

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	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	

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 :