**Monthly Return on Mental Health Activities**

Institution: {data} Type of Clinic: Main / Outreach

Month: Year:

Should be prepared by each institution/clinic in 2 copies and 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

1. Clinic Activities (To be filled for Main and Outreach Clinics)
2. Clinic Sessions

|  |  |
| --- | --- |
| **Type of the Clinic** | **No. of Clinic days** |
| * 1. General clinic | {c\_general} |
| * 1. Child & Adolescent guidance clinic | {c\_child} |
| * 1. Substance abuse clinic | {c\_substance} |
| * 1. Gender based violence clinic | {c\_gender} |
| * 1. Elderly clinic | {c\_elderly} |
| * 1. Other | {c\_other} |

1. Source of Referral (New Clients Only)

|  |  |
| --- | --- |
| **Source** | **No. of Clients Referred** |
| * 1. Consultants | {cnew\_consultants} |
| * 1. OPD | {cnew\_opd} |
| * 1. Other wards/ clinics/services of the hospital (including PCU, ETU, ICU etc.) | {cnew\_wards} |
| * 1. Other health institutions | {cnew\_health} |
| * 1. Public health staff | {cnew\_public} |
| * 1. Community (relatives, friends, work places etc.) | {cnew\_community} |
| * 1. GPs | {cnew\_gps} |
| * 1. Courts | {cnew\_count} |
| * 1. Self\_referrals | {cnew\_ref} |
| 2.10. Other | {cnew\_other} |

1. Diagnosis of clinic attendees (To be filled for Main and Outreach Clinics)
2. Diagnosis

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| --- | --- | --- | --- | --- | --- |
| **Diagnosis** | **ICD Code** | **No. of First Visit** | | **No. of Follow\_up Visits** | |
| **Male** | **Female** | **Male** | **Female** |
| * 1. Dementia | F00\_F03 | {F00\_MF} | {F00\_FF} | {F00\_MO} | {F00\_FO} |
| * 1. Delirium | F05 | {F05\_MF} | {F05\_FF} | {F05\_MO} | {F05\_FO} |
| * 1. Other mental disorders due to brain damage | F06 | {F06\_MF} | {F06\_FF} | {F06\_MO} | {F06\_FO} |
| * 1. Mental and behavioral disorders due to use of Alcohol | F10 | {F10\_MF} | {F10\_FF} | {F10\_MO} | {F10\_FO} |
| * 1. Mental and behavioral disorders due to use of Opioids | F11 | {F11\_MF} | {F11\_FF} | {F11\_MO} | {F11\_FO} |
| * 1. Mental and behavioral disorders due to use of Cannabinoids | F12 | {F12\_MF} | {F12\_FF} | {F12\_MO} | {F12\_FO} |
| * 1. Mental and behavioral disorders due to use of Sedatives/ Hypnotics | F13 | {F13\_MF} | {F13\_FF} | {F13\_MO} | {F13\_FO} |
| * 1. Mental and behavioral disorders due to use of Tobacco | F17 | {F17\_MF} | {F17\_FF} | {F17\_MO} | {F17\_FO} |
| * 1. Schizophrenia | F20 | {F20\_MF} | {F20\_FF} | {F20\_MO} | {F20\_FO} |
| * 1. Delusional disorders | F22 | {F22\_MF} | {F22\_FF} | {F22\_MO} | {F22\_FO} |
| * 1. Acute and transient psychotic disorders | F23 | {F23\_MF} | {F23\_FF} | {F23\_MO} | {F23\_FO} |
| * 1. Schizoaffective disorders | F25 | {F25\_MF} | {F25\_FF} | {F25\_MO} | {F25\_FO} |
| * 1. Manic episode / Bipolar affective disorder | F30, F31 | {F30\_MF} | {F30\_FF} | {F30\_MO} | {F30\_FO} |
| * 1. Depressive episode / Recurrent depressive disorder | F32, F33 | {F32\_MF} | {F32\_FF} | {F32\_MO} | {F32\_FO} |
| * 1. Anxiety disorders (e.g. Phobia, GAD) | F40, F41 | {F40\_MF} | {F40\_FF} | {F40\_MO} | {F40\_FO} |
| * 1. Obsessive compulsive disorders | F42 | {F42\_MF} | {F42\_FF} | {F42\_MO} | {F42\_FO} |
| * 1. Reaction to severe stress and adjustment disorders | F43 | {F43\_MF} | {F43\_FF} | {F43\_MO} | {F43\_FO} |
| * 1. Dissociative (conversion) disorder | F44 | {F44\_MF} | {F44\_FF} | {F44\_MO} | {F44\_FO} |
| * 1. Somatoform disorders | F45 | {F45\_MF} | {F45\_FF} | {F45\_MO} | {F45\_FO} |
| * 1. Eating disorders | F50 | {F50\_MF} | {F50\_FF} | {F50\_MO} | {F50\_FO} |
| * 1. Sexual disorders | F52 | {F52\_MF} | {F52\_FF} | {F52\_MO} | {F52\_FO} |
| * 1. Pregnancy related mental disorders | F53 |  | {F53\_FF} |  | {F53\_FO} |
| * 1. Personality disorders | F60 | {F60\_MF} | {F60\_FF} | {F60\_MO} | {F60\_FO} |
| * 1. Gender identity disorders | F64 | {F64\_MF} | {F64\_FF} | {F64\_MO} | {F64\_FO} |
| * 1. Mental retardation | F70\_F79 | {F70\_MF} | {F70\_FF} | {F70\_MO} | {F70\_FO} |
| * 1. Speech and language disorders | F80 | {F80\_MF} | {F80\_FF} | {F80\_MO} | {F80\_FO} |
| * 1. Specific development disorders of scholastic skills | F81 | {F81\_MF} | {F81\_FF} | {F81\_MO} | {F81\_FO} |
| * 1. FDD including Autism | F84 | {F84\_MF} | {F84\_FF} | {F84\_MO} | {F84\_FO} |
| * 1. ADHD | F90 | {F90\_MF} | {F90\_FF} | {F90\_MO} | {F90\_FO} |
| * 1. Conduct disorder | F91 | {F91\_MF} | {F91\_FF} | {F91\_MO} | {F91\_FO} |
| * 1. Emotional disorders with onset specific to childhood (e.g. separation anxiety, phobia, sibling rivalry) | F93 | {F93\_MF} | {F93\_FF} | {F93\_MO} | {F93\_FO} |
| * 1. Disorders of social functioning with onset specific to childhood and adolescence (e.g. selective mutism, attachment disorders) | F94 | {F94\_MF} | {F94\_FF} | {F94\_MO} | {F94\_FO} |
| * 1. Tic disorders | F95 | {F95\_MF} | {F95\_FF} | {F95\_MO} | {F95\_FO} |
| * 1. Other behavioral and emotional disorders onset usually occurring in childhood and adolescence (e.g. enuresis, pica, encopresis, stammering) | F98 | {F98\_MF} | {F98\_FF} | {F98\_MO} | {F98\_FO} |
| * 1. Epilepsy |  | {F100\_MF} | {F100\_FF} | {F100\_MO} | {F100\_FO} |
| * 1. Other |  | {F101\_MF} | {F101\_FF} | {F101\_MO} | {F101\_FO} |
| * 1. No psychiatric illness |  | {F102\_MF} | {F102\_FF} | {F102\_MO} | {F102\_FO} |

1. Suicides/self\_harm/abuse/violence

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Condition** | **=< 19 years** | | **20 – 59 years** | | **>= 60 years** | |
| **Male** | **Female** | **Male** | **Female** | **Male** | **Female** |
| * 1. Deliberate self\_harm/Attempted suicides |  |  |  |  |  |  |
| * 1. Suicides |  |  |  |  |  |  |
| * 1. Victims of sexual abuse |  |  |  |  |  |  |
| * 1. Victims of violence |  |  |  |  |  |  |

1. Community Mental Health Services (To be filled only for Main Clinics)
2. Community Treatment Programmes

|  |  |
| --- | --- |
| **Programme** | **No. of Patient Visits** |
| * 1. Depot injection programme |  |
| * 1. Other domiciliary visits |  |

1. Mental Health Promotion/Training/Awareness Programmes Conducted

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of program** | **No. of Programs conducted** | | | | | | | | |
| **Hospital staff** | **Public health staff** | **School teachers** | **Preschool teachers** | **School children** | **Work places** | **Children’s homes** | **Elderly homes** | **Others** |
| * 1. Promotion of Mental Wellbeing |  |  |  |  |  |  |  |  |  |
| * 1. Prevention & control of Alcohol & other Substance use |  |  |  |  |  |  |  |  |  |
| * 1. Suicide Prevention |  |  |  |  |  |  |  |  |  |
| * 1. Prevention of Violence |  |  |  |  |  |  |  |  |  |
| * 1. Child & Adolescent Mental Health |  |  |  |  |  |  |  |  |  |
| * 1. Other |  |  |  |  |  |  |  |  |  |

1. Service Utilization at Special Centres and Institutions

|  |  |
| --- | --- |
| **Type of the Centre** | **No. of Clients** |
| * 1. Long stay units |  |
| * 1. Medium stay units |  |
| * 1. Day centres |  |
| * 1. Alcohol Rehabilitation Centres |  |
| * 1. Community Support Centres |  |
| * 1. Elderly homes |  |
| * 1. Children’s homes |  |
| * 1. Prisons |  |
| * 1. Certified schools |  |
| * 1. Other |  |

1. Meetings/Programmes Attended by MO\_MH (To be filled only for Main Clinics)
2. Meetings/Programmes Attended

|  |  |
| --- | --- |
| **Type of the Meeting/Programme** | **No. Attended** |
| * 1. Monthly conference at MOH office |  |
| * 1. District mental health reviews |  |
| * 1. School Medical Inspection (SMI) |  |
| * 1. Divisional coordinating committee |  |
| * 1. Consumer & career society meeting |  |
| * 1. Other |  |

1. Training Received

|  |  |
| --- | --- |
| **Type of the Training** | **No. Participated** |
| * 1. Promotion of Mental Wellbeing |  |
| * 1. Prevention/Control of Substance & Alcohol use |  |
| * 1. Psycho\_social first aid |  |
| * 1. Life skills |  |
| * 1. Child & Adolescent Mental Health |  |
| * 1. Other |  |

Comments:

Prepared by:

Name: ………………………………………………………………………………………….. Destination: ………………………………………………………………………………….....

Signature: ………………………………….. Date: …………………………..

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

Name: ………………………………………………………………………………………….. Destination: ………………………………………………………………………………….....

Signature: ………………………………….. Date: …………………………..

Head of the Institution:

Name: …………………………………………………………………………………………..

Signature: ………………………………….. Date: …………………………..