



ጤና ሚኒስቴር - ኢትዮጵያ
MINISTRY OF HEALTH-ETHIOPIA

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

Region

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 Month: is defined as people who are enrolled into care during the same month and year.		
Data sources : All essential data elements are abstracted from patient form that is filed in the Individual Folder		
Column Number	Column Name	Description
	Patient personal information and Treat-ment Supporter Address	
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 one screening status, as 1.TB, 2.HIV,3.DM,4.Hypertension,5.Cervical Cancer 6. others in Columon-11
12	Diagnosis: (Code:1-16)	Write code of the Diagnosis(1-16) as 1-Schizophrenia, 2- Schizoaffective Disorders, 3-Other Psychosi, 4-Depressive Disor-ders, 5-Bipolar Disorders,6-Epilepsy,7- Dementia , 8-Alcohol Use Disorders,9- Other Substance Use Disorders, 10-Autistic Disorders, 11-for Other Autistic Spectrum Disorders, 12-Intellectual disability, 13- Learning and other dev’tal Disorders, 14-Attention deficit hyperactivity disorder (ADHD), 15-Conduct and Oppositional Disorders, 16-Others and if the diag-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 Assesement (Code:1-3)	make Tick(v) mark on the upper row -if the patient has likelihood of suicide, Tick(v) mark on homicide in middle row and Tick(v) 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.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-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 misdiagno-sis,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 Tremor 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	RX Outcome Status (Code 1-5	Write the code for the RX outcome status for the Month of 3, 6,12,24 &36 with 1 for controled (the symptoms of MNS disorder are not observable/managed), 2 Not controled(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 out for furter health service or refered 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 Psychoeducation, Psychological counseling, Psychotherapy	
	Rehabilitation Therapy: includes physical, occupational, speech, music or recreational therapists	



Mental Neurological and Substance Use Disorder Treatment Register

Region _____ **Woreda** _____ **Name of Health Facility** _____ **Cohort Year** _____ **Month** _____

[illegible][illegible]