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COMMUNITY MENTAL HEALTH CENTRE

MENTARI MOH IMPLEMENTATION GUIDELINE

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Medical Development Division
Ministry of Health Malaysia

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MENTARI MOH IMPLEMENTATION GUIDELINE 2020
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MESSAGE FROM THE DIRECTOR GENERAL OF HEALTH MALAYSIA

Ministry of Health (MOH) has a mission to build partnerships for health, to facilitate and support the people to attain their full potential in health, to appreciate health as a valuable asset and take positive steps to improve it. The establishment of the MENTARI MOH Program during the Eleventh Malaysia Plan (2016-2020) had provided the Ministry of Health - specifically Psychiatric and Mental Health services – with a viable strategy for this mission.

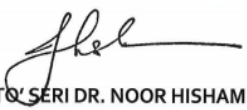
As we move towards the Twelfth Malaysia Plan (12MP), development plans with a clear strategic direction has been formulated to set the way forward for expansion and service enhancements for the MENTARI MOH Program. It is very appropriate that Psychiatric and Mental Health services had released the second edition of the implementation guideline at this time.

The 12MP will be aligned with the shared prosperity initiative encompassing three dimensions, namely economic empowerment, environmental sustainability, and social re-engineering. Activities under MENTARI has great potential to contribute to these dimensions. For economic empowerment, supported employment for people with mental disability will provide new sources of growth; while the MENTARI IT System Phase 2 will harness the Industrial Revolution 4.0 to create a lean model to capture and disseminate data on mental health. MENTARI shall contribute towards the social re-engineering dimension by enhancing societal values, strengthening social security networks and improving the wellbeing of the people. MENTARIs rely strongly on social entrepreneurship – opening doors to prompt access of specialist psychiatric services; as well as recruiting the public to participate actively in its activities.

This guideline had illustrated frameworks, offered templates and checklists and recommended a lot of quality initiatives that need to be in place to ensure that a MENTARI can deliver; and play its role to create a balanced-mix of services. We certainly hope that state and hospital administrators, as well as psychiatrists will find this guide useful while planning for Mentaris in their respective states and hospitals.

Finally, I would like to congratulate everyone who was directly involved in the preparation of this document. The Ministry of Health is committed to the development of MENTARIs in accordance with the Mental Health Act [Act 615] and Regulation, and hope that the Psychiatric and Mental Health Services will continue to provide the leadership in its implementation. I am certain that a strong network of MENTARIs throughout the country will enable us to fulfil the 'Vision for Health' and 'Sustainable Development Goals' which emphasizes on affordable, appropriate and dependable care; with the end point of improving quality of life for individuals, families and communities no matter whatever their disabilities are.

Thank you.



TAN SRI DATO' SERI DR. NOOR HISHAM ABDULLAH

Director-General of Health, Malaysia

MESSAGE FROM THE DEPUTY DIRECTOR GENERAL OF HEALTH MALAYSIA(MEDICAL)

Earlier this year, the Ministry of Health Malaysia had released the Strategic Framework of the Medical Programme 2021 – 2025; aiming to further strengthen the delivery of secondary and tertiary health services. I am now pleased to share with you the implementation guideline for MENTARI MOH, one of the innovations that MOH had undertaken to implement that strategic plan - specifically in field of psychiatric and mental health services.

The MENTARI MOH Program was initiated during the Eleventh Malaysia Plan (2016-2020), in accordance with the requirements of the Mental Health Act [Act 615]. Act 615 aims to make specialist mental healthcare more accessible and cites this service as "Community Mental Health Centre". Tactical manoeuvres were instituted right from the start: image branding by using the alternative name of "MENTARI"; creating internal networking and public-NGO-private-academic partnerships; and focusing on Supported-Employment Individual Placement and Support (SE-ips), an evidence-based therapy to facilitate patients' social reintegration and empowerment.

We have achieved a lot in the form of client satisfaction, international recognition and fulfilling the performance indicators - but we are also cognizant of the numerous issues and challenges that the ground staff faced while implementing the program. Shifting the treatment focus from a curative angle to tertiary prevention and reintegration requires a lot of policy-reanalysis and service innovation. This guideline offers several pre-requisites to mitigate those challenges.

This guideline will also outline the necessary inputs to carry out the strategic plans for the MENTARI program for 2021-2025. The focus here is the deployment of a dedicated website and a home-grown, lean, nationwide MENTARI IT System (Phase 2) [MITS2]; enhancing work-based interventions; and groundwork for outpatient management of self-harm. It also outlined a clearer stewardship process by creating a MENTARI headquarters i.e. MENTARI Selayang to coordinate MENTARI's activities at the national fraternity level and by defining the process of appointment of new MENTARIs. These service enhancements would be vital to ensure that the MOH is able to create greater access and collaborations to improve specialist mental health service delivery, especially in this COVID19 pandemic era.

My sincere gratitude goes to the drafting committee for their active participation and commitment in completing this guideline. The MOH Psychiatric Services had transformed significantly since Act 615 was launched and had expanded into various subspecialties, and we hope that it continues to produce innovative specialised services.

Let us continue to work together as a team in implementing the MENTARI MOH Implementation Guideline. With the full cooperation and dedication at national, state and hospital levels including our colleagues in other Programmes in the Ministry of Health and with the support of our partners from government agencies, private sectors, non-governmental organisations as well as the community, together we can make significant progress and deliver outcomes that will benefit the people and the nation.

DATUK DR. HJ. ROHAIZAT BIN HJ. YON

Deputy Director-General of Health (Medical)

DEFINITION

One of the earliest definitions of a Community Health Centre (CMHC) comes from The Community Mental Health Centre Act 1963 of the United States of America, which stated:

"a facility providing services for the prevention or diagnosis of all types of mental disorders, or care and treatment or rehabilitation of mentally ill patients; and the services are principally for persons residing in a particular community or communities in or near which the facility is situated[1]"

The Act was essentially designed to transform treatment practices from large mental hospitals - which usually were in remote areas - to centres located in neighbourhood catchment areas close to the homes of patients[2].

Meanwhile, the Malaysian Mental Health Act 2001, defines a CMHC as

a centre for community care treatment which includes the screening, diagnosis, treatment and rehabilitation of any person suffering from any mental disorder[3].

CMHCs under the Ministry of Health Malaysia (MOH) had rebranded their services under the alternative name of '**Mentari'**, which is derived from the words 'Kesihatan Mental dan 'Psikiatri'. Mentari means 'The Sun', which symbolizes hope and a positive outlook. Currently there are 28 Mentaris across the country as listed in **Appendix 1: Mentari available in Malaysia.**

OBJECTIVES OF CMHCS

The objectives of Community Mental Health Centre are as follows:

a. To promote mental health, provide screening of mental illness in secondary and tertiary care and ensure early treatment for psychiatric illnesses.
b. To reduce stigma and discrimination
c. To provide continuing, evidence-based treatment in an easily accessible manner in the community
d. To provide evidence-based rehabilitation programs and psychosocial interventions including supported employment, counselling, psychotherapies, as well as patient and family psychoeducation

The Community Mental Health Centre shall carry out the following range of services: [4]

1) Promotion of mental health – specifically in high-risk populations
2) Screening and early detection consultation clinic
3) Prompt assessment and intervention
4) Rehabilitation program focusing on supported employment
5) Psychosocial interventions and day-care services
6) Community mental health teams
7) Quality initiatives and research
8) Training with emphasis on community-based mental health treatment

APPOINTMENT OF GOVERNMENT CMHCS

To officially function as a government CMHC, a certain premise needs to be 'gazetted'. This appointment process is based on Section 33 of the Mental Health Act 2001 (Act 615), which states that the Health Minister may, by notification in the Gazette, appoint the whole or any part of any premises to be a government community mental health centre. To operationalize this process, departments of psychiatry which wishes to set up new Mentaris need to ensure that these following pre-requisites are in place:

Dedicated premise: location is accessible, with proximity to a MOH facility for pharmacy and emergency backup. It is imperative that the proposing department had received the necessary approvals from the Hospital Director and State Health Office to use the premise as a Mentari.

Human capital: there is a psychiatrist as the Person-in-Charge and able to carry out rounds on a weekly basis. Minimum requirements for dedicated staffing include 2 medical officers, 2 paramedics and 1 healthcare assistant.

Activities: capability to carry out the core activities of Mentari, i.e. Supported Employment for people with severe mental illness and Consultation Clinics at least 3 times per week.

The psychiatrist interested in setting up a Mentari needs to engage the relevant stakeholders right from the beginning regarding the above components. Stakeholders include: Head of Department of Psychiatry and Hospital Director in the respective hospitals; State Health Authorities; and the State Psychiatrist. The psychiatrist in-charge can initiate the pilot phase of CMHC services while waiting for official gazettement. Figure 1 summarizes the documentation and deliverables for the gazettement process. Mentari HQ refers to the Mentari of the Technical Advisor for the Mentari Program which manages this process at the fraternity level.

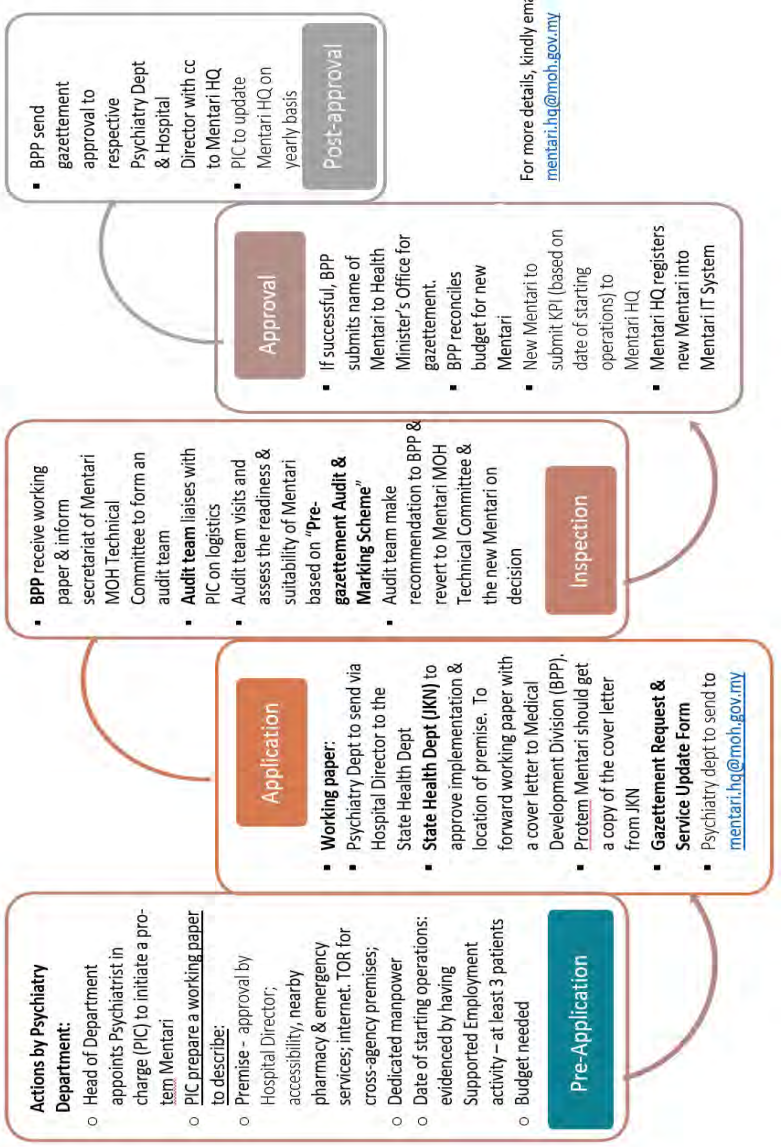


Figure 1: Steps for appointment of a Mentari

A summary on the requirements of the Mental Health Act and Regulations in relation to community mental health centres is listed in **Appendix 2. Highlights in Mental Health Act and Regulations**

PART 1: INPUTS

HUMAN RESOURCE

DEDICATED STAFF

A Mentari under the direct supervision of a psychiatric hospital shall be under the authority of the head of department/ medical director of that hospital. A psychiatrist will be appointed as **person in charge** of the Mentari to oversee clinical governance and leadership aspects. [5]

To carry out the various activities in Mentari, it is strongly recommended that Psychiatry Departments to ensure the following number of distributions of staffing:

Full-time	• 2 Medical Officers • 2 Nurses or Assistant Medical Officers • 1 Health Care Attendant
Important	• Occupational Therapists • Clinical Psychologist/ Counsellor • Administrative Assistant • Community Nurses
Others	• Medical Social Workers • Pharmacist/ Assistant Pharmacy Officer • Driver

To sustain the quality of services, it is important for Mentaris to be able to retain highly-skilled staff when they receive a promotion. There need to be "flexi' posts created for Mentari to allow a longer career pathway in the same place as outlined in Table 1.

Training requirements: Medical officers, Staff Nurses and Assistant Medical Officers are required to have a minimum of 1-year experience in psychiatry. Advanced training in Rehabilitation Psychiatry recognized by MOH is highly recommended for paramedics and allied health professionals; based on a specific module prepared by the Mentari Technical Committee. Figure 2 shows an overview of staffing that is needed in Mentari.

Table 1: Flexi posts for staff in Mentari

Position	"Flexi"posts
Psychiatrist (Person in charge of Mentari)	UD51/52, UD53/54, UD55/UD56
Medical Officers	UD 41, UD43/44, UD47/48, UD51/52, UD53/54
Nurses	U29, U32, U36, U41/U42, U44, U48, U52, U54
Assistant Medical Officers	U29, U32, U36, U41/42, U44, U48, U52, U54
Clinical Psychologist/ Counsellor	S41, S44, S48, S52, S54
Occupational Therapists	U29, U32, U36, U41/U42, U44, U48, U52, U54
Community Nurses	U19, U24, U26, U28
Health Care Assistant	U11, U14, U16, U18
Administrative Assistant	N19, N22, N26, N28

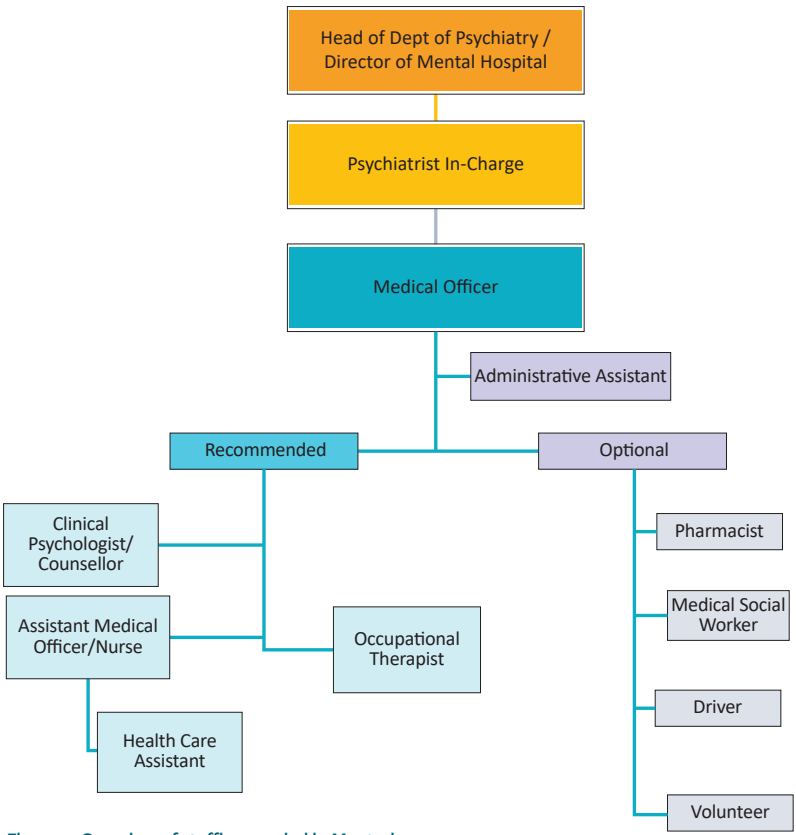


Figure 2: Overview of staffing needed in Mentari

Due to the increasing number of Mentaris in the 12MP, Mentari HQ shall need additional staff to manage and continuously collect national-level technical, legal and statistical documents; and to provide guidance and benchmarks for new scope of services and information technology processes for MITS2. The critical human resource requirements are as follows:

Position	"Flexi"posts	Rationale
Research Officer (1)	Q 41, Q43/44, Q47/48, Q51/52, Q53/54	Administrative, IT and Statistical Operations Manager
Administrative Assistant (1)	N19, N22, N26, N28	Basic operations of data entry, data cleaning; schedule of documents
Occupational Therapist (1)	U41, U44, U48, U52	New scope of expertise: to design and set benchmark for processes and supervision for other Mentaris
Pharmacist (1)	UF41, UF44, UF48, UF52, UF54	

VOLUNTEERS

Volunteers can contribute greatly to Mentari's activities; and fosters community participation in Mentari's activities. The contribution of volunteers who come on a regular basis can range from clerical tasks, logistics management for campaigns/ workshops and assisting staff in carrying out rehabilitation activities on a regular basis. Different Mentaris may have different task options for their volunteers. Since these volunteers have direct contact with patients, they need to be given training and support to carry out their tasks. Training topics are readily available in the Family Link Program which is carried out regularly by most psychiatric departments. Volunteers are members of the public that may include NGOs, pensioners, ex-mental health-care staff and stable patients. The Ministry of Health had released a Director General's Circular Letter Bil 18/2016 entitled *Garis Panduan Perkhidmatan Sukarela di Hospital-hospital Kementerian Kesihatan Malaysia* to provide guidance in this matter and can be downloaded from the following link:

https://www.moh.gov.my/index.php/database_stores/attach_download/312/298 .

One of the volunteer participation models used by Mentari MOH during the 11MP is the collaboration with the Japanese International Cooperative Agency (JICA) via its Japanese Overseas Cooperation Volunteer program. In this program, trained job coaches from Japan will be placed for two years to work alongside Mentari counterparts to carry out work-based rehabilitation and community engagement. Apart from formal volunteers, the Mentari Program also encourages other forms of collaborations with public in the form of one-off activities.

LOCATION

Ideally, a Mentari should be easily accessible to the community i.e. outside the hospital grounds and close to public transport, shopping complex and community facilities. The location of a township near the community mental health centre facilitates community partnerships, promotes client referrals and attendances, and provides wide resources for work-based rehabilitation programme. In case of psychiatric emergencies or situation where patients may need medications – it is imperative that Mentaris have public hospitals located nearby.

The Psychiatric and Mental Health Services Operational Policy (2011) outlined the following options for the location of Mentaris: [6]

a. Outside hospital setting, in health centres and in other designated areas
b. Inside hospital setting, may be on site of hospital grounds

To determine the location of a Mentari, the treatment team should consider the following:

a. the type and range of services provided,
b. the target population
c. availability in terms of real estate and facilities,
d. comparative costs of various alternatives: purchase or rent, and
e. support from administration, local government, community and voluntary organisations.

CMHCs usually operate for catchment area of 50,000 to 65,000 population [7]. Thus, more Mentaris may be needed in more densely-populated areas.

In some rural areas, Mentaris may operate on a day program basis in different locations, providing a service in one area some days of the week and in another area on the other days.

A Mentari may also adopt a mobile concept i.e. having dedicated base centre with a mobile clinic that goes visiting to strategic areas on a regular basis. The mobile outreach clinic may consist of a bus / van / four-wheel drive with its own inflatable or makeshift clinic structure; or using spaces belonging to other agencies, universities or local councils as a form of collaboration. Other details are outlined in **Appendix 3: Psychiatric Outreach Mobile Clinic**.

A Mentari can also carry out one-off activities in local facilities in partnership with other community services e.g. campaigns, talks, etc. The locations may include community hall, coffee shops, gyms, and religious buildings. This promotes community integration and ensures that learning occurs in everyday environments. [8]

WAYS OF OBTAINING PREMISES

a. Repurposing and upgrading a space within the MOH facilities
b. Renting – Liaise with hospital, site owner, state, and government circulars. Office rental of privately owned premises by Federal Department is governed by the rules specified in the *Surat Pekeliling Am Bilangan 3, Tahun* 2011 and is managed by the Valuation and Property Services Department (*Jabatan Penilaian dan Perkhidmatan Harta*).
c. Donated premises via partnerships with local council, NGO, Commercial companies. Mentaris must adhere to current regulations on these and have a clear memorandum of understanding between the relevant parties
d. Dedicated development

DESIGN

The ideal premise would be spacious and has usual homelike facilities. Premises need to have a number of rooms of different sizes so that many activities and programs can occur at the same time. The Mental Health Regulations 2010 had made some requirements regarding the design of a CMHC, as listed in Appendix 2.

Table 2: Essential spaces needed for a Mentari

Multi-purpose room	It serves as the central social gathering area for clients' own use. some existing centres use one room solely as a "lounge room", whilst others also utilise the room for large groups.
Office/ Operations Centre	Its main function is for formal discussions and keeping documents. Staffs and formal volunteers should share the room. A staff rest area may be necessary
Treatment/ Consultation room	Its main function is to provide privacy to carry out assessment, diagnosis, and treatment for individual patients
Group rooms	This space is for carrying out small group activities
Quiet room	'Respite' room for patients; or prayers
Dispensary	Needs discussion with hospital pharmacy regarding the floor stock that can be made available in the respective Mentari
Kitchen	This needs to be large, preferably double sink, plenty of bench space and equipped with appropriate utensils.

	If possible, there should be space for a table and chairs. Like any normal home, the kitchen seems to become the most used and central room. A white board in the kitchen is a useful way of communicating to patients

Table 3: Other Optional Spaces

Laundry	Filled with all the appropriate equipment: washing machine, iron, ironing board and clothes dryer. This encourages clients to keep themselves and the centre clean.
Bathroom/toilet	Facilities for showering and at least one additional toilet.
Outdoor storage area	Allows for tools and gardening equipment to be stored.
Garden area	Can also be utilised for outdoor groups and activities. It also allows for staff and clients to escape from the confinements of the building and large numbers of people.
Storage space	For valuables, storage space needs to be located within the premise. Houses with built-in wardrobes are ideal as they reduce the cost of additional cabinets that would also take up much needed space. At least one cabinet needs to be lockable.
Sports amenities	For storage of sporting equipment
Lodging room	Lodging facilities can only be provided when the Mentari has enough capacity for manpower, space and supervision. Ideally the lodging room has a bed or more with 1.5 metres in distance between the two beds with 0.9-meter distance from the wall, which no more than 6 beds per room [6]

EQUIPMENT AND OTHER RESOURCES

Depending on type and nature of program and size of premises, equipment needs may vary. Due to the possible change of usage of rooms, furniture needs to be foldable and/or lightweight, e.g. fold-up tables and plastic stackable chairs, for easy transporting and storage.

Table 4: Equipment needed in Mentari

Essential Equipment	
Dedicated vehicle	• Car, multipurpose vehicle or van to enable Mentari staff to do workplace visits and outreach to community
Internet infrastructure	• Internet connectivity of at least 10mbps – so that it is compatible with the Mentari IT System (MITS)
Organization and Communication needs	• Telephones – mobile and fixed line • Computers, tablet, printers • Filing cabinets and cupboards • White boards or black boards • Message book • Photocopier (may be omitted if centre has an all-in-one printer)
Domestic needs	• Tables and chairs (coffee tables for lounge/social area) • Beanbags/ large cushions, modular sofas • Refreshment corner: with water dispenser etc. • Kitchen equipment, including large pots and pans for cooking for large quantities of people • Microwave oven/ stove, refrigerator, sink • Fans, clocks and radios
Cleanliness needs	• Hand sanitizers • Tidy bins, paper towel dispenser, vacuum cleaner • Dishrags and cleaning agents for household cleanliness and hygiene
Recreation and psycho-education needs	• LCD projector with screen; or flat screen television • Recreational gear, including sewing machines, indoor and outdoor games television and portable video equipment • Radios/ CD player/portable PA system
Environment and safety needs	• First aid kit, fire extinguisher, blankets for emergencies • Automated External Defibrillator (AED) Unit • Curtains and/or blinds for windows

	• Air conditioner/ air cooler. Note: to ensure distance from floor at least 2.4m or if with wall fan distance from floor at least 3m. [9]
Other rehabilitation tools and safety measures	• Musical instrument like guitar, keyboard • Recreational equipment like table tennis • Outdoor furniture • Wall decorations • Laundry equipment, including washing machine, iron, ironing board and cover • Basic gardening and handyman tools e.g. hammer, screwdriver shovel • Security measures, CCTV [9]

For a more detailed list on equipment for Mentari, please refer to **Appendix 4: Template for Equipment Needed for Mentari**

MAINTENANCE OF PREMISES

Environmental safety: It is essential that all entrances to the centre have locks of some description. Potential fire hazards and other hazards need to be attended to.

Housekeeping: will be carried out by Mentari staffs and patients as part of their rehabilitation.

Security: Staffs should ensure the safety of patients and premises; and liaise with hospital administration for deployment of security guards for their respective Mentaris.

PART II: PROCESSES

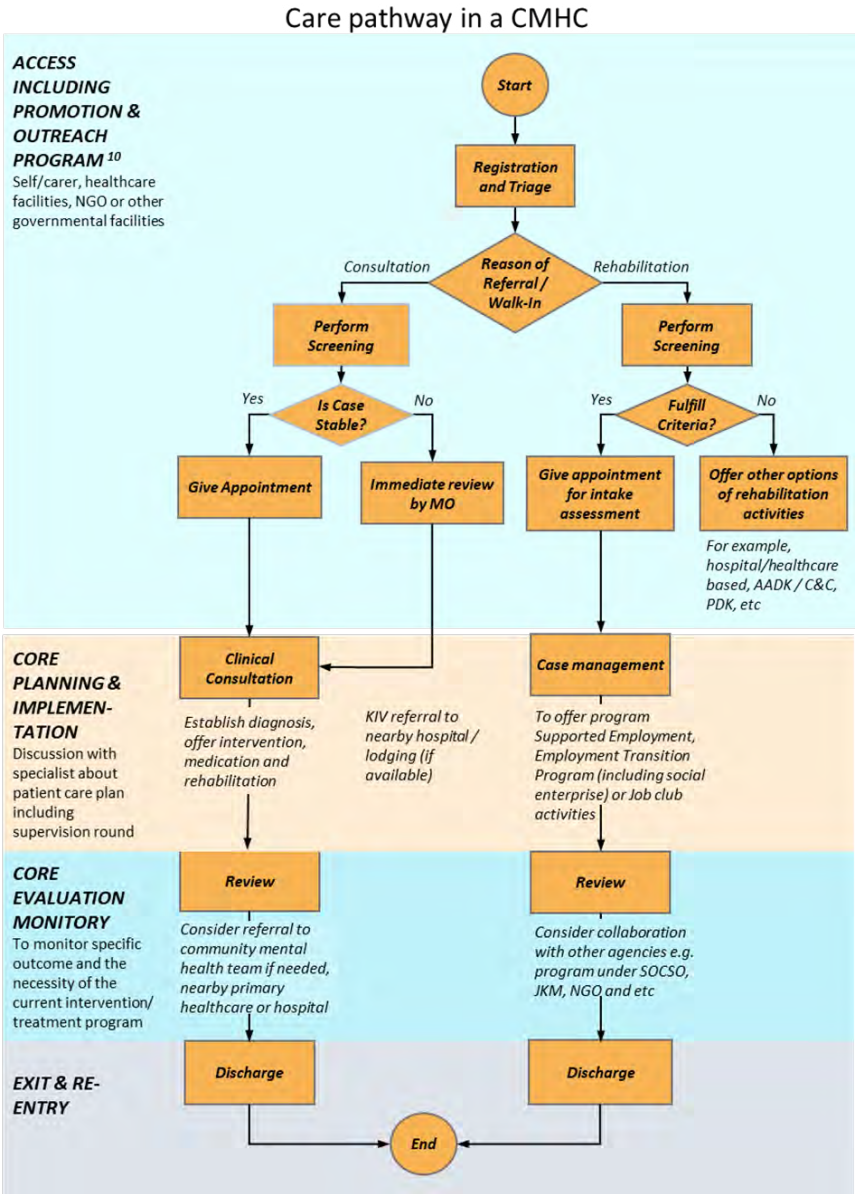


Figure 3: Care pathway in Mentari

OPERATIONS

The day-to-day operations should be structured. This is to ensure a certain standard of services and to create a regular rhythm to meet expectations of patients and their carers.

a. Mentaris will operate during office hours from 8am to 5pm
b. In places where flexi-hours is practiced, the operation hours may be adjusted accordingly.
c. As far as possible, Mentari services should be made available on all working days.
d. Services can be outpatient and day care; on-site and off-site; for individual and groups
e. Referrals must be to the medical officer in charge of the Mentari.
f. All Mentaris must have a multidisciplinary community psychiatry team.
g. All patients referred for Mentari services would be assessed by a multidisciplinary team headed by a psychiatrist.
h. Less than 24-hour lodging may be considered where adequate resources are available.

The Mentaris should display a statement on patients' right and responsibility, which addresses the needs of confidentiality while providing care for clients. Please refer to **Appendix 5: Template on Statement of Patients' Right and Responsibilities**.

ACCESS

Most referrals may come through the local hospital, clinics or private sector, and existing communication channels can be utilised to pass on relevant information and review the progress of patients. When patients are accepted from other sources, especially the private sector, it is important to determine a means of communication and consultation for future review.

Provision of services for walk-in patients is a very powerful tool for mental health promotion and prevention; especially for people in early stages of mental distress. Mentaris need to utilise different types of media to make the local community aware of these services; i.e. by usage of pamphlets; posters and social media.

Lodging facilities can only be provided when the Mentari has enough capacity for manpower, space and supervision as described in **Appendix 6: Lodging Pathway in a Community Mental Health Centre .**

INCLUSION CRITERIA

Mentaris cater for persons who require screening, diagnosis, continuing treatment, psychosocial interventions and rehabilitation with emphasis on work-based therapies.

EXCLUSION CRITERIA

There are no specific exclusion criteria. However, those who are at high risk of danger to self or others will be facilitated to emergency psychiatric services in the main hospital campus. Meanwhile, clients from specific groups will also be re-directed to services that are more compatible with their needs e.g. Agensi Anti-Dadah Kebangsaan for substance dependence and *Pusat Pemulihan Dalam Komuniti* for people with severe learning disabilities.

REFERRAL

SOURCE OF REFERRAL

a. Self-referral/ carer
b. Primary care services or general practitioners
c. Psychiatric outpatient clinics
d. Psychiatric inpatient units (for early discharge patients)
e. Private psychiatrists/ psychologists/counsellors
f. Government organisations
g. Non-governmental organizations

Mentaris are recommended to have dedicated 'assessment day' for new cases. For cases requiring case management, particularly cases requiring intervention by the community mental health team and work-based rehabilitation, referring doctors should have an initial discussion with Mentari staff regarding suitability of referral. For walk-in clients, they will be triaged and given an appointment depending on the presenting symptoms.

REGISTRATION AND RECORDS MANAGEMENT

Issuance of registration numbers may be separated from the registration system in the main hospital. However, treatment teams need to discuss with the administration in their respective hospitals regarding this. Follow-up or walk-in clients need to be registered to enable Mentaris to capture data on workload – which will aid future planning and service improvement. Patients will either be registered as 'outpatient' or 'day care' category based on their treatment needs. Billing should comply to Fees Act 1951 and Fees (Medical) (Amendment) Order 2017. Patients' record management will follow the standard hospital medical records system. In the future, the Mentari Program is expected to have a dedicated identifier code under the Health Informatics Centre database system.

TRIAGING

Triaging is performed by trained staff, preferably a medical officer at the Mentari. It is carried out for patients who presents with mental health-related complaints; mainly for risk assessment and to categorize the urgency of consultation, as described in **Appendix 7: Triaging Flow Chart**.

SCREENING

Mentaris can utilise locally validated screening tools for screening purposes in alignment with current national guidelines.

INTAKE ASSESSMENT

After triaging or screening, an intake assessment must be carried out as soon as practicable. The intake assessment should be carried out by the medical officer who will make an initial decision whether the patient need case managing or not. New cases and those with sudden change in symptoms must be discussed with psychiatrists. Psychiatrists need to supervise the preparation of a patient care plan with specific timeframes. Allocation of a specific case manager will be made during rounds. Patients who do not need case managing are mainly those who are seeking further information; need short term counselling or those who came to become volunteers. The team will also decide whether patients need a specific referral to an occupational therapist, psychologist/ counsellor, pharmacist or social worker; or just given a preliminary explanation with or without further channelling to specific psychoeducation, support group or workshop sessions.

If the patient wishes to become a volunteer, the medical officer shall assess their suitability, and report to the psychiatrist. Following that, these survivor-volunteers need to be supported in their choices of volunteering and be given necessary training.

DIAGNOSIS

Diagnoses should be recorded based on the latest ICD format, as is the practice with other Ministry of Health (MOH) facilities. Diagnoses are based on the medical officers' clinical judgment, and they may use diagnostic tools to aid them.

CONSULTATION AND CASE MANAGEMENT

Mentari provides both outpatient and day care modes of services. A mix of services allows patients to engage with different program activities at different times, as their needs change. Programs are based on individual program plans or by consensus of groups of participants with

similar needs or interests. They also provide the added value of participant 'involvement' in the service and peer support and understanding e.g. usage of client satisfaction/ feedback forms.

Case management in Mentaris mainly focus on the recovery and re-integration of patients into the community with emphasis on work-based outcomes; and delivered via a mix of structured and semi-structured psychosocial rehabilitation. [4,8,10]

Day care setting is used for complex interventions that need more time and more intensive supervision for patients. These interventions are more specialised than those carried out in the usual day care setting in the hospital. **Appendix 8: List of ICD-9 CM Codes for Treatment Procedures in Mentari.** Guidelines for Supported Employment and Community Mental Health Team are available for reference (*Garis Panduan Sokongan Pekerjaan Untuk Pesakit-pesakit Psikiatri, 2016 & Garis Panduan Program Perkhidmatan Pasukan Kesihatan Mental Masyarakat, 2016*). The degree of structure and the mix of service elements vary according to the needs of patients in that locality.

Based on the intensity of service needs, patients who are recovering from serious mental illnesses should be the responsibility of a particular staff person or case manager (CM). This streamlines the recording of information, assessment, and review, and allows for planning and co-ordination of rehabilitation programs. Table 5 describes the task of the CM.

Table 5: Description of tasks of Case Manager

Level	Scope	Tasks
1	General	Arrange appointments, taking calls, records, defaulter tracing Case managers can help each other in carrying out general tasks
2	Intensive	Facilitates patients' needs in domains of housing, family relationships, employment, health, recreation and records A specific case manager needs to know details about a particular patient, to enable better planning of intervention strategies

PATIENT CARE PLAN

Need to be prepared every 6 months; please refer **Appendix 9: Patient Care Plan Template.**

ROUNDS

Medical officer needs to carry out daily clinical rounds with the staff; mainly to review cases seen during the preceding working day. Psychiatrists need to review cases weekly; mainly to review new patients, those undergoing crises or multiple-needs patients. The multidisciplinary team, which reviews the entire care plan progress, shall meet monthly.

SERVICE COMPONENTS

A. SCREENING, DIAGNOSIS & TREATMENT

1. CONSULTATION CLINIC

a. New cases – although the clinic in Mentari is a 'specialist' clinic, it accepts self-referrals apart from the conventional sources of referrals recognized by MOH.
b. Follow up management (medications, psychosocial intervention including counselling services, family session and rehabilitation)

2. COMMUNITY MENTAL HEALTH TEAM (CMHT)

a. Run by a multidisciplinary team
b. Components of CMHT are defaulter tracing, Acute Home Care, Assertive Community Treatment and Level 1 and 2 follow-up sessions.
c. Help facilitate early discharge from ward, recovery from acute phase of illness and prevention of relapse.
d. Home visits by case managers assigned to the particular patient
e. Management include symptom and illness management, training on use of medication, dealing with side effects and provide psychoeducation for clients and families.

(Refer to Garis Panduan Program Perkhidmatan Pasukan Kesihatan Mental Masyarakat 2016)

B. REHABILITATION

1. SUPPORTED EMPLOYMENT PROGRAM

a. Focus on competitive employment for clients with mental illness who want to work; and who are receiving treatment in that particular hospital
b. Supported employment program is led by dedicated Supported Employment Staff, preferably trained occupational therapist or paramedics
c. Job matching, job search, job placement, job analysis and intensive job coaching will be carried out based on patients' progress
d. Provide personalized benefits counselling and facilitate the benefits application for clients
e. Provide continuous support for working clients and the employers

(Refer to Garis Panduan Program Sokongan Pekerjaan untuk Pesakit-pesakit Psikiatri 2016)

2. EMPLOYMENT TRANSITION PROGRAM

a. Train clients based on actual business concept with real work tasks
b. To improve working skills and cultivate good work habits

c. Provide income and empowerment of clients via social enterprise models e.g. bakery, catering, and laundry
d. These activities shall adhere to established financial procedures and processes. To refer to the implementation guidelines for *Akaun Amanah Aktiviti Perawatan, Pemulihan dan Kebajikan Psikiatri di Kemudahan-kemudahan Psikiatri Kerajaan (Kod Amanah 886345)*

3. JOB CLUB AND RECREATIONAL THERAPY

a. Promote positive interactions with other clients by effective use of leisure time
b. To promote patient empowerment through patient-led activities
c. Provide an environment for low key activities and drop-in approach for existing clients
d. Help patients to be maintained at home/work and reduce contact time with families
e. Provide training in social skills, ADL, grooming, dining etc which helpful as to prepare client before/during employment and to optimize client's function in community
f. In future the service may be expanded to other specialized populations such as geriatric and youth populations

C. OUTREACH, NETWORKING AND COLLABORATIONS

A Mentari may collaborate with other government sector, non-governmental organisation (NGO), the academia or private companies to create partnerships in promoting mental health, service provision and community empowerment especially in providing jobs for patients with moderate and severe mental illness.

DISCHARGE

Decisions for discharge should be discussed during rounds; with consideration of patients' and their families' needs and wishes. Categories for discharge shall reflect the ones used for general services i.e. well, transferred, at own risk (on request), technical (absconded) and died. A discharge summary and discharge plan need to be prepared to give an overview of areas of need, risk factors, interventions and outcomes at the time of discharge. A patient who had been discharged may still re-enter Mentari services in the future.

MANAGEMENT OF CRISIS SITUATIONS

Patients who experienced crisis while undergoing rehabilitation activities needs to be assessed by the Medical Officer as soon as practicable for triaging and intervention.

While the patients are undergoing acute psychiatry management, their involvement in Mentari activities will be temporarily withheld. These can be re-activated once the patient has been discharged from ward and noted to be psychiatrically stable.

All staff must be trained in managing psychiatric emergencies and Basic Life Support.

MEDICATIONS

A Mentari should have its own dispensing capabilities. The provision of medications may range from depot injections to other types of medications in the National Essential Drug List (can be downloaded from: https://www.pharmacy.gov.my/v2/en/documents/national-essential-medicine-list-neml.html); following discussions with respective pharmacy departments.

RECORDS

Records should be maintained, kept secure and confidential. The Mentari should get assistance from the main hospital regarding management of records.

PART III: QUALITY IMPROVEMENT

MENTAL HEALTH QUALITY MEASURES

Mental Health Quality Measures: Key Examples [11]

No.	Description		Examples of outcome	Frequency	In charge
1.	**Structure**	Personnel Training Facilities Information technologies Policies	• Number of Supported Employment Staff • Employment specialist to patient ratio • Case Manager to patient ratio • Number of training and attachment • Medication prescribed • Medical officers • Allocated budget • Hardware and connectivity of IT **Source of data:** Psychiatrist and Head of Unit	Yearly	Psychiatrist in charge
2.	**Process**	Consultation clinic	• Number of new case and follow up case • Waiting period for appointment case • Number of walk-in • Waiting time from arrival to consultation • Case discussed with Psychiatrist within 1 month	Monthly	Senior Assistant Medical Officer or Ketua Jururawat

No.	Description	Examples of outcome	Frequency	In charge
		Source of data: Paramedic in charge		
	Supported Employment Program	• Number of Case load • Number and list of employer contact • Number of job searches within 1/12 • Number of community visits at workplace • Number of Employment Team meeting **Source of data:** Medical Officer in charge Supported Employment Staff	Monthly	Psychiatrist in charge
	Community Mental Health Team	• Number of new case and follow up cases • Number of community visits • Number of assertive and acute cases • Number of Multi-Disciplinary Team (MDT) Meeting **Source of data:** Medical Officer in charge Paramedic in charge	Monthly	Psychiatrist in charge
	Employment Transition Program, Job Club and Recreational Therapy	• Number of case load • Number of sessions **Source of data:** Occupational Therapist Paramedic in charge	Monthly	Psychiatrist in charge
	Outreach and Networking	• Number of outreach programs to public • Number of mental health screening to public • List of collaborating agencies **Source of data** Medical Officer in charge Paramedic in charge	Every 6 months	Senior Assistant Medical Officer or Nursing Sister

No.	Description		Examples of outcome	Frequency	In charge
3.	**Outcome**	Consultation clinic	• Customer satisfaction • Clinical improvement • Number of psychotherapy session • Rate of defaulters Source of data: • Medical Officer in charge • Paramedic in charge	Monthly	Psychiatrist in charge
		Supported Employment Program	• Number of new successful job placement • **Rate of employment (%)** – mandatory KPI for all Mentari • Number of Job End / Job Termination • Functioning (WHO DAS) **Source of data:** • Medical Officer in charge • Employment Specialist	Monthly	Psychiatrist in charge
		Community Psychiatric Services	• Number of readmissions after 6 months under program Source of data: • Medical Officer in charge • Paramedic in charge	Monthly	Senior Assistant Medical Officer or Nursing Sister
		Social Enterprise Program, Clubhouse Approach, Other psychosocial services	• Functioning (WHO DAS) **Source of data:** Occupational Therapist or paramedic in charge	Every quarter	Senior Assistant Medical Officer or Nursing Sister
		Outreach	• Public came into contact after outreach activities **Source of data:** • Medical Officer in charge • Paramedic in charge	Every 6 months	Senior Assistant Medical Officer or Nursing Sister
		Lodging	• Number of patients been observed in MENTARI (denominator) • Numbers of cases been referred to nearby hospital (numerator). • Numbers of cases successfully discharge to CMHT or family care (numerator). **Source of data:** • Medical Officer in charge • Paramedic in charge	Every month	Senior Assistant Medical Officer or Nursing Sister

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APPENDIX

APPENDIX 1: MENTARI AVAILABLE IN MALAYSIA

	Name	Hospital in-charge	Address	Date starting operations
1.	Mentari Selayang – Headquarters for Mentari MOH Program (Mentari.hq)	Hospital Selayang	Lot Lg 25,25b, 26, Lower Ground Floor, Selayang Capitol Complex, Lebuhraya Selayang-Kepong, 68100 Batu Caves, Selangor	29 Oktober 2014
2.	Mentari Pendang	Hospital Sultanah Bahiyah, Alor Setar, Kedah	Klinik Kesihatan Pendang Jalan Sungai Tiang,06700 Pendang	1 January 2014
3.	Mentari Hospital Sultan Abdul Halim	Hospital Sultan Abdul Halim, Kedah	Pusat Kesihatan Mental Masyarakat Kupang, 09200 Kupang, Kedah	1 February 2014
4.	MENTARI Butterworth	Hospital Bukit Mertajam, Pulau Pinang	Pusat Kesihatan Mental Masyarakat Butterworth, Jalan Bagan Luar, 12000 Butterworth Seberang Perai Utara P Pinang	18 February 2013
5.	Mentari Simee	Hospital Raja Permaisuri Bainun, Ipoh, Perak	Pusat Kesihatan Mental Masyarakat Simee, Klinik Kesihatan Simee, Jalan KompleksSukan, 31400 Ipoh	2 July 2012
6.	Mentari Selama	Hospital Selama, Perak	Pusat Kesihatan Mental Masyarakat Selama, Unit SMHC, Hospital Selama, 34100 Selama, Perak	1 February 2014
7.	Mentari Batu Gajah	Hospital Bahagia Ulu Kinta, Perak	Jalan Changkat, 31000 Batu Gajah, Perak	2 May 2015
8.	Mentari Sg. Buloh	Hospital Sg. Buloh, Selangor	Pusat Kesihatan Mental Masyarakat Sungai Buloh, Klinik Psikiatri, A 01 12 Kuarters Interaksi, Hospital Sungai Buloh, 47000 Sungai Buloh, Selangor	30 April 2013
9.	Mentari Putrajaya	Hospital Putrajaya	Pusat Kesihatan Mental Masyarakat Putrajaya, Kuarters Kakitangan Kerajaan, Jalan P11j Presint 11, Zon 6b Pusat Pentadbiran Kerajaan Persekutuan, 62300 Putrajaya	17 November 2011
10.	Mentari Kuala Pilah	Hospital Tuanku Ampuan Najihah, Kuala Pilah	Pusat Kesihatan Mental Masyarakat Kuala Pilah, Jalan Tun Yan, 72000 Kuala Pilah	27 February 2015
11.	Mentari Melaka	Hospital Melaka	Pusat Kesihatan Mental Masyarakat Melaka, d/a Hospital Melaka, Jalan Mufti Haji Khalil, 75400 Melaka	15 April 2016
12.	Mentari Pekan Nanas Hentian Damai	Hospital Permai, Johor Bahru	Pusat Kesihatan Mental Masyarakat Pekan Nenas, Hentian Damai, Klinik Kesihatan PekanNenas, Jalan Pasar Lama, 81500 PekanNenas, Pontian	3 February 2014
13.	Mentari Masai Puncak Damai	Hospital Permai, Johor Bahru	Pusat Kesihatan Mental Masyarakat Masai, Klinik Kesihatan Masai, Lot 2188, Jalan Pekeliling, 81750 Masai, Johor Bahru, Johor	1 June 2015

14. Mentari Balok	Hospital Tengku Ampuan Afzan, Kuantan	Pusat Kesihatan Mental Masyarakat Balok, Klinik Kesihatan Balok, 26100 Kuantan, Pahang	15 June 2013
15. Mentari Mentakab	Hospital Sultan Hj. Ahmad Shah, Temerloh	Pusat Kesihatan Mental Komuniti (Mentari) Klinik Kesihatan Bandar BaruMentakab 28400 Mentakab, Pahang	21 January 2014
16. Mentari Hospital SultanahZahirah	Hospital Sultanah Nur Zahirah, Kuala Terengganu	Pusat Kesihatan Mental Masyarakat Sultanah Nur Zahirah, D/A Hospital SultanahZahirah, Jalan Sultan Mahmud, 20400 Kuala Terengganu, Terengganu	17 January 2016
17. Mentari Wakaf Tapai	Hospital Hulu Terengganu, Terengganu	Pusat Kesihatan Mental Masyarakat Wakaf Tapai, Klinik Kesihatan Wakaf Tapai 21040 Marang Terengganu	1 August 2013
18. Mentari Ketereh	Hospital Raja Perempuan Zainab II, Kota Bharu	Pusat Kesihatan Mental Masyarakat, D/A Knilik Kesihatan Ketereh, 16450 Kota Bharu	6 January 2013
19. Mentari Petra Jaya	Hospital Umum, Sarawak	Klinik Kesihatan Petrajaya Jalan SiolKanan, 93050 Kuching Sarawak	1 September 2014
20. Mentari Jalan Oya	Hospital Sibu, Sarawak	Pusat Kesihatan Mental Masyarakat Oya, Poliklinik Kesihatan Oya, Jalan Oya, 96000 Sibu, Sarawak	29 June 2012
21. Mentari Bintulu	Hospital Bintulu	Pusat Kesihatan Mental Masyarakat Bintulu, Sl 2, No 135 Jalan TanjungBatu, KemanaKomersialSentral 97000 Bintulu, Sarawak	7 September 2012
22. Mentari Kota Kinabalu	Hospital Mesra Bukit Padang, Sabah	Mentari Kota Kinabalu D/A Hospital Mesra Bukit Padang 88815 Kota Kinabalu Sabah	20 January 2015
23. Mentari Kangar	Hospital Tuanku Fauziah, Kangar	Pusat Kesihatan Mental Masyarakat, Jalan Padang Katong, 01000 Kangar, Perlis	
24. Mentari HTAR	Hospital Tengku Ampuan Rahimah, Klang	Pusat Kesihatan Mental Masyarakat, Kompleks Kesihatan Aneka Klang, Jalan TengkuKelana 2, 41000 Klang, Selangor	1 August 2017
25. Mentari Miri	Hospital Miri, Sarawak	Pusat Kesihatan Mental Masyarakat, Rumah Kenyalang, Lot 13, Kuarters Kerajaan, Jalan Tanjung Lobang, 98008 Miri, Sarawak	July 2016
26. Seremban	Hospital Tuanku Jaafar Seremban	Jalan Rasah, Bukit Rasah, 70300 Seremban, Negeri Sembilan	1 July 2020
27. Segamat	Hospital Segamat	6, Jalan Genuang, Bandar Putra, 85000 Segamat, Johor	20 July 2020
28. Batu Pahat	Hospital Sultanah Nora Ismail Batu Pahat	Jalan Korma, Taman Soga, 83000 Batu Pahat, Johor	15 July 2020

The above list is as of 3 September 2020

APPENDIX 2: HIGHLIGHTS IN MENTAL HEALTH ACT AND REGULATIONS

EXCERPTS FROM THE MENTAL HEALTH ACT 2001 (ACT 615)

Part VI Section 32	**Community Mental Health Centre (CMHC)**	A community mental health centre is a centre for community care treatment which includes the screening, diagnosis, treatment and rehabilitation of any person suffering from any mental disorder.
Part VI, Section 33	**Appointment of government CMHC**	The Minister may, by notification in the *Gazette*, appoint the whole or any part of any premises to be a government CMHC
Part VI Section 35	**Person in charge of government CMHC**	1) The Director General shall appoint in respect of every government community mental health centre a medical officer with training and experience in psychiatry to be the person in charge of the government community mental health centre. 2) Notwithstanding subsection (1), a government community mental health centre which is under the direct supervision and authority of a government psychiatric hospital shall remain under the authority of the Medical Director of that psychiatric hospital.[1]
Part VI Section 37	**Community care treatment at CMHC**	1) An involuntary patient who has been discharged or granted leave of absence from a psychiatric hospital may be required by the Medical Director or the Visitors, as the case may be, to undergo community care treatment at a government CMHC.. 2) Any CMHC may provide community care treatment to voluntary and involuntary patients. 3) The community care treatment referred to in subsections (1) and (2) shall be provided on an outpatient basis, and no patient shall be lodged in any part of a community mental health centre for more than twenty-four hours.
Part IX Section 49	**Quality of psychiatric healthcare facilities and services**	1) Every psychiatric hospital, psychiatric nursing home and community mental health centre shall have programmes and activities to ensure the quality and appropriateness of the healthcare facilities and services provided 2) Information regarding such programs and activities shall be furnished to the Director General as/ when required by him.
Part IX Section 50	**Power of Director General to issue ..guidelines relating to quality assurance**	The Director General may issue directives, orders, or guidelines relating to the quality and standards of psychiatric hospitals, psychiatric nursing homes or community mental health centres as he deems necessary
Part XII Section 83	**Incident reporting**	Notwithstanding any other report required by any other written law, .. community mental health centre shall report to the Director General,

[1] Note: The Psychiatric Services Operational Policy had agreed that the Person in-charge of Mentari shall be a psychiatrist

		or any person authorized by him in that behalf, such unforeseeable and unanticipated incidents
Part XII Section 84	**Policy statement**	The Medical Director, licensee or person in charge of a psychiatric hospital, psychiatric nursing home or community mental health centre shall make available, upon registration or admission, as the case may be, the policy statement of the hospital, home or centre with respect to the obligations of the Medical Director or licensee or person in charge of the psychiatric hospital, psychiatric nursing home or community mental health centre to patients using the facilities or services of the hospital, home or centre

EXCERPTS FROM MENTAL HEALTH REGULATIONS 2010

Part III Sec 13 Patient care plan	(1) The Medical Director, licensee or person in charge, as the case may be, of a psychiatric facility shall ensure that each patient has a care plan for the management of the patient during the treatment and upon discharge of the patient. (2) The Medical Director, licensee or person in charge, as the case may be, of a psychiatric facility shall have a guideline on care plan for patient as may be approved by the Director General.
Part III Sec 16 Community mental health team	16. (1) The Medical Director or a licensee or person in charge, as the case may be, of a psychiatric hospital or community mental health centre shall ensure the establishment of a community mental health team for community mental healthcare services. (2) The community mental health team shall a) consists of multi-disciplinary people; and (b) be led by a medical officer or a registered medical practitioner preferably a psychiatrist. (3) The community mental health team shall provide comprehensive mental health services. 4) The Medical Director or .. person in charge, .. of a psychiatric hospital or community mental health centre shall maintain a register for patients under the care of the community mental health team.
Part V, Sec 25: Restraint or seclusion	25(4) No physical or chemical means of restraint or seclusion shall be applied to patients in any ..CMHC, except during an emergency and the patient shall then be transferred to psychiatric hospitals without delay.
Part VI, Sec 40 Subsection (1) to (5): Lodging	40. (1) A person who is suffering from a mental disorder and registered with a psychiatric facility may be lodged at a private community mental health centre or gazetted private community mental health care centre for not more than twenty-four hours (2) Notwithstanding subregulation (1), any person posing a danger to himself or the safety of others shall not be lodged. For further details, please refer original document

APPENDIX 3: PSYCHIATRIC OUTREACH MOBILE CLINIC

Objectives	1) To improve accessibility to early mental health services for the community in rural areas 2) To reduce stigma and discrimination against people with mental health problems
Potential Project Partners	1) Existing mobile clinic services 2) Local council 3) NGO 4) Private sector
Staffing	1) Medical officer 2) Nurse or Assistant medical officer 3) Community nurse 4) Health attendant 5) Driver All staffs are required to have minimum 1year experience in psychiatry. There shall be minimum 3 clinical staffs available in mobile clinic.
Activities	1) Promotion of mental health 2) Screening and early detection of mental health problems 3) Provision of basic psychotherapy e.g. relaxation skills, supportive counselling 4) Provide work-based rehabilitation activities 5) Facilitate referral to suitable agency or services
Equipment needed	1) Transport: bus / van / 4WD 2) Inflatable or makeshift clinic structure 3) Collapsible tables and stackable chairs 4) Document / record-keeping materials 5) Screening tools 6) Promotional materials 7) Weight & height scale, measuring tape 8) Blood pressure set 9) First aid kit

APPENDIX 4: TEMPLATE FOR EQUIPMENT NEEDED FOR Mentari

KELENGKAPAN PEJABAT

Bil.	Alatan	Justifikasi	Bil Unit
1.	Katil pemeriksaan pesakit	Keperluan untuk memeriksa pesakit	1
2.	Kerusi Pegawai	Keperluan untuk pegawai perubatan dan pegawai psikologi membuat konsultasi	2
3.	Meja pegawai		2
4.	Meja collapsible	Menjalankan aktiviti dengan pesakit/ pendidikan umum	6
5.	Kerusi stackable	Menjalankan aktiviti dengan pesakit/ pendidikan umum	30
6.	Kabinetbesi 2pintu; H 8′ x D 2′ x W 4′ & lock	Menyimpan perkasasan kraf dan peralatan psikologi	2
7.	Filing Cabinet besi 4 laci	Menyimpan maklumat berperingkat	2
8.	Meja mesyuarat	Ruangkerja dan mesyuarat	1
9.	Kerusi menunggu (4 kerusi berangkai)	Di kaunter dan ruangaktiviti	2
10.	Wardrobe	Penyimpanan pakaian	1
11.	Dualboard (8′ x 4′)	Komunikasi di antara kakitangan Mentari	2
12.	Display cabinet	Mempamirkan hasil kraf para pesakit	1
13.	Rak kasut	Ruang aktiviti	3
14.	Kabinet TV	Ruang aktiviti	1
15.	Coffee table	Kegunaan di ruang aktiviti	1
16.	Langsir	Bilik rawatan	1

ASET PERUBATAN

Bil.	Alatan	Justifikasi	Bil Unit
1.	Weight and height scale	Memantau BMI dan kesihatanfizikalpesakit	1
2.	BP set	Pengambilan Vital Sign	1
3.	Thermometer	Pengambilan Vital Sign	1
4.	Kerusi roda	Bagi kegunaan pesakit yang kurangupaya berjalan	1
5.	Kit rawatankecemasan	Bagi kegunaan rawata\n awal	1
6.	Dangerous drug cabinet with key and alarm	Penyimpanan ubatan terkawal seperti benzodiazepine	1

ASET BUKAN PERUBATAN

Bil.	Alatan	Justifikasi	Bil Unit
1.	Pemadam api	Keperluan keselamatan	1
2.	Peti sejuk (2 pintu; isipadu 240l)	Untuk kegunaan dapur terapeutik	1
3.	Televisyen dan alat audiovisual	Streaming video dan bahan pendidikan pesakit	2
4.	LCD Projector termasuk gril	Pendidikan pesakit dan masyarakat	1

5.	Skrin LCD projector	Pendidikan pesakit	1
6.	Komputer riba	Pendidikan pesakit dan pembentangan umum	1
7.	Komputer meja: CPU, monitor, speaker, mouse	Rehabilitasi persediaan bekerja dan pejabat	4
8.	Mesin cetak laser jet monochrome	Keperluan pejabat dan rehablitasi pra-pekerjaan	2
9.	Ketuhar microwave	Latihan kemahiran domestic	1
10.	Penghawa dingin 1.5 hpp	Ruang aktiviti	2
11.	Penghawa dingin 1 hpp	Bilik kaunseling, rawatan, pejabat	3
12.	Water dispenser	Ruangaktiviti	1
13.	Pembakar roti	Latihan kemahiran domestic	1
14.	Cerek elektrik	Latihan kemahiran domestic	1
15.	Periuk nasi elektrik	Latihan kemahiran domestic	1
16.	Pembersih hampagas (vacuum cleaner)	Latihan pembersihan tempat tinggal	1
17.	Jam dinding battery operated	Untuk kegunaan pejabat dan ruang aktiviti	3
18.	Kotak kunci	Penyimpanan kunci	1
19.	Set sofa beserta meja	Ruang aktiviti	1

KENDERAAN

Bil.	Perkara	Justifikasi	Bilangan Unit
1.	Kenderaan multi-purpose 7-seater	Untuk kegunaan shuttle bagi pesakit serta lawatan ke rumah	1

INVENTORI

Bil.	Perkara	Justifikasi	Bilangan Unit
1.	Cawan	Therapeutic kitchen and pre-employment training activities	30
2.	Pinggan		30
3.	Mangkuk		30
4.	Sudu		30
5.	Garpu		30
6.	Mangkuk adunan		2
7.	Pisau		5
8.	Papan pemotong		2
9.	Besen		3
10.	Baldi		3
11.	Penapis		2
12.	Senduk		4
13.	Pembuka tin		1
14.	Tuala lap		10
15.	Towel dispenser		2
16.	Tong sampah		4

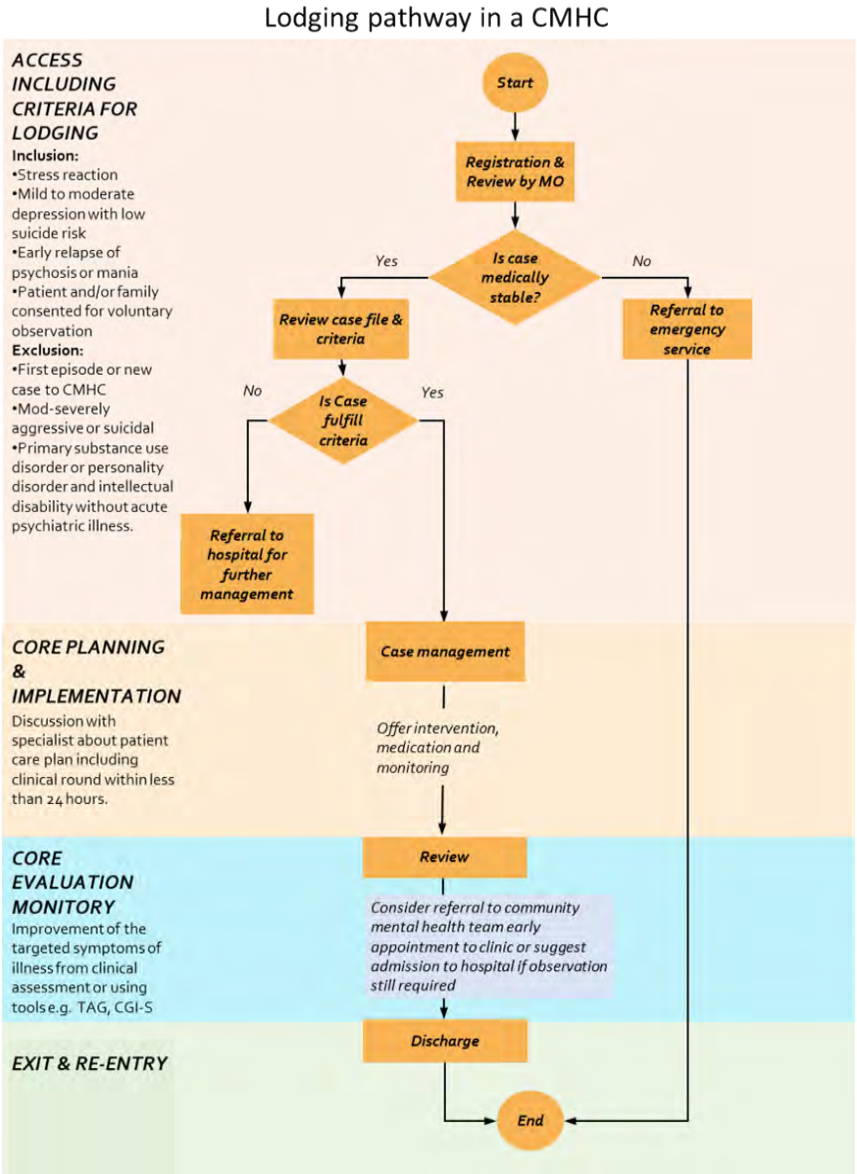
APPENDIX 5: TEMPLATE ON PATIENTS' RIGHTS AND RESPONSIBILITIES

HAK-HAK PESAKIT

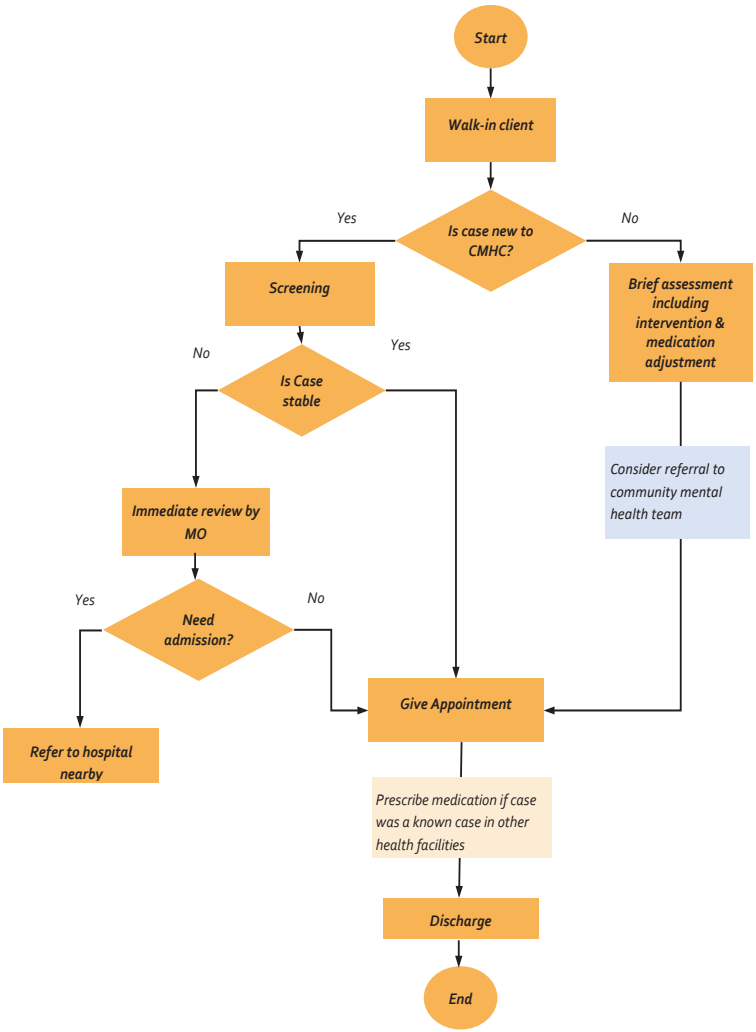
1. Pesakit berhak menerima rawatan yang efektif, selamat dan saksama.
2. Pesakit akan dimaklumkan tentang konsep perawatan di Pusat Kesihatan Mental Masyarakat.
3. Kehormatan dan hak-hak peribadi (Privacy) pesakit adalah terpelihara.
4. Pesakit perlu bertanggungjawab atas keselamatan harta benda sendiri semasa proses perawatan.
5. Kerahsiaan maklumat pesakit adalah terjamin.
6. Pesakit akan diberi maklumat berkenaan diagnosis, rawatan dan perancangan perawatan.
7. Setiap pesakit akan diberi perkhidmatan yang mesra, penyayang dan profesionalisma.
8. Pesakit dan keluarga berhak mengemukakan aduan dan maklumbalas berkaitan perkhidmatan Pusat Kesihatan Mental Masyarakat.
9. Pesakit dibenarkan untuk menunaikan amalan keagamaan masing-masing mengikut kesesuaian dan tahap mental pesakit.
10. Setiap pesakit akan mempunyai pelan rawatan dan berhak untuk mengetahuinya.

Nama Pesakit	:	Nama Saksi	: .....
TandatanganPesakit	:	Tandatangan	: .....
Tarikh	:	Tarikh	: .....

APPENDIX 6: LODGING PATHWAY IN A COMMUNITY MENTAL HEALTH CENTRE



APPENDIX 7: TRIAGING FLOW CHART



APPENDIX 8: LIST OF ICD-9CM CODE FOR TREATMENT PROCEDURES IN MENTARI

93	Physical therapy, respiratory therapy, rehabilitation, and related procedures	
93.8		Other rehabilitation therapy
	93.81	Recreation therapy • Diversional therapy • Play therapy; Excludes: play psychotherapy (94.36)
	93.82	Educational therapy
	93.83	Occupational therapy. Note: daily living training to be coded here
	93.84	Music therapy
	93.85	Vocational rehabilitation (includes sheltered employment; vocational: assessment; retraining; trainingo. Note: Job Club and Employment Transition to be coded here.
	93.89	Rehabilitation, not elsewhere classified. Note: Supported Employment to be coded here
94		**Procedures related to the psyche**
94.0		Psychologic evaluation and testing
	94.01	Administration of intelligence test
	94.02	Administration of psychologic test
	94.03	Character analysis
	94.08	Other psychologic evaluation and testing
94.1		Psychiatric interviews, consultations, and evaluations
	94.11	Psychiatric mental status determination
	94.12	Routine psychiatric visit, not otherwise specified
	94.13	Psychiatric commitment evaluation
	94.19	Other psychiatric interview and evaluation
94.3		Individual psychotherapy
	94.33	Behavior therapy (Aversion/ Behaviour modification/ Desensitization/ Extinction/ Relaxation/ Token Economy)
94.39		Other individual psychotherapy
	94.39	Biofeedback
94.4		Other psychotherapy and counselling
	94.42	Family therapy
	94.43	Psychodrama
	94.44	Other group therapy
	94.49	Other counselling
94.5		Referral for psychologic rehabilitation

Note: 'The International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)' was originally based on the original version developed by the World Health Organization and is the official system of assigning codes to diagnoses and procedures associated with hospital utilization in the United States. Volume 3 ICD-9-CM version 2013 provides a classification system for surgical, diagnostic, and therapeutic procedures (alphabetic index and tabular list).

APPENDIX 9: PATIENT CARE PLAN TEMPLATE

PATIENT CARE PLAN & CASE REVIEW FORM	NAME:	
	IC/ ID No:	Gender:
	Address:	Postcode:
	Phone:	Email:
	DOB:	Age:

DATE	:
REASON FOR REVIEW	:
PSYCHIATRIST IN-CHARGE	**:**

DIAGNOSIS: *(Include recent ICD & PSP as appropriate)*

MEDICATION & MEDICAL MANAGEMENT:

BACKGROUND HISTORY: *(include psy, medical, personal/development/family/substance use, forensic)*

TREATMENT PLAN

Issue/ Current Status	Goal(s)	Management Strategies	Who, By When
Date Next Review:			

Signed (Treating Dr).		Signed (Other therapist:)	
Print Name:		Print name:	
Designation:		Designation	
Date:		Date:	

Patient Consent:

I ..... agree to participate in the individual service plan as outlined above. If at any time I need to reconsider, I will inform my treating clinician regarding my decision and necessary modifications shall be made.

Signed:..... Date:.....

GLOSSARY	
Case Management	Case management is a process which aims to ensure the client receives the best possible treatment and support through the identification of needs, planning individual goals and strategies and linking to appropriate services to meet these needs. See individual service plan, case manager, continuity of care
Case Manager	The Mentari staff who is managing the client and executes what has been plan by the treatment team. May be a nurse, assistant medical officer, occupational therapist, doctor, psychologist, or medical social worker
Job Club	Adapted from the *Clubhouse* model of psychological rehabilitation. Refers to a comprehensive and dynamic program of support and opportunities for people with severe mental illnesses. All aspects of the program focus on the strength of the individual, rather than their illness. It run jointly by trained staff and clients. Clubhouse International lays out for basic rights of membership, i.e. a right place to come, a right meaningful relationship, a right to meaningful work and a right place to return. The standards consistently emphasize choice, respect, and opportunity for all members.
Community Mental Health Centre (CMHC)	An accessible point of contact during business hours for access to area mental health services. The CMHC provide initial screening and consultancy for people requesting public psychiatric services, and to guide the person to the appropriate service. They also provide assessment, treatment, continuing care and support for clients with severe mental illness. Community mental health centres employ a range of mental health professionals to provide clinical services, including psychiatric nurses, medical officers, consultant psychiatrists, occupational therapists, social workers, and psychologists
Community Mental Health Team	Also known as Community Psychiatry Service in CMHC guideline 1st edition; renamed to standardize with Act 615. A multidisciplinary, community based mental health service which supports and treats clients who have experienced many psychiatric crises, have associated psychiatric disability and are at risk of readmission to hospital without this support
Comprehensive Mental Health Service	People with a severe mental illness often have complex medical, psychological and social needs. A comprehensive mental health service is one which provides a range of services that meets the client's treatment needs, including community- based services and inpatient care. See continuity of care, patient service plan.
Continuity of Care	Provision of mental health services to a client in a way that ensures care is continued when there is a change of service or case manager. An example is when a person leaves a psychiatric inpatient service and his/her care is transferred to the community mental health centre or where the client moves to a new area.

Drop-in approach	In the context of clubhouse approach whereby clients can drop by Mentari for low key activities such as socializing with other clients, leisure activities, sharing ideas and skills to obtain employment, etc.
Employment Transition Program	This concept was introduced in Japan by the Ministry of Health, Labour and Welfare Projects for Promoting Comprehensive Welfare for Persons with Disabilities was established as a service to lead persons with disabilities who seek open employment at a company under the provisions of the Services and Supports for Persons with Disabilities Act. ETS service requires various functions to achieve such a role; five basic functions are: (1) Intermediate Environment for Step-by-step Growth (2) Assessment of Vocational Aptitude, etc. (3) Function to Support the Self-understanding and Enhance the Motivation to Work of Persons With Disabilities (4) Matching Function to Find Appropriate Workplace and Ensure Effective Coordination (5) Follow-up Function Including Long-term Job Retention Support Which Commences Immediately After Employment.
Supported Employment Staff	The credentialed case manager for patients in the supported employment program and main pillar for Supported Employment service in Mentari. May come from various background: occupational therapists, nurses, medical assistants, medical officers or medical social workers.
Patient Care Plan	Previously known as Individual Care Plan in CMHC guideline 1st edition; renamed to standardize with Act 615. A plan, based on a comprehensive assessment, outlining the client's goals and strategies for the client's recovery, including the mental health services and general community services the client needs. The ISP is developed and regularly reviewed by the case manager, the client and, with the client's permission, their family or carer and other workers involved.
Inflatable clinic	Portable and quick to setup clinic for doctor-patient conversations and screenings.
Informed Consent	In the context of mental health, this means that the client provides permission for a specific treatment to occur based on their understanding of the nature of the procedure, the risks involved, the consequences of withholding permission and their knowledge of available alternative treatments
Integration of Services	Coordination and linkage between services to ensure clients receive continuity of care
Least Restrictive Environment/Setting	The principle of treating a client in the least restrictive environment/setting possible recognises that all clients of public mental health services should be treated in an environment and manner that respects each client's individual worth, dignity, privacy and enhances their personal autonomy
Mainstreaming	Management of public psychiatric services by the general health system, for example, by health clinics or district hospitals

Psychosocial rehabilitation (PSR) centre	In Malaysia, PSR specifically refers to rehabilitation units which are attached to health clinics. It is under the jurisdiction of the "Public Health" arm of the Ministry of Health Malaysia. Conversely, the Mentari is under the "Medical" arm. Its main function is to carry out various rehabilitation activities for people with serious mental illness
Recreational Therapy	Recreational therapy includes, but is not limited to, providing treatment services and recreation activities to individuals using a variety of techniques including arts and crafts, animals, sports, games, dance and movement, drama, music, and community outings. It helps to maintain the physical, mental, and emotional well-being of patients by seeking to reduce depression, stress, and anxiety; recover basic motor functioning and reasoning abilities; build confidence; and socialize effectively. https://www.nctrc.org/about-ncrtc/about-recreational-therapy/
Screening	A process that enables a duty worker to obtain enough information from the person requesting service so that the duty worker can guide them to an appropriate service within or outside public mental health services. The duty worker will take responsibility for referring a person to an outside agency or arrange an intake assessment with the appropriate local mental health service
Secondary Consultation	The provision of clinical advice and support to health providers and other relevant agency in supporting Mental Health Services in the community
Social Enterprise	A type of rehabilitation approach by using real business model and enterprise in creating employment opportunities and empowerment of clients.

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