### **Annual Report**

(Form I)

(Reporting Format for Psychiatric Hospital & General Hospital with Psychiatric Unit)

Name and address of the Establishment:

Provisional Registration/License Number:

Year of Report: 20....(January- December)

#### 1. Details of Medical and Para- Medical Staffs

Sl.No	Category	Number	Name & Qualifications
1	(i) Psychiatrists- Full time		
	(ii)Psychiatrists - Part-time		
2	Medical Officer		
3	Clinical Psychologist (having RCI registration)		
4	Psychiatric Social Worker (With M.Phil in Psychiatric Social Work)		
5	Social Workers (MSW)		
6	Psychiatric Nurses having degree or diploma		
	in Psychiatric Nursing		
7	Nurses (in Psychiatric Department only)		
8	Attenders (in Psychiatric Department only)		
9	Pharmacist/ Pharmacy Assistants		
10	Others		
	Specify category (e.g. counseling		
	psychologists/ occupational therapist /		
	nursing assistants/ security staffs etc.)		
	Specify part-time/full-time/ days and hours available.		

# 2. Physical Features and Support Facilities

1	Plinth area of building	
2	Details of approval of buildings from LSGI	
3.	Details of sanitation facilities	
4.	In the open ward (Psychiatry Department only)	
	(a) Area provided (per patient)	
	(b) Living cum dining area (per patient)	
	(c) Number of toilets and bathrooms (Specify	
	the number for male and female separately)	

#### 3. Treatment facilities

### (i) Inpatient

SLNo	Particulars	Adult		Child	Remarks
		Male	Female		
1	Number of Rooms				
2.	Number of beds				

# (ii) Outpatient Care Department

SL	Particulars	Number	Details (if any)
No			• • • • • • • • • • • • • • • • • • • •
1	OP working days per week		
	(i)Psychiatry		
	(ii) De-addiction		
	(ii) Child and adolescent (below 18)		
	(iv) Other specialities - Geriatric/ suicide		
	prevention etc.)- specify and give details- Add		
	rows if necessary)		
2	Treatment facilities (Emergency rooms,		
	Behavioral ICU, ECT, Secure rooms etc.)		
3	Laboratory and psychological testing facilities		
4	Rehabilitation facilities		
	(Give details)		
5	Facilities for occupational therapy/ recreation		
	etc.		

# 4. Monthly Patient Statistics

(i) Inpatient Admission

Month	Category of Admissions (in numbers)							Remarks
	Independent Admission (u/s 85 &86 of the Act) *	Supported Admission up to 30 days (u/s 90 of the Act)	Extended Supported Admission up to 90/120/180 days (u/s 90 of the Act)	Minor Admission (u/s 87 of the Act)	Emergency care Admission (u/s 94 of the Act)	Admission under order of Magistrate(u/s 102 of the Act)		

#### (ii) Discharge

Month	Total	Remarks

#### (iii). Death

Date of death	Name	Age	Cause of death (should include cause of death antecedent cause and contributory factors if any)	Whether Autopsy was done Y/N	Any existing complaints Y/N*

<sup>\*</sup>If the answer is 'yes', attach the details of the complaint and current position of the same in a separate sheet

#### 4. Category of Mental Illness Treated

Sl.No	Category	Nu	mber	Remarks/ Any relevant
		Male	female	additional information
1	Non-organic Psychosis			
2.	Bipolar Mood disorder			
3.	Depressive disorder			
4.	Substance use disorders			
5.	Organic mental disorders			
6.	Other psychiatric conditions			
	(including those with no final			
	diagnosis)			
7.	Childhood and developmental			
	problems			

### 5. Details of Training & Awareness Programmes conducted

(Attach in a separate sheet, if needed)

Date	Venue	Participant	Topic and Method	Number
		Category		attended

Note \* Act means Mental Healthcare Act 2017

<sup>\*</sup> Reporting period will be 1st January to 31st December of every year

<sup>\*</sup> Duly authenticated Annual Report will be furnished before March 31<sup>st</sup> of every year via email at mentalhealthauthoritykerala@gmail.com or registered post/by hand.