

Monthly Return on Mental Health Activities

Institution:

Type of Clinic:

Month:

Year:

Should be prepared by each institution/clinic in 2 copies & send on or before 7th of following month.
1st copy to RDHS (MO-Mental Health/Focal Point) / 2nd copy to be retained in the clinic

A. Clinic Activities *(To be filled for Main and Outreach Clinics)*

1. Clinic Sessions

| Type of the Clinic | No. of Clinic days |
|---|--------------------|
| 1.1. General clinic | |
| 1.2. Child & Adolescent guidance clinic | |
| 1.3. Substance abuse clinic | |
| 1.4. Gender based violence clinic | |
| 1.5. Elderly clinic | |
| 1.6. Other | |

2. Source of Referral (New Clients Only)

| Source | No. of Clients Referred |
|--|-------------------------|
| 2.1. Consultants | |
| 2.2. OPD | |
| 2.3. Other wards/clinics/services of the hospital (including PCU, ETU, ICU etc.) | |
| 2.4. Other health institutions | |
| 2.5. Public health staff | |
| 2.6. Community (relatives, friends, work places etc.) | |
| 2.7. GPs | |
| 2.8. Courts | |
| 2.9. Self-referrals | |
| 2.10. Other | |

B. Diagnosis of clinic attendees *(To be filled for Main and Outreach Clinics)*

3. Diagnosis

| Diagnosis | ICD Code | No. of First Visits | | No. of Follow-up Visits | |
|---|----------|---------------------|--------|-------------------------|--------|
| | | Male | Female | Male | Female |
| 3.1. Dementia | F00-F03 | | | | |
| 3.2. Delirium | F05 | | | | |
| 3.3. Other mental disorders due to brain damage | F06 | | | | |
| 3.4. Mental and behavioural disorders due to use of Alcohol | F10 | | | | |
| 3.5. Mental and behavioural disorders due to use of Opioids | F11 | | | | |

| | | | | | | |
|-------|---|----------|--|--|--|--|
| 3.6. | Mental and behavioural disorders due to use of Cannabinoids | F12 | | | | |
| 3.7. | Mental and behavioural disorders due to use of Sedatives/Hypnotics | F13 | | | | |
| 3.8. | Mental and behavioural disorders due to use of Tobacco | F17 | | | | |
| 3.9. | Schizophrenia | F20 | | | | |
| 3.10. | Delusional disorders | F22 | | | | |
| 3.11. | Acute and transient psychotic disorders | F23 | | | | |
| 3.12. | Schizoaffective disorders | F25 | | | | |
| 3.13. | Manic episode / Bipolar affective disorder | F30, F31 | | | | |
| 3.14. | Depressive episode / Recurrent depressive disorder | F32, F33 | | | | |
| 3.15. | Anxiety disorders (eg. Phobia, GAD) | F40, F41 | | | | |
| 3.16. | Obsessive compulsive disorders | F42 | | | | |
| 3.17. | Reaction to severe stress and adjustment disorders | F43 | | | | |
| 3.18. | Dissociative (conversion) disorder | F44 | | | | |
| 3.19. | Somatoform disorders | F45 | | | | |
| 3.20. | Eating disorders | F50 | | | | |
| 3.21. | Sexual disorders | F52 | | | | |
| 3.22. | Pregnancy related mental disorders | F53 | | | | |
| 3.23. | Personality disorders | F60 | | | | |
| 3.24. | Gender identity disorders | F64 | | | | |
| 3.25. | Mental retardation | F70-F79 | | | | |
| 3.26. | Speech and language disorders | F80 | | | | |
| 3.27. | Specific development disorders of scholastic skills | F81 | | | | |
| 3.28. | PDD including Autism | F84 | | | | |
| 3.29. | ADHD | F90 | | | | |
| 3.30. | Conduct disorder | F91 | | | | |
| 3.31. | Emotional disorders with onset specific to childhood (eg. separation anxiety, phobia, sibling rivalry) | F93 | | | | |
| 3.32. | Disorders of social functioning with onset specific to childhood and adolescence (eg. elective mutism, attachment disorders) | F94 | | | | |
| 3.33. | Tic disorders | F95 | | | | |
| 3.34. | Other behavioural and emotional disorders onset usually occurring in childhood and adolescence (eg. enuresis, pica, encopresis, stammering) | F98 | | | | |
| 3.35. | Epilepsy | | | | | |
| 3.36. | Other | | | | | |
| 3.37. | No psychiatric illness | | | | | |

4. Suicides/self-harm/abuse/violence

| Condition | =< 19 years | | 20 - 59 years | | >= 60 years | |
|--|-------------|--------|---------------|--------|-------------|--------|
| | Male | Female | Male | Female | Male | Female |
| 4.1. Deliberate self-harm/Attempted suicides | | | | | | |
| 4.2. Suicides | | | | | | |
| 4.3. Victims of sexual abuse | | | | | | |
| 4.4. Victims of violence | | | | | | |

C. Community Mental Health Services (To be filled only for Main Clinics)

5. Community Treatment Programmes

| Programme | No. of Patient Visits |
|--------------------------------|-----------------------|
| 5.1. Depot injection programme | |
| 5.2. Other domiciliary visits | |

6. Mental Health Promotion/Training/Awareness Programmes Conducted

| Type of Programme | No. of Programmes conducted | | | | | | | | |
|--|-----------------------------|---------------------|-----------------|--------------------|-----------------|-------------|------------------|---------------|--------|
| | Hospital staff | Public health staff | School teachers | Preschool teachers | School children | Work places | Children's homes | Elderly Homes | Others |
| 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 | | | | | | | | | |
| 6.6. Other | | | | | | | | | |

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's homes | |
| 7.8. Prisons | |
| 7.9. Certified schools | |
| 7.10. Other | |

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

8. Meetings/Programmes Attended

| Type of the Meeting/Programme | No. Attended |
|--|--------------|
| 8.1. Monthly conference at MOH office | |
| 8.2. District mental health reviews | |
| 8.3. School Medical Inspection (SMI) | |
| 8.4. Divisional coordinating committee | |
| 8.5. Consumer & carer society meeting | |
| 8.6. Other | |

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 aid | |
| 9.4. Life skills | |
| 9.5. Child & Adolescent Mental Health | |
| 9.6. Other | |

Comments:

Prepared by:

Name :

Designation :

Signature :

Date:

Consultant Psychiatrist / MO (Mental Health) / MO(Psychiatry)

Name :

Designation :

Signature :

Date:

Head of the Institution:

Name :

Signature :

Date: