ACCRÉDITATION SANS FRONTIÈRES (ASF)
NON-GOVERNMENTAL, NON-PROFIT

ASF Health Standards Version 11

Standard 16: Psychiatry and Mental Health

Core standard · applicability by facility type shown for each criterion

DOCUMENT NUMBER	ASF-HS11-S16
REVISION	01
DATE OF THIS REVISION	10 November 2026
STATUS	Approved for use
OWNER	Accréditation Sans Frontières (ASF)
APPROVED BY	Prof. Giorgi Pkhakadze, MD, MPH, PhD, Chair, Public Health Institute of Georgia
APPLIES TO SURVEYS STARTING AFTER	[date to be confirmed]
REVIEW	Every year, or earlier if the law, a cited guideline or the standard itself changes. Next scheduled review: 1 November 2027.
CONTROLLED COPY	The copy on france-asf.fr is the controlling copy. A printed copy is valid only for the revision shown on its cover.

REVISION HISTORY

Revision	Date	Change	Approved by
01	10 November 2026	First issue of the paper standard. Adapted from the web version of Standard 16 in ASF Health Standards Version 11.	Prof. Giorgi Pkhakadze

APPROVAL

Prof. Giorgi Pkhakadze, MD, MPH, PhD
Chair, Public Health Institute of Georgia

Date: 10 November 2026

Complete on its own, without internet access. References are listed in section 11. The current revision is at france-asf.fr.

Contents

1 Introduction

2 About ASF and this standard

3 How to use this standard

4 Scope

5 Ratings and colours

6 Abbreviations

7 Terms and definitions

8 Standard 16 at a glance: criteria, responsibilities, training

9 Criteria 16.1 to 16.6 (each on its own page)

10 Questions and answers

11 References

12 Document register

Criterion pages: 16.1 Suicide Risk Screening and Continuous Observation for High-Risk Patients · 16.2 Environmental Ligature Risk Is Identified and Mitigated · 16.3 Restraint and Seclusion Used as Last Resort, With Strict Documentation · 16.4 Psychiatric Medication Management Follows a Defined Interaction and Monitoring Protocol · 16.5 Staff Are Trained and Drilled in De-escalation, Not Only Briefed · 16.6 Discharge Safety Planning With Follow-Up Care Arranged.

1 Introduction

This document is Standard 16 of ASF Health Standards. It sets out how a facility provides psychiatric and mental health care safely: suicide risk screening and continuous observation, environmental ligature risk, restraint and seclusion used as a last resort, a defined protocol for psychiatric medicines, de-escalation training and drills, and safe discharge with follow-up arranged.

A standard is a set of numbered criteria. Each criterion says what must be in place (the criterion statement), how it is rated for each setting, what the assessor will check and what evidence the facility must show. The guidance in this document explains what each criterion means in practice, so that a reader who has only this paper can understand and meet it.

Purpose of this document. Standard 16 makes sure that people with mental health conditions are kept safe while in care, that restraint and seclusion are used only as a last resort, and that they leave hospital with a plan and a follow-up appointment.

Who should read it. Psychiatrists, psychiatric nurses, pharmacists, psychologists, the ward managers, the clinical governance lead, the chief executive, and the assessors who verify the facility. Each criterion names the positions responsible for it (section 8.2).

The standard is a tool to improve care, not a list of paperwork. Templates and forms named in this document are reference drafts. You may adapt them, replace them with your own, or upload your own documents, provided they meet the same criterion.

2 About ASF and this standard

Accréditation Sans Frontières (ASF) is a non-governmental, non-profit accreditation body. It was legally established in Paris in 2020. ASF develops health standards that are practical, affordable and open to all facilities, including those working with limited resources, in crisis, or in transition.

ASF believes accreditation should be accessible in every sense: geographically, so that facilities in remote areas can take part; financially, so that cost is not a barrier; and in language and format, so that staff can read and use the standard in their own working environment.

Each standard is an independent document. Standard 16 has been written so that it can be read and used on its own. It repeats the definitions, abbreviations and references it needs. A reader who has only this document can understand every criterion in it.

3 How to use this standard

If you provide psychiatric care, read section 4 to confirm which criteria apply to your facility type, then section 5 to find the rating for your setting. Read each criterion from 16.1 to 16.6, paying attention to the rating, the guidance and the evidence. Prepare the evidence named in each criterion, covering the period stated.

If you are an assessor, use the sample and the checks in each criterion. The pass rule and the immediate-fail rule decide each criterion. A criterion is met only when all its checks are passed and no immediate-fail event is found.

Reading a criterion. Each criterion has: the criterion statement; the three ratings (humanitarian, transition and fragile, standard); the rating rule; the guidance; what good looks like; common mistakes; why it matters; the sample; the checks, with method, evidence and pass condition; the immediate-fail event; the documents with who writes, approves and checks them; the positions responsible; and the references.

Document codes. Each document has a code made of a topic prefix, a type and a number, for example ENV-SOP-001 (environment, procedure, 001). The type is one of FRM (form, a record kept as evidence), REG (register), PLN (plan), POL (policy), SOP (standard operating procedure) or GDL (guide). The codes identify documents only. The full list is in section 12.

4 Scope

Standard 16 covers suicide risk screening and observation, ligature risk, restraint and seclusion, psychiatric medicines, de-escalation training, and discharge safety planning. The applicability is shown in section 4.

The standard applies in three settings. The rating for each criterion is given for each setting, and the facility uses the rating for its own setting: **humanitarian settings** (emergency or crisis, very limited resources), **transition and fragile settings** (a health system in change or under strain), and **standard settings** (full resources).

WHERE STANDARD 16 APPLIES

Standard 16 applies when the facility provides psychiatric or mental health services, including inpatient units, outpatient clinics and community teams. For each facility type the table shows whether psychiatry and mental health is a default service (expected) or an optional service (offered only if the facility provides it). The applicability of all 70 standards is in **Annex 1: Applicability of ASF Health Standards by facility type** (ASF-HS11-ANX01), published on france-asf.fr.

Criterion	Applies to
16.1 Suicide Risk Screening and Continuous Observation for High-Risk Patients	**optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care. **Not applicable to:** Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.
16.2 Environmental Ligature Risk Is Identified and Mitigated	**optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care. **Not applicable to:** Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.
16.3 Restraint and Seclusion Used as Last Resort, With Strict Documentation	**optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care. **Not applicable to:** Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.
16.4 Psychiatric Medication Management Follows a Defined Interaction and Monitoring Protocol	**optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care. **Not applicable to:** Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.
16.5 Staff Are Trained and Drilled in De-escalation, Not Only Briefed	**optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care. **Not applicable to:** Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.
16.6 Discharge Safety Planning With Follow-Up Care Arranged	**optional** in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care. **Not applicable to:** Fitness and wellness, Dental clinic, Aesthetic and procedure clinic.

5 Ratings and colours

Rating	Colour	Meaning
Must		Required in every setting. Criteria that can directly affect a patient's life are always Must, and no setting lowers them.

Rating	Colour	Meaning
Medium		Required, adapted to what a transition setting can realistically do.
Minimum		The lowest acceptable level in a humanitarian setting, where resources are very limited.

In standard settings every criterion is Must.

TRAINING LEVELS

Level	Colour	Meaning
Essential		Must be completed by the people named in the role table.
Recommended		Good practice. Not checked as a requirement.
Optional		May be used for development.

6 Abbreviations

Abbreviation	Meaning
ASF	Accréditation Sans Frontières (Accreditation Without Borders), a non-governmental, non-profit accreditation body
FRM	Form. A record that is filled in and kept as evidence
GDL	Guide. Reference guidance for staff
POL	Policy. A written statement of what the facility will do and why
REG	Register. A running record of entries, such as observations, drills or dates
SOP	Standard operating procedure. A step-by-step description of how a task is done

DOCUMENT CODE PREFIXES

Prefix	Topic
PSY	Psychiatry and mental health
CLN	Clinical records used across services

7 Terms and definitions

Term	Definition
Continuous observation	Observation of a patient at all times, by a person who is watching them directly, for a patient at high risk.
De-escalation	Calm, verbal and non-physical methods used to reduce the agitation of a person in distress, before any restraint is considered.

Term	Definition
Ligature point	Any fixture or fitting where a cord, sheet or other material could be used to hang or strangle.
Restraint	Any physical or mechanical method that restricts a person's movement against their will.
Seclusion	The placing of a patient alone in a room, away from others, against their will, for safety.
Safety plan	A written plan, agreed with the patient, that names their warning signs, coping steps, people to contact and how to get help.
Validated tool	A screening or assessment tool whose accuracy has been tested in published studies.
Immediate fail	One event that means a criterion is not met, whatever else is in place.
Setting	The context in which a facility works: humanitarian, transition and fragile, or standard.

8 Standard 16 at a glance

Standard 16: Psychiatry and Mental Health is a service standard of ASF Health Standards. It applies when the facility provides psychiatric or mental health services, and covers observation and safety of people at risk, the use of restraint and seclusion, psychiatric medicines, staff training, and safe discharge.

The standard has six criteria. Each is shown below and explained on its own page in section 9.

8.1 CRITERIA AND RATINGS

No.	Criterion	Humanitarian	Transition	Standard
16.1	Suicide Risk Screening and Continuous Observation for High-Risk Patients	Must	Must	Must
16.2	Environmental Ligature Risk Is Identified and Mitigated	Minimum	Must	Must
16.3	Restraint and Seclusion Used as Last Resort, With Strict Documentation	Minimum	Must	Must
16.4	Psychiatric Medication Management Follows a Defined Interaction and Monitoring Protocol	Minimum	Medium	Must
16.5	Staff Are Trained and Drilled in De-escalation, Not Only Briefed	Minimum	Medium	Must
16.6	Discharge Safety Planning With Follow-Up Care Arranged	Minimum	Medium	Must

8.2 RESPONSIBILITIES

Each criterion names the positions responsible for it. The facility sets its own reporting lines, and each position should have written terms of reference. ISCO-08 codes are shown for each role and are recorded in the staff register.

No.	Criterion	Positions responsible or involved
16.1	Suicide Risk Screening and Continuous Observation for High-Risk Patients	Nurse (ISCO 2221) · Secretary (ISCO 3344)
16.2	Environmental Ligature Risk Is Identified and Mitigated	Nurse (ISCO 2221) · Secretary (ISCO 3344)
16.3	Restraint and Seclusion Used as Last Resort, With Strict Documentation	Manager (ISCO 1342)
16.4	Psychiatric Medication Management Follows a Defined Interaction and Monitoring Protocol	Manager (ISCO 1342) · Nurse (ISCO 2221)
16.5	Staff Are Trained and Drilled in De-escalation, Not Only Briefed	Secretary (ISCO 3344) · Manager (ISCO 1342)
16.6	Discharge Safety Planning With Follow-Up Care Arranged	Nurse (ISCO 2221) · Manager (ISCO 1342)

8.3 TRAINING FOR STANDARD 16

Training is shown by course. Essential training must be completed by the people named. Recommended training is good practice. The colours follow section 5.

Course	Essential for	Recommended for	Criteria	Status
Psychiatry & Mental Health Accreditation Endorsement (AMB-20)	Manager, Nurse	None	16.1, 16.2, 16.3, 16.5, 16.6	In development
Medication Safety: Operating SOP-MED-01 End to End (T-08)	Manager, Nurse	None	16.4	In development

Evidence of training may be a verified micro-credential in the GMJ Academy micro-credential portfolio, or a training certificate kept in the staff file.

16.1 Suicide Risk Screening and Continuous Observation for High-Risk Patients

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Must	**Must**	**Must**

Applies to: optional in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care. **Not applicable to:** Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Every psychiatric admission undergoes suicide risk screening using a validated tool, with a patient identified as high-risk placed on a continuous, documented observation level — not a screening completed once at admission with no follow-through into the observation practice that should result.

Rating rule. Must in every setting: every psychiatric admission is screened for suicide risk with a validated tool, and a high-risk patient is placed on continuous, documented observation.

GUIDANCE

A person admitted to a psychiatric unit may be at risk of taking their own life, and the risk can change quickly. Every admission is screened with a validated tool, and the result decides the level of observation. A screen completed once and filed without any change in care does not meet this criterion.

Continuous observation is recorded in a log, and the reason for each step-down is written by a psychiatrist. The log is what the assessor checks.

WHAT GOOD LOOKS LIKE

- Staff review each screen result with the observation level at every ward round, so that a high-risk result changes the observation the same day.

COMMON MISTAKES

- A patient who says they will end their life is screened as low risk, and is found unobserved in the bathroom.
- Observation stepped down by a nurse with no psychiatrist decision recorded.

> **Why it matters.** A person admitted to a psychiatric unit may be at risk of taking their own life. Screening every admission with a validated tool, and watching those at high risk, can prevent a death.

WHAT THE ASSESSOR CHECKS

Sample. Review screening and observation records for every psychiatric admission in the last 6 months, and the observation logs for high-risk patients.

---

1 Every psychiatric admission is screened for suicide risk with a validated tool.

Method. Check each sampled admission record for the screening result and the tool name.

Evidence to show. Suicide risk screening record (PSY-FRM-001).

Pass when. Every sampled admission has a validated screen recorded on admission.

2 **A high-risk patient is placed on continuous, documented observation.**

Method. Check each sampled high-risk patient for continuous observation entries at the set interval.

Evidence to show. Continuous observation log (PSY-REG-001).

Pass when. Every sampled high-risk patient has continuous observation recorded for the whole high-risk period.

3 **Observation is stepped down only with a documented psychiatric decision.**

Method. Check each step-down for the psychiatrist decision and the reason.

Evidence to show. Continuous observation log (PSY-REG-001).

Pass when. Every step-down has a recorded psychiatrist decision and reason.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A patient who says they will end their life is screened low, and is found unobserved in the bathroom. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
PSY-SOP-001	Suicide risk screening and continuous observation	Manager	Chief executive	Chief executive
PSY-FRM-001	Suicide risk screening record	Manager	Chief executive	Manager
PSY-REG-001	Continuous observation log	Secretary	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Completes the Suicide risk screening and continuous observation (PSY-SOP-001); suicide risk screening record	— Must
Secretary (ISCO 3344)	Keeps the Continuous observation log	— Must

REFERENCES FOR THIS CRITERION

- WHO (2023). Mental Health Gap Action Programme (mhGAP) guideline for mental, neurological and substance use disorders. Used for: Suicide risk assessment and management https://news.gmj.ge/guideline/mental-health-gap-action-programme-mhgap-guideline-for-mental-neurological-and-substance-use-disorders/
- WHO (2024). Preventing suicide in jails and prisons. Used for: Suicide risk screening and observation https://news.gmj.ge/guideline/preventing-suicide-in-jails-and-prisons/

16.2 Environmental Ligature Risk Is Identified and Mitigated

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Must**	**Must**

Applies to: optional in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care. **Not applicable to:** Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** The psychiatric unit's physical environment is systematically assessed for ligature and other self-harm risk points, with identified hazards mitigated through environmental design or removal — not a one-time assessment that is never revisited as fixtures and furnishings change.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: the psychiatric unit is systematically surveyed for ligature and self-harm risk points, and each identified hazard is mitigated and re-checked.

GUIDANCE

Ligature points are fixtures, fittings or furnishings where a cord, sheet or other material could be used to hang. The unit surveys every room and area on a set schedule, records each risk, and removes or mitigates it.

Surveys are repeated when rooms are refurbished or furniture changes. A survey that was done once and never revisited does not show that the environment is safe today.

WHAT GOOD LOOKS LIKE

- The ligature survey is repeated after any change to fixtures or furniture, and patients are asked to point out risks on the unit.

COMMON MISTAKES

- A ligature point in a bedroom is recorded and not mitigated, and a patient uses it.
- A survey signed off each year without a room visit.

> **Why it matters.** A person in crisis may hang themselves with a cord, a sheet or a fitting in the room. A systematic check of the environment, with hazards removed, prevents that.

WHAT THE ASSESSOR CHECKS

Sample. Review the ligature survey and mitigation records for the psychiatric unit, and inspect a sample of rooms.

1 The unit is systematically surveyed for ligature and self-harm risk points.

Method. Check the survey schedule and the survey record for each room.

Evidence to show. Ligature risk survey record (PSY-FRM-002).

Pass when. Every room and area is surveyed on the set schedule.

2 **Identified hazards are mitigated.**

Method. Check each recorded hazard for its mitigation and the date.

Evidence to show. Ligature risk mitigation register (PSY-REG-002).

Pass when. Every identified hazard has a recorded mitigation.

3 **Mitigations are re-checked.**

Method. Inspect a sample of rooms and check the re-check dates in the register.

Evidence to show. Ligature risk mitigation register (PSY-REG-002).

Pass when. Every mitigation is re-checked on the set schedule, and the rooms match the register.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A ligature point in a bedroom is recorded and not mitigated, and a patient uses it. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
PSY-FRM-002	Ligature risk survey record	Manager	Chief executive	Manager
PSY-REG-002	Ligature risk mitigation register	Secretary	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Completes the Ligature risk survey record	— Must
Secretary (ISCO 3344)	Keeps the Ligature risk mitigation register	— Must

REFERENCES FOR THIS CRITERION

- WHO (2024). Preventing suicide in jails and prisons. Used for: Environmental risk reduction https://news.gmj.ge/guideline/preventing-suicide-in-jails-and-prisons/

16.3 Restraint and Seclusion Used as Last Resort, With Strict Documentation

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Must**	**Must**

Applies to: optional in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care. **Not applicable to:** Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Physical restraint or seclusion is used only after documented attempts at de-escalation have failed, for the minimum time necessary, with each episode individually justified, time-limited, and reviewed — not a default response to agitation or a measure extended past clinical necessity.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: restraint and seclusion are used only as a last resort, after documented de-escalation, for the minimum time, with each episode justified and reviewed.

GUIDANCE

Restraint and seclusion can cause injury, distress and death. They are used only after de-escalation has been tried and recorded, and only for the minimum time needed to keep the person and others safe.

Each episode has a justification written by a clinician, a time limit, and a review. The assessor checks the record of every episode in the last 12 months.

WHAT GOOD LOOKS LIKE

- Each seclusion episode is reviewed by a senior clinician within the first hour, and the reason for each episode is reported to the unit team.

COMMON MISTAKES

- A patient is secluded for 14 hours with no documented review, and no de-escalation is recorded first.
- Restraint used as the first response to shouting, with no record of an attempt to calm the patient.

> **Why it matters.** Restraint and seclusion can cause injury, distress and death. They must be the last resort, after real attempts to calm the person, and documented in full.

WHAT THE ASSESSOR CHECKS

Sample. Review every restraint and seclusion episode on the unit in the last 12 months.

---

1 De-escalation is tried and recorded before restraint or seclusion.

Method. Check each episode record for the de-escalation steps and the time they were tried.

Evidence to show. Restraint and seclusion record (CLN-FRM-004).

Pass when. Every episode has de-escalation recorded before it started.

2 **Each episode is reviewed and time-limited.**

Method. Check each episode for the review time and the end time.

Evidence to show. Restraint and seclusion record (CLN-FRM-004).

Pass when. Every episode has a review and an end time within the set limit.

3 **Each episode is justified by a clinician in the patient record.**

Method. Check the clinician's justification for each episode.

Evidence to show. Restraint and seclusion record (CLN-FRM-004).

Pass when. Every episode has a justification signed by a clinician.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A patient is secluded for 14 hours with no documented review, and no de-escalation is recorded first. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
PSY-SOP-003	Restraint and seclusion protocol	Manager	Chief executive	Chief executive
CLN-FRM-004	Restraint and seclusion record	Manager	Chief executive	Manager
PSY-REG-001	Continuous observation log	Secretary	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Checks the criterion at each review	— Must

REFERENCES FOR THIS CRITERION

- QualityRights materials for training, guidance and transformation (World Health Organization, 2019) https://www.who.int/publications/i/item/who-qualityrights-guidance-and-training-tools

16.4 Psychiatric Medication Management Follows a Defined Interaction and Monitoring Protocol

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	Medium	Must

Applies to: optional in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care. **Not applicable to:** Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Psychiatric medications, including those with significant interaction risk or requiring specific monitoring, are managed through a defined protocol covering interaction screening and required laboratory or clinical monitoring — not prescribed and administered without this structured safeguard.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: psychiatric medicines with interaction risk or monitoring needs are managed under a defined protocol, with interaction checks and scheduled monitoring.

GUIDANCE

Some psychiatric medicines interact with other medicines, or need blood tests or other monitoring. The facility keeps a protocol that lists these medicines, the interaction check to be made before a prescription starts, and the monitoring that is due.

The monitoring record shows the due date and the date each test was done, so that a missed test is visible at once.

WHAT GOOD LOOKS LIKE

- A pharmacist checks the psychiatric medicines list each month and flags interactions to the prescriber before the next dose.

COMMON MISTAKES

- A patient on a medicine that needs blood monitoring has no test in a year, and toxicity is found late.
- A new interacting medicine added to the chart with no check recorded.

> **Why it matters.** Some psychiatric medicines interact with others or need careful monitoring, such as blood tests. A defined process for these keeps the treatment safe.

WHAT THE ASSESSOR CHECKS

Sample. Review the medicine records of psychiatric patients on medicines with interaction risk or monitoring needs, for the last 6 months.

1 Psychiatric medicines are managed under a defined interaction and monitoring protocol.

Method. Compare the protocol with the medicines list for the unit.

Evidence to show. Psychiatric medicines: interaction and monitoring protocol (PSY-SOP-002).

Pass when. Every medicine on the list that needs monitoring is covered by the protocol.

2 **Each prescription is checked for interactions before it starts.**

Method. Check each sampled prescription for the interaction check.

Evidence to show. Psychiatric medicine monitoring record (PSY-FRM-003).

Pass when. Every sampled prescription has a recorded interaction check before it started.

3 **Required monitoring tests are done on schedule.**

Method. Compare the due and done dates in the monitoring record for each sampled patient.

Evidence to show. Psychiatric medicine monitoring record (PSY-FRM-003).

Pass when. Every required monitoring test was done on schedule.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A patient on a medicine needing blood monitoring has no test in a year, and toxicity is found late. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
PSY-SOP-002	Psychiatric medicines: interaction and monitoring protocol	Manager	Chief executive	Chief executive
PSY-FRM-003	Psychiatric medicine monitoring record	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the Psychiatric medicines: interaction and monitoring protocol	— Medium
Nurse (ISCO 2221)	Completes the Psychiatric medicine monitoring record	— Medium

REFERENCES FOR THIS CRITERION

- WHO (2023). Mental Health Gap Action Programme (mhGAP) guideline for mental, neurological and substance use disorders. Used for: Psychiatric medicines: monitoring and management https://news.gmj.ge/guideline/mental-health-gap-action-programme-mhgap-guideline-for-mental-neurological-and-substance-use-disorders/

16.5 Staff Are Trained and Drilled in De-escalation, Not Only Briefed

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: optional in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care. **Not applicable to:** Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Staff working on the psychiatric unit are trained and practically drilled in de-escalation technique, not only given a written policy to read, with training refreshed on a defined schedule, not completed once at hiring.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: staff on the psychiatric unit are practically drilled in de-escalation, with training refreshed on a defined schedule.

GUIDANCE

De-escalation is a skill that has to be practised. A written policy, read once at hiring, does not show that a staff member can use it. Drills use realistic scenarios on the unit and are recorded in a register.

Refresher training is due on a set interval. A staff member past that date is not up to date, whatever their initial training record shows.

WHAT GOOD LOOKS LIKE

- Drills include a real scenario on the unit, and the team debriefs each drill within a week.

COMMON MISTAKES

- A staff member has read the de-escalation policy but never practised it, and a patient assault goes unmanaged.
- Drill register signed for the whole team, with no drill attended.

> **Why it matters.** De-escalation is a skill that has to be practised, not only explained. Staff who have drilled it are more likely to calm a situation than to restrain.

WHAT THE ASSESSOR CHECKS

Sample. Review drill and training records for all unit staff for the last 2 years.

1 Staff take part in practical drills, not only written policy review.

Method. Check the drill register for each staff member who was drilled.

Evidence to show. De-escalation drill register (PSY-REG-003).

Pass when. Every unit staff member has a recorded practical drill in the period.

2 Training is refreshed at the defined interval.

Method. Compare each staff member's refresher due date with the date of the review.

Evidence to show. De-escalation drill register (PSY-REG-003).

Pass when. No staff member is past the refresher due date.

3 **Each new staff member is drilled before working alone on the unit.**

Method. Check the drill register for the drill date and the start date of each new staff member.

Evidence to show. De-escalation drill register (PSY-REG-003).

Pass when. No new staff member works alone before a recorded drill.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A staff member has read the de-escalation policy but never practised it, and a patient assault goes unmanaged. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
PSY-REG-003	De-escalation drill register	Secretary	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Secretary (ISCO 3344)	Keeps the De-escalation drill register	— Medium
Manager (ISCO 1342)	Checks the criterion at each review	— Medium

REFERENCES FOR THIS CRITERION

- WHO (2013). Transforming and scaling up health professionals' education and training. Used for: Training and drills for staff https://news.gmj.ge/guideline/transforming-and-scaling-up-health-professionals-education-and-training-2013/

16.6 Discharge Safety Planning With Follow-Up Care Arranged

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	Medium	Must

Applies to: optional in Hospital, Ambulatory clinic, Primary health clinic, Long-term care, Telemedicine, Home care. **Not applicable to:** Fitness and wellness, Dental clinic, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Before discharge, every psychiatric patient has a documented safety plan and an arranged, confirmed follow-up appointment — not a verbal recommendation to "follow up with your provider" with no actual appointment secured, because the risk is elevated in the period immediately after psychiatric discharge.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: every psychiatric patient leaves with a written safety plan and a confirmed follow-up appointment.

GUIDANCE

The first days after psychiatric discharge carry a higher risk. Before the patient leaves, a written safety plan is agreed with them, and a follow-up appointment is booked and confirmed. A suggestion to "see your doctor" is not enough.

The plan and the appointment are recorded on the discharge form, and the patient receives a copy.

WHAT GOOD LOOKS LIKE

- The patient and a family member agree the safety plan together and receive a copy, and the follow-up is booked before the patient leaves the unit.

COMMON MISTAKES

- A patient is discharged with a verbal suggestion to see a doctor, no appointment, and no safety plan.
- A follow-up date written on the form but never confirmed with the patient or the clinic.

> **Why it matters.** A person leaving psychiatric care is at a higher risk in the first days after discharge. A written safety plan and follow-up arranged before they leave reduce that risk.

WHAT THE ASSESSOR CHECKS

Sample. Review discharge records of psychiatric patients in the last 6 months, for safety plans and follow-up appointments.

1 Every psychiatric patient has a documented safety plan before discharge.

Method. Check each sampled discharge record for the written safety plan.

Evidence to show. Discharge safety plan and follow-up confirmation (PSY-FRM-004).

Pass when. Every sampled discharge has a written safety plan.

2 **A follow-up appointment is arranged and confirmed, not only recommended.**

Method. Check each sampled discharge for the booked date and the confirmation with the patient.

Evidence to show. Discharge safety plan and follow-up confirmation (PSY-FRM-004).

Pass when. Every sampled discharge has a booked and confirmed follow-up appointment.

3 **The patient receives a copy of the safety plan at discharge.**

Method. Check the discharge record for the handover of the copy and the patient's acknowledgement.

Evidence to show. Discharge safety plan and follow-up confirmation (PSY-FRM-004).

Pass when. Every sampled patient has a copy of the plan recorded as handed over.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A patient is discharged with a verbal suggestion to see a doctor, no appointment, and no safety plan, and returns in crisis the next day. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
PSY-FRM-004	Discharge safety plan and follow-up confirmation	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Completes the Discharge safety plan and follow-up confirmation	— Medium
Manager (ISCO 1342)	Checks the criterion at each review	— Medium

REFERENCES FOR THIS CRITERION

- Self-harm: assessment, management and preventing recurrence (NG225) (National Institute for Health and Care Excellence (NICE), 2022, updated 2024) https://www.nice.org.uk/guidance/ng225

10 Questions and answers

Does Standard 16 apply to every facility?
No. It applies to facilities that provide psychiatric or mental health services. Section 4 shows, for each facility type, whether psychiatry and mental health is a default or an optional service.

Does every patient on a psychiatric unit need a suicide risk screen?
Yes. Under 16.1 every psychiatric admission is screened with a validated tool, and a high-risk result leads to continuous, documented observation.

Is restraint allowed on a psychiatric unit?
Only as a last resort under 16.3, after documented de-escalation has failed, for the minimum time, with each episode justified and reviewed.

Do I have to use the forms on this page?
No. They are reference drafts. Adapt them, write your own, or upload your own, provided the same criterion is met and the evidence can be shown.

Does a discharge need a follow-up appointment or only advice?
Under 16.6 a follow-up appointment must be booked and confirmed with the patient before discharge. Advice to see a doctor on its own does not meet the criterion.

The criterion text is the authority. These answers summarise it.

11 References

CITED FOR CRITERIA

1. WHO (2023). Mental Health Gap Action Programme (mhGAP) guideline for mental, neurological and substance use disorders. Used for: Suicide risk assessment and management https://news.gmj.ge/guideline/mental-health-gap-action-programme-mhgap-guideline-for-mental-neurological-and-substance-use-disorders/ (criterion 16.1)
2. WHO (2024). Preventing suicide in jails and prisons. Used for: Suicide risk screening and observation https://news.gmj.ge/guideline/preventing-suicide-in-jails-and-prisons/ (criterion 16.1)
3. WHO (2024). Preventing suicide in jails and prisons. Used for: Environmental risk reduction https://news.gmj.ge/guideline/preventing-suicide-in-jails-and-prisons/ (criterion 16.2)
4. QualityRights materials for training, guidance and transformation (World Health Organization, 2019) https://www.who.int/publications/i/item/who-qualityrights-guidance-and-training-tools (criterion 16.3)
5. WHO (2023). Mental Health Gap Action Programme (mhGAP) guideline for mental, neurological and substance use disorders. Used for: Psychiatric medicines: monitoring and management https://news.gmj.ge/guideline/mental-health-gap-action-programme-mhgap-guideline-for-mental-neurological-and-substance-use-disorders/ (criterion 16.4)
6. WHO (2013). Transforming and scaling up health professionals' education and training. Used for: Training and drills for staff https://news.gmj.ge/guideline/transforming-and-scaling-up-health-professionals-education-and-training-2013/ (criterion 16.5)
7. Self-harm: assessment, management and preventing recurrence (NG225) (National Institute for Health and Care Excellence (NICE), 2022, updated 2024) https://www.nice.org.uk/guidance/ng225 (criterion 16.6)

INTERNATIONAL STANDARDS CITED

1. International Labour Organization (2008). International Standard Classification of Occupations, ISCO-08. Geneva: ILO.

12 Document register

Every document code used in Standard 16, with its type and the criteria that use it. The codes identify the documents; a facility may use its own document if it meets the same criterion.

Code	Document	Type	Criteria
CLN-FRM-004	Restraint and seclusion record	Form (record)	16.3
PSY-FRM-001	Suicide risk screening record	Form (record)	16.1
PSY-FRM-002	Ligature risk survey record	Form (record)	16.2
PSY-FRM-003	Psychiatric medicine monitoring record	Form (record)	16.4
PSY-FRM-004	Discharge safety plan and follow-up confirmation	Form (record)	16.6
PSY-REG-001	Continuous observation log	Register	16.1, 16.3
PSY-REG-002	Ligature risk mitigation register	Register	16.2
PSY-REG-003	De-escalation drill register	Register	16.5
PSY-SOP-001	Suicide risk screening and continuous observation	Procedure (SOP)	16.1
PSY-SOP-002	Psychiatric medicines: interaction and monitoring protocol	Procedure (SOP)	16.4
PSY-SOP-003	Restraint and seclusion protocol	Procedure (SOP)	16.3