Standards for Mental Health Services – Random Checklist

Name of the Facility: _____

Date of Inspection:____/_____/_____

Ref.	Description	Yes	No	Remarks
6.	**Standard Two: Health Facility Requirements**			
6.3.2.	Mental health facilities for inpatient units should be separated by gender, with distinct sections for males and females.			
6.3.3.	Mental health facilities Designs must minimize any unintended opportunities for suicide attempts and ensure clear visibility for staff to effectively supervise all patients, eliminating blind spots.			
6.6.	**The HF shall ensure the following:**			
6.6.1.	Easy access to the health facility and treatment areas for all patient groups.			
6.6.2.	Provide assurance of patients and staff safety.			
6.6.3.	A safe environment where qualified personnel, facilities, equipment, and, if applicable, emergency drugs and equipment are immediately available.			
6.6.4.	Easy access to people of determination.			
6.6.5.	Ensure patient privacy in all consultation, examination rooms, and treatment rooms.			
6.6.6.	A high level of infection control in all aspects.			
6.7.	Special consideration shall be provided to people of determination, which is aligned with DHA standards for people of determination.			
6.9.	The HF shall maintain a charter of clients' rights and responsibilities posted at the entrance of the premise in two languages (Arabic and English).			
6.10.	**The HF should develop the following policies and procedures to support the delivery of high-quality and safe care; included but not limited to:**			
6.11.	The HF shall provide documented evidence of the following:			
6.11.1.	Transfer of critical/complicated cases when required.			
6.11.2.	Patient discharge.			

6.11.3.	Clinical laboratory services.			
6.11.4.	Equipment maintenance services.			
6.11.5.	Laundry services.			
6.11.6.	Medical waste management as per Dubai Municipality (DM) requirements.			
6.11.7.	Housekeeping services.			
7.	**Standard Three: Healthcare Professionals Requirements**			
7.4.	HPs working in healthcare facilities (HFs) providing mental health services should be aware of their ethical responsibilities and comply with the Code of Ethics and Professional Conduct, governed by the principle of client-centeredness.			
7.9.	The HF must implement a documented process to address performance issues identified with HPs holding privileges.			
7.10.	The HF should provide general facility orientation for all new staff and specific orientation to the new staff members according to their roles and responsibilities, including infection control practices, emergency procedures, policies, reporting of medical errors, and workplace violence prevention, and maintain a record of that.			
7.11.	The HF should maintain documented, standardized, and current personnel information for each staff member, including current job description, staff work history, immunizations and/or evidence of immunity, and performance evaluation results.			
7.13.	**Mental health facilities providing inpatient care must provide 24-hour direct clinical care with minimum safe staffing levels as follows:**			
7.13.1.	A psychiatrist must be on-call 24/7 and able to report to the inpatient unit within 30 minutes during emergencies.			
7.13.2.	Psychiatrist Staffing Requirements for inpatient units:			
a.	Consultant psychiatrists: 1 per 140 inpatients or fewer.			
b.	Specialist psychiatrists: 1 per 70 inpatients or fewer.			
c.	Resident psychiatrists: 1 per 21 inpatients or fewer.			
7.13.3.	Nursing Staff Requirements for Inpatient Units:			
a.	Adult Inpatient Unit: 1 nurse per 3 inpatients or fewer, with 1:1 staffing for suicidal inpatients.			
b.	Adolescent Inpatient Unit: 1 nurse per 2 inpatients or fewer, with 1:1 staffing for suicidal inpatients.			

c.	Child Inpatient Unit: 1 nurse per inpatient, with 1:1 staffing for suicidal inpatients.			
7.14.	Nursing services must be under the direct supervision of a licensed nurse with at least two years of mental health nursing experience, including one year in a supervisory role.			
8.	**Standard Four: Restraint and Seclusion Procedures**			
8.2.	The use of restraint or seclusion must be medically justified and documented in the patient's record by the treating physician. These measures shall only be used to prevent the patient from harming themselves or others, or to prevent severe disruption of the therapeutic environment.			
8.3.	Restraint or seclusion must be terminated immediately once the reason for its application no longer exists.			
8.4.	HP implementing restraint or seclusion shall be trained and certified in its appropriate use.			
8.5.	Restraint or seclusion shall not be used in a manner that causes physical harm or pain to the patient.			
8.6.	Continuous, uninterrupted monitoring of the patient is required throughout the period of seclusion or restraint.			
8.8.	Procedures shall respect the patient's dignity and physical safety, and actions should be completed as quickly as possible. The facility must notify the appropriate committee immediately and maintain detailed records of all restraint and seclusion incidents, using the designated template.			
9.	**Standard Five: Patient Care**			
9.1.	Assessment and admission			
9.1.1.	Defined eligibility criteria shall be established for outpatient services catering to adults, adolescents, and pediatric patients, ensuring prioritization based on the severity of their condition and clinical needs.			
9.1.2.	Clear and structured admission protocols shall be implemented for inpatient services, applicable to adults, adolescents, and pediatric patients, based on clinical necessity and the urgency of their mental health condition.			
9.1.3.	All patients, including adults, adolescents, and pediatric patients, shall undergo a comprehensive clinical assessment conducted by a licensed psychiatrist to ensure accurate diagnosis and treatment planning.			
9.1.4.	Adolescent and child assessments shall address developmental disorders, behavioral issues, and emotional distress.			

9.1.5.	Initial assessments for adults, adolescents, and pediatric patients shall include:			
a.	A detailed history (medical, psychiatric, and psychosocial).			
b.	A mental state examination tailored to the patient's age and developmental stage.			
c.	A physical examination, as clinically indicated.			
d.	A thorough risk assessment considering age-specific factors (e.g., self- harm risk in adolescents, developmental risks in pediatric patients).			
e.	Assessment should utilize internationally recognized methods, tools, and the latest versions of disease classification systems, such as the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD) for Mental and Behavioral Disorders.			
9.2.	Care planning			
9.2.1.	Care plans shall be tailored to the patient’s age, clinical needs, and personal goals.			
9.2.2.	Each patient shall have an individualized care plan developed within 48 hours of admission for inpatient or after the first two visits for outpatient.			
9.2.3.	The care plan shall be reviewed at least weekly for inpatients and monthly for outpatients.			
9.2.4.	Facilities shall not implement care plans without patient and/or family involvement unless clinically contraindicated.			
9.2.5.	Care plans shall include:			
a.	Diagnosis and treatment objectives			
b.	Schedule of therapeutic interventions (individual, group, or family therapy)			
c.	Crisis management strategies			
d.	Medication management plans (if applicable)			
e.	Discharge planning and transition support			
9.2.6.	As part of the patient's care plan, the outpatient mental healthcare facilities should establish (MOUs) or collaborate with hospitals and specialized services for:			
a.	Emergency transfer services.			
b.	Access			
c.	Referrals for specialized mental health interventions.			
9.3.	Discharge, Transfers			
9.3.1.	Criteria for Discharge			

a.	Defined clinical and functional improvement criteria shall be established for discharge. These criteria must address the following:			
i.	Stabilization of symptoms.			
ii.	Patient's ability to function in their environment (home, school, or work).			
iii.	Availability of adequate support systems at discharge.			
9.3.2.	Discharge Plan			
a.	The discharge plan shall include:			
i.	A summary of the patient's mental health condition and treatment progress.			
ii.	Recommendations for ongoing outpatient treatment, including medications, therapies, and follow-ups.			
iii.	Referrals to community mental health services, school-based programs, or specialized clinics as needed.			
iv.	A crisis management plan with emergency contacts and support mechanisms.			
v.	Psychoeducation for the patient and family about the diagnosis, treatment, and warning signs of relapse.			
10.	**Standard Six: Patient Safety**			
10.1.	Medical health record			
10.1.1.	HFs must not disclose the information included in these records except in legally prescribed circumstances and must not allow unauthorized individuals to access them.			
10.1.2.	HF shall maintain accurate, comprehensive, and easily retrievable health records and reports for all patients across inpatient and outpatient settings.			
10.1.3.	A list of all active and inactive mental health patients under the facility's care must be maintained within the facility's records management system.			
10.1.4.	HFs must maintain electronic medical records (e.g., NABIDH) for patient documentation in compliance with the DHA Policy for Health Data Quality.			
10.1.5.	All medical records should be documented electronically within 24 hours of the patient's visit and authenticated using electronic or computer-generated signatures.			
10.2.	Inform consent			
10.2.2.	The consent shall be informed and should clearly explain the following to the psychiatric patient:			
a.	The circumstances and requirements of the treatment.			
b.	The treatment duration.			

c.	Potential side effects (if any).			
d.	Prescribed doses.			
e.	Consequences of neglecting or missing the treatment.			
f.	Any other information the psychiatrist considers necessary.			
10.2.3.	Consent must be given willingly and voluntarily, without any physical or psychological pressure. The treating psychiatrist is responsible for assessing the patient's mental capacity to provide consent and must document this assessment in the patient's medical record.			
10.3.	Patient rights			
10.3.3.	Healthcare facilities (HFs) shall develop advanced proactive plans for the use of restrictive interventions for patients who have exhibited self-harm or harm to others. These plans should aim to identify triggers and early warning signs to mitigate risks and reduce the need for restrictive interventions in the future.			
12	**Standard Eight: Infection Prevention and Control Requirements**			
12.5.	A collaborative approach should be used to support infection prevention and control activities.			
12.5.1.	Responsibility for planning, developing, implementing, and evaluating infection prevention and control activities should be assigned.			
12.5.3.	Compliance with infection prevention and control policies and procedures shall be monitored and improvements are made to the policies and procedures based on the results.			
12.5.4.	Infection prevention and control policies and procedures shall be updated regularly based on changes to applicable regulations, evidence, and best practices.			
12.10.	The Environmental Health and Safety Department shall maintain Safety Data Sheets (SDS) for all chemicals used for cleaning and disinfection within the facility premises.			
12.10.1	. These sheets shall detail the safe and proper use and emergency protocol for a chemical.			
12.10.2	. Safety Data Sheets should be used to train staff on the safe use of each chemical.			
12.10.3	. All domestic area requirements for equipment and items are to be maintained.			
13.	**Standard Nine: Telehealth Services**			

13.1.	Healthcare providers offering teleconsultation shall not exceed their scope of practice, privileges, or protocols. Emergency or complex cases should be referred to face-to-face consultations to ensure patient safety and optimal care.			
13.2.	All teleconsultation sessions should be fully documented in the patient's medical record, including the consultation's nature, advice, diagnosis, treatment plan, and any follow-up actions.			
13.3.	Teleconsultation services shall:			
13.3.2.	Ensure patient identification, authentication, verification, and consent.			
13.3.3.	Patient shall be informed that their health information will be recorded in a client record.			
13.3.4.	The patients informed consent shall be obtained and documented before providing Teleconsultation.			
13.3.5.	Provide comprehensive care, complement in-person visits, and reduce the need for frequent home visits.			
13.3.6.	Maintain the same standard of care as in-person consultations, ensuring thorough assessment, diagnosis, and treatment planning.			
14.	**Standard Ten: Emergency and Disaster Preparedness Requirements**			
14.1.	The HF leaders shall invest in emergency and disaster preparedness activities.			
14.1.4.	The HF shall have a designated person or committee responsible to coordinate emergency and disaster preparedness activities.			
14.1.5.	The HF should have an emergency response team with defined roles, responsibilities, and reporting relationships.			
14.1.6.	The emergency response team should receive regular training in emergency response.			
14.1.7.	The HF should have a deployment plan for the emergency response team.			
14.1.8.	The HF shall train and educate all staff, including service providers and senior leaders, on emergency and disaster preparedness upon orientation and annually thereafter.			
14.1.9.	The HF shall maintain records on emergency and disaster preparedness training in its files.			
14.1.10	. Regular drills of the emergency and disaster plans shall be carried out.			
14.1.11	. The results of the drills should be used to review and revise the disaster and emergency plan as necessary.			
14.1.12	. The HF should have an up-to-date emergency management manual.			

14.2.	The HF shall identify, assess, and mitigate the risks of emergencies and disasters.			
14.2.1.	The HF should conduct a comprehensive risk assessment.			
14.2.2.	The HF shall develop and implement a risk mitigation strategy.			
14.3.	The HF shall prepare for emergencies and disasters.			
14.3.1.	The HF shall have an emergency management plan.			
14.3.2.	The plan shall include procedures to relocate and evacuate admitted clients.			
14.3.3.	The plan should address how the HF will meet increased demand for in- patient and outpatient services in a timely manner.			
14.3.4.	The HF shall regularly test the plan with exercises and drills.			
14.3.5.	The HF shall train and educate staff and service providers on the emergency notification system.			
14.3.6.	The HF should regularly test the emergency notification system.			
14.4.	The HF shall have an emergency communication plan.			
14.4.1.	The emergency communication plan shall include 24-hour contact information for key internal and external personnel.			
14.4.2.	The emergency communication plan should describe how information will be communicated with internal and external stakeholders.			
14.5.1.	The HF shall provide immediate support services to staff and service providers directly involved in the incident.			
14.5.2.	The HF shall have a process in place to debrief staff, service providers, casualties and their families, and the community after the incident.			
14.5.3.	The HF should provide staff and service providers with access to emotional support and counselling.			
14.5.4.	The HF shall evaluate each emergency management exercise, drill or actual event to identify successes and opportunities for improvement.			