

**On approval of the Standard for organization of medical and social assistance in the field of mental health to the population of the Republic of Kazakhstan**

*Invalidated Unofficial translation*

Order of the Minister of Healthcare and Social Development of the Republic of Kazakhstan dated February 8, 2016 No. 95. It is registered with the Ministry of Justice of the Republic of Kazakhstan on March 5, 2016 No. 13404. expired by Order of the Minister of Health of the Republic of Kazakhstan dated November 30 , 2020 No . KR DSM-224/2020.

*Unofficial translation*

Footnote. Expired by Order of the Minister of Health of the Republic of Kazakhstan dated November 30, 2020 No . KR DSM-224/2020 (entered into force ten calendar days after the date of its first official publication).

Footnote. The Heading is in the wording of the Order of the Minister of Healthcare of the Republic of Kazakhstan dated 24.09.2018 No. ҚР ДСМ-17 (shall be enforced upon expiry of ten calendar days after the day its first official publication).

In accordance with Subparagraph 6) of Paragraph 1 of Article 7 of the Code of the Republic of Kazakhstan dated September 18, 2009 “On health of people and healthcare system” and Subparagraph 9) of Paragraph 16 of the Regulation on the Ministry of Healthcare and Social Development of the Republic of Kazakhstan, approved by the Government of the Republic of Kazakhstan dated September 23, 2014 No. 1005 I **HEREBY ORDER AS FOLLOWS:**

1. Approve the attached Standard for organization of medical and social assistance in the field of mental health to the population of the Republic of Kazakhstan.

Footnote. The Heading is in the wording of the Order of the Minister of Healthcare of the Republic of Kazakhstan dated 24.09.2018 No. ҚР ДСМ-17 (shall be enforced upon expiry of ten calendar days after the day its first official publication).

2. The Department for Organization of Medical Assistance of the Ministry of Healthcare and Social Development of the Republic of Kazakhstan, in the manner prescribed by law, shall ensure:

1) state registration of this Order with the Ministry of Justice of the Republic of Kazakhstan;

2) within ten days after the state registration of this Order with the Ministry of Justice of the Republic of Kazakhstan, direction for official publication in periodicals

and the Legal Information System "Adilet", as well as in the Republican Center for Legal Information for inclusion into the reference control bank of regulatory legal acts of the Republic Kazakhstan;

3) placement of this Order on the Internet resource of the Ministry of Healthcare and Social Development of the Republic of Kazakhstan;

4) within ten working days after the state registration of this Order with the Ministry of Justice of the Republic of Kazakhstan, submission of information to the Department of Legal Services of the Ministry of Healthcare and Social Development of the Republic of Kazakhstan on implementation of measures provided by Subparagraphs 1), 2) and 3) of this Paragraph.

3. The control over execution of this Order shall be entrusted to the Minister of Healthcare and Social Development of the Republic of Kazakhstan Tsoy A.V.

4. This Order shall be enforced upon expiry of ten calendar days after the day its first official publication.

*The Minister of Healthcare  
and Social Development  
of the Republic of Kazakhstan*

*T. Duissenova*

Approved by  
the Order of the Minister  
of Healthcare  
and Social Development  
of the Republic of Kazakhstan  
No. 95 dated February 8, 2016

## **STANDARD**

### **for organization of mental care in the Republic of Kazakhstan**

**Footnote. The Standard is in the wording of the Order of the Minister of Healthcare of the Republic of Kazakhstan dated 24.09.2018 No. ҚР ДСМ-17 (shall be enforced upon expiry of ten calendar days after the day its first official publication).**

#### **Chapter 1. General provisions**

1. The Standard for organization of provision of medical and social assistance in the field of mental health to the population of the Republic of Kazakhstan (hereinafter referred to as the Standard) was developed in accordance with Subparagraph 6) of Paragraph 1 of Article 7 of the Code of the Republic of Kazakhstan dated September 18, 2009 "On Health of People and Healthcare System" (hereinafter referred to as the Code).

2. The Standard establishes general requirements and principles for provision of medical and social assistance to the population in the field of mental health.

The organization and provision of medical and social assistance to patients with mental and behavioral disorders shall be regulated by the Rules for provision of

medical and social assistance provided to citizens suffering from socially significant diseases, approved by the Order of the Minister of Healthcare and Social Development of the Republic of Kazakhstan dated April 28, 2015 No. 285 (registered in the Register of State Registration of Normative Legal Acts No. 11226).

3. Terms and definitions used in this Standard:

1) group of dynamic observation - distribution of patients into groups that determine the tactics of doctor when choosing diagnostic and therapeutic measures;

2) medical and social assistance - medical and socio-psychological assistance provided to citizens with socially significant diseases, the List of which shall be determined by the authorized authority;

3) medical and social rehabilitation - restoring the health of patients with mental and behavioral disorders and disabled persons with the integrated use of medical, social and labor measures to familiarize themselves with work, inclusion in family and public life;

4) psychoactive substances (hereinafter referred to as PAS) - substances of synthetic or natural origin, which, when taken once, have an effect on mental and physical functions, human behavior, and cause prolonged use to cause mental and physical dependence;

5) dynamic monitoring of patients with mental and behavioral disorders - systematic monitoring of health status of patients with mental and behavioral disorders, as well as provision of necessary medical and social assistance based on the results of this observation in the corresponding groups of dynamic observation;

6) suicide risk - the likelihood of committing an action aimed at intentionally killing oneself of fatality;

7) risk factors for committing suicide - circumstances affecting the likelihood of committing an action aimed at intentionally killing oneself of fatality.

4. The States of medical organizations shall be established in accordance with the standard states and staff normative standards of health organizations approved by Order of the Minister of Healthcare of the Republic of Kazakhstan dated April 7, 2010 No. 238 (registered in the Register of State Registration of Normative Legal Acts No. 6173).

5. Medical and social assistance to the population in the field of mental health shall be provided in the following forms:

1) outpatient care;

2) hospital care;

3) hospital-replacing care;

4) emergency medical care.

## **Chapter 2. Organization for medical and social assistance in the field of mental health in the form of outpatient care**

6. PHC doctor, in case of suspicion or identification of a person with mental and behavioral disorders, with the exception of mental and behavioral disorders requiring emergency medical care in accordance with the Rules for provision of emergency medical care in the Republic of Kazakhstan, approved by Order of the Minister of Healthcare of the Republic of Kazakhstan dated July 3, 2017 No. 450 (registered in the Register of State Registration of Regulatory Legal Acts No. 15473) (hereinafter referred to as Order No. 450), shall carry out:

1) patient identification;

2) purpose of treatment, when establishing the diagnoses of borderline mental and behavioral disorders according to the international classification of diseases of the 10 revision (hereinafter referred to as - ICD-10), which are within the competence of medical personnel of primary health care specified in Appendix 1 to this Standard;

3) in case of establishing diagnoses of borderline mental and behavioral disorders according to ICD-10, falling within the competence of primary health care medical personnel specified in Appendix 1 to this Standard for the first time this year:

filling out the “Notice of a patient with a diagnosed mental illness for the first time” (form No. 089/y), approved by Order of the Acting Minister of Healthcare of the Republic of Kazakhstan dated November 23, 2010 No. 907 “On approval of the forms of primary medical documentation of healthcare organizations” (registered in the Register of State Registration of Normative Legal Acts No. 6697) (hereinafter referred to as Order No. 907);

sending a Notice to a doctor of mental health office or primary mental health center (hereinafter - PMHC) for territorial attachment, for entering data into the electronic information system no later than 5 business days from the date of diagnosis;

4) if a person is suspected of a diagnosis of mental and behavioral disorders in accordance with ICD-10, which are within the competence of primary health care medical personnel not specified in Appendix 1 to this Standard, his/her referral to establish a diagnosis and treatment in the mental health office or PMHC on territorial attachment;

5) when identifying a person at risk of committing suicide, who applied independently, or when examining a minor sent by psychologists, conducting activities in accordance with Chapter 6 of this Standard;

6) filling out the primary medical documentation approved by Order № 907;

7) reconciliation with a doctor of the mental health office or PMHC for newly entered in the electronic register of psychiatric patients (hereinafter referred to as ERPP ) and electronic register of narcological patients (hereinafter - ERNP) of persons with

mental and behavioral disorders, monthly, no later than the 5th day of the month following for the reporting period.

7. A doctor with a specialization in psychiatry (narcology) (hereinafter referred to as a psychiatrist (narcologist)), a doctor with a specialization in children's psychiatry (narcology) (hereinafter referred to as children's doctor psychiatrist (narcologist)) of the mental health office or PMHC if suspected or identifying a person with psychiatrist and behavioral disorders, except for psychiatrist and behavioral disorders, requiring emergency medical care regulated by the Order No. 450, shall:

- 1) patient identification;
- 2) assessment of a patient's mental state to determine further tactics;
- 3) treatment order in accordance with the protocols of diagnosis and treatment (if necessary);

- 4) verification in the ERPP and ERNP of availability of information about the applicant. At the initial diagnosis of mental and behavioral disorder, it enters information into electronic information system, including it in statistical group, with the previously established diagnosis of mental and behavioral disorders and absence of information in these registers, it enters information and, if there is information, supplements it;

- 5) registration of a referral to the medical advisory commission (hereinafter referred to as the MAC) of the PMHC and entering data into the journal, if a person with mental and behavioral disorders has the criteria for inclusion in the groups of dynamic observation with mental and behavioral disorders specified in Appendix 2 to this Standard;

- 6) sending an extract from medical record of outpatient to the Head of the PMHC for organization of the MAC to address the issue of need to register persons with mental and behavioral disorders;

- 7) preparation of medical documentation for a person with mental and behavioral disorders in need of medical and social examination in accordance with the Order of the Minister of Healthcare and Social Development of the Republic of Kazakhstan dated January 30, 2015 No. 44 "On approval of the Rules for medical and social examination" (registered in the Register of State Registration of Normative Legal Acts No. 10589);

- 8) paperwork of persons with mental and behavioral disorders caused by use of PAS for referral to compulsory treatment;

- 9) entering information about a person with mental and behavioral disorders into the electronic information system no later than 3 business days after receiving the Notice from the doctor of the PHC;

- 10) implementation of dynamic monitoring of persons in dynamic monitoring groups by territorial attachment;

11) referral of persons with suspected or diagnosed mental and behavioral disorders for examination and (or) treatment to the territorial MHC or the republican mental health organization (if indicated);

12) referral of persons with mental and behavioral disorders to social and medical labor organizations (units);

13) maintaining primary medical documentation in accordance with Order No. 907;

14) data entry in the ERPP or ERNP; it is allowed to enter data into medical information systems integrated with the ERPP or ERNP with determining the level of access;

15) carry out a reconciliation with a doctor of the PHC for newly entered and recorded in the ERPP, ERNP, persons with mental and behavioral disorders (monthly, no later than the 5 day of the month following the reporting period), and provide the specified information to the Head of the territorial PMHC (no later than the 10 day of the month) following the reporting period).

8. Psychiatrist (narcologist), children's doctor psychiatrist (narcologist) of the mental health office or the PMHC, if necessary, consult a person with a risk of suicide, shall carry out:

1) visit to the location of the doctor PHC, with remoteness of the location and impossibility of visit, shall organize and consult a person in the mental health office or PMHC;

2) patient identification;

3) mental examination in accordance with the requirements regulated by Article 123 of the Code;

4) inclusion of the results of a mental examination in the medical documentation of the doctor of the PHC;

5) treatment order in accordance with the protocols of diagnosis and treatment for detection of mental and behavioral disorders at a person;

6) joint monitoring of a person with mental and behavioral disorders with a doctor of the PHC;

7) if a person, including a minor, with the risk of suicide, has the criteria for registration for dynamic monitoring of persons with mental and behavioral disorders specified in Appendix 2 of this Standard, shall take measures for registering and dynamic monitoring.

9. The psychiatrist (psychotherapist) of the PMHC shall carry out:

1) patient identification;

2) consultations, according to the indications of psychotherapy, to persons referred by the head, psychiatrist (narcologist) of the PMHC and self-treatment;

3) maintaining accounting and reporting documentation;

4) reconciliation with doctors of the PMHC according to the number of consultations and psychotherapeutic sessions (monthly, not later than the 5 day of month following the reporting period);

5) providing the head of the PMHC with information about the work done (the number of consultations, individual and group psychotherapy sessions) monthly, no later than the 10 day of month following the reporting period.

10. The medical psychologist of the PMHC shall carry out:

1) patient identification;

2) consultations, experimental-psychological examination and psychocorrectional classes in relation to persons sent by the head, psychiatrist (narcologist) of the PMHC and self-treatment;

3) psychoprophylaxis, psychocorrection, psychological counseling of patients, relatives of patients and medical personnel;

4) psychodiagnostic studies and diagnostic monitoring of patients;

5) information and educational work with medical personnel on issues of medical and social psychology;

6) assessment of effectiveness of ongoing psychological, therapeutic and preventive measures;

7) maintaining accounting and reporting documentation;

8) reconciliation with doctors of the PMHC on performed work (monthly, no later than the 5 day of month following the reporting period);

9) providing the head of the PMHC with information about the work done (the number of consultations, initial and repeated experimental psychological examinations, individual and group psycho-correctional classes) every month, no later than the 10 day of month following the reporting period.

11. The paramedical personnel of the mental health office or the PMHC, except for nurse of treatment room, on behalf of a psychiatrist (narcologist), including a children's psychiatrist (narcologist) or head of the PMHC, within their competence, shall:

1) patient identification;

2) joint reception and examination of patients with an outpatient record in the medical card;

3) participation in dynamic monitoring of persons with mental and behavioral disorders;

4) active patronage at home of persons with mental and behavioral disorders, consisting of dynamic observation groups;

5) active patronage of persons with mental and behavioral disorders after discharge from hospital;

6) conducting information and educational work with the population on issues of propaganda and the formation of a healthy lifestyle;

- 7) conducting health education;
- 8) participation in data entry into the ERPP and ERNP;
- 9) preparation of prescriptions for free medicines within the guaranteed capacity of free medical care as prescribed by a doctor;
- 10) providing support of patients to the nearest inpatient organization in urgent and urgent cases to provide medical care;
- 11) issuance in rural areas, in the absence of a doctor, a work incapacity certificate and temporary work incapacity certificate in accordance with the Order of the Minister of Healthcare and Social Development of the Republic of Kazakhstan dated March 31, 2015 No. 183 “On approval of the Rules for examination of temporary work incapacity , issue of temporary work incapacity certificate” (registered in the Register of State Registration of Normative Legal Acts No. 10964);
- 12) conducting statistical accounting and reporting, including in electronic format;
- 13) analysis of statistical data;
- 14) injections as directed;
- 15) determination of blood pressure;
- 16) maintaining accounting and reporting documentation.

12. The procedural nurse of the PMHC, as prescribed by psychiatrist (narcologist), including the children’s psychiatrist (narcologist) or the head of the PMHC shall carry out:

- 1) patient identification;
- 2) intravenous, intramuscular, subcutaneous injection;
- 3) blood sampling for HIV infection and the Wassermann reaction (RW);
- 4) maintaining accounting and reporting documentation.

13. The social worker of the PMHC shall organize social assistance for people with mental and behavioral disorders in accordance with the Order of the acting Minister of Healthcare of the Republic of Kazakhstan dated October 30, 2009 No. 630 “On approval of the Standard for provision of special social services in the field of healthcare” (registered in the Register of State Registration of Normative Legal Acts No. 5917) and shall carry out:

- 1) maintaining accounting and reporting documentation;
- 2) providing monthly, no later than the 10 day of month following the reporting period, to the head of the territorial PMHC information about the work done (the number of social and legal, social and domestic, social and labor, social and cultural services provided).

14. The head of the PMHC shall carry out:

- 1) organization of work of its unit in terms of providing medical and social assistance to persons with mental and behavioral disorders;



2) holding meetings of the MAC to address the issue of clarifying the diagnosis and the need to register a person with mental and behavioral disorders;

3) examination of temporary work incapacity and referral to medical and social examination;

4) maintaining primary medical documentation in accordance with the Order No. 907 with ensuring control over correctness of their filling;

5) providing summary information (data from psychiatrists (narcologists) of the mental health office, PMHC, psychologists, social workers) to supervising deputy head of the territorial city polyclinic for submission to the territorial MHC (monthly no later than the 15 day of month following the reporting period).

15. Establishment of a group of persons with mental and behavioral disorders according to the criteria for registration for dynamic observation of persons with mental and behavioral disorders specified in Appendix 2 of this Standard, transfer of a person with mental and behavioral disorders from one group to another and removal from dynamic observation groups shall be carried out by the MAC, consisting of no less than three psychiatrists (narcologists).

16. In the event of change for permanent place of residence of a patient registered in the group of dynamic mental observation or dynamic narcological observation within the Republic of Kazakhstan, the attachment to the corresponding territorial PMHC shall be changed with the preservation of the dynamic observation group.

For each patient included in the dynamic observation group, a "Observation Card for a person with a mental (narcological) disorder" shall be filled out (form No. 030-2/y), approved by the Order No. 907.

17. If necessary, patients who are provided with outpatient care in the PMHC shall be referred to medical labor workshops by a medical advisory commission organized by the PMHC.

18. Patients for whom labor therapy is contraindicated for health reasons shall not be referred to medical labor workshops, as well as:

- 1) psychopaths with antisocial behavior, prone to sexual perversion, querulent;
- 2) persons with mental and behavioral disorders caused by use of PAS;
- 3) mental patients suffering from severe somatic or infectious diseases.

19. The term for patients to undergo labor therapy in medical labor workshops shall be determined exclusively by medical and social indications.

20. Medical rehabilitation in sanatorium-resort organizations shall be contraindicated for persons with mental and behavioral disorders:

- 1) consisting of groups: 1-group of dynamic mental observation, 2A - group of dynamic mental observation, group of dynamic narcological observation;
- 2) having diseases in acute stage;
- 3) having chronic diseases in acute stage;

Persons with mental and behavioral disorders who are not capable of independent movement and self-care, who need constant special care, who do not have contraindications, specified in Subparagraphs 1, 2, 3 of this Paragraph, shall be sent to sanatorium-resort organizations accompanied by.

21. The sanatorium-resort card shall be issued in presence of the Conclusion of the MAC in the form 035-1/y, approved by the Order No. 907.

22. Information about persons with mental and behavioral disorders taken from dynamic observation shall be excluded from the contingent, but stored in the ERPP, ERNP for calculation of statistical indicators.

23. Indications for appointment of maintenance replacement therapy shall be the presence of all main and one of additional criteria:

1) main criteria:

diagnosis of “Opioid Addiction (F11.2)”;

ability to give informed consent;

age over 18 years;

2) additional criteria:

established diagnosis of HIV infection;

established diagnosis of hepatitis B, C, D, G;

confirmed experience of injecting drug use for at least 3 years;

at least two hospitalizations with a diagnosis of “Opioid Addiction (F11.2)”;

pregnancy.

### **Chapter 3. Organization for provision of medical and social assistance in the field of mental health in the form of hospital care**

#### **Section 1. Hospitalization in hospital departments of mental healthcare organizations**

24. Medical and social assistance to persons with mental and behavioral disorders in the form of hospital care shall be provided in hospital clinical departments of the republican organization of mental health, a specialized type of psychiatric hospital with intensive supervision, and departments of the MHC.

25. The basis for hospitalization in hospital clinical departments shall be:

1) referral by a psychiatrist (narcologist) for examination or treatment of a person with mental and behavioral disorders in a hospital setting;

2) need for examination in a hospital to establish a diagnosis of mental and behavioral disorders, in direction of judicial investigative authorities, military medical commissions, as well as upon a written application of the person himself;

3) a court decision on compulsory treatment of persons with mental and behavioral disorders caused by use of PAS, which entered into force;

4) a court decision on application of compulsory medical measures provided by Article 93 of the Criminal Code of the Republic of Kazakhstan dated July 3, 2014 ( hereinafter referred to as the Criminal Code of the Republic of Kazakhstan), which entered into force.

26. Hospitalization in hospital clinical departments shall be carried out on an emergency or planned basis.

27. Hospitalization in a specialized psychiatric hospital with intensive observation shall be carried out as planned around the clock, if a court decision has come into force on application of compulsory medical measures provided by Subparagraphs 3), 4) of part 1 of Article 93 of the Criminal Code of the Republic of Kazakhstan, the act of forensic mental examinations and extracts from the HMC.

28. Hospitalization in the MHC for compulsory treatment of persons with mental and behavioral disorders caused by use of PAS and (or) compulsory medical measures shall be carried out in a planned manner, if there is an effective court decision.

29. Hospitalization of persons with mental and behavioral disorders for security measures regulated by Article 511 of the Criminal Procedure Code of the Republic of Kazakhstan dated July 4, 2014, shall be carried out in hospital clinical departments of the MHC in a planned manner, if there is an effective court decision.

30. Hospitalization of a person with mental and behavioral disorders in a hospital shall be carried out in accordance with Article 125 of the Code.

31. General contraindications for hospitalization in hospital clinical departments shall be:

1) presence of concomitant diseases requiring treatment in hospitals of a different profile;

2) infectious diseases during the period of epidemiological danger.

32. During a planned hospitalization in the hospital clinical departments of the republican organization of mental health, the MHC, the head or psychiatrist ( narcologist) of the clinical department, admission and diagnostic department shall carry out the following activities:

1) patient identification;

2) check the availability and compliance of the available medical and other documentation with the Order of the Minister of Healthcare and Social Development of the Republic of Kazakhstan dated September 29, 2015 No. 761 “On approval of the Rules for provision of hospital care” (registered in the Register of State Registration of Normative Legal Acts No. 12204) (hereinafter referred to as Order No. 761), if necessary, shall send for regulated and (or) additional examinations;

3) check the availability of a court decision on hospitalization that has entered into legal force, if any;

4) assess mental and somatic state, the results of laboratory diagnostic tests, determine the need for emergency care at the level of the admission and diagnostic department and (or) presence of indications and contraindications for hospitalization;

5) establish a preliminary diagnosis, determine the scope of differential diagnosis, observation mode, therapeutic nutrition and other diagnostic and treatment measures in accordance with the protocols of diagnosis and treatment;

6) fill in the primary medical documentation approved by the Order No. 907;

7) with anonymous treatment of a patient, name and patronymic (if any), date of birth, address of residence shall be filled in according to the patient;

8) provide introduction of information into the portal of the Bureau of hospitalizations.

33. During planned hospitalization in hospital clinical departments of the republican organization of mental health, MHC, persons with mental and behavioral disorders caused by use of PAS for treatment in anonymous order, the head or psychiatrist (narcologist) of the clinical department or admission and diagnostic department, shall carry out the following activities:

1) assign the patient a registration medical code in accordance with Appendix 3 to this Standard.

This code is filled in instead of a patient's surname in the medical records. Name and patronymic (if any), date of birth, address of residence is filled in according to the patient;

2) send for mandatory and (or) additional examinations;

3) assess mental and somatic state, results of laboratory diagnostic tests, determine the need for emergency care at the level of admission and diagnostic department and (or) the presence of indications and contraindications for hospitalization;

4) establish a preliminary diagnosis, determine the scope of differential diagnosis, observation mode, therapeutic nutrition and other diagnostic and treatment measures in accordance with the protocols of diagnosis and treatment;

5) fill in the primary medical documentation approved by the Order No. 907;

6) provide introduction of information into the portal of the Bureau of hospitalizations.

34. When hospitalized in the hospital clinical department of the republican organization of mental health, the MHC for emergency reasons, the head or psychiatrist (narcologist) of the clinical department or the admission and diagnostic department, or the doctor on duty shall perform the following activities:

1) patient identification;

2) assess mental and somatic state, results of laboratory diagnostic tests and determine the need for emergency care at the level of the admission and diagnostic

department and (or) the presence of indications and contraindications for hospitalization;

3) establish a preliminary diagnosis, determine the scope of differential diagnostics, observation mode, therapeutic nutrition and other therapeutic and diagnostic measures in accordance with the protocols of diagnosis and treatment;

4) fill in the primary medical documentation approved by the Order No. 907;

5) provide introduction of information into the portal of the Bureau of hospitalizations.

35. In case of planned and emergency hospitalization in hospital clinical departments of the republican organization of mental health, MHC, paramedical worker of the clinical department or emergency room, on behalf of the head or psychiatrist (narcologist) of the clinical department or the admission and diagnostic department, shall carry out the following activities:

1) measure anthropometric data;

2) fill in the primary medical documentation approved by the Order No. 907;

3) enter information into the portal of the Bureau of Hospitalizations;

4) perform medical appointments (if necessary).

36. During a planned hospitalization in a specialized type of psychiatric hospital with intensive observation, the doctor on duty shall carry out the following activities:

1) checks the availability and compliance of available documentation:

a court decision that has entered into legal force;

identity document.

A personal file and a certificate of release shall be provided to receive persons held pending a court order under arrest.

2) carry out a patient identification;

3) assess mental and somatic state, results of laboratory diagnostic tests, determine the need for emergency care at the level of the admission and diagnostic department and (or) the presence of indications and contraindications for hospitalization;

4) determine the department, establish the observation mode, medical nutrition and other therapeutic and diagnostic measures in accordance with the protocols of diagnosis and treatment;

5) fill in the primary medical documentation approved by the Order No. 907.

37. During a planned hospitalization in a specialized type of psychiatric hospital with intensive observation, a paramedical worker of the department, on behalf of a doctor, shall carry out the following activities:

1) measure anthropometric data;

2) fill in the primary medical documentation approved by the Order No. 907;

3) organize sanitization;

4) perform medical appointments.

## **Section 2. Therapeutic and diagnostic measures in hospital departments of mental health organizations**

38. After a person with mental and behavioral disorders enters the hospital clinical department, the head or psychiatrist (narcologist) of the clinical department shall perform the following activities:

- 1) carry out a patient identification;
- 2) checks the availability and compliance of available medical and other documentation in accordance with the Order No. 761, if necessary, shall send them for basic and (or) additional examinations;
- 3) check the availability of a court decision on hospitalization that has entered into legal force (if any);
- 4) assess mental and somatic state, results of laboratory diagnostic tests, establish a preliminary diagnosis, determine the scope of the differential diagnosis, the observation mode, therapeutic nutrition and other therapeutic and diagnostic measures in accordance with the diagnostic and treatment protocols;
- 5) fill in the primary medical documentation approved by the Order No. 907.

39. After admission to the hospital clinical department, a person with mental and behavioral disorders caused by use of PAS for treatment in an anonymous order, the head or psychiatrist (narcologist) of the clinical department shall carry out the following activities:

- 1) check the availability and compliance of available medical and other documents with the Order No. 761, if necessary, shall send them to undergo regulated and (or) additional examinations;
- 2) assess mental and somatic state, results of laboratory diagnostic tests, establish a preliminary diagnosis, determine the scope of differential diagnosis, observation mode, therapeutic nutrition and other therapeutic and diagnostic measures in accordance with the diagnostic and treatment protocols;
- 3) fill in the primary medical documentation approved by the Order No. 907, in this case: name and patronymic (if any), date of birth, address of residence shall be filled in according to a patient.

40. After a person has been admitted to the hospital clinical department of a psychiatric hospital of a specialized type with intensive observation, the head or psychiatrist (narcologist) of the department shall carry out the following activities:

- 1) carry out a patient identification;
- 2) assess mental and somatic state, the observation mode, therapeutic nutrition and other therapeutic and diagnostic measures in accordance with the diagnostic and treatment protocols;
- 3) fill in the primary medical documentation approved by the Order No. 907.

41. After admission of a person with mental and behavioral disorders to the hospital clinical department of the republican organization of mental health, a specialized type of psychiatric hospital with intensive observation, the MHC medical psychologist shall perform the following activities:

- 1) carry out a patient identification;
- 2) conduct psychoprophylaxis, psychocorrection, psychological counseling of a patient;
- 3) conduct psychodiagnostic studies and diagnostic observation.

42. The medical psychologist, on a permanent basis, also shall carry out the following activities:

- 1) conduct training of medical personnel in the field of medical, social psychology;
- 2) evaluate the effectiveness of ongoing psychological, therapeutic and preventive measures;
- 3) maintain accounting and reporting documentation;
- 4) provide information monthly, no later than the 10 day of the next reporting period, to the immediate supervisor about the work done (the number of consultations, initial and repeated experimental psychological examinations, individual and group psycho-correctional exercises).

43. After a person has been admitted to the hospital clinical department of a republican organization of mental health, a specialized psychiatric hospital with intensive observation, the PHC, nurse shall carry out the following activities:

- 1) measure anthropometric data;
- 2) fill in the primary medical documentation approved by the Order No. 907;
- 3) implementation of medical appointments.

44. If necessary, medical-social, labor rehabilitation shall be carried out in medical and labor workshops.

45. Patients undergoing hospital treatment and undergoing medical and social, labor rehabilitation in medical labor workshops, shall receive medical treatment and nutrition in the corresponding departments of the hospital on a common basis.

46. Assistance in the employment of patients at the end of a course of occupational therapy shall be provided in medical and labor workshops.

47. For each patient undergoing medical and social, labor rehabilitation in medical and labor workshops, a labor therapy record card shall be entered showing medical appointments, types of recommended labor, and assessment of labor therapy, which is passed to the PMHC after completing the course of labor therapy by the patient.

48. Referral to occupational therapy in the medical labor workshops of patients who are hospitalized shall be carried out by the attending physician. In the MHC, the attending physician shall make according to medical indications, a preliminary selection of patients for referral to medical labor workshops.

### **Section 3. Observation in hospital departments of mental health organizations**

49. General observation mode - round-the-clock observation without restriction of movement in the ward. The general mode for patients shall be established when:

- 1) absence of danger to themselves and others;
- 2) ability to maintain personal hygiene without assistance;
- 3) The absence of mental and behavioral disorders, and somatic disorders requiring a different mode of observation and maintenance, specified in Paragraphs 52, 53 of this Standard.

50. The mode of partial hospitalization - possibility of being in the ward during the day or night, taking into account the need for its adaptation in community-acquired conditions. The mode of partial hospitalization shall be established by decision of the medical commission (hereinafter - MC) as a part of two doctors and shall be provided for:

- 1) availability of criteria for observation established by Paragraph 49 of this Standard;
- 2) stabilization of mental state, requiring daily, but not round-the-clock observation

The mode of partial hospitalization shall not be applied to persons undergoing compulsory treatment and examination according to rulings (decisions) of the judicial investigative authorities, as well as to persons hospitalized for implementation of security measures by a court decision.

51. Treatment leave mode - possibility of being out of the department from several hours to several days in order to gradually adapt to community-acquired conditions, to solve domestic and social issues, and to evaluate the achieved therapeutic effect. The treatment leave mode for patients shall be provided for:

- 1) availability of criteria for observation established by Paragraph 49 of this Standard;
- 2) stabilization of mental state not requiring daily observation.

The treatment leave mode shall not be applied for persons undergoing compulsory treatment and examination according to rulings (decisions) of the judicial investigative authorities.

52. Enhanced observation mode - round-the-clock observation and restriction of movement outside the department. An enhanced observation mode shall be established for patients when:

- 1) acute mental and behavioral disorders that are not dangerous to themselves and others;
- 2) ability to maintain personal hygiene without assistance;



3) absence of mental and somatic disorder requiring a different mode of observation and maintenance, specified in Paragraph 53 of this Standard.

53. Strict mode of observation - round-the-clock continuous observation in the ward, constant support by medical personnel in the department and beyond. A strict mode for patients shall be established for patients when:

- 1) immediate danger to themselves and others;
- 2) helplessness, that is, inability to independently satisfy their vital needs, in the absence of proper care;
- 3) possible damage to health if a person is left unattended.

Section 4. Observation in hospital departments of the specialized psychiatric hospital with intensive observation

54. General observation mode - round-the-clock observation with movement in the department according to schedule, the possibility of participating in occupational therapy outside the department. The general mode for patients shall be established when:

- 1) absence of danger to themselves and others;
- 2) ability to maintain personal hygiene without assistance;
- 3) absence of mental and behavioral disorders and somatic disorder requiring a different mode of observation and maintenance, specified in Paragraphs 55, 56 of this Standard.

55. Enhanced observation mode - round-the-clock observation and restriction of movement outside the department. An enhanced observation mode shall be established for patients when:

- 1) acute mental and behavioral disorders that are not dangerous to themselves and others;
- 2) ability to maintain personal hygiene without assistance;
- 3) no mental and somatic disorder requiring a different mode of observation and maintenance, specified in Paragraph 56 of this Standard.

56. Strict mode of observation - round-the-clock continuous observation in the observation ward, constant support by medical personnel in the department and beyond. A strict mode for patients shall be established for patients when:

- 1) immediate danger to themselves and others;
- 2) helplessness, that is, inability to independently satisfy their vital needs, in the absence of proper care;
- 3) possible damage to health if a person is left unattended.

Section 5. Discharge from the hospital departments of mental health organizations

57. Discharge from hospital clinical departments shall be made upon recovery of a patient or improvement of his/her mental state, when further hospital treatment shall

not be required, as well as upon completion of examination, expertise or safety measures that served as the basis for placement in the hospital.

58. The discharge of a patient who is in hospital clinical departments voluntarily shall be made on his/her personal application, the application of his/her legal representative or by decision of his attending physician.

59. The discharge of a patient who is hospitalized to the hospital clinical departments shall be compulsory, based on the conclusion of the MAC, the court decision, and the decision of the prosecutor.

60. The discharge of a patient to whom compulsory medical measures and security measures are applied by court ruling shall be made only by a court ruling that has entered into force.

61. The discharge of a patient from the specialized psychiatric hospital with intensive observation to the place of further treatment shall be accompanied by medical personnel. Accompaniment to the place of further treatment by a patient's relatives shall be allowed.

Information on a patient's discharge shall be sent to the court, which issued a decision on replacement of type of compulsory treatment, to the territorial Department of Internal Affairs at the place of residence, to the patient's relatives.

62. A patient that hospitalized in the hospital clinical department voluntarily is refused from discharge if the MAC has established grounds for involuntary hospitalization, as provided by Paragraph 1 of Article 94 of the Code. In this case, issues about his/her stay in the clinical department, the extension of hospitalization and discharge from the hospital shall be resolved in the manner prescribed by Paragraphs 8, 9, 10 of Article 125 and Paragraph 3 of Article 128 of the Code.

63. The head of the republican organization of mental health, the MHC shall organize the introduction of data into the portal "Electronic register of inpatients."

64. After discharge, the medical card of the inpatient shall be kept in the archives of the organization for a specified period in accordance with Order No. 907.

#### **Chapter 4. Organization for provision of medical and social assistance in the field of mental health in the form of hospital-replacing care**

65. Medical and social assistance to persons with mental and behavioral disorders in the form of hospital-replacing care shall be provided in day hospitals of the republican organization of mental health, the MHC.

66. Hospitalization in a day hospital shall be carried out as planned.

67. Indications for treatment in a day hospital of persons with mental and behavioral disorders shall be:

1) need for active treatment of a person with mental and behavioral disorders (stage of subcompensation, decompensation), not requiring round-the-clock observation;

2) exacerbation of mental and behavioral disorders of a neurotic or neurosis-like level not requiring round-the-clock observation;

3) need for gradual adaptation to normal living conditions, after receiving a course of treatment in a round-the-clock hospital;

4) conducting surveys and examinations not requiring round-the-clock hospital observation.

68. Contraindications for treatment in a day hospital shall be:

1) presence of concomitant diseases requiring treatment in hospitals of a different profile;

2) psychopathological conditions requiring hospital treatment according to emergency indications;

3) presence of generalized convulsive seizures (more than 1 time per month);

4) infectious diseases during the period of epidemiological danger.

69. The duration of treatment in a day hospital shall be no more than 30 days.

In cases of deterioration of the patient's condition, requiring round-the-clock medical observation and treatment, he/she shall be hospitalized in the corresponding hospital department of the mental health center.

70. The daily stay in the day hospital shall be not less than 6 hours. In the day hospital provides two meals a day, taking into account the time of taking psychotropic drugs.

71. When a person with mental and behavioral disorders is hospitalized in a day hospital, the head or psychiatrist (narcologist) of the day hospital or the admission and diagnostic department shall perform the following activities:

1) carry out a patient identification;

2) check the availability and compliance of available medical and other documentation, if necessary, shall send them to undergo regulated and (or) additional examinations;

3) assess the mental and somatic state, as well as the results of laboratory diagnostic tests, determine the presence of indications and contraindications for hospitalization;

4) establish a preliminary diagnosis, determine the scope of differential diagnosis, clinical nutrition and other diagnostic and treatment measures in accordance with the protocols of diagnosis and treatment;

5) fill in the primary medical documentation approved by the Order No. 907.

72. When hospitalizing in a day hospital, a person with mental and behavioral disorders caused by use of PAS for treatment in an anonymous order, the head or psychiatrist (narcologist) of the day hospital or admission and diagnostic department shall perform the following activities:

1) assign the patient a registration medical code in accordance with Appendix 3 to this Standard;

2) send for regulated and (or) additional examinations;

3) assess the mental and somatic state, as well as the results of laboratory diagnostic tests (if any), determine the presence of indications and contraindications for hospitalization;

4) establish a preliminary diagnosis, determine the scope of differential diagnosis, medical nutrition and other diagnostic and treatment measures in accordance with the protocols of diagnosis and treatment;

5) fill in the primary medical documentation approved by the Order № 907, in this case: name and patronymic (if any), date of birth, address of residence shall be filled in according to the patient.

73. After admission to a day hospital for a person with mental and behavioral disorders, the head or psychiatrist (narcologist) of the day hospital shall perform the following activities:

1) carry out a patient identification;

2) check the availability and compliance of available medical and other documentation;

3) assess the mental and somatic state, as well as the data of results of laboratory diagnostic tests, establish a preliminary diagnosis, determine the scope of differential diagnosis, medical nutrition and other medical diagnostic measures in accordance with the diagnostic and treatment protocols;

4) fill in the primary medical documentation approved by the Order No. 907.

74. After admission to a day hospital for a person with mental and behavioral disorders caused by use of PAS for treatment in an anonymous order, the head or psychiatrist (narcologist) of the day hospital shall perform the following activities:

1) if necessary, send for regulated and (or) additional examinations;

2) assess the mental and somatic state, the results of laboratory diagnostic tests, establish a preliminary diagnosis, determine the scope of differential diagnosis, observation mode, medical nutrition and other therapeutic and diagnostic measures in accordance with the diagnostic and treatment protocols;

3) fill in the primary medical documentation approved by the Order No. 907, in this case: name and patronymic (if any), date of birth, address of residence shall be filled in according to the patient.

75. After admission to a day hospital of persons with mental and behavioral disorders, a nurse shall carry out the following activities:

1) measurement of anthropometric data;

2) fill in the primary medical documentation approved by the Order No. 907;

3) implementation of medical appointments.

76. The provision of medical and social assistance in the day hospital shall be carried out in accordance with the Standard for provision of special social services in the field of healthcare, approved by Order No. 630.

77. The discharge shall be made upon the patient's recovery or improvement of his/her mental state, when transfer to outpatient treatment shall be possible, as well as upon completion of examination, expertise, which served as the basis for placement in a day hospital.

On the day the patient is discharged from the day hospital, an epicrisis shall be made, a copy of which shall be sent to the primary mental health center, at the patient's place of residence, in order to inclusion it to medical card of the outpatient.

78. After discharge, the medical card of the inpatient shall be kept in the organization's archive for the prescribed period.

#### **Chapter 5. Organization for provision of medical and social assistance in the field of mental health in the form of emergency medical care**

79. Ambulance shall be provided in the form of specialized emergency psychiatric care.

80. The provision of specialized emergency psychiatric care shall be carried out by specialized teams organized as part of an emergency medical care station or MHC.

81. The activities of specialized emergency psychiatric care shall be regulated by the Order No. 450.

#### **Chapter 6. Organization for provision of medical and social assistance in the field of mental health in case of suicidal behavior**

82. When a district doctor or general practitioner identifies an outpatient organization (hereinafter - OPO) a person with suicidal behavior who has addressed independently or when referred by psychologists, the following measures shall be taken:

- 1) assessment of the risk of suicide;
- 2) determination of an observation and treatment plan;
- 3) preparation of medical documentation.

83. For minors, before conducting an examination to assess the risk of suicide, it is necessary to obtain permission from legal representatives.

84. The permission of legal representatives to conduct an examination to assess the risk of suicide shall be made in writing in any form and remain in the medical documentation. If it is not possible to obtain permission, a risk assessment shall be carried out without their consent if there are signs that meet the criteria regulated by Article 94 of the Code.

85. Risk assessment of suicide shall be carried out in three stages:

- 1) determination the need for risk assessment of suicide;
- 2) determination of risk factors for suicide, with the assessment of predisposing, enhancing and protective factors;
- 3) determination the degree of risk of suicide.

86. The need to conduct a risk assessment of suicide shall be determined on the basis of an assessment of mental state at the time of examination and anamnestic information.

87. In assessing the mental state, attention shall be drawn to:

1) general appearance and behavior (assessment of psychomotor state and functions of volitional sphere - excitement, stupor, stereotypes, obsessive actions, impulsive actions);

2) emotional state (assessment of anxiety, fears, worry, tension); moods - decrease (from normal sadness, through subclinical depression to depression), increase (from euphoria, through hypomania to mania), mixed states (simultaneously depressive and manic symptoms), wrath, anger, indifference; adequacy of emotions of situation;

3) thinking (violation of the form of thinking - acceleration or deceleration of its pace (excessive pettiness), delay (sudden difficulty in moving thoughts, thinking), distraction or splitting, perseveration (stereotyped repetition), obsessions (obsessive thoughts); violation of thinking in content - ideas);

4) perception (violations - hallucinations (perception of non-existent objects), illusions (distorted perception of existing objects);

5) the higher functions of cognition: memory, ability to adequately assess reality, to abstract thinking and self-awareness (self-reflection), as well as to control one's own drives (aggressive, sexual).

88. When collecting anamnestic information, attention shall be drawn to:

1) family environment from early childhood to the present, including home (domestic) and (or) sexual violence;

2) a family history of suicide and mental disorders, including disorders caused by alcohol or drug abuse;

3) non-suicidal self-harm;

4) features of mental development, personality, learning and professional activities, range of interests and hobbies, family relationships;

5) if there is a suspicion of a mental disorder, the onset of symptoms, their relationship with psychosocial factors;

6) a history of suicidal behavior (if any) (number of previous suicide attempts; for each attempt: when it happened, circumstances and provoking factors; method and its

potential mortality; degree of measures taken to plan and minimize the risk of detection or obstacles (for attempt); drinking alcohol and drugs before trying; consequences and medical severity of the consequences; attitude to the attempt);

7) psychosocial situations and recent losses (actual, perceived or potential): death of a dear person or thing (idol, role model, or pet); severance, divorce or separation; interpersonal conflicts, stressful or dysfunctional, or complex relationships; problems with study; loss of work or housing; the onset of the illness of a loved one or dear thing ; financial and legal difficulties; anniversary of loss; moving to a new place);

8) if there is a previously established diagnosis, information shall be collected on the history of treatment (previous and concomitant diagnoses, previous hospitalizations and other types of treatment) and compliance with the prescribed treatment.

89. The determination of risk factors for suicide shall be carried out on the basis of mental state and anamnesis, divided into three groups:

- 1) primary - mental (psychobiological) factors;
- 2) secondary - psychosocial characteristics and (or) somatic diseases;
- 3) tertiary - demographic factors.

90. The primary mental (psychobiological) factors include:

- 1) suicidal thoughts, suicidal plans (current or previous), suicide attempts (including canceled or aborted attempts);
- 2) mental and behavioral disorders: hopelessness and excitation/anxiety (including insomnia);
- 3) a family history of suicides.

91. Secondary (psychosocial characteristics and (or) somatic diseases) factors include:

- 1) adverse events in childhood (childhood trauma (sexual and physical abuse)), another (separation of the family, loss of parents, the child is brought up to another family, and so on);
- 2) prolonged adverse life situations (isolation, poor family relationships, bullying, chronic illness, HIV/AIDS);
- 3) acute psychosocial stress (recent loss of a loved one), stressful event (breakdown , diagnosis or the onset of a serious somatic illness).

92. Tertiary (demographic) factors include:

- 1) sex:  
male - more often than completed suicide;  
female - more often suicidal thoughts and (or) attempted suicide;
- 2) age:  
teenagers and young men;  
elderly (both sexes);
- 3) vulnerable intervals:

spring and (or) the beginning of summer;  
premenstrual period;  
4) special groups:  
relatives of victims of suicide;  
victims of emergencies, disasters, natural disasters;  
representatives of sexual orientations other than heterosexual;  
prisoners.

93. Predisposing risk factors for suicide include:  
genetic and biological risk factors;  
family history of suicides and mental health problems;  
mental disorders;  
use and (or) abuse of PAS;  
impulsive and (or) aggressive behavior;  
childhood trauma.

94. Protection factors include:  
sustainability;  
problem solving skills;  
self-esteem;  
search for help;  
social and family support;  
religiosity;  
healthy lifestyle.

95. Potentiating factors include:  
stressful life events;  
availability of means of committing suicide;  
hopelessness;  
psychomotor excitation;  
acute phases of mental disorders;  
risky behavior.

96. Determination the degree of risk of suicide shall be carried out on the basis of the ratio of risk factors and shall be defined as:

1) extreme risk – is established in the presence of suicidal thoughts or attempts, accompanied by other primary and (or) secondary and tertiary risk factors;

2) moderate risk - is established in the presence of one or more primary risk factors , with the exception of suicidal thoughts or attempts, accompanied by secondary and tertiary risk factors;

3) low risk - is established in the presence of secondary and (or) tertiary risk factors , in the absence of primary risk factors.



97. If a person has a risk of suicide, a follow-up and treatment plan shall be drawn up, which includes:

- 1) establishment and maintenance of a therapeutic alliance;
- 2) ensuring patient safety and a safe environment;
- 3) determination of parameters and treatment plan.

98. The presence of a person's risk of suicide shall be an indication for consult by an adult or pediatric psychiatrist (narcologist). To arrange a consultation, a doctor of the PHC verbally notifies a psychiatrist (narcologist).

99. The establishment and maintenance of a therapeutic alliance shall be carried out by:

- 1) empathic (compassionate) understanding of suicidal thoughts and behavior;
- 2) providing real support and confirmation of understanding of the level of discomfort and suffering of a teenager;
- 3) establishing a trusting and mutually respectful relationship;
- 4) ensuring confidentiality (with an explanation of the need to inform the parents (guardian) in case of immediate danger);
- 5) strengthening the desire to live (study of his conflict between the desire to live and commit suicide, increase the perception of possible alternatives to suicide);
- 6) control of one's own emotions and reaction to a suicidal patient (burdensome sense of responsibility, disappointment due to aggressive and inappropriate patient responses, anxiety, increased interest, restraint, irritation, avoidance, denial, passivity).

100. Ensuring patient safety and a safe environment shall be carried out by:

providing observation and support;  
restriction on access to suicides.

101. Determination of parameters and treatment plan:

treatment shall be carried out in the least restrictive, but at the same time as safe and effective environment as possible. The choice of treatment scheme varies from involuntary hospitalization to periodic outpatient visits.

When determining the plan and treatment parameters, the following shall be taken into account:

degree of suicidal risk;  
concomitant mental and behavioral disorders and other diseases;  
strong psychosocial support;  
ability to provide adequate self-help, maintain reliable feedback with the doctor and collaborate in treatment;  
possible danger to others.

102. Treatment shall be carried out in hospital, hospital-replacing and outpatient settings.

103. Indications for hospital treatment in the MHC:

1) voluntarily:

hospitalization shall be required - if a person has an extreme risk of suicide, one or more reinforcing factors, in the absence or insufficiency of protective factors;

hospitalization shall be indicated - in the case of a person with an extreme risk of suicide, one or more enhancing factors and in the presence of one or more protective factors;

hospitalization shall be recommended - if a person has a moderate risk of suicide, one or more enhancing factors, in the absence or insufficiency of protective factors;

2) compulsory hospitalization shall be carried out only if signs are identified that are regulated by Article 94 of the Code.

104. Contraindications for hospitalization in a hospital of the MHC shall be determined in accordance with the criteria specified in Paragraph 31 of this Standard.

105. Indications for hospital-replacing treatment in the MHC and the PHC organizations:

1) availability of indications specified in Paragraph 67 of this Standard and the refusal of hospital treatment;

2) a person with a moderate risk of suicide lacks the reinforcing and protective factors.

106. Contraindications for hospital-replacing treatment in the MHC shall be determined in accordance with the criteria established in Paragraph 68 of this Standard.

Contraindications for hospital-replacing treatment in PHC organizations shall be determined in accordance with the criteria of certain Rules for provision of hospital-replacing care, approved by Order of the Minister of Healthcare and Social Development of the Republic of Kazakhstan dated August 17, 2015 No. 669 (registered in the Register of State Registration of Normative Legal Acts No. 12106).

107. Indications for outpatient treatment:

1) a person with a moderate and (or) low risk of suicide having one or more protective factors, in lack of reinforcing factors;

2) refusal of the proposed hospital and hospital-replacing treatment.

108. Hospital-replacing and (or) outpatient observation and treatment of a person at risk of suicide in in PHC organizations shall be carried out by the following specialists (members of treatment team):

1) a local or general practitioner;

2) a psychologist;

3) a psychiatrist (narcologist).

109. Precautions when choosing hospital-replacing and outpatient treatment:

1) determination of the schedule of observation by members of treatment team, including for operational response in case of a sharp deterioration in the condition and (or) commitment of a suicidal attempt;

2) creation a safe environment for the patient where the family, and/or relatives, and/or friends, and/or legal representatives shall be involved in (hereinafter - carers).

110. Treatment of a person at risk of suicide includes:

- 1) provision of psychological support by all members of treatment team;
- 2) activity with current psychosocial stressors;
- 3) pharmacological treatment (if necessary).

111. The provision of psychological support shall be carried out in compliance with the ethical principles of psychological assistance, including:

- 1) friendly and non-judgmental attitude;
- 2) orientation to the norms and values of a person;
- 3) a ban on giving advice;
- 4) distinction between personal and professional relations;
- 5) use of existing conflict between the desire to live and to commit a suicide;
- 6) consideration of the reasons for continuation of life and alternatives to suicide;
- 7) statements of faith in a positive outcome;
- 8) consideration of the possibility of contacting a specialist for mental health services.

112. Activity with current psychosocial stressors involves assessing the severity and taking measures to eliminate them.

Psychosocial stressors include:

- 1) diseases of parents and (or) close relatives;
- 2) abuse, neglect or bullying;
- 3) problems with academic performance (for a teenager);
- 4) family strife, communication problems, lack of support.

113. Pharmacological agents for treatment of persons at risk of suicide shall be used in accordance with the protocols of diagnosis and treatment.

114. In case of non-compliance with medical prescriptions, therapeutic regimen (adherence to treatment), the doctor shall:

find out the reason, and carry out a focused survey in part:

- 1) a person's awareness of the disease and the need for treatment;
- 2) understanding of the recommended treatment plan or dosage of medicines;
- 3) drug side effect;
- 4) financial difficulties.

Carry out the following activities:

- 1) create a therapeutic alliance;
- 2) review the treatment plan, taking into account the needs and preferences of a particular patient;
- 3) conduct psycho-education, including training about mental disorders, drugs and its side effects, suicidal tendencies (suicidality), importance of the role of psychosocial

stresses in provoking or exacerbating suicidal ideation or symptoms of mental disorders;

4) remind by telephone or make a message to the patient and/or carer about the next dose, the frequency of taking medicine, the need for time to get a therapeutic effect, the need to take medicine, even if the condition has improved, the need to consult a doctor before stopping the medication and the possibility consult a doctor if he/she has problems or questions;

5) get in touch with the patient and/or the carer if the intake was missed.

115. During outpatient observation and treatment of a person at risk of committing suicide, the doctor of the Ambulance/Polyclinic Center shall set up an additional outpatient medical card in the form 025/y, approved by Order No. 907, which includes: consent or refusal of legal representatives (during examination of a minor) or adult persons for examination, examination results, consent or refusal of legal representatives (when examining a minor) or an adult for treatment, opinions of consultants, step taken actions justify the observation and treatment.

When maintaining electronic medical cards of an outpatient, the information specified in this Paragraph shall be entered in a separate tab, access to which shall be available only to a doctor of the PHC and psychiatrist (narcologist) or children's psychiatrist (narcologist).

## **Chapter 7. Activities of healthcare organizations providing medical and social assistance in the field of mental health**

116. Medical and social assistance to persons with mental and behavioral disorders provided in the outpatient clinic, primary health care center (family health center) shall provide:

1) identification of persons with mental and behavioral disorders and, if necessary, referring them to the psychiatric health office, PMHC or to the MHC;

2) diagnostics, treatment of persons with borderline mental and behavioral disorders;

3) primary prevention of mental and behavioral disorders among the population with the formation of risk groups for development of mental and behavioral disorders.

117. Medical and social assistance to persons with mental and behavioral disorders provided in the mental health office of a district clinic or a number district hospital shall provide:

1) coordination for provision of medical and social assistance to persons with mental and behavioral disorders in the served territory;

2) implementation of preventive examination to identify persons with mental and behavioral disorders;

3) reception, consultation of persons seeking specialized help;

4) implementation of dynamic observation of persons with mental and behavioral disorders in the served territory, timely transfer of patients to the appropriate groups of dynamic observation;

5) treatment of persons with mental and behavioral disorders in accordance with the clinical protocols of diagnosis and treatment;

6) organization of consultation and hospitalization of persons with a suspected or established diagnosis of mental and behavioral disorders for examination or treatment in the PMHC, the MHC or in the republican organization of mental health;

7) analysis of the reasons for refusals to receive hospital treatment for persons with a diagnosis of mental and behavioral disorders;

8) implementation of consultation and patronage at home;

9) maintaining an observation cards for a person with mental (narcological) disorder in the form No. 030-2/y in accordance with the Order No. 907;

118. Medical and social assistance to persons with mental and behavioral disorders provided in the PMHC shall provide:

1) coordination, monitoring and analysis for provision of medical and social assistance to persons with mental and behavioral disorders in the served territory;

2) implementation of preventive examination to identify persons with mental and behavioral disorders;

3) reception, consultation of persons seeking specialized help;

4) registration of persons with mental and behavioral disorders living in the served territory;

5) implementation of dynamic observation of persons with mental and behavioral disorders living in the served territory, timely transfer of patients to the appropriate groups of dynamic observation;

6) provision of psychotherapeutic, psychological and social assistance to persons with mental and behavioral disorders;

7) treatment of persons with mental and behavioral disorders in accordance with the clinical protocols of diagnosis and treatment;

8) organization of consultation and hospitalization of persons with suspected or diagnosed mental and behavioral disorders for examination or treatment at the PHC or the republican organization of mental health;

9) achievement of long-term and stable remission, motivation for anti-relapse and supportive therapy of people dependent on PAS;

10) analysis of the reasons for refusals to receive hospital treatment for people with a diagnosed mental and behavioral disorder;

11) consultation and patronage at home;

12) advisory assistance to the doctors of the PHC and other medical specialists on the diagnosis and treatment of mental and behavioral disorders;

13) expertise of temporary work incapacity of patients;

14) issuance of opinions, certificates on mental state of a person and (or) on registration for dynamic observation, according to relevant requests under the current legislation;

15) preparation of medical documentation for referral to medical and social expertise, compulsory treatment of persons with addiction to PAS;

16) participation in research to strengthen mental health, improve the quality of life, the level of mental well-being of population, including persons with mental and behavioral disorders in the served territory;

17) implementation of measures to increase public awareness of mental health issues;

18) ensuring the interaction and continuity of outpatient and hospital care;

19) provision of medical and social assistance to persons with mental and behavioral disorders living in rural areas under the direction of doctors of mental health offices;

20) maintaining medical documentation in accordance with the Order No. 907.

119. Medical and social assistance to persons with mental and behavioral disorders provided in the MHC provides for:

1) coordination, monitoring, analysis of organizational, preventive, diagnostic and treatment activities and development of mental health services;

2) provision of any form of preventive, consultative and diagnostic, medical and social, rehabilitation assistance in the field of mental health, as well as concomitant diseases in people with mental and behavioral disorders;

3) organization of consultations, hospitalization of persons with suspected or established diagnosis of mental and behavioral disorders for examination or treatment in a republican organization of mental health;

4) participation in research on strengthening mental health, improving the quality of life, the level of mental well-being of population, including persons with mental and behavioral disorders at the regional level;

5) ensuring interaction and continuity in provision of hospital and outpatient care;

6) provision of medical and social assistance to persons with mental and behavioral disorders living in rural areas under the direction of doctors of mental health offices;

7) advisory assistance to the doctors of the PMHC, as well as other medical specialists on diagnosis and treatment of mental and behavioral disorders;

8) preparation of medical documentation for referral to medical and social expertise ;

9) expertise of temporary work incapacity of patients;

10) issuance of opinions, certificates on mental state of a person upon relevant requests under the current legislation;

11) organization of information, exchange of views and experiences on mental health through all available means of communication at the regional level;

12) maintaining medical documentation.

120. Medical and social assistance to persons with mental and behavioral disorders provided in the republican organization of mental health shall provide:

1) coordination, monitoring and analysis of scientific, organizational, preventive, therapeutic and diagnostic activities, participation in project development legislative and other regulatory legal acts on mental health and service development;

2) conducting, participating in research, developing and implementing measures, new methods and techniques aimed at strengthening mental health, improving the quality of life, the level of mental well-being of population, including people with mental and behavioral disorders, at the regional, republican and international levels;

3) provision of any form of preventive, consultative and diagnostic, medical and social, rehabilitation assistance in the field of mental health, as well as concomitant diseases in people with mental and behavioral disorders;

4) educational activities on mental health;

5) advisory assistance to the doctors of the PHC, other medical specialists on diagnosis and treatment of mental and behavioral disorders;

6) preparation of medical documentation for referral to medical and social expertise ;

7) expertise of temporary work incapacity of patients;

8) issuance of opinions, certificates of mental state of a person, according to relevant requests under the current legislation;

9) organization of information, exchange of views and experiences on mental health through all available means of communication at the regional, republican and international levels;

10) development, publication and sale of audiovisual and electronic information products for population and individual groups, including professional on mental health issues;

11) interaction, scientific and scientific-technical cooperation with organizations, including international ones on mental health issues.

121. Medical and social assistance to persons with mental and behavioral disorders provided in a specialized psychiatric hospital with intensive observation includes:

1) coordination, monitoring and analysis of implementation of compulsory medical measures in relation to persons suffering from mental and behavioral disorders who have committed socially dangerous actions;

2) implementation of compulsory medical measures in the form of compulsory treatment in a specialized psychiatric hospital and a specialized psychiatric hospital

with intensive observation in relation to persons suffering from mental and behavioral disorders who have committed socially dangerous actions;

3) provision of special social services.

122. Medical and social assistance to persons with mental and behavioral disorders provided in hospital departments provides for:

1) provision of specialized mental (narcological, psychotherapeutic, medical-psychological and medical-social) assistance to the population in accordance with the clinical protocols of diagnosis and treatment;

2) prevention of diseases of mental and behavioral disorders:

secondary prevention aimed at preventing the progression of diseases of mental and behavioral disorders in the early stages and their consequences;

tertiary prevention aimed at controlling complications that have already developed;

3) implementation of measures to reduce social stigmatization and discrimination of persons with mental and behavioral disorders;

4) implementation of measures to reduce socially dangerous actions of persons with mental and behavioral disorders;

5) implementation of outreach activities to increase public awareness of mental health;

6) achieving therapeutic remission for labor therapy and resocialization of persons suffering from mental and behavioral disorders;

7) labor therapy and resocialization of persons with mental and behavioral disorders;

8) achievement of a long and stable remission, motivation for anti-relapse and supportive therapy of people dependent on PAS;

9) ensuring the interaction and continuity of hospital, hospital-replacing and outpatient divisions;

10) analysis of the effectiveness of hospital medical and social assistance according to the accounting and reporting documentation.

123. Medical and social assistance to persons with mental and behavioral disorders provided in the general clinical department provides for:

1) provision of consultative and diagnostic medical care;

2) implementation of measures to reduce social stigmatization and discrimination of persons with mental and behavioral disorders;

3) implementation of outreach activities to increase public awareness of mental health issues.

124. Medical and social assistance to persons with mental and behavioral disorders provided by an emergency specialized psychiatric team provides for:



1) conducting a mental examination and provision of specialized emergency psychiatric care in all cases where the patient's mental state requires urgent medical measures, including resolving the issue of use of drug therapy;

2) transportation of people in need with mental and behavioral disorders to medical organizations providing specialized round-the-clock assistance in the areas of psychiatrists (narcologists).

125. Medical and social assistance to persons with mental and behavioral disorders provided in the day hospital provides for:

1) treatment of persons with exacerbations or decompensation of mental and behavioral disorders requiring active therapy, a range of treatment and rehabilitation measures and not requiring round-the-clock in-patient observation;

2) aftercare of patients who received the main course of treatment in a round-the-clock hospital and need gradual adaptation to normal living conditions;

3) providing patients with social and legal assistance, settlement of labor domestic issues;

4) provision of medical and social assistance to persons with mental and behavioral disorders, if appropriate for medical reasons, the patients are in the usual microsocial environment;

5) analysis of main statistical indicators and effectiveness of medical and social assistance provided to people with mental and behavioral disorders;

6) expertise of temporary work incapacity of patients;

7) implementation of measures to reduce social stigmatization and discrimination of persons with mental and behavioral disorders;

8) implementation of outreach activities to increase public awareness of mental health;

9) ensuring the interaction and continuity of the day hospital, hospital and outpatient care;

10) introduction of new organizational forms, clinically effective and safe methods for diagnosis, treatment and rehabilitation of people with mental and behavioral disorders;

11) monitoring and analysis of rational spending of funds for free treatment of patients with mental and behavioral disorders in the day hospital.

126. Medical and social assistance to people with mental and behavioral disorders, provided at the center of temporary adaptation and detoxification, includes:

1) determination of the degree of temulence (intoxication) caused by use of PAS;

2) decision on the need for hospitalization in a temporary adaptation and detoxification center or on refusal of hospitalization;

3) provision of medical care to persons in a state of moderate temulence (intoxication) from alcohol;

4) motivation to undergo a program of medical and social rehabilitation of people who, in the process of providing assistance, are diagnosed with a formed dependence on PAS;

5) organization of the continuity of provision of narcological assistance.

127. The activities of the department of medical and social rehabilitation of persons with mental and behavioral disorders and the department of social rehabilitation of addictions of healthcare organizations in the field of mental health shall include:

1) socialization and labor rehabilitation of persons with mental and behavioral disorders;

2) assistance in employment and mastering by persons with mental and behavioral disorders of a new profession in an enterprise or in a social welfare office;

3) organization of any type of labor activity, except for certain types of professional activity, as well as work related to sources of increased danger, in accordance with the Order of the Minister of Healthcare and Social Development of the Republic of Kazakhstan dated March 31, 2015 No. 188 “On approval of the list of medical mental contraindications for certain types of professional activity, as well as work related to the source of increased danger” (registered in the Register of State Registration of Normative Legal Acts No. 10858).

128. The Department of Medical and Social Rehabilitation of Persons with Mental and Behavioral Disorders and the Department of Social Rehabilitation of Addictions may be engaged in the sale of manufactured goods and services.

129. The activities of the medical examination office to establish the fact of use of PAS and intoxication shall include:

1) round-the-clock examination to establish the fact of use of PAS and intoxication;

2) issuance of an opinion on the results of examination of established form;

3) maintaining medical documentation.

130. Medical and social assistance to persons with mental and behavioral disorders provided in anonymous treatment room provides for:

1) provision of outpatient specialized medical care to persons who use alcohol and (or) other PAS with addiction and are addicted to alcohol and (or) other PAS in accordance with diagnostic and treatment protocols;

2) outpatient care for volunteers who use alcohol and (or) other PAS with addiction and are addicted to alcohol and (or) other PAS;

3) observation, supportive and anti-relapse therapy of patients who underwent treatment in drug addiction departments;

4) analysis of the effectiveness of drug treatment assistance.

131. Medical and social assistance to persons with mental and behavioral disorders provided at the point of providing supportive substitution therapy provides for:

1) services under the substitution therapy program, including the issuance of substitution drugs, psychosocial counseling in accordance with the approved protocol of diagnosis and treatment;

2) improving the quality of life and social adaptation of patients with opioid dependence;

3) a decrease in the frequency and volume of use of illegal drugs;

4) reducing the risk of transmission of HIV infection and other concomitant diseases among injecting drug users;

5) increased adherence to antiretroviral therapy for HIV-infected opioid-dependent persons.

Appendix 1  
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### **Diagnoses of mental and behavioral disorders according to ICD-10, included in the competence of medical personnel of primary health care**

F06.6 Organic emotionally labile (asthenic) disorder;

F32.0 Depressive episode mild;

F43.2 Adaptation disorder;

F41.2 Mixed anxiety and depressive disorder;

F45 Somatoform disorder;

F54 Psychological and behavioral factors related to disorders or diseases classified elsewhere;

F55 Abuse of non-addictive substances;

F17.1 Harmful use of tobacco.

Appendix 2  
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### **Dynamic observation groups for persons with mental and behavioral disorders**

No.	Dynamic observation group	Criteria for registration for dynamic observation of persons with mental and behavioral disorders	Frequency of observation	Criteria for transferring a person with a mental and behavioral disorder to another group	Criteria for deregistering a person with a mental and behavioral disorder

1	2	3	4	5	6
1.	1 group of dynamic psychiatric observation	Persons prone in their mental state to socially dangerous actions, including those at risk of sexual violence against minors, as well as committed especially dangerous actions in a state of insanity, and by which the court determined compulsory medical measures in the form of outpatient compulsory treatment.	at least once a month		
2.	2 group of dynamic psychiatric observation	Persons with mental and behavioral disorders who have a mental illness disability; persons with a diagnosis of F20 "Schizophrenia" within one year after establishment (in this case, if recognized as disabled, he/she continues to be observed in the 2 group of dynamic psychiatric observation).		- lack of inclusion criteria specified in column 3 of this row, not less than 12 months	- lack of criteria specified in column 3 not less than 12 months; - change of permanent place of residence with departure outside of the served territory; - lack of any reliable location information within 12 months; - death, on the basis of a medical death certificate, and (or) confirmed by data in the Register of the attached population. Also for persons with a diagnosis of F20 "Schizophrenia", which is registered in the 2 group of dynamic psychiatric observation:
3.		2A - persons with frequent and severe exacerbations of psychotic symptoms, decompensations, in need of psychopharmacotherapy.	at least once every three months		

4.		2B - persons with stable conditions, with a moderately progressive course of process and spontaneous remissions.	at least once every six months		if the disability group is not established.
5.	Group of dynamic narcological observation	Persons prone to socially dangerous activities due to clinical manifestations of mental and behavioral disorders caused by substance abuse	at least once a month	lack of inclusion criteria specified in column 3 of this row, not less than 12 months	

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**Registration medical codes assigned to a person with mental and behavioral disorders caused by use of psychoactive substances for treatment in anonymous order**

No.	Region, city	Letter designation of region, city	Serial number of inpatient medical card
1	Astana	Z	****
2	Almaty	A	****
3	Almaty region	B	****
4	Akmola region	C	****
5	Aktobe region	D	****
6	Atyrau region	E	****
7	East Kazakhstan region	F	****
8	Zhambyl region	H	****
9	West Kazakhstan region	L	****
10	Karaganda region	M	****
11	Kyzylorda Region	N	****
12	Kostanay region	P	****
13	Mangystau region	R	****
14	Turkestan region	X	****
15	Pavlodar region	S	****
16	North Kazakhstan region	T	****
17	Shymkent	Y	****

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