

Annual Report
(Form II)
(Reporting Format for De addiction centers)

Name and address of the Establishment:

Provisional Registration/License Number:

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

Sl. No	Category	Number	Name & Qualifications
1	Psychiatrists- Full time		
	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		
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)	

(ii). Discharge

Month	Total	Remarks

(iii). Death

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

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

5. Category of Mental Illness treated

Sl. No	Category	Number		Remarks
		male	female	
1.	Alcohol use			
2.	Cannabis use			
3.	Opioid use			
4.	Other substances			
5.	Bipolar Mood disorder			
6.	Psychotic disorders			
7.	Number of below 18			
8.	Organic Mental disorders			
9.	Other			

5. Details of Training & Awareness Programmes conducted

(Attach in a separate sheet, if needed)

Date	Venue	Participant Category	Topic and Method	Number attended

Note

* The Act means the Mental Healthcare Act 2017

* Reporting period will be 1st January to 31st December of every year

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