



# TAMIL NADU GOVERNMENT GAZETTE

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## Part III—Section 1(a)

General Statutory Rules, Notifications, Orders, Regulations, etc.,  
issued by Secretariat Departments.

### NOTIFICATIONS BY GOVERNMENT

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**NOTIFICATIONS BY GOVERNMENT**

HEALTH AND FAMILY WELFARE DEPARTMENT

**Tamil Nadu state Mental Health Rules, 2013.**

[G.O. Ms. No. 217, Health and Family Welfare (Z1), 26th September 2013,  
புரட்டாசி 10, விஜய, திருவள்ளூர் ஆண்டு-2044.]

No. SRO-A-31/2013.—In exercise of the powers conferred by sub-section (2) of section 94 of the Mental Health Act, 1987 (Central Act 14 of 1987), the Governor of Tamil Nadu, with the previous approval of the Central Government in supersession of the State Mental Health Rules, 1990, hereby makes the following Rules, namely:-

**Short title and commencement. –**

- (1) These rules may be called the **Tamil Nadu State Mental Health Rules, 2013**.
- (2) They shall come into force at once.

**2. Definitions.-** In these rules, unless the context otherwise requires,-

- (a) “**Act**” means the Mental Health Act, 1987 (Central Act 14 of 1987) ;
- (b) “**Applicant**” means a person who makes an application to the licensing authority for grant of licence;
- (c) “**Authority**” means the State Mental Health Authority- Tamil Nadu constituted under section 4 of the Act;
- (d) “**Chairman**” means the Chairman of the Authority;
- (e) “**Child and adolescent psychiatric Centre**” means a specialised centre or an institution established or maintained by the State Government under clause (a) of sub-section (1) of Section 5 of the Act, for the care and treatment of mentally ill persons, who are under the age of 16 years;
- (f) “**Clinical Psychologist**” means a person having a professional qualification in Clinical Psychology recognised by the Rehabilitation Council of India and registered with that council under the Rehabilitation Council of India Act, 1992 (Central Act 34 of 1992);
- (g) “**Day care centre**” means a place where a person with mental disorders who do not require hospitalisation or residential care are provided psycho social rehabilitation services by qualified or trained personnel during day time;
- (h) “**De-Addiction Centre**” means a specialised psychiatric hospital or Psychiatric nursing home established by the State Government under clause (b) of sub-section (1) of Section 5 of the Act for treatment and care of persons who are addicted to alcohol or other drugs with the availability of various supporting medical care services or a unit attached to a well equipped general hospital for the treatment and care of persons addicted to alcohol or other drugs., which lead to behavioural changes in a person;
- (i) “**Form**” means a Form annexed to these Rules;
- (j) “**Licence**” means the licence granted under section 8 of the Act;
- (k) “**Member**” means a member of the Authority;
- (l) “**Mental health professional**” means persons qualified in Psychiatry, clinical psychology, psychiatric social work, psychiatric nursing or occupational therapy and registered with the respective councils in the State and practices or engages in their respective field;
- (m) “**Occupational therapist**” means a person trained in vocational training, occupational guidance and related skills by the recognised training centres and registered with the Rehabilitation council of India and practices or engages in the field;
- (n) “**Psychiatric long stay Rehabilitation Centre**” means a centre or a section of an institution that temporally assumes total care and responsibility of chronic mentally ill person without or inadequate family support who got stabilized on treatment with the objective of restoring them to maximum attainable pre illness level of functioning by special emphasis and providing them with self care skills, symptom management skills, living skills, social skills, recreational skills, vocational skills, etc. Separate rehabilitation homes may be provided for the various special groups of mentally ill persons like,—

- (a) chronic mentally ill adult people;
  - (b) chronic mentally ill elderly people;
  - (c) mentally retarded persons with psychiatric or behavioural problem;
  - (d) individual with severe personality disorder; and
  - (e) for other special groups not mentioned above;
- (o) “**Psychiatric Nurse**” means a person who possesses a Diploma in Psychiatric Nursing or M.Sc. in Psychiatric Nursing recognised by the Nursing Council of India and practices or engages in that field;
- (p) “**Psychiatric Social Worker**” means a person who possesses Master’s degree in Social Work (Specialised in Medical and Psychiatry) or M.Phil. in Psychiatric Social Work or PhD in Medical Psychiatric Social Work from any recognised university and registered with the Rehabilitation Council of India and practices or engages in that field;
- (q) “**Psychologist**” means a person who possesses a Master’s Degree in Psychology from university recognized by the University Grants Commission;
- (r) “**Quarter way Home (Hostel)**” means residential facility for mentally ill who are functional enough to be able to hold a job;
- (s) “**Residential Half way Homes**” means an Institution or a part of an Institution where recovered and stabilized psychiatric patients who do not require full hospitalisation but are not well enough to function in the community without adequate professional support and supervision. It provides short term care and support (preparatory phase)so that they can adopt in the community where he intends to live;
- (t) “**Secretary**” means the Secretary of the Authority;
- (u) “**Sheltered Work shop**’ or Vocational Training Centre’ means a workshop or training centre, wherein the mentally ill are trained in various fields or occupations with a view to make them economically independent;
- (v) “**Social Worker**” means person who possesses a (Masters degree in Social Work from University recognized by the University Grants Commission;

**3. Constitution of State Mental Health Authority:** The authority shall consist of the following members namely;  
**(1) Official Members :**

- (a) The Secretary, Health and Family Welfare, Government of Tamil Nadu, who shall be the chairman.
- (b) An officer not below the rank of Deputy Secretary, Health and Family Welfare Department, Government of Tamil Nadu, dealing with the subject of Mental Health.
- (c) The Director of Medical & Rural Health Services.
- (d) The Director of Medical Education.
- (e) The Director of Public Health and Preventive Medicine
- (f) The Director, Institute of Mental Health
- (g) The Nodal Officer, District Mental Health Programme
- (h) A Professor of Psychiatry, Government Medical College, appointed by the State Government, who shall be the Secretary

**(2) Non Official Members :**

- (a) Social Worker
- (b) Clinical Psychologist
- (c) Psychiatrist

**4. Qualification and experience of non-official members of the Authority.-** A person shall not be qualified for appointment as a non-official member of the Authority unless he is,-

- (a) an eminent person who is professionally qualified in the field of Psychiatry having experience in total for a period of not less than ten years in patient care or teaching or administration or research;

- (b) an eminent person who is professionally qualified in the field of clinical Psychology having experience in total for a period of not less than ten years in patient care or teaching or administration or research; or
- (c) an eminent social worker who is specialised in medical and psychiatric social work and is engaged in the treatment and rehabilitating the persons who are mentally ill and in particular having experience in patient care or teaching or administration or research.

**5. Terms of office and conditions relating to members of the Authority.-**

- (1) Non – official members of the Authority shall hold office for a period of three years from the date of his appointment and shall be eligible for reappointment not more than two consecutive terms.
- (2) If any member nominated for the Authority ceases to be a member of the Authority, for any reason, the vacancy shall be filled up in the same manner as the original appointment and the person so appointed, shall continue to be a member for the remaining term of the member in whose place he is so appointed
- (3) When the term of office of any non-official member is about to expire, the State Government may appoint a successor at any time within three months before the expiry of the term of such a member, however the successor shall not assume duty until the term of the member, whom he is succeeding, expires.
- (4) Official and non- official members may be provided with the travelling and other allowances as applicable to Grade II employees of the State Government servants under Pay band 3.

**6. Terms of office and conditions relating to Secretary to the Authority. –**

- (1) The Secretary shall be a full time or a part time servant of the Authority and shall function as the Administrative Officer of the Authority.
- (2) The Secretary shall be responsible for the control and management of the office accounts and correspondence of the Authority.
- (3) The Secretary shall be the custodian of the minutes of the Authority meetings and shall be responsible for implementing its decisions and for taking up appropriate follow up actions.
- (4) The Secretary shall appoint such members of the ministerial and non-ministerial staff, which are essential for the efficient functioning of the Authority with the prior approval of the Authority and the State Government.
- (5) The Secretary shall exercise such other powers and discharge such other functions as may be authorized in writing by the chairman for the efficient functioning of the Authority.
- (6) The Secretary shall forward copies of the proceedings of the Authority to the State Government from time to time.
- (7) The Secretary shall forward an annual report of the Authority to the State Government.
- (8) The Secretary shall hold office for a period of three years from the date of his appointment and shall be eligible for re- appointment for not more than two consecutive terms.

**7. Disqualification and Resignation.-**

- (1) A person shall not be qualified for being appointed as a member or shall be removed from the membership by the State Government if he,
  - (a) has been convicted and sentenced to imprisonment for an offence which in the opinion of the State Government involves moral turpitude; or
  - (b) is an undischarged insolvent; or
  - (c) is of unsound mind and stands so declared by a competent court; or
  - (d) has been removed or dismissed from the service of the Government or a body corporate owned or controlled by the Government
- (2) A member may by writing under his hand addressed to the Government, resign from the Authority and such resignation shall take effect from the date on which it is accepted by the Government or on the expiry of thirty days from the date of tendering resignation, whichever is earlier.

**8. Meetings of the Authority. –**

- (1) The Authority shall ordinarily meet at least, once in six months at the time, date and place as may be fixed by the Chairman:

Provided that the Chairman may call a special meeting of the Authority at any time to transact any urgent matter or on a written requisition signed by not less than four members of the Authority.

(2) The first meeting of the Authority to be held in any calendar year shall be the annual meeting for that year.

**9. Subject for Special Meeting.-** Where a meeting referred to in the proviso to the sub rule (1) of rule 8 has been convened, only the subjects for the consideration of which the meeting was convened, shall be discussed.

**10. Subject for the Annual Meeting.-** At the Annual meeting of the Authority, the following subjects, shall be considered and disposed of, namely:-

- (a) Review of the progress of implementation of the various provisions of the Act during the preceding one year;
- (b) Other business brought forward with the consent of the Chairman or where he is absent, with the consent of the Officer presiding at the Meeting.

**11. Procedure for holding meeting: -**

- (1) Every notice, calling for meeting of the Authority shall,-
  - (a) specify the place, date and hour of the meeting;
  - (b) be served upon every member of the Authority not less than twenty one clear days in the case of Annual meeting and fifteen clear days in the case of other meetings before the day appointed for the meeting.
- (2) The Secretary shall prepare and circulate to the members along with the notice of the meeting, an agenda for such meeting showing the business to be transacted.

Provided that a member, who wishes to move a resolution on any matter included in the agenda, shall give the requisition in writing to the Secretary within a period of not less than seven days before the date fixed for the meeting:

Provided further that a member who wishes to move any motion not included in the agenda, shall give the requisition in writing to the Secretary within a period of not less than fourteen days before the date fixed for the meeting.

**12. Proceedings of the meetings of Authority.-**

- (1) The Chairman or in his absence any member authorised by him shall preside over the meetings of the Authority.
- (2) The quorum at the meeting of the Authority shall be four.
- (3) If within half an hour of the time appointed for holding the meeting, quorum is not present, the meeting shall be adjourned to the same day in the following week at the same time and place and the presiding officer of such meeting shall inform this to the members present, and the notice to the other members will be communicated by speed post.
- (4) If at the adjourned meeting also, quorum is not present, within half an hour from the time appointed for holding the meeting, the members present, shall constitute the quorum.
- (5) In the adjourned meeting, if the Chairman is not present, and no member has been authorised to preside at such meeting, the members present shall elect a member to preside over the meeting.
- (6) Each member including the Chairman shall have one vote. In the case of an equality of votes, the Chairman or the Presiding officer shall in addition, have a casting vote.
- (7) All the questions at the meetings of the Authority shall be determined by the majority of votes of the members present and voting and the Chairman or the Presiding officer, as the case may be, shall have a casting vote in the case of equality of votes.
- (8) Any business, which may be necessary for the Authority to transact except such as may be placed before the annual meeting, may be carried out by circulation among all members and any resolution so circulated and approved by a majority of members shall be valid and binding as if such resolution had been passed at the meeting of the Authority.

**13. Minutes of the Meeting. -**The Secretary shall prepare the minutes of the meeting and shall also forward a copy of the minutes to the State Government.

**14. Classification of Psychiatric hospitals or psychiatric nursing homes.-**

Psychiatric hospitals or psychiatric nursing homes shall be classified as,-

- (a) Acute care centres
- (b) Convalescent Homes

**15. Minimum facilities for treatment of in-patient Psychiatric Hospitals or Psychiatric nursing homes.-**

**(1) Acute care centres except De-Addiction Centre.—**

- (i) Intensive Psychiatric Care: Whenever any patient is admitted in acute care centres by the psychiatrist in charge, he has to ensure that the patient doesn't suffer from any medical problem requiring intensive medical care. During inpatient treatment in acute care centres, when any patient develops acute medical emergencies, he shall be shifted immediately by the psychiatrist in charge or the medical practitioner to the medical facility where intensive medical care facility is available.

**(ii) Staff.-**

- (a) psychiatrists: patients = 1:100 (full time psychiatrist)
- (b) other mental health professionals (i.e) Social Worker = 1:50
- (c) clinical Psychologist (part time or full time according to the need)
- (d) psychiatric nurse: patient = 1:10
- (e) medical practitioner: patients = 1:100
- (f) at least, one Doctor (Psychiatrist or a Medical Practitioner) and one Nurse shall be available in the ward round the clock.
- (g) attenders : patients = 1:10

Provided that if no qualified mental health professionals such as clinical psychologist or psychiatric social worker is available, then psychologist or social worker trained in mental health services, as the case may be, or if no psychiatric nurse is available, then a general nurse trained in mental health services and psychiatry, may be posted.

**(iii) Infrastructure: -**

- (a) the maximum number of beds in a common ward shall not be more than twenty-five.
- (b) separate Cots, Mattresses, Pillows and Bed linen shall be provided for each patient.
- (c) there shall be a minimum of three feet distance between cots.
- (d) there shall not be any extra floor beds.
- (e) each patient shall be provided with a locker to store personal belongings.
- (f) there shall be one bathroom and one toilet for ten patients. Open toilets and open – air bathing shall be avoided.
- (g) running water shall be available continuously as far as possible, in all bathrooms and toilets.
- (h) each ward shall have safe electric connection and adequate lighting. Adequate number of fans and lights shall be provided.
- (i) each ward shall have a nursing station with facilities for storing drugs, linen, etc and safe keeping of patients records.
- (j) facilities for recreation such as radio, television and indoor games shall be made available in wards.
- (k) each patient shall be provided with an area of sixty square feet as dormitory and further sixty square feet as living room cum dining room area.
- (l) there shall be adequate and proper ventilation and safe water supply with patients having round the clock access to drinking water.
- (m) the inpatient facility shall be located in a safe area.
- (n) there shall be separate accommodation for female and male patients.

**(iv) Support/ Facilities.-**

- (a) adequate medical and non-medical modes of intervention.
- (b) facility shall be well equipped to look after emergencies.
- (c) the case record for each patient as mentioned in Form I.
- (d) copy of the discharge summary to be retained in the hospital
- (e) adequate facility to ensure safety of the patients
- (f) maintenance of case records as mentioned in rule-17.

**(2) De-Addiction centres.-**

- (i) **Intensive Care:** For each De-Addiction centre, part time Psychiatrists shall be available and the psychiatrist shall not be in charge of more than four centres situated nearby to each other (either De- Addiction centres or convalescent homes or both) and shall be accessible and available on-call at emergencies. Prior to admission into a De- Addiction centre, for De-toxification and after care, it is to be ensured that the patient does not suffer from any major medical problem requiring intensive medical care. If the De-Addiction centre does not have any medical facility to handle acute medical complication developing during de-toxification period, the centre shall not admit the patient for de-toxification process. In such case, the De-Addiction centre can admit the patient for after care treatment, after De-toxification treatment having been carried out elsewhere in a medical facility where intensive Medical care facility is available. As most of the acute physical complications occur during de-toxification period (during the first ten days after the last dose of alcohol or substance), intense monitoring is to be ensured and appropriate medical facilities to handle medical emergencies shall be made available.

In case, any acute medical emergency requiring intensive medical care develops, the patient shall be shifted immediately to nearby medical facility where intensive medical care facility is available.

**(ii) Staff.-**

- (a) psychiatrists: patients = 1:100 (part time psychiatrist)
- (b) the psychiatrist shall visit the centre at a frequency of three half day sessions in a week and will be available on-call at emergencies
- (c) other mental health professionals (i.e) Social Worker = 1:50
- (d) clinical Psychologist (part time or full time according to the need)
- (e) psychiatric nurse : patient = 1:10
- (f) medical Practitioner: patients = 1:100
- (g) at least, one Doctor(Psychiatrist or a medical Practitioners) and one Nurse shall be available in the ward round the clock.
- (h) attenders : patients = 1:10:

Provided that if no qualified mental health professionals such as clinical psychologist or psychiatric social worker is available, then psychologist or social worker trained in mental health services, as the case may be, or if no psychiatric nurse is available, then a general nurse trained in mental health services and psychiatry, may be posted.

**(iii) Infrastructure. -**

- (a) the maximum number of beds in a common ward shall not be more than twentyfive.
- (b) separate Cots, Mattresses, Pillows and Bed linen shall be provided for each patient.
- (c) there shall be a minimum of three feet distance between cots.
- (d) there shall not be any extra floor beds.
- (e) each patient shall be provided with a locker to store personal belongings.
- (f) there shall be one bathroom and one toilet for ten patients . Open toilets and open – air bathing shall be avoided.
- (g) running water shall be available continuously as far as possible, in all bathrooms and toilets.
- (h) each ward shall have safe electric connection and adequate lighting. Adequate number of fans and lights shall be provided.

- (i) each ward shall have a nursing station with facilities for storing drugs, linen, etc., and safe keeping of patients records.
- (j) facilities for recreation such as radio, television and indoor games shall be made available in wards.
- (k) each patient shall be provided with an area of sixty square feet as dormitory and further sixty square feet as living room cum dining room area.
- (l) there shall be adequate and proper ventilation and safe water supply with patients having round the clock access to drinking water.
- (m) the inpatient facility shall be located in a safe area.
- (n) there shall be separate accommodation for female and male patients.

**(iv) Support /Facilities.-**

- (a) adequate medical and non-medical modes of intervention.
- (b) facility shall be well equipped to look after emergencies.
- (c) the case record for each patient as mentioned in Form I.
- (d) copy of the discharge summary to be retained in the hospital.
- (e) adequate facility to ensure safety of the patients.
- (f) maintenance of case records as mentioned in rule-17.

- (3) CONVALASCENT HOME.-** Part time Psychiatrists shall be available and the psychiatrist shall not be in charge of more than four centres situated to nearby to each other, either Convalescent homes (or) de-addiction centres or both and must be accessible and available on-call at emergencies. Whenever any patient in Convalescent homes develops psychiatric emergency, he shall be shifted to Acute Care Centre.

**(l) Day Care Centre.-**

**(i) Staff.-**

- (a) There shall be a visiting psychiatrist.
- (b) The psychiatrist shall visit the centre and he shall be available on-call at emergencies.
- (c) Medical Practitioner shall be accessible and available on-call at emergencies.

**(ii) Infrastructure.-**

- (a) the building facility shall be located for easy accessibility to general hospital / Primary Health Centre or Psychiatric facility, transport facility.
- (b) office room, dining hall, store room and recreation area.
- (c) psychiatric emergency room – 10X12feet (Two cots), one toilet for every ten patients.
- (d) adequate water supply and ventilation.

**(iii) Support / Facilities.-**

- (a) psychosocial intervention, vocational training, behavioural intervention, and emergency care and with facility to refer of a General Hospital or Psychiatric ward when needed. Skills training Family education and training.
- (b) pro-forma of case record for each patient shall be maintained according to Form I. Record of family interventions shall be maintained.
- (c) adequate facilities to ensure safety of the patient shall be provided. Adequate facilities shall be provided for dining, recreation and entertainment

**(II) The Residential Half Way Home or Quarter way home(Hostel) .-**

**(i) Staff.-**

- (a) the ratio between the visiting psychiatrist or mental health professional and the clients shall be 1:100.
- (b) the psychiatrist shall visit the centre at a frequency of three half day sessions in a week and will be available on-call at emergencies



- (c) there shall be at least one Psychiatric social worker available on all days.
- (d) clinical Psychologist (part time or full time according to the need)
- (e) there shall be one psychiatric nurse for every fifty patients.
- (f) medical Practitioner shall be accessible and available on-call at emergencies.

Provided that if no qualified mental health professionals such as clinical psychologist or psychiatric social worker is available, then psychologist or social worker trained in mental health services, as the case may be, or if no psychiatric nurse is available, then a general nurse trained in mental health services and psychiatry, may be posted.

**(ii) Infrastructure.-**

- (a) cots and mattresses one per person, three sets of linen, i.e., sheets, towels, pillow covers, blankets etc., staff supervision shall be required to maintain cleanliness.
- (b) the buildings/space facility shall be located for easy accessibility to general hospital/Primary Health Centre/ Psychiatric facility, transport facility. The building shall have proper ventilation and natural light and space for garden.
- (c) separate dormitory facilities for male and female residents (preferable room to three to five residents) with three feet distance between the cots.
- (d) one bath room and toilet for every ten patients with protected drinking water fan and light.

**(iii) Support / Facilities.-**

- (a) there shall be Medical interventions, psychosocial interventions, Vocational training, behavioural interventions, family education and skills training. Facility to refer to emergency care unit of a general hospital /Psychiatric ward, when needed.
- (b) pro-forma of a case record for each patient shall be maintained according to Form –I. Record of family interventions shall be maintained.
- (c) a discharge summary shall be given to each patient or guardian at the time of discharge, and a copy of the same shall be maintained by the hospital. If families or consumer site visit by self interested in changing to another consultant, he shall be provided with a discharge summary and application for discharge shall be maintained in Form II.
- (d) adequate facilities shall be provided for dining, recreation and entertainment.

**(III) Vocational training centres or Sheltered Workshop.-**

**(i) Staff.-**

- (a) the ratio between the visiting psychiatrist or mental health professional and the clients shall be 1:100.
- (b) the psychiatrist shall visit the centre at a frequency of three half day sessions in a week and be available on-call at emergencies.
- (c) among the staff members there shall be at least one Psychiatric Social Worker for every fifty residents available on all days.
- (d) there shall be additional vocational guidance professionals appropriate to the vocational activities in the centre.
- (e) there shall be one psychiatric nurse for every fifty patients
- (f) medical practitioner shall be accessible and available on-call at emergencies:

Provided that if no qualified mental health professionals such as clinical psychologist or psychiatric social worker is available, then psychologist or social worker trained in mental health services, as the case may be, or if no psychiatric nurse is available, then a general nurse trained in mental health services and psychiatry, may be posted.

**(ii) Infrastructure.-**

- (a) the building facility shall be located for easy accessibility to General Hospital/Primary Health Centre/psychiatric facility, transport facility. The building shall have proper ventilation and natural light and space for garden.
- (b) each vocational unit shall have a counselling area.
- (c) there shall be a psychiatric emergency room with 10feet X 12feet with cots.

**(iii) Support/ Facilities.-**

- (a) there shall be psychosocial intervention, vocational training, behavioural intervention, and emergency care with facility to refer to a General Hospital/Psychiatric ward, when needed. Skills training, family education and training shall be imparted.
- (b) Pro-forma of a case record for each patient shall be maintained in Form-I. Record of family interventions, work, area of psychosocial rehabilitation needs, counselling programs with dates and signatures of counsellors, medication and other therapies from time to time are to be maintained.
- (c) a discharge summary shall be given to each patient or guardian at the time of discharge, and a copy of the same shall be maintained by the hospital. If families or consumer self is interested in changing to another consultant, he shall be provided with a discharge summary.
- (d) adequate facilities shall be provided for dining, recreation and entertainment.

**(IV) Psychiatric long stay Rehabilitation Homes.-****(i) Staff:-**

- (a) the psychiatrist shall visit the centre at a frequency of three half day sessions in a week and will be available on-call at emergencies.
- (b) there shall be not less than one Psychiatric Social Worker among the staff members for every fifty residents, (1:50) available on all days.
- (c) clinical Psychologist (part time or full time according to the need)
- (d) there shall be one psychiatric nurse for every fifty patients.
- (e) medical Practitioner shall be accessible and available on-call at emergencies.

Provided that if no qualified mental health professionals such as clinical psychologist or psychiatric social worker is available, then psychologist or social worker trained in mental health services, as the case may be, or if no psychiatric nurse is available, then a general nurse trained in mental health services and psychiatry, may be posted.

**(ii) Infrastructure.-**

- (a) there shall be one cot and mattress for each patient, three sets of linen, i.e., Sheets, Towels, Pillow covers, Blankets etc. Separate accommodation shall be provided for male and female residents.
- (b) there shall be three feet distance between cots.
- (c) the building shall be located for easy accessibility to general hospital/Primary Health Centre/psychiatric facility.

**(iii) Support/Facilities.-**

- (a) there shall be facility to refer emergency care unit of a general hospital/psychiatric ward when needed
- (b) pro forma of a case record for each patient shall be maintained according to Form-I.
- (c) a discharge summary shall be given to each patient or guardian at the time of discharge, and a copy of the same shall be maintained by the hospital. If families or consumer self is interested in changing to another consultant, he or she shall be provided with a discharge summary.
- (d) adequate facilities shall be provided for dining, recreation and entertainment.

**16. Provisions for treating out patients.-**

- (1) All psychiatric hospitals and psychiatric nursing homes shall have outpatient section open for not less than two hours per day for six days in a week.
- (2) Specialized psychiatric centres like de-addiction centres, child and adolescent psychiatric centres shall have an outpatient section working for not less than two hours twice days in a week.
- (3) Rehabilitation centres, psychiatric day care home and other partial psychiatric units shall have two hours outpatient sessions in a week.
- (4) Out-patient section will be manned by a psychiatrist and the presence of one psychiatric social worker, one clinical psychologist and one psychiatric nurse is to be ensured as far as possible:

Provided that if no qualified psychiatric social worker or clinical psychologist is available then social worker or psychologist trained in mental health services, as the case be, or if no psychiatric nurse is available, then a general nurse trained in mental health services and psychiatry, may be posted.

(5) All admissions shall be made through the outpatient section as far as possible.

When admissions are made outside of the outpatient section, the psychiatrist in-charge shall record on the patients case sheet, the reasons for resorting to such a procedure.

**17. Maintenance of records.-** The following registers shall be uniformly maintained in all psychiatric hospital and psychiatric nursing homes and other mental health care institutions:

- (1) An inventory of all physical facilities available in the institutions such as buildings, equipments etc;
- (2) An establishment register showing details about various categories of personnel including their qualification, experience and service conditions.
- (3) Out-patient register;
- (4) Inpatient register;
- (5) Census / nominal register;
- (6) Case records in standard format with page 1 being as per Form I.
- (7) Treatment registers
- (8) Injury and Death Register;
- (9) Visitors Register; and
- (10) Complaints / Suggestions Book.

**18. Organization and conduct of convalescent homes.-**

- (1) **Service of social worker or clinical psychologist or psychologist.-** On admission to a convalescent home, each mentally ill person shall be attached to a social worker who will be in charge of rehabilitation of such mentally ill person.
- (2) **Monitoring of medication.-** Attendants on duty shall look after the personal needs of mentally ill persons admitted in any of the convalescent centres and also ensure that they take the prescribed medicines.
- (3) **Periodic health check-up.-** Periodic health check-up shall be carried out to all inmates at least once in six months and physical illness shall be attended to immediately.

**19. Regulations for various categories of patients in psychiatric Hospitals or Psychiatric Nursing Homes.-**

Every psychiatric hospital or psychiatric nursing home shall have written booklet settings forth in detail, facilities and privileges available in the institution in various areas like boarding entertainment, occupational training, etc, which are open to various categories of patients such as voluntary patients, compulsory admission patients and prisoner patients. A copy of the said booklet shall accompany the application for the licence to the authority.

**20. Annual report.-** Every psychiatric Hospital or Psychiatric Nursing Home shall send an Annual report in Form III in triplicate to the Authority before the end of January giving details of staff, average patient census for each month during each year, annual admission, discharges, injuries and deaths. Major events shall also be included in the report.

**21. Licensing Authority.-**The Director, Institute of Mental Health Chennai shall be the licensing authority for the purpose of the Act.

**22. Application and fee structure for licence.-**Every application for Nursing Home shall be made to the licensing authority in Form IV accompanied by a fee at the rate given below, in the form of a bank draft drawn in favour of "The Director, Institute of Mental Health, Chennai"

- |                        |   |              |
|------------------------|---|--------------|
| (i) Application Fee    | : | Rs. 1000/-   |
| (ii) Fee for Licence.- |   |              |
| Less than 50 beds      | : | Rs. 10,000/- |
| 50 to 100 beds         | : | Rs. 15,000/- |
| More than 100 beds     | : | Rs. 20,000/- |

**23. Grant of Licence.-** If the licensing authority is satisfied that the applicant fulfills the conditions laid down in clauses (a), (b) and (c) of section 8 of the Act and it shall grant the licence in Form – V.

**24. Refusal of Licence ,-**

- (1) If the licensing authority is satisfied that the applicant does not fulfil the conditions laid down in section 8 of the Act, it may, after giving the applicant a reasonable opportunity of being heard against the proposed refusal of licence, by order setting out the reasons therein, refuse to grant the licence.
- (2) Every order refusing to grant a licence under section 8, shall be communicated to the applicant by registered post to the address of the applicant.
- (3) A copy of the order shall also be conspicuously displayed in the notice of the office of the licensing authority.

**25. Application and fee structure for renewal of Licence. -**

- (1) Every application for renewal of a licence shall be
  - (a) made not less than one year before the date on which the period of validity of the licence is due to expire to the licensing authority in Form VI; and
  - (b) accompanied by a fee, at the rate given below, in the form of a bank draft drawn in favour of the licensing authority namely "The Director, Institute of Mental Health, Chennai".
    - (i) Application Fee for renewal of license : Rs. 1000/-
    - (ii) Fee for Renewal of Licence :
 

Less than 50 beds	:	Rs. 10,000/-
50 to 100 beds	:	Rs. 15,000/-
More than 100 beds	:	Rs. 20,000/-

**26. Refusal of renewal of license.-**

- (1) If the licensing authority is satisfied that the conditions mentioned in the proviso to sub-section (5) of section 9 of the Act are not attracted, it shall renew the licence
- (2) If the licensing authority is of the opinion that the conditions mentioned in the proviso to sub-section-(5) of section 9 of the Act are attracted, it may, after giving the applicant a reasonable opportunity of being heard against the proposed refusal of renewal of the licence, by order setting out the reasons therein, refuse to renew the licence.
- (3) Every order refusing to renew the licence shall be communicated to the applicant by registered post to the address of the applicant.

**27. Manner and Conditions of Maintaining Psychiatric Hospitals or Psychiatric Nursing Homes.-** Every psychiatric hospital or nursing home shall,-

- (a) be located only in an area approved by the local authority;
- (b) be located in a building constructed with the approval of the local authority;
- (c) have sufficient ventilation and is free from any pollution which may be detrimental to the patients admitted therein;
- (d) have sufficient beds to accommodate the patients;
- (e) have qualified and competent nurses and other staff to handle the work assigned to them;
- (f) have a Psychiatrist as a supervising officer-in-charge,

**28. Revocation of licence.-**

- (1) Where the licensing authority is satisfied that the licence of any psychiatric hospital or nursing home, is required to be revoked in pursuance of clauses (a) or (b) of sub-section (1) of section 11 of the Act, it may, after giving the licensee, a reasonable opportunity of being heard against the proposed revocation, by order, revoke the license and such shall set out there in the grounds for the revocation of the licence.
- (2) Every order revoking the license under sub-rule (1) shall be communicated to the licensee by registered post.
- (3) A copy of the order shall also be conspicuously displayed in the notice board of the office of the licensing authority and in the website.

**29. Time for appeal.-**

- (1) Any person aggrieved by the order of the licensing authority refusing to grant or renew a licence or revoking a licence, may prefer an appeal to the State Government within sixty days from the date of receipt of that order.
- (2) The appeal shall be in Form VII and shall be sent through registered post or presented by appearing in person to the Secretary to Government, Health and family welfare Department or any other Officer authorised by him in this behalf.
- (3) Every appeal shall be accompanied with the fee of Rs.500/-
- (4) The State Government on receipt of appeal shall appoint a committee with not less than three members of whom two shall be experts in the field of mental health to inspect the psychiatric Hospital or psychiatric nursing home of the appelland and submit a report. The State Government shall on consideration of the report of the committee and other relevant aspects, dispose of the appeal.

**30. Inspection.-** (1) The Inspecting officer shall inspect the Psychiatric Hospitals and nursing homes annually to check up as to whether they are established and maintained as per the criteria laid down rule 15 of the rules and shall submit a report to the Licensing Authority within two weeks from the date of inspection.

Provided that, further inspection may be undertaken on receipt of any specific complaint against the psychiatric Hospital or the Psychiatric Nursing Home or under the direction from the Licensing authority.

Provided further that, no inspection shall be undertaken on receipt of the complaint without giving prior intimation to the Licensing Authority and the State Mental Health Authority.

**31. Qualification for appointment as visitors.-**

- (1) The State Government shall appoint for every psychiatric hospital and every Psychiatric Nursing Home not less than five visitors.
- (2) Of the five visitors.-
  - (a) one shall be psychiatrist attached to Government Medical Institution;
  - (b) two shall be psychiatric social workers attached to Government Medical Institution;
  - (c) one shall be the Commissioner for Differently abled or his representative not below the rank of District level officer of the commissionrate;
  - (d) one member of a non-Governmental welfare organization, having experience of not less than five years in the field of psychiatry.

**32. Terms and conditions of appointment of Visitor.-** The following shall be the terms and conditions of appointment of a visitor, namely:-

- (a) The Non – official member appointed as a visitor shall hold office for a period of three years from the date of his appointment and shall be eligible for reappointment for not more than two consecutive terms.
- (b) If any member appointed as a Visitor ceases to be a visitor, for any reason, the vacancy shall be filled up in the same manner as the original appointment and the person so appointed, shall continue to be a member for the remaining term of the member in whose place he is so appointed.
- (c) When the term of office of the non-official member is due to expire, the State Government may appoint a successor at any time within three months before the expiry of the term of such a member, however the successor shall not assume duty until the term of the member, whom he is succeeding, expires.
- (d) The officials appointed as visitors may be provided with the travelling and other allowances as applicable to Grade II employees of the State Government.
- (e) The non-official member may be provided travelling and other allowances as fixed by the Government from time to time.

**(33) Functions of Visitor.-** The functions of a visitor are,-

- (a) Not less than three visitors shall not less than once in a month make a joint Inspection of every part of the Psychiatric Hospital or Psychiatric Nursing Home. They shall make entry in a book kept for those purpose such remarks as they deem appropriate in regard to the management and condition of hospital or nursing home and of the inpatients thereof.

- (b) Visitors shall not be entitled to inspect any personal records of an inpatient, which in the opinion of the medical officer in charge are confidential in nature. Any visitor, who does not participate in the joint inspection of the psychiatric hospital or nursing home for three consecutive months, shall cease to hold office as visitor.
- (c) Every visitor shall .-
- (i) review admissions and discharge of patients;
  - (ii) inspect the wards, outpatient department and kitchen;
  - (iii) inspect the facilities to be provided;
  - (iv) suggest measures for improvement; and
  - (v) function as a liaison officer between the Government and the Hospital.

#### 34. Application for Reception Order.-

- (1) Application for Reception order may be made by the Medical Officer in charge of a psychiatric hospital or psychiatric nursing home in Form VIII.
- (2) Application for Reception Order may be made by the husband or wife or relative or friend of the mentally ill person in Form IX, accompanied by two medical certificates from two Medical Practitioners, of whom one shall be a medical practitioner in the service of the State Government.
- (3) Every such application in Form IX shall be signed either by the husband or wife or relative or friend, as the case may be, and verified by two independent witnesses; and the name, address, occupation of the applicants and the attesting witnesses shall be mentioned therein.

J. RADHAKRISHNAN,  
Secretary to Government.

#### FORM I

(see rule 17)

#### Proforma Case Record

Patient's Name : Age : Sex : OP.No. :  
 Address : IP. No. :  
 Identification Marks:  
 Date of Admission :  
 Date of Discharge :  
 Mode of Admission :  
 Complaints :  
 Relevant History :  
 Mental Status Examination :  
 Physical Examination :  
 Provisional Diagnosis :  
 Initial Treatment :  
 Treatment and Progress Notes :  

Date	Clinical Status	Treatment	Side Effects

 Final Diagnosis :  
 Condition at Discharge :  
 Follow up Recommendations

**FORM II**

(see rule 15)

**Application for Discharge**

From

.....  
.....  
.....

To

Sir,

I,.....of..... Thiru/Selvi/Tmt .....(State the name and relationship) who is admitted in the above named institution under section ..... of Mental Health Act, 1987. I hereby request you to discharge my..... I hereby give an undertaking to take proper care of Thiru/Selvi/Tmt..... and ensure that he/she shall be prevented from causing injury to himself/herself or others.

I hereby arrange to pay the cost of my..... towards treatment and maintenance in the hospital / nursing home.  
Yours Faithfully,

Dated :

Signature of the Applicant

**FORM III**

(see rule 20)

**Proforma for Annual Report**

**Annual Report of the Psychiatric Hospital/Nursing Home (to be submitted to the Secretary, State Mental Health Authority and the Licensing Authority).**

- 1. Name of the Hospital / Nursing Home :
- 2. Address :
- 3. Report for the period : 1st Jan to 31st Dec every year
- 4. Name of the Administrator :
- 5. Name of the Psychiatrist attached :

6. The Date of issue of License :
7. The Date of Expiry of License  
(5 years from date of issue) :
8. List of members of visitors Committee :
9. State the number of visit of the Visitors Committee :
10. State the number of visits of the Inspecting Officers :
11. Total Number of New patients Registered : Male Female  
Total
12. Total Number of patients admitted (IP) : Male Female  
Total
13. Total Number of patients treated in OP :
14. Diagnostic Break up  
(Age wise / Sex Wise details) :
15. Academic / Research Week :
16. Details of any other services provided :
17. Available staff at present  
(Mention Name and Designation) :
- Signature of the Administrator / Psychiatrist Incharge.

**FORM IV**

(see. rule 22)

**Application for Establishment or Maintenance of a Psychiatric Hospital / Psychiatric Nursing Home**

To  
The Licensing Authority,  
Govt. Institute of Mental Health,  
Kilpauk,  
Chennai – 600 010.

Dear Sir,

I/we intend to establish/ maintain a Psychiatric Hospital / Psychiatric Nursing Home in respect of which I am /we are holding a valid license for the establishment / maintaining of such hospital/ nursing home. The details of the hospital/ nursing home are given below :

1. Name of Applicant :
2. Details of license with reference  
to the name of the Authority  
issuing the license and date :
3. Age :
4. Professional experience in Psychiatry :
5. Permanent address of the applicant :
6. Location of the proposed Hospital / Nursing Home :
7. Address of the proposal Hospital / Nursing Home :



8. Proposed accommodation:
  - (a) Number of rooms
  - (b) Number beds
9. Facilities provided:
  - (a) Out-patient facility
  - (b) Emergency services
  - (c ) Inpatients facilities
  - (d) Occupational and Recreational facilities
  - (e) ECT facilities
  - (f) X-ray facilities
  - (g) Psychological testing facilities
  - (h) Investigation and laboratory facilities
  - (i) Treatment Facility.
10. Staff Pattern :
  - (a) Number of doctors
  - (b) Number of Staff
  - (c) Number of Attenders
  - (d) Others

I am sending herewith a bank draft for Rs.....drawn in favour of ..... as licensing fee.

I hereby undertake to abide by the rules and regulation of the Mental Health Authority. I request you to consider my application and grant the license for establishment / maintenance of Psychiatric Hospital / Nursing Home.

Yours faithfully,

Signature :

Name :

Date :

Documents to be enclosed with the application:

1. A demand draft for Rs..... Drawn in favour of Licensing Authority.
2. In case of partnership concern. Limited Company, Charitable Society or any other such body certified copies of the relevant documents for proof.
3. An authenticated statement of the name, qualification, period of service and broad service conditions of the entire staff.
4. An outline on the timetable and facilities for patients.

**FORM V**

(see rule 23)

**Grant of Licence for Establishment of Psychiatric Hospital / Nursing Home.**

I..... being the Licensing Authority under the Mental Health Act, 1987 (Central Act 14 of 1987), after considering the application received under sec. 7, and being satisfied that the requirements laid down in provisions of the Act and the Tamil Nadu State Mental Health Rules, hereby grant the license for establishment / maintenance of a psychiatric hospital or nursing home with a bed strength of \_\_\_\_\_ in favour of ..... (name the applicant) with the name ..... located at.....

2. The licence shall be valid for the period commencing from \_\_\_\_\_ ending with ..... The licence shall be subject to the conditions laid down in the Mental Health Act 1987 and the Tamil Nadu State Mental Health Rules, 2013

Your continuous effort to follow all the guidelines issued by the Tamil Nadu State Mental Health Authority is requested.

Licensing Authority,

Place :

Date :

Seal :

**FORM VI**

(see rule 25)

**Application for renewal of Licence to Maintain a Psychiatric Hospital/ Psychiatric Nursing Home**

To  
The Licensing Authority,  
Govt. Institute of Mental Health,  
Kilpauk,  
Chennai – 600 010.

Sir / Madam,

We are desirous of continuing the psychiatric hospital/ nursing home named .....

The details regarding the institution are as follows :

Name of the individual or body owning the institution:

Address:

Name of the Psychiatrist in-charge of the institution:

His/Her Qualification:

His/Her experience after acquiring the qualification:

His/Her Address:

Present

Permanent:

Is there any change in infra-structural facilities of the institution after it was started / licence renewed last time ?

If yes, give details (Give a separate statement as an Appendix, if needed)

Total number of qualified Mental Health Professionals (category wise):

Total Staff Strength of this Institution (Category wise):

Particulars of the Demand Draft enclosed:

We hereby undertake to abide by the provisions contained in the Mental Health Act, 1987 (Central Act 14 of 1987) and the Tamil Nadu Mental Health Rules 2013. We shall follow the guidelines issued by the Tamil Nadu State Mental Health Authority, in running the Psychiatric Hospital / Psychiatric Nursing Home. We request you to consider this application and kindly renew the licence to run the Psychiatric Hospital / Psychiatric Nursing Home ..... at .....

Yours faithfully,

(Applicant)

Documents to be enclosed with the application:

1. A demand draft for Rs..... drawn in favour of Licensing Authority.
2. In case of partnership concern. Limited Company, Charitable Society or any other such body certified copies of the relevant documents for proof.
3. A write – up on alter nations made after sanction of licence / Renewal made on previous occasion in land, building, laboratory facilities, recreational facilities and occupational therapy facilities.
4. An authenticated statement of the name, qualification, period of service and broad service conditions of the entire staff.
5. An outline on the timetable and facilities for patients.

**FORM VII**

(see rule 29)

**Application for Appeal**

To

The Appellate Authority  
Government of .....  
.....

Sir,

I, Dr.....of.....had applied for a licence for establishing a Psychiatric Nursing Home/Hospital at ..... (Copy of earlier application to be attached). My application was rejected by the licensing authority as per his / her letter no..... dated.....

With the following:-

- (1)
- (2)
- (3)

(copy enclosed)

The above reason appears to be not valid. I request you to reconsider my application. My justifications are:

- (1)
- (2)
- (3)

(copy enclosed)

I am willing to appear before you for a personal hearing, if necessary. I am herewith enclosing a draft for Rs.....

Thanking you,

yours faithfully

Place:.....

Signature .....

Date:.....

Name .....

FORM VIII

(see rule 34(1))

Application for Reception Order

(By Medical Officer in-charge of a Psychiatric Hospital/Psychiatric Nursing Home)

From

Dr.....

To

The Magistrate,

.....

.....

Sir,

Subject: Reception Order for .....son /daughter of ..... Dr .....maintain Psychiatric hospital/ Psychiatric Nursing home at .....under Licence no...dated .....

.....

I request you to issue Reception Order in respect of Thiru/Selvi/Tmt..... son /daughter of .....who is being treated at my hospital as voluntary patient and is not willing to continue. He / She has the following symptoms and / or signs :—

- 1
- 2
- 3
- 4
- 5.

He / She requires to be in the hospital for treatment / personal safety / others protection.

Thanking you,

Yours sincerely,

Signature .....

Name .....

Place:.....

Date:.....

FORM IX

(see rule 34(2))

Application for Reception Order

(By relative or friend)

To

.....  
.....

Sir,

Subject: Admission of .....son / daughter of ..... into Psychiatric hospital /Psychiatric nursing home as in-patient

—

I, .....son/ daughter of ..... residing at .....request you kindly arrange for admission in respect of.....an in-patient to .....(name of the hospital) or any other hospital / nursing home. He / she has the following symptoms of mental illness namely:-

- (1)
- (2)
- (3)
- (4)
- (5)

2. I, who is .....(relationship) of Thiru/Selvi/Tmt.....have no income .....of Rs.....and agree to pay the charges of treatment, if any, according to the rules and also assure that I shall abide by the rules and regulations of the Psychiatric Hospital /Psychiatric Nursing Home. I state that, I have not made any such regard to the mental condition of .....as required. I herewith enclose the two medical certificates needed for the purpose.

Witnesses:

Yours faithfully,

1. Signature .....

Name .....

Address.....

Occupation.....

Signature.....

Name.....

Address.....

Occupation.....

2. Signature.....

Name :.....

Address :.....

Occupation:.....

(By order of the Governor)

J.RADHAKRISHNAN,  
Secretary to Government.

## LABOUR AND EMPLOYMENT DEPARTMENT

**Draft Amendments to The Tamil Nadu Control of Industrial Major Accident Hazards Rules, 1994 on par with the Manufacture, Storage and Import of Hazardous Chemical (Amendment) Rules, 2000.****Amendment to Notifications.**

[G.O. Ms. No. 223, Labour and Employment (M2) 17th September 2013,  
புரட்டாசி 1, விஜய, திருவள்ளூர் ஆண்டு 2044.]

No. SRO A-32/2013—In exercise of the powers conferred by Section 115 read with Sections 112 and 118 of the Factories Act, 1948 (Central Act LXIII of 1948), the following amendments are made to the Labour and Employment Department Notification No. SRO A-11/2012, published at pages 26 to 44 of Part III - Section 1(a) of the *Tamil Nadu Government Gazette* dated the 21st March 2012.

## AMENDMENTS

In the said Notification, in the Draft Amendments,—

(1) in the draft amendment (4), Under "SCHEDULE 1", IN PART II, against Serial Number 631 in Column (1) for the expression "Trans-1, 4- dichloro-butane" in Column (2), the expression "Trans-1, 4-dichloro-butene" Shall be substituted;

(2) in draft amendment (6), in clause (a), for the expression "Sub-reading", the expression "sub-heading" shall be substituted.

**Errata to Notification**

[Letter Ms No. 224, Labour and Employment (M2), 17th September 2013.]

No. SRO A-33/2013—The following errata are issued to the Labour and Employment Department Notification No. SRO A-11/2012, published at pages 26 to 44 of Part III - Section 1(a) of the *Tamil Nadu Government Gazette* dated the 21st March 2012.

## ERRATA

In the said Notification, under "DRAFT AMENDMENTS",—

(1) at page 26, in draft amendment (1),, In Clause (a), for "Schedule 1 or," read, "Schedule 1 or";

(2) in draft amendment (4), at page 27, under "SCHEDULE 1," in (PART I) in clause (b), Under "(1) Flammable gases", for "101/3 KPa" read "101.3 KPa".

MOHAN PYARE,  
Principal Secretary to Government.