

## Health Centre / Clinic/Hospital Mental Neurological and Substance Use Disorder Treatment Register

**Zone/Subcity/Woreda** 

**Health Facility Name** 

**Begin Date** 

**End Date** 



## Instructions on how to completed mental health, neurological and substance use disorder (MNS)Treatment Registration

**Purpose:** This register is used to register and follow up clients who are confirmed to have Mental, Neurological and Substance Use Disorders and are enrolled into care.

Who complete the MNS treatment register? Mental health proffessionals and mhGAP trained Service providers working in the unit would complete the MNS register

When to complete the MNS treatment register? Immediately after a client is treated in MNS unit

Cohort Mo	nth: is defined as people who are enrolled i	nto care during the same month and year.										
Data source	es: All essential data elements are abstracte	ed from patient form that is filed in the Individual Folder										
Column Number	Patient personal information and Treatment Supporter Address	Description										
1	S.No	Enter sequential serial number in registration book; to be entered on client's registration card for later identification in register in Columon-1.										
2	Medical Record Number (MRN)	Enter Medical record number (MRN) used on medical information folder in Columon-2.										
3	Date of Enrollment (DD/MM/YY)	Enter the date in Ethiopian Calendar when clients start treatment in Columon-3.										
4	Age	Enter age in years. If patient is under 1 year, enter age in months, followed by M.										
5	Sex (M/F)	Enter 'M' for male and 'F' for Female in columon-5.										
6	Patient Address:	Enter Home Address, Woreda nsme in the upper and, Kebele name in lower row of columon-6.										
7,8,9	Treatment Supporter Address:	Enter 'Treatment Supporter Name' in columon -7, write Woreda, Kebele of treatment supporter in collumon -8 the upper and lower row respectively, and phone number of treatment supporter in columon-7,8,9.										
	Baseline Clinical Data at Enrollment											
10	Entry point (Code:1-5	Write the code the person's means of access to mental health services as 1- for Previous in care, 2- for Self referral, 3- for Referred from OPD, 4-for reffered from another health facilities and 5-for referred from HEWs in Columon-10										
11	Screening other Health conditions (Code:1-6)  Write code for screening the other Health Conditions (1-6) and separte with comma for which it has more than o screening status, as 1.TB, 2.HIV,3.DM,4.Hypertension,5.Cervical Cancer 6. others in Columon-11											
12	Write code of the Diagnosis(1-16) as 1-Schizophrenia, 2- Schizoaffective Disorders, 3-Other Psyhcosi, 4-Depressive D ders, 5-Bipolar Disorders, 6-Epilepsy, 7- Dementia, 8-Alcohol Use Disorders, 9- Other Substance Use Disorders, 10-Aut Disorders, 11-for Other Autistic Spectrum Disorders, 12-Intellectual disability, 13- Learning and other dev'tal Disorder (ADHD), 15-Conduct and Oppositional Disorders, 16-Others and if the nosis result shows more than one disorder, write the disorder code and separet them with comma in Columon-12.											
13	New	Tick(v) on "New" if the patient is New or first visit for MNS service on columon-13										
14	Known	Tick(v) on "Known" If the patient is known (have more than one visit for MNS services) or on follow up on columon-14										
15, 36	EEG done (Yes/No)	Indicated whether the EEG (Electro encephalograph recording) is done or no. "Yes" if is done otherwise write "No" in the last investigation at 0 months, and 24 months (column 15 & 36)										
16	Risk Assessement (Code:1-3)	make Tick( $\forall$ ) mark on the upper row -if the patient has likelihood of suicide, Tick( $\forall$ ) mark on homicide in middle row and Tick( $\forall$ ) on the lowere row if the patient has likelihood of self neglect in columon-16										
17	Treatment; (Code: A, B, C, D, E, and/or F)  Write the Prescribed Medication Code number for the Treatment in the Month 0 (A-F) A- antipsychotic 1-9, B.Ant presant 1-7, C. Anticonvesant/Mood stablizers 1-7, D. Anxiolitics 1-5, E. Addiction Treatment 1-4, F. Non Pharmacold Treatment 1-4 in columon-17. For instance: If the given treatments are Amitriptyline and Psychological Intervention then write Code: B, F.											
	Follow up Data											
18, 23, 28, 33, 39	Treatment; (Code: A, B, C, D, E, and/or F)	Write the Prescribed Medication Code number for the Treatment in the Month 0 (A-F) A- antipsychotic 1-9, B.Antide-presant 1-7, C. Anticonvesant/Mood stablizers 1-7, D. Anxiolitics 1-5, E. Addiction Treatment 1-4, F. Non Pharmacological Treatment 1-4 in columon-18, 23, 28, 33, 39, . For instance: If the given treatments are . Thyamine and . Rehabilitation Therapy, then write Code: E, F.										
19,24, 29, 34, 40	Reason for Medication Change (Code 1-5)	If there is treatment medication change, Write the reasonsof medication change 1-for side effects, 2-for misdiagnosis,3-ineffectiveness, 4-inaccessibility, 5-not afordable in Columons 19,24, 29, 34, 40										
20, 25, 30, 35, 41	Side Effects(Code 1-9)	Write the code for side effects on patients to their periodic follow up (i.e months 0-3, 4-6, 7-12, 24, 36) if any 1.acute dystonia 2 Akathsia 3 Tremer 4. Cog- wheeling 5 Muscular rigidity 6. Tardive dyskinesia 7. Weight gain, 8. Cardiac side effects and 9. others and If there is more than one side Effects, Write the Code Number and separate them with Comma in olumon -20, 25, 30, 35, 41.										
21, 26, 31, 37, 42	Adherence (Code 1-3)	Write code for adherence status at each 6 months and 1 for good( (>95% of the doses are taken), 2 for fair(85-94% of the doses are taken) and 3 for poor(<85% of the doses are taken) in columons -21, 26, 31, 37, 42.										
22, 27, 32, 38, 43	Write the code for the RX outcome status for the Month of 3, 6,12,24 &36 with 1 for controlled (the symptoms of MNS disorder are observable/not managed), 2 Not controlled (if the symptoms of MNS disorder are observable/not managed), 3 dead, if the patient is reported as died, 4 lost if the patient is not coming for follow up appointment, 5 To-transfer for furter health service or referred back to his home near Health facilities) in Columons- 22, 27, 32, 38, 43											
44	Remark	Write remark if the are any issues that need to be documented but not mentioned in the MNS register in Columon -44										
	Note											
	Psychological Intrvention: includes Psychoe	eduction, Psychological counseling, Psychotherapy										
	Rehabilitation Therapy: includes physical. o	occupational, speech, music or recreational therapiers										
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## Mental Neurological and Substance Use Disorder Treatment Register

				F	Region _			v	/ored	da			Nam	ne of I	Healt	h Fa	cility											Coh	ort Ye	ear			_ M	onth_							
	Patient	Patient personal information and Treatment Supporter Address							ient personal information and Treatment Supporter Address Baseline Clinical Data at Enrollement									Patients Follow up Data																							
S.No	Patier	Patient personal information Treatment Supporter Address:						Month-0							Months 3					Months 6						Months 12					Months 24					Months 36					
	MRN	Date of Enrollment (DD/MM/ YY)	Age Sex (M/F	Patient's Address: ) (Woreda/ Kebele)	Treatment Su porter Name	p- Woreda/ e Kebele,	' Phone Number	Entry point (Code : 1-5)	Screening Other Health Conditions (code :1-6)	Diag- nosis (code: 1-16)	New (v)	done (Yes/ No)	Risk asses- sement (Code 1-2)	Treat- ment (Code: A, B, C, D, E, and/or F)	Treat- ment (Code: A B, C, D, E, and/ or F)	Reason for Treat- ment Change (Code 1-5)	Side Effects (Code: 1-9)	Adherence ence (Code: 1-3)	RX Out- come Status (Code : 1-6)	Treat- ment (Code: A, B, C, D, E, and/ or F)	Reason for Treat- ment Change (Code 1-5)	- Side Effects ( code: 1-9)	Adher- ence (Code : 1-3)	RX Out- come Status (Code : 1-6)	Treat- ment (Code: A, B, C, D, E, and/ or F)	Reason for Treat- ment Change (Code 1-5)	Side Effects (Code: 1-9)	Adherence (Code: 1-3)	RX Out- come Status (Code : 1-5)	Treat- ment (Code: A, B, C, D, E, and/ or F)	Reason for Treat- ment Change (Code 1-5)	Side Effects (Code: 1-9)	EEG / done (Yes/ ( No)	Adher- ence Code : (Cod 1-3)	Trea ut- nee (Cod us A, B e: C, D, and or F	t- Reas t for e: Trea , mer E, Chan / (Coo ) 1-5	on fut- it- it- it- ige (Coo 1-9	le Adho cts enc de: (Cod	e Stati	ne us le:	
(1)	(2)	(3)	(4) (5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13) (1	4) (15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)	(37) (38	(39	) (40	) (4:	1) (42	) (43	) (44)	
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			Count	Entry Poir Code:1-5	nt Col (10),	Screening Health Co		1. Scl	nosis (Col-	а	2. Sch		e Disorders		assessmei 16), Code:			A. Anti	psychotic	<u>:</u>	of 0,3 ,6,1								01	8 Trifluono		044	-16	Side Effect	de 1-9	29	dherence 9, 36, 44,	51),	(Mon	utcome Statu th 3, 6,12,24	ļ

	Count	Code:1-5
Mental		Previously in care     Self referal
Neurolog- ical		Reffered from OPD     Referred from anoth     Facilities
Substance		5. Referred by HEWs
Dev'tal &		

Bhr

(Col-11) Code:1-6

 Previously in care 2. Self referal 3. Reffered from OPD 2. HIV 4. Referred from another

3. DM 4. Hypertention 5. Cervical CA 6. others

6. Epilepsy 5. Bipolar Disorders 7. Dementia 8. Alcohol Use Disoders 9. Other Substance Use Disodrs

10. Autistic Disorders 11. Other Autistic Spectrum Disorders

16.Others

12. Intellectual disability 13. Learning and other dev'tal Disorders

1. Side Effects 14. ADHD 15. Conduct and Oppositional Disorders 3. Inaccessibility

2. Medication Ineffectiveness

2.Homicide

4. Not affordable

5. Other (specify)

B. Antidepressants: Self neglect) 1. Amitriptyline 2. Imipramine 3 Sertraline 4. Fluoxetine 5. Clomipramine 6.Benzhexol 7. Others\_

C. Anticunvelsants / moodstabilizer **Reseans for Treatment Change** 1. Sodium valporate 2. Carbamezapine 3. Lithium 4. Phenytoin 5. Phenobarbitone 6. Ethosuxemide 7.others (19, 24, 29, 34); Code 1-5 D. Anixioletics

> 1. Diazepam 2. Bromazepam 3. Lorazepam 4. Clonazepam 5. Others E. Adiction Tratment: 1. Thyamine 2. Vitamin B Complex 3. Multi Vitamins 4. others

F. Non Pharmacological: 1. ECT 2. Psychological Intervention 3. Social Support 4. Rehabilitation Therapy (physical, occupational, speech, music or recreational) 2 .Akathsia

7. Weight gain,

9. Others

8. Cardiac side effects,

3 Tremer

4. Cog- wheeling

5 Muscular regidity 6. Tardive dyskinesia

1. Good 2. Fair Poor

3. Dead

45, 52; Code 1-6 1. Controlled 2. Not control 4. Lost 5.TO