STANDARD OPERATING PROCEDURES

(SOP) and Checklist for Mental Health Services

دائرة الأمراض غير المعدية
Department of Non-Communicable Diseases

Institution Name: Directorate General of Primary Health Care, MOH

Document Title: Standard Operating Procedure for Mental Health Services

Approval Process

	Name	Title	Institution	Date	Signature
Written by	Muzna Said Al-Balushi	SSN-Mental Health Nurse	Department of Non-Communicable Diseases-Mental Health Section	Sep 2020	
Reviewed by	Mental Health Team	Mental Health Team	Ministry of Health	Sep 2020	Mental Health Team
Validated by	Dr.Qamra Al-Sariri	Director General of Quality Assurance Centre	Ministry of Health	Dec 2020	Dr. Qamra Al Sariri
Approved by	Dr.Said Al-Lamki	Director General of Primary Health Care	Ministry of Health	Nov 2020	

Acknowledgment

The Department of Non-Communicable Diseases would like to thank the following colleagues from different healthcare institutions for their efforts and involvement in reviewing the document of standard operating procedure (SOP) for mental health services.

Name	Title	Institution
Dr.Shadha S. Al-Raisi	Director of Non-Communicable Diseases	Department of Non-Communicable Diseases
Dr.Amira Al Raidan	Head of Mental Health Section	Department of Non-Communicable Diseases
Dr.Afaf Al-Shehhi	Psychiatrist, Mental Health Focal Point, Musandam	Khasab Polyclinic
Dr.Mandhar Al-Maqbali	Psychiatrist, Mental Health Focal Point, North Batinah	Suhar Polyclinic
Dr.Azza Al-Hinai	Psychiatrist, Mental Health Focal Point, South Batinah	Barka Polyclinic
Dr.Mohammed Al-Maashani	Psychiatrist, Mental Health Focal Point, Dhofar	Sultan Qaboos Hospital
Dr.Salim Al Kasbi	Psychiatrist, Mental Health Focal Point, South Sharqyia	Sur Polyclinic
Dr.Ghaniya Al Ghafri	Psychiatrist, Mental Health Focal Point, Al Dhahira	Ibri Hospital
Dr.Maryam Al Qamshuoi	Psychiatrist, Mental Health Focal Point, Al Buraimi	Buraimi Hospital
Dr.Abdullah Al-Nabhani	Psychiatrist, Mental Health Focal Point, Al Dakhelia	Nizwa Polyclinic
Dr.Gamal Elfeky	Psychiatrist, South Batinah,	Musana Polyclinic
Dr.Asila Al Shaqsi	NCD Head of Section, South Batinah	PHC-DGHS South Batina

Dr.Ismaael Mohammed Khaer	Supervisor PHC	Support Section- DGHS Dhofar
Dr.Azza Al Abri	NCD Head of Section, Al Dakhelia	PHC-DGHS Al Dakhleya
Dr.Laila Al Saadi	NCD Head of Section, Al Buraimi	PHC-DGHS Al Buraimi
Dr.Khalid Mohammed Bostan	NCD Head of Section, Al Wosta	PHC-DGHS Al Wosta

Special Acknowledgment

The Department of Non-Communicable Diseases would like to thank the main developer of the SOP checklist:

Dr.Mandhar Al-Maqbali	Psychiatrist, Mental Health Focal Point, North Batinah	Sohar Polyclinic

The Department of Non-Communicable Diseases would like to thank the following colleagues from different healthcare institutions for their efforts and involvement in reviewing the document of Standard Operating Procedure (SOP) checklist.

Name	Title	Institution
Dr.Shadha S. Al-Raisi	Director of Non-Communicable Diseases	Department of Non-Communicable Diseases
Dr.Azza Al-Hinai	Senior specialist Psychiatrist	Department of Non-Communicable Diseases-Mental Health Section
Muzna Said Al-Balushi	SSN-Mental Health Nurse	Department of Non-Communicable Diseases-Mental Health Section
Dr.Laila Al Saadi	NCD Head of Section, Al Buraimi	PHC-DGHS Al Buraimi
Dr.Maryam Al Qamshuoi	Psychiatrist, Mental Health Focal Point, Al Buraimi	Buraimi Hospital

Contents Table:

Acknowledgment……	2-4
1. Acronyms……...	6
2. Introduction……...	7
3. Purpose …….	7
4. Scope…….	8
5. Procedure…….	8-24
6. Responsibilities…….	24-31
7. Definitions……	32-33
8. Document History and Version Control…….	34
9. Related documents…….	34
10. References…….	35
11. Appendix 1 (SOP) checklist	36-41

1. Acronyms

ED	Emergency Department
EMR	Electronic medical Record
GP	General Physician
MOH	Ministry of Health
NCD	Non-Communicable Diseases
PHC	Primary Health Care
SOP	Standard Operating Procedure
MMSE	Mini-Mental State Examination
IQ	Intelligence quotient
ASD	Autism Spectrum Disorder
ADHD	Attention Deficient and Hyperactivity Disorder
CBT	Cognitive Behavioral Therapy
IT	Information Technology
IRLS	Incident Reporting and Learning System
PRO	Public Relation Officer
NGO	Non-Governmental Organization
TOT	Training of Trainers

Standard Operating Procedure for Mental Health Services

2. Introduction

The Mental Health Section at Non-Communicable Diseases (NCD) Department of the Ministry of Health (MOH), is responsible for following up the integration of mental health services in primary health care (PHC).

The main goal of the mental health program is to serve the needs of people affected by mental illness, enhance their quality of life, and build networks that ensure the delivery of care within the community. Therefore, creation of the Standard Operating Procedure (SOP) on mental health services is to guide and help all those involved in the provision of mental health services including health care providers, healthcare managers and policy makers, for operating the mental health services in all governorates. Implementing the Standard Operating Procedure (SOP) and the level of services provided will be dependent on facilities and resources available.

3. Purpose

This document describes the operating procedures which intend to:

3.1 Ensure that all healthcare institutions with mental health services are applying and following safe, compliant and consistent practice.

3.2 Ensure the early detection of mentally ill cases through a systematic and integrated approach that brings together primary healthcare facilities and psychiatric clinics.

3.3 Establish a monitoring and evaluation system for mental health care.

3.4 Define the roles of healthcare providers to better understand their roles and responsibilities in the provision of mental health services.

3.5 Protect the rights of people with mental illness.

4. Scope

This document is applicable to all personnel working with mental health services in all healthcare institutions that are under PHC level and applies to all individuals affected by mental illness.

5. Procedures

5.1 Mental health services integrated into the general health system include those provided in:

5.1.1 Primary Healthcare Centers: Health centers are expected to provide early detection, initial assessment, basic management and timely referral of cases to psychiatrists.

5.1.2 Polyclinics/Local Hospitals that are under PHC level and (without psychiatric clinics): These facilities are expected to provide early detection, initial assessment, basic management and timely referral of cases.

5.1.3 Polyclinics/ Local Hospitals that are under PHC level and (with psychiatric clinics +/- psychiatric beds or wards): These facilities are expected to provide specialist management of psychiatric cases and timely referral to regional hospitals or mental health hospitals. However, teams in the general clinics of these facilities are expected to provide early detection, initial assessment, basic management and timely referral of cases to psychiatric clinics.

5.2 Accessing mental health services

5.2.1 Mental health services in general clinics, triage of health centers, polyclinics and local hospitals that are under PHC (with or without psychiatric clinics)

5.2.1.1 These facilities are expected to provide early detection, initial assessment, basic management and timely referral of cases to psychiatric clinics.

5.2.1.2 Teams in these facilities should be aware of the signs and symptoms of the common mental illnesses and should be vigilant of all cases attending the facility.

5.2.1.3 Ensure the confidentiality, privacy and the rights of all patients.

5.2.1.4 Teams in these facilities are expected to be aware of their roles, in detecting cases with mental illness, assessing and providing them with the basic management in accordance to this SOP.

5.2.1.5 Aware of the most updated mental health clinical guidelines including "data collection, registration and referral pathway", soft copy or hard that are available in the institution.

5.2.1.6 Have psycho-educational and counseling materials available in the facility or have access to it (if electronic form available).

5.2.1.7 Availability of quiet triage/GP clinics to ensure privacy, confidentiality and counselling provision. Ensure that triage/GP clinics contains psycho-educational and counseling materials as per the need of the patient.

5.2.1.8 Triage room provided with mental health screening tools for the nurses.

5.2.1.9 If emergency room available, make sure it contains SOP for emergency management of mental cases.

5.2.2 Ensure availability of needed documents and tools

5.2.2.1 Mental health screening and clinical physical examination tools in clinics and emergency room.

5.2.2.2 Mental health emergency management flowcharts are available.

5.2.2.3 Mini-mental state examination (MMSE) for elderly care available in triage room.

5.2.2.4 Required psychological tests e.g. intelligence quotient (IQ) test for psychologist "if a psychologist is available" in the institution.

5.2.2.5 All approved psychiatric medications are available in the facility in accordance to the most updated medications formulary.

5.2.2.6 Notification forms of side effects of psychotropic drugs are available.

5.2.2.7 Approved health educational materials (posters, leaflets) or have access to it (if electronically available).

5.2.2.8 Directory list of private and governmental institutes that provide mental health and counseling services in the catchment area.

5.2.3 Assessment and determining types of cases

5.2.3.1 Doctor assess for risk and determine type of case:

5.2.3.1.1 Non urgent case.

5.2.3.1.2 Urgent and needs first line medications.

5.2.3.1.3 Urgent for referral to: regional hospital care or specialized hospital.

5.2.3.1.4 Needs to be escorted by ambulance (emergency).

5.2.3.2 Doctor rules out physical cause for the symptoms, by doing needed lab investigations and follow up next visit.

5.2.3.3 Explain to patient and his/her relatives before starting the mental health examination or needed assessment.

5.2.3.4 Ensure that patients or relatives understand whatever is explained regarding the patient's condition and treatment plan as well.

5.2.3.5 Ensure the documentation of all notes.

5.2.3.6 Follow up investigation results and progress of patient's condition.

5.2.3.7 If the patient needs first-line medication, determine the duration for medication prescribed and monitor the side effects, disease control and relapse signs or symptoms.

5.2.3.8 Once the duration for the intervention is complete and the patient had not improved, refer to specialized doctor (psychiatrist) for further expert management.

5.2.3.9 If symptoms re-occurred refer to psychiatrist.

5.2.3.10 For any emergency cases require referral, the physicians should communicate verbally with the psychiatrist, or on-call doctor, or Emergency Department staff at the referred facilities prior to patient arrival.

5.2.3.11 Provide counseling and psycho-education with the help of (health educators, psychologist or social worker (if available) to the patients and relatives when needed.

5.3 Mental health services in polyclinics and local hospitals that are under PHC (with psychiatric clinics +/- psychiatric beds or wards): The comprehensive management system including (full mental health assessment, confirming the diagnosis, and counseling, routine appointments, follow-up and medications access) are offered by psychiatrist at psychiatric clinic.

5.3.1 Psychiatric clinic operation and working hours

5.3.1.1 The psychiatric clinics working hours (including any evening or weekend duties) will be set and communicated by the administrative officers by posting a schedule and setting daily work hours. The schedule may be subject to change under certain circumstances and based on the service needs.

5.3.2 Psychiatric clinics appointments

5.3.2.1 The psychiatric clinic should operate by an appointment system.

5.3.2.2 Appointment system should apply to all routine cases (new/follow-up) and seen through (outpatients' appointment).

5.3.2.3 Ensure that all appointments for routine (new/follow-up) cases are scheduled through the electronic system.

5.3.2.4 A reminder alert (SMS/or phone call), should be sent prior to the patients allocated appointment.

5.3.2.5 Patients will be offered an appointment with their health care provider (psychiatrist) in a timely manner regardless of the patient's condition or status.

5.3.2.6 Ensure that the schedule is in an appropriate slot (depend on the average number of the patients attending the clinic and waiting period of the appointments in the clinic).

5.3.2.7 Any urgent new/follow-up cases (emergency case) need to be evaluated immediately.

5.3.2.8 Walk-in appointments can be considered and accepted. This is to be left and can be handled by the team running the clinic.

5.3.2.9 Some cases can have a priority in being seen in the clinic, and not waiting in line in the waiting area:

5.3.2.9.1 Restless/irritable mental patient.

5.3.2.9.2 Unmanageable child. For example: child with autism spectrum disorder (ASD) or attention deficient and hyperactivity disorder (ADHD).

5.3.2.9.3 Intellectual disabilities.

5.3.3 For missed/ not attending appointments

5.3.3.1 It is important for the clinic to have a system for identifying patients who fail to attend for follow-up.

5.3.3.2 Ensure that clinic has a clear, consistent protocol for making appointments and dealing with missed appointments and make sure medical personnel, reception and medical record staff are familiar with it.

5.3.3.3 The appointment will be re-scheduled on the psychiatrist's list, and the patient will be informed. Contacting system and tracing patients who missed appointments will be decided by the team running the clinic.

5.3.3.4 Ensure that all patients or their close relatives are aware about the appointment system, how it operates and the potential consequences of missing appointments.

5.4 Referral System

5.4.1 Appointment booking procedure varies according to different categories of referrals as indicated below and based on the clinical background of the patient's condition:

5.4.1.1 Emergency (no need for appointment and patient to be seen on the same day).

5.4.1.2 Urgent (appointment scheduled within 3 days).

5.4.1.3 Routine.

5.4.2 Emergency cases such as severe depression, suicidal attempt, first episode psychosis, manic episode and aggressive behavior should be referred according to the following:

5.4.2.1 Regional psychiatrist evaluation: If [on-call regional psychiatrist available], he/she should evaluate the case first and coordinate with the tertiary psychiatric hospital accordingly.

5.4.2.2 Direct referral: If [no on-call regional psychiatrist available], case can be referred from the health center directly to a tertiary care hospital Al Massara Hospital).

5.4.3 For Management of emergency cases, consider MOH (Guideline for Mental Health Management in Primary Health Care-2020). The full guideline can be found at the following link: https://app.box.com/s/cuj3stjdn4evka7fdgkq8utrfgjw18yj

5.4.4 For emergency cases, the psychiatrist, or on-call doctor, or Emergency Department staff should be informed by the referred facility and aware about the case referred to them. Medical conditions should be ruled out before referral to mental health facility.

5.4.5 Patients with alcohol use disorder or opioid use disorder, should be stabilized medically prior to referral to addiction rehabilitation services.

5.4.6 Self-referral for patients with alcohol use disorder or opioid use disorder post medical stability, is possible to institutions having alcohol/opiates detoxification and rehabilitation services.

5.4.7 Emergency referrals should not require any prior booking or appointment.

5.4.8 Urgent and routine referrals should be done through prior booked appointments from referred healthcare facilities.

5.4.9 Senior clinicians can decide the "need" for referrals, determine the urgency of referral based on patient's clinical condition, and assess the risk to ensure safety of patient during the referral / transfer process.

5.4.10 Once the doctor knows which hospital or clinic patient will be referred to, he/she shall enter the important notes [including a detailed report of the patient's condition, recent evaluation and investigations or radiological procedures "ordered"], in accordance to the referral system in the healthcare facility including (e-referrals/electronic system).

5.4.11 For urgent and routine referrals, the institute that the patient had been referred to, should arrange for appointment bookings or suggest management plans at the healthcare facility.

5.5 Patient transfer guideline

The following measures to be taken in consideration for patient's safety before escorting:

5.5.1 Coordinate with the institution before escorting the patient.

5.5.2 The patient who is transported should not be left alone, and should be escorted by the ambulance with either a trained staff or a mental health professional (if available).

5.5.3 When transporting a patient, consider the current mental state, especially their risk of behaving in an unpredictable or aggressive manner, so it is safer to have an additional staff in case there is a need for assistance.

5.5.4 Ensure the safety of the patient during the transfer process. **"consider risk of aggressive behavior".**

5.6 Access to medications

5.6.1 Ensures that the pharmacy in the healthcare institution is equipped with all necessary medications according to the updated PHC formulary, including required medication for patients with mental health needs.

5.6.2 All emergency drugs including (psychiatric emergency drugs) should be available in the crash cart in all clinical areas within the institutions.

5.6.3 For medications (routine medications): The psychiatric doctor/nurse, advises the patient/care giver to collect the medication as per the system in the pharmacy that has been applied by the healthcare facility or to be delivered to him/her depending on the situation.

5.6.4 Patients who are unable to collect medications from the psychiatric clinic that they are following up in, are advised to collect their medications after communicating /coordinating with the relevant health institution.

5.6.5 In regards to collecting referral medications, the following should be considered:

5.6.5.1 The referring facility should ensure that the patient is provided with a referral letter to collect his/her medications from the facility that he/she is being referred to.

5.6.5.2 The referring facility is responsible in informing the patient to go to the facility he/she is being referred to one month in advance, to provide them with the referral letter to ensure the availability of medications on time, and to avoid delays which may lead to poor compliance, risk of relapse and frequent admissions.

5.7 Patient record system and documentations

5.7.1 All mental health services personnel should be familiar with the electronic medical record (EMR) (Al-Shifa) system, which presents appropriate information and required format for health record entries

5.7.2 Any healthcare institution with mental health services must maintain complete and comprehensive records and reports in a manner to ensure accuracy and continuity of care.

5.7.3 Patient information should remain confidential and protected from loss, change, destruction, and unauthorized disclosure.

5.7.4 For outpatients' visit's record, psychiatrist's entry should include the following content:

5.7.4.1 Date of visit.

5.7.4.2 Complete medical history including: chief complaint, known medical conditions, past surgeries, drugs allergies and known adverse drugs reactions.

5.7.4.3 Clinical findings.

5.7.4.4 Diagnosis.

5.7.4.5 Investigations ordered.

5.7.4.6 All medications prescribed.

5.7.4.7 Plan of management including: therapies administered, referrals, admissions, etc.

5.7.4.8 All reports of diagnostic and therapeutic procedures, tests and their results are documented in the medical record.

5.7.4.9 Documentation of missed/canceled appointments and follow-up.

5.7.4.10 Nursing records including vital signs; (height, weight, blood pressure, pulse, respirations, and temperature).

5.8 Reporting of incidents

5.8.1 All mental health personnel working in PHC facilities and hospitals should:

5.8.1.1 Report and record all patient safety incidents in line with the procedures as explained in the ministry of health (MOH) policy and procedure of incident reporting and learning system (IRLS). The full policy can be found at the following link: https://www.moh.gov.om/documents/436124/0/Incident+Reporting+%26+Learning+System+%28IRLS%29.pdf/f7d8318f-5ae2-4092-8975-59c5d56a4020.

5.8.1.2 Report all incidents that resulted in serious harm or death within 24 hours (either electronically (if available) or manually).

5.8.1.3 Participate in the investigation of incidents as required.

5.8.1.4 Participate in the implementation of recommendations arising from the investigation of incidents.

5.8.1.5 Encourage colleagues to notify incidents that have been identified to ensure that optimal learning take place.

5.9 Safety action and security

5.9.1 Psychiatrists and mental health personnel should be clear about how to handle a patient with mental health needs and violence behaviors.

5.9.2 Health care providers should be aware in recognizing patient behavior and knowing how to respond “consider patient with aggressive behavior, alcohol/drug abuse withdrawal, agitated, threatening behavior”.

5.9.3 Must alert the PRO of the health care facility (if available) to support you in managing the patient.

5.9.4 Ensure that the environment is free from harmful objects that can be used by mental ill patients.

5.9.5 All staff should be aware of using verbal and non-verbal communication skills "de-escalation techniques", as a first-line response to potential violence and aggression in the health care settings.

5.9.6 Healthcare mangers and seniors must endorse resources needed to educate staff, and allow time to audit the interventions and environmental changes needed to enhance safe environment.

5.9.7 The health institutions should implement workforce training on new techniques in de-escalation, self-defense and response to emergency situations. Consider MOH policy and procedure of workplace violence prevention. The full policy can be found at the following link: https://www.moh.gov.om/documents/436124/0/Policy+and+Procedure+of+Workplace+Violence+Prevention.pdf/d6081f32-3261-4425-8b41-be06b5e4579d

5.9.8 All psychiatric clinics should have a security officer present at close proximity to the clinics. (See MOH policy and procedure of workplace violence prevention).

5.9.9 An alternative (if no security officer allocated nearby the clinic), the presence of any method that may help raise alarm when needed e.g., the use of a bell can be of help.

5.9.10 The roles of the security officer (if available in the institution) in the mental health settings should be considered:

5.9.10.1 It is important to assign the security officer to the areas of Emergency Department (ED) and mental health settings (psychiatric clinics), to provide safety and security to patients, personnel, and the facility by responding to any emergency situations.

5.10 Tele-mental health implication in mental health services

5.10.1 Telehealth is the use of digital information and communication technologies, such as computers and mobile devices, to access health

care services remotely. It is one of the most active applications of telehealth.

5.10.2 It can involve providing a range of services including:

5.10.2.1 Medication management.

5.10.2.2 Psychiatric evaluation and diagnosis.

5.10.2.3 Therapy (individual therapy /family therapy).

5.10.2.4 Remote consultations (either by audio alone or audio/visual consultations) and patients' education.

5.10.2.5 Referral to other needed facilities.

5.10.3 Selection of mental health patients for Tele-mental health/ (remote/virtual clinic) in Polyclinics/ Local hospitals/Regional hospitals (with psychiatric clinics).

5.10.3.1 There are few patients who are not appropriate for tele-mental health services. So, the healthcare provider providing the tele-mental health service should decide who can be treated remotely, based on clinical judgment and the resources available at the given facilities.

5.10.3.2 Important measures to be taken:

5.10.3.2.1 The priority to be physically present in the psychiatric clinic may be given to cases that are uncontrolled or who require close follow up as in:

5.10.2.1.1.1 Newly diagnosed mental cases.

5.10.2.1.1.2 Serious mental health conditions "aggressive/irritable behaviors, psychosis/acute psychotic episode, alcohol withdrawal/ drug overdose, uncontrolled manic and suicidal threats" are considered as an emergency/urgent cases and required close monitoring.

5.10.2.1.1.3 Except emergency/urgent cases, consider patient preferences (either to be seen physically or by remote/virtual in the clinic).

5.10.4 Required equipment of tele-mental health (remote/ virtual clinic)

5.10.4.1 The management of the health facility will be responsible for ensuring that health care facilities are equipped with the:

5.10.4.1.1 Telephone that allows for (audio &/or visual) call that can be used for facilities with mental health services (psychiatric clinics).

5.10.4.1.2 An electronic system using Al-Shifa system for documentation.

5.10.4.1.3 Appointment list of follow up patient with their telephone numbers.

5.10.4.1.4 Access to broadband internet to transmit audio and video data.

5.10.4.1.5 Access to technical support staff.

5.10.5 Inviting patients to attend the remote/virtual psychiatric clinic

5.10.5.1 Explain to patient/caregiver the needed information about the tele-mental health system and virtual clinic before seeing remotely.

5.10.5.2 Explained to the patient/or the caregiver on how the call will be conducted i.e., via audio call alone, or video and audio.

5.10.5.3 Ensure that patient/or the caregiver understands whatever is explained.

5.10.5.4 The health facility should ensure patient or/and the caregiver are informed either by call or via SMS that their appointment will be conducted remotely.

5.10.5.5 Consent must be taken from the patient for virtual clinic /especially the video call.

5.10.6 Ethical considerations

5.10.6.1 Health providers should maintain the same level of professional, ethical principles as face-to-face/ in-person care in the delivery of virtual/remote care including related concerns such as consent processes, privacy confidentiality, patient autonomy, and patient's right.

5.10.7 Running the virtual/ remote psychiatric clinic

5.10.7.1 The virtual/ remote psychiatric clinic should run on an appointment system.

5.10.7.2 The number of appointment slots allocated in the clinic will be left to the judgment of the administrators in the health institution.

5.10.7.3 The team running the virtual/remote clinics ensure that they contact the patient at the specific time allocated for the consultation.

5.10.7.4 The team running the virtual/ remote clinics should ensure the personal information patients they are calling are correct and update the new changes if available.

5.10.7.5 Consider mentally ill patient or inability to communicate (the phone consultation) should be taken by one of the parents or caregivers.

5.10.7.6 The privacy and confidentiality of the consultation will be maintained by ensuring that the locations of the patient/or the caregiver and psychiatrist are secure. The service should be provided in a controlled environment (closed doors).

5.10.7.7 It is not recommended to consult a new patient (i.e., never been seen in clinic) remotely.

5.10.7.8 The doctor or nurse should ensure that every patient attending the appointments through the virtual/remote psychiatric clinics are registered (either manual or electronic when available).

5.10.7.9 The psychiatrist may ask the trained nurse /pharmacist/psychologist to provide counselling with regards to patients with mental health needs.

5.10.7.10 The treating doctor may need to schedule an appointment for the patient for bedside examination, if remote consultation is not adequate for making a clinical diagnosis or plan of management.

5.10.7.11 All details of the consultation should be documented in the electronic file.

5.10.7.12 All staff members involved in the operation of the system should be trained on virtual/remote system (including equipment operation and limitations and safeguarding confidentiality and security). Such training will be provided by the Information Technology (IT) department.

5.10.8 Ordering investigations/ lab tests

5.10.8.1 The psychiatrist can order the required investigations or any specific investigation and should advise the patient to come physically to the nearest health institution for blood and/or urine collection and other tests.

5.10.9 Access to medication

5.10.9.1 Ensure the patient's medications are prescribed in a timely manner and are appropriately managed while on medications.

5.10.9.2 The treating doctor who is running the remote/virtual clinic should manage/adjust patients' medication throughout the course of treatment.

5.10.9.3 Any medication prescribed should be documented in Al-Shifa electronic file.

5.10.9.4 Patients or/the caregiver can receive the medications either from the pharmacy or to be delivered to them depending on the situation.

5.10.9.5 The pharmacist in the health facility takes the responsibility of preparing, explaining the doses and giving the medications to the patient.

5.10.9.6 Ordering and collecting the medications should be documented.

5.10.10 For missed/ not attending virtual/remote clinic appointments

5.10.10.1 If the patient misses his/her appointment in the psychiatric clinic, the (nurse or doctor) should call the patient, to determine whether the patient can be provided with a new virtual/remote appointment, or to be given an appointment to be seen physically in the facility.

5.10.10.2 Make sure the patient has sufficient/enough supply of medicines, before giving a new appointment and adjust the medications accordingly.

5.10.10.3 Ensure that patient or/ the caregiver is aware about the appointment, and the potential consequences of missing appointments.

5.10.11 Referral to other institutes

5.10.11.1 Refer through the Tele-mental health referral system in Al-Shifa electronic system.

5.10.11.2 Only routine referrals can be done through the virtual/remote clinic.

5.10.11.3 Urgent and emergency referrals, should not be done remotely as the cases require clinical assessment prior to referral.

5.10.11.4 Other referral for additional therapeutic modalities like: cognitive behavioral therapy (CBT) or additional providers (primary care follow-up), can be done through the Tele-mental health system as well.

6. Responsibilities

6.1 Responsibilities of mental health section at the governorates

6.1.1 Work on developing, supervising and update the Standard Operating Procedure (SOP) for mental health services and other existing policies and guideline to raise awareness on the necessity of integrating mental health services into primary health care.

6.1.2 Coordination with all concerned parties including (internal departments, governmental and non-governmental organizations "NGOs") to implement and improve the mental health care services overall the governorates.

6.1.3 Ensure that, mental health focal points have been assigned in the governorates and that the assigned focal points are able to supervise the ongoing work process of mental health services in the governorates.

6.1.4 Gather and maintain governorate annual data and reports related to mental health.

6.1.5 Conduct field visits to evaluate and facilitate mental service in all PHC institutions.

6.1.6 Reactivate and enhance the training of trainers (TOT's) workshops in mental health for the health care providers.

6.2 Responsibilities of NCD section at the governorates

6.2.1 Ensure that all governorates are implementing the Standard Operating Procedure (SOP) for mental health services and other existing policies and guidelines related to mental health.

6.2.2 Ensure that mental health focal point is assigned in the governorate.

6.2.3 Notify the NCD department (MOH) immediately of any changes of the governorate focal point.

6.2.4 Ensure that annual data and reports from mental health focal point is forwarded to the NCD department in the ministry.

6.2.5 Assist the mental health focal point in resolving any issues related to mental health that may identified in the governorate.

6.2.6 Follow and supervise the functioning of the mental health services in the health centers / or in the polyclinics and local hospitals that are under PHC level including (psychiatric clinics).

6.3 Responsibilities of mental health focal points in the governorates

6.3.1 Mental health focal point should be nominated and assigned by the NCD section or focal point at the governorate.

6.3.2 The main responsibility of mental health focal point, is the overall supervision of mental health services in primary care level (health centers) /or in the polyclinics and local hospitals that are under PHC level including (psychiatric clinics).

6.3.3 If the assigned focal point unable to perform his/her duties as a focal point or any changes of the focal point, should be communicated directly to the NCD section in the governorate.

6.3.4 Monitor the function of psychiatric clinics and mental health services, by implementing the Standard Operating Procedure (SOP) of mental health services and other existing policies and guidelines related to mental health.

6.3.5 Participate in developing, reviewing any guidelines, policies, strategies etc. related to mental health.

6.3.6 Provide necessary data and report for the NCD section in the governorate or mental health section in NCD department (MOH) when needed.

6.3.7 Report any mental health issues and discuss suggested solutions to the NCD section in the governorate or the mental health section in NCD department (MOH) when needed.

6.3.8 Ensure that mental health awareness is being raised in the community through events, media, lectures, awareness messages. Conduct and participate in mental health training program to ensure that they have trained health care providers in each PHC institution.

6.3.9 Be present during any field visits to the governorate conducted by the mental health team of the mental health section in the NCD department (MOH).

6.4 Responsibilities of health care providers working with mental health services (at the level of the health center or/ local hospital or polyclinic):

6.4.1 Responsibilities of the head of health centers or polyclinics

6.4.1.1 Ensures that the mental health services are running in a timely manner.

6.4.1.2 Collaborate with the mental health focal point for any issue related to mental health services in the institution.

6.4.1.3 Collect required data of the institution and provide the needed data to the governorate mental health focal point.

6.4.1.4 Assess the educational needs to ensure the availability of trained staff in the institution.

6.4.1.5 Suggest and nominate healthcare providers who needs to attend any workshops related to mental health program. This is to be done in coordination with the management of the NCD section at the governorates.

6.4.1.6 Ensure the availability of the educational materials related to mental health subjects in the institution.

6.4.1.7 Solve any issues that may arise at the level of the health center or polyclinic.

6.4.1.8 Report any issues related mental health service to the mental health focal point or with the NCD section at the governorates.

6.4.2 Responsibilities of the nurse in the triage of the health facility

6.4.2.1 Nurses in triage are expected to be aware of the most common mental illnesses and be vigilant of these mental illnesses in all patients attending the facility.

6.4.2.2 Are aware of the availability of the mental health SOP.

6.4.2.3 Perform a screening tool if needed.

6.4.2.4 Communicate with the managing physician if a mental illness is suspected either by assessment or detected after using the relevant screening tool.

6.4.2.5 In case of mentally ill patients attending the facility:

6.4.2.5.1 Deal with the patient like all other patients attending the facility, but consider his/her mental health needs.

6.4.2.6 Always ensure the confidentiality and privacy of all information.

6.4.3 Responsibilities of the physician managing patients with mental health needs

6.4.3.1 Ensure that the physician has a background on mental health and had attend at least one training workshop on management of mental disorders in PHC.

6.4.3.2 Ensure therapeutic communication and safe environment for the patients. (see 5.9)

6.4.3.3 Deal with the patient like other healthy patients, but consider his/her mental health needs.

6.4.3.4 Follow the Standard Operating Procedure (SOP) of mental health services and other existing policies and guidelines related to mental health.

6.4.3.5 Initiate first line interventions after proper mental health examination, screening and assessment in accordance with the updated national and international guidelines.

6.4.3.6 Refer the case which needs the secondary level interventions consider emergency cases should be referred immediately to the nearest psychiatry clinic. (see 5.4)

6.4.3.7 Ensure that medical conditions should be ruled out before referral to psychiatrist.

6.4.3.8 Provide psycho-education and counseling with the help of (health educators, psychologist and social workers (if available)) to the patients, the caregiver or the family when needed.

6.4.3.9 Communicates with psychiatrist for any medical issues related to the patient's health condition or before refer the patients.

6.4.3.10 Ensure a proper documentation. (see 5.7)

6.4.3.11 Report any incident related to the patient safety incidents that resulted in serious harm. (see 5.8)

6.5 Responsibilities of health care providers working in psychiatric clinics (+/- psychiatric beds or wards at the level of PHC)

6.5.1 Responsibilities of the psychiatrists running the psychiatric clinic

6.5.1.1 Provide urgent care for a sudden mental illness.

6.5.1.2 Ensure the proper diagnosis and rules out differential diagnosis.

6.5.1.3 Assess, evaluate and treat mental health conditions in accordance with the updated national and international guidelines.

6.5.1.4 Help in managing a long-term mental health condition through the routine appointments.

6.5.1.5 Provide second opinions and advice to other doctors and health professionals when needed.

6.5.1.6 Refer the patients to the specialized hospitals or other health professionals if necessary.

6.5.1.7 Admit the patient if required depends on the availability of admission service in the local/ regional hospital or coordinate with nearby facility with bed services.

6.5.1.8 Prescribe medications. (see 5.6)

6.5.1.9 Give new follow up appointment.

6.5.1.10 Ensure a proper documentation of the consultation, patient's history and health status. (see 5.7)

6.5.1.11 Report any incident related to the patient safety incidents that resulted in serious harm. (see 5.8)

6.5.1.12 Provide psycho-education and counseling for the patient, the caregiver or the family when needed.

6.5.1.13 Raise and report any issues related to the mental health services either to the (head of health center/ polyclinic or to the mental health focal point) in the governorate.

6.5.1.14 Always ensure safety measures are applied.

6.5.2 Responsibilities of the nurse running the psychiatric clinic

6.5.2.1 Ensure that the nurse has a background on mental health and had attend at least one training workshop on management of mental disorders in PHC.

6.5.2.2 Be present with the doctor for taking the necessary data of the patient.

6.5.2.3 Screening patient for early warning signs and factors that influence patient's health.

6.5.2.4 Conduct need assessment to analyze common mental problems and set interventions.

6.5.2.5 Follow up the appointments with indicated cases.

6.5.2.6 Assessing and planning nursing care requirements.

6.5.2.7 Take all necessary vitals.

6.5.2.8 Provide health education and psychological support for patients, caregiver or family.

6.5.2.9 Administer medication as doctor prescribe.

6.5.2.10 Liaise with doctors, health educators, psychologists and other professionals.

6.5.2.11 Writing and updating patient records.

6.5.2.12 Ensure that the patient and/or the caregiver understands all information provided by the doctor related to (diagnosis, treatment and the prognosis).

6.6 Responsibilities of the Pharmacist

6.6.1 Ensure that the pharmacist has a proper skills and knowledge about mental health, so he/she can identify and support patients with mental health conditions.

6.6.2 Should understand the interactions of psychiatric drugs such as antidepressants, antipsychotics, and other medications and the potential for psychiatric drugs interactions.

6.6.3 Ensure a good communication when explaining the (use of psychiatric medications, how the medications work, and their side effects) with consideration of mentally-ill patients or caregiver.

6.6.4 Make sure that patients or caregiver understands the explanation before leaving the institution.

6.6.5 Ensures that the pharmacy is equipped with all necessary psychiatric medications in accordance to the latest and updated national formulary. (see 5.6)

6.6.6 Consult with the patient's doctors and other health care providers in selecting the medication therapy that meets the patient's needs.

7. Definitions

7.1 **Psychiatric clinic:** a facility which provides evaluation, early detection, diagnosis, and ambulatory treatment, to individuals who have mental, emotional or behavioral problems, disturbances, dysfunctions or disorders.

7.2 **Psycho-education:** a therapeutic intervention that provides information and support to patients and their family in order to better understand and cope with medical/mental health conditions and treatments.

7.3 **Mini-mental state examination (MMSE):** a test given by health professionals to someone who may have problems with memory, cognitive impairment or other mental abilities.

7.4 **Intelligence quotient (IQ):** a test uses to measure a person's cognitive abilities "intelligence" in relation to their age group.

7.5 **Psychiatrist:** is the physician who is specialized in dealing with management of mental health problems/disorders, including: prevention, screening, diagnosis and implementing all types of pharmacological and non-pharmacological psychiatric therapeutic modalities.

7.6 **Psychologist:** a person who deals primarily with psychological assessment and can practice different types of psychotherapy or /talk therapy after getting enough training for it.

7.7 **Depression:** a group of symptoms characterized by a persistent low mood and a marked loss of interest or pleasure for a period long enough to disturb the overall level of performance of the individual.

7.8 **Intellectual disability:** a disability characterized by significant limitations in both intellectual functioning and in adaptive behavior e.g. communi-cating , learning, problem solving) and adaptive behavior (e.g. everyday social skills, routines, hygiene).

7.9 **Psychosis/acute psychotic episode:** a symptom or feature of mental illness characterized by severe disturbance in the perception of reality. (person might see, hear, or believe things that aren't real).

7.10 **Manic episode:** a sustained period of abnormally elevated or irritable mood, intense energy, racing thoughts, and other extreme and exaggerated behaviors.

7.11 **Aggressive behavior:** "excessive verbal and/or motor behavior" that can result in both physical and psychological harm to person, others, or objects in the environment.

7.12 **Autism spectrum disorder (ASD):** a pervasive developmental disorder defined by the presence of abnormal and/or impaired development that is manifested before the age of 3 years, and by the characteristic type of abnormal functioning in the three areas: (social interaction, communication and Restricted/repetitive behavior).

7.13 **Attention deficient and hyperactivity disorder (ADHD):** a psychiatric neuro-developmental condition emerging in early childhood, that features an enduring pattern of severe, developmentally inappropriate symptoms namely inattention, hyperactivity, and impulsivity across different settings (e.g., home and school) that significantly impair academic, social as well as work performance.

8. Document History and Version Control

Document History and Version Control			
Version	**Description of Amendment**	**Author**	**Review Date**
01	Initial Release	Muzna S. Al-Balushi	January 2024
02			
03			
04			
05			
Written by	**Reviewed by**	**Approved by**	
Muzna S. Al-Balushi	Mental Health Team	Dr.Said Al Lamki	

9. Related Documents:

9.1 Policy and Procedure of Workplace Violence Prevention.

9.2 Guideline for Mental Health Management in Primary Health Care.

9.3 Policy and procedure of Incident Reporting and Learning System (IRLS).

9.4 Referral Policy.

10. References

Title of book/ journal/ articles/ Website	Author	Year of publication	Page
Policy and Procedure of Workplace Violence Prevention https://www.moh.gov.om/documents/436124/0/Policy+and+Procedure+of+Workplace+Violence+Prevention.pdf/d6081f32-3261-4425-8b41-be06b5e4579d	Directorate General of Quality Assurance Center	2017	3-16
Policy and procedure of Incident Reporting and Learning System (IRLS) https://www.moh.gov.om/documents/436124/0/Incident+Reporting+%26+Learning+System+%28IRLS%29.pdf/f7d8318f-5ae2-4092-8975-59c5d56a4020	Directorate General of Quality Assurance Center	2017	5-51
Referral Policy https://www.moh.gov.om/documents/10181/667459/Refferal+Policy.pdf/2705a237-9a47-428d-91e3-5a1a08baaa07	Directorate of Private Health Establishments	2013	10-11
What is a psychiatrist? [Internet]. Yourhealthinmind.org. 2017. Available from: https://www.yourhealthinmind.org/getmedia/5d42bda4-225b-4895-8ba9-994dd9e676f3/What-is-a-psychiatrist-YHIM.pdf.aspx?ext=.pdf	Royal Australian and New Zealand College of Psychiatrists (RANZCP)	2017	1
Clinical Pharmacist and Pharmaceutical Care [Internet]. Ijppr.humanjournals.com. Available from: http://ijppr.humanjournals.com/wp-content/uploads/2015/07/14.J-shareef-and-LN-Samaga1.pdf	J shareef1 and LN Samaga	2015	162

Appendix 1

Checklist for Standard Operation Procedure (SOP) for Mental Health Services

Objectives: This checklist aims at measuring the degree of compliance to the Standard Operating Procedure (SOP) in psychiatric clinics and mental health services

Audit Evidence Collection Methods				
A. Observation				
Integration of mental health services into general health system	**Met**	**Partially met**	**Not met**	**NA**
1. The GP is capable of screening patient for mental health problems (5 steps approach flowchart is available)	**2**	**1**	**0**	
Accessing mental health services	**Met**	**Partially met**	**Not met**	**NA**
1. There is a mental health triage in the psychiatry clinic	**2**	**1**	**0**	
2. Ambulance vehicle is available for patients' requiring referral to another hospital	**2**	**1**	**0**	
3. Educational leaflets are available for patients and their families	**2**	**1**	**0**	
Availability of medications and tools	**Met**	**Partially met**	**Not met**	**NA**
1. Crash trolley is available at the institute and easily accessible	**2**	**1**	**0**	
2. Haloperidol, promethazine and procyclidine are available in the crash trolley	**2**	**1**	**0**	
3. Crash trolley is routinely checked and updated	**2**	**1**	**0**	
4. Wheelchair with restraints is available and easily accessible	**2**	**1**	**0**	
5. Notification form of side effects of psychotropic drugs are available with pharmacist	**2**	**1**	**0**	
6. Screening scales for mental health are available at the clinic	**2**	**1**	**0**	
Mechanism of work in the psychiatry clinic	**Met**	**Partially met**	**Not met**	**NA**
1. Triage room with staff nurse is available	**2**	**1**	**0**	
2. Psychology clinic is available	**2**	**1**	**0**	

3. Social worker clinic is available	**2**	**1**	**0**	
Referral System	**Met**	**Partially met**	**Not met**	**NA**
1. The method of referring patients to psychiatry clinic is clear (Referral flowchart is available)	**2**	**1**	**0**	
Patients' medical record system and documentations	**Met**	**Partially met**	**Not met**	**NA**
1. All required formats for mental health records are available and activated in (Al-Shifa) system	**2**	**1**	**0**	
Safety action and security	**Met**	**Partially met**	**Not met**	**NA**
1. The environment is free of harmful objects that can be used by mental ill patients	**2**	**1**	**0**	
2. The security officer allocated nearby the clinic	**2**	**1**	**0**	
3. Alarming system e.g. (bell) is available to worker early in case of violent, agitated patients or threatening behavior	**2**	**1**	**0**	
Tele-mental health implication in mental health services	**Met**	**Partially met**	**Not met**	**NA**
1. The clinic is equipped with tele-medicine to facilitate communication with patients	**2**	**1**	**0**	
2. Required equipment's (Telephone, appointment list of follow up patients, broadband internet, technical support staff) are available for tele-medicine	**2**	**1**	**0**	
B. Enquiry and Interview				
Integration of mental health services into general health system	**Met**	**Partially met**	**Not met**	**NA**
1. The GP is aware of the nearest psychiatry clinic	**2**	**1**	**0**	
2. The GP in the health facility has been trained on the management of mental disorders in PHC e.g. (5-steps approach program)	**2**	**1**	**0**	
Accessing mental health services	**Met**	**Partially met**	**Not met**	**NA**
1. The GP is aware of the referral policy	**2**	**1**	**0**	

Availability of tools and medications for intervention	**Met**	**Partially met**	**Not met**	**NA**
1. All necessary medications-especially first-line treatment are available at the health institute	**2**	**1**	**0**	
Mechanism of work in the psychiatry clinic	**Met**	**Partially met**	**Not met**	**NA**
1. The triage nurse categorizes patients according to the level of emergency	**2**	**1**	**0**	
2. The clinic operates by an electronic appointment system	**2**	**1**	**0**	
3. Continuity of patients' care is ensured by scheduling the appointment with the same psychiatrist	**2**	**1**	**0**	
4. The clinic has a system to identify patients who missed their appointments	**2**	**1**	**0**	
5. Walk-in appointments are considered and accepted	**2**	**1**	**0**	
6. A reminder alert (SMS/or phone call), is sent prior to the patients allocated appointment	**2**	**1**	**0**	
Referral System	**Met**	**Partially met**	**Not met**	**NA**
1. Appointments are scheduled based on risk assessment and patient's condition	**2**	**1**	**0**	
2. Confirm necessity and appropriateness of referral based on: patient's condition and triage appropriate referrals after discussion with the specialist	**2**	**1**	**0**	
3. Staff are aware about the referral pathway/flowchart for mental health conditions following mental health guidelines	**2**	**1**	**0**	
4. Emergency cases require referral are verbally communicated to the psychiatrist/ on-call doctor/Emergency Department staff at the referred facilities prior to arrival.	**2**	**1**	**0**	
5. Patients with alcohol and drug use disorder are stabilized medically before referral to nearest substance misuse unit /institute	**2**	**1**	**0**	
6. Referrals are being reviewed by psychiatrist prior giving appointments.				

7. The health care worker escorting patient by ambulance is trained on management of aggressive/violent patient using (de-escalation techniques +/− administer first-line medication)	**2**	**1**	**0**	
Access to medications	**Met**	**Partially met**	**Not met**	**NA**
1. All psychiatrists are clear about the procedure of referring a patient to collect his/her medications from the nearest health institution	**2**	**1**	**0**	
Patients' medical record system and documentations	**Met**	**Partially met**	**Not met**	**NA**
1. Health care workers are aware about confidentiality issues & psychiatric patient rights	**2**	**1**	**0**	**2**
2. Health care workers are familiar with electronic incidents reports	**2**	**1**	**0**	
3. Clinic psychologist is using psychologist module in al-Shifa account	**2**	**1**	**0**	
Safety action and security	**Met**	**Partially met**	**Not met**	**NA**
1. All mental health care workers are certified for "breakaway techniques" course	**2**	**1**	**0**	
2. Mental health care workers are familiar with the assessment of impending violence and de-escalation techniques.	**2**	**1**	**0**	
Tele-mental health implication in mental health services	**Met**	**Partially met**	**Not met**	**NA**
1. Staff working in tele-mental health services are aware about documentation process	**2**	**1**	**0**	
Measure the effectiveness of the training program	**Met**	**Partially met**	**Not met**	**NA**
1. Health care worker is Implementing the mental health guidelines and SOP for health workers in primary health care institutions	**2**	**1**	**0**	
2. Staff is aware of the unified training package that is prepared primary health care settings.	**2**	**1**	**0**	
3. Availability of a database for the number of trainees on mental health program	**2**	**1**	**0**	

C. Examination of patient's records				
Patients' medical record system and documentations	**Met**	**Partially met**	**Not met**	**NA**
1. Patient's vitals are always recorded in the patient's file in every visit	**2**	**1**	**0**	
2. Psychiatrist, GP's documentation is clear and sufficient to describe the overall condition of the patient and the management plan	**2**	**1**	**0**	
Suggestion for improvement:				

Attached below is the latest approved drugs list for primary health care setting:

- **A Level:** General (PHC) (basic health centers)
- **B Level:** DGMS (PHC + beds including maternity)
- **C Level:** Extended health centers with specialty care (Polyclinics)

Approved drug list 2019	
Benzodiazepine anxiolytics	
Clonazepam 0.5mg	C
Diazepam 5mg	A
Diazepam 5 mg/ ml 2 ml	A
Bromazepam 1.5mg	C
Miscellaneous anxiolytics	
Buspirone 5mg	C
Buspirone 10mg	C
Hydroxyzine hydrochloride 10mg	C
Phenothiazines	
Promethazine hydrochloride 10mg	A
Promethazine hydrochloride 25 mg	A
Non selective beta blockers	
Propranolol hydrochloride 10mg	A
Propranolol hydrochloride 40mg	A
Antipsychotic	
Chlorpromazine hcl. 25mg	A
Chlorpromazine hydrochloride 100 mg	C
Fluphenazine decanoate 25mg/ml. 1ml	C
Trifluoperazine 1mg	C
Trifluoperazine 5mg	C
Flupenthixol dihydrochloride 1mg	C
Flupenthixol di-hydrochloride 3mg	C
Haloperidol 1.5mg	A
Haloperidol 5mg	A
Haloperidol 10mg	A
Haloperidol 5mg/ml	A
Antidepressant drugs	
Maprotiline hydrochloride 25mg	A
Maprotiline hydrochloride 50mg	A
Amitriptyline hydrochloride 25mg	A
Clomipramine hydrochloride 10mg	A
Clomipramine hydrochloride 25mg	A
Imipramine hydrochloride or oxide hydrochloride 25 mg	C
Citalopram 20mg	C
Fluoxetine hydrochloride 20 mg	A (FAMCO) + c
Paroxetine 20mg	C