

Guideline for completing the MH Return

This return should be sent monthly to Medical Officer/Mental Health (Focal Point) at RDHS by each mental health clinic (institutional/outreach) on or before the 7th day of next month.

If a Medical Officer/Mental Health (Focal Point) conducts clinics, he/she should complete only section "A" & "B" in this format separately for each clinic.

Can be prepared by MO who is conducting the clinic (MO/Mental Health, MO/Psychiatry) or other officer assigned by Consultant Psychiatrist/MO (Nursing Officer, Psychiatry Social Worker [PSW], Development Assistant [DA])

In this guideline, *main clinics* are the stations/clinics where, one or more MO/Mental Health is attached. *Outreach clinics* are the stations/clinics where, there are no MO/Mental Health is attached.

A. Clinic activities and liaison services (*To be filled separately for main and outreach clinics*)

1. Clinic Sessions and Patient Visits:

1.1. General Clinic - The mental health clinic conducted in the institution

1.2. Child Guidance Clinic –

1.3. Substance abuse Clinic –

1.4. Gender based violence Clinic –

1.5. Elderly Clinic –

} Special clinics conducted at the institution. When a client from a General or other special clinic attend on the day of another special clinic, count him/her under his/her usual clinic.

1.6. Other – Special clinics which are not listed above.

- ✓ Number of clinic sessions - No. of clinic sessions conducted under the given clinic category
- ✓ Number of patient visits - Total number of client visits under each clinic category. Single client may attend the clinic more than once in a period of one month. So, counting single client more than once is allowed here.

2. Source of referrals (To be filled only for Newly registering clients)

2.1. Consultants – Consultants from other specialties

2.2. OPD - OPD of the same Hospital/Institution where the clinic is located

2.3. Other wards/clinics/services of the hospital - Wards/Clinics/Services other than the OPD in the same Hospital/Institution where the clinic is located. This includes PCU, ETU & ICU as well

2.4. Other health institutions – Other hospitals/institutions/health facilities located *outside* the hospital/institution where the clinic is conducted

2.5. Public Health Staff - MOH/AMOH, PHNS, SPHI, SPHM, PHI, PHM

2.6. Community - Relatives, friends, Schools, work places, religious places, NGOs

2.7. GPs – General Practitioners

2.8. Courts – All type of courts and related officers (E.g. Social services officer in Courts)

2.9. Self-referrals - By own

2.10. Other – Other categories not listed above

B. Diagnosis of Clinic Patients (To be filled separately for Main and Outreach Clinics)

3. Diagnosis

3.36. Other – Other diagnoses, not listed

3.37. No psychiatric illness – Excluded Psychiatric diagnosis either their initial or follow-up visit

- ✓ Number of First Visits – Number of clients seen during their initial visit, categorized according to the ICD-10 diagnosis and their gender. If the diagnosis is doubtful, count him/her under the most probable diagnosis.
- ✓ Number of Follow-up Visits - Number of clients seen during their follow-up visits, categorized according to the ICD-10 diagnosis and their gender.

4. Suicides/Self-harm/Abuse/Violence

4.1. Deliberate self-harm/Attempted suicides – Clients with deliberate self-harm in the presence or absence of mental illness

4.2. Suicides – Clients who committed suicide, if reported

4.3. Victims of sexual abuse – Clients seen or referred following sexual abuse

4.4. Victims of domestic violence – Clients seen or referred, who are experiencing domestic violence

- ✓ =< 19 years – 19 years of age or more
- ✓ 20 – 59 years – In between 20 to 59 years of age including 20 and 59 years
- ✓ >=60 years – 60 years of age or more

C. Community Mental Health Services (To be filled only for main clinics)

5. Community Treatment Programmes

5.1. Depot injection programme – Depot injection Programmes conducted by the main clinic for the clients covered in the area of main clinic and outreach clinics

5.2. Other domiciliary visits - Domiciliary visits done (other than providing depot injection) by the main clinic for the clients covered in the area of main clinic and outreach clinics

6. Number of Mental Health Promotion/Training/Awareness Programmes Conducted

6.1. Promotion of Mental Wellbeing

6.2. Prevention & control of alcohol & other substance use

6.3. Suicide prevention

6.4. Prevention of violence

6.5. Child & Adolescent Mental Health

Mental Health promotions, Trainings & Awareness Programmes conducted in area of main clinic and the outreach clinics.

6.6. Other - Mental Health promotions, Trainings & Awareness Programmes, *which are not mentioned above* conducted in the area of both main clinic and outreach clinics

✓ No. of Programmes conducted – Cumulative count of all Mental Health promotions, Trainings & Awareness Programmes conducted in the area of both main clinic and the outreach clinics

7. Service Utilization at Special Centres and Institutions

Type of the Centre	No. of Clients
7.1. Long stay units	
7.2. Medium stay units	
7.3. Day centres	
7.4. Alcohol rehabilitation centres	
7.5. Community support centres	
7.6. Elderly homes	
7.7. Children homes	
7.8. Prisons	
7.9. Certified Schools	
7.10. Other	

7.10. Other – Other special centres & Institutions, not mentioned in above categories

✓ No. of Clients

- This table expected to get the *cumulative number of the clients utilized the service* under the centres mentioned
 E.g. If service provided at two elderly homes in the given month, the total number of clients utilized the service in both events should be mentioned here
- In case of conducting a clinic in above circumstances, the *number of clients consulted* should be considered in calculating the total
- In case of conducting group sessions (E.g. Seminar, Health Education), the *number of clients attended to the event* should be considered in calculating the total

D. Meetings/Trainings/Programmes attended by MO-MH (To be filled only for Main Clinics)

8. Meetings/Trainings/Programmes attended

Type of the Meeting/Training/Programme	No. Attended
8.1. Monthly conference at MOH office	
8.2. District/National MH reviews	
8.3. School medical inspection (SMI)	
8.4. Divisional coordinating committee	
8.5. Consumer & carer society meeting	

✓ No. Attended

Number of Meetings/Trainings/Programmes during the month attended by the MO/MH representing the unit

E.g. If two MOs representing one unit, attended to a single Monthly Conference, the number should be **"1"**

9. Trainings received

Type of the Training	No. Participated
9.1. Promotion of Mental Wellbeing	
9.2. Prevention/Control of Substance & Alcohol use	
9.3. Psycho-social first aids	
9.4. Training on Life skills	
9.5. Child & Adolescent Mental Health	
9.6. Other	

✓ No. Participated

Number of Training Programmes participated during the month by the MO/MH representing the unit

E.g. If two MOs representing one unit, attended to a single Training, the number should be **"1"**