

STATE MENTAL HEALTH AUTHORITY-REGULATIONS

In exercise of the powers conferred by section 122 of the Mental Healthcare Act, 2017 (10 of 2017), the State Mental Health Authority hereby makes the following regulations, namely:-

CHAPTER – I

PRELIMINARY

1. Short title and commencement- (1) These regulations may be called the Mental Healthcare(State Mental Health Authority) Regulations, 2024
(2) They shall come into force on the date of their publication in the Official Gazette.
2. Definitions – (1) 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;
 - (c) “State Authority” means the State Mental Health Authority as defined in clause
(c) of sub-section (1) of section 2 of the Act;
 - (d) “Chief Executive Officer” means the chief executive of the Authority referred to in sub-section (1)of section 40 of the Act;
 - (e) “Form” means a Form appended to these regulations;
 - (f) “Schedule” means the Schedule appended to these regulations.(2) The words and expressions used herein and not defined but defined in the Act shall have the samemeanings as assigned to them in the Act.

CHAPTER – II

ADVANCE DIRECTIVE

3. Manner of making an advance directive- (1) Any person who desires to

apply for a request for advance directive or fresh directive, or change or revocation, or cancellation of directive, may make an application to the Board in writing in Form A which shall be provided free of cost in all mental health establishments.

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

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

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

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

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

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

(8) There shall be no restriction on the number of times an advance directive is changed by the person who applies for, or whose name is appeared in the directive:

Provided that 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.

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

(10) 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.

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

- (a) by an application in writing addressed to the Board;
- (b) by giving three months prior notice in writing of such withdrawal to such person.

(12) 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

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

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

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

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

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

6. Meetings of State Authority- (1) The meeting of the State Authority shall generally be held **at Chandigarh:**

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

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

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

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

(i) specify therein the place, date and time of the meeting;

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

Provided that the Chairperson may call a special meeting at any time.

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

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

(6) (a) 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.

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

(7) 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

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

7. Conduct of Meetings- (1) A meeting shall be called to order by the Chairperson or, in his absence, by the Member chairing the meeting.

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

(3) 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.

- (4) A meeting shall be called to closure by the Chairperson or the Member chairing the meeting.
8. Attendance and proceedings at Meetings- (1) 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.
- (2) The Chief Executive Officer shall record the attendance of non-members in the minutes of the meeting.
- (3) 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.
9. Minutes of the meetings- (1) The Chief Executive Officer shall record the minutes of the meeting of the Authority.
- (2) 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.
- (3) 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.
- (4) 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.
- (5) 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

10. Minimum standards of facilities- Every mental health establishment under the control of the State Government shall maintain the minimum standards specified in the Schedule.
11. The minimum qualification for the personnel engaged in mental health establishment- (1) 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 recruitment rules applicable to the respective mental health establishment.

12. Maintenance of records and reporting- (1) The mental health establishments under the State Government shall keep the medical records in the manner specified in Form-B.
- (2) The Authority may call for any medical record on receipt of any complaint.
- (3) The medical records shall be kept for the period in accordance with the extant Government instructions or any other law for the time being in force.

13. Application by the Mental Health Establishment for permanent registration- A Mental Health Establishment shall apply to the State Authority for permanent registration in Form-C paid by way of demand draft or electronic payment in favour of the Member Secretary, State Mental Health Authority payable at Panchkula as per the strength of beds in the Mental Health Establishment as follows:

Bed strength	Fee
<15	Rs. 5000/-
15-30	Rs. 10000/-
31-45	Rs. 15000/-
>45	Rs. 20,000/-

14. Manner of submitting application- A mental health establishment while submitting an application in Form-C for permanent registration with the State Authority shall enclose therewith, details of compliance of minimum standards as specified in the Schedule and the documentary proof in support of the claim.
15. An application for Permanent Registration/Renewal of such certificate shall be made in Form-C within thirty days before the date of expiry of validity of such certificate.
16. If the application for renewal is not made within thirty days, before the

expiry of the period of validity, the registration shall cease to be current until a fresh application for renewal is made along with the fees specified for Permanent Registration.

17. All payment of fee for registration or renewal shall be paid by way of electronic payment to the State Mental Healthcare Authority account.

* If authority agrees, then the fee for different categories may be different or may remain the same.

18. No registration fee for public health facilities- (1) No registration fee or renewal fee or fee for issue of duplicate certificate shall be payable by public health facilities.

(2) Notwithstanding the concessions made under Rule 18 sub rule (1), all public health facilities shall be required to obtain permanent registration, keep them renewed in time and conform to the stipulated standards of performance.

19. The Certificate of Permanent Registration to Mental Health Establishment shall be issued as per Form- D by State level Authority after recommendations of fulfilling the norms by District Level Committee.

20. Issue of duplicate certificate- Where a certificate of registration granted (Form D) to a mental health establishment is destroyed or lost or mutilated or damaged, the State Authority may issue a duplicate certificate on application made by such establishment along with a fee of two thousand rupees by way of electronic payment to the State Mental Healthcare Authority account.

21. Filing of objections against grant of permanent registration to a mental health establishment- A person may file any objection to the State Authority under sub-section (14) of section 66 of the Act in Form-E 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 BOARD

22. Meetings and rules of procedure of the Board- (1) The Board shall meet at least once a month or more frequently as it may consider necessary.

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

may decide.

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

(4) The Chairperson 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 may authorise.

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

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

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

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

(9) 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.

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

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

(12) 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 and 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.

(13) 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

23. Restriction on psychosurgery- (1) The attending psychiatrist may submit an application, with the following papers to the Board, seeking approval for the psychosurgery procedure, namely:-
- (a) a certified copy of the written informed consent for psychosurgery duly signed by the person on whom it is proposed to be performed;
 - (b) a detailed submission by the attending psychiatrist with clinical summary of the case, explaining and justifying the need, suitability and safety of the proposed psychosurgery;
 - (c) the certified copies of such person's medical records.
- (2) The Board may ask for additional information and documents from the attending psychiatrist, as may be necessary.
24. Restraints- 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 shall give periodic training to the staff of the mental health establishment in learning and adopting alternatives to the use of restraints;
 - (b) he 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 shall submit the monthly report to the Board, under sub-section (7) of section 97 of the Act, which shall be a calendar month report and shall contain the details in Form-F which shall be signed by the person in-charge of the mental health establishment;
 - (d) he shall forward the restraint report to the respective Board on monthly basis within the first week of the next month.

THE SCHEDULE

[See regulations 10 and 14]

MINIMUM STANDARDS FOR REGISTRATION OF MENTAL HEALTH ESTABLISHMENTS

Standard 1. The premises shall –

- (a) be a pucca structure;
- (b) be equipped with functional windows and doors with strong and intact vertical grills and wiremeshes or unbreakable toughened glass to avoid attempts for suicide or self-harm;
- (c) have lift for buildings having more than two floors or ramp;
- (d) have ramp facility for disabled person in case there is no provision of lift.
- (e) have sufficient ventilation and natural light;
- (f) have sufficient illumination after sunset for reading without causing strain to the eyes;
- (g) have illuminated passages leading to toilets and emergency exits during the night;
- (h) have inverters or power back-up for emergency lights during power failures;
- (i) have periodic maintenance of the mental health establishment; and
- (j) have heaters and coolers subject to safety and health of residents, according to seasons.

Standard 2. The living conditions shall be comfortable with –

- (a) separate cots, mattresses, pillow and blanket (with due regard to the season) for each patient placed in a manner that there is sufficient space between each bed;
- (b) residents must not be made to sleep on the floor;
- (c) hygiene; and
- (d) adequate fans (1 Fan : 3 Beds)

Standard 3. Hygiene, cleanliness and sanitation shall be maintained by -

- (a) daily sweeping, swabbing and dusting of the entire premises;
- (b) sanitation maintained in all the areas including toilets and bathrooms using disinfectants;
- (c) adequate number of toilets and bathrooms and separate toilets and bathrooms for male and female inpatients, and disposal facilities for sanitary napkins; and
- (d) adequate availability of water in wash basins, bathrooms and toilets;
- (e) periodic fumigation, pest control and fixing of wire meshes (optional) on all doors and windows to keep out pests;
- (f) Cleaning and changing the linen daily.
- (g) providing in every Institution automated laundry service, or a separate area for washing and drying clothes, with adequate manpower, so that the laundry is collected, washed, dried and returned to the residents the same day or by out-sourcing the laundry service; and
- (h) adequate arrangements for safe disposal of biomedical waste.

Standard 4. Potable drinking water and wholesome, sumptuous and nutritive food shall be provided in comfortable settings in case patients are staying without attendants through their own mess or outsourced mess-

- (a) food shall be served in a respectable and comfortable manner;
- (b) hygienic and nutritious food shall be served;
- (c) cooks and persons involved in preparation and serving of food must undergo mandatory health check-ups periodically; aprons, masks and headgears must be provided to all;
- (d) food must be served at frequent intervals under the supervision of sufficient number of attendants so that there shall be no long gap between meal times;
- (e) the food served to each patient must meet their unique dietary requirements; meal plans and diet charts must be prepared by a dietician;
- (f) special diet based on special nutritional requirements must be given to women who are elderly, pregnant, lactating, or have recently undergone abortion or miscarriage.

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

- (a) entertainment programs, socials and excursions for inpatients; and
- (b) furnished visitors' room for families coming to meet the inpatients.

Standard 6. Adequate number of health professionals shall be employed to provide proper treatment and -

- (a) the inpatients seen on a regular basis by a mental health professional;
- (b) a medical officer shall be available on call twenty-four hours to meet the emergencies:
- (c) the trained human resources in mental health shall be made available to provide mental health services:
- (d) human resources requirement shall be specified by the respective Government as per the availability of local resources; and
- (e) provisions must be made for emergency treatment; ambulances equipped with necessary medical equipment must be kept ready at all times in the mental health establishments or by outsourcing the ambulance service.

Standard 7. Medical and para-medical staff shall be engaged in accordance with the specified requirements and -

- (a) there shall be regular visits by a qualified medical practitioner, in accordance with the norms fixed by the State government, for checkup and treatment;
- (b) nurses engaged for shift duty shall be in conformity with the norms made by the Indian Nursing Council or State Nursing Council from time to time;
- (c) Contract with nearby hospital for non-psychiatric medical emergency services.
- (d) Ambulance services in house / hired.

Standard 8. The premises shall have adequate floor space having -

- (a) separate wards for mentally ill female inpatients, mentally ill male inpatients and mentally ill children
- (b) adequate space between beds, (60 square feet per bed, 3 feet between two beds);

- (c) adequate dimension to ensure comfortable passage and safe evacuation in case of emergencies;
- (d) ward bed and surrounding space not less than one metre on all sides;
- (e) common room, where possible, which has television, newspapers, magazines and indoor games and the chairs provided is 1:4 ratio; and
- (f) outpatient department and inpatient facilities shall have sitting arrangements for patients and accompanying family members, registration, help and cash counters, drinking water facilities and separate toilets for males and females.

Standard 9. Equipment and articles shall be procured and used for inpatients in accordance with the requirements in mental health establishment having -

- (a) medical equipment and instruments, commensurate with the scope of services and the number of beds;
- (b) anesthesia equipment and oxygen cylinders with flow meter for establishments providing electro convulsive therapy services in acute care services;
- (c) equipment and inventory kept in a good usable condition;
- (d) sufficient sets of basic equipment such as blood pressure apparatus, stethoscope, weighing machine, thermometer and like other equipments;
- (e) sufficient stock of drugs, medical devices and consumables;
- (f) first aid box with standard contents; a daily check done for replenishments; and
- (g) an examination table with foot step.

Standard 10. Alternate methods shall be used in place of restraint to de-escalate crises situations and

- (a) physical restraints to be used only to prevent inpatients from hurting themselves or others, with the permission of the medical practitioner on duty or consultant psychiatrist and the circumstances shall be recorded in a separate register kept for this purpose;
- (b) nursing staff shall be trained to use de-escalation techniques to prevent patients from harming themselves and others; and
- (c) round the clock security should be provided. In case of female patients where care givers are not available, a female security guard must be

provided.

Standard 11. There shall be protection of privacy, dignity, safety and security of patients especially of women and their confidentiality and -

- (a) no discrimination on the grounds of religion, race, caste, sex, creed, place of birth and economic condition or on any other ground in the matter of admission or treatment of patients;
- (b) reasonable freedom and facility for pursuing religious beliefs;
- (c) physical examination or treatment of female patients done shall be in the presence of a female attendant or female nursing staff, if conducted by male medical staff inside the hospital and vice versa;
- (d) independent lockers provided to patients to keep their personal belongings;
- (e) necessary procedures exist to meet fire and non-fire emergencies and safe exit of inpatients and others;
- (f) appropriate display of directional fire exit signage, at least in two languages, one of which is local;
- (g) all fire safety measures taken including fire prevention, detection, mitigation, evacuation, containment and mock drills;
- (h) firefighting equipment to be periodically inspected, chemicals replenished and shall be kept in usable condition;
- (i) residents must be provided with adequate number of clean undergarments and disposable sanitary napkins that are marked for personal use in public mental health establishments; and
- (j) each individual resident must be provided with basic hygiene articles such as slippers, towels and combs, bathing and washing soap on a fortnightly basis, and at least two shampoo sachets every week; basic cosmetics, if so desired by the patient.

Standard 12. Every mental health establishment shall comply with the provisions of the Right of Persons with Disabilities Act, 2016 (49 of 2016).

FORM – A

[See regulation 3]

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, Aadhaar 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 applicantDate _____

12. Signature of witnesses:

13. Mr./ Ms. _____ has the mental capacity to make/ amend/ revoke/ cancel an advancedirective 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-B

[See rule 12(1)]

Basic Medical Records:

The mental health establishment shall maintain specific minimum records at their level for various types of patients they are dealing with. The requirement of records to be maintained for in-patients, out patients and community outreach may vary and is accordingly specified below. A graded approach in minimum records to be maintained may be followed:

Community outreach register shall consist of information from (a) to (h) of the basic medical record of outpatient specified in paragraph 1 below.

The mental health establishments shall maintain and provide on demand the following basic medical record to the person with mental illness or his nominated representative.

1. Basic Medical Record of all out-patients (at hospitals, nursing homes, private clinics, camps, mobile clinics, primary health care centers and other community outreach programmes, and the like matters):

(In hard copy format)

(a) Name of the mental health establishment/doctor _____

(b) Date _____

(c) Hospital registration number _____

(d) Advance Directive YES/NO

(e) Patient's Name _____

(f) Age _____ Sex _____

(g) Father's/Mother's name _____

Address _____ Mobile No _____

(h) Chief complaints _____

(i) Provisional diagnosis _____

(j) Treatment advised and follow-up recommendations. _

2. Basic Medical Record of In-Patient

(a) Name of the hospital/nursing home _____

(b) Date _____

- (c) Patient's name _____
- (d) Father's/Mother's name _____
- (e) Age _____ Sex _____
- (f) Address _____
- (g) Patient accompanied by (Name, age and nature of relationship) _____
- (h) Hospital registration number _____
- (i) Identification marks _____
- (j) Nominated representative _____
- (k) Advanced Directive - Yes or No; If yes salient features of the content
- (l) Date of admission _____ Date of discharge _____
- (m) Mode of admission (section of the Mental Healthcare Act, 2017):
Independent/ Supported
- (n) Chief complaints
- (o) Summary of Medical Examination Laboratory investigations
- (p) Provisional/differential/ final diagnosis
- (q) Course in the hospital (Treatment and Progress)
- (r) Condition at discharge or discharge at request or leave against
medical advice or person with mental illness absconding or others
- (s) Treatment advice at discharge
- (t) Follow-up recommendations

3. Basic Psychological Assessment Report (facilities where persons with mental illness undergoes psychological assessment):

Clinic Record no. -----

Name:

Age:

Gender:

Education:

Occupation:

Date of testing:

Referred by:

Language tested in:

Reason for referral:

IQ assessment

Specific
learning
disability
assessment

Neuropsychological
assessment (Specify
domain if the
assessment is domain
specific)

Personality
assessment

Psychopathology assessment

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*):

Informant: Self Other

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:

Further assessment Specify

Therapy Specify

Any other Specify

Assessed by

Verified/ supervised by (if applicable)

Name:

Name:

Date:

Date:

Qualification:

Qualification:

Signature:

Signature:

**4. Basic Minimum Standard Guidelines for Recording of Therapy Report
(facilities where persons with mental illness are provided with therapy for any
mental health problem)**

**Minimum Basic Standard Guidelines for Recording of Therapy
(Name of the Institute/Hospital/Centre with address)**

Clinic record no. _

THERAPIST SESSION NOTES

Patient name: Age: Gender: Psychiatric diagnosis:

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

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

Therapy techniques used:

Therapist observations and reflections:

Plan for next session:

Date for next session:

Therapist

Name:

Date:

Qualification:

Signature:

Supervised by (if applicable)

Name:

Date:

Qualification:

Signature:

Form C

(As per Regulation 14)

**APPLICATION FOR PERMANENT/RENEWAL OF REGISTRATION BY A MENTAL
HEALTH ESTABLISHMENT**

To

The Chairperson

State Mental Health Authority

Dear Sir/Madam,

I/we intend to apply for grant of Permanent registration / renewal of permanent 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 the Establishment:
2. Past/Current Registration No _____ (Attach a copy of Registration Certificate)
3. Postal address of the establishment
4. Type of establishment :MHE Category
5. Category of establishment
6. Name, qualifications and experience of the in-charge of the establishment:
7. Number of beds:
8. Treatment Facility/Services provided (**write whatever is applicable**)

Facility/Service	Requirement (Fill as Mentioned in Schedule A)	Status	Annexure if any	
Out-patient	For Category1 to 5	Yes/No/not applicable		

In-patient	For Category 1 to 5	Yes/No		
Number of rooms				
Number of beds				
Emergency	For Category1 to 5	Yes/No/not applicable		
Day Care		Yes/No/not applicable		
ECT	For Category1 to 5	Yes/No/not applicable		
Psychological testing	For Category1 to 5	Yes/No/not applicable		
Investigation (imaging and laboratory)	For Category1 to 5	Yes/No/not applicable		
Occupational And recreational facilities	For Category1 to 8	Yes/No/not applicable		
Any Other (Specify)				

9. Staff (Numbers) :

Staff	Requirement (Fill As Mentioned in Schedule B)	Status	Education qualification and registration certificates annexed	Appointment and joining letters annexed
Psychiatrist			Yes/No	Yes/No
Medical officer			Yes/No	Yes/No
Project Director			Yes/No	Yes/No
Staff Nurse			Yes/No	Yes/No
Counselor/Psychiatric Social worker			Yes/No	Yes/No

Clinical Psychologist			Yes/No	Yes/No
Ward attendants			Yes/No	Yes/No
Security Guards			Yes/No	Yes/No
Cook–Cum Helper			Yes/No	Yes/No
Any Other				

10. Details of registration fee paid:

11. Copy of Certificate from Municipal Corporation/local Authority for approval of building plan along with Completion certificate: Attached/ Not attached

Declaration: We hereby undertake to abide fully by the provisions of the Mental Health Care Act, 2017 and rules and regulations laid down under it.

Compliance report regarding Standards of Care as per prescribed format/checklist is attached with the application form. * Checklist A

The information submitted by me as above is correct to best of my knowledge and no fact has been concealed and if any fact is found to be false at any stage, I understand that my registration shall be cancelled by The State Mental Health Authority.

Date

Place

**Signed by the Authorized
Signatory**

Procedure for applying for Permanent Registration of Mental Health Establishment under the Mental Healthcare Act, 2017 and Mental Healthcare (State Mental Health Authority) Rules, 2018

Application is to be forwarded through the Office of the Civil Surgeon of the concerned district after duly filling up Form-B {Rules 11 (2) and 12 of "The Mental Healthcare (State Mental Health Authority) Rules, 2018"}, ensuring that full contact details of the applicant inclusive of the **mobile number and email** of the applicant are filled in.

This application letter should be accompanied by the following documents:

- (1) Qualifications of all staff with ID Proof (self attested copies) (professional and non professional staff)
- (2) Map of premises duly attested/ cleared by competent authority.
- (3) Pollution Clearance certificate
- (4) Bio Medical Waste Agreement
- (5) Contract documents of all staff including salary to be paid
- (6) Rent deed, if applicable
- (7) Proof of tie-up or contract with near-by hospital/ Ambulance service for non-psychiatric medical emergency services, if these services are outsourced.
- (8) Undertaking by Applicant that the required fee will be deposited in accordance with the applicable rules and procedures at a time conveyed to the applicant by the State Mental Health Authority.
- (9) Fire NOC (If applicable)
- (10) Pharmacy License (if applicable)

FORM D
(As per Regulation 19)

**CERTIFICATE OF PERMENANT REGISTRATION/ RENEWAL OF PERMENANT
REGISTRATION**

The State Authority, after considering the application dated _____ submitted by _____ under section 65 (2) or section 66 (12) of Mental Healthcare Act 2017 and Rule 12 of The Haryana State Mental Health care Rules 2021, hereby accords permanent registration/renewal of permanent registration to the applicant mental health establishment, as per the details given here under:

Name:

Address:

No of beds:

Category allotted:

Validity:

Previous Registration Number and duration of validity: (In Case of Renewal)_

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 and shall be **valid for a period of five years** from the date of its issue and can be renewed.

Place

Date

Registration Authority

Seal of the Registration Authority

FORM – E

[See regulation 21]

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

The Chairperson,

State Mental Health Authority.....

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 thereunder.

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 – F

(See regulation 24 (c))

Physical Restraint Monitoring and Reporting Form

Name of the Patient:

Date:

Sex:

Age:

File No:

Provisional Diagnosis:

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	
	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:

Medication	Dose	Route	Frequency	Total dose	Side-effects

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