarakhand in a Meeting convened on October 28, 2022 and Additional Secretary, Medical Health and Medical Education Department, govt. of Uttarakhand on November 03, 2022 for implementation and operationalization of Minimum standards for MHE's in Uttarakhand dated 13th July, 2022, modifications of only those provisions of Minimum standards are made by the committee as specified in Meeting Minutes stated on 03/11/2022 under the chairmanship of Additional Secretary, Medical Health and Medical Education Department, govt. of Uttarakhand .

The committee members are pleased to submit the drafts for further consideration. However, as per MHCA-2017 u/s 85-99, even MHEs providing long term care will be admitting patients under the care of a Psychiatrist. Being part-time, Psychiatrist may not be aware of the day to day changes in health status of the patients, legally admitted under his care. Hence, committee proposes that state government shall provide immunity to the part-time Psychiatrist and Physician from all medico-legal issues including cases of medical negligence admitted in such centres under their care (Ref: As defined by Supreme Court in case of KusumSharma and Others vs Batra Hospital and Medical Research Centre, (2011), 1 SCC 53; as defined in Negligence under Tort, available at https://ujala.uk.gov.in/files/Vol%204/Article_10_1.pdf, Last accessed 09/06/2022) through a separate Government Order. It is also recommended that monetary compensation, if any, arising out of medical negligence in such cases shall be provided by the owner of such MHE and/or the state government, and should be specified in GO.

This is being submitted for your kind perusal.

With regards,

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Encl: (27 pages)

1. Uttarakhand State Mental Healthcare Regulations (State Mental Health Authority), 2022 including schedule spelling minimum standards for MHEs of Uttarakhand (Proposed Revised Draft Dated- 15-11-2022)

(Proposed Draft)

STATE MENTAL HEALTH AUTHORITY, UTTARAKHAND

Dehradun, the 15 November, 2022

CHAPTER – I

PRELIMINARY

- 1 Short title and commencement.-
 - i) These regulations shall be called the Mental Healthcare Regulations (State Mental Health Authority), Uttarakhand State, 2022.
 - ii) They shall come into force on the date of their publication in the Official Gazette.
- 2 Definitions. –
 - i) In these regulations, unless the context otherwise requires, -
 - a) “Act” means the Mental Healthcare Act, 2017 (10 of 2017).
 - b) “Board” means the Board referred to in clause (d) of sub-section (1) of section 2 of Act.
 - c) “Authority” means the State Mental Health Authority, Uttarakhand as defined in section 2(zb) and established under sections 45 and 46 of the Act.
 - d) “Chief Executive Officer” means the chief executive of the State Authority referred to in section 52 (1) of the Act.
 - e) “Form” means a Form appended to these regulations.
 - f) “Schedule” means the “The Schedule” appended to these regulations.
 - ii) The words and expressions used herein and not defined but defined in the Act shall have the same meanings as assigned to them in the Act.

Chapter II:

Advanced Directive

- 3 Manner of making an advance directive as defined in chapter III, sections 5 to 13 of the Act shall be as follows:


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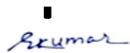

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- i) Any person who desires to apply for a request for advance directive or fresh directive, or change or revocation, or cancellation of directive, may make an application to the Board in writing in **Form F** which shall be provided free of cost in all mental health establishments.
 - ii) If a nominated representative of a person making an application for advance directive under sub-regulation (i) of regulation 3 is named in the advance directive, such representative shall sign the request for advance directive stating his willingness to act as the nominated representative.
 - iii) Every application for an advance directive under sub-regulation (i) of regulation, 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.
 - iv) Every application for an advance directive shall be registered with the Board having jurisdiction at the place where the person applying for registration resides.
 - v) No fee shall be charged for registration of an advance directive under sub-regulation (i) of regulation 3 with the Board.
 - vi) The Board shall make available a copy of the registered advance directive to the applicant and his or her nominated representative.
- 4 No person shall release any copy of the advance directive or information in the advance directive to any unauthorized person or to the media.
- 5 There shall be no restriction on the number of times an advance directive is changed by the person who applies for, or whose name appears in the directive, provided that:
- i) no person shall apply for change in the advance directive unless a period of three months have been elapsed from the date of the advance directive issued to him.
 - ii) Every change under regulation (5) shall comply with the same process as referred to in regulation 3, sub-regulations (i) to (vi) and the previous advance directive shall become null and void on registration of a fresh advance directive with the Board.
- 6 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.


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- 7 A nominated representative of the person as mentioned in the advance directive may withdraw his consent, to function as such without giving any reason –
- by an application in writing addressed to the Board
 - by giving three months prior notice in writing of such withdrawal to such person.
- 8 The Board shall, on receipt of the application under sub-section (2) of section 11 of the Act, hold a hearing within a period of fourteen days and decide within a period of seven days thereafter on such application.

Chapter III: State Mental Health Authority

- 9 The appointment of officers and employees of the Authority shall be governed by recruitment rules made by the State Government.
- The salary, allowances, leave, joining time, joining time pay, age of superannuation and other conditions of service of the Chief Executive Officer, other officers and employees of the State Authority, shall be the same as applicable to the officers and employees of the State Government drawing equivalent pay.
- 10 The Chairperson of the Authority shall discharge the functions of the Authority, who shall be assisted by a Secretariat of the Authority headed by the Chief Executive Officer:
- 11 The Chairperson may delegate all or any of his functions to the Chief Executive Officer.
- 12 Important policy matters relating to the functioning of the Authority shall be placed before the Authority in its meeting.
- 13 Meetings of Authority.-
- The meeting of the Authority shall generally be held at Dehradun.
 - Chairperson may select any other place for meeting if the circumstances render it expedient to hold the meeting at any other place in Uttarakhand.
 - The Authority shall meet at least twice in a year at such time and place as may be fixed by the Chairperson.
 - Chairperson may also call a special meeting at any time to deal with any urgent matter requiring the attention of the Authority.


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- v) Every notice calling for a meeting of the Authority shall –
- specify therein the place, date and time of the meeting.
 - be served upon every member of the Authority not less than seven days prior to the day appointed for the meeting.
 - Along with the notice for the meeting of the Authority, the Chief Executive Officer shall, prepare and circulate to the members of the Authority an agenda for such meeting, with the approval of the Chairperson.
- vi) The quorum of the meeting of the Authority shall be in accordance with sub-section (2) of section 76 of the Act.
- Any member of the State Authority may join the meeting through video conferencing during the specified time, and he shall have same rights and responsibilities as members attending the meeting in person.
 - The member attending the meeting through video-conferencing shall also constitute the quorum.
- vii) Any business which is to be placed before the State Authority for decision but which cannot wait for the next meeting due to urgent nature, the Chairperson or the member authorised by him shall record such a decision in writing and every such decision shall be ratified in the next meeting of the Authority
- viii) The Chief Executive Officer of the Authority shall forward the copy of the proceedings of each meeting of the Authority to the State Government.
- ix) Conduct of Meetings.-
- A meeting shall be called to order by the Chairperson or, in his absence, by the Member chairing the meeting.
 - The Chairperson or the member who presides over the meeting shall decide the sequence of the agenda items for consideration.
 - 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.


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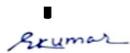

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- d) A meeting shall be called to closure by the Chairperson or the Member chairing the meeting.
- x) Attendance and proceedings at Meetings.-
- a) The Chief Executive Officer shall record the attendance of members at the meeting in the attendance 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.
- xi) Minutes of the meetings.-
- a) The Chief Executive Officer shall record the minutes of the meeting of the Authority.
- b) The Chairperson or the Member presiding the meeting shall approve the minutes of the meeting recorded by the Chief Executive Officer, and the Chief Executive Officer shall circulate the same to the members within a fortnight of the meeting.
- c) Objections or suggestions or comments to the recorded minutes, if any, submitted by any of the members after circulation of minutes, will be submitted to Chief Executive Officer within 3 days of receipt of minutes.
- d) Upon receiving the objections or suggestions or comments, if any, the Chief Executive Officer shall revise the minutes of meeting.
- e) It is the duty of the Chief Executive Officer to share revised minutes of meeting with all members within next 7 days after the time elapsed as mentioned in regulation 13 (xi) (c).
- f) The Chief Executive Officer shall cause the approved minutes of the meeting pasted in the Minutes Book and every page of the minutes shall be authenticated by signatures of the Chairperson or the Member who chaired the meeting.


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- 14 The Chief Executive Officer shall communicate the relevant extracts of the decision of the Authority to all the members for necessary follow-up action and monitor their compliance by evolving a suitable reporting system.
- 15 The Chief Executive Officer shall submit an action taken report on the decisions of the last meeting in the next meeting.

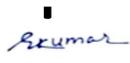
CHAPTER – IV

MINIMUM STANDARDS OF FACILITIES AND REGISTRATION OF MENTAL HEALTH ESTABLISHMENTS

- 16 Minimum standards of facilities .- Every mental health establishment as defined in section 2 (p) of the Act and falling under the control of the Authority, as defined in sections 65 and 66 of the Act, shall maintain the minimum standards specified in the Schedule(*vide-infra*).
- 17 The minimum qualification for the personnel engaged in mental health establishment.-
- For the ministerial and subordinate staff and any other personnel engaged in a mental health establishment for whom the minimum qualifications are not laid down in the Act, the minimum qualifications shall be governed by the Schedule.
- 18 Records and reporting.-
- The mental health establishments shall keep the medical records in the manner specified in **Forms G to X**, as the case may be.
 - The Authority may call for any medical record on receipt of any complaint.
 - 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.
- 19 Application by the mental health establishment for permanent registration.-
- 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 Dehradun or as may be specified by the State Authority from time to time.
 - 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


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minimum standards as specified in the Schedule and the documentary proof in support of the claim.

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

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

CHAPTER – V

MEETINGS OF THE MENTAL HEALTH REVIEW BOARD (MHRB)

21 Meetings and rules of procedure of the Board.-

- i) The Board shall meet at least once a month or more frequently as it may consider necessary.
- ii) The Board shall meet at such place and at such time as the Chairperson of the Board may decide.
- iii) 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.
- iv) 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 board may authorise.
- v) The quorum of the meeting shall be three members of the Board including its Chairperson.
- vi) If the quorum in the meeting is not present within half an hour after the time appointed for the meeting, the Chairperson of the board may postpone the meeting to another day and the Chairperson of the board and the members present at the postponed meeting shall constitute the quorum.
- vii) 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.


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- 22 The orders of the Board shall be in writing and contain reasons.
- 23 The proceedings of the Board shall be conducted in a friendly and barrier free environment.
- 24 Board may hold an enquiry in a mental health establishment as per sections 82 of the Act.
- i) A visit of the Board to a mental health establishment shall be deemed to be a sitting of the Board.
 - ii) For the purpose of inquiry, the Board shall comply with the basic principles of natural justice and shall ensure the informed participation of the person with mental illness and the nominated representative, or a family member of the person with mental illness and the person with mental illness shall be given an opportunity to be heard.
 - iii) The Board shall complete any inquiry or decide on any complaint or request relating to medical treatment being received by a person with mental illness within three days of the receipt of the application so that treatment is not hampered.
 - a) Where the Board is not able to reach a decision within three days, the treating psychiatrist shall continue the treatment planned after taking consent from the nominated representative of the person with mental illness, if he is available.
 - b) In absence of nominated representative the treatment shall continue as specified in section 14 of the Act.
 - iv) Subject to the provisions of any law for the time being in force, a decision of the Board shall not make a mental health professional liable to civil or criminal proceedings unless the Board after inquiry in this regard records that act or omission by such mental health professional were mala fide or without reasonable care or illegal under any law for the time being in force.

CHAPTER – VI

PSYCHOSURGERY AND RESTRAINTS

25 Restriction on psychosurgery.-

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


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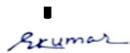
- a) a certified copy of the written informed consent for psychosurgery duly signed by the person on whom it is proposed to be performed;
 - b) a detailed submission by the attending psychiatrist with clinical summary of the case, explaining and justifying the need, suitability and safety of the proposed psychosurgery;
 - c) the certified copies of such person's medical records.
- ii) The Board may ask for additional information and documents from the attending psychiatrist, as may be necessary.

26 Restraints.-

- i) The mental health professional shall take the following additional preventive measures in a mental health establishment to contain the use of restraint to the absolute minimum, namely:-
 - a) He/she shall give periodic training to the staff of the mental health establishment in learning and adopting alternatives to the use of restraints;
 - b) He/she shall discuss the option of sedation with the person with mental illness or his nominated representative in accordance with the provisions of section 89 and section 90 of the Act to manage the crisis and to avoid restrain;
 - c) He/she shall submit the monthly report (within the first week of every calendar month) to the Board, under sub-section (7) of section 97 of the Act, about the restrains used during previous month in MHE. Report should contain details as shown in **Form X** signed by the medical officer in-charge of the MHE.


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The Schedule

(See Regulations 16 to 20)

Minimum Standards for Mental Health Establishments Uttarakhand

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

The following shall be the minimum standards of facilities and for registration of mental health establishments (MHE) under various categories in Uttarakhand as per MHCA-2017 u/s 65(5).

Entities to be considered as MHE are defined in MHCA-2017 act u/s 2(p) and thus, include:

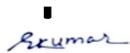
- A. Centres/ Premises where persons with mental illness are admitted including addiction for acute care (patients having intoxication or withdrawal symptoms)
- B. Centres/ Premises where persons with mental illness are admitted including addiction for long term care (patients not having symptoms of intoxication or withdrawal)
- C. Considering that addictions are the mental (medical) disorders as per:
 - Definition of mental illness as per MHCA-2017 u/s 2(s)
 - International Classification of Diseases 11 edition (ICD-11)
 - Diagnostic and Statistical Manual 5th edition (DSM-5)
 - Fact that addictive disorders are integral part of postgraduate training MD (Psychiatry) as per curriculum of National Medical Council, India (May be accessed at <https://www.nmc.org.in/wp-content/uploads/2019/09/MD-Psychiatry.pdf>)
 - Fact that Institutes of National Importance like AIIMS, New Delhi, PGI Chandigarh and NIMHANS, Bengaluru are running super-speciality courses (Post doctoral fellowship and DM) in Addiction Psychiatry
 - That National Drug De-Addiction and Treatment Centre, Ghaziabad is managed by Department of Psychiatry, AIIMS, New Delhi

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

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


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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*(to be substituted by the notified rules of the SMHA of Uttarakhand) regarding their day to day functioning.

However,

- E. Centers where patients with intellectual disability (not having any symptom of mental illness or if had symptoms in the past, currently stable on psychotropics) are provided rehabilitation services shall be out of purview of these minimum standards.
- F. Centers catering to destitute persons and prisons, where persons with history of mental illness are kept (but who are currently asymptomatic as certified by a psychiatrist) shall be out of purview of these minimum standards.
- G. Old age homes, orphanages, juvenile centers, and other such centers, where persons with history of mental illness are kept/staying (but who are currently asymptomatic as certified by a psychiatrist) shall be out of purview of these minimum standards.
- H. Centers providing day-care in the non-restricted environment to the patients suffering from the mental illness (including addiction) that are currently in asymptomatic phase (as certified by a psychiatrist) shall be covered under standard 15.

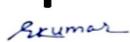
Standard 1 - Premises

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

- a. Structure should be safe and strong enough to withstand heavy rains and 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**


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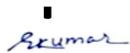

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them is needed shall be disabled friendly.

- c. Valid NOC of fire safety should be available.
- d. Structure should be safe and hygienic for the patients, caregivers and staff considering the possibility of harm to self or to others.
- e. Common room must have TV, newspapers, magazines and indoor games. Chairs in the common room must be adequate to provide sitting to patients and caregivers.
- f. Separate wards shall be available for the male patients, female patients and children and adolescents. *As specified in the schedule of CMHA regulations vide F.No.V.15011/09/2019-PH-I dated 18.12.2020 standard 8 (a) (to be substituted by the notified regulations of the SMHA of Uttarakhand) and u/s 87 (4) of MHCA-2017, respectively).*
- g. **A minimum of 40 to 50 sq. feet space per bed with a minimum of 2 feet edge to edge gap between 2 beds in the ward/rooms.**
- h. Bunk-beds are not allowed and patient should be accessible from both sides of bed to handle emergencies and to provide optimal medical care.
- i. Separate toilets for male and female patients in the ratio not less than 1:5 patients.
- j. Separate bathrooms for male and female patients in a ratio not less than 1:10 patients.
- k. Number of wash basins not less than 1:12 outside the toilets/bath rooms and in the 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 as well as inside.
- o. Sufficient illumination during dark, sufficient for reading without causing strain to the eyes.
- p. Illuminated passages during Night/ Day leading to toilets and emergency exits. Sign boards with sufficient illumination should be placed for clear identification of toilets and


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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 geographical area where the MHE is situated.
- s. **Closed circuit TV cameras should be installed in the facility in different areas e.g., corridors, dining room, common room, dorms and wards to ensure the safety of the patients. It must be confirmed that such measures are not defying the rights to live with dignity and privacy of persons with mental illness. Recording for a minimum of one month should be stored (as per government of India Guidelines from Ministry of Social Justice & Empowerment for CCTV Cameras installation in IRCAs/ ODICs/CPLIs under NAPDDR-reg. letter no- F.NO.4-11/2020-DP-I dated- 11 Aug, 2020).**

Standard 2: LIVING CONDITIONS

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

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

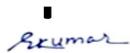
Standard 3: HYGIENE, SANITATION AND INFECTION CONTROL

Hygiene, cleanliness and sanitation shall be maintained.

- a. Daily sweeping, mopping and dusting of the entire premises.
- b. Sanitation maintained in all the areas including toilets and bathrooms using disinfectants.
 - a. Location of Sewage Treatment Plants and Effluent Treatment Plants, if present in the MHE, shall be far away from Inpatient wards & residential housings, as per CPCB guidelines (2021) for sewage treatment.


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- 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 should be ensured.
- f. Washing and drying of plates, dishes, cutlery and other soiled vessels/containers after each use should be ensured.
- g. Laundry, if inside MHE, should be equipped with washing, drying and ironing facilities. If, outsourced, same facilities to be ascertained by the owner or Medical-in-Charge of the MHE.
- h. Linen should be decontaminated regularly.
- i. Condemnation of linen should be done periodically. Condemned linen should be stored separately from the usable linen.
- j. Optimal measures for the prevention of infections should be ascertained.

Standard 4 : FOOD, WATER & NUTRITION

Wholesome, sumptuous and nutritive food and potable drinking water shall be provided 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 dinning space with sitting facility to be ensured.
- c. **Quality of food to be supervised and verified by medical officer in-charge or nominee of the MHE and also be inspected by FDA department from time to time.**
- d. Special diet must be served to patients with comorbid other medical disorders on 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 repeated on the same day or next day, except in exceptional circumstances.
- g. Filtered cold water should be provided in summers and filtered room temperature water rest of the year. Periodic maintenance of filters should be ensured.
- h. Cooks and persons involved in preparation and serving of food must undergo periodic


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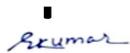
health check-ups. Those found suffering from contagious diseases should be removed till they recover.

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

- a. MHE (including Deaddiction Centers providing acute care):
 - i. must have at least one full time Psychiatrist available as defined in MHCA-2017 u/s 2(y) in a ratio not less than 1:30 beds.
 - ii. must have, in addition to a full time psychiatrist, as defined above, at least one medical practitioner for:
 - a. the supported admissions u/s 89 of MHCA-2017.
 - b. Providing medical care to patients considering high prevalence of other medical disorders in persons with mental illness.
 - iii. must have, in addition to should have at least one mental health professional as defined in MHCA-2017 u/s 2 (r)] for the supported admissions u/s 89 of MHCA-2017.
 - iv. in addition to above, must have at least one nurse [as defined in MHCA-2017 u/s 2(q)] for every 10 beds, round the clock.
 - v. Preferably 25% of the nurses should have received training in psychiatric nursing, and there should be adequate representation of male nurses.
- b. MHE providing long term care (including Deaddiction Centers providing exclusively long term care and centers providing Residential Rehabilitation Services):
 - i. must have at least one part-time Psychiatrist as defined in MHCA-2017 u/s 2(y) available in a ratio not less than 1:50 beds. **Every patients in a MHE shall be examined by a psychiatrist at least once in two weeks and a psychiatrist should be available as on call 07 days a week round the clock.**
 - ii. must have at least one physician available round the clock on call, in a ratio not less than 1:50 beds.
 - iii. **At least one- mental health professional as defined in MHCA-2017 u/s 2(r) or Psychologist (At least MA in Psychology) or medical social worker, must visit a**


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MHE every day on part time basis and should be available as on call round the clock every day in a ratio of not less than 1:50 beds.

- iv. It must have at least one nurse [as defined in MHCA-2017 u/s 2(q)] for every 20 beds, round the clock.
 - v. Allied health care professionals, viz., Physiotherapist, occupational therapist and such other professionals, as defined in National Commission for Allied and Healthcare Professionals Act 2021 dated 28.03.2021, should be available, as per the scope of the services.
 - vi. Trained rehabilitation specialists as per the Rehabilitation Council of India, as per the scope of the services should be available in a ratio not less than 1:20 patients, as per the scope of services.
- c. All MHEs, irrespective of scope of services, must have following staff in the ratio 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 of the MHE. Their services may be obtained on outsource basis or on contract.

Standard 6: Other Medical Specialists:

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

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

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


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

Standard 7: Medicines

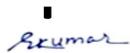
- a. Every MHE should have an in-house pharmacy section.
- b. Pharmacy/drug-store of MHE shall procure and use drugs for inpatients as per requirements and scope of services of individual MHE.
- c. Life-saving medications/ medications required for anticipated emergency conditions should be available 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 footsteps should be available, in a ratio not less than 1:15 beds.
- d. Sufficient sets of basic equipment consisting of blood pressure apparatus, stethoscope, weighing machine, thermometer, pulse oximeter etc. in the ratio of at least 1:15 beds should be available in the MHE.
- e. If the electro-convulsive-therapy (ECT) procedure falls under the scope of services of the MHE, in that case, equipment to provide general anesthesia and resuscitation must be available.
- f. Oxygen cylinders with flow meter or central supply of oxygen, always in working condition should be available in a ratio of at least 1:10 beds.


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

Standard 9: Stores

- a. All MHEs should have a Hospital Necessity Store (HNS).
- b. Hospital Necessity Store will procure and stock all materials other than drugs and linen that are necessary to efficiently run the MHE viz., cleaning materials, equipment, toiletries etc.
- c. At least 30 days' stock of above consumables should be maintained in HNS.

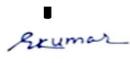
Standard 10: Documentation

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

- a. Documentation of admission, treatment and discharge of patients in accordance to MHCA 2017 as specified u/s 85 to 99 as applicable to the scope of services of the MHE.
- b. Following is the mandatory record to be maintained:
 - i. All admissions in MHEs shall be registered and a separate column for Minors (admitted under section 87 of MHCA-2017), Supported admission (admitted under section 89 of MHCA-2017) shall be maintained.
 - ii. Case record form for OPD patients should have at least following elements, as applicable **(Form T)**
 - a. Demographic details
 - b. Advanced Directive **(Form F)**
 - c. Details of nominated representative **(Form F)**
 - d. Presenting complaints and examination findings
 - e. Diagnosis (Provisional or final) as per ICD-11
 - f. Prescription
 - g. Investigations: laboratory investigations as well as Psychological assessment (Form V), as applicable


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- h. Record of psychosocial interventions with details, as applicable (**Form W**)
 - i. Record of therapy sessions, as applicable (**Form W**)
- iii. Case record form for in-patients should have following elements (**Form U**):
- a. Demographic data
 - b. Advanced-directive, if available (**Form F**)
 - c. Details of nominated representative (**Form F**)
 - d. Assessment of mental-capacity of the patient (**Form G**)
 - e. Signed consent form or form specifying reasons for supported admission (**Forms H to K and O to R**)
 - f. Presenting complaints with details
 - g. Investigations: laboratory investigations as well as psychological assessment (Form V)
 - h. Daily examination charts
 - i. Record of psychosocial interventions with details, as applicable (**Form W**)
 - j. Record of restrain, if required during stay in MHE (**Form X**)
 - k. Consent, indications, and details of ECT procedure, as applicable
 - l. Prescription and notes by Psychiatrist/ medical officer/mental health professional, as applicable to the scope of services of the MHE
- iv. Discharge summary: Must contain all the elements including treatment, course in MHE and advice at discharge along with information as in Form U.

Standard 11: Preservation of rights of admitted patients

- a. Rights of the persons with mental illness should remain preserved as defined in MHCA-2017 u/s 97 and *The Mental Healthcare (The rights of persons with mental illness) rules 2018*; F No. V.15011/09/2017-PH-I dated 29.05.2018.
- b. Right of persons with mental illness, to be protected according to provisions of MHCA-2017, sections 18 to section 28 as applicable to MHEs.


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- c. Restrain and seclusion policy in compliance to chapter XII section 97 of MHCA 2017 and section 26 of Mental Healthcare Regulations (State Mental Health Authority), Uttarakhand State, 2022.
- d. Freedom and reasonable facilities for pursuing religious beliefs should be available
- e. There should not be any discrimination on the grounds of religion, race, caste, creed, sex, place of birth and economic condition or on any other ground in the matter of admission and treatment of patients.

Standard 12: Diagnostic facilities

- a. All MHEs should either have in-house diagnostic laboratory services.
- b. In case, in-house diagnostic laboratory services are not available, round the clock liaison with a diagnostic facility must be there. Documentation of the same should be submitted with the registration form.
- c. Facilities for psycho-diagnostic assessment should be available, as per the scope of services of MHE.

Standard 13: Communication and recreation

- a. Facilities shall be provided for social, cultural, leisure and recreational activities.
- b. Facilities for entertainment and social interaction must be available.
- c. Furnished visitors' room for families coming to meet patients should be available.
- d. Facilities must be made available to inpatients for free and independent internal and external communications including freedom to receive visitors as per daily visiting hours of the MHE, use mobiles/telephone, send and receive mails or through any other conventional mode of communication as per MHCA-2017 u/s 18-28 and *The Mental Healthcare (The rights of persons with mental illness) rules 2018; F No. V.15011/09/2017-PH-I dated 29.05.2018.*

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

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


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- b. Requirement of staff for such centres is spelled in Standard 5 (b) and 5 (c) of the schedule.
- c. Occupational and vocational therapy activities should be made available and should be locally and culturally relevant.
- d. Availability of various types of local resources and marketability of materials to be produced in the rehabilitation section should be taken into consideration while planning activities.
- e. Vocational and occupational rehabilitation should be provided considering the patient's job profile, needs and free-will.
- f. Daily record of rehabilitation measures provided to persons with mental 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 centres means the places where persons with mental illness who do not require hospitalization or residential care are provided psycho social rehabilitation services by qualified and trained personnel during daytime.
- b. Visit to the centre is entirely voluntary or on the recommendation of the treating Psychiatrist. In-charge of the centre shall maintain basic medical record and produce when asked.(*vide supra*)
- c. Staff:
 - i. There must be a visiting psychiatrist in a ratio not less than to be 1:30 with at least one day visit every week. Responsibility of maintenance of detailed notes of visiting Psychiatrist is the responsibility of the owner or the in-charge of the centre.
 - ii. Scope of the services of non-residential rehabilitation centre needs to be clearly defined in the application for the registration.
 - iii. Allied health care professionals, viz., Physiotherapist, occupational therapist and such other professionals, as defined in National Commission for Allied and


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Healthcare Professionals Act 2021 dated 28.03.2021, should be available, as per the scope of the services of the non-residential rehabilitation centre.

- iv. 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 in the centre in a ratio not less than 1:50 patients.
- b. Physical Features-
- i. Infrastructure: As per standards 1,3,4
 - ii. Adequate facilities to ensure safety of the patient should be provided.
 - iii. Adequate facilities should be provided for dining, recreation and entertainment.
 - iv. At least one Psychiatric Emergency room- 10 X 12ft (2 beds).
- c. Facility to refer of a General Hospital/Psychiatric centres when needed.
- d. Pro-forma of case record for each patient must be maintained. Detailed record of all interventions shall be maintained in the given forms.

Standard 16: Inspection of rehabilitation centres-

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

Standard 17: Outpatient settings

Minimum standards for Mental health establishments providing outpatient services {as per section 18 - sub section 5 (b) of MHCA 2017} are as follows:

- a. Outpatient services should be organized in a separate area from the in-patient block.
- b. Outpatient setting should be easily approachable and accessible to the public.
- c. Minimum facilities should consist of :
 - (i) Waiting space with sitting arrangements


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 AIIMS Rishikesh


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 HIMs, Dehradun


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 Uttarkashi


 Dr Ravindra Nawani
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 State Mental Health Institute,
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- (ii) Reception, inquiry and registration counters
 - (iii) Cubicles or rooms for consultation with facilities for physical examination
 - (iv) Drinking water facilities
 - (v) Toilet facilities
- d. Minimum documentation in case records should be maintained for all outpatients. For efficient follow up of patients, records should be easily retrievable. When patients are admitted there should be continuity of records from out-patient to in-patient.
- e. If the MHE is providing non-pharmacological therapies like psychotherapy, behaviour therapy, counselling etc, there should be separate adequate space available for the same. Records for the same should be kept.
- f. Mental health educational material (e.g. posters) should be prominently displayed at strategic points in the out-patient block. Patient and Family Information pamphlets, handouts and other educational materials in vernacular should be made freely available for the public.

Standard 18: Rights Of Persons With Disability

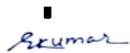
- a. Every MHE shall comply with the provisions of Rights of person with disability Act 2016(49 of 2016).

Standard 19: Miscellaneous

1. Every MHE should have written booklet stating in details, facilities and privileges available in the same; various areas like boarding, entertainment, occupational training, and participation in religious activities etc., which are open to various categories of patients. A copy of the above said booklet shall accompany the application for the license to the authority.
2. Every MHE as well as premises providing non-residential rehabilitation services to the persons with mental illness should prominently display the following information, as applicable, in such manner that it can be clearly read even from a distance of 6 meters in common places like reception, visitors room and dining room etc.:


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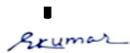

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- a. Scope of services available in the facility
 - b. Menu of the kitchen of the MHE in the day and meal wise manner
 - c. Fee and charges for various services provided in the premise in such clear fashion that the patient and/or caregiver may make a close estimate regarding expenses incurred towards the medical care and rehabilitation, as the case may be
 - d. Name and contact numbers of the Medical officer In-charge and owner of the MHE
 - e. Details (Name, qualification, registration with the respective professional council) of medical and mental health professionals working in the premise
 - f. Registration certificate of the MHE with the SMHA
 - g. Contact details (Phone Number, e-mail and postal address) of Mental Health Review Board of the district where the facility is situated and State Mental Health Authority of Uttarakhand.
3. For restriction to discharge functions by professionals not covered by the field of his profession, provision of MHCA- 2017 chapter XIV (Section- 106) shall be applicable.
 4. For offences and penalties, provisions of chapter XV (section-107, 108, 109) shall be applicable.
 5. Benches, comfortable for both sitting and lying for each patient's caregiver should be provided as per scope of services of the MHE.
 6. MHEs including residential rehabilitation centers including deaddiction centers providing long term care where women or girls are admitted, should have following additional provisions :
 - Only female attendants in the ward.
 - Only female nurses in the ward.
 - Adequate facilities for sanitary care should be assured.
 7. Minimum standards and forms may be amended time to time by the SMHA in consultation with experts considering the advancements in Science and prevailing acts, rules and regulations.


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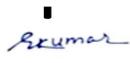

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Suggestions: Administrative changes, reforms and recommendations

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


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FAQ: Frequently asked Questions

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

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

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

Ans: ● Centres where persons with mental illness are admitted including addiction for acute care.
 ● Centres where persons with mental illness are admitted including addiction for long term care.
 ● Centres providing Residential rehabilitation services for PMI (Persons with mental illness including substance abuse disorder/de-addiction).

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

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

Q-4: What is a mental health professional ?

Ans: "mental health professional" means

- (i) psychiatrist as defined in section 2- clause (x) of MHCA- 2017.
- (ii) a professional registered with the concerned State Authority section 55 of MHCA- 2017.
- (iii) a professional having a post-graduate degree (Ayurveda) in Mano Vigyan Avum


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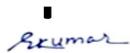
Manas Roga or a post-graduate degree (Homoeopathy) in Psychiatry or a post-graduate degree (Unani) in Moalijat (Nafasiyatt) or a post-graduate degree (Siddha) in Sirappu Maruthuvam.

Q-5 : What is medical social worker ?

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


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Form	Purpose	Relevant Document	
A	Information on the activities of the state authorities/ board	Mental Healthcare Rules (State Mental Health Authority), Uttarakhand State, 2022	
B	Application for grant of provisional registration/ renewal of provisional registration of a mental health establishment		
C	Certificate of provisional registration/ renewal of provisional registration		
D	Register of Mental Health Establishment (in digital format)		
E	Annual report of State Authority		
F	Form for making/ amending/ revoking and cancelling advanced directive	Mental Healthcare Regulations (State Mental Health Authority), Uttarakhand State, 2022	
G	Assessment of capacity to make mental health care decisions		
H	Request for independent admission		
I	Request for admission of a minor		
J	Request for admission with high support needs		
K	Request for continuous admission with high support needs		
L	Request for discharge by independent patient		
M	Request for discharge of a minor patient		
N	Request for leave of absence		
O	Assessment for independent admission under section 85 and 86 of MHCA-2017		
P	Assessment for admission of minor under section 87 of MHCA-2017		
Q1	Assessment-1 for supported admission under section 89 of MHCA-2017		Mental Healthcare Rules (Rights of person with Mental Illness), Uttarakhand State, 2022
Q2	Assessment-2 for supported admission under section 89 of MHCA-2017		
R1	Assessment-1 for continuation of supported admission under section 90 of MHCA-2017		
R2	Assessment-2 for continuous supported admission under section 90 of MHCA-2017		
S	Assessment for emergency treatment under section 94 of MHCA-2017		
T	Format for basic medical record for the OPD patients		
U	Format for basic medical record for the in-patients		
V	Format for basic Psychological Assessment report		

W	Basic minimum standard guidelines for recording of therapy report	
X	Physical restrain monitoring and reporting form	
Y	Application for grant of permanent registration	
Z	Filing objections against grant of permanent registration to a state mental health establishment	
AA	Certificate of permanent registration/ renewal of permanent registration	
BB	Application for basic medical records	
CC	Intimation to police about unauthorised absence from mental health establishment	Mental Healthcare Rules (Rights of person with Mental Illness), Uttarakhand State, 2022

Form-A

INFORMATION ON THE ACTIVITIES OF THE STATE AUTHORITY/BOARD

1. New Regulations notified:
2. Number of orders passed during the year:
3. Meetings held during the year:
4. Number and details of mental health establishments under the control of the State Government
5. Number and details of mental health establishments in the State or Union Territory:
6. Registration of mental health professionals by the State Authority:
7. Statement on references received from the Central Government and the State Government and action taken thereon:
8. Quality and service provision norms for different types of mental health establishments under the State Government:
9. Training imparted to persons including law enforcement officials, mental health professionals and other health professionals about the provisions and implementation of the Mental Healthcare Act, 2017:
10. Applications for registration of mental health establishments received, accepted and rejected along with reasons for such rejection:
11. Audit of Mental Health Establishments along with audit reports:
12. Complaints received regarding violation of rights of Mentally ill persons and action taken thereon
13. Details regarding guidance document for medical practitioners and mental health professionals

14. Number of cases registered regarding Sexual Harassment of Women at Workplace under section 22 of the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressed) Act, 2013 and details thereof:
15. Details of inspection and inquiry of Mental Health Establishments:
16. Number of appeals to High Court against order of Authority and status thereof:
17. Complaints received regarding deficiencies in provision of services and action taken thereon:
18. Stakeholders Consultations:
19. Inquiry initiated by the Authority/Board:
20. Administration and establishment matters
21. Budget and Accounts with details including balance sheet, income and expenditure account, etc.:
22. Any other matter which may be relevant:

Form-B

APPLICATION FOR GRANT OF PROVISIONAL REGISTRATION/ RENEWAL OF PROVISIONAL REGISTRATION OF A MENTAL HEALTH ESTABLISHMENT

To
The
Department of.....
State Government of.....

Dear Sir/Madam,

I/we intend to apply for grant of provisional registration/ renewal of provisional registration for the Mental Health Establishment namely
..... Of which I am/we are holding a valid license/registration for the establishment/ maintenance of such hospital/nursing home. Details of the hospital/nursing home are given below:

1. Name of applicant
2. Details of license with reference to the name of the authority issuing the license and date.....
3. Age.....
4. Professional experience in Psychiatry.....
5. Permanent address of the applicant.....
6. Location of the proposed hospital/nursing home.....
7. Address of the proposed nursing home/hospital.....
8. Proposed accommodations:.....
 - (a) Number of rooms.,.....
 - (b) Number of beds.....
 - (c) Facilities provided:.....
 - (d) Out-patient.....
 - (e) Emergency services.....
 - (f) **In-patient** facilities.....
 - (g) Occupational and recreational facilities.....
 - (h) ECT facilities
 - (i) Psychological testing facilities.....
 - (j) Investigation and laboratory facilities.....
 - (k) Treatment facilities.....

Staff pattern:

- (a) Number of doctors.....

- (b) Number of nurses.....
- (c) Number of attendees.....
- (d) Others.....

I am here with sending a bank draft of Rs.....drawn in favour of As application Fee.

I hereby undertake to abide by the rules and regulations of the Mental Health Authority.

I request you to consider my application and grant the license for establishment/ maintenance of psychiatric hospital/nursing home,

Yours faithfully

Signature.....

Name.....

Date.....

Form-C

**CERTIFICATE OF PROVISIONAL REGISTRATION/RENEWAL OF PROVISIONAL
REGISTRATION**

The State Authority, after considering the application dated Submitted
By.....under section 65 (2) or section 66 (3) or section 66(10) of the Mental
Healthcare Act, 2017, hereby accords provisional registration/renewal of provisional
registration to the applicant mental health establishment in terms of section 66 (4) or
section 66 (11), as per the details given hereunder:

Name: _____
Address _____
No of beds _____

The provisional registration certificate issued is subject to the conditions laid down in the
Mental Healthcare Act, 2017 and the rules and regulations made there under and shall be
valid for a period of twelve months from the date of its issue and can be renewed.

Place:

Date:

Registration Authority:

Seal of the Registration Authority

FORM—D

**Register of Mental Health Establishments
(In digital format)***

Category.....

Sl. No.	Name and Address Of the applicant	Name of the establishment and address	Date of the application	Date and particulars of Registration	No. of beds	Remarks

*Separate table for each category of mental health establishment.

Form-E
Annual Report of State Authority

1. Introduction
2. Profile of the Authority's Members
3. Scope of Regulation
4. New Regulations/procedures etc. notified/issued
5. Orders passed by the Authority
6. Meetings of the State Mental Health Authority held during the year
7. Mental health establishments under the control of the State Government
8. Mental health establishments in the State
9. Registration of mental health professionals by the State Authorities
10. A statement on references received from Central and State Governments and action taken thereon
11. A statement on references sent to the Central and State Governments and action taken thereon by the respective Governments
12. Quality and service provision norms for different types of mental health establishments under the State Government
13. Supervision of mental health establishments under the State Government and action taken on the complaints received about deficiencies in provision of services therein
14. Training imparted to persons including law enforcement officials, mental health professionals and other health professionals about the provisions and implementation of the Mental Healthcare Act, 2017
15. Applications for registration of mental health establishments received, accepted and rejected along with reasons for such rejection.
16. Audit of Mental Health Establishments

17. Complaints received regarding violation of rights of Mentally ill persons and action taken thereon
18. Details regarding guidance document for medical practitioner sand mental healthprofessionals
19. Implementation of RTIAct,2005
20. Details regarding Sexual Harassment of Women at Workplace under Section 22 of The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013.
21. Inspection and Inquiry of Mental Health Establishments
22. Appeals to High Court against order of Authority and status thereof
23. Status of review of use of advance directives and recommendations of the Authority in respect thereof.
24. Complaints received about deficiencies in provision of services and action taken thereon.
25. Stake holders Consultations
26. Inquiry initiated by the Authority
27. Administration and establishment matters
28. Annual accounts
29. Any other matter which in the opinion of the Authority need to be highlighted

FORM – F
FORM FOR MAKING, AMENDING/ REVOKING AND CANCELLING ADVANCE DIRECTIVE

1. Name (Attach copy of photo identity document proof): _____
2. Age (Attach copy of age proof for being above 18 years of age): _____
3. Father's/ Mother's Name: _____
4. Address (Attach copy of proof): _____

Note.- Any valid identity proof like Birth Certificate, Driving License, Voter's Card, Passport, Adhar card, etc. shall be admissible as address proof and age proof.

5. Contact number(s): _____
6. Registration no. of previous advance directive (to be filled in case of amendment/ revocation/ cancellation of advance directive): _____
7. I wish to be cared for and treated as under (not to be filled in case of revocation/ cancellation of advance directive):

8. I wish not be cared for and treated as under (not to be filled in case of revocation/ cancellation of advance directive):

9. Any history of allergies, known side effects, or other medical problems

10. I have appointed the following persons in order of precedence(Enclosed photo ID and age proof), who are above 18 years of age to act as my nominated representatives to make decisions about my mental illness treatment, when I am incapable to do so (not to be filled in case of revocation/ cancellation of advance directive):

(a) Name: _____ Age _____

Father's/Mother's name: _____

Address: _____

Contact number(s): _____

Signature Date_____

(b) Name: _____ Age_____

Father's/Mother's name: _____

Address: _____

Contact number(s): _____

Signature Date_____

[Any number of nominated representatives can be added]

11. Signature of applicant...Date_____

12. Signature of witnesses:

13. Mr./ Ms. _____ has the mental capacity to make/ amend/ revoke/ cancel an advance directive at the time of signing this form and has signed it in our presence of his/ her own free will.

o Witness 1: (Name).....(Signature).....Date.....

o Witness 2: (Name).....(Signature).....Date.....

Enclosure(s):

Note.- Please strike off those which are not required.

Form G

Assessment of Capacity to Make Mental Healthcare Decisions

Name:

Age:

Gender:

UHID:

Definitions: (As per Mental Healthcare Act, 2017): **Mental Healthcare:** "Mental healthcare" includes analysis and diagnosis of a person's mental condition and treatment as well as care and rehabilitation of such person for his mental illness or suspected mental illness(Chapter I, Section2, subsection O),**Capacity:**(Chapter II,Section3):Capacity here refers to "capacity to make decisions regarding his/her mental healthcare or treatment", past treatment or hospitalization in a Mental Health Establishment though relevant, shall not by itself justify any present or future determination of the person's mental illness, the determination of a person's mental illness shall alone not imply or be taken to mean that the person is of unsound mind unless he/she has been declared as such by a competent Court

Reasons for doubting Mental Health care Capacity:

- a.
- b.
- c.
- d.

<p>Is there an impairment or disturbance in the functioning of mind or brain?</p> <p>Altered sensorium Substance Use Dementia Learning Disorder <input type="checkbox"/> Mental Illness/Suspected Mental Illness <input type="checkbox"/> Others(pl. specify) <input type="checkbox"/></p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Record symptoms and/or behavior, any relevant diagnosis</p> <p>Permanent <input type="checkbox"/> Temporary <input type="checkbox"/></p>
---	---

If NO: The person is deemed to have capacity therefore Assessment has been completed and no further action is needed

If YES: Please proceed as below

A) The person is able to understand the information in the following domains:

Person understands that he/she is ill	YES NO
Person understands that he/she requires treatment	YES NO
Person understands that the treatment would be best administered during in-hospitalization setting	YES <input type="checkbox"/> NO <input type="checkbox"/>
Person understands that there is significant risk in taking treatment on outpatient (OPD) basis	YES <input type="checkbox"/> NO <input type="checkbox"/>

B) State what help and support was provided to make the person understand the decision? (Such as information has been given using simple language, which he/she understands or in sign language or visual aids or any other means to enable him/her to understand the information or information has been explained to the patient in a safe and comfortable environment/setting)

C) Does the person have the ability to weight the information as part of the decision-making process? Does he/she understand the consequences of making or not making the decision including the risks? **YES** **NO** (Record views/evidence to show they understand it)

D) The person is able to communicate the decision. **Document words/gestures/actions etc.,**

FLUCTUATING CAPACITY – Always consider whether the person has fluctuating capacity and if the decision can wait until capacity returns. If this is the case, explain and enter a reassessment date in the outcome below.

Outcome:	<input type="checkbox"/> Has Mental Healthcare capacity <input type="checkbox"/> Lacks Mental Healthcare capacity
-----------------	--

Signature, Name & Designation of Psychiatrist

References: 1) <https://www.scie.org.uk/files/mca/directory/mca-tailored-for-you/health/pan-london-commissioner-toolkit/beh-capacity-assessment-toolguidance.pdf?res=true>, Retrieved on 27th June, 2017, 2) [http://www.prsindia.org/uploads/media/MentalHealth/Mental Healthcare Act, 2017.pdf](http://www.prsindia.org/uploads/media/MentalHealth/Mental%20Healthcare%20Act,2017.pdf). Retrieved on 27th June, 2017, 3) <https://www.surreyandsussex.nhs.uk/wp-content/uploads/2014/03/FOI-2144-Attachment-2-ASSESSMENT-FOR-CAPACITY-CHECKLIST-June-2012.pdf>. Retrieved on 27th June, 2017

FORM H

REQUEST FOR INDEPENDENT ADMISSION

To,
The Medical Officer in-charge

Sir/Madam,

I, Mr. /Mrs. _____, residing at _____

Age _____ son/daughter of _____, request for my admission in your establishment for treatment of mental illness _____ I have the following symptoms since _____

1. _____
2. _____
3. _____

The following papers regarding my illness are enclosed:

1. _____
2. _____
3. _____

Kindly admit me in your establishment as an independent admission. A self-attested copy of my Identity Proof is enclosed (optional).

Address
Date
Mobile and E-mail

Signature
Name

N.B.: -Please strike off those which are not required.

FORM I

REQUEST FOR ADMISSION OF A MINOR

To,
The Medical Officer in-charge

Sir/Madam,
I, Mr. / Mrs. _____ Residing at _____, who is the
nominated representative (being legal guardian) of Master/Miss _____, request you to admit
Master/Miss _____ aged son/daughter of _____, for treatment of mental illness:
He/she is having the following symptoms since _

1. _____
2. _____
3. _____

The following papers related to my being the nominated representative and his/her illness are enclosed:

1. _____
2. _____
3. _____
4. _____

Kindly admit him/her in your establishment as minor patient.

Address
Date
Mobile and E-mail

Signature
Name

N.B.: -Please strike off those which are not required.

FORM J
REQUEST FOR ADMISSION WITH HIGH SUPPORT NEEDS

To,

The Medical Officer in-charge

Sir/Madam,

I, Mr. /Mrs. _____ residing at _____, nominated representative of Mr. /Mrs. _____, aged _____ son/daughter of _____ request for his/her admission in your establishment for treatment of mental illness.

Mr. /Mrs. Is having the following symptoms since _____.

1. _____
2. _____
3. _____

The following papers regarding my appointment as nominated representative and related to his/her illness are enclosed:

1. _____
2. _____
3. _____

Kindly admit him/her in your establishment as patient with high support needs.

Address

Date

Mobile and E-mail

Signature

Name

N.B.: -Please strike off those which are not required.

FORM K

REQUEST FOR CONTINUOUS ADMISSION WITH HIGH SUPPORT NEEDS

To,

The Medical Officer in-charge

Sir/Madam,

I, Mr. / Mrs. _____, residing at _____ nominated representative of Mr. /Mrs. _____, who is/was an inpatient in your establishment under supported admission category, requests for his/her continued admission beyond thirty days/readmission within seven days of discharge for the reasons stated below:

1. _____

2. _____

3. _____

Kindly continue his/her admission/readmit him/her in your establishment as patient with high support needs

Address

Signature

Date

Name

N.B.:-Please strike off those which are not required.

FORM L
REQUEST FOR DISCHARGE BY INDEPENDENT PATIENT

To,
The Medical Officer in-charge

Sir/Madam,

Subject:-Request for discharge.

I,Mr/Ms/Mrs_____residing at
_____aged son/daughter of_____, (who) was admitted in
your mental health establishment as n Independent admission on_____.I now feel
the condition has improved and wish discharge with immediate effect.

Address

Signature & Date

Mobile/email

Name

N.B.: -Please strike off those which are not required.

FORM M
REQUEST FOR DISCHARGE FOR A MINOR PATIENT

To,
The Medical Officer in-charge

Sir/Madam,

Subject:-Request for discharge.

I, Mr/Ms/ Mrs... .. residing at.....is the legal guardian of
Ms/Master..... Aged....., son/daughter of..... who was admitted in your mental health
establishment as a minor patient on_____ .I now feel
his/her condition has improved and wish his/her discharge with immediate effect.

Address

Signature & Date

Mobile/email

Name

N.B.: -Please strike off those which are not required.

FORM N

REQUEST FOR LEAVE OF ABSENCE

(By Nominated Representative)

To
The Medical Officer in-charge

Sir/Madam,

Subject: Request for leave of absence

Mr. / MS _____ residing at _____ aged _____ years was admitted on
_____ To your mental health establishment.

I, as nominated representative of Mr./MS _____ request that he/she be granted leave of absence from
_____ to _____, for the reason stated below:

The proof of my appointment as nominated representative is enclosed.

I will be responsible for care and treatment of _____ while he/she is on leave of absence from the
mental health establishment.

Address

Date
Mobile and E-mail:

Signature
Name

N.B.: -Please strike off those which are not required.

FORM Q-1

Assessment for Supported Admission Under Section 89 of Mental Healthcare Act, 2017

(In a case, a person with the mental illness admitted under this section has been discharged, such person shall not be readmitted under this section within a period of seven days from the date of his discharge).

Name of Patient: _____ Age: _____ Gender: _____ Date: _____
S/o/D/o/: _____
Address: _____
Mobile No.: _____ Aadhar/Voter ID Card No.: _____
UHID: _____
Advance Directive: Yes (*attach copy*) / No _____ Nominated Representative :Yes(*give details*)/No _____
Identification Marks: 1. _____ 2. _____

Based on the available history and the preliminary examination he/she suffers from the following symptoms and signs:

- 1.
- 2.
- 3.
- 4.

I, Dr _____ am of the opinion that you are required to be kept under observation or inpatient treatment at _____. Hence, I request you to sign your Independent Admission under section 85, 86 of MHA, 2017.

Signature of the Patient: _____ (To the extent possible)

The undersigned have seen that the doctors have offered independent admission to my patient; however, the patient has refused to sign above. Hence, I Mr/Mrs/Ms _____, relationship with the patient _____ nominated representative / family member / relative / caregiver / any other (*please mention*), is of the opinion that my patient is in need of supported admission. Hence, I request the Medical Officer In-Charge of the hospital to admit and treat my patient under section 89 (Admission of person with mental illness with high support needs in mental health establishment, *up to thirty days*) of Mental Healthcare Act, 2017.

Signature: _____

Name: _____ Relationship with patient: _____

The patient Mr/Mrs/Ms _____, his/her condition is such that he/she requires to be kept under observation or inpatient evaluation and treatment at (MHE) under section 89 (Admission of person with mental illness with high support needs in mental health establishment, *up to thirty days*) of Mental Healthcare Act, 2017. I have satisfied myself that the patient's illness is of such severity that the person (*strike if not applicable*):

1. Has recently threatened or attempted or is threatening or attempting to cause bodily harm to himself/herself; or
2. has recently behaved or is behaving violently towards another person or has caused or is causing another person to fear bodily harm from him/her; or
3. Has recently shown or is showing an inability to care for himself/herself to a degree that places the individual at risk of harm to himself/herself.

The person is currently ineligible to receive care and treatment as an independent patient as he/she is unable to make mental health care and treatment decisions independently and needs very high support from his caregiver/nominated representative in making decisions. Hence, he/she requires to be in the hospital for his/her treatment and/or safety of self or others and would be a least restrictive care option possible in the circumstances.

Signature of Psychiatrist

FORM Q-2

Assessment for Supported Admission Under Section 89 of Mental Healthcare Act, 2017

(In a case, a person with the mental illness admitted under this section has been discharged, such person shall not be readmitted under this section within a period of seven days from the date of his discharge).

Name of Patient: _____ Age: _____ Gender: _____ Date: _____
S/o/D/o/: _____
Address: _____
Mobile No.: _____ Aadhar/VoterIDCardNo.: _____
UHID: _____
Advance Directive: Yes (*attach copy*) / No _____ Nominated Representative :Yes(*give details*)/No _____
Identification Marks: 1. _____ 2. _____

Based on the available history and the preliminary examination he/she suffers from the following symptoms and signs:

- 1.
- 2.
- 3.
- 4.

I, Dr _____ am of the opinion that you are required to be kept under observation or inpatient treatment at _____. Hence, I request you to sign your Independent Admission under section 85, 86 of MHA, 2017.

Signature of the Patient: _____ (To the extent possible)

The undersigned have seen that the doctors have offered independent admission to my patient, however, the patient has refused to sign above. Hence, I Mr/Mrs/Ms _____, relationship with the patient _____ nominated representative / family member / relative / caregiver / any other (*please mention*), is of the opinion that my patient is in need of supported admission. Hence, I request the Medical Officer In-Charge of the hospital to admit and treat my patient under section 89 (Admission of person with mental illness with high support needs in mental health establishment, *up to thirty days*) of Mental Healthcare Act, 2017.

Signature: _____

Name: _____ Relationship with patient: _____

The patient Mr/Mrs/Ms _____, his/her condition is such that he/she requires to be kept under observation or inpatient evaluation and treatment at (MHE) under section 89 (Admission of person with mental illness with high support needs in mental health establishment, *up to thirty days*) of Mental Healthcare Act, 2017. I have satisfied myself that the patient's illness is of such severity that the person (*strike if not applicable*):

4. Has recently threatened or attempted or is threatening or attempting to cause bodily harm to himself/ herself; or
5. has recently behaved or is behaving violently towards another person or has caused or is causing another person to fear bodily harm from him/her; or
6. has recently shown or is showing an inability to care for himself/herself to a degree that places the individual at risk of harm to himself/herself.

The person is currently ineligible to receive care and treatment as an independent patient as he/she is unable to make mental health care and treatment decisions independently and needs very high support from his caregiver/nominated representative in making decisions. Hence, he/she requires to be in the hospital for his/her treatment and/or safety of self or others and would be a least restrictive care option possible in the circumstances.

Signature of another Psychiatrist/
Medical practitioner Mental Health Professional

FORM R-1

Assessment for Supported Admission Under Section 90 of Mental Health care Act , 2017

Name of Patient: _____ Age: _____ Gender: _____ Date: _____

S/o/D/o/: _____

Address: _____

Mobile No.: _____

Photo ID Card No.: _____

UHID: _____

Nominated Representative: Yes (*give details*) / No

Valid Advance Directive :Yes(*attach copy*)/No

Identification Marks: 1. _____

2. _____

Based on the available history and the preliminary examination he/she suffers from the following symptoms and signs:

1. _____
2. _____
3. _____
4. _____

I, Dr _____ am of the opinion that you are required to be kept under observation or inpatient treatment at _____. Hence, I request you to sign your Independent Admission under section 85, 86 of MHA, 2017.

Signature of the Patient: _____ (To the extent possible)

The undersigned have seen that the doctors have offered independent admission to my patient, however, the patient has refused to sign above. Hence, I Mr/Mrs/Ms _____, relationship with the patient _____ nominated representative / family member / relative / caregiver / any other (*please mention*), is of the opinion that my patient is in need of supported admission. Hence, I request the Medical Officer In-Charge of the hospital to admit and treat my patient under section 89 (Admission of person with mental illness with high support needs in mental health establishment, *up to thirty days*) of Mental Healthcare Act, 2017.

Signature: _____

Name: _____

The patient Mr/Mrs/Ms _____, his/her condition is such that he/she requires to be kept under observation or inpatient evaluation and treatment at (MHE) under section 90 (Admission of person with mental illness with high support needs in mental health establishment, *beyond thirty days*) of Mental Healthcare Act, 2017. I have satisfied myself that the patient's illness is of such severity that the person (*strike if not applicable*):

1. has consistently over time threatened or attempted to cause bodily harm to himself; or
2. has consistently over time behaved violently towards another person or has consistently over time caused another person to fear bodily harm from him; or
3. has consistently overtime shown an inability to care for himself to a degree that places the individual at risk of harm to himself;

The person is currently ineligible to receive care and treatment as an independent patient as he/she is unable to make mental health care and treatment decisions independently and needs very high support from his caregiver/nominated representative in making decisions. Hence, he/she requires to be in the hospital for his/her treatment and/or safety of self or others and would be a least restrictive care option possible in the circumstances.

Signature of Psychiatrist

FORM R-2

Assessment for Supported Admission Under Section 90 of Mental Healthcare Act, 2017

Name of Patient: _____ Age: _____ Gender: _____ Date: _____

S/o/D/o/: _____

Address: _____

Mobile No.: _____

Photo ID Card No.: _____

UHID: _____

Nominated Representative: Yes (*give details*) / No

Valid Advance Directive: Yes(*attach copy*)/No

Identification Marks: 1. _____

2. _____

Based on the available history and the preliminary examination he/she suffers from the following symptoms and signs:

1. _____
2. _____
3. _____
4. _____

I, Dr _____ am of the opinion that you are required to be kept under observation or inpatient treatment at _____. Hence, I request you to sign your Independent Admission under section 85, 86 of MHA, 2017.

Signature of the Patient: _____ (To the extent possible)

The undersigned have seen that the doctors have offered independent admission to my patient, however, the patient has refused to sign above. Hence, I Mr./Mrs./Ms _____, relationship with the patient _____ nominated representative / family member / relative / caregiver / any other (*please mention*), is of the opinion that my patient is in need of supported admission. Hence, I request the Medical Officer In-Charge of the hospital to admit and treat my patient under section 89 (Admission of person with mental illness with high support needs in mental health establishment, *up to thirty days*) of Mental Healthcare Act, 2017.

Signature: _____

Name: _____

The patient Mr/Mrs/Ms _____, his/her condition is such that he/she requires to be kept under observation or inpatient evaluation and treatment at (MHE) under section 90 (Admission of person with mental illness with high support needs in mental health establishment, *beyond thirty days*) of Mental Healthcare Act, 2017. I have satisfied myself that the patient's illness is of such severity that the person (*strike if not applicable*):

4. has consistently overtime threatened or attempted to cause bodily harm to himself; or
5. has consistently over time behaved violently towards another person or has consistently over time caused another person to fear bodily harm from him; or
6. has consistently overtime shown an inability to care for himself to a degree that places the individual at risk of harm to himself;

The person is currently ineligible to receive care and treatment as an independent patient as he/she is unable to make mental health care and treatment decisions independently and needs very high support from his caregiver/nominated representative in making decisions. Hence, he/she requires to be in the hospital for his/her treatment and/or safety of self or others and would be a least restrictive care option possible in the circumstances.

Signature of another Psychiatrist

FORM S

Assessment for Emergency Treatment Under Section 94 of Mental Healthcare Act, 2017

(For the purpose of Emergency treatment; upto 72 hours only)

Name of Patient: _____ Age: _____ Gender: _____ Date: _____

S/o/D/o/: _____

Address: _____

Mobile No.: _____

Photo ID Card No.: _____

UHID: _____

Advance Directive: Yes(*attach copy*)/No

Nominated Representative: Yes (*give details*) / No

Identification Marks: 1.
2.

Based on the available history and the preliminary examination he/she suffers from the following symptoms and signs:

- 1.
- 2.
- 3.
- 4.

I have satisfied myself after adequate assessment that the patient needs emergency treatment (as defined in Section 94 of MHCA, 2017). I, _____, Nominated Representative of the patient _____

has been explained by the doctors that my patient after assessment needs emergency treatment in view of the abovementioned conditions. I was explained the treatment options available and the consequences of denying emergency treatment. Hence, I herewith provide consent for administering emergency treatment for my patient.

Signature: _____

Name & Relationship with patient: _____

Provisional Diagnosis (As per ICD-11):

Other co morbid medical disorders (As per ICD-11):

Treatment Given:

Medications	Dose	Route of Administration	Time
1.			
2.			
3.			
4.			
5.			

Signature of Psychiatrist

FORM T
Format for Basic Medical Record for the OPD

1. Name of the mental health establishment:
2. Name of Psychiatrist:
3. Hospital Registration Number:
4. Date:
5. Advanced directive: Yes/No
6. Patients Name:
7. Age:
8. Sex:
9. Father/Mother's name:
10. Address:
11. Mobile Number:
12. Chief Complaints
 - a.
 - b.
 - c.
 - d.
 - e.
13. Provisional Diagnosis (As per ICD-11):
14. Co morbid Other medical disorders (As per ICD-11):
15. Treatment advised and follow up recommendations:

Form V

Format for Basic Psychological Assessment Report

(Facilities where persons with mental illness undergoes psychological assessment)

Clinic Record/Hospital Registration Number: -----

Name:

Age:

Gender:

Education:

Occupation:

Date of testing:

Referred by:

Language tested in:

Reason for referral:

<ul style="list-style-type: none"><input type="radio"/> IQ Assessment<input type="radio"/> Specific Learning disability Assessment<input type="radio"/> Neuropsychological Assessment<input type="radio"/> Personality Assessment	<ul style="list-style-type: none"><input type="radio"/> Psychopathology assessment<input type="radio"/> Any other (Mention the specific domain such as interpersonal relationship)
--	---

Comments if any (*may give brief detail of the referral purpose; e.g., 'the individual has mental illness and he has been referred for current psychopathology assessment as well as to ascertain the level of disability'*)

Brief background information (*e.g., the nature of the problem, when it started, any previous assessments and like details*):

Informants: Self/ Others (Specify)

Salient behavioral observations (*Comment on alertness, attention, cooperativeness, affect, Comprehension and any other relevant information*)

Tests/ Scales administered (*Standardized tests/ scales*):

Salient scores (*if applicable such as Intelligence Quotient, scores obtained on cognitive function tests, severity rating on psychopathology scales, disability percentage and like details*)

Impression:

Recommendations: Please specify

- Further assessment
- Therapy
- Any other

Assessed by

Name:

Date:

Qualification:

Signature:

Verified/ supervised by (if applicable)

Name:

Date:

Qualification:

Signature:

Form W

Basic Minimum Standard Guidelines for Recording of Therapy Report

(Facilities where persons with mental illness are provided with therapy for any mental health problem)

1. Name of the Institute/Hospital/Centre with address)
2. Clinic/Hospital record no. _____
3. THE RAPIST SESSION NOTES

a. Patient name:
b. Age:
c. Gender:
d. Psychiatric diagnosis (As per ICD-11):

Session number and date:	Duration of session:	Session Participants:
Therapy method:	Objectives of the session:	
Individual	1.	
Couple/Family	2.	
Group	3.	
Other _____	4.	

Key issues/themes discussed: (Psychosocial stressors/Interpersonal problems/Intrapsychic conflicts/Crisis situations/Conduct difficulties/Behavioural difficulties/ Emotional difficulties/ Developmental difficulties/ Adjustment issues/ Addictive behaviours/ others).

Therapy techniques used:

Therapist observations and reflections: Plan for next session: Therapist

Date for next session:

Supervised by (if applicable)

FORM – X

Physical Restraint Monitoring and Reporting Form

Name of the Patient:

Date:

Sex:

Age:

File No:

Provisional Diagnosis (As per ICD-11):

Date of Admission:

Indication for Physical Restraint (encircle):

(1) Violence (2) Agitation (3) Aggression (4) Self-harm (5) Suicidal attempt (6) Other (specify).....

Informed Consent of the Nominated Representative taken: Yes/ No

Name and Signature of the Nominated Representative: If informed

If Consent not taken, mention the reason:

Date and Time of Physical Restraint:

Date	Time		Indication
	From	To	

Overall assessment of medical conditions of the person under physical restraint including injuries, blood supply to limbs, blood pressure, pulse, etc. or any other relevant parameter:.....
.....
.....

Mention the dose and frequency of medications administered during the Physical Restraint:

Date and Time	Medication	Dose	Route	Frequency	Total dose	Side-effects

Name, Signature and Seal of the person in-charge of the mental health establishment:

FORM – Y

APPLICATION FOR PERMANENT REGISTRATION OF A MENTAL HEALTH ESTABLISHMENT

1. Name of applicant:
2. Age of applicant
3. Permanent address of applicant:
4. Qualifications and experience of the in charge of the establishment:
5. Name of the establishment:
6. Postal address of establishment:
7. Details of establishment:
 8. Services provided: Acute care/ Long term care / Both
 9. Number of beds:
 10. Number of Rooms
11. Details of provisional registration with Authority:
12. Past/ Current Registration No (Attach a copy)
(In case registration was under the Clinical Establishments (Registration and Regulation) Act, 2010 (23 of 2010) or any other law, such Registration No with a copy of Registration Certificate be enclosed with this application)
13. Services provided (tick what is provided)
 - (a) Out-patient
 - (b) In-patient
 - (c) Emergency
 - (d) Day Care
 - (e) Electro convulsive therapy
 - (f) Imaging
 - (g) Psychological testing
 - (h) Investigation and laboratory
 - (i) Any other (Specify)
14. Staff (Name, qualifications, registration numbers, as applicable):
 - (a) Medical officers and other medical specialists
 - (b) Mental Health Professionals
 - (c) Mental Health Nurse
 - (d) Para-medical and rehabilitation staff
 - (e) Attenders
 - (f) Health educators
 - (g) Multi-purpose workers
 - (h) Others (Specify)

DECLARATION

We hereby undertake to abide fully by the provisions of the Mental Health Care Act, 2017 (10 of 2017) and rules and the regulations made there under.

CONFIRMATION

We confirm that our establishment complies with the minimum standards specified under the State Mental Health Authority Regulations, 2022 under which we are seeking registration.

PRAYER

We request for registration of our mental health establishment with the Authority.

Date

Place

Signed by the authorized signatory

(Name and designation of the signatory)

Stamp of the mental health establishment

Enclosure:

FORM Z

**FILING OBJECTIONS AGAINST GRANT OF PERMANENT REGISTRATION TO A STATE
MENTAL HEALTH ESTABLISHMENT**

The Chairperson,
State Mental Health Authority, Dehradun

It is in my knowledge that the Mental Health Establishment (name)
situated at does not fulfill the following requirements for registration
Under section 65 (4) of the Mental Health Care Act, 2017 (10 of 2017) and the rules and regulations made there
under.

1. _____
2. _____
3. _____

I enclose the following in support of what is stated above:

- 1.
- 2.
- 3.

Please take necessary action accordingly

Address:

Mobile number:

E-mail:

Signature:.....

Date:

Name:.....

Enclosure:

FORM AA

CERIFICATE FOR PERMANENT/ RENEWAL OF PERMANENT REGISTRAION

The State Authority, after considering the application dated.....submitted by.....Hereby accords Permanent registration/renewal of permanent registration to the applicant, mental health establishment in terms of sub-section (12, 13, 14, 15, 16, 17, 18, 19)of section 66, as per the details given hereunder.

Name:.....

Address:.....

No. of beds:.....

The Permanent registration certificate issued, is subject to the conditions laid down in the Mental Healthcare Act, 2017 and the rules and regulations made there under by SMHA Uttarakhand and shall be valid for a period of 36 Months or 3 years as per Section 67(1), from the date of its issue and can be renewed.

Place:

Date:

Registration Authority:

Seal of the Registration Authority

APPLICATION FOR BASIC MEDICAL RECORDS

To,
The Medical Officer in-charge

Sir/Madam,

Subject:-Request for copy of my basic medical records/basic medical records of
.....(If application is by nominated representative)
Hospital Number (if known) _____

I Mr./Mrs. _____ residing at _____ aged
_____ Son/daughter of Mr./Mrs. _____ was
treated at your mental health establishment from to

Kindly provide me a copy of the medical records of my treatment

Address
Date

Signature
Name

N.B.:-Please strike off those which are not required.

FORM CC
INTIMATION TO POLICE ABOUT UNAUTHORIZED ABSENCE FROM
MENTAL HEALTH ESTABLISHMENT

To,

The Station in-charge
Police Station

.....
.....

Sir/Madam,

Subject: - Intimation about unauthorized absence (without
leave or discharge) of a prisoner with mental illness

This is to inform you that Mr./Mrs. _____
aged _____ years, son/daughter of Mr./Mrs. _____, with identification
marks

1. _____
2. _____

Was admitted at our establishment, as a prisoner with mental
illness under Section 103 of Mental Health Care Act
2017(10of2017), on

_____ (date). He/she has been missing
from his/her ward since _____ (date). An internal enquiry report
in this regard is enclosed.

Kindly register a missing case, take him into your protection when
found and hand him over to us.

Thanking you,

Date
Seal

Signature
Name

Enclosures: copy of the Aadhar Card, Recent
Photograph and Internal Report N.B.: -Please
strike off those which are not required.