SAMARTH EDUCATIONAL TRUST

SAWKAR HOMOEOPATHIC MEDICAL COLLEGE, SATARA

MENTAL HEALTH POLICY

Purpose

To establish a comprehensive, accessible, and stigma-free mental health support system that ensures the psychological well-being, academic success, and clinical competence of all students, interns, and faculty members within the Homoeopathic Medical College.

1. Institutional Mental Health Committee (IMHC)

- Composition: Principal (Chairperson), a visiting Psychiatrist, a Clinical Psychologist, two senior faculty members, and two student representatives (one undergraduate, one intern).
- Mandate: Oversee policy implementation, review critical cases, maintain confidentiality protocols, and organize monthly wellness initiatives.
- Meetings: The committee will meet officially once every quarter, or within 24 hours in case of an emergency.

2. Preventive and Promotive Initiatives

- Orientation Modules: Mandatory mental health literacy and stress management workshops for all incoming first-year students and interns.
- Integration with Organon: Utilize concepts of holistic health from the Organon of Medicine to teach self-care and recognize early signs of burnout in oneself and peers.
- De-stigmatization Campaigns: Regular college-wide events, poster competitions, and open forums to break the taboo surrounding mental health issues.
- Physical Wellness: Integration of mandatory yoga, meditation, or sports hours into the weekly academic timetable.

3. Accessible Support Systems

- On-Campus Counseling Cell: A dedicated, private space staffed by a professional Clinical Psychologist, completely independent of the academic evaluation department.

- 24/7 Helpline: Tie-up with MUHS tele-counseling service for round-the-clock crisis intervention.
- Psychiatric Referral: Standard operating procedures for immediate, subsidized referral to the department of Psychiatry or external affiliated hospitals when clinical intervention or pharmacotherapy is required.

4. Mentorship and Early Identification

- Student Guidance Clinic: Allocation of a specific "Mentor" (faculty member) for every 30 students.
- Bi-Monthly Meets: Mentors must meet their wards at least once every two months to track academic progress and emotional well-being.
- Gatekeeper Training: Mandatory training for hostel wardens, security personnel, and student council members to identify early warning signs of depression, anxiety, and suicidal ideation.

5. Academic and Clinical Accommodations

- Sanctioned Medical Leave: Provision for mental health leave backed by a certificate from a registered mental health professional, without academic penalization.
- Remedial Support: Provisions for extended timelines or alternative examination schedules for students recovering from severe mental health crises.
- Internship Rotation Flexibility: Modification of stressful clinical postings or night shifts for interns undergoing active psychological treatment, subject to IMHC approval.

6. Crisis Management Protocol

- Immediate Response: In case of acute psychosis, severe self-harm, or suicidal attempts, the campus medical team will provide emergency physical stabilization.
- Family Notification: Simultaneous, sensitive communication to the student's local guardian or immediate family by the IMHC Chair.
- Postvention: Mandatory counseling sessions for close peers, roommates, and batch mates following any tragic or traumatic event on campus to prevent vicarious trauma.

7. Confidentiality and Anti-Discrimination

- Strict Privacy: All counseling and psychiatric records must be kept under double-lock or encrypted digital files, accessible only to the counselor.
- Zero Academic Linkage: Mental health records will never be attached to academic transcripts, clinical assessments, or future job recommendations.
- Protection from Discrimination: Strict disciplinary action against any faculty member or student who uses an individual's mental health status for bullying, ragging, or academic bias.

MENTAL HEALTH SERVICE PROVIDERS IN SATARA

Psychiatric Clinics (Medical & Diagnosis)

- Dr. Animish Chavan (Maitra Clinic)
  - **Phone**: +91 96047 51750
  - **Address**: 599, Rajpath Road, Guruwar Peth, Satara - 415002
  - **Hours**: Monday to Friday (10:00 AM – 6:30 PM)

- Dr. Hamid Dabholkar Clinic
  - **Phone**: +91 72194 15772
  - **Address**: 32, Ramkrishna Colony, Sadar Bazar, Satara - 415001
  - **Hours**: Tuesday, Thursday to Saturday (11:00 AM – 8:00 PM)

- **Manovedh Neuropsychiatry Clinic** (Dr. Abhijeet S. Ghorpade)
  - **Phone**: +91 98602 40374
  - **Address**: Office 6, 1st Floor, Uttekar Avenue, Near Sanjivan Hospital, Sadar Bazar, Satara - 415001
  - **Hours**: Monday to Friday (11:00 AM – 4:00 PM)

Psychological Counseling & Therapy

- **Saad- Psychological Counselling & Occupational Therapy Centre**
  - **Phone**: +91 97695 21917
  - **Address**: Z P Colony, Shahupuri, Satara - 415002
  - **Hours**: Monday to Friday (9:00 AM – 9:00 PM) | Saturday (9:00 AM – 4:00 PM)

- Manovedh Counselling Center Satara (Manovedh Foundation)
  - **Phone**: +91 87961 79000
  - **Address**: Shree Bungalow Road, Behind Bodhe Hospital, Koteshwar Colony, Shahupuri, Satara - 415002
  - **Hours**: Mon, Tue, Thu, Sat, Sun (10:00 AM – 6:00 PM)
    Wednesday (9:00 AM – 6:00 PM)
    Friday (10:00 AM – 8:00 PM)

Rehabilitation & De-Addiction Services

- Saarth Sanmaan Psychiatric Rehabilitation Center
  - **Phone**: +91 96047 51750
  - **Address**: 599, Bhavani Peth, Guruwar Peth, Satara - 415002
  - **Hours**: Monday to Friday (10:00 AM – 6:30 PM)

- Dhyaas De-Addiction & Mental Health Care Center
  - **Phone**: +91 77568 01516
  - **Address**: Raigaon Phata, Near Anewadi Toll Naka, NH-4 Highway, Satara - 415020
  - **Hours**: Open 24 hours (Monday to Sunday)

MENTAL HEALTH SUPPORT

Government & National Initiatives

- **Tele MANAS Helpline:** 24/7 help offered by Ministry of Health and Family Welfare
  Contact: 1800-89-11416

- **KIRAN Helpline**: A 24/7 National toll-free helpline established by the Ministry of Social Justice and Empowerment. **Contact**: 1800-599-0019
- **NIMHANS Helpline**: Managed by the National Institute of Mental Health and Neurosciences. It provides specialized psycho-social support, medical advice, and mental health counseling. **Contact**: 080-46110007
- **MANODARPAN Helpline**: An initiative by the Ministry of Education to provide psychosocial support to students, teachers, and families for mental health and emotional well-being. **Contact**: 8448-8448-45

Prominent Non-Profit & NGO Services

- **Vandrevala Foundation**: Offers a 24/7 crisis intervention and mental health helpline staffed by trained counselors.
  Contact: +91 9999 666 555 **Website**: www.vandrevalafoundation

- **Aasra**: A dedicated crisis intervention center that offers confidential support for individuals experiencing loneliness, distress, or suicidal thoughts.
  Contact: 9820466728

- **Sneha India**: A Chennai-based national helpline focusing on suicide prevention and unconditional emotional support for anyone feeling distressed.
  Contact: 044-24640050

- **Fortis Stress Helpline**: A private healthcare initiative operating a multi-lingual helpline for students and adults experiencing crisis or mental stress.
  Contact: 8376804102

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SOP for referring cases under Mental Health policy

1. Categories of Referrals

Mental health cases are triaged into three pathways based on severity, risk, and clinical stability:

Internal Referrals

- **Scope:** Managed within the collegiate hospital – Mild cases with no suicidal attempt/Risk
- **Action:** Transfer to SMO for further necessary action.
- **Indications:** Mild to moderate anxiety, depression, psychosomatic disorders, or behavioral issues responsive to homoeopathic constitutional prescribing and clinical counseling.

Cross-System External Referrals (Integrative/Allopathic Care)

- **Scope:** Outpatient or inpatient referral to a multi-specialty hospital with an advanced psychiatric unit.
- **Indications:** Severe psychiatric illness (e.g., active psychosis, schizophrenia, severe bipolar manic episodes) failing to stabilize, or cases requiring conventional psychotropic drugs for baseline stabilization.

Emergency Referrals (Red Flag / Crisis Situations)

- **Scope:** Immediate transfer to an emergency tertiary care facility.
- **Indications:** Active suicidal ideation/attempts, severe self-harm, violent aggression, acute substance overdose, or severe catatonia.

2. Standard Operating Procedure (SOP) for Referral

Step 1: Identification & Screening

- The attending physician performs a basic clinical assessment and a Mental Status Examination (MSE).
- Document all "red flag" symptoms and check for physical or organic comorbidities.

Step 2: Risk Stabilization

- For acute crises, administer basic life support (BLS) or physical containment if the patient poses an immediate danger to themselves or others.
- Do not leave the patient unattended under any circumstance.

Step 3: Informed Consent & Counseling

- Discuss the clinical necessity of the referral transparently with the patient and their legal guardians.
- Obtain **written informed consent** for the transfer of medical records and care.

Step 4: Documentation & Referral Letter

- Draft a formal, legible, and structured referral letter. The note must include:
  - Patient demographics and primary presenting complaints.
  - History of the illness, psychosocial triggers, and family psychiatric history.
  - Current homoeopathic prescriptions, potencies, and any past conventional medications.
  - Detailed clinical reasoning and specific purpose for the referral.

Step 5: Secure Transport

- Coordinate with the institutional 102/108 ambulance service or emergency response team for critical cases.
- Ensure a hospital staff member or an authorized family member accompanies the patient.

3. Documentation Requirements & Templates

Every referral case must be meticulously tracked to protect the college from medico-legal vulnerability. The documentation package requires:

SAWKAR HOMOEOPATHIC MEDICAL COLLEGE & SAMARTH CHARITABLE AND MULTISPECIALTY HOSPITAL

REFERRAL MEMORANDUM

Date: _____ Time: _____

To,

The Consultant / Department of Psychiatry,

[Receiving Institution Name & Address]

Patient Name: _____ Age/Gender: _____

OPD/IPD No: _____ Accompanied By: _____

1. Clinical Presentation & History:

_____

2. Key Mental Status Examination (MSE) Findings:

_____

3. Homoeopathic Totality/Treatment Maintained So Far:
(Remedy, Potency, Dosage, and Response)

_____

4. Reason for Referral:
[ ] Emergency Crisis / Suicidal Risk [ ] Need for Psychotropic Stabilization
[ ] Advanced Diagnostic Evaluation [ ] Specialized Psychotherapy

5. Patient/Guardian Consent Status: Attached [ ] Yes [ ] No

Referring Physician Name: _____ Signature & Stamp:

Registration Number: _____

- **Referral Register:** The department must maintain a dedicated ledger tracking the Date, Patient ID, Destination Hospital, and Reason for Referral, and outcome/Acknowledgment.
- **Retention Policy:** Retain copies of all referral forms and signed medical certificates within the central medical record department for a **minimum of 3 years**.

4. Legal, Ethical, and Regulatory Guidelines

- **Competence & Negligence:** Failure to refer acute psychiatric crises or severe psychotic episodes where homoeopathic management is delayed can be legally interpreted as professional negligence.
- **The Mental Healthcare Act Compliance:** MD (Homoeopathy) /Psychiatry professionals are recognized as mental health professionals under the Act. They must adhere strictly to patient confidentiality and protect human rights during all transfers.
- **Supreme Court Directives:** In alignment with national campus wellness standards, the college will provide access to qualified counselors or institutional psychiatric support to address student stress, maintaining an active, non-stigmatized path for internal student referrals.
- **Cross-Practice Boundaries:** Referrals must be clean transitions of care or collaborative models. Homoeopathic doctors must not prescribe allopathic psychotropic medications during the referral process unless they hold authorized state-specific certifications.

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RED FLAG SIGNS IN PSYCHIATRIC CASES

Psychiatric red flags are critical clinical indicators that signal an acute medical emergency, a high risk of harm, or an underlying organic (physical) brain illness. Recognizing these signs immediately is essential for preventing severe outcomes, protecting patient safety, and ensuring timely clinical intervention.

Immediate Safety Emergencies

These behaviours require immediate intervention or emergency services to prevent serious injury or death:

- **Suicidal Intent**: Active statements about wanting to die, researching methods, or giving away possessions.
- **Homicidal Ideation**: Expressing a clear intent, plan, or desire to physically harm other people.
- **Severe Self-Harm**: Fresh, deep cuts, burns, or other forms of physical self-injury used to manage emotional distress.
- **Extreme Aggression**: Sudden, unprovoked physical violence or explosive outbursts that threaten safety.

Red Flags for "Organic" (Medical) Causes

When a psychiatric patient presents with these symptoms, it often points to an underlying neurological or medical issue (like encephalitis, tumors, or toxic ingestion) rather than a primary psychiatric illness:

- **First-Onset Psychosis**: Sudden hallucinations or delusions in individuals over the age of 40 with no prior psychiatric history.
- **Altered Consciousness**: Fluctuating awareness, severe confusion, disorientation, or sudden delirium.
- **Abnormal Vital Signs**: Unexplained high fever, rapid heart rate, or erratic blood pressure linked to mental changes.
- **Neurological Signs**: New-onset seizures, difficulty walking, unequal pupil sizes, or sudden loss of motor coordination.

Acute Functional and Cognitive Decline

A rapid drop in an individual's mental and behavioral Baseline status serves as a major warning sign:

- **Severe Psychosis**: Complete loss of contact with reality, gross disorientation, or hearing commanding voices.
- **Total Self-Neglect**: Complete failure to manage basic human needs like eating, drinking, or washing.
- **Grossly Disorganized Speech**: Inability to hold a coherent conversation or speaking in completely nonsensical sentences.
- **Extreme Withdrawal**: Complete social isolation and refusal to interact with anyone for extended periods.

Summary of Differences: Primary Psychiatric vs. Medical Emergencies

Category	Primary Psychiatric Crisis	Secondary (Medical/Organic) Emergency
Onset	Gradual behavioral shifts	Sudden, dramatic changes over hours/days
Vitals	Typically normal	Often abnormal (fever, high heart rate)
Cognition	Alert, intact orientation	Confused, disoriented, or drowsy
Hallucinations	Mostly auditory (hearing voices)	Often visual or tactile (seeing/feeling things)