MENTAL HEALTH LIBERIA User Documentation

1. Client

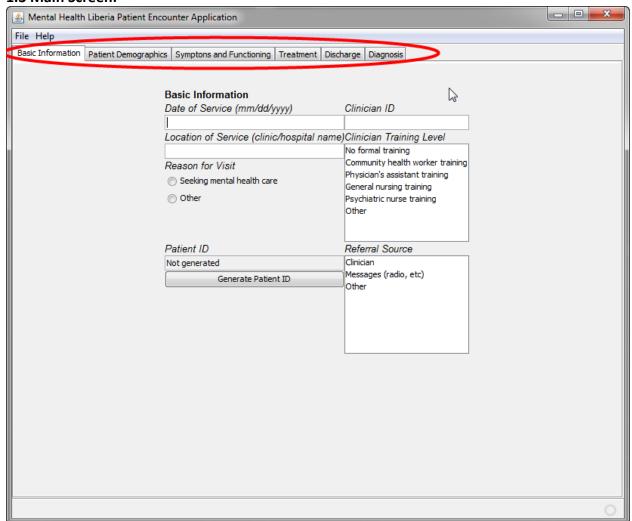
1.1 Prerequisite:

 Before installing, please make sure you have JRE (Java Runtime Environment) installed on target system. This can be downloaded from http://www.oracle.com.

1.2 Installing:

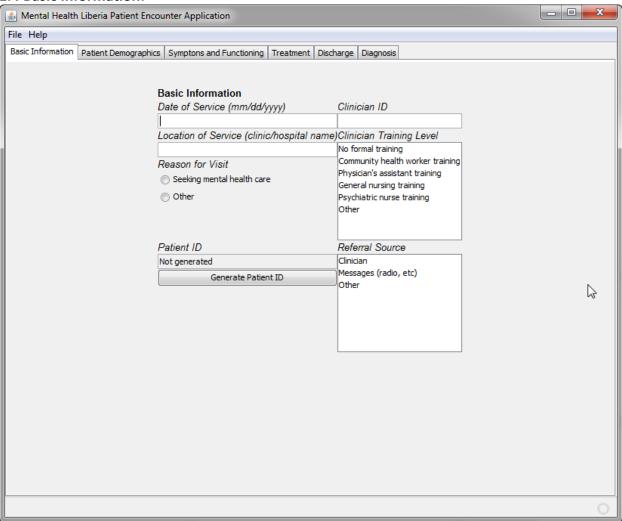
• Execute the installer and follow its instructions. Make sure you have the administrative rights on target system before attempting to install the program.

1.3 Main Screen:



• The form has multiple parts – you can navigate to different parts of the form by clicking the appropriate tab, highlighted by the red circle.

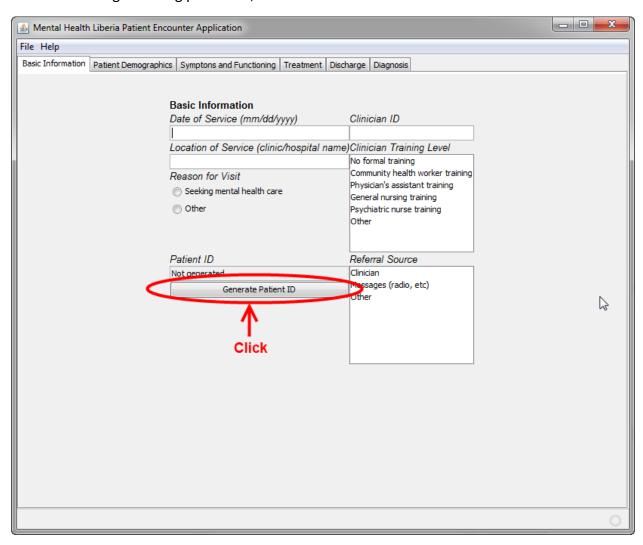
1.4 Basic Information:



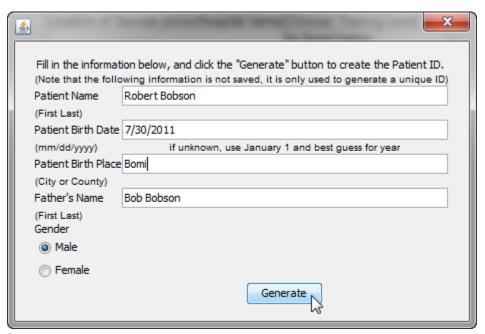
- Date of Service: Input the date of service in "mm/dd/yyyy" form. For example, if the date of service was May 10th 2011, then input "05/10/2011".
- Clinician ID: Input clinician ID number here.
- Location of Service: Input the name of clinic/hospital.
- Reason for Visit: Select the appropriate option by clicking on one of the options.
- Clinician Training Level: Select the appropriate option by clicking on one of the options.
- Referral Source: Select the appropriate option by clicking on one of the options.

1.4.1 Generating Patient ID:

 The basic information section of the form has the option to automatically generate nonidentifying, unique patient ID based on patient information. Please note that program does not save any information inputted during this process. • To start generating patient ID, click "Generate Patient ID" button.



• Clicking the button will display this screen.

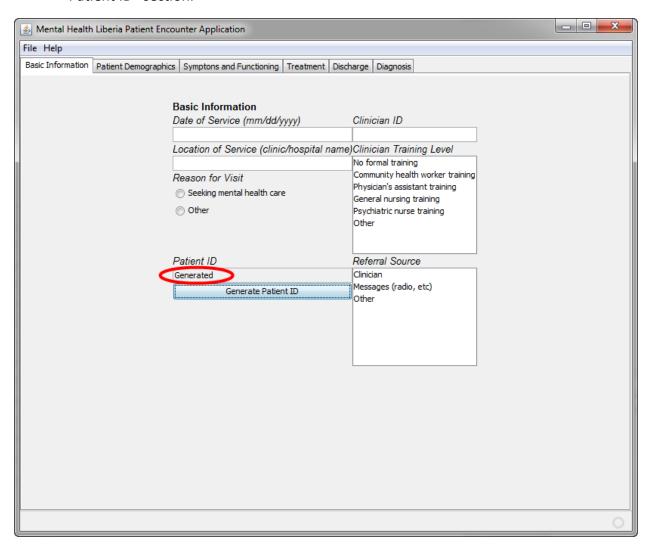


(Note: above picture is for display purpose only; this screenshot may not match your patient's information.)

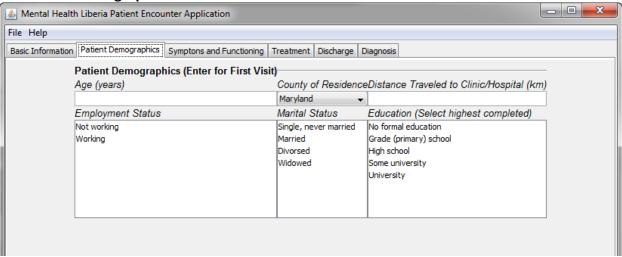
- Patient Name: Type in the patient's name, in ([First name] [Last name]) format.
- Patient Birth Date: Type in the patient's birth date, in form of (mm/dd/yyyy).
 - o It is okay to omit the leading zero if the month is single digit number.
- Patient Birth Place: Type in the patient's birth place.
- Father's Name: Type in the name of the patient's father.
- Gender: Select the patient's gender.

After typing all the information to this form, please click "Generate".

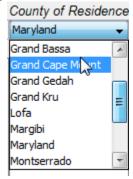
 Program will indicate that patient ID is generated by displaying "Generated" under "Patient ID" section.



1.5 Patient Demographics:



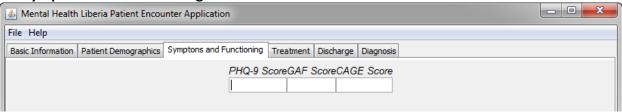
- Age: Type in the patient's age in years.
- County of Residence: Select the patient's county of residence.



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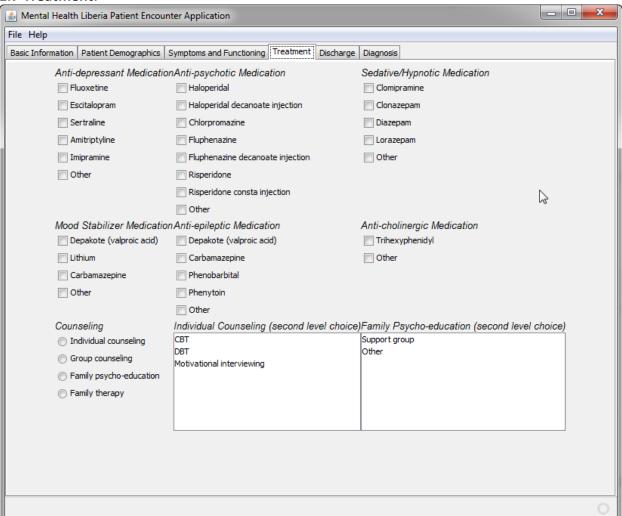
- When the field is clicked, it will display a "drop-down menu", where the user can scroll up or down and find the appropriate options.
- Distance Traveled to Clinic/Hospital: Type in the appropriate distance the patient has travelled to get to the clinic/hospital in kilometers, rounded to a whole number.
- Employment status: Click the appropriate option that reflects the employment status of the patient.
- Marital status: Click the appropriate option that reflects the marital status of the patient.
- Education: Click the appropriate option that reflects the highest education completed by the patient.

1.6 Symptoms and Functioning:



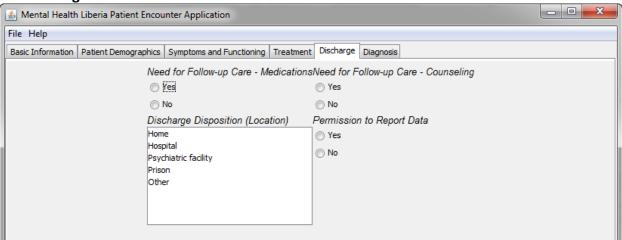
- PHQ-9 Score: Type in the patient's PHQ-9 score here.
- GAF Score: Type in the patient's GAF score here.
- CAGE Score: Type in the patient's CAGE score here.

1.7 Treatment:



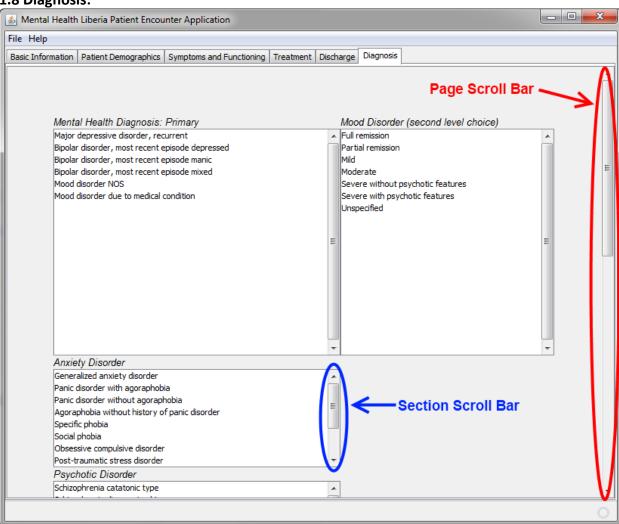
- Medication: The form shows medication categories (anti-depressant, anti-psychotic, etc.) and medications under that category. If patient has received any medications, please check the box next to the medication name.
- Counseling: Click the appropriate option that reflects any counseling done to the patient as a part of a treatment.
- Individual counseling: if "Individual Counseling" was chosen from the "Counseling" section, select the type of given counseling.
- Family Psycho-education: if "Family psycho-education" was chosen from the "Counseling" section, select the type of given counseling.

1.8 Discharge:



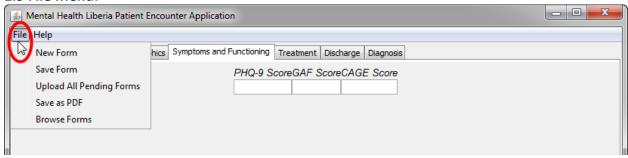
- Need for Follow-up Care Medications: Select "Yes" if the patient needs follow-up care due to medication reasons. Otherwise, select "No".
- Need for Follow-up Care Counseling: Select "Yes" if the patient needs follow-up care due to counseling reasons. Otherwise, select "No".
- Discharge Disposition (Location): Select the location patient has discharged to.
- Permission to Report data: Select "Yes" if you'd like to report this patient's data. Otherwise, select "No".

1.8 Diagnosis:



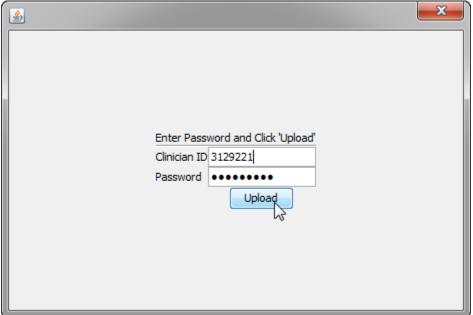
- Select the appropriate diagnosis for the patient here.
- Note that this section has a "page scroll bar", highlighted in red. You can use this to scroll up or down this page.
- Note that this section has a "section scroll bar", highlighted in blue. You can use this to scroll up or down a specific section.

1.9 File Menu:



- Click the "File" on upper left section to access the file menu.
- New Form: Discards the current form and start a new form.
- Save Form: Save current form to a local disk.
- Upload All Pending Forms: Uploads all saved forms. See section 1.9.1 for more information.
- Saves as PDF: Saves current form as a .pdf file.
- Browse Forms: Open any saved forms using "Save Form" option.

1.9.1 Upload All Pending Forms:



- Above screen will pop-up after clicking the "Upload All Pending Forms" option.
- Enter the clinician ID number and password, then click "Upload" button to upload any forms saved in local disk.
 - o If you have forgotten this information, please contact the administrator.