सत्यमेव जयते
Ministry of Health & Family Welfare
Government of India

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

Training Manual on Mental, Neurological and Substance Use (MNS) Disorders Care for Multipurpose Worker

at Ayushman Bharat – Health and Wellness Centres

Training Manual on

Mental, Neurological and Substance Use (MNS) Disorders Care for Multipurpose Worker

at Ayushman Bharat – Health and Wellness Centres

2021

The module has been developed based on inputs from expert members in the 'Taskforce for Mental health care as part of Comprehensive Primary Health Care' constituted by MoHFW and using following existing training modules as reference material.

Training Manual for Community Health Workers, Vishram (Vidarbha Stress and Health Program), Sangath, accessed from https://www.sangath.in/wpcontent/uploads/2018/03/CHW_Training_Manual_English.pdf

Contents

Introduction

Over the years, we have seen improvements in health status of the community. You as MPW-F/ ANM have played a key role in improving health outcomes of mother and children. This includes an increase in institutional deliveries, immunization coverage, improvements in infant and child health, and reductions in maternal and infant deaths. You were at the forefront for providing services for COVID-19 pandemic and have been instrumental in provision of services for communicable disease like TB, malaria, leprosy. You have also been trained recently in care for non-communicable diseases and have initiated work of screening the target individuals for common NCDs and providing appropriate management.

Now, as a country we have made progress in improving maternal and child health and communicable diseases. However, we are facing additional challenges. In order to address these challenges, Ayushman Bharat– Health and Wellness Centres have been rolled out across the country. The basket of services at primary care level is expanded. One of the additional service packages is related to Mental health.

You might have come across or heard about mental health disorders in your community. This can include people with complaints of unusual constant fear or long-lasting sad mood or some who might exhibit symptoms like hearing voice when no one is talking. These are only some types of mental health disorders. There are other disorders like excess use of alcohol, epilepsy, loss of memory, suicidal behaviour etc.

These health challenges have been persistent and have increased over the years. These are also particularly sensitive topics as there is stigma and discrimination in the community against those who show any of the associated symptoms.

During your MPW course, you have learnt briefly about the mental health and mental illnesses. This module will tell you further in detail about these topics, especially the application of the knowledge and skills in your community. It will guide you on how you can help people in the community who are suffering from any of these disorders. It would also help you to facilitate prevention of mental disorders, early detection of the individuals with mental disorders and reduce the stigma.

As an ANM, you are the key front-line worker of the health system in rural and urban areas. You may have noticed in your day to day work, that as the country has made progress in improving maternal and child health and infectious diseases such as malaria, tuberculosis and leprosy, your workload due to these conditions may have declined. Moreover, at Sub Health Centre– Health and Wellness Centres in rural area, Community Health Officers are being positioned. CHOs can guide and further

facilitate your work. This gives you with opportunity to provide outreach and facility-based services for expanded range of services, including mental health.

This module builds on your existing knowledge and skills by providing you with new information and skills.

Training in this module will help you:

- Build your knowledge of the risk factors, causes of different types of mental, neurological and substance use disorders.
- Get an understanding about the issues faced by people having any of these disorders, and their families due to stigma, discrimination and ways to address it.
- Strengthen your understanding of the services for mental health disorders available at different levels of facility, including screening, diagnosis and treatment.
- Learn basic skills to assess, screen and provide help to individuals and families for accessing appropriate care.
- Provide treatment adherence support and follow-up care in the community
- Learn about promotion for mental health and prevention of mental disorders.
- Become familiar with checklists and records to be maintained.

In this module, there are five chapters and each chapter deals with specific aspect of mental health disorders. The module is organized as follows:

In chapter 1, you will learn about what is mental health and what are different kinds of mental health disorders

In chapter 2, you will learn about mental health promotion

In chapter 3, you will learn basic skills of psychosocial interventions

In chapter 4, you will understand how to identify and provide appropriate referral for individuals with different types of mental health disorders

In chapter 5, you will get understanding about roles of different service providers and your key tasks in providing care for mental health disorders.

CHAPTER 1

Introduction to Mental Health and Mental Health Disorders

What is mental health?

As defined by World Health Organization, Mental Health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community

A mentally healthy person

- can think clearly
- can enjoy good relationships with others
- can cope with the normal stresses of life and solve problems
- can work productively and make contributions to the community

Mental health is vital for individuals, families and communities, and is more than just an absence of disorder. You have learned about physical health over the years and as we know, a healthy person needs to have both mental and physical health. These two are related to each other. Mental health provides individuals with the energy for active living, achieving goals and interacting with people in a fair and respectful way.

Mental health is essential for the well-being and functioning of individuals.

- Good mental health is an important resource for individuals, families, communities, and nations.
- Mental health, as an indivisible part of general health, contributes to the functions of society, and has an effect on overall productivity.
- Mental health concerns everyone as it is in our everyday lives in homes, schools, workplaces, and in leisure activities.

What are mental health disorders?

The mind can fall ill just as physical body. In these disorders, the person's capability to feel, to think, to work, to enjoy relationships and to cope with stresses is affected in a negative way. These are real medical illnesses and include broad range of symptoms.

As we discussed before, mental and physical health are related to each other because, our minds and body are interlinked. If the mind is stressed it affects the body and on the other hand, our body (physical complaints) affects our mind.

What are some of the positive feelings/emotions you experience?

Happy, Content, Proud

What are some negative feelings/emotions you experience?

Sad, Tensed/stressed, Fear, Hopelessness

Can you name/describe one situation when you have felt these emotions?

Some key facts about mental health disorders —

- Mental health disorders can affect both men and women, and can affect people from different age groups including the young and the elderly.
- Mental health disorders are common – about one in five adults experience a mental health disorder at some stage in their life.
- Most people suffering from a mental health disorder look the same as everyone else. It's not always possible to tell that someone is experiencing a mental health disorder just by looking at the person.
- Mental health disorders include a variety of different conditions ranging from more common problems such as excessive fear and worry (anxiety), repeated unwanted thoughts, images, impulses and actions causing distress or anxiety to the individual or unusually sad mood (depression), to more severe behavioral problems that can involve suspiciousness, violence, agitation and other unusual behaviour (psychosis).
- Mental health disorders are more than just the experience of stress. Although stressful life events often contribute to the development of mental health disorders, stress itself is not considered to be a mental health disorder but may lead which need to be addressed.
- A mental health disorder can be a brief episode or it may be a long-term persistent condition.
- These disorders affect the quality of life. People with a mental health disorder are often unable to enjoy their life or to function as expected in the community (e.g., doing the household chores, going to work).
- If anyone individual in a family has any of the disorders, other family members also undergo a lot of stress.

For ease of understanding, the disorders are classified in six major groups.

1. **Common Mental Disorders–** These include depressive disorder (unusually long-lasting sad mood), anxiety disorder (unusually strong fear or worries), somatic symptom disorder.
2. **Severe Mental Disorders**– A person may have unreal experiences such as hearing voices in absence of anyone speaking (hallucinations) and unreal beliefs such as thinking that there is a conspiracy to kill him which may lead a person to behave in a strange way (These are also termed as Psychosis).
3. **Child and Adolescent Mental Health Disorders**– These are specific to the age group, for example, some children can develop slower than other children or show behaviours causing problems.
4. **Neurological conditions**– These affect our brains and include epilepsy and dementia. When a person has several seizures, we call this Epilepsy. Old people may develop dementia, which

means loss of memory. E.g. they may forget the names of their family members and not find their house anymore.

5. **Substance Use Disorder**– A person may consume too much harmful substances like alcohol, tobacco or other illegal substances like ganja, hashish etc.
6. **Suicide ideation/behaviours**– An individual who is feeling unusually sad or has prolonged feeling of sadness and hopelessness may end his/her life. This is called suicide ideation or behaviour.

You will learn more about each of these types in detail in chapter 4.

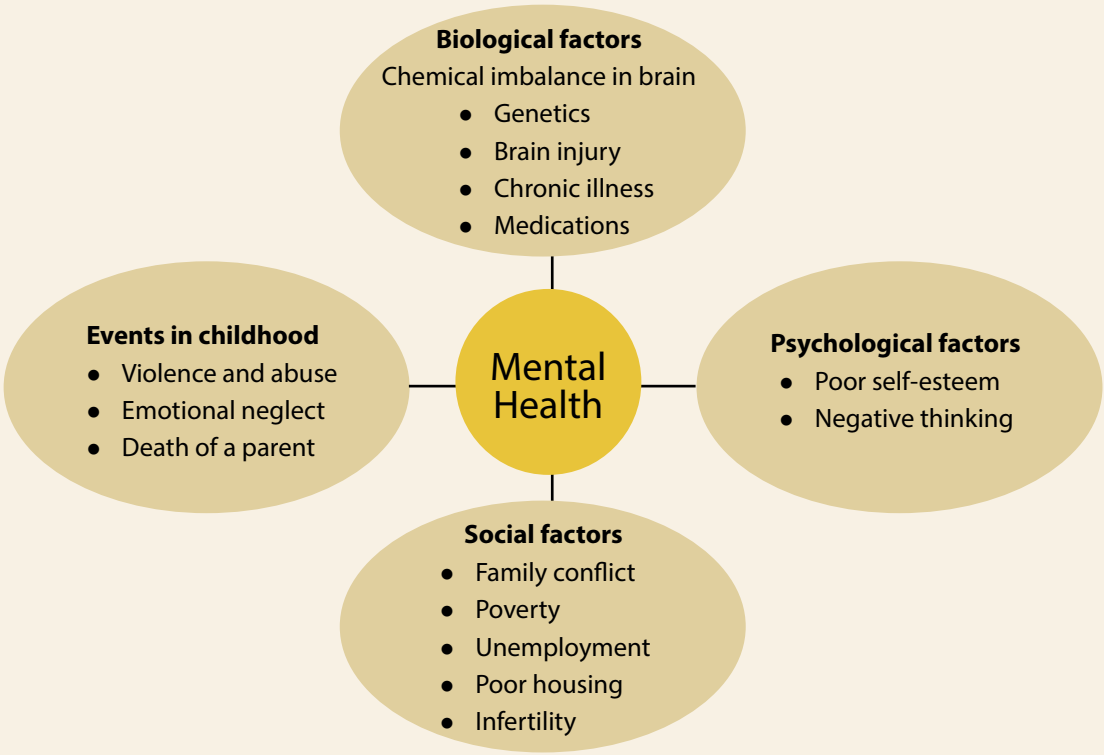
As you can see, there are different kinds of mental health disorders. It is important to know about the causes and factors associated with these disorders. Understanding these factors would help you in clearing the misconceptions around these disorders and create awareness about the same in your community.

Causes of mental disorders

There is rarely one single cause of a mental disorder. Most mental health disorders are caused by a combination of factors (figure 1) including,

- Stressful life events
- Biological factors
- Individual psychological factors e.g. poor self-esteem, negative thinking
- Adverse life experiences during childhood e.g. abuse, neglect, death of parents or other traumatic experiences.

Figure 1: Factors affecting Mental Health



Some people may be more vulnerable to mental health disorders than others but may not develop an illness until they are exposed to stressful life events.

Biological factors can include genetics, brain injury, and chemical imbalance in the brain. Sometimes people experiencing chronic medical problems such as heart, kidney and liver failure, and diabetes may develop mental health problems such as depression, as living with a chronic illness can be very stressful.

Stressful life events can contribute to the development of mental health disorders e.g. family conflicts, unemployment, death of a loved one, money problems, infertility and violence. A lot of stress may also contribute to an imbalance of chemicals in the brain.

Poverty can place a person at risk of mental health disorders because of the stresses associated with low levels of education, poor housing and low income. Mental health disorders are also more difficult to cope with in conditions of poverty.

Difficulties in childhood such as sexual or physical violence, emotional neglect, or early death of a parent can sometimes lead to a mental health disorder later in life.

Unhealthy behaviours such as drug and alcohol abuse can lead to the development of a mental health disorder as well as being the result of a mental health disorder.

Most of the times, these events impact an individual to a larger extent and affect their lifestyle, behavior and thoughts in a greater way. However, these presentations may stay hidden. For instance, a person who suffered a loss of loved ones may initially feel sad but gradually develop depression if doesn't get help. It is important to understand as a health worker that these presentations might be a starting point of issues with mental health.

Here are few typical symptoms that are shown by person suffering from mental disorders. It should be kept in mind that not all of them will be visible. Also, just showing one of the symptoms does NOT mean that the person has mental illness.

If you notice any of these, you should be able to facilitate conversation with the person about the issues they could be facing. This way, you would be able to help and prevent mental illness by intervening early.

1. **Physical symptoms:** Involve the **physical functioning of the body** like aches and pains, pounding heart, weakness, tiredness, sleep disturbance, and increased or decreased appetite, excessive sweating, weight loss etc.
2. **Psychological symptoms**: Involve the **mental functioning of the body** that involve our emotions or feelings like persistent sadness, fear and worry, increased or decreased self-esteem, mood swings, excess of fear, loss of motivation, lack of will to work
3. **Thinking symptoms**: These involve those that affect **the way a person thinks** e.g. problems in understanding, concentrating, memory, and judgment (decision-making). Thinking about ending your life (suicide) or fixed false belief, someone else is going to harm you /kill / follow, letting you down are examples of thinking symptoms.
4. **Behavioural symptoms:** These include those that affect **the way people act or what they do**. Behaviours are what we actually see others doing e.g. being aggressive, increased or decreased talking, withdrawal from family and friends, self-harm e.g. cutting the skin, and attempting suicide.
5. **Imagining symptoms**: These include those that involve **the person perceiving or experiencing things that are not actually real** (although they seem very real to the

person experiencing them). For example, the person may be hearing voices or seeing things that are not real, feeling that are not there. Eg: imaginary voices ordering the person to do something, seeing imaginary people etc.

Treatment of Mental health disorders

Mental health disorders often become chronic if they are not treated. There are effective, safe and affordable treatments to treat mental health disorders. Common Mental Disorders are primarily treated with counselling and other approaches in the psychotherapy. Severe Mental Disorders are primarily treated with medicines along with psychological treatment. There are many ways the person with the mental health disorders and the family can help themselves.

Treatment plan for the individual will be developed by MO/specialist. The key components of treatment include psychosocial interventions and pharmacological interventions. It is necessary that the mental disorders are treated by experts and their intervention. However, certain psychosocial interventions can be performed by anyone who trained in basic knowledge and skills. As a health worker, you can always extend basic care to the person dealing with mental disorder.

You will have a key role in providing psychosocial interventions in coordination with ASHAs and CHO. Psychosocial interventions comprise of–

- Psychoeducation,
- Psychological first aid
- Reducing stress and strengthening social support
- Promoting functioning in daily activities

These are described in detail in chapter 3.

Myths and Misconceptions about mental health disorders

There are some misconceptions about treatment of mental health disorders. Such common treatments or responses that do NOT help a person with a mental health disorder are as follows–

- ignoring or avoiding the person
- believing the symptoms will just go away
- locking the person away
- being angry with him/her
- relying exclusively on practitioners who use magic or faith healing
- arranging a marriage if they are unmarried, with a belief that marriages will cure their mental illness
- giving sleeping tablets or appetite stimulants, toddy, alcohol believing that you can cure the person or that you have all the solutions to their problems neglecting treatment and follow up (poor compliance)

These false beliefs are widespread within the communities and can delay early recognition and treatment of a mental health disorders. These misconceptions further increase the discrimination and stigma around mental health disorders. As a frontline worker, you will have a key role in dispelling these myths and improving the mental health of the community (Stigma and discrimination will be discussed in detail in Chapter 3 of Mental Health Promotion).

Some of the common myths and the facts are as follows–

Myth	Fact
Mental illness is caused by evil spirit or supernatural power.	Biological, psychological and social factors are responsible for the causation of mental illness.
Mental illnesses are untreatable.	Mental illnesses are treatable with proper treatment and counselling.
Lack of willpower causes mental illness.	Willpower does get affected due to mental illness but is not a cause of mental illness.
Marriage can cure mental illness.	Marriage cannot cure mental illness; it can act as a stressor.
Mentally ill patients belong to hospitals.	Majority of persons with mental illness can be treated at out-patient settings or primary care settings.
Mental health problems are only seen in illiterate, poor people.	Mental health problems may occur to anybody, irrespective of caste, education or class.
People with mental illness can never be productive or do normal work like normal people.	People with mental illness on regular treatment and supervision, can very well lead a productive and qualitative life like any other normal person.
Mental illness is unlike physical illness; the illness is really all in person's head.	Mental illness is just like physical illness since both are biologically based.
Mentally ill people have weak characters since they can't cope with the world in the same way that the rest of us do.	The Development of mental illness has nothing to do with person's character. Mental illness strikes people with all kinds of backgrounds, beliefs, temperament and morals.
Once a psychiatric patient, always a psychiatric patient.	A psychiatric patient, with proper treatment, can improve and function well enough in society, if given the right conditions and opportunities.
Children don't suffer from psychiatric illnesses.	Children too get affected by mental illness.
Mental health disorders are a result of bad parenting.	Bad parenting does not lead to mental illness but may have some role in relapse, and can be a risk factor.
Mental illnesses are contagious.	Mental illnesses are not contagious.
Attempting suicide is a sign of cowardice.	Suicide usually is attempted by someone who is depressed and not because he/she is a coward.
Mentally ill patients are violent and dangerous.	Few patients with severe psychotic illness may become violent at times, but otherwise not all patients are violent.

CHAPTER 2

Mental Health Promotion

Health promotion is the process of enabling people to increase control over and improve their health. Such activities are geared toward promoting health in the population as a whole. Health promotion is not just the responsibility of health workers, it is a coordinated action that involves and benefits the whole community.

You have been part of health promotion activities for reproductive and child health, communicable diseases and social determinants of health like sanitation through community platforms like VHSNC/ MAS.

Similarly, activities towards improving mental health of community will lead to Mental Health promotion. These will increase the state of awareness, attitude and knowledge of the community regarding mental health issues.

What is included in mental health promotion?

- Promoting harmony in the community through social networking
- Reducing levels of violence in the community
- Ensuring people are free from stigma and discrimination
- Promoting the rights of people with a mental health disorder
- Engaging in improving the facilities available for the treatment of mental health disorders in the community
- Educating people and increasing the knowledge of the community about mental health disorders

Stigma and discrimination

Stigma is a mark of shame, disgrace or disapproval, which results in an individual being shunned or rejected by others (World Health Organization). Discrimination is the unfair and less favourable treatment towards those who are stigmatized. People may be discriminated for different reasons, e.g. their race, gender or caste. Stigma and discrimination may lead to isolation and humiliation.

Why is there stigma and discrimination against mental health disorders?

- People with mental health disorder are sometimes stigmatised and discriminated against because they think and behave differently.

- Not knowing the facts about mental health disorders sometimes makes people afraid of those having any symptoms of mental disorders.

How does stigma and discrimination affect a person with a mental health disorder?

- A person suffering from a mental health disorder may be rejected by friends, relatives, neighbours and employers.
- A person who is rejected may then feel more lonely and unhappy and this will make recovery even more difficult.
- Stigma also affects the family and caretakers of a person with a mental health disorder and may lead to isolation and humiliation.
- Stigma can cause delays in seeking treatment for a family member with a mental health disorder.

How can stigma and discrimination be reduced?

- People with mental disorders should be seen as active and valuable members of the community.
- Openly talk about mental health disorders in the community to help people understand that a person with a mental disorder is a fellow human being and is entitled to be valued as such.
- Provide accurate information to family members and community groups on what causes mental health disorders, how common they are, and that they can be treated.
- Counter negative stereotypes and misconceptions surrounding mental health disorders by educating people about the following points.
  - Mental health disorders are a bit like an illness of the mind.
  - Having a mental health disorder is not a character weakness or a result of being deliberately lazy or difficult.
  - Mental disorders are not the result of curses, black magic or evil spirits.
  - Anyone can suffer from a mental health disorder.
  - People with a mental health disorder often need help to recover.
  - A person with a mental health disorder can hold a job and get married.
  - Most people with mental health disorders are not violent.
- Provide support and treatment for people suffering from mental health disorders so that they can meaningfully participate in community life.
- A community that respects and protects basic civil, political, economic, social, and cultural rights is essential for promoting mental health and reducing stigma and discrimination.

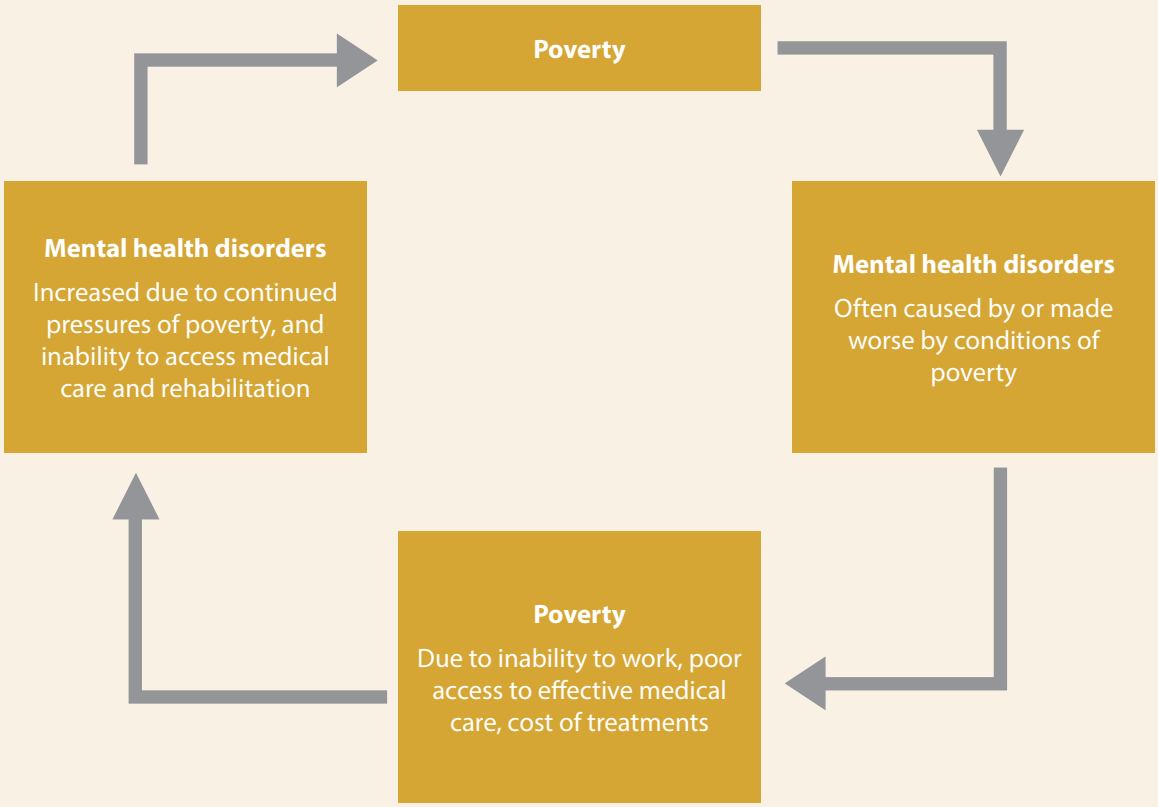
Mental health disorders and vulnerable groups in the community

There are certain social groups who are more likely to experience mental disorders and have limited access to care due to vulnerability.

Poverty and Mental health disorders

People living in poverty are more likely to experience mental health disorders due to the stresses associated with being poor, and mental health disorders are likely to worsen poverty, so that it becomes a vicious cycle. (Figure 2)

Figure 2: Poverty and Mental Health Disorders



Women, gender inequality and violence

As you know, there are inequalities between men and women in society. These are observed in different fields such as access to health services, jobs, violence. Most common form of violence against women occurs in domestic context. The violence can be physical, verbal, sexual, emotional and financial. Violence leads to physical and mental health problems in women.

How is gender related to mental health? Can the reasons include any of the following-?

- Men do not discuss their problems with friends and find solutions as much as women.
- It is more acceptable for men, to drink alcohol leading to more problem drinking in men and more stigma for women who have a drinking problem.
- Domestic violence and rape can place great stress on the life of a woman.
- Women's income is often lower than that of men, and they have less control over household finances.
- Women may not be able to independently access treatment unless there is agreement from senior members (whether male or female) of the household.
- A woman cannot receive needed health services because norms in her community prevent her from travelling alone to a clinic.
- Families may be more reluctant to spend money on treatment for females compared to males.
- Women are more prone to mental illness following stress like child birth, any chronic disease, menopause

What can be done to promote mental health for men and women?

Two actions to help promote mental health for men and women include,

- Empowering men and women to make decisions that influence their own lives.
- Educating people about the need for equal rights for men and women.

> "Gender equality means women and men have equal opportunities to realise their individual potential, to contribute to their country's economic and social development and to benefit equally from their participation in society."

Important!

Mental illnesses are often invisible because its symptoms often go unnoticed. It is also difficult for people to find a space to talk about their feelings. It is important to continue and openly discuss about mental health. It is important that mental health promotion also includes everyone in the community.

You should understand that mental health is not limited to mental health disorders. It is just like physical health. Various self-care strategies like timely food, regular sleep, regular exercises, talking with loved ones, taking long walks help maintaining mental health.

As a health worker you should understand that identifying a person with mental disorder is an important task but providing support to anyone who is in distress is also equally important. They need not be showing any symptoms but timely support will help them for maintaining their mental health.

Case finding may be a task at hand but building a community that cares about mental health and supports each other is also important which you can definitely do.

Actions to promote mental health are described in details in chapter 5.

CHAPTER 3

Psychosocial Interventions

As a frontline worker, you are in a unique position to provide help to individuals experiencing any kind of symptoms of mental health disorder. If you recognize symptoms of mental distress in any individual, you have an important role in providing assistance and helping the individuals to seek appropriate help.

At the same time, you will need to provide basic care till such medical care is available. This basic care is called 'Psychological First Aid'. This is a first step of providing help. Such type of interventions of providing social and emotional support to the individual continue during the treatment phase of the individual. These together are called 'Psychosocial interventions'.

These include–

- Psychological first aid
- Psychoeducation
- Reducing stress and strengthening social support
- Promoting functioning in daily activities

Psychological First Aid (Mental Health First Aid)

It is similar to first aid for any physical illness. When a person has an acute physical illness, it can be addressed in the short-term with first aid treatments, such as treatment for snake bite. Mental health disorders can also be addressed initially with first aid.

Mental Health First Aid is the help you give to a person with a mental health problem until treatment by a trained doctor/mental health specialist is available or a mental health crisis is resolved. The purpose of this first aid is to–

- ✓ Preserve life when a person may be a danger to him/herself or others
- ✓ Provide comfort to the person and relieve for some symptoms
- ✓ Ensure further professional treatment

Psychological first aid should be delivered to any individual who reports experiencing psychosocial distress.

Essential steps in Mental Health First Aid are–

1. Listen without judgement
2. Give reassurance and information
3. Encourage the person to get appropriate professional help
4. Encourage self-help treatments, follow ups, maintaining compliance
5. Assess the risk of suicide and harm to self or others

Key points in Psychological First Aid initial management of mental disorder:

1. **Listen without judgement:** Listen to what the person describes without being critical or thinking they are weak. Don't give advice such as 'just cheer up' or 'pull yourself together'. It is important that you should understand that whatever the person is saying is a part of illness and not their personality. It is important that you stay patient with them and not get overwhelmed yourselves. Avoid getting into an argument with the person.
2. **Give reassurance and information:** Provide hope for the person and their family and talk about a good outcome for that person. Tell the person that he/she has an illness that can be treated, and it doesn't mean that he / she is a bad person. Let them know that you want to help.
3. **Encourage the person to get appropriate professional help**: You can encourage the person to consult with CHO at SHC-HWC or Medical Officer at PHC. Then you can follow-up by giving ongoing support to the person and their family. If the person is very unwell i.e. you think they are suicidal or psychotic, (harmful to self/ others) and he/she is refusing to get any help from a doctor, encourage the family to consult with the doctor so that they can explain the situation and get professional support
4. **Encourage self-help treatments, follow ups, maintaining compliance:** Suggest actions that the person can perform him/herself that can help relieve the symptoms of mental disorder such as:

   a. Getting enough sleep
   b. Eating a healthy diet
   c. Regular exercise
   d. Relaxation and breathing exercises e.g. yoga
   e. Avoiding alcohol /other substance (tobacco, ganja etc)
   f. Joining support groups for women, men or youth.
5. **Assess the risk of suicide and harm to self or others:** People with mental disorders sometimes feel so overwhelmed and helpless about their life, the future appears hopeless. Engage the person in conversation about how they are feeling and let them describe why they are feeling this way. Ask the person if they are having thoughts of suicide. If they are, find out if they have a plan for suicide. This is not a bad question to ask someone who is mentally unwell. It is important to find out if he/she is having these

thoughts in order to refer him/her for help. If you believe the person is at risk of harming him/herself then:

a. Don't leave the person alone, alert the family members/ HWC team members about what you have found out.

b. Seek immediate help from CHO.

c. Try to remove the person from access to the means of taking their own life

d. Try to stop the person continuing to use alcohol or drugs.

Some important Do's and Don'ts

Do's	Don't s
Try to find a quiet place to talk, and minimize outside distractions.	Don't pressure someone to tell their story.
Respect privacy and keep the person's story confidential, if this is appropriate.	Don't interrupt or rush someone's story (for example, don't look at your watch or speak too rapidly).
Stay near the person but keep an appropriate distance depending on their age, gender and culture.	Don't touch the person if you're not sure it is appropriate to do so.
Let them know you are listening; for example, nod your head or say "hmmmm…."	Don't judge what they have or haven't done, or how they are feeling. Don't say: "You shouldn't feel that way," or "You should feel lucky you survived."
Be patient and calm.	Don't make up things you don't know.
Provide factual information, if you have it. Be honest about what you know and don't know. "I don't know, but I will try to find out about that for you."	Don't use terms that are too technical.
Give information in a way the person can understand – keep it simple.	Don't tell them someone else's story.
Acknowledge how they are feeling and any losses or important events they tell you about, such as loss of their home or death of a loved one. "I'm so sorry. I can imagine this is very sad for you."	Don't talk about your own troubles.
Acknowledge the person's strengths and how they have helped themselves.	Don't give false promises or false reassurances.
Allow for silence.	Don't think and act as if you must solve all the person's problems for them.
	Don't take away the person's strength and sense of being able to care for themselves.
	Don't talk about people in negative terms (for example, don't call them 'crazy' or 'mad'

Apart from providing help as a first responder before an individual visits a doctor/specialist, you will also have key role in providing emotional and social support during the treatment of an individual. Once a treatment plan is finalized by the MO/specialist, you will provide psychosocial interventions along with ensuring compliance to pharmacological interventions.

These interventions include psychoeducation- providing information regarding treatment, duration, expected benefits and importance of treatment compliance to individual and family members.

Other components of psychosocial intervention include reducing stress, strengthening family/social support and promoting functioning in daily activities. It can be done through following activities.

There are certain self-help strategies, which can help the individual. You can provide appropriate advice on self-help strategy to an individual as per the symptoms, such as

Advice for sleeping problems

- The mind needs the sleep to recover from the stresses of daily life
- Keep to regular hours for going to bed and waking up
- Avoid daytime naps
- Avoid tea or coffee after 5 pm
- It may help you to take a bath before you go to sleep or drink a glass of milk
- Avoid taking sleeping pills or alcohol for sleeping problem
- Don't stay in bed if you can't fall asleep, try to do a relaxing activity (such as reading a book, listening to pleasant music, do breathing exercises or yoga)
- A good night sleep is essential to be mentally healthy.

Advice for a healthy diet

- Eat meals at regular intervals
- If you have no appetite try to eat small portions
- If available, eat fruits and green vegetables daily
- If available, eat healthy meats such as fish and chicken
- If possible, your diet should have fibre (eat whole grains, chapattis, cereals)
- Eggs may provide you with some important vitamins if you don't eat meat
- What we eat has an effect on our body as well as on our mind.

Encourage regular exercise and enjoyable activities

- Choose any enjoyable activity (e.g., going for a walk every morning)
- Start with small and simple activities
- Increase the activities gradually (e.g., 30 min instead of 15 min)

- Try to spend time with friends and relatives
- If you are religious, try to be regular with your prayers and visits to places of worship
- Think of hobbies you had when you were still feeling better or when you were younger, you might pick them up again or even start something you always wanted to do
- Being active will make you feel less tired and more energetic, this will make you feel better about yourself

Encourage regular relaxation

- Choose any form of relaxation you may prefer
- Practice the breathing exercise in the morning and before you go to bed and whenever needed
- If you know to practice yoga it is very advisable to do it daily. You can also attend Yoga sessions at nearest HWC.
- Take time for any relaxing activity you may enjoy (e.g., reading a book, praying, listening to music, go for walks)
- Relaxing will relieve aches, muscular tension and improve the concentration

Advise to avoid alcohol, tobacco and sleeping pills —

Don't consume alcohol, tobacco or sleeping pills, because:

- Alcohol, tobacco and sleeping pills are highly addictive
- Drinking too much can cause damage to the brain and many other organs
- When people get drunk, they do things which they usually wouldn't (people can become aggressive or have accidents because of poor judgement)
- Being under the influence of alcohol can increase the risk of suicide
- Too much consumption of alcohol can cause financial problems and arguments with the family and at work
- Regular use of these substances will make your problems increase

Encourage to seek support from family and friends

- Talk about your feelings
- Activate your social networks
- Seek support from others
- Contact somebody who has similar problems
- Sharing feelings and problems with others is a big relief and may provide the opportunity to get help

Role of family/caregiver in supporting individuals with mental health disorders

In most cases the family provides the majority of support and care for a person with a mental health disorder. Living with and caring for someone with a mental disorder can be very stressful, therefore it is important that the family receives help and support to care for their ill relative (like for someone with a physical illness). The family usually will provide you with important information about the person with the mental health disorder. Families often don't understand the symptoms of a mental health disorder; therefore, the family members may unintentionally increase the stress for the person with the mental illness.

Family members' behaviour has positive or negative impact on the stress of person with mental health disorder. Certain behaviours can increase the stress of the individual, such as calling the person lazy or an embarrassment to the family, shouting or using critical tone of voice, or being over-protective, such as doing everything for the person or treating him/her like a child.

On the other hand, if family members are communicating in a clear and calm way and discussing the problems openly, giving the person space, especially when he/she is tense and allowing or encouraging the person to take responsibility of their own affairs can decrease the stress of the individual.

You can encourage involvement of family during care for individual with mental health disorder. In many cases the person with mental health disorder will be accompanied by a family member. Sometimes the family member has taken the initiative to seek help. If a family member wants to talk to you confidentially always ask the person with the mental health disorder for permission. If a person comes by him/herself ask him/her if you may call a close family member for further information and collaboration (who is there to help the person?). At the same time, it is important that the family members are maintaining some of their own interests and not devoting their lives exclusively to the person (this will make the family feel less stressed).

Family members also feel stress while taking care of persons with mental health disorders. You should also address their stressors and provide psychosocial support for them. Caregiving depending on the kind of mental illness the patient has, could range from a few months to years of care. Relapse of mental illness is also a reality that caregivers face. Caregiving can be demanding in several ways and if its challenges and associated stress is not addressed, it could affect the caregivers' physical health, mental health, relationships, work functioning and also the ability to provide care to the patient.

Explain to the caregivers that caregiving could be demanding and may lead to strain. For those who experience caregiver stress, there may be a risk of physical and mental health problems as well as a negative impact on work, leisure, and relationships. Therefore, it is essential that the caregiver does not ignore taking care of oneself.

Common signs of caregivers' stress include:

- Feeling sad and low
- Aches and pains in body
- Constantly worried
- Getting tired easily
- Easily irritable and angry
- Difficulty in concentration
- Problems in sleep with it being either too much or not enough

- Losing interest in activities that used to enjoy earlier
- Harmful use of alcohol, nicotine or other substance

How to support the family/caregiver of individuals with mental health disorders?

- ✓ Listen carefully
- ✓ Give reassurance and information
- ✓ Tell them where to get professional help (as you would do it for the person with mental health disorder)
- ✓ Assure your support
- ✓ Tell them about the behaviors which may lead to increase in the stress and also behaviours which will help coping with the stress
- ✓ Encourage the family to maintain own interests and other social contacts
- ✓ If available, provide information on support groups for family members in the area
- ✓ Suggest them the self-help strategies as mentioned before.

CHAPTER 4

Types of Disorders – Early Identification, Screening and Management

In this chapter, you will learn about how to identify individuals with potential MNS conditions in the community and provide appropriate help, followed by referral to healthcare facility.

I. Common Mental Disorders

What are common mental disorders?

These include depressive, anxiety and somatization disorders.

1. Depression/ Tension/ Stress: We all experience short-term sad moods (e.g., when we have an argument with someone, when we feel lonely, when we fail an exam). Sadness becomes an illness when it lasts for a prolonged period or starts to interfere with our daily activities and relationships. It is termed as 'depression'.
2. Anxiety: We all experience worry and fear in certain situations (e.g., when we have to perform something new). Fear is a natural reaction to danger and helps us to activate our energies (e.g., in the old days to run away from a wild animal). Fear becomes a mental disorder when it is long-lasting or starts to interfere with our daily activities and relationships. It is called as 'anxiety disorder'.
3. Somatic symptom disorder: Individuals present with physical symptoms such as aches, skin related symptoms like itching, nausea, vomiting, for which no medical cause can be found.

How will you recognize that someone has common mental disorder?

The main symptoms of CMDs are psychological in nature, however, they tend to manifest as physical symptoms.

An individual with CMD may experience any of the following symptoms

Symptom 1: An unusually sad mood or extensive fear remains longer than 2 weeks

- Feelings of sadness, guilt, hopelessness or negative thinking about him/herself ('I can't enjoy anything anymore', 'I am a failure', 'I am a burden', 'I did everything wrong', 'it's my fault', 'it will never get better')
- Unreasonable fears (e.g., the permanent worry that a family member might get ill, recurrent attacks of fear in certain situations)
- Thoughts to be better off dead (suicidal thoughts)

Symptom 2: Physical complaints

- Different aches (e.g., headache, back-pain, stomach-ache)
- Sleeping problems
- Loss of appetite
- Tiredness and loss of energy
- Palpitations, sweating, restlessness

Symptom 3: Complaints that interfere with at least one of the person's daily activities

- The person spends a lot of time at home or in bed
- The person is unable to go to work or do the household
- The person withdraws from his/her family

1. Depression

The person may complain about or feel (symptoms) –

- Sleeping problems or feeling tired or weak
- Loss of interest in regular activities
- Different physical problems and aches- headache, body pains
- Reduced appetite, weight loss
- Inability to concentrate
- Reduced self-esteem and self-confidence
- Feeling guilty and unworthy
- Having a bleak and negative view of the future
- Suicidal thoughts

The person may appear,

- A bit slow in movement and thinking
- With a sad or worried expression on the face
- Restless (e.g., fidgeting with hands)

CASE VIGNETTE:

During a home visit to Mr. Raju's house, the family tells the frontline health worker that Mr. Raju has become very withdrawn, confining himself to his bed most of the day, saying that he is feeling very tired if his family asks him what is wrong, and not taking any interest in family activities. During the recent village festival, he had refused to take the lead in the arrangements (which he used to regularly do before), saying he is feeling tired and does not feel like it. When the frontline health worker talked to Mr. Raju, he said that he has no strength to do anything and just wants to lie down, he is feeling very sad and feels there is no future, and that he does not feel like living anymore.

What can be the probable disorder in the above scenarios? What are the main features that point to the disorder?

How will you identify an individual with depression?

Tools for assessing depression

(1) PHQ-2

As you are aware, Community Based Risk Assessment (CBAC) checklist is being used for assessing risk factors for common NCDs. You have helped ASHAs in administering this tool to individuals of age 30 years and above. The tool is expanded to include questions related to depression. These 2 questions are called 'PHQ-2' (Patient Health Questionnaire). These are as follows-

PHQ-2					
Over the last 2 weeks, how often have you been bothered by the following problems?		**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
1.	Little interest or pleasure in doing things?	0	+1	+2	+3
2.	Feeling down, depressed or hopeless?	0	+1	+2	+3
Total Score					
Anyone with total score greater than 3 should be referred to CHO/MO (PHC/UPHC)					

The purpose of 'PHQ-2' is to screen for symptoms related to depression. After administering the PHQ-2, ASHAs will refer the individuals who have scored more than 3 to SHC-HWC. Community Health Officer (CHO) at SHC-HWC will ask the individuals more detailed questions to understand about the symptoms. CHO will ask questions from a detailed tool called 'PHQ-9' to these individuals and provide appropriate advice. The individual will be provided help at SHC-HWC or can be referred to PHC-MO by CHO.

Remember

- Questions included in PHQ-2 are only for screening and not for purpose of diagnosis.
- Diagnosis for depression would be confirmed by Medical officer/ specialist

(2) Community Informant Decision Tool (CIDT) for depression:

If ASHA informs you about any individual presenting with symptoms of depression or you come to know about any such individual during your outreach activities and home visits, you will administer a tool called 'Community Informant Decision Tool'. This will help you in identifying probable cases

and to increase help seeking and service utilization. You will administer the tool during your home visit. You can speak with individual and/or family members to complete information in the tool. If the answer to either of the last two questions is 'Yes', you will refer the individual to SHC-HWC.

Remember

- Purpose of CIDT is early identification of individual in mental distress who can benefit from intervention
- CIDT is not for confirmation of diagnosis

2. Anxiety disorders

As you have learnt previously in this chapter, anxiety disorders are a group of disorders characterised by feeling of severe anxiety, worry or fear which interfere with daily living and behaviour. Along with the feeling of fear and worry there are often physical symptoms, as follows:

Physical symptoms:

- Headache,
- sleep disturbances (especially difficulty in falling sleep),
- heart beating fast, dry mouth, dizziness, sweating (panic attack)

The person feels,

- Restless,
- trembling,
- inability to relax,
- excessive worries about future misfortunes.
- irritable/ anxious/ nervous

Commonly, anxiety disorders include the following.

Generalized anxiety disorder: There is feeling of predominant tension, worry and apprehension about everyday events and problems. This is accompanied by one or more symptoms such as palpitations, chest tightness, sweating, difficulty in breathing, abdominal distress, light-headedness, etc. which cause significant emotional distress.

Post traumatic stress disorder (PTSD): This occurs after exposure to stressful life events such as death of a near one, natural disaster, accident, etc. These can cause distress in anyone, but in PTSD there is repeated remembering or repeated bad dreams about the event which interferes with daily living.

Panic disorders: There are recurrent panic attacks which often occur spontaneously without any trigger.

Panic attack

Panic attack is a sudden attack of extreme fear, typically happening without any forewarning when a person is in a crowd of people.

Symptoms may include,

- Sudden feeling of heart beating fast
- Feeling dizzy or light-headed
- Having hot flushes, chills or trembling

- Experiencing a feeling of choking or shortness of breath
- Breathing too fast (hyperventilation)
- Being afraid to die, to faint or to lose control

A panic attack usually stops by itself in around 15 minutes and it is not dangerous and does not cause any physical harm. However, it would be difficult to differentiate it from similar symptoms due to physical ill health. Identifying stressors in such cases can help in recognizing a panic attack.

CASE 2:

Pandu is a 19 year old young man who lost his parents when he was still a young boy. He is living with his older brothers' family. The money is scarce. Pandu has been searching for a job since quite a while, but without any formal education he has not been able to find any work so far. Pandu would also like to get married soon but without having a job he doesn't see any chances to find a wife.

Pandu gradually felt more and more overwhelmed by worries and would sometimes wake up at night sweating and feeling his heart racing. He couldn't find a good night sleep anymore and felt increasingly weak during the day. He felt more and more hopeless about the future and started to think he might be better off dead and not be a burden on his brother any more. One day Pandu tried to end his life by consuming poison (pesticides), but luckily his brother found him in time.

A panic attack needs treatment, when a person starts to suffer from re-occurring episodes (many people will experience one or two panic attacks during their lifetime) or when a person starts to avoid certain situations (e.g., taking a bus) because he/she fears another attack in the same situation. A person suffering from anxiety disorder may feel helpless and want to end his/her life and professional help is required in such cases.

3. Somatic symptom disorder:

Individuals mainly present with various physical symptoms for which no medical cause can be found. The symptoms may be single or multiple, involving any part of the body, such as:

- Nausea, vomiting, belching, pain in the abdomen.
- Skin symptoms such as itching, burning, tingling, numbness, soreness, blotchiness.
- Pain at multiple sites (such as abdomen, back, chest, joints, pain during menstruation).
- Sexual and menstrual complaints (e.g. ejaculatory or erectile dysfunction, irregular menstruation or excessive bleeding).

Often, individuals visit different doctors repeatedly, but no abnormality can be found.

Remember

- Anyone can get a Common Mental Disorder
- About 1-2 out of 10 people will experience symptoms of a Common Mental Disorder during their lifetime
- Women are affected by a Common Mental Disorder more often than men
- Social stress increases the risk of developing a Common Mental Disorder
- Sensitive personality, low self-esteem (thoughts that one is not as good as others are), difficult childhood may make a person more vulnerable
- Person in whose family somebody has/had a Common Mental Disorder may be at a higher risk

How to help the people showing these symptoms of Common Mental Disorders?

If ASHA informs you about the individual with any such symptoms or you recognize anyone with such symptoms, your role would be to give reassurance to the individual and family and then encourage the person to visit a healthcare provider (CHO at SHC-HWC or MO at PHC).

CHO would further screen and refer the individual to Medical Officer as appropriate. MO or specialist can confirm the diagnosis.

As an MPW-F, you should know the treatment options available for these disorders. These are as follows-

- Psychological First Aid including basic counselling and encouraging self-help-treatments (by ASHAs, MPW-F, CHO)
- Advanced Counselling involving more Psychoeducation and Problem-solving (by PHC-MO)
- Psychotherapy (by specialist)
- Medicines (by PHC-MO or specialist)

Before referral to the CHO, you can help the individual by providing psychological first aid, along with ASHAs in the community. You will also provide the first aid when the individual first visits SHC-HWC. The steps of first aid are as follows:

1. Listen without judgement
    - Listen to the actual complaints the person is presenting to you.
    - Ask for any live stressors, actual problems worrying the person.
    - Engage the person in discussing how he/she is feeling emotionally.
    - Listen with an open mind and don't judge anything of what the person is telling you.
2. Assess the risk for suicide
    - Always ask for suicidal thoughts.
    - If yes, ask the person if he/she has a concrete plan to kill him/herself.
    - Seek immediate help if the person has any concrete plans and don't leave the person alone. Immediately inform the CHO and PHC-MO.
    - Remember that people with CMD are at high risk for suicidal behaviour.
3. Give reassurance and information
    - Inform the individual that, a common mental disorder is a real illness like a physical illness.
    - Assure the person that it is not due to laziness or weakness of character.
    - Give hope: tell the person that a common mental disorder can be treated successfully.
4. Encourage the person to get appropriate help from healthcare providers
    - Tell the person which kind of help is available
    - Assist the person to reach facility (inform the CHO prior to visit)
5. Encourage the individual to adopt some self-help treatments. Give advice-
    - For a healthy diet (people with CMD often suffer a lack of appetite or some craving for unhealthy foods like sweets)
    - To engage in enjoyable activities (e.g. listening to music)

- To exercise regularly
- To practice regular relaxation (e.g. yoga, breathing exercise)
- To stay away from alcohol, tobacco or sleeping pills (people with CMD may take too much of these substances)
- To speak to a friend or family member

Family interventions: You will work with the family members to reduce family stressors and improve family functioning. This also reduces the chance of relapse. Let the individual and family know that depression/anxiety/somatization is not a weakness or laziness. It needs to be treated, just like any other medical illness. The family needs to be helped to identify stressors which may be contributing to the symptoms and given the opportunity to discuss how they can limit their impact.

How to help a person with a panic attack?

A panic attack may look like a heart or asthma attack, if you are unsure what is wrong with the person call the ambulance/doctor (especially when it is an older person)

- If possible, move the person to a calm place.
- Encourage the person to breathe slowly in unison with your own breathing (e.g., breathe in for 3 seconds (count slowly 1, 2, 3), then breathe out for 3 seconds until the person calm down bit and start to feel better. **Remember:** Breathing exercises are the most effective management of panic attacks and should not be delayed.
- Explain the person that he/she is experiencing a panic attack and that it is not dangerous and not causing any physical harm.
- You may now ask the person if he/she had recent stress.
- Listen carefully, don't judge.
- Stay with the person until he/she feels fully recovered.
- If the person has a known medical illness or is not fully recovering you should refer the person to a medical doctor.
- If possible, call a family member to come and fetch the person.

When to refer an individual with symptoms of CMD?

- When the symptoms appear severe
- If the individual expresses death wishes
- If there is use of alcohol/tobacco/sleeping pills
- When the individual/family appears significantly distressed.

Treatment for CMDs

If CHO suspects CMD after screening, he/she will refer the individual to PHC-MO. The Medical Officer will confirm the diagnosis for CMD. If required, the MO may refer the individual to a specialist. If a diagnosis is confirmed, the Medical Officer or specialist may prescribe medicines for the individual. These are called *'antidepressants'* (for depression) and *'anxiolytics'* (for anxiety disorders).

Some key points to be kept in mind regarding these medicines are as follows,

- Medicines will help the person to feel better

- However, medicines will not make the person feel better immediately, they will take 2-4 weeks to work
- Medicines need to be taken daily as prescribed
- These must not be stopped when feeling better but taken as long as the doctor suggests
- These may cause side-effects such as tiredness, dry mouth, constipation or weight gain (e.g.: 'amitriptyline') or nausea or sleeping problems (e.g. 'fluoxetine')
- These medicines will not make the person dependent.

Along with ASHA, you will have a key role in ensuring treatment adherence. Following advice is to be given to person taking medicines-

- ✓ Take your tablets daily in the dosage as prescribed.
- ✓ Never stop your medicines without consulting CHO or PHC-MO
- ✓ Continuing medication even when you feel better will prevent further relapses.
- ✓ Side effects may occur in the beginning, they usually disappear after 1-2 weeks, be patient.
- ✓ Medicines will take a while to make you feel better, wait for 4 weeks, be patient.
- ✓ If side effects are very uncomfortable or persistent go to see the doctor.
- ✓ If you don't feel better after 4 weeks go to see the doctor.

You will provide psychosocial interventions (as discussed in chapter 3) to the individual and family members.

Remember

- Common Mental Disorders are very common
- Women suffer more often from a Common Mental Disorder
- Common Mental Disorders: Symptoms of Depression and Anxiety are often combined
- People with Common Mental Disorders may also drink too much alcohol (ask for it!)
- People with Common Mental Disorders may have a risk of committing suicide!
- Treatment options are available for CMDs, including counselling and medicines

II. Severe Mental Disorders (SMD)

These include Schizophrenia, Bipolar disorder and Severe depression. These are also called psychosis.

More commonly, the psychosis begin between age 20-30. Around 1 out of 100 people will get a psychosis. Anyone, men and women can get psychosis.

Causes of psychosis: why does a person become psychotic?

- Genetics may be a risk factor and may make a person vulnerable to be affected by a psychosis later in life (but it is still much more common that a child of a parent with a psychosis will be healthy)

- Birth complications
- Social stressors can be a trigger
- Repeated cannabis use can be a trigger

What symptoms does a person with a psychosis have?

Psychosis can present with range of symptoms. Not every person with psychosis will have the listed symptoms. The individual may have some of these symptoms-

- Hallucinations
  - Hearing, seeing or sensing things which are not really there. The most common of these symptoms is "hearing voices".
  - The voices give orders (most common form of hallucinations)
  - Seeing, smelling or tasting things that are not there, strange, body sensations
- Delusions: having beliefs unrelated to reality and held with firm conviction. Examples-
  - The person may fear that he/she will be harmed e.g. the person may be afraid that someone wants to poison him/her
  - The person may feel that people (including strangers) are laughing at him/her and talking about him/her or that the television is directing special messages to him/her
  - The person may also be convinced that he/she is chosen to do great things like healing people, saving the world or spread religion
- Laughing at something sad
- Not showing emotions at all
- The person may be fearful, irritable or aggressive (e.g. out of the belief someone is going to harm him/her)
- Agitation, restlessness and disturbed sleep
  - Talking more than usual
  - Not being able to stay or sit still
  - Poor concentration e.g. They cannot follow a conversation or read a book and remember the details as before and /or lack of motivation to do things
  - Social withdrawal
  - Poor personal hygiene
  - Loss of former social skills
- Lack of insight
  - The person has lack of awareness and denial that he/she may be having an illness and can show strange behaviours
  - The person may say things which doesn't make sense to others e.g. Speech may become jumbled or hard to understand as the person may jump from topic to topic in a haphazard manner
  - The person may talk to himself/herself
  - The person may dress in a strange way e.g. wearing very warm clothes in summer

Symptoms of two types of SMDs are described below:

a) Schizophrenia:

Schizophrenia is a long-term severe mental disorder characterized by abnormal behavior, unable to understand and comprehend the reality. The symptoms of Schizophrenia are long lasting and may be disabling.

An individual develops symptoms in adulthood. These include positive symptoms such as hallucinations and delusions, negative symptoms such as decreased talking, socially withdrawn, reduced energy, sleep disturbances (loss of normal function where an individual is not interested in daily activities, unable to experience pleasure and socialize with others), and cognitive symptoms such as poor judgement and poor concentration.

b) Mood disorders:

These are mental illnesses which describes a serious change in mood. It is also characterized by disturbances in mood. Mood disorders affect persons in all ages, but usually seen in adolescence or young adulthood. These include mania and severe depression.

(1) **Mania –** It is characterized by certain clinical features which should last for at least 1week and cause disruption in biological, occupational and social activities.

Symptoms include,

- Elevated, expansive mood – euphoria to depression or irritability.
- Psychomotor activity – over activity, restlessness, & excitement.
- Speech and thought – more talkative increased pressure of speech, use of playful language such as rhyming, joking, teasing.
- Goal directed activity – there is marked increase in daily activity with more planning and at times execution of many activities.

(2) **Severe depression –** The depressive episode has certain clinical features which should last for at least 2 weeks for the diagnosis.

Signs and symptoms include,

- Depressed mood – sadness, no interest in routine activities.
- Depressed cognition – Hopelessness, Helplessness, & Worthlessness can lead to difficulty in thinking & concentration
- Psychomotor activity – Slowed thinking& activity, decreased energy.
- Physical symptoms – Heaviness of head, body aches, easy fatigability
- Biological symptoms – Insomnia, loss of appetite and weight, loss of sexual drive.
- Suicide – Risk of suicide and death wishes.
- Psychotic symptoms – delusion & hallucinations, and inappropriate behaviour

Some key facts about psychosis-

- Psychosis can be short or long lasting
- A psychosis may be transient if the person is on drugs or has experienced extreme social stressors (e.g. illness or death of a loved one, being alone in a new life situation)

- A person may also experience a transient form of psychosis after an accident or a severe infection (especially an old person)
- If symptoms of a psychosis stay longer than a month and have adverse effects on the person's life or family a serious psychosis called "schizophrenia" is probably the cause
- Schizophrenia always needs treatment with medicines.

CASE 3:

Raja is a 35 year old man who is still living with his parents. In his village Raja is known as "the crazy man". When going out he is neglectful of his appearance and hygiene and shows strange behaviors such as talking to himself or suddenly shouting at people. But most of the time Raja would spend at home sleeping late and watching TV. His father complains about Raja being lazy and not helping in the field. Some years ago, a doctor had prescribed Raja medicines for hearing voices. But when Raja felt better, he stopped the medicines. Two days ago, Raja broke the TV set as he thought the people in the TV program are influencing his thoughts.

What are the symptoms presented by Raja?

- Raja is taking poor care of his appearance (lack of motivation)
- Raja is talking to himself and shouting at people (he is probably hearing voices)
- Raja is sleeping late (lack of motivation)
- Raja destroyed the TV (he might have felt influenced by the TV, a typical form of delusion)
- Raja has stopped medicines (he has no insight in his illness).
- The lack of motivation Raja is experiencing is typical for people with a long-lasting untreated psychosis.

How to recognize a person with psychosis?

Community Informant Decision Tool (CIDT) for psychosis

If you recognize any individual in your community with such symptoms or ASHA informs you about the same, your first step would be to inform the nearest facility with a Medical Officer and arrange for referral. You will administer the CIDT tool for psychosis to understand the status before referral to CHO. You will ask the family member of the individual to fill the information

How will you help a person showing any of the above symptoms?

Similar to Common Mental Disorders, treatment for Severe Mental Disorders also includes psychological first aid, psychological interventions and medicines.

If you recognize any individual in your community with such symptoms or ASHA informs you about the same, your first step would be to inform the nearest facility with a Medical Officer and arrange for referral. However, there would be cases where you would need to provide help to the individual and family before they receive medical care.

You can provide Psychological First Aid to the individuals-

1. Listen without judgement
    - Listen with patience, respect and don't judge
    - If the person doesn't start talking by him/herself encourage the person to tell you about what he/she is doing during every day.
    - You may ask the person about any suspicions or fears

- Speak with a calm and friendly voice in short and clear sentences
- Don't argue with the person about their hallucinations or delusions (accept that these irrational perceptions are real for them, but don't pretend that they are real for you too)
- Avoid confrontation to prevent unpredictable actions

2. Assess risk of suicide and harm to others

   Assess the risk of suicide

   - Suicide is common; around 1 out of 10 people with psychosis commits suicide
   - Ask for suicidal thoughts and if yes, for concrete plans
   - Ask if the person is hearing voices commanding the person to harm him/herself (if yes, ask for advice from your supervisor or a mental health specialist)
   - Take actions according to what you learnt in chapter 3 about psychological first aid.

   Assess the risk of harm to others

   - It is NOT common that a person with a psychosis harms others
   - It can happen in rare cases that a person with a psychosis involves another person in his/her delusions and feels threatened
   - Ask if the person is hearing voices commanding to harm another person (if yes, ask for advice from your supervisor or a mental health specialist)
   - If a person is threatening violence, call for help

3. Give reassurance and information
   - Tell the person/ the family that you want to help
   - Tell the person/the family that you think that he/she is suffering from a real medical illness
   - Tell the person/the family that there are effective medicines available to reduce the stress and fear
   - It is not the appropriate to give them information about psychosis as they will lack insight into their illness, when a person is experiencing acute hallucinations and delusions
   - As soon as the person is again more in touch with reality (e.g. when on medicines) it is important to explain the symptoms of the psychosis

4. Encourage the person to get appropriate help from healthcare providers
   - A person with a psychosis needs to take medicines as soon as possible
   - Organize the referral to nearest facility with a Medical Officer and inform CHO about it.
   - Involve the family for encouragement and support

5. Rather than encouraging self-help treatments, the focus is on support to the family
   - Provide the family information and emotional support
   - Advise which behaviours will decrease the stress for the person with the psychosis and the family member

You may face incidences when the person does not want help. This situation is typical for a person in acute psychotic state, due to lack of insight in to the illness. In such cases,

- Try to not label the illness and say that you can provide help for fears, stress or sleeping problems

- Try to involve the family for encouragement
- Ask CHO/MO for advice

This might be the case when a person feels threatened himself/herself due to his/her hallucinations and delusions

- Only a small percentage of people with a psychosis may threaten violence (unfortunately the media tends to publicize these few cases)
- Try to avoid any confrontation and don't go too close to the person
- Try to create a calm atmosphere to reduce the fear
- If possible, ask the person to sit down
- Talk slowly in calm manner ("nobody wants to harm you, you are safe")
- Call (or let someone else call) CHO, a mental health specialist or doctor to come for help
- Meanwhile, you may ask anyone around for support
- In emergencies you may have to call the police for help

The individual will be assessed by Medical Officer and specialist, who will prescribe medicines for her/him.

Psychosocial interventions for psychosis:

When a person has been identified with schizophrenia or mood disorders, the management will also include psychosocial interventions along with medicines. These include psycho education, cognitive behavioural therapy (CBT), social skills training and family intervention. You would assist the CHO in providing these interventions.

Medicines for psychosis

When an individual is diagnosed for psychosis by a specialist, medicines are prescribed to him/her. These are called *'antipsychotics'*.

- These medicines are very effective to treat hallucinations and delusions within a few days
- Within the first days the person may feel sedated (tired) from the medicines
- Medicines usually have to be taken on a daily base, some may also be given as injections (e.g. one injection every 2 or 4 weeks)
- Some of the medicines may cause side-effects like trembling of stiffness of the body (e.g. Haloperidol) or weight gain (e.g. olanzapine)
- If side-effects are intolerable the doctor will change the medicine or prescribe another medicine to reduce the side-effects.
- Medicines should be taken on a long-term base to prevent further relapses (psychosis usually occurs in episodes)

Once treatment is initiated, you have a key role in ensuring adherence and supporting the individual along with help from ASHAs and CHO.

How to facilitate treatment adherence

- Make sure that the person is taking his/her medicine daily or gets his/her injection regularly
- Advise patients to never stop their medicines without talking to the CHO/MO

- If intolerable side-effects occur, refer to the PHC-MO and inform CHO.
- Ensure that the patient goes to see the doctor for medical check-ups (e.g. blood tests) regularly (e.g. once every 3 months)

How to support the person with the psychosis

- Once the person is again in touch with reality you may focus on encouraging self-help-treatments and explain the symptoms of a psychosis
- Encourage small activities but don't over burden the person
- Be aware that once the hallucinations and delusions fade off the person may suffer from a lack of motivation and a sad mood for a while (always ask for suicidal thoughts during that period)
- A worsening of the sleep may indicate a relapse, refer to the doctor
- Try to follow-up the person every 2-4 weeks or as prescribed by the doctor
- It is important to involve and support the family

Rehabilitation: Schizophrenia usually develops during early adulthood. So, rehabilitation must focus to increase the individual's ability to function normally. Hence, rehabilitation needs to include vocational training and preparing them to solve problems and money management in daily lives. Family education is necessary to educate family members about Schizophrenia which may help to support the patient recover better. People with Schizophrenia recover better with strong support from family and friends.

III. Child and Adolescent Mental Health Disorders –

These are specific to the age group, for example, some children can develop slower than other children or show behaviours causing problems. These include,

1. Intellectual developmental disability

Behavioural disorders such as –

1. Attention Deficit Hyperactivity Disorder,
2. Oppositional Defiant Disorder, and
3. Conduct Disorder

1. Intellectual developmental disability:

Intellectual Developmental Disability (IDD) is a neurodevelopmental disorder. It is a disability with difficulty in both intellectual functioning and in day to day behaviour, which covers many everyday social and practical skills. This disability starts before the age of 18. Earlier it was called mental retardation, but now the word intellectual disability is used as it is more inclusive and less discriminatory.

IDD is the most common developmental disability. About 3% of the world population has this condition. In India, 5 out of 1000 children are diagnosed with Intellectual disability. It is more common in boys than girls. The death rates are high with severe & profound levels of intellectual disability because of other physical diseases and disabilities. There are many biological and psychosocial risk factors that may result in IDD, but the exact cause for IDD is not known.

Features of IDD in Children

- Limitation in Intellectual Functioning (Intelligence):
  - Difficulty in learning about numbers, time, alphabets, etc.
  - Difficulty understanding what is right or wrong and reasoning
  - Difficulty in problem solving, and so on.
- Limitation in Day to Day functions/ tasks:
  - Difficulty in acquiring skills that are learned and performed by people in their everyday lives.
  - Difficulty in learning language; money, time, and number concepts; and self-direction.
  - Difficulty in interpersonal skills, social responsibility, self-esteem, social problem solving, and the inability to follow rules/obey laws.
  - Difficulty in doing activities of daily living (personal care), occupational skills, healthcare, travel/transportation, schedules/routines, safety, use of money, use of the telephone, taking a bus, riding a bicycle, etc.

Signs to identify IDD in Children

- ✓ Sit up, crawl, or walk later than other children
- ✓ Learn to talk later, or have trouble speaking and remembering
- ✓ Slow to master things like toilet training, dressing, and feeding himself or herself
- ✓ Have difficulty understanding social rules
- ✓ Have trouble seeing the results of their actions
- ✓ Have trouble solving problems and thinking logically
- ✓ Reduced ability to learn or to meet academic demands
- ✓ Difficulty in expressive or receptive language
- ✓ Psychomotor skill deficits
- ✓ Irritability when frustrated or upset, fluctuating mood and acting-out behavior
- ✓ Children with an intellectual disability show a delay in their understanding of the world and take longer to think and learn new skills. e.g. talking, self-help skills such as dressing and eating independently. The age of acquiring a specific skill depends on the rate of learning.
- ✓ Children with difficulties in speech or language either since birth or suddenly due to any infection of illness.

Your role as a frontline worker would be to recognize the child with probable symptoms, encourage parents for appropriate help and provide right information.

- Early identification and referral of children with IDD to healthcare facility.
- Educate parents about intellectual disabilities. The more they know, the better they can advocate for their child.
- Encourage parents to teach the child adaptive skills, such as eating, dressing, grooming & toileting.
- Emphasis on the need for special education for children with IDD

- Connecting with other parents of intellectually disabled children as a source of advice and emotional support.
- Counselling other pregnant women and their spouses on the importance of nutrition, institutionalized delivery, and regular check-up of the infant and mother after the delivery.

2. Attention Deficit Hyperactivity Disorder (ADHD):

This is a neurodevelopmental disorder characterized by inattention, hyperactivity and impulsive behaviour. ADHD may have a genetic component, but it is not clear exactly what causes it in the children.

When children with ADHD are not recognized, they may be mislabelled naughty and irresponsible and be blamed and punished for their behaviours. Punishment can worsen their behaviour and also if children with ADHD do not receive care and support, they may drop out from school and other activities.

Behavioural Aspects of ADHD

Inattention tends to appear when a child is involved in tasks that require vigilance, rapid reaction time, visual search, and systematic and sustained listening.

Hyperactivity involves excessive motor activity. Children, particularly younger ones, may have trouble sitting quietly when expected to (e.g, in school). Older children may simply be fidgety, restless, or talkative—sometimes to the extent that others feel worn out watching them.

Impulsivity refers to hasty actions that have the potential for a negative outcome (e.g, in children, running across a street without looking; in adolescents and adults, suddenly quitting school or a job without thought for the consequences).

INATTENTION	HYPERACTIVITY	IMPULSIVITY
1. Fails to give close attention to details. 2. Makes careless mistakes in schoolwork, at work, or during other activities. 3. Difficulty in sustaining attention during daily tasks. 4. Often distracted by external stimuli. 5. Forgetfulness in daily activities. 6. Avoiding activities that demand sustained attention. 7. Does not listen when spoken to directly 8. Unable to organize himself/herself for daily activities. 9. Loses things frequently	1. Plays with hands and feet while on seat. 2. Climbing trees, walls and high areas excessively. 3. Has excessive energy and highly physically active. 4. Unable to engage and play in leisure activities quietly. 5. Talks excessively. 6. Unable to sit in one place.	1. Answers before questions are completed. 2. Interrupts and intrudes others activities. 3. Unable to wait for his/her turn.

3. Oppositional Defiant Disorder (ODD)

This is a childhood disorder that is defined by a pattern of hostile, disobedient, and defiant behaviours directed at adults or other authority figures. ODD is also characterized by children displaying angry and irritable moods, as well as argumentative and vindictive behaviours.

How to identify if the child has ODD?

To be diagnosed to have ODD, a child much have at least 4 symptoms from the following:

- Angry and irritable mood:
  - ✓ Often loses temper
  - ✓ Is easily annoyed by others
  - ✓ Is often angry and resentful
- Argumentative and defiant behaviour:
  - ✓ Often argues with adults or people in authority
  - ✓ Often actively defies or refuses to comply with adults' requests or rules
  - ✓ Often deliberately annoys people
  - ✓ Often blames others for his or her mistakes or misbehaviour
- Vindictiveness:
  - ✓ Is often spiteful or vindictive
  - ✓ Has shown spiteful or vindictive behaviour at least twice in the past six months

The persistence and frequency of these behaviours should be used to distinguish a behaviour that is within normal limits from a behaviour that is symptomatic.

- For children younger than 5 years, the behaviour should occur on most days for a period of at least 6 months.
- For individuals 5 years or older, the behaviour should occur at least once per week for at least 6 months. Symptoms may be present at home, in the community, at school, or in all three settings.

Children with early onset of ODD are more likely to develop conduct disorder (CD) later in life which is more severe form of behavioural problems. Therefore, early identification and treatment of ODD is very important.

4. Conduct disorder (CD):

Conduct disorder (CD) is a serious, persistent pattern of behavioural and emotional disorder that can occur in children and teenagers. A child with this disorder may display a pattern of disruptive and violent behaviour and have problems following rules.

What are the signs and symptoms of Conduct disorder?

It is common for children and teenagers to have behaviour related problems during their development. However, it is considered as CD when the child's behaviour violates the rights of others, goes against the accepted norms of behaviour, it is long lasting and disturbs the child's or family's everyday life. Common symptoms seen in CD are,

- Aggression to People and animals (often bullies, threatens or intimidates others, often initiates physical fights, uses weapon that can cause serious physical harm to others, has been physically cruel to people or animals, steals).
- Destruction of Property, Deceitfulness or Theft (breaks into someone else's house, building, or car, lies to obtain goods or favors or to avoid obligations).
- Serious Violations of Rules (Stays out at night despite parental prohibitions, runs away from home or from school).

The disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning. These children often are unable to appreciate how their behaviour can hurt others and generally have little guilt or remorse about hurting others.

Why is it important to know and learn about CD?

- Children and adolescents with CD may lead to school suspension, problem in work adjustments, legal difficulties, sexually transmitted diseases term, physical injury from accidents or fights.
- CD is often associated with an early onset of problems behaviours such as high risk sexual behaviour, alcohol use, tobacco smoking, use of illegal substances, and reckless and risk-taking acts

How to identify children/adolescents with behavioural disorder?

Use of Community Informant Decision Tool (CIDT) for Behavioural problem:

If you identify any child/adolescent with probable symptoms of behavioural disorder, you will use the CIDT for understanding the symptoms and help seeking behaviours. You will interact with family members/close caregiver to fill the tool.

If the signs and symptoms match and at least one 'Yes' response is recorded in the last two questions, you will inform the parent and refer the child to SHC-HWC.

CHO will assess the child/adolescent and may refer him/her to PHC-MO or specialist.

If the PHC-MO/specialist confirms the diagnosis, treatment plan would be shared with CHO at SHC-HWC. You would provide the information about treatment to the parents and provide necessary support.

IV. Neurological conditions

These conditions affect brain and include epilepsy and dementia. When a person has several seizures, it is called Epilepsy. Old people may develop dementia, which means loss of memory. E.g. they may forget the names of their family members and not find their house anymore. Detailed information about these conditions is as follows-

1) Epilepsy

What is epilepsy?

The main symptom of epilepsy is having repeated seizures. To diagnose epilepsy the person must have at least 2 seizures per month.

Epilepsy usually starts before the age of 20 and anyone can get this condition. It affects both men and women. Around 1 out of 100-200 people will have epilepsy.

What is a seizure?

- The person may suddenly lose consciousness and fall down
- The person may also stay awake and suddenly show a change in behaviour
- The person may show shaking movements of one arm or the whole body
- The seizure may last a few minutes

- When unconscious the person may bite his tongue or involuntarily pass urine
- After the seizure has stopped the person may still be sleepy for a while

Causes of seizures- These can result from different types of causes.

- Brain infections (e.g. malaria, meningitis)
- Brain tumours
- Alcohol withdrawal
- Other serious medical illnesses

A hysterical reaction may also look like a seizure, but the person will never lose consciousness. When a person older than 30 is having his/her first fit, this might be due to medical causes. Refer such person urgently to a nearest medical facility with Medical Officer.

Myths and Facts about Epilepsy

Like other mental health disorders, there are some misconceptions about the epilepsy prevalent among community members. These lead to delay in recognition and accessing care for the disease. You will have a key role in dispelling these myths during community interactions.

Some of the common myths and corresponding facts about epilepsy are–

Myths	Facts
1. Epilepsy is caused by evil spirit or supernatural powers	1. Epilepsy is caused by internal factors like electrical changes in the brain
2. Epilepsy cannot be cured.	2. Epilepsy can be cured with regular medicines and surgery.
3. If someone is having a fit (seizure). They should be restrained and wooden block or spoon should be put in their mouth.	3. The person should not be restrained but it should be made sure that is not falling down from bed/ from higher platforms. Nothing should be forced into the mouth of the person.
4. Person may follow their tongue during fit (seizures).	4. Person may bite their tongue during the seizure. They never will be able to swallow their tongue.
5. Person with epilepsy usually have less intelligence.	5. Person with epilepsy are as intelligent as everyone else. Epilepsy does not affect intelligence.
6. Persons with epilepsy cannot get a job and need to stay at home because of their condition.	6. Persons with epilepsy with regular medication can lead a healthy and productive life. However, some jobs like driving, operating heavy machinery need to be avoided.
7. Persons with epilepsy cannot marry or have children.	7. Person with epilepsy can get married if both the partners consent. Medical advice and maintaining one's health may help with having children.

Epilepsy and other mental health disorders – Epilepsy can cause great stress to the person as well as the family. These people can develop emotional problems. Common Mental Disorders and psychosis are common in people with epilepsy. People with epilepsy are also at increased risk of committing suicide.

How to identify and detect the condition?

Use of Community Based Assessment Checklist (CBAC)

In the CBAC form, there is one question regarding 'History of fits'. **If any individual has said yes to this question, ASHAs will refer the person to nearest facility, where Medical Officer is available and inform SHC-HWC about it.** You can administer the CIDT tool for further understanding the condition.

Community Informant Decision Tool

Use the tool for anyone who has reported similar symptoms. The questions will help you understand if the individual is probably having epilepsy.

How to help individuals with epilepsy?

Epilepsy is a chronic condition and the individual may suffer from other mental health disorders as discussed above. Therefore, your role would be to provide Psychological first aid in the community and when an individual visits SHC-HWC.

1. Listen without judgement
    - Help the person with basic counselling
    - Check for symptoms of other mental health disorders
2. Assess the risk for suicide
    - Ask for suicidal thoughts and concrete plans
    - Take action as you have learnt in chapter 3.
3. Give reassurance and information–
    - Epilepsy is a real medical illness and not caused by spirits
    - Epilepsy is a long-term illness
    - Epilepsy can be effectively treated with medicines
    - A person with epilepsy can lead a normal life, marry, have children, work in most jobs
4. Encourage the individual for medical help
    - Refer the individual immediately, if he/she has not visited doctor before or not taking any medications. Inform the CHO about the same.
5. Encouraging self-help-treatments and give advices for modifying the life-style
    - Have regular sleep
    - Have regular meals
    - Avoid extreme physical exercise (but exercise regularly)
    - Avoid watching TV for long hours
    - Avoid too much stress in general
    - Avoid alcohol
    - Practice relaxation, yoga, etc.

The person should not ride a bike, drive a car/tractor or work with heavy machinery (unless the last seizure is more than a year ago)

Treatment for epilepsy

Once the person is confirmed with epilepsy by a Medical Officer, he/she would be prescribed with medicines which need to be taken for a longer term. Your key role would be to support the individual and ensure treatment adherence.

Ensuring treatment adherence

- Tell the person that the key to treating epilepsy is to take the prescribed medicines
- Medicines need to be taken daily and on a longer term
- Tell the person not to stop the medication without consulting the doctor
- Medicines may sometimes cause tiredness in the beginning
- Ensure that the person is going regularly for medical check ups (blood tests, scan etc.)

If a person is having fit (seizure), take following steps

- Remember that most fits are self-limited and will stop after a few minutes.
- If a person is unconscious try to turn the person on his/her side
- Ensure that the person does not hurt himself
- Don't hold or restrain the person, don't put anything in the person's mouth
- If the fit is not over (stop of shaking, opening of eyes) after 5 minutes call the ambulance, This is a medical emergency ("status epilepticus")
- Comfort the person when he /she awakes

2) Dementia

Usually only elderly people (over 60 years) are affected by dementia. Both men and women can get dementia. A severely alcohol dependent person may get dementia at an earlier age. Dementia occurs in different stages from mild-to-severe.

Symptoms of dementia

- Memory problems: the person may forget things more than usual, in more severe cases the person may even forget who his/her closest relatives are
- Orientation problems: the person may not find his/her room or house anymore and may not know the time of day
- Disturbed behaviours: the person may be restless and walking around at night, show aggressive behaviours or commit senseless actions (e.g. putting food under the bed), the speech may become disturbed
- Loss of daily living skills: in more severe cases the person will lose his/her ability to care for him/herself and will need help for dressing, eating, bathing and toileting
- Complete helplessness: in final stages the person may be completely bedridden and in need of constant care

Causes of dementia

- Normal aging processes (mild cases)
- Insufficient blood circulation in the brain (due to smaller strokes in the brain)

- Alzheimer's disease (destruction of brain tissue)
- AIDS may also cause dementia

How does dementia affect the family?

- The elderly are treated with love and respect in most families
- When an elderly person starts to behave in a disturbed manner it will put a lot of stress on the family
- When dementia gets worse the person will need someone (usually a family member) caring for him

There may be few individuals in your community who are suffering from such symptoms. Your role would be to recognize the symptoms and provide appropriate help.

How to recognize a person with dementia?

If ASHA informs you about any such individual or the individual/family member visits SHC-HWC with related complaints, you will administer a screening tool.

You will ask these questions to a close caregiver and refer the individual if he/she scores more than 4.

Everyday Abilities Scale for India

1. Does he/she ever forget that he/she has just eaten and ask for food again after he/she has just eaten?
2. Does he/she urinate in an appropriate place?
3. Do his/her clothes ever get dirty from urine or stools?

Tell me the following about his clothes:

4. Is his/her shirt buttoned properly?
5. Is his/her dhoti/petticoat tied properly?
6. Is he/she able to work as a member of a team i.e. in a group activity which requires different roles from people will he/she be able to participate?
7. Does he/she express his/her opinion on important family matters, e.g., marriage?
8. If he/she is assigned or himself/herself decides to undertake an important task can he/she follow it through to completion?
9. Is he/she able to remember important festivals such as Holi, Diwali?
10. If he/she is asked to deliver a message does he/she remember to do so?
11. Does he/she discuss local/regional events such as marriages, disasters, politics appropriately?
12. Does he/she ever lose his/her way in the village?
13. Are they able to handle calculations and money?
14. Is there a change in behaviour or personality?
15. Is there new onset depression?

All questions are in Yes/No format. No is given 1-point Scores >4 are to be evaluated further.

Points to keep in mind:

- **All these should be a new symptom or appearance not present in the individual few months or years before.**
- **History to be taken from a close caregiver, staying with person for longer than duration of appearance of symptoms.**

How to help a person with dementia

PHC-MO or specialists can confirm the diagnosis of dementia. Some symptoms of dementia can be treated with medicines. At SHC-HWC level, you can provide psychological first aid to the individual.

Psychological First Aid for a person with dementia will focus on encouraging appropriate professional help for certain symptoms and giving information and practical tips to the family.

Remember

- Disturbed behaviours and sleeping problems can be treated with medicines, refer to a mental health specialist or medical doctor
- A person with dementia will usually not be in danger of committing suicide, but the person may cause harm to himself due to his helplessness (e.g. running away from home)
- A person with mild dementia may have symptoms of a common mental disorder

How to help family living with a person with dementia

As we learnt, dementia is common in elderly persons. The family having elderly persons may also need your support for this. They also need someone to talk to and assure them. You may be able to help them through providing psychosocial support, along with ASHAs.

- Educate them about dementia, disturbed behaviours and aggressive behaviours. Assure them that they will be able to handle this.
- Family members should understand that person with dementia needs to be cared with patience and compassion.
- It is common for the person to forget that they have eaten or taken a bath. Asking repeatedly for such things may cause irritation. A lot of patience is required for such cases.
- Family members can be suggested to take turns to take care of the elderly as it could be often exhausting for one person to take care of the elderly constantly.
- Inform them about need of continued care and accompaniment in case the dementia progresses.

V. Substance Use Disorder:

A person may consume too much harmful substances like alcohol, tobacco or other illegal substances like ganja, hashish etc.

1) Alcohol Use disorder: This comprises of harmful drinking and dependence

Drinking Alcohol is a social habit in many cultures in the world. It is forbidden to some people (generally or at some days) out of religious reasons and to younger people as per the law. Although alcohol drinking in itself is not a mental health disorder, alcohol consumed regularly in excessive quantity leads to mental health disorder. In excessive quantities, it has a severe impact on our health, our relationships and the society.

Different types of drinking

- Social drinking: occasional drinking in social rounds and not causing any medical or social problems
- Harmful drinking: The drinking can cause damage to the person's physical or mental health and is associated with adverse social consequences
- Alcohol dependence: the person has a sense of compulsion to drink alcohol daily and needs to gradually increase the amount of alcohol to feel physically and mentally well; the person will usually neglect his/her responsibilities and other interests

Why do people drink too much?

- Many people start drinking when they are teenagers because their friends drink and they want to be social (peer pressure)
- Alcohol is easily available and quite cheap
- Some people start to drink more alcohol when they feel stressed or can't sleep
- Some people work hard and drink more to reduce their pains
- When people start to use alcohol to cope better with their problems they are already in danger to develop an alcohol use disorder

What are the problems if a person drinks too much?

- Too much alcohol causes damage to the person's mental and general health
- The person may become dependent on alcohol: meaning he/she will not feel comfortable without drinking alcohol anymore
- Too much drinking often leads to social problems at home or at work

Excessive alcohol drinking causes physical and mental health problems to the individual as well as certain social problems.

General health problems caused by too much alcohol include,

- Liver problems (alcohol damages the liver which can later cause death, you may recognize the person having a yellowish skin or eyes)
- Stomach aches, nausea, vomiting (alcohol damages the stomach)
- Sensation of numbness in the feet or experience of sexual impotence (alcohol damages the nerves)
- A higher risk of injuries or accidents (alcohol disturbs the ability of appropriate reaction and concentration)
- Development of a physical dependence (with withdrawal symptoms when not drinking)

What are withdrawal symptoms?

- Withdrawal symptoms occur when the dependent person doesn't get his/her drink
- They occur as a sign that a person has become physically dependent on alcohol and can't be without alcohol anymore
- Dependent people often have to get their first drink early in the morning to avoid withdrawal symptoms

Typical withdrawal symptoms are,

- Restlessness and irritability Sweating
- Shaking or trembling of hands
- Fast heartbeat
- High blood pressure (red face)

And in severe cases:

- Seeing things not there (hallucinations)
- Disorientation (the person doesn't know where he/she is)
- Seizures

In severe cases you have to call a doctor immediately as this is a life-threatening condition

Mental health problems caused by too much alcohol

- Psychological dependency (the person will start to think that he/she can only perform well with alcohol, the mind starts to become preoccupied with thoughts about alcohol)
- Experience of typical symptoms of a common mental disorder (e.g. sleeping problems, sad or irritable moods, fears)
- Experience of hallucinations (e.g. hearing voices or seeing things) or unreasonable jealousy
- In chronic cases: loss of memory and orientation and become a 'helpless person' (alcohol damages the brain)
- Epileptic fits
- Increased risk of suicide

Social problems caused by too much alcohol

Problems in the family:

- Arguments about spending too much money on alcohol and not fulfilling household duties when drunken
- Aggressive or violent behaviors (domestic violence is often associated with alcohol use disorders)
- To avoid arguments some people with Alcohol Use Disorder may drink secretly, e.g. hide bottles somewhere in the house

Problems at work:

- Appearing drunken at work
- Having problems with concentration
- Becoming unreliable
- The person may lose his/her job

CASE STUDY 4:

Vishal is a 43 year old man who is coming to the primary health clinic with a number of physical complaints. He reports that he is not sleeping well and feels like vomiting in the morning with burning stomach pains. He has been to a doctor who prescribed him pills for the stomach pain and nausea which didn't help much. Today he is also trembling and sweating and 'begging' to give him some sleeping pills. The ANM suspects that he might be suffering from an alcohol use disorder. Being asked about how much alcohol he drank in the last two weeks he admits that he has been drinking about 4-6 beers daily and sometimes in-between shots of self-brewed spirits. Now he is desperate as he has run out of money.

- With which symptoms is Vishal presenting in the center?
- How may you ask Vishal in a sensitive way about his alcohol consumption?
- What might be the causes that Vishal is drinking so much?

How will you recognize someone is drinking too much?

You may be aware of individuals in your community who are using excessive alcohol. ASHAs have administered CBAC tool to individuals 30 years and above, which contains question regarding 'Use of alcohol'. However, not everyone using alcohol is suffering from Alcohol Use Disorder. You will use a tool with specific questions to understand the possibility of disorder.

Community Informant Decision Tool

You will use this tool during your home visit and interact with family members to fill in the information. If the individual has symptoms matching with the case described in CIDT tool, and if the individual responds 'Yes' to either of the last two questions, you will refer the individual to CHO.

2) Use of tobacco and other substances

Tobacco is available in smoking form, mostly as beedis and cigarettes in India. It is also available in smokeless form as paan masala, gutka, snuff. You have learnt in detail about tobacco and its effects during your training on non-communicable diseases.

Other substances include cannabis products like bhang, ganja (grass/pot/weed), charas/hashish, marijuana. There are certain substances which are injected or inhaled.

How can you identify individuals suffering from alcohol/ tobacco/cannabis/opioid/inhalant use disorders?

Some individuals use the substance occasionally – but do not lose control over the amount they use. However, even such use can cause brain and muscle incoordination, leading to serious problems such as head injuries. Some individuals become dependent which increases the risk of various health and social problems.

IDENTIFYING DEPENDENCE

(at least 3 of the following to be present together in the past year)

- Strong desire to use (craving)
- Unable to reduce the amount used
- Withdrawal symptoms when they don't use or use less than usual amount (e.g. hands shaking, feeling irritable, not able to sleep)
- Needing more and more quantities of the substance to get the desired effect
- Neglecting responsibilities and spending more time using the substance or with related activities
- Continuing to use although aware of the negative effects.

How to help a person with Alcohol use disorder?

Psychological First Aid for a person with an alcohol use disorder–

1. Give reassurance and information
    - Harmful use of alcohol is a common problem
    - Alcohol Use Disorder is a real medical condition
    - Assure that drinking too much is not a character weakness but that some people are just more vulnerable than others to drink too much
    - Provide information about the harmful effects of too much alcohol
2. Assess the risk of suicide, self-harm or harm to others
    - Ask about suicidal thoughts and concrete plans
    - A person with an alcohol use disorder is at a high risk of committing suicide
    - Many suicide attempts happen under the influence of alcohol
3. Encourage to get appropriate help
    - Refer to CHO for counselling
    - Refer to MO for medical problems
    - Refer to the hospital with severe withdrawal, over dosage
    - If the person is motivated, refer him/her to a center specialized in treatment of alcohol use disorders
4. Encourage self-help treatments– Give advice (refer Chapter 3)
    - For sleeping problems
    - For a healthy diet
    - For regular exercise
    - For regular relaxation
    - To avoid sleeping pills or other addictive substances (e.g. tobacco, cannabis)
    - To join a support group, if available
    - For cutting down drinking or stop alcohol

Medical management

Treatment of withdrawal symptoms is done medically. The PHC-MO will prescribe the medicine required for the same.

In acute withdrawal cases (usually within 48 to 72 hours after sudden stopping or significant reduction in quantity of alcohol intake), hospitalization would be required and the individual needs to be referred immediately to secondary/tertiary hospital.

The individual may also be prescribed with medications to reduce craving/cause aversion to alcohol (E.g. Acamprosate, Disulfiram, Naltrexone).

Treatment monitoring and adherence

You will have a key role along with CHO, in monitoring of treatment when the individual is at home and to ensure compliance.

- Close observation and monitoring are important during withdrawal phase as the individual may develop acute withdrawal symptoms. Watch for dehydration, maintain fluid and electrolyte balance, and observe level of consciousness.
- Emphasize on medication compliance and regular follow-up.
- If the individual is prescribed disulfiram:
  - Warn that he should NOT drink any alcohol, otherwise life-threatening reactions can occur, which can continue for up to 2 weeks following the last dose.
  - Warn him NOT to use any alcohol-containing products such as cough syrups or any medicines without doctor's prescription. Also tell him not to use alcohol-based aftershave lotions, inhalation of paints or varnishes.
- If the individual is prescribed long-term medication (e.g. Acamprosate/Naltrexone): Watch for allergic reactions (e.g. skin rash), adverse effects such as headache, nausea, sedation, hepatotoxicity. Ask the individual to report any such effects immediately. Monitor vitals regularly during follow up.

Health promotion regarding substance use disorders

- Educate individuals about the harmful health effects of the substance: e.g. second-hand smoke effects on pregnant women and children and the dangers of drunken driving. Use this information to motivate them to quit use.
- Help individuals to overcome specific situations in which they may be using substances– Ask to identify specific situations in which they use, e.g. using to relax, forget problems, control hand tremors, sleep.
- Explain that use only increases problems by damaging health and finances.
- Help them to identify other sources of relaxation and other ways of dealing with problems, e.g. spending time with family/friends, reading, exercise, gardening, etc.
- When craving is strong, ask them to eat something or drink hot milk/fruit juice/water.
- Some people say they are drinking/ smoking due to pressure from friends. In that case, advise them to stay away from such friends, or tell those friends firmly not to insist that he should drink/ smoke along with them.
- Combine anti-substance messages into your routine health care activities, e.g.:
  - If a person is coughing/ has abdominal pain, ask: does he/she use tobacco/cannabis/ alcohol? If yes, explain that the use may be contributing to their health complaints, and that he/she needs to cut down.
  - Ask pregnant women: do they use alcohol/chew tobacco or cannabis? Or does anyone in the family smoke? Help them as well as their spouses understand that using alcohol/ tobacco, and second-hand smoke (smoke from someone else's beedi/cigarette) can harm the unborn baby.
- Help to organize public awareness programs (e.g.at schools) and help to put up anti-substance use messages in public places. Use local leaders (e.g. teachers, sarpanch) to spread these messages.

VI. Suicide ideation/behaviours

Suicide is the main cause of death among young people in India. Individuals suffering from mental health disorders are at more risk of suicide attempts. It is observed that, around 1 out of 10 people with a mental health disorder die from suicide. Women have more suicide attempts and men have

more completed suicides. It is also observed that there would be more individuals (10-20 times more), who would attempt suicide. Therefore, it is crucial to provide appropriate help to these individuals.

Why do people want to end their lives?

People may feel hopeless due to different reasons,

- They suffer from a mental health disorder (most common)
- They suffer extreme poverty or financial problems
- They experience domestic or sexual violence
- They lost their home or job
- They feel extremely lonely or excluded from society
- They have a severe, painful or incurable medical illness (e.g. HIV, cancer)
- They recently experienced the death of a loved person
- Young people may also act in an impulsive way, e.g. failure in exams

What are the risk factors for suicide?

Social risk factors:	**Clinical risk factors:**
◗ Large debt/ money problems ◗ Humiliation ◗ Loss of status: job, failed exam ◗ Loss of a loved person ◗ Experience of violence	◗ Presence of a mental health disorder ◗ Presence of a chronic, painful or a serious medical illness ◗ Previous suicide attempt ◗ Family history of suicide

There are some protective factors, which would help a person to avoid negative thoughts. These may include,

- Having good relations with family or friends (a good social network)
- Having a job
- Having an offer of help
- Having responsibilities such as small children to care for

It is important to know these factors, as you can identify the risk and communicate regarding the protective factors.

Myths and facts about suicide

There are certain myths prevailing in the community regarding suicide. Individuals who have attempted suicide or families where anyone has committed suicide face stigma and discrimination similar to any other metal health disorder.

Myths	Facts
People who talk about it will not commit suicide	Most people who commit suicide have given warnings
To ask a person about suicidal thoughts may increase the risk to commit suicide	No, talking relieves the individual and is the most important prevention
When a crisis is improving the risk of suicide is over	No, during the time of improvement a person may even have more energy to commit suicide
Suicidal people have definite intentions to die.	Most of them are ambivalent
Once a person is suicidal, he/she is always suicidal	Suicidal thoughts may return but they are not permanent and in some, it may never return.

As a frontline worker, you will provide right information to the community members. If you recognize an individual either with existing mental health disorder or any other risk factor for suicidal behaviour, you will undertake suicide risk assessment with the help form CHO.

How can you reach out to the suicidal individual?

The first time the frontline health workers sees the suicidal individual is very important. Usually this happens in the health centre, or during the home visit or in the community, it might become difficult to provide private space for conversation.

1. The first step is to provide a comfortable space with privacy to communicate with the individual.
2. Secondly one has to give them a chance to unwind themselves and express their feelings and emotions.
3. You will listen to the individual and allow them to speak. "To reach out and listen is itself the first major step in reducing the level of suicidal despair".

How can you identify a suicidal person?

Look for the following:

- History of earlier attempts
- Suffering from Mental disorders
- Co-occurring substance misuse
- History of suicide in their relatives
- Violence
- Difficulties in getting help from professionals
- Unwillingness to seek help because of stigma
- Withdrawing from relationships at family, social and work
- Financial loss
- Physical illness or medical problems
- Easy access to lethal means
- Modelling the suicidal behaviours of significant people.
- Cultural and religious beliefs

Suicide Risk Assessment

If you suspect the risk for suicidal behavior, then can assess for:

1. Present mental status and thoughts about killing self
2. How detailed is the plan and method.
3. What protective factors/the support system is available for the individual such as family, friends, relatives etc.

The best way to know if the person is having the suicidal thoughts is by asking them directly, talking about this can give the individual other alternatives or the time to change the decision. Better to start with leading questions such as: Do you feel

1. Unhappy?
2. Nobody bothers about you?

3. Life is not worth living?
4. Helpless and trapped?
5. Like harming yourself?
6. Like ending your life?
7. Like committing suicide?

The questions regarding suicide can be asked only when the individual begins to trust and feels that he is been understood. These must be asked carefully, without being judgmental.

Management of Suicide

Interventions are provided depending on the level of risk.

***If the person is at Low risk*:** Thoughts of self-harm come once in a while, but there are no plans. However, they will have thoughts like "I can't take it anymore", "I wish I was dead and gone".
Interventions:

1. Support and instill hope.
2. Work on the suicidal feelings. Identify the strengths in the person by talking about their past experiences and how they had resolved their issues in the past without thinking of suicide.
3. Refer to the PHC-MO.
4. Provide follow-up at regular intervals.

If the person is at Medium Risk: There are thoughts of self-harm and plans but he/she is still in the thinking stage and does not plan to act on the thought.

Interventions:

1. Offer emotional support and instill hope. Work on the suicidal feelings. Identify the positive strengths in the person.
2. Usually the suicidal person will have the ambivalent feelings about committing suicide, the community frontline health workers should use this opportunity to gradually instill hope.
3. Finding solutions: It might not be possible to solve all their problems but explore alternatives to suicide hoping that the person might consider at least one of the options provided.
4. Contracting: Building a contract by asking 'Will you promise me not to kill yourself till I find a help for you?'
5. Refer to PHC-MO or specialist as early as possible.
6. Involve the support system such as family members, friends, colleagues etc.

If the person is at High Risk: When the person has definitely decided about a method to commit suicide immediately.

Interventions:

1. Never allow the person to be alone and provide vigilant supervision.
2. Talk to the person gently and remove the access to means such as sharps, pills, rope etc.
3. Write out a statement that the person will not commit suicide and get it signed by him/her.
4. Refer to the specialist/secondary or tertiary care facility immediately.
5. Inform the relatives and get their help.

CHAPTER 5

Service Delivery Framework: Providing Mental Health Care as a Team and Key Tasks of MPW-F

In earlier chapters, you have learnt about your specific role related to several disease conditions. In this chapter, you will learn what tasks are expected of you in the primary mental health care delivery. You will also learn about services available at referral facilities and role of different service providers. You will find that many points that have been highlighted are repeated here, but this will help you to understand and plan your day to day work.

Service delivery framework for providing care for Mental health disorders

As you know, provision of healthcare services to the community is a teamwork. You would need to know about the roles of other team members– ASHAs, CHO, PHC team and service providers at secondary care facility in order to provide right information to the community members.

The following table provides brief information about services expected at different levels.

Table 2: Service Delivery Framework

Care at Community Level	Care at SHC-HWC	Care at PHC-HWC	Care at secondary/ tertiary care facility
◗ IEC and Community mobilization (***MPW, CHO and ASHAs***) ◗ Promotion of mental health– through family enrichment programs, school health programs, positive parenting, and physical activities initiative including yoga, balanced diet, exercise, sleep hygiene, and stress management. (***CHO and MPWs***) ◗ Screening and Early Detection using Community Informant Decision Tool (CIDT) (***CHO/MPW/AF***)	***Community Health Officer*** ◗ Conducting individual level awareness and stigma reduction activities ◗ Delivering Psychosocial Interventions ◗ Identification/ screening of MNS conditions ◗ Referral to PHC or higher facilities for diagnosis and treatment ◗ Administering Patient Health Questionnaire (PHQ) 9 for screening of depression.	***Medical Officer (MBBS)*** ◗ Conduct individual level awareness and stigma reduction activities ◗ Identification and screening for MNS conditions ◗ Identification/ diagnosis, and developing management plan for CMDs, Epilepsy and Dementia ◗ Identification/diagnosis and referral for confirmed diagnosis and initiation of treatment for SMDs, SUDs and C&AMHDs.	***Specialists*** ◗ Confirmed diagnosis of SMDs, SUDs and C&AMHDs ◗ Providing multidisciplinary care upon referral at the secondary level ◗ Clinical support and supervision for continued management by specialists

Care at Community Level	Care at SHC-HWC	Care at PHC-HWC	Care at secondary/ tertiary care facility
◗ Screening using Patient Health Questionnaires 2 (PHQ 2) as part of CBAC form administered by ***ASHAs*** ◗ Follow up care at home: Ensuring treatment compliance, providing treatment adherence support and checking for side effects by ***ASHAs, MPW*** ◗ Improving psychosocial competencies at individual and family level– Basic psychoeducation, psychological first aid, basic suicide risk assessment/ management by ***MPW, CHO***	Tracking for improvement in PHQ 9 score during follow up care. ◗ Emergency care for seizure/status epilepticus ◗ Developing and implementing comprehensive life plan for persons with dementia. ◗ Dispensation of medicines prescribed by PHC-MO and specialists ◗ Follow up care- checking for side effects and toxicities, for prescribed medications, monitoring for relapses and recurrences, checking for red flag signs, signs of abuse and neglect in patients with dementia ◗ Facilitating community-based rehabilitation, family-based interventions, organising meetings of self-help groups. ◗ Establish linkages with other programs, departments and NGOs for referral services	◗ Suicide risk assessment and basic management ◗ Initiation of pharmacological treatment for CMD, Epilepsy and Dementia ◗ Basic management of drug overdose/ intoxication ◗ Emergency care for seizure/status epilepticus ◗ Emergency management of poisoning ◗ Follow up care and continuation of treatment initiated by specialists	

Key roles and responsibilities of MPW-F

You would have role at both community and SHC-HWC setting. In order to provide community level care, you will continue to use Home Visits, the Village Health Nutrition Day (VHND), and meetings of Village Health Sanitation & Nutrition Committee (VHSNC). Using these platforms, you would undertake activities of mental health promotion, early identification and referral, provision of psychosocial intervention and ensuring treatment adherence, along with help from ASHAs.

At SHC-HWC, you would provide psychological first aid and other psychosocial interventions to the individual. You will help the CHO in undertaking screening and maintaining records for follow up.

Your key roles are–

1. Undertaking activities for mental health promotion in the community
2. Case detection and identification of persons with potential MNS conditions in the community, as and when required, using the CIDT tool.
3. Providing relevant community-based intervention package (e.g. relaxation training, psychological first aid, basic guidance on selfcare) to those who screen positive, followed by appropriate referral.
4. Providing advice and support (psychoeducation) to the family of individuals with mental health disorders
5. Undertaking home visits for treatment compliance and encouraging the individual for regular follow up visits to healthcare facility (SHC or PHC)
6. Assisting CHO in undertaking screening at facility level and maintaining records
7. Supporting ASHA in her tasks related to mental health care

1. Mental Health Promotion

You have learnt about the mental health, causes and risk factors of mental health disorders and myths and facts about mental health disorders. Based on these, you can undertake health promotion activities to–

- Raise awareness in the community about mental health disorders and dispel the myths and misconceptions
- Increase participation and voice of persons affected with mental health problems in all community level meetings
- Ensure that the persons affected with mental health problems and their caregivers are given due importance in the community and that they receive appropriate care
- Take collective action to stop physical or mental abuse of persons affected with mental health problems

ASHAs will also have a key role in health promotion. You will need to make sure that health promotion activities are continuous and not limited to a particular day. You can also undertake health promotion during home visits and community meetings, including meetings of the VHSNC/MAS.

The interventions for general population will include–

- Awareness programmes about mental health conditions and stigma reduction,
- providing information on services available at different platforms of care
- general symptoms of common mental disorders and suicide ideation;
- awareness and advocacy about societal problems that act as risk factors for mental health conditions such as: gender-based violence (domestic violence, sexual violence etc.), child abuse (emotional, physical or sexual abuse), substance dependence etc.

Interventions for targeted population:

- IEC and community mobilization for preventive and promotive messages;
- stigma reduction activities at the group level

With the help of ASHAs and CHO, you can plan for certain activities for mental health promotion. These can include,

- Dedicating special days to mental health (e.g. world mental health day)
- Discussing mental health during VHSNC/MAS or VHND meeting
- Discussing mental health during adolescent meetings at Anganwadi centre or SHC/PHC.
- Developing IEC material (pamphlets, posters) with the help of volunteers from community and ASHAs, CHO. It can be put up in the facility or distributed among community members.

2. Case detection and identification of persons with potential MNS conditions in the community, using CIDT tool as and when required.

You have learnt about signs and symptoms of different mental disorders. If you come across any individual with such symptoms or if ASHA informs you about any such individual, you will administer Community Informant Decision Tool. There are five such tools available with you, namely for assessing–

1. Depression
2. Psychosis
3. Epilepsy
4. Alcohol use disorder
5. Behavioural problem

You will interact with individual or a close care-giver/family member of that individual to complete the information regarding observation. You will check if the individual matches with the description provided in story from tool.

For all the conditions, the set of questions is similar. If there is no match between description and the individual you are speaking with, then there is no need of further action. However, if there is a moderate, good or very good match, you will ask two key questions.

1. Do the problems have a negative impact on daily functioning?
2. Does the person want support in dealing with these problems?

If the response is 'Yes' to any or both of these questions, you will refer the individual to CHO at SHC-HWC.

Remember

- CIDT is for identification of anyone with mental distress that would benefit from treatment
- The purpose of this tool is not for making a specific diagnosis.

You should also be careful not to create a scare in the community about these disease conditions. You must explain to the people that the checklist is not for diagnosing anyone of the condition. They need to be screened by CHO first, followed by visit to Medical Officer/specialist for confirmation, if necessary.

3. Providing relevant community-based intervention package

As a frontline worker, you are in a unique position to provide help to individuals experiencing any kind of symptoms of mental health disorder. If you recognize such symptoms in any individual,

you have an important role in providing assistance and helping the individuals to seek appropriate help.

You have learnt different psychosocial interventions appropriate for different types of disorders. Key principles of these interventions remain same. You will provide 'Psychological First Aid' along with ASHAs before the individual can access medical care.

Essential steps in Mental Health First Aid are-

1. Listen without judgement
2. Assess risk of suicide and harm to self to others
3. Give reassurance and information
4. Encourage the person to get appropriate professional help
5. Encourage self-help treatments, follow up and treatment compliance

After diagnosis of a disorder, the treatment will also include psychosocial interventions.

These include psychoeducation, relaxation training, self-help strategies and strengthening social support. The details about appropriate intervention package would be guided by CHO and PHC-MO. You would help in delivery of these interventions at community level along with help from ASHAs. You will undertake the activity through family and one-to-one meetings during home visits.

4. Providing advice and support to the family of individual with mental health disorder

Families of individuals with mental health disorders are also under stress similar to families of individuals with any long-term illness. Moreover, limited information and stigma against the disorder can increase the stress. Therefore, family members also require support. They need to be provided with right information regarding the disorder and care options to help the individual.

Family members can also play a key role in helping the individual to get better. You would provide support to the family members and provide them with right information about disorder, available care options along with ASHAs.

You have learnt about the ways to help and involve family in the chapter on Psychosocial interventions. You can undertake this activity through home visits.

5. Ensuring treatment compliance

Most of the mental health disorders would require a long-term medication. If not medication, they would need continuing support to maintain mental health. You will play a key role in ensuring treatment adherence. As per the guidance of CHO, you and ASHA will visit the individual to ensure if the prescribed treatment is being followed. The frequency of visit will vary depending upon the condition. During the visit, you will also check for development of any side effects of medicines, any change in signs and symptoms. You will encourage the individual to visit the doctor/specialist as per scheduled follow-up visits.

6. Assisting CHO in undertaking screening at facility level and maintaining records

At SHC-HWC, CHO will conduct detailed screening of individuals referred by ASHAs and yourself from the community. You will help the CHO in maintaining records regarding screening and referral.

When an individual is diagnosed and is accessing care at SHC-HWC, you will provide psychosocial interventions when they visit SHC-HWC. You will maintain records regarding the confirmed cases and treatment details to facilitate follow up care.

7. Supporting ASHA in her tasks related to mental health care

ASHAs will be undertaking activities such as mental health promotion in the community, completing screening using the Community Based Assessment Checklist (CBAC) containing PHQ-2 questionnaire and recognizing symptoms of any other disorders during home visits and interaction with community members. You will guide and supervise the completion of CBAC form filling. They will communicate with you if they identify any individual with probable symptoms.

ASHAs are also trained in providing Mental Health First Aid to the individuals presenting with symptoms of mental distress and to support the family of individuals with mental health disorders. You will uundertake home visits for treatment compliance and encouraging the individual for regular follow up visits to healthcare facility (SHC or PHC) along with ASHA.

ANNEXURE 1

Community Based Assessment Checklist (CBAC)

revised draft 6 October 2020 V.5

Date: DD/MM/YYYY

General Information	
Name of ASHA:	Village/Ward:
Name of MPW/ANM:	Sub Centre:
	PHC/UPHC:
Personal Details	
Name:	Any Identifier (Aadhar Card/ any other UID – Voter ID etc.):
Age:	State Health Insurance Schemes: Yes/No If yes, specify:
Sex:	Telephone No. (self/family member /other - *specify details*):
Address:	
Does this person have any of the following: visible defect /known disability/ Bed ridden/ require support for Activities of Daily Living	If yes, Please specify

Part A: Risk Assessment			
Question	**Range**	**Circle Any**	**Write Score**
1. What is your age? (in complete years)	0 – 29 years	0	
	30 – 39 years	1	
	40 – 49 years	2	
	50 – 59 years	3	
	≥ 60 years	4	
2. Do you smoke or consume smokeless products such as gutka or khaini?	Never	0	
	Used to consume in the past/ Sometimes now	1	
	Daily	2	

Question	Range		Circle Any	Write Score
3. Do you consume alcohol daily	No		0	
	Yes		1	
4. Measurement of waist (in cm)	**Female**	**Male**		
	80 cm or less	90 cm or less	0	
	81-90 cm	91-100 cm	1	
	More than 90 cm	More than 100 cm	2	
5. Do you undertake any physical activities for minimum of 150 minutes in a week? (Daily minimum 30 minutes per day – Five days a week)	At least 150 minutes in a week		0	
	Less than 150 minutes in a week		1	
6. Do you have a family history (any one of your parents or siblings) of high blood pressure, diabetes and heart disease?	No		0	
	Yes		2	
Total Score				

Every individual needs to be screened irrespective of their scores.

A score above 4 indicates that the person may be at higher risk of NCDs and needs to be prioritized for attending the weekly screening day.

Part B: Early Detection: Ask if Patient has any of these Symptoms			
B1: Women and Men	**Y/N**		**Y/N**
Shortness of breath (*difficulty in breathing*)		History of fits	
Coughing more than 2 weeks*		Difficulty in opening mouth	
Blood in sputum*		Any ulcers in mouth that has not healed in two weeks	
Fever for > 2 weeks*		Any growth in mouth that has not healed in two weeks	
Loss of weight*		Any white or red patch in mouth that has not healed in two weeks	
Night Sweats*		Pain while chewing	
Are you currently taking anti-TB drugs**		Any change in the tone of your voice	
Anyone in family currently suffering from TB**		Any hypopigmented patch(es) or discolored lesion(s) with loss of sensation	
History of TB *		Any thickened skin	
Recurrent ulceration on palm or sole		Any nodules on skin	
Recurrent tingling on palm(s) or sole(s)		Recurrent numbness on palm(s) or sole(s)	
Cloudy or blurred vision		Clawing of fingers in hands and/or feet	
Difficulty in reading		Tingling and numbness in hands and/or feet	
Pain in eyes lasting for more than a week		Inability to close eyelid	
Redness in eyes lasting for more than a week		Difficulty in holding objects with hands/ fingers	
Difficulty in hearing		Weakness in feet that causes difficulty in walking	

B2: Women only	**Y/N**		**Y/N**
Lump in the breast		Bleeding after menopause	
Blood stained discharge from the nipple		Bleeding after intercourse	
Change in shape and size of breast		Foul smelling vaginal discharge	
Bleeding between periods			
B3: Elderly Specific *(60 years and above)*	**Y/N**		**Y/N**
Feeling unsteady while standing or walking		Needing help from others to perform everyday activities such as eating, getting dressed, grooming, bathing, walking, or using the toilet	
Suffering from any physical disability that restricts movement		Forgetting names of your near ones or your own home address	
In case of individual answers Yes to any one of the above-mentioned symptoms, refer the patient immediately to the nearest facility where a Medical Officer is available			
*If the response is Yes- action suggested: Sputum sample collection and transport to nearest TB testing center			
** If the answer is yes, tracing of all family members to be done by ANM/MPW			

Part C: Risk factors for COPD
Circle all that Apply
Type of Fuel used for cooking – Firewood / Crop Residue / Cow dung cake / Coal / Kerosene / LPG
Occupational exposure – Crop residue burning/burning of garbage – leaves/working in industries with smoke, gas and dust exposure such as brick kilns and glass factories etc.

Part D: PHQ 2					
Over the last 2 weeks, how often have you been bothered by the following problems?		Not at all	Several days	More than half the days	Nearly every day
1.	Little interest or pleasure in doing things?	0	+1	+2	+3
2.	Feeling down, depressed or hopeless?	0	+1	+2	+3
Total Score					
Anyone with total score greater than 3 should be referred to CHO/ MO (PHC/UPHC)					

ANNEXURE 2

Community Informant Decision Tool

(Sample screening and diagnostic tools for adoption/adaptation by states)

Name: Location:

DEPRESSION

Since the last Dashain festival Ram Bahadur looks really down and sad. It seemed to have started when his wife died. Nowadays, along with the loss of interest in his work he doesn't feel like doing anything, not even taking care of his baby son. These days, as he cannot fall asleep at night and has difficulty sleeping, he feels weak and fatigue. He has stalled to get angry and irritated with his family and friends even about trivial matters. As he feels easily tired and weak, he has started thinking that he cannot do anything in his life. Since past few days, he has started feeling that his future is dark because of which he does not want to live or feels that his life is useless. For 5 months he has hardly worked on the field anymore, he just sits at home all day.

Referred by (Name): _____

☐ Teacher ☐ Mother's Group ☐ Traditional Healer ☐ FCHV

OBSERVATION

QUESTIONS

A1. Does this narrative apply to the person you are talking to now?

- No match (description does not apply) .....1 } Finished
- Moderate match (person has significant features of this descriptions) 2
- Good match (description apply well).....3
- Very good match (person exemplifies description, prototypical case).....4

} Go to A2/A3

A2 Do the problems have a negative impact on daily functioning?

- No 1
- Yes 2

A3 Does this person want support in dealing with these problems?

- No 1
- Yes 2

PSYCHOSIS

Since a few months, some changes can be seen in Prakash's behavior. He thinks of himself as a very powerful and superior being. He tells everyone that he can do things that others cannot do. He keeps talking weird things and monotonously and during such times, even if his family members or neighbors ask him to stop, he doesn't stop. He says that while he is sitting alone or when there is no one around him, he hears voices that are talking or calling to him. He has slowly stopped showing interest in the household and community activities that he is supposed to do. Due to such behavior, he had to stop the work he was doing. Often he just wanders around the town, not washed and looking very dirty. Prakash seems like a different person now.

Referred by (Name): _____

☐ Teacher ☐ Mother's Group ☐ Traditional Healer ☐ FCHV

OBSERVATION

QUESTIONS

A1. Does this narrative apply to the person you are talking to now?

- No match (description does not apply) .....1 } Finished
- Moderate match (person has significant features of this descriptions).....2
- Good match (description apply well).....3
- Very good match (person exemplifies description, prototypical case).....4

Go to A2/A3

A2 Do the problems have a negative impact on daily functioning?

- No 1
- Yes 2

A3 Does this person want support in dealing with these problems?

- No 1
- Yes 2

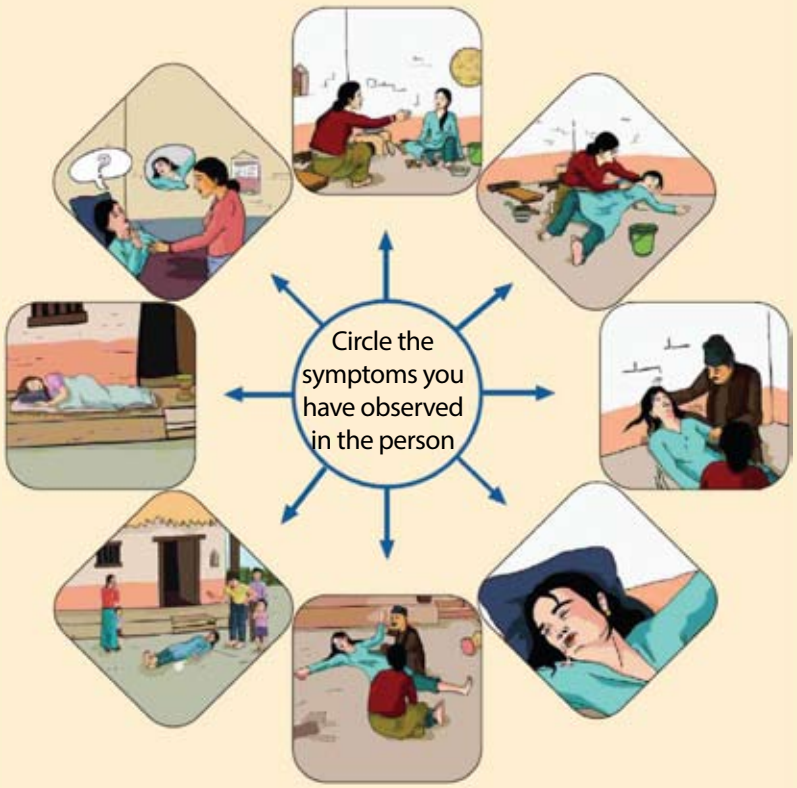
EPILEPSY

One day when Rita was helping her mother in the kitchen, she suddenly got fits and fell off on the floor. Her whole body started to tremble. Since then this happens once in a while. In the same way, her body/ limbs starts making jerky movements and her mouth gets frothy and sometimes small blood drops starts coming out from her mouth. In few minutes, everything stops and she opens her eyes and feels tired so she sleeps for a very long time. After she wakes up, her mother asks her what had happened to her but in reply she says that she is completely unaware of what happened. She had this same problem three times last year. Once when she had fits, she urinated in her clothes. Because of her problem Rita finds it very difficult to go outside of her home.

Referred by (Name): _____

☐ Teacher ☐ Mother's Group ☐ Traditional Healer ☐ FCHV

OBSERVATION



QUESTIONS

A1. Does this narrative apply to the person you are talking to now?

- No match (description does not apply) .....1 } Finished
- Moderate match (person has significant features of this descriptions).....2
- Good match (description apply well).....3
- Very good match (person exemplifies description, prototypical case).....4

} Go to A2/A3

A2 Do the problems have a negative impact on daily functioning?

- No 1
- Yes 2

A3 Does this person want support in dealing with these problems?

- No 1
- Yes 2

ALCOHOL USE DISORDER

Rajan drinks alcohol all the time, due to which, whenever someone goes near him, one can smell the strong stench of alcohol emanating from him. Because he always drinks alcohol, his speech is slurred and others find it very difficult to understand him. As he craves for alcohol everyday, he keeps consuming alcohol. After drinking alcohol, he speaks or does whatever he likes. Once he starts drinking alcohol, he cannot control himself and he always ends up drinking a lot. Due to heavy drinking, he has trembling limbs, sweats profusely, feels restless, and has increased palpitation. These days he no longer finds pleasure in activities he used to enjoy earlier, instead he has started to become engrossed in drinking alcohol. Due to such behavior, he is not able to complete his daily activities.

Referred by (Name): _____

☐ Teacher ☐ Mother's Group ☐ Traditional Healer ☐ FCHV

OBSERVATION

QUESTIONS

A1. Does this narrative apply to the person you are talking to now?

- No match (description does not apply) .....1 } Finished
- Moderate match (person has significant features of this descriptions).....2
- Good match (description apply well).....3
- Very good match (person exemplifies description, prototypical case).....4

Go to A2/A3

A2 Do the problems have a negative impact on daily functioning?

- No 1
- Yes 2

A3 Does this person want support in dealing with these problems?

- No 1
- Yes 2

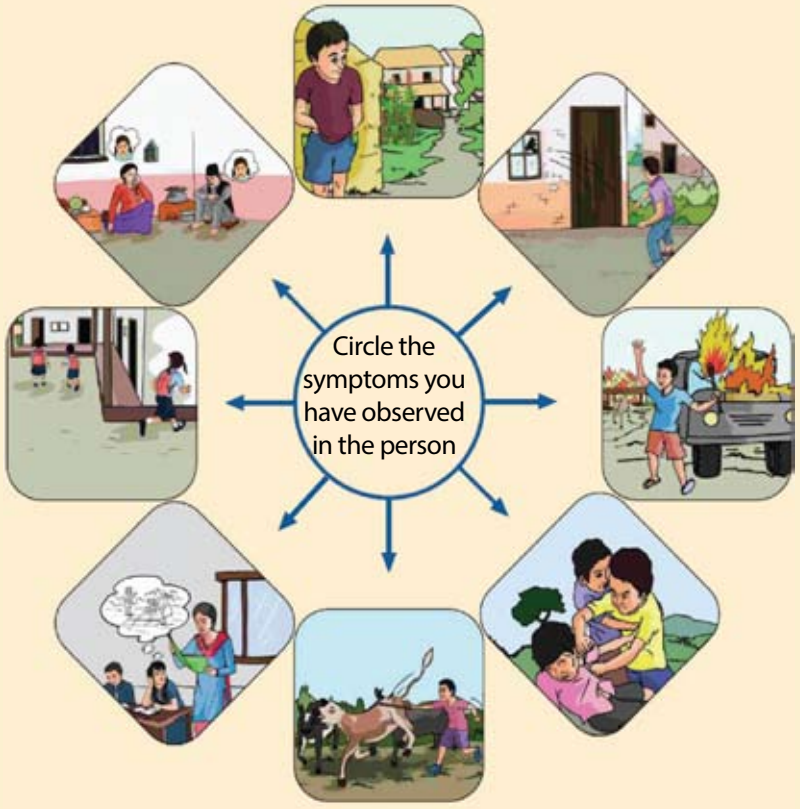
BEHAVIORAL PROBLEM

Hari, an eleven year old boy currently studying in class five, is obstinate and does not obey his parents. He has always been a difficult boy. Not only does he vandalize his family's and neighbor's possessions, he also steals things and set fire to a barn before. He gets angry with his friends without any apparent reason, and is involved in physical fights with his peers. Often when he sees cattle, he chases them and beats them. He cannot concentrate on his studies and while going to school, he runs away and goes elsewhere. He often lies to his family and strolls around the village. At times he runs away and doesn't even return home all night or for a very long time. As a result of this, Hari is doing very badly in school and has no friends.

Referred by (Name): _____

☐ Teacher ☐ Mother's Group ☐ Traditional Healer ☐ FCHV

OBSERVATION



QUESTIONS

A1. Does this narrative apply to the person you are talking to now?

- No match (description does not apply) .....1 } Finished
- Moderate match (person has significant features of this descriptions).....2
- Good match (description apply well).....3
- Very good match (person exemplifies description, prototypical case).....4

Go to A2/A3

A2 Do the problems have a negative impact on daily functioning?

- No 1
- Yes 2

A3 Does this person want support in dealing with these problems?

- No 1
- Yes 2

List of Contributors

MINISTRY OF HEALTH AND FAMILY WELFARE (MOHFW)	
Mr. Vikas Sheel	Additional Secretary & Mission Director (NHM)
Dr. Manohar Agnani	Additional Secretary
Mr. Vishal Chauhan	Joint Secretary-Policy

EXTERNAL EXPERTS	
Dr. Santosh K. Chaturvedi	Professor, Behavioural Sciences, NIMHANS
Dr. Naveen Kumar	Prof. Psychiatry, Dept. of Psychiatry, NIMHANS
Dr. Aruna Rose Mary Kapanee	Assistant Professor of Clinical Psychology, Community Mental Health Unit, NIMHANS
Dr. Sailaxmi Gandhi	Additional Professor & Head, Department of Nursing , NIMHANS
Dr. Prasanthi Nattala	Additional Professor, Department of Nursing, NIMHANS
Dr. Meena K.S	Additional Professor, Department of Mental Health Education, NIMHANS
Dr. G. Radhakrishnan	Associate Professor, Department of Nursing, NIMHANS
Dr. Kavita V. Jangam	Associate Professor, Department of Psychiatric Social Worker, NIMHANS
Mr. Sojan Antony	Associate Professor, Department of Psychiatric Social Work, NIMHANS
Bino Thomas	Assistant Professor, Dept. of Psychiatric Social Work, NIMHANS
Dr. Latha K	Assistant Professor, Dept. of Mental health Education, NIMHANS
Dr. Noorul Hasan SA	Post MD Non-PG Junior Resident, Department of Psychiatry, NIMHANS
Dr. Patley Rahul	Senior Resident, Post-Doctoral Fellow in Community Mental Health, Department of Psychiatry, NIMHANS
Dr. Manisha M.	Senior Resident, Department of Psychiatry, NIMHANS
Dr. Rakesh Chander K.	Senior Resident, Department of Psychiatry, NIMHANS
Dr. Vinay Basavaraju	Specialist Grade Psychiatrist, NIMHANS
Dr. Narayana Manjunatha	Associate Professor, Department of Psychiatry, NIMHANS
Dr. Suresh Bada Math	Professor, Department of Psychiatry, NIMHANS
Ms. Shangmi R. Moyon	Ph.D Scholar, Department of Psychiatric Social Work, NIMHANS
Mr. Aasim Ur Rehman	Ph.D Scholar, Department of Psychiatric Social Work, NIMHANS
Mrs. Vijayalakshmi	Ph.D Scholar, Department of Nursing, NIMHANS
Mrs. Jothimani.G	Ph.D Scholar, Department of Nursing, NIMHANS

Mrs. Padmavathy D	Ph.D Scholar, Department of Nursing, NIMHANS
Mrs. R. Rajalakshmi	Ph.D Scholar, Department of Nursing, NIMHANS
Dr. Atul Ambekar	Prof. National Drug Dependence Treatment Centre (NDDTC), AIIMS
Dr. Rajesh Sagar	Prof. Psychiatry, AIIMS
Dr. Manjari Tripathi	Prof. Neurology, AIIMS
Dr. Suvasini Sharma	In-charge Pediatric Neurology, LHMC
Dr. Samhita Panda	Prof. Neurology, AIIMS Jodhpur
Dr. Deepika Joshi	Prof & Head BHU, Neurology
Dr Jasmine Parihar	Neurology Department, AIIMS
Dr Devyani Garg	Assistant Professor, Neurology, LHMC
Dr. Abhijit Nadkarni	Director, Addictions Research Group, SANGATH, Hon. Consultant Psychiatrist, South London & Maudsley NHS Foundation Trust, UK

National Health Systems Resource Centre (NHSRC)

Maj Gen (Prof) Atul Kotwal	Executive Director
Dr. (Flt Lt) MA Balasubramanya	Advisor, Community Processes and Comprehensive Primary Health Care
Dr. Himanshu Bhushan	Advisor, Public Health Administration
Ms. Shivangi Rai	Deputy Coordinator, Centre of Health Equity, Law and Policy (C-HELP) & External Consultant Public Health Administration
Dr. Rupsa Banerjee	Former Senior Consultant, Community Processes and Comprehensive Primary Health Care
Mr. Syed Mohd Abbas	Consultant, Community Processes and Comprehensive Primary Health Care
Dr. Shayoni Sen	Consultant, Community Processes and Comprehensive Primary Health Care
Dr. Harsha Joshi	Former Consultant, Community Processes and Comprehensive Primary Health Care
Dr. Swarupa Kshirsagar	Junior Consultant, Community Processes and Comprehensive Primary Health Care

Notes:

Notes:

NAMASTE!

You are a valuable member of the Ayushman Bharat – Health and Wellness Centre (AB-HWC) team committed to delivering quality comprehensive primary healthcare services to the people of the country.

To reach out to community members about the services at AB-HWCs, do connect to the following social media handles:

 https://instagram.com/ayushmanhwcs

 https://twitter.com/AyushmanHWCs

 https://www.facebook.com/AyushmanHWCs

 https://www.youtube.com/c/NHSRC_MoHFW

Design and Layout: JS Media (www.jsmedia.in)

National Health Systems Resource Centre