



MENTAL HEALTH

POLICY AND PROCEDURE

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POLICY AND PROCEDURE – MENTAL HEALTH

Introduction

The aim of Dubai Healthcare City Authority- Regulatory (DHCR) Mental Health Policy and Procedure and is to ensure that healthcare services in Dubai Healthcare City (DHCC) are provided with high levels of quality and safety that enhance the provision of Mental Health care and its outcomes. This policy also provides Healthcare Professionals (HCPs) with requirements and procedures to keep at pace with current regulations and standards and maintain a welfare system that is functional, practical and sustainable.

This document is the result of a collaborative effort from psychologists and other mental health professionals, regulatory and legal experts and others from within both the public and private healthcare sectors of Dubai and has been benchmarked against international best practice including the endorsed Ethical Code and Professional Conduct of Psychologists (ECPCP). This provides a broad and enabling framework which supports Psychologists and other Mental Health Professionals (MHPs) to make decisions about and within their scope of practice and recognize their responsibilities toward public interest and to ensure public safety.

DHCR, through this policy, supports:

- the promotion of mental health,
- reduction of incidence and prevalence of mental disorders (prevention and treatment),
- reduction of the extent and severity of associated disability (rehabilitation),
- development of services for people with mental illness and reduction of stigma,
- the promotion of human rights and dignity of people with mental illness,
- the promotion of psychological aspects of general health care, and
- reduction of mortality associated with mental illness, both from suicide and from premature physical mortality.

1. PURPOSE

1.1	To define and set out the proper & acceptable standards of mental health care facilities and professionals to be fit to provide mental health services in accordance with the requirements of applicable laws and regulations in the UAE.
1.2	To guide Mental Health Professionals who have direct contact with patients with mental issues or disorders, to identify signs and symptoms of mental disorders.
1.3	To set the parameters within which DHCC facilities are expected to operate while carrying out duties and responsibilities in relation to individuals (patients/ clients) who are receiving mental health services within DHCC facilities.



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1.4	Outline the procedures that Healthcare Operators (HCOs) are expected to follow, in the event that patients/clients present any reportable situations as defined by the legal system in the UAE, such as self-harm, suicide attempts, rape and/or molestation etc (articles 335 & 354 Federal Law No. (3) of 1987 Promulgating the Penal Code and Federal Law No. (3) of 2016 on Children's Rights).
1.5	To guide mental health providers in implementing best practices as stated in this document.
1.6	To provide professionals with the necessary requirements that keep their work legitimate and safe from and/or prevent: patient harm, conflict, negligence, or misunderstanding with the patient and/or the patient's family.
1.7	To ensure proper referrals of patients/clients in a timely manner.

2. SCOPE OF APPLICATION

2.1	This policy applies to all HCOs and their mental health professionals (MHPs) including psychologists, social workers, and support services employees who may be in contact directly or indirectly with children, adolescents, adults and elderly mental health patients/clients.
2.2	The use of "Mental Health Professional (MHP)" in this policy is meant to include any licensed Psychologist, Psychiatrist, Mental Health Nurse, and/or Counselor in addition to their support staff as applicable and is required to adhere to the principles and standards set out herewith.
2.3	This policy applies to all relevant DHCR departments as required by their roles, functions and responsibilities including but not limited to licensing, inspection, and enforcement.

3. DISCLAIMER

3.1	HCOs and their MHPS are expected to fully implement this Policy while taking into consideration the potential risks and benefits in addition to the individual needs, preferences, and values of their patients/clients using their service.
3.2	This Policy aims to improve care by encouraging early detection and treatment of mental health issues and focusing on long-term recovery. It is recommend that MHPs check for coexisting health problems and to cross check with other specialties and HCPs when the patient does not respond properly to treatment.
3.3	Providing support for family members and carers is an essential part of the scope of mental health practice unless there are good justifications to refrain from doing so.



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4. POLICY

4.1	The Policy has been developed based on international best practice in mental health care modified to meet the requirements as mandated by Dubai and UAE laws and regulations, particularly those related to clinical practice and mental health.
4.2	Ethical standards and considerations are mandated and empowered by the code of ethics and applicable local and federal laws.
4.3	It is the responsibility of MHPs and HCPs to ensure that they are well-informed about the current clinical and ethical standards and that their practice is in accordance with the most recent psychology and mental health regulations for practicing in Dubai Healthcare City.
4.4	MHPs are mandated to keep abreast of mental health advances and current knowledge on mental illnesses and different modalities of treatment taking into consideration that they have to meet DHCR requirements of license renewal and relevant Quality standards.
4.5	The main desired outcome of mental health care services is improving the quality of life for individuals to enable them to lead a normal family life where applicable. It also includes rehabilitating individuals to cope with their chronic situations to be better citizens in their society and better employees in their organizations.
4.6	MHPs must respect and protect patients'/clients' rights in accepting or refusing treatment and freedom of speech and inquiry, unless otherwise mandated by law and/or court ordered treatment or evaluation.
4.7	MHPs are encouraged to engage in a variety of roles and responsibilities in order to increase their knowledge such as a researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist and an expert witness as applicable (kindly check the DHCR licensing requirement for further roles as necessary).
4.8	MHPs must at all times act ethically, and practice according to the APA Ethical Codes of Conduct. In addition, they must consult with more qualified professionals when facing ethical concerns, problems, and issues where applicable.

5. RESPONSIBILITY AND ACCOUNTABILITY

5.1	MHPs must know their roles and responsibilities towards their clients/patients.
5.2	MHPs must consider the stigma and discrimination that is associated with using mental health services.



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5.3	<p>Clinical and non-clinical staff in DHCC must be sensitive to patients and clients using mental health services, and be respectful toward those individuals. They must also take into consideration:</p> <ul style="list-style-type: none"> 5.1.1 their social economic status, 5.1.2 age, 5.1.3 their background which includes ethnicity, culture, and religion, and 5.1.4 any form of disability.
5.4	<p>MHPs must be aware of possible variations in the presentation of mental health problems in addition to the fear to admit issues and problems. Thus, the provider must gain the trust of the client/patient in order to know all complaints, signs, and symptoms.</p>
5.5	<p>All MHPs must possess and constantly hone the required competences in their areas of practice. This includes: assessment skills, counseling, psychotherapy, treatment modalities, and consultation.</p>
5.6	<p>MHPs may involve other team members in order to provide a more comprehensive treatment plan for the client/patient as required without having any financial gains. MHPs must explain the rationale behind the involvement of other members in the treatment and obtain the patient's/client's informed consent for that.</p>
5.7	<p>MHPs must make appropriate plans for any interruption of treatment such as emergencies, vacations, or long leaves of absence. To ensure continuity of care, MHPs must discuss with other professionals and clients/patients the process for a smooth referral and obtain the clients'/patients' informed consent on sharing their medical records with them. It is advisable that MHPs include in their informed consent forms the name of at least one professional colleague willing to assume their responsibilities should the need arise.</p>
5.8	<p>MHPs must provide further protective measures that are related to psychological treatment, social care, and/or legal support according to the nature of the condition</p>
5.9	<p>MHPs must implement a standardized assessment and management procedure of mental illnesses and disorders and assist in solving individual family and marriage problems if applicable.</p>
5.10	<p>The Clinic/Medical Manager/Psychologist-in-Charge must ensure:</p> <ul style="list-style-type: none"> 5.10.1 Conducting regular quality audit to ensure alignment with best practice and international patient safety standards;



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	<p>5.10.2 MHP's specialty title is aligned with the facility approved services and scope of practice;</p> <p>5.10.3 Each MHP has a current clinical privileging document which defines their scope of practice in the healthcare facility;</p> <p>5.10.4 Each MHP should be provided with a copy of his or her clinical privileges and their roles and responsibilities; and</p> <p>5.10.5 Conduct Periodic appraisal of MHP practice using ongoing professional practice review that includes monitoring and evaluation through process of continuous accumulation and analyzing data and information on the behaviors, professional growth, and clinical practice.</p>
5.11	When providing services to an impaired capacity person, the treating MHP must acquire a copy of his/her medical records prior to providing services and before providing any treatment. In addition, the MHP must check if the carer accompanying the patient is a legitimate guardian and can decide on behalf of the patient, or s/he needs to be legitimized by obtaining an official assignment as a legal guardian.
5.12	In case where a family is involved and there is an agreement between both parties, confidentiality should be discussed on an ongoing basis/ or when needed, and involve them during treatment process and if any changes are required. Also, provide them with additional information related to any external services which can support the patient, or can provide patient with further mental health services or options.
5.13	When providing services to an adolescent and caregiver are legally responsible, to provide clear information related to confidentiality across family members, and how much they are involved in the treatment plan.

6 STANDARDS OF CARE

6.1 Access, Referral and Waiting Times

6.1.1	Access to mental health care services must be ensured by HCOs regardless of patient/client nationality, religion, culture, or ethnic background.
6.1.2	The following must be made clear and available in written form either in hard copies such as brochures or fliers and/or online to service users, carers, and MHPs: <ul style="list-style-type: none"> 6.1.2.1 A simple description of the services provided and their purpose; 6.1.2.2 Clear referral criteria; 6.1.2.3 The facility's contact information and guidance on how to book and appointment;



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	<p>6.1.2.4 Working days and working hours; and</p> <p>6.1.2.5 DHCR approved specialty and experience of staff members.</p> <p>Note: Any advertisement material including but not limited to electronic, written, and/or audio/visual must obtain DHCR and MOHAP approval. For further information, kindly refer to the DHCR Advertisement Policy and Procedure which can be found on https://dhcc.ae/regulations/policies-and-procedures</p>
6.1.3	Referrals from other facilities are accepted within an agreed timeframe. Emergency cases must obtain immediate access or referred to hospitals/emergency departments as appropriate.
6.1.4	Mental health professionals must refrain from treating unknown persons who refuse to present valid identification (e.g. Emirates ID, passport, or driving license) or give their details, as professionals will not be able to adequately complete the patient's health records. If faced with such cases, the MHP must explain to the patient the importance of the confidentiality of all patient information and the measures taken to safeguard it. If the patient still refuses to provide legitimate documentation the MHP is advised to reschedule an appointment during which the necessary documents will be ready.
6.1.5	The outcome of the referral must be fed into the client/patient record.
6.1.6	Each client/patient and caregiver must be provided with expected waiting times for assessment and treatment.
6.1.7	All staff members must treat the clients/patients and caregivers with compassion, dignity and respect.
6.1.8	Clients/patients and caregivers should not feel stigmatized by any MHPs or other staff.
6.1.9	<p>Referral must be considered in the following situations:</p> <p>6.1.9.1 When a patient's life is at risk, or in an emergency situation where MHP must call emergency services immediately;</p> <p>6.1.9.2 When treatment of the patient is beyond the MHP's scope of practice. For example, addiction cases should be only treated by professionals specialized in addiction;</p> <p>6.1.9.3 When the treatment of the patient is beyond the competency level of the MHP;</p> <p>6.1.9.4 When the patient poses a risk to a staff member, or other patients;</p> <p>6.1.9.5 When the MHP must abruptly leave the practice at the healthcare facility;</p> <p>6.1.9.6 If the treatment facility undergoes closure; and/or</p> <p>6.1.9.7 Change of the patient's/client's place of residence further away from the treatment facility.</p>
6.1.10	The treating MHP must be transparent and after proper assessment, the practitioner must inform the patient if he/she can be followed up with at a less expensive, more convenient primary



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	care service center, or if the patient needs more specialized care in a secondary or tertiary treatment facility. The MHP must also discuss the expenses versus the expected benefits.
6.1.11	Services must be culturally appropriate and if the MHP lacks such training, educational background, or understanding, then practitioner must consult/refer to another qualified professional.
6.1.12	The MHP may refuse treating a patient if: <ul style="list-style-type: none"> 6.1.12.1 the professional does not have the required competency or enough experience to treat the patient; 6.1.12.2 if the clinical set up in which the practitioner works is insufficient to provide the necessary treatment for the patient; and/or 6.1.12.3 if there is a language barrier and an interpreter cannot be provided. For example, drug abuse patients must be guided to attend only facilities licensed to treat addiction. On the other hand, patients at serious risk for suicide should be admitted in suitable hospitals capable of observing the patient properly and preventing self-harm.
6.1.13	MHPs must take into account the patient's levels of knowledge and understanding of mental health disorders and their treatment by using languages developmentally appropriate and offering to provide further information as needed.
6.1.14	If the MHP is not authorized to give sick leave, the patient/client must be informed in advance in order to avoid future issues especially for working patients who attend the mental health facility during their working hours and for students who are brought by family members during school hours.
6.1.15	Consent must be obtained and signed in accordance with DHCR Medical Records Policy.
6.1.16	In case the patient is below 18 years old, the legal guardian's consent is required.

6.2 Assessment

6.2.1	Prior to any assessment, the following must be explained to the clients/patients: <ul style="list-style-type: none"> 6.2.1.1 the process of registration, 6.2.1.2 required documents, 6.2.1.3 the importance of filling the medical history form accurately and completely, 6.2.1.4 the patient's rights, and 6.2.1.5 the fees system and accepted payment methods.
6.2.2	The staff members must identify themselves to the clients/patients and their name badges must be clear with name and specialty.

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6.2.3	The MHPs must carefully revise the patient's history, educational & marital status in order to address their clients/patients correctly.
6.2.4	MHPs must verify if the client/patient has any underlying medical condition that might interfere with their mental status.
6.2.5	Lifestyles factors must be studied including but not limited to: <ul style="list-style-type: none"> - sleeping patterns, - diet, - smoking, - exercise, - sexual activity, - drugs and alcohol abuse, - different abuse types and neglect, and - any tendency for self-harm or suicidal thoughts and/or attempts, etc.
6.2.6	The MHP must document diagnosis or preliminary diagnosis and its code according to DSM 5 or ICD 10.
6.2.7	The MHPs must record whether or not they notified client/patient and /or caregiver with the findings of assessments performed and the subsequent recommendations. In the case of treating minors, the patient's legal guardian must be informed.
6.2.8	The following must be documented clearly in the patient records: <p>6.2.8.1 Whether the client came alone or with friend or family member (especially minors);</p> <p>6.2.8.2 The reason they are seeking consultation (presenting concern);</p> <p>6.2.8.3 The MHP's specific notes about the session content and clinical observations of the patient at each visit;</p> <p>6.2.8.4 Any intervention, treatment plan and follow up, recommendations, and important details such as health education or specific coping mechanisms discussed;</p> <p>6.2.8.5 The patient's contact information (mobile phone number and email address) and the booking of follow-up appointment(s).</p>



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6.2.9 Where psychological tests are required, the MHP administering them must be qualified and experienced in administration and interpretation of the assessment; otherwise the patient must be referred to the appropriate and qualified professionals.

6.3 Review and Care Planning

6.3.1 Decide on minimal clinical reviews for each case.

6.3.2 Document care plan with the agreement and understanding of client/patient.

6.3.3 Document the anticipated dates for review and discharge planning.

6.4 Treatment and/or Therapies

6.4.1 When discussing treatment options with a patient with a common mental health disorder, the MHP must provide information about:

6.4.1.1 The nature, content, and duration of any proposed intervention,

6.4.1.2 The acceptability of any proposed intervention,

6.4.1.3 Possible interactions with any current interventions, and

6.4.1.4 The implications for the continuing provision of any current interventions.

6.4.2 When making a referral for the treatment of a common mental health disorder, the MHP must take account of patient preference when choosing from a range of evidence-based treatments.

6.4.3 The MHP must ensure safe and effective provision of evidence based psychological interventions.

6.4.4 Clients/patients and caregivers must be guided on how to get support from local authorities in different perspectives like free health insurance card, transportation, part time work, rehabilitation centres, peer groups,...etc.

6.4.5 When medication is prescribed; the goals and risks must be explained including benefits, interactions and side effects, time scale, and what to do in case of crisis or emergency.

6.4.6 The treating MHP must monitor patients frequently and adequately to ensure stabilization of the patient condition. In addition, blood levels must be closely monitored in order to avoid intoxication such as in cases of receiving Lithium, high doses of antipsychotic drugs, or antipsychotics in combination with benzodiazepines...etc.

6.4.7 The treating MHP might need to consider revising the medical health condition of the patient by referring the patient for a medical checkup, especially for those who have persistent psychosomatic diseases and those who do not respond well to treatments.

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6.4.8	MHPs must monitor patient symptoms, distress, impairment, and level of functioning (including education, training, and employment) and evaluate if it is to be considered in the treatment outcome.
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6.5 Risk and Safeguarding

6.5.1	Staff members must follow inter-agency protocols provided in their clinical practice for the safeguarding of vulnerable adults and children. This includes escalating concerns if an inadequate response is received to a safeguarding referral.
6.5.2	MHP must work with other HCPs and the concerned authorities and organizations in the mental health industry in order to develop a strategy that combats the stigma associated with mental health problems.
6.5.3	All professionals should adhere to the principle of patient mental capacity appropriately. This includes how to use tests, and in cases dealing with severe illnesses, legal needs and consequences to be considered.
6.5.4	When required and appropriate, the MHPs must discuss with the patients if they want their family and carers to be involved in their care. Obtaining the carer's consent may be mandatory depending on the level of the patient's autonomy and decision-making abilities. In such cases, the carer must be provided with the needed information about the patient's mental health concerns, expected course of treatment, and available treatment options.

6.6 Discharge Planning and Transfer of Care

6.6.1	There will be circumstances when discharge/or transfer is decided either by the therapist or initiated by patient request to terminate/or transfer the care. Termination/ or transfer must be carried out in a professional manner that is safe, ethical, and competent.
6.6.2	When a patient is discharged from a mental ward/hospital, s/he must see a MHP at a primary health care/clinic within 48-72 hours of discharge. The discharging professional must liaise with the clinic/primary healthcare professional on the follow up of the patient.
6.6.3	The discharge/ or transfer letter must include at least the following information: <ul style="list-style-type: none"> 6.6.3.1 Diagnosis and underlying medical diseases if any, 6.6.3.2 Ongoing arrangement of care with primary healthcare/clinic professional, 6.6.3.3 Crisis treatment and arrangements including details of whom to contact in case of emergency.



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6.6.4	Prior to discharge the appropriate MHP must evaluate the client and determine if the client is ready to be discharged/or transferred and if the treatment can be safely terminated.
6.6.5	Discharge against medical advice must be managed as per the facility's medical discharge policy and the concerned parties must be notified. The patient must be offered transfer to another facility before s/he finally insists on discharge against medical advice.
6.6.6	The MHP must evaluate regularly whether the client experiences any acute crisis.
6.6.7	Assessment of crisis should be undertaken by a qualified, competent professional who determines the patient functioning level, circumstances, and treatment options for a proper plan to be implemented. The assessment should include diagnosis, symptoms, and current treatment.
6.6.8	If the facility and/or the therapist are not qualified to deal with the crisis, they must consult with a crisis intervention specialist or transfer the patient to a suitable facility after explaining the given options and consequences.
6.6.9	When discharging patients, , MHPs must anticipate issues related to withdrawal and ending of treatments or services, as well as transition from one service to another. As such circumstances may evoke strong emotions and reactions (especially in children and young people with limited understanding of transition/ loss, separation). MHPs must ensure that such changes, especially discharge and transfer from primary to secondary services, are discussed and planned carefully beforehand with the child or young person/patient and their parents or carers, and are structured and phased.
6.6.10	MHPs must inform patients and carers about possible relapse for certain mental health conditions. They must also be educated on what to observe and what to do if relapse occurs.

6.7 Carer/Guardian Engagement and Support

6.7.1	The patient's carer/guardian must be involved in decisions about patient care, treatment and discharge planning.
6.7.2	The carer/guardian must be well-informed about available support systems in Dubai and the UAE such as rehabilitation centers etc.
6.7.3	The carer/guardian should be offered individual time to discuss their concerns, family history, and their own needs.
6.7.4	The contact details of the patient's carer/guardian must be clearly documented in the patient's records.



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6.8 Privacy & Confidentiality

6.8.1	The patients have the right to choose their treating professional, accept or refuse treatment, and agree to or refuse the privacy conditions related to their conditions except for minors, where the legal guardians will be deciding on their behalf.
6.8.2	The patient has the right to have communications kept within the bounds of the therapist-patient relationship; generally not to be revealed to other parties unless is mandated by regulation or court order.
6.8.3	The patient must be informed at the outset of therapy about the limits of confidentiality verbally and it should be documented in the patient's record.
6.8.4	Disclosure of confidential information should be limited to information necessary and sufficient to meet the purpose of the disclosure as per law permits and exemptions.
6.8.5	Clients/patients should decide on sharing information with their caregivers (not applicable in the case of minors). Their preferences should be documented, respected, and followed throughout their care.
6.8.6	The clinical rooms must be private where conversations cannot be overheard.

6.9 Exceptions to Confidentiality

6.9.1	Treatment emergencies such as, overdose, child/woman abuse, and/or elder abuse .
6.9.2	Safety emergencies such as danger to self and/or others and grave disability.
6.9.3	Treatment where professionals in the same facility will be collaborating with the treating MHP.
6.9.4	Legal requirements such as court orders and search warrants.
6.9.5	Crimes involving patients who need hospitalization and must be referred to a proper hospital, (e.g. for mental health care at Rashid hospital or Al Amal Hospital in Dubai)
6.9.6	Mandatory reporting situation as required by UAE local and federal laws, rules, and regulations.

6.10 Clinical Outcomes Measurement

6.10.1	Clinical outcomes should be decided and measured on a regular basis as per conditions, followed protocols, or clinical pathways.
6.10.2	MHPs should be able to evaluate the progress of clients/patients at different intervals such as: the start of treatment, during clinical review, and at discharge time.
6.10.3	Clinical outcomes should be discussed with the most senior MHPs, and reviewed at least every 6 months to ensure proper care is provided to each client/patient.



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6.11 Records Keeping

6.11.1	All data must be kept in a secure system with no chance of alteration or adding or deleting to the same episode of care. Audit trail modules must be part of each documentation system and should be capable to produce a report on all actions on a specific patient file at any required time or date.
6.11.2	Proper identification of the patient using legitimate identifications such as Emirates ID or passport as per the legal requirements.
6.11.3	Signing consent for psychological treatment and assent for minors prior to any intervention or consultation is mandatory.
6.11.4	Records should be kept according to the medical record policy of DHCR.
6.11.5	Patient files should include the patient's medical and mental history, assessment process, signs and symptoms sheet, clinical observations, treatment plans, other progress notes, discussion of treatment termination, and discharge summaries when end of service is relevant. Psychometric tests must be saved with results, interpretations, and recommendations.

6.12 Privileging

6.12.1	<p>Privilege is a question of evidence law which gives the patients or clients the right to prevent the HCP or MHP from disclosing confidential information. It imposes no obligation upon the therapist to take the initiative in protecting the patient's confidences.</p> <p>Who is the holder of privilege ?</p> <p>6.12.1.1 The patient – when he or she has no guardian or conservator;</p> <p>6.12.1.2 The guardian, or conservator (when the patient lacks legal capacity);</p> <p>6.12.1.3 The patient's personal representative if the patient is dead.</p>
6.12.2	<p>Who can claim, privilege?</p> <p>6.12.2.1 The holder of privilege;</p> <p>6.12.2.2 An authorized person who is authorized by the holder of the privilege.</p> <p>6.12.2.3 The psychologist/ therapist at the time of the confidential communication.</p>
6.12.3	<p>Who can authorize a waiver of privilege?</p> <p>6.12.3.1 The holder of privilege when more than one person has privilege (e.g. in couple's therapy, one person waiving privilege does not affect the other person's right to claim privilege)</p> <p>6.12.3.2 Privilege is automatically waived anytime a confidential communication is disclosed by the patient to an unauthorized third person.</p>



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6.13 Exceptions to privilege (there is no privilege under certain specified conditions)

6.13.1	When the patient raises the issue of his /her mental or emotional condition.
6.13.2	When a therapist is appointed by the court to examine the patient, the psychologist must inform the patient in advance about the limit of confidentiality, (e.g. excluding situations in which a psychologist is hired to provide the attorney of a defendant with information upon which to base the defense).
6.13.3	In proceedings initiated at the request of the defendant to determine his/her insanity.
6.13.4	When the therapist believes that the patient poses a danger to self/others or property and disclosing of information is necessary to prevent danger.
6.13.5	When the therapist is required to make a report if the report is open to DHCR or public inspection.
6.13.6	When the patient is committing a crime or when the patient is escaping apprehension after committing a crime.
6.13.7	When the patient is a child under 18 years of age and committed a crime and it is in best interest of child to breach confidentiality.

6.14 Psychometric Tests

6.14.1	Psychometric testing is the administration, scoring, interpretation, and use of assessment instruments by a qualified healthcare professional in order to address the need for referral and measuring ailment or competency.
6.14.2	Psychological assessment techniques should be only administered by a qualified MHP, who has studied such techniques or was trained by a certified/trained psychometrist.
6.14.3	MHPs should take into consideration the purpose of assessment and other factors that might affect the results such as test taking abilities, patient situation, and cultural differences which play an important role and might affect the accuracy of the results and interpretation.
6.14.4	MHPs should use the instrument that has been validated in the UAE, know the reliability and validity of the test, and ensure that it can be used within the local culture where the MHP is practicing.
6.14.5	If such validity and reliability has not been established, it is the role of MHP to describe to the patient expected limitations and strengths of the test.
6.14.6	MHPs must use assessment methods that are suitable for the individual's language preference (if applicable) and competence without compromising the standardization of the test.



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6.14.7	If the test or instrument is not suitable for the individual's language or competence, the client should be referred to the appropriate specialist
6.14.8	In the case that an interpreter is needed: 6.14.18.1 the client should be informed, 6.14.18.2 informed consent should be obtained from the patient/client, and 6.14.18.3 measures should be taken to ensure that the confidentiality of the test results and interpretation is maintained.
6.14.9	The report should include initial history, background information, the name of the test administered, test result and interpretation, and recommendations and limitation of data.
6.14.10	Appropriate psychometric procedures and current scientific or professional's knowledge must be used for test design, standardization, validation, elimination of bias, and recommendations for use.
6.14.11	MHPs should use the scoring and interpretation on the basis of reliability and validity of the program and procedures.
6.14.12	MHPs must ensure that the test is has established credibility and is not outdated.
6.14.13	Despite the fact that scoring or interpretation is done by any MHP (psycho-metrician psychologist, Clinical Psychologist) qualified professionals with expertise should take reasonable steps to ensure that test results and interpretation are valid and reflect the nature of the problem.
6.14.14	MHPS must take reasonable steps in order to ensure and maintain the integrity of test materials.
6.14.15	Psychometric tests must be saved with results, interpretations and recommendations in the patient's medical records.

6.15 Cases that Need Hospitalization

6.15.1	The following cases should be only treated in a hospital setting: 6.15.1.1 poorly nourished patient, and 6.15.1.2 patients attempting suicide or having suicidal ideations, etc.
6.15.2	Cases that should be treated in a licensed addiction facility.

7 GENERAL GUIDELINES

7.1 Professionalism

MHPs are expected to:



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7.1.1	Understand overall internal and external expectations. This includes admission, diagnosis, treatments, management, and discharge, in addition to the requirement of the system within the facility they practice
7.1.2	Actively participate in the administration of health care delivery systems that enable them to contribute to, as well as to monitor, the development and implementation of institutional policies and procedures that affect and promote the practice of psychology.
7.1.3	Seek continuing education, training, and consultation in order to enhance their performance of their job and optimize their services.
7.1.4	Be respectful and sensitive and not discriminating based on gender, ethnicity, religious, socioeconomic status or cultural background. MHPs must refer clients when needed or when the client's requests oppose the MHP's own religious or moral beliefs.
7.1.5	Practice independently only if licensed by DHCR to do so without supervision. In case the licensee is provided a license with a condition of being supervised, the licensee may only practice under the supervision of a fully licensed mental health professional of the same specialty or higher. The supervisor must have adequate training/knowledge on how and what is needed to supervise.
7.1.6	Unlicensed professionals may not provide services or practice or be supervised under any circumstance until they are successfully licensed by DHCR. Practicing without a license will incur penalties on the facility and the professional.

7.2 Relationship and Communication

7.2.1	MHPs must foster their client's autonomy, where they may have an active participation in their treatment plan.
7.2.2	When working with mental health patients, the MHP must ensure that s/he is identifiable and approachable.
7.2.3	MHPs must explain any terminology (clinical terms) especially with patients and clients who need to understand the terms; lay terms are to be used when appropriate.
7.2.4	When working with special need population, such as those with learning disabilities, the MHP must take into consideration their difficulties and barriers and use proper language communication that they are able to understand. An interpreter should be used if necessary.

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	Interpreters should be used with caution, and need to have training and knowledge on how to interpret verbatim as to not influence the session with their own biases or beliefs.
7.2.5	MHPs must work within the context of UAE laws and regulations. If a patient is a visitor and needs to follow his/her country's context of regulations, the MHP must ensure that this is documented in the patient's file clearly and that it does not contradict UAE laws and regulations.
7.2.6	The MHP must not give any written statement about the patient's condition to any person other than the patient himself/herself or the patient's officially appointed or natural guardian. The natural guardian is one of the parents of an adolescent/child who is less than 18 years old. Consent must be sought from the client/guardian when preparing a document for any third party unless it is court ordered.
7.2.7	MHPs must take all court orders seriously and follow through accordingly. MHPs must call the court and check if the request is genuine and not a forgery. In addition, the MHP must check to whom any report or statement should be handed (name of person should be fully and clearly written). The person receiving the document must be asked to prove his/her identity by presenting valid ID or passport.

7.3 Community Care

7.3.1	Psychologists must appropriately refer out to other mental health experts in specific community fields whenever possible such as social workers, Applied Behavior Analysts, therapist etc..
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7.4 Diversity and Cultural Background

7.4.1	When planning a comprehensive integrated mental health system MHPs should take into consideration the diversity among individuals, the local context and resources, and must consider the need to modify existing practices and relationships to achieve a transformed system.
7.4.2	The specific components of an integrated mental health service system for older adults may vary according to local context and resources, but all service systems should advise on how to access the following range of services for the entire population: community-based support services, primary care services, general mental health services, and specialized seniors mental health services (including specialized community and outreach services to residential care facilities as well as specialized geriatric psychiatry inpatient services).
7.4.3	To facilitate a comprehensive mental health service system, safety and cultural diversity must be embedded in structures, programs, policies, and services.

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7.5 Supervising Staff Training & Supervisor Responsibility

7.5.1	DHCR should be notified in writing for a facility to be granted permission to have trainees assigned at their facility. DHCR will issue a Trainee license for those qualified to complete their work experience (as part of Bachelor's degree or other training) under supervision. The facility must become an Approved Practice Setting licensed by the DHCR Education Department.
7.5.2	In case where facility is undertaking trainees, the facility must ensure adequate supervision of all activities, and allocate policies and procedures in line with ethical codes of competence and responsibility in the field of mental health.
7.5.3	Supervisors should directly monitor all treatment implementation, development of treatment goals, protocols, and data collection systems in which the trainee is involved .
7.5.4	The supervisor must monitor professional integrity to ensure satisfactory implementation of treatment protocols, etc.
7.5.5	Supervisors must train and direct staff and interns on the implementation of new or revised treatment protocols, and evaluate patient progress toward treatment goals under their care.
7.5.6	All mental health professional are obligated to report patient details to authorities in case of emergencies, where the patient poses risk to self or others.

7.6 Benchmarks

7.6.1	Benchmarks should be used to review existing services and staffing levels and guide future allocation and deployment of resources, taking into account the size of the population, existing gaps in services, as well as the priorities of the community.
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8 DEFINITIONS

8.1	The term "guidelines" refers to statements that suggest or recommend specific professional behavior, endeavors, or conduct for psychologists and mental health staffs.
8.2	Psychologists are considered "health service providers" (APA, 1996), having been duly trained and experienced in the delivery of preventive, assessment, diagnostic and therapeutic intervention services related to the psychological and physical health of consumers.

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8.3	ICD 10: International coding of diseases version 10
8.4	DSM 5: The Diagnostic and Statistical Manual of Mental Disorders volume 5 that defines and classifies mental disorders in order to improve diagnoses, treatment, and research.
8.5	APA Ethical Codes of Conduct: The American Psychological Association (APA) Ethical Principles of Psychologists and Code of Conduct (for short, the Ethics Code, as referred to by the APA) includes an introduction, preamble, a list of five aspirational principles and a list of ten enforceable standards that psychologists use to guide ethical decisions in practice, research, and education.
8.6	Privilege is a question of evidence law which gives the patients or client the right to prevent the HCP or the therapist from disclosing confidential information. It imposes no obligation upon the therapist to take the initiative in protecting the patient's confidences.