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**REPUBLIC OF SOUTH AFRICA**

**GUIDELINES FOR THE LICENSING OF  
RESIDENTIAL AND DAY CARE FACILITIES FOR  
PEOPLE WITH MENTAL AND/OR INTELLECTUAL  
DISABILITIES**

## EXECUTIVE SUMMARY

Mental Health care users require access to community based mental health services to ensure their recovery and/or attainment of their life goals and potential.

The development of community based mental health residential and day care services and facilities are promoted by the Mental Health Care Act, 2002 (Act No. 17 of 2002) as well as the National Mental Health Policy Framework and Strategic Plan 2013-2020. The development of these services and/or facilities contribute to the successful re-integration of mental health care users into their respective communities and minimises stigma associated with mental illness.

Residential and Day care services and/or facilities for persons with mental illness or intellectual disability have been predominantly provided by non-governmental organisations. These organisations were registered by the National Department of Social Development, licensed by the Provincial Department of Health and funded by either the Provincial Departments of Health and Social Development, and at times by both.

Previously, licensing procedures have been determined by Provinces, based on their interpretation of relevant legislation. This guideline serves to provide norms and standards for the licensing and monitoring of licenses issued to residential and day care facilities and/or services for mental health care users.

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## INTRODUCTION

- 1.1 The Mental Health Care Act, 2002 (Act No. 17 of 2002), promotes the provision of community based care, treatment and rehabilitation services. It also obliges persons who provide care, treatment and rehabilitation services to provide such services in a manner that facilitates community care of mental health care.
- 1.2 The General Regulations to the Mental Health Care Act, 2002 further define which organisations should be licensed, how it should be done and the conditions attached to it.
- 1.3 This guidelines serves to outline:-
  - (a) the Norms and Standard for community based mental health facilities;
  - (b) procedure for license application;
  - (c) criteria for evaluation for licensing applications; and
  - (d) the monitoring of compliance to licensing agreement.

## DEFINITIONS

Unless the context indicates otherwise, and for the purposes of these Guidelines:-

- 2.1 **Applicant** means a person or organization that is applying to provide a mental health service or operate a residential or day care facility;
- 2.2 **Accessibility** means the environment; including information that should be accessible and easily understood by people with disabilities and should comply with basic Health and Safety regulations;
- 2.3 **Care** means the holistic provision of mental health care users' physical, psychological and material needs where they are unable to provide these for themselves in order to live quality life;
- 2.4 **Caregiver** means any person who provides care to a person with a disability;

- 2.5 **Care and rehabilitation centres** means health establishments for the care, treatment and rehabilitation of people with intellectual disabilities;
- 2.6 **Care and Supervision** means any one or more of the following activities provided by a care giver or facility to meet the needs of mental health care users:-
- (a) Assistance in dressing, grooming, bathing and other personal hygiene;
  - (b) Assistance with taking medication;
  - (c) Central storing and/or distribution of medication as stipulated by the South African Pharmacy Council;
  - (d) Support users in accessing necessary health care service;
  - (e) The implementation of measures to ensure the safety and security of users;
  - (f) Supervision of programmes and activities for users;
  - (g) Maintenance and/or supervision of users' assets or property; and
  - (h) Monitoring weight, blood pressure and glucose level, body temperature, food intake and or special diets.
- 2.7 **Community based care** means a care that is provided outside of institutional and hospital settings, as near as possible to the places where people live, work and study;
- 2.8 **Community health worker** refers to any lay worker whose primary function is to promote basic health or the delivery of basic health services within the home or community based facility;
- 2.9 **Day care** (sometimes referred to as partial care) means services that offer daytime activities which include amongst others, socialisation, stimulation and skills development;
- 2.10 **Facility** means a building or structure which is ordinarily used in the course of providing services;

- 2.11 **Health establishment** means institutions, facilities, buildings or places where persons receive care, treatment, rehabilitative assistance, diagnostic or therapeutic interventions or health services and includes facilities such as community health and rehabilitations centres, clinic, hospitals and psychiatric hospitals;
- 2.12 **Integration** refers to a process that brings people with and without disabilities together in shared physical settings such as school or other social or community undertakings where meaningful social interactions can be fostered to ensure that people just not only live in but are also members of their respective communities;
- 2.13 **Manager** means a person who is responsible for the day-to-day management of the residential and or day care facility;
- 2.14 **Mental health care user for the purposes of this guideline, means** a person receiving care, treatment and rehabilitation services or using a health service at a health establishment aimed at enhancing the mental health status of this person;
- 2.15 **Mental Health care practitioner** means a psychiatrist or registered medical practitioner, nurse, occupational therapist, psychologist or social worker who has been trained to provide prescribed mental health care, treatment and rehabilitation services;
- 2.16 **Mental illness:** means a positive diagnosis of a mental health related illness in terms of accepted diagnostic criteria made by a mental health care practitioner authorised to make such diagnosis;
- 2.17 **People with Disabilities/Persons with Disabilities** include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others;
- 2.18 **Psychiatric hospital** means a health establishment that provides care, treatment and rehabilitation services for users with mental illness only;

- 2.19 **Psycho-social rehabilitation** refers to a mental health services that bring together approaches from the rehabilitation and the mental health fields, combining pharmacological treatments, skills training, and psychological and social support to clients and families in order to improve their lives and functional capabilities;
- 2.20 **Rehabilitation** means a process that facilitates an individual attaining an optimal level of independent functioning;
- 2.21 **Resident** refers to a person with a disability residing in a residential facility;
- 2.22 **Standard** means a minimum measures or levels at which a service provider has to operate and has a time, cost, quality, equity or quantity dimension and refers to quantitative and qualitative statements that describe and constitute acceptable or adequate performance or resources;
- 2.23 **Severe or profound intellectual disability** means a range of intellectual functioning extending from a partial self-maintenance under close supervision together with limited self-protection skills in a controlled environment through limited self care and requiring constant aid and supervision, to severely restricted sensory and motor functioning and requiring nursing care;
- 2.24 **Social Integration** refers to the abilities of the people with disabilities and on the “environmental” barriers that they experience, to make full integration into society possible. Social integration is the key measure by which one can assess whether people with psychiatric and intellectual disabilities enjoy their full rights and are treated equally to all other citizens;
- 2.25 **Volunteer** refers to a person who works for an organisation without being paid; and
- 2.26 **Stimulation** refers to a process whereby the activities that encourages learning and maintenance skills and abilities are provided and includes the provision of different sensory inputs to users who are unable to learn in a formal settings.

**Purpose**

3. These Guidelines provide for the Principles for licensing of residential and day care facilities which provide services to five(5) or more persons with mental and intellectual disabilities.

**Legislative framework**

4. The following legal prescripts have been used in the formulation of these Guidelines, namely:-
  - 4.1 The Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996);
  - 4.2 The National Mental Health Policy Framework and Strategic Plan, 2013-2020;
  - 4.3 United Nations Convention on the Rights of persons with Disabilities;
  - 4.4 The Mental Health Care Act, 2002 (Act No. 17 of 2002), and its Regulations;
  - 4.5 Regulations Governing Private Hospitals and Unattached Operating Theatre Units, Published under Government Notice R. 158 of 1 February 1980;
  - 4.6 Infrastructure unit support systems (IUSS): health facility guides for mental health services, 2014;
  - 4.7 National Health Act, 2003 (Act No. 61 of 2003);
  - 4.8 National Core Standards for Health Establishments, 2011;
  - 4.9 Not-for-Profit Organisation Act, 1997 (Act No 71 of 1997);
  - 4.10 Prevention and Combating of Corrupt Activities Act, 2004 (Act No 12 of 2004);
  - 4.11 Occupational Health and Safety Act, 1993 (Act No. 85 of 1993);

4.12 Public Finance Management Act, 1999 (Act No. 1 of 1999);

4.13 Medicine and Related Substances Act, 1965 (Act No. 101 of 1965);

4.14 Nursing Act, 2005 (Act No. 33 of 2005);

4.15 Pharmacy Act, 1974 (Act No. 53 of 1974);

4.16 Children's Act, 2005 (Act No. 38 of 2005);

4.17 Prevention and Treatment for Substance Abuse Act, 2008 (Act No. 70 of 2008);

4.18 Promotion of Access to Information Act, 2000 (Act No. 2 of 2000); and

4.19 National Building Regulations and Building Standards Act, 1977 (Act No. 103 of 1977).

### **Applicability**

5. These Guidelines apply to all facilities which provide residential and day care services to five(5) or more people with mental and or intellectual disabilities.

### **Guiding Principles for licensing residential and day care facilities for people with mental and intellectual disabilities**

- 6.1 Facilities providing mental health care, treatment and rehabilitation must ensure the protection of the basic human rights of mental health care users.
- 6.2 Mental health care users must receive care, treatment and rehabilitation in environments which are safe, therapeutic and least restrictive.

- 6.3 The care, treatment and rehabilitation programmes provided in these facilities or services, must promote the physical, spiritual, emotional and social well being of mental health care users.
- 6.4 A multi-disciplinary approach to culturally sensitive and evidence based psycho-social rehabilitation programmes will be followed in these facilities.
- 6.5 There must be collaboration with stakeholders that have a role in the provision of community-based mental health services including the non- governmental organization, Departments of Labour, Social Development, Basic Education, Human Settlements and Local Government.
- 6.6 Services must aim at improving social competence by enhancing individuals' social skills, psychological and occupational functioning.
- 6.7 Programmes and facilities for community care, treatment and rehabilitation of people with mental health problems must be culture sensitive and evidence-based.
- 6.8 The programmes for all people with disabilities including mental disabilities must be people-driven.
- 6.9 Services can be provided in the form of day and residential care centres for persons with severe mental illnesses who have been discharged from hospitals.
- 6.10 The environment where residential and day care services are provided will be accessible and easily understood by mental health care users and should comply with basic health and safety regulations.
- 6.11 All organisations who provide residential and day care services to mental health care users should be accountable for the delivery of appropriate, effective and efficient interventions.
- 6.12 All services provided by these facilities will be appropriate and relevant to mental health care users, their families and the community.

- 6.13 Residential and day care services will be offered in the context of the community environment and will provide capacity building and support to communities.
- 6.14 Residential and day care services will offer a wide range of services and programmes that are specific to each users' developmental and therapeutic needs.
- 6.15 Residential and day care services should be holistic, intersectoral and delivered or supported by a multi-disciplinary team, where possible.
- 6.16 Residential day care facilities will meet all infrastructure requirements as set by the South African Bureau Standards, municipal by-laws and other relevant legislation (eg. IUSS facility guide, accessibility requirements, etc).

### **Licensing of a residential or day care service/facility**

#### **Licensing**

- 7.1.1 The organs of State, health establishments, non-profit organisations, volunteer or consumer groups, profit making organisations, individuals registered with a relevant health or social service statutory council or registered training institutions may be licensed to provide for programmes and facilities for community care, treatment and rehabilitation.
- 7.1.2 Any service which is not a designated psychiatric hospital or care and rehabilitation centre, but which provides residential or day-care facilities for 5 people or more with mental disorders must -
- (a) obtain a licence from the provincial department of health to operate, and;
  - (b) be subjected to an annual audit by designated officials of the provincial department of health.

#### **Type of services to be licensed**

- 7.2 License may be issued for:-
- 7.2.1 medical care;
  - 7.2.2 residential community accommodation;
  - 7.2.3 day care centres;
  - 7.2.4 counselling;

7.2.5 support or therapeutic groups;

7.2.6 psychotherapy;

7.2.7 vocational rehabilitation programmes;

7.2.8 psychosocial rehabilitation programmes; and

7.2.9 any other service, which would assist the recovery of the person to optimal functioning.

### **Mental Health Care Users**

7.3 Licenses can be issued for providing residential and day care services to the following mental health care users:

(a) adults with severe psychiatric disabilities; or

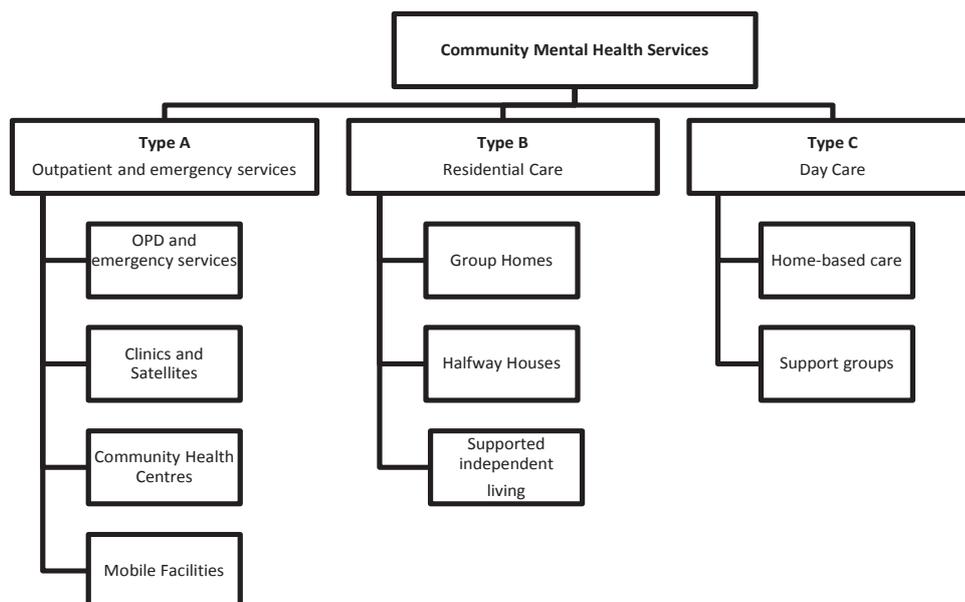
(b) children, adults or geriatrics with severe to profound intellectual disability.

### **Community mental health services**

8.1 Community mental health services comprise of outpatient and emergency services, residential and day care service. For the purposes of this guideline, we will focus on residential and day care services.

### **Community mental health services model**

8.2 The model below has been used as a framework for developing community based mental health services. Based on the level of function and care needs of mental health care users, users will be placed in facilities with the competencies to provide for their needs.



Adapted from 'A framework for community mental health services in South Africa. Flisher, A, et al. 2003. University of Cape Town'

## Types of community based mental health services

The norms for community based mental health services, developed by Flisher, et al. (2003) and the Primary Mental Health Care Training Manual, 2008/2009 (NDOH), defines the various community based facilities and /or services as the following:

### Residential Services

9.1 These are facilities that offer accommodation, housing or support in homes or facilities like board and care homes to mental health care users.

#### Group Home

9.2 (a) These are homes based in the community with a staff complement who provide support with semi-independent living to mentally ill adults and assist them to re-integrate into the community. Some of the homes offer vocational groups for individuals who are not able to work in a protective environment.

(b) Group homes also provide supported accommodation in a homely environment to mental health care users who cannot live independently due to their temporary/permanent mental incapacity, social integration or occupational placement challenges. It also provides the opportunity for mental health care

users who have been previously institutionalised to gradually reintegrate into community living.

### **Halfway House**

9.3 A residence for mental health care users who had either been cared for in their communities, or had been formerly institutionalised, designed to facilitate the readjustment of individuals to community life.

### **Supported Independent/assisted living**

9.4 (a) This term refers to the ongoing support in the form of individual or group supervision and instruction in basic skills of everyday living that mental health care user receive in the community. The philosophy behind Independent Living is primarily to recognize disabled people as citizens first and only then as passive receivers of healthcare, rehabilitation or social services. The removal of infrastructural, institutional and attitudinal barriers and the adoption of the Universal Design principle are the pillars on which this philosophy rests; and

(b) Supported or assisted living is a housing option to encourage the independent functioning of people with disabilities and to facilitate deinstitutionalisation. This option could be community based or attached to a residential facility.

### **Day Care Services**

9.5 (a) Day care services offers day time activities and social contact for mental health care users (individual and or groups), including treatment, rehabilitation, prevention and promotion activities.

(b) The emphasis of care is on the provision of stimulation/training and skills development programmes that are offered on a daily basis.

(c) A special day care centre is a facility for the non-residential care, education and stimulation/training of severely and profoundly intellectually disabled children under 21 years of age. A special day care centre is also for persons with psychiatric disabilities and includes people getting together on a daily basis to share a meal (usually prepared together), work together on a vegetable garden, or on various craft activities, which can also become income-generating projects.

- (d) Other day care services could include support group, home based care, sheltered employment, social/recreational clubs.

### **Support Group**

- 9.6 (a) These are groups that meet to provide regular ongoing support for mental health care users. Through these groups mental health care users are enabled to increase their functioning so that they can be successful and satisfied with living,
- (b) Support groups provides invaluable emotional, spiritual, physical and psychological support to individuals and families. Benefits include having contact with others who are experiencing similar challenges in their lives, obtaining useful information and developing different ways of dealing with the demands of mental illness.
- (c) Support groups are useful for providing information and guidance regarding illness, gaining insight into one's self, networking and to access referral systems.
- (d) The support group provides a sense of belonging and enables the expression and sharing of feelings, as well as concerns. Most importantly, it provides and encourages a sense of hope and positive living. In a follow up care, the support group may promote adherence to treatment.

### **Home-based Care**

- 9.7 Home based care refers to services offered at the homes of the mental health care users, providing psychosocial support in the areas of living, learning, socialisation and working.

### **Protective Workshops**

- 9.8 Protective workshops provides a protected environment outside of the open labour market, offering vocational services, e.g. vocational guidance, vocational training and selective placement, designed to secure and maintain suitable employment for mentally ill persons who cannot be integrated into the open labour market.

## PROCESS OF APPLICATION FOR LICENSING

### Application procedure

10.1 Any person who intend to operate a community based mental health facility must apply to the department of health in the Province on Form attached to these Guidelines.

10.2 The completed Form must be accompanied by certified copies of the following:-

- (a) Registration documents;
- (b) Zoning or re-zoning certificate issued by the municipality;
- (c) Occupancy certificate (structure) issued by the municipality;
- (d) Certificate of acceptability for food handling (issued by local municipality);
- (e) Health certificate issued by the municipality;
- (f) Constitution of the Applicant;
- (g) List of board members of the community based health facility and their designations;
- (h) Copy of Business Plan with costing for proposed activities;
- (i) Proof of ownership of property or lease agreement;
- (j) Bank Account Details and three month bank statement;
- (k) Valid tax clearance certificate;
- (l) South African Police Service clearance certificate for board members and staff;
- (m) Identity Documents;
- (n) Valid proof of registration for professionals with the relevant statutory body;
- (o) If funded by Department of Social Development, valid proof of registration; and
- (p) Facility plans (layout).

10.3 All applications must be submitted to the Provincial Mental Health Directorate.

10.4 Applications will only be considered if all documents are provided and a physical inspection of the facility has been conducted.

10.5 Applicants will be informed in writing if the application is incomplete or have insufficient information.

10.6 Applicants will be given a due date to re-submit the complete application.

10.7 Failure to meet the deadline will result in the application to be cancelled.

### **Adjudication Panel**

11.1 The Head of the Provincial Department must constitute an Adjudication panel with the necessary skills and qualifications to consider and make recommendations to the Head of Department on the application.

11.2 This panel should include, but is not limited to:

- (a) psychiatrist / psychiatric nurse.
- (b) Occupational therapist/ clinical psychologist/ social worker).
- (c) legal practitioner.
- (d) environmental health practitioner.
- (e) financial officer.
- (f) dietician/nutritionist/food service officer.
- (g) administrator.

### **Assessment of application**

12.1 The Adjudication Panel will only assess only the completed applications and make recommendation to the Head of Department for approval.

12.2 The assessment process must include the following:

- (a) review of all documents submitted and verification of authenticity.
- (b) assess business plan.
- (c) review programmes and services to be offered.
- (d) establish whether the manager has previously provided a similar service.
- (e) check the credentials of the applicant.
- (f) Assess the written submission of the facility plans.
- (g) Inspect the proposed facility's premises to verify that they conform with the

written submission and meet the legislative building and safety requirements.

- (h) Ensure appropriate approvals from other departments have been received, eg. fire approvals, environmental health, local municipality zoning and registration documents.
- (i) Assess the applicants' suitability to operate the proposed residential or day care facility and/or service.
- (j) Assess the manager's suitability or the process by which a manager will be appointed.
- (k) Assess the staff complement in relation to the number and needs of the specific user group that the applicant intends to accommodate.

### **Issuing of license**

13.1 The Head of Department may, on recommendation of the Adjudication Panel, issue or refuse to issue operating licence to a health facility.

13.2 The Head of Department must, if he or she refuses to issue the operating license to a health facility, provide reasons for the refusal and also advise the applicant of their right to appeal his or her decision to the Member of Executive Council for Health in the Province.

13.3 The license must be issued per facility with a specific physical address.

13.4 The duration of the licence must be specified on the licence and the duration should not exceed three years.

13.5 The licence issued to a facility is not transferable to other facilities including facilities within an organisation.

13.6 The number of mental health care users to be accommodated must be indicated in the license and should, under no circumstance, be exceeded.

13.7 The categories of mental health care users for example children, adults or geriatrics must be indicated.

13.8 The service requirements for the organisation must be indicated on the licence.

## **Conditional licensing**

14 The Head of Department may issue conditional license specifying the condition that must be complied with and the duration thereof.

## **Cancellation of license**

15.1 The license of a facility may be cancelled if:

- (a) the facility compromises the safety of the users , staff and public.
- (b) contravenes the relevant provincial or national policies on licensing of facilities.
- (c) the facility is not maintained in accordance with prescribed national norms and standards.
- (d) there is a breach of the conditions on which the licence or renewal was issued.
- (e) the licence holder becomes unfit as a person to operate the facility/service.

15.2 If the license of the facility is cancelled/revoked based on the above, the facility must cease to operate and within the time frame which will be specified by the Head of Department, to allow for the transfer of users to other facilities.

## **Appeal process after cancellation of a license**

16.1 Anyone whose license has been cancelled by the Head of Department may, within 10 days after the cancellation of the license, on good grounds request the Head of Department to reinstate the license.

16.2 The Head of Department may, on good grounds shown, reinstate the license with or without conditions.

## **Notice of enforcement**

17.1 The Head of Department may by way of a written notice of enforcement instruct a person operating an unlicensed residential or day care facility/service to stop operating a facility or to apply for licensing.

17.2 If the person or organisation decided to apply for licensing, they can be allowed to operate the facility until a final decision is made regarding the licensing application.

**Amendment of licence**

- 18.1 The operating license may be amended if:-
- (a) the conditions and clinical status of the mental health users changed after the license was granted; and
  - (b) circumstances and epidemiological conditions changed.
- 18.2 If there is a deviation from the conditions and requirements for the registration on the initial application for registration was granted, the applicant/organisation within 30 days of becoming of such a deviation, apply to the Head of Department for amendment of the license.
- 18.3 To amend a license, an applicant must follow the entire application process.

**Appeal procedure**

- 19.1 An applicant may within ten(10) days of being notified of the outcome of the application, lodge an appeal with the Member of Executive Council for Health in the Province and must include the grounds of the appeal.
- 19.2 The Member of Executive Council for Health must submit a copy thereof to the Head of Department to respond to the appeal.
- 19.3 The Head of Department must within thirty(30) days of receipt of the appeal, submit a written response to thereto to the Member of Executive Council for Health.
- 19.4 The Member of Executive Council for Health may appoint persons who are not employees in the Department or members to advise him or her on the appeal.
- 19.5 The Member of Executive Council for Health may uphold or dismiss an appeal and may in the event that the appeal is upheld, replace the decision of the Head of Department with any decision he or she deems fit.
- 19.6 An appeal must be adjudicated by the Member of Executive Council for Health within sixty (60) days of the receipt of the HOD's response.

19.7 The Member of Executive Council for Health must communicate the decision on the appeal in writing to the appellant within 60 days

### **Renewal of license**

20.1 The license is valid for a period specified on it but the period may not exceed three years.

20.2 The application for renewal of license must be submitted three months before its expiry period as indicated on the license.

20.3 The license may be renewed only on condition that all requirements are met.

20.4 Renewals are only to be considered upon the availability of all audit reports and compliance to recommendations

### **Compliance and monitoring**

21.1 Mental health teams in the districts shall conduct quarterly inspections of facilities to monitor compliance to prescripts.

21.2 The Provincial government will conduct annual audits of these facilities.

21.3 All inspection teams to comprise of psychiatric nurse, occupational therapist, social worker, dietician, environmental health practitioner and other relevant officials, as required.

21.4 Reports on facilities must be accompanied by quality improvement plans.

21.5 Renewals are only to be considered upon the availability of all audit reports and compliance to recommendations.

**NORMS AND STANDARDS (Please see Annexure B)****Infrastructure Norms**

- 22.1 All facilities must comply with national, provincial and municipal norms relating to infrastructure.
- 22.2 All community-based mental health facilities must:
- (a) Comply with the legislative framework for such services.
  - (b) Adopt a multidisciplinary team approach and have services of health professionals with mental health expertise including nurse/s trained in mental health, psychiatrists, psychologists, occupational therapists and social workers.
  - (c) Aim at improving the quality of care for people with mental disabilities.
  - (d) All facilities must have admission criteria.

**Human resource norms**

23. Appropriate number of trained staff in relation to the services and needs of the mental health care users

**Clinical Processes and Programmes**

24. Clinical processes and programmes are implemented in accordance with clinical protocols and needs of the users.

**Administration and governance**

25. The governance and administration of the facility must comply with the prescripts and other legislative requirements.

## **Material and equipment**

26. All necessary material and equipment for the specific service is available and functional on site.

## **STANDARDS**

### **Infrastructure**

27.1 The building must have a ground plan that is approved by the local authority.

27.2 The facility must have a secure perimeter wall of brick or reinforced electrical fence for safety and security of mental health care users. The electrical lining of the fence must be used to alert the management of any activity around the perimeter and should thus be of low voltage.

27.3 There must be a constant supply of running water and proper sanitation that meet environmental health standard.

27.4 The rooms should be well ventilated with lighting fittings.

27.5 Areas for recreation, relaxation, visiting with families, sleeping, medical procedures, food storage and cooking must be provided for.

27.6 Access to the facility must be non-discriminatory and be determined by priority of need alone.

27.7 Structural fittings should allow for access for people with physical disabilities.

27.8 Exclude the possibility of users harming themselves/others or property.

27.9 The layout and design must allow for easy supervision and observation.

27.10 The layout and design should provide enough space for mobility to freely move within the facility.

- 27.11 The building must be maintained in a condition that fosters safety and meets all infrastructure standards.
- 27.12 The facility must provide for the privacy of mental health care users.
- 27.13 A communal dining room, with tables and chairs, which may be combined with a recreation area (if multi-purpose, there needs to be adequate space).
- 27.14 Outdoor recreational space must also be available.
- 27.15 The entire facility must be adequately secured appropriate to the environment and the clients' needs.
- 27.16 Electrical fittings should be safe.
- 27.17 Fire precautionary measures and management procedures should be in place.
- 27.18 Toilets, bathrooms and showers should provide privacy and safety.
- 27.19 All areas must be clean and well maintained at all times.
- 27.20 Separate accommodation must be provided for children and adults, if housed in the same facility, and provide for gender separation where appropriate.
- 27.21 The facility must have a functional telephone (landline or facility-based cellular phone).

### **Clinical Governance**

- 28.1 The facility must have a clear guideline on the referral processes to the nearest health facility.
- 28.2 The facility must have a written statement on clients' rights displayed in public area and provided to clients on admission.
- 28.3 Mental health care users who suffer from chronic diseases should be monitored regularly and lifestyle changes implemented.
- 28.4 Infection control measures and procedures to minimise risk to clients, staff and visitors should be implemented.

- 28.5 The facility should provide proper administration, control and storage of psychotropic drugs as provided for in the legislation.
- 28.6 Plans for care and follow-up of mental health care users must be made with health facilities.
- 28.7 Clear plans to prevent homicide and suicide through assessment, risk management and interventions.
- 28.8 The facility must have clear guidelines which must included, but is not limited to:
- (a) assessment and admission procedures.
  - (b) informed consent and access to information.
  - (c) confidentiality.
  - (d) complaints management.
  - (e) management of emergencies.
  - (f) management of adverse incidents.
- 28.9 The facility must keep and store health records of mental health care users according to applicable legislation.
- 28.10 The facility must have a policy or clear guidelines on management of death in the facility. The management must ensure that all staff members are acquainted with the policy or guidelines and its implementation.

## **Medication**

- 29.1 Mental health care users who are on psychotropic drugs and other medications for co-morbid conditions should be monitored for side-effects.
- 29.2 Only appropriately trained and licensed staff members are allowed to administer medication.
- 29.3 All medicines are stored according to package instructions in a lockable cupboard and keys are kept by a responsible person.

## **Programmes**

- 30.1 The facility should have appropriate rehabilitation, stimulation, skills development and recreational programmes for the users.
- 30.2 Programmes contemplated in 30.1 should aim at improving the physical, psychological, occupational and social functioning of mental health care users as well as user's satisfaction.
- 30.3 The programmes must provide for the users' recreational needs and relaxation.

## **HUMAN RESOURCES**

### **Staff numbers and skills mix**

- 31.1 The numbers and skill mix of staff should ensure that mental health care users are appropriately treated and cared for at all times.
- 31.2 The role and responsibilities of staff members are well-documented and staff is aware of the expectations, and are capable of executing the workload
- 31.3 All the staff members must be considerate of the users' needs and be readily accessible.
- 31.4 All professional staff must be registered with the relevant statutory bodies.
- 31.5 Staff members must annually submit the clearance certificate from the SAPS.

### **Staff training**

- 32.1 All staff members should be trained in risk management and understand when to refer clients for expert guidance in the context of multi-professional team.
- 32.2 The staff should have basic training on how to observe and manage difficult or challenging behaviour of and among mental health care users.
- 32.3 Staff members must maintain confidentiality and should receive ongoing training on importance thereof.

32.4 Staff induction and ongoing training should make reference to professional regulation and accountability.

32.5 Staff must be trained in the use of medical equipment within their scope of practice.

### **Governance**

33.1 The facility must have an accountable governance structure in place that runs the affairs of the facility. The structure is accountable to the Provincial Department of Health with oversight from the Mental Health Review Board.

33.2 Facilities must comply with general health accepted norms and standards.

33.3 The facility must have written policies and systems, which must include, but not limited to:

- (a) management of complaints and abuses.
- (b) policy on all aspects of sexual activity ( children, adults and staff).
- (c) infection control.
- (d) occupational health and safety.
- (e) quality assurance.
- (f) visitation.
- (g) access to communication within means of resources.
- (h) control of firearms, dangerous weapons and illegal substances.
- (i) medical management of chronic and acute medical and psychiatric conditions.
- (j) management of users assets.
- (k) smoking policy.
- (l) fees and tariffs policy.
- (m) management of disruptive and dangerous behaviour.
- (n) management of protective measures.
- (o) management of medicines and medical supplies.

## **MONITORING**

- 34.1 The provincial health department is responsible for the implementation and monitoring of these Guidelines with oversight by the Mental Health Review Board and the National Department of Health.
- 34.2 Reports on audits and inspections conducted by the Province must be submitted to the National Department as and when required by the Director-General.
- 34.3 Inspections must be conducted in terms of the assessment tool attached hereto as Annexure D.

## **REPORTING**

- 35.1 All facilities are required to provide monthly reports on operation of the facility the Provincial Department.
- 35.2 Quarterly reporting on set indicators must be submitted to the Provincial Head of Department.