**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 |  |
| * 1. Child & Adolescent guidance clinic |  |
| * 1. Substance abuse clinic |  |
| * 1. Gender based violence clinic |  |
| * 1. Elderly clinic |  |
| * 1. Other |  |

1. Source of Referral (New Clients Only)

|  |  |
| --- | --- |
| **Source** | **No. of Clients Referred** |
| * 1. Consultants |  |
| * 1. OPD |  |
| * 1. Other wards/ clinics/services of the hospital (including PCU, ETU, ICU etc.) |  |
| * 1. Other health institutions |  |
| * 1. Public health staff |  |
| * 1. Community (relatives, friends, work places etc.) |  |
| * 1. GPs |  |
| * 1. Courts |  |
| * 1. Self-referrals |  |
| * 1. Other |  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Diagnosis** | **ICD Code** | **No. of First Visit** | | **No. of Follow-up Visits** | |
| **Male** | **Female** | **Male** | **Female** |
| * 1. Dementia | F00-F03 |  |  |  |  |
| * 1. Delirium | F05 |  |  |  |  |
| * 1. Other mental disorders due to brain damage | F06 |  |  |  |  |
| * 1. Mental and behavioral disorders due to use of Alcohol | F10 |  |  |  |  |
| * 1. Mental and behavioral disorders due to use of Opioids | F11 |  |  |  |  |
| * 1. Mental and behavioral disorders due to use of Cannabinoids | F12 |  |  |  |  |
| * 1. Mental and behavioral disorders due to use of Sedatives/ Hypnotics | F13 |  |  |  |  |
| * 1. Mental and behavioral disorders due to use of Tobacco | F17 |  |  |  |  |
| * 1. Schizophrenia | F20 |  |  |  |  |
| * 1. Delusional disorders | F22 |  |  |  |  |
| * 1. Acute and transient psychotic disorders | F23 |  |  |  |  |
| * 1. Schizoaffective disorders | F25 |  |  |  |  |
| * 1. Manic episode / Bipolar affective disorder | F30, F31 |  |  |  |  |
| * 1. Depressive episode / Recurrent depressive disorder | F32, F33 |  |  |  |  |
| * 1. Anxiety disorders (e.g. Phobia, GAD) | F40, F41 |  |  |  |  |
| * 1. Obsessive compulsive disorders | F42 |  |  |  |  |
| * 1. Reaction to severe stress and adjustment disorders | F43 |  |  |  |  |
| * 1. Dissociative (conversion) disorder | F44 |  |  |  |  |
| * 1. Somatoform disorders | F45 |  |  |  |  |
| * 1. Eating disorders | F50 |  |  |  |  |
| * 1. Sexual disorders | F52 |  |  |  |  |
| * 1. Pregnancy related mental disorders | F53 |  |  |  |  |
| * 1. Personality disorders | F60 |  |  |  |  |
| * 1. Gender identity disorders | F64 |  |  |  |  |
| * 1. Mental retardation | F70-F79 |  |  |  |  |
| * 1. Speech and language disorders | F80 |  |  |  |  |
| * 1. Specific development disorders of scholastic skills | F81 |  |  |  |  |
| * 1. FDD including Autism | F84 |  |  |  |  |
| * 1. ADHD | F90 |  |  |  |  |
| * 1. Conduct disorder | F91 |  |  |  |  |
| * 1. Emotional disorders with onset specific to childhood (e.g. separation anxiety, phobia, sibling rivalry) | F93 |  |  |  |  |
| * 1. Disorders of social functioning with onset specific to childhood and adolescence (e.g. selective mutism, attachment disorders) | F94 |  |  |  |  |
| * 1. Tic disorders | F95 |  |  |  |  |
| * 1. Other behavioral and emotional disorders onset usually occurring in childhood and adolescence (e.g. enuresis, pica, encopresis, stammering) | F98 |  |  |  |  |
| * 1. Epilepsy |  |  |  |  |  |
| * 1. Other |  |  |  |  |  |
| * 1. No psychiatric illness |  |  |  |  |  |

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: …………………………..