

Other significant
mental health complaints

OTHER SIGNIFICANT MENTAL HEALTH COMPLAINTS

This module aims to provide basic guidance on management of a range of mental health complaints not covered elsewhere in this guide. Some of these complaints may be similar to depression, but upon closer examination are distinct from the conditions covered in this guide.

Other mental health complaints are considered significant when they impair daily functioning or when the person seeks help for them. Other mental health complaints can be due to stress.

- » This module should not be considered for people who meet the criteria for any of the mhGAP priority conditions (except self-harm).
- » This module should only be used after explicitly ruling out depression.
- » This module should be used when helping adults. In case the person is a child or adolescent, go to » CMH.

Session outline

- **Introduction to other significant mental health complaints**
- **Assessment of other significant mental health complaints**
- **Management of other significant mental health complaints**
- **Follow-up**
- **Review**

Common presentations

- Feeling extremely tired, depressed, irritated, anxious or stressed.
- Frequently returning with unexplained somatic complaints.

Depression and other significant mental health complaints

- To identify someone with depression requires that the person's life and ability to carry out everyday tasks is severely affected.
- People can, however, suffer with symptoms of depression but remain able to function in their everyday life
- This module will cover the latter group of people. For the management of depression see the Module: Depression.

Case scenario: Symptoms of depression not amounting to depression

A 69-year-old woman presents with physical aches and pains all over her body, frequent headaches and low mood. She states that she has been crying a lot recently because of the pains.

She says she feels lonely as her family and grandchildren have moved to a different city.

She is staying active and spend times with friends.

She is able to cook and attend to her daily chores but she has low motivation for trying anything new, she feels sad and in pain.

Reflection

- Think of people you have cared for in the past who may fit this description?
- How did they present to you?
- What did you do to care for them? Did it help?

Stress

- Stress is a common response to stressors
- Every one can feel stressed and if it is not managed well it can become overwhelming and debilitating
- Presents as:
 - Sleep problems
 - Behavioural changes (crying spells, social isolation)
 - Physical changes (aches, pains and numbness)
 - Extreme emotions (extreme sadness, anxiety, anger, despair) or being in a daze
 - Cognitive changes (racing thoughts, unable to concentrate or make decisions)

Case scenario: Stress

A 45-year-old man attends a primary health-care clinic with stomach aches. He describes the pain as so bad that when it comes on he has problems catching his breath. He has had to take a lot of time off work because of his stomach aches and as a result he has fallen behind in his work.

He is the main breadwinner in the family but feels very anxious as he has a demanding boss and so much work to catch up on he does not know where to start. He is struggling to sleep at night as he is always thinking about what he has to do.

Reflection

- Think of someone you have cared for in the past who may have been suffering with stress?
- How did this person present to you?
- How did you care for them? Did it help?

Exposure to extreme stressors

- Extreme stressors are events that are potentially traumatic and/or involve severe loss.
- What extreme stressors have people who visit your clinic faced?

Extreme stressors

- Serious accidents
- Physical and sexual violence
- Humanitarian disasters (war, epidemics, earthquakes)
- Forced displacement
- Loss of loved one
- Major losses (including loss of identity/income/job/role/country/family etc.)

Activity 1: What is violence?

- Violence and abuse is a reality for many people.
- Not all violence has visible consequences.
- When assessing someone for exposure to violence it is important to think of the different sorts of violence people experience?

Exposure to extreme stressors

- After exposure to extreme stressors most people will experience distress – that is normal and to be expected – but they will not all develop conditions that need clinical management.
- Exposure to extreme stressors increases the likelihood of a person developing a priority MNS conditions.
- Exposure can mean that people can experience acute stress reactions and even PTSD.

Symptoms of acute stress (within one month of the event)

- After recent exposure to stressors reactions are diverse.
- We use the term symptoms of acute stress (within one month of the distressing event) to cover a wide range of symptoms such as:
 - Feeling tearful, frightened, angry or guilty, depressed mood.
 - Jumpiness or difficulty sleeping, nightmares or continually replaying the event in one's mind.
 - Physical reactions (hyperventilation, palpitations).

Core symptoms of PTSD

(at least one month after a potentially traumatic event)

- Re-experiencing symptoms.
- Avoidance symptoms.
- Symptoms that relate to a sense of heightened current threat.
- Difficulties carrying out usual work, school, domestic or social activities.

Case scenario: Post-traumatic stress disorder

A 23-year-old woman presents to the primary health-care provider with racing heart and problems breathing.

After spending some time listening to her the health-care provider learns that she was raped one year ago at a party.

She has flashback memories of that attack and nightmares that stop her from sleeping. She avoids spending time with people as she feels frightened by them. If she is in social situations she feels very jumpy and uncomfortable and always seek to leave early. She is exhausted.

Reflection

- Think of people in the past you have cared for who may have been experiencing PTSD?
- How did they present to you?
- How did you care for them? Did it help?

Bereavement

- Grief is a normal response to loss.
- People's responses to loss can be overwhelming and wide ranging, including:
 - Low mood, despair, anxiety, fear, irritability, anger, loneliness, yearning, shock.
 - Hopelessness, low self-esteem, preoccupation with the person that died, negative thinking, self-blame.
 - Social withdrawal, loss of interest, loss of appetite, problems sleeping, aches and pain.

Case scenario: Bereavement

A 22-year-old girl attended primary health-care clinic complaining of aches and pains all over her body.

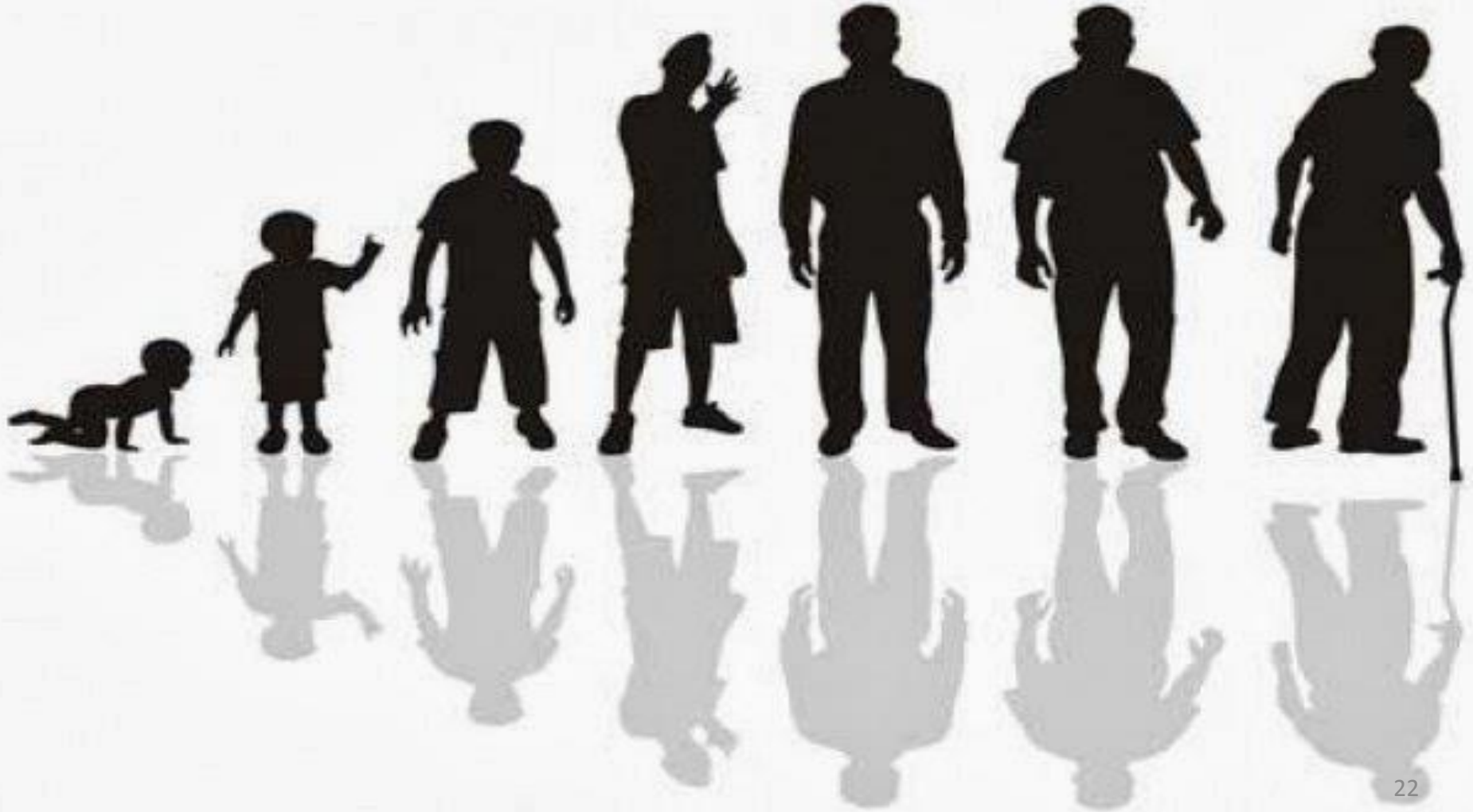
She explained that she is socially isolated and does not want to see people as they just make her very angry and she finds them unhelpful. She feels sad all the time.

After some time she explains that her father died four months ago. She was close to her father and misses him and is angry and does not understand how people can carry on as normal.

Reflection

- Think of people you have cared for in the past who may fit this presentation of someone bereaved?
- How did they present to you?
- What did you do to care for them? Did it help?

Activity 2: Discussion: Stressors through the life course



Medically unexplained somatic symptoms

- People can experience multiple persistent physical complaints – mainly pains – that are not associated with another physical health problem.
- These complaints can be associated with:
 - excessive negative thinking, worries and anxieties
 - tiredness
 - low mood
 - hopelessness
 - loss of interest
 - weight loss/changes in appetite.

Case scenario: Medically unexplained somatic symptoms

- A 35-year-old man presents with a pain in the middle of his body, problems breathing, dizziness and nausea when he bends forward. He says that he has been experiencing these problems for approximately four years and has seen countless doctors and specialists.
- He had to leave his job as a mechanic because he could no longer bend forward.
- He says the severity of the symptoms have stayed the same over the four years but he has become increasingly frustrated and tired of living with them of and trying to find out what is wrong with him.

Impact of medically unexplained somatic symptoms



Reflection

- Think of people you have cared for in the past who had unexplained medical somatic symptoms?
- How did they present to you?
- What did you do to care for them? Did it help?

Summary of common presentations

People with other significant mental health complaints may present with:

- Symptoms of depression not amounting to depression.
- Acute stress.
- PTSD.
- Bereavement.
- Medically unexplained somatic symptoms.

Assessing someone with other significant mental health complaints

- They may return to seek help multiple times.
- They may take a lot of time.
- They may insist on tests and medications.
- You may become frustrated.
- Your attempts to help may fail.

How to communicate with people with other significant mental health complaints

- Try not to judge the person or yourself.
- Make the person feel welcome and accepted.
- Listen carefully.
- Do not dismiss the person's concerns.
- Acknowledge that the symptoms are real.
- Be conscious of your feelings in case you become frustrated.

OTH » Quick Overview



ASSESSMENT

- » Rule out physical causes that would fully explain the presenting symptoms
- » Rule out depression or other MNS conditions
- » Assess if the person is seeking help to relieve symptoms or has considerable difficulty with daily functioning
- » Assess if the person has been exposed to extreme stressors
- » Assess if there is imminent risk of self-harm/suicide



MANAGEMENT

- » Management Protocols
 1. Other significant mental health complaints
 2. Other significant mental health complaints in people exposed to extreme stressors



FOLLOW-UP

Activity 4: Video demonstration

Watch the video of Zeina being assessed for other significant mental health complaints.

Whilst watching the video follow the assessment algorithm on mhGAP-IG Version 2.0 page 143.

<https://www.youtube.com/watch?v=t6EP24FTzn8&index=17&list=PLU4ieskOli8GicaEnDweSQ6-yaGxhes5v>



OTH 1 » Assessment

COMMON PRESENTATIONS OF OTHER SIGNIFICANT MENTAL HEALTH COMPLAINTS

- *Feeling extremely tired, depressed, irritated, anxious or stressed.*
- *Medically unexplained somatic complaints (i.e. somatic symptoms that do not have a known physical cause that fully explains the symptom).*

1

Is there a physical cause that fully explains the presenting symptoms?

YES

» Manage any physical cause identified and recheck to see if the symptoms persist.

NO

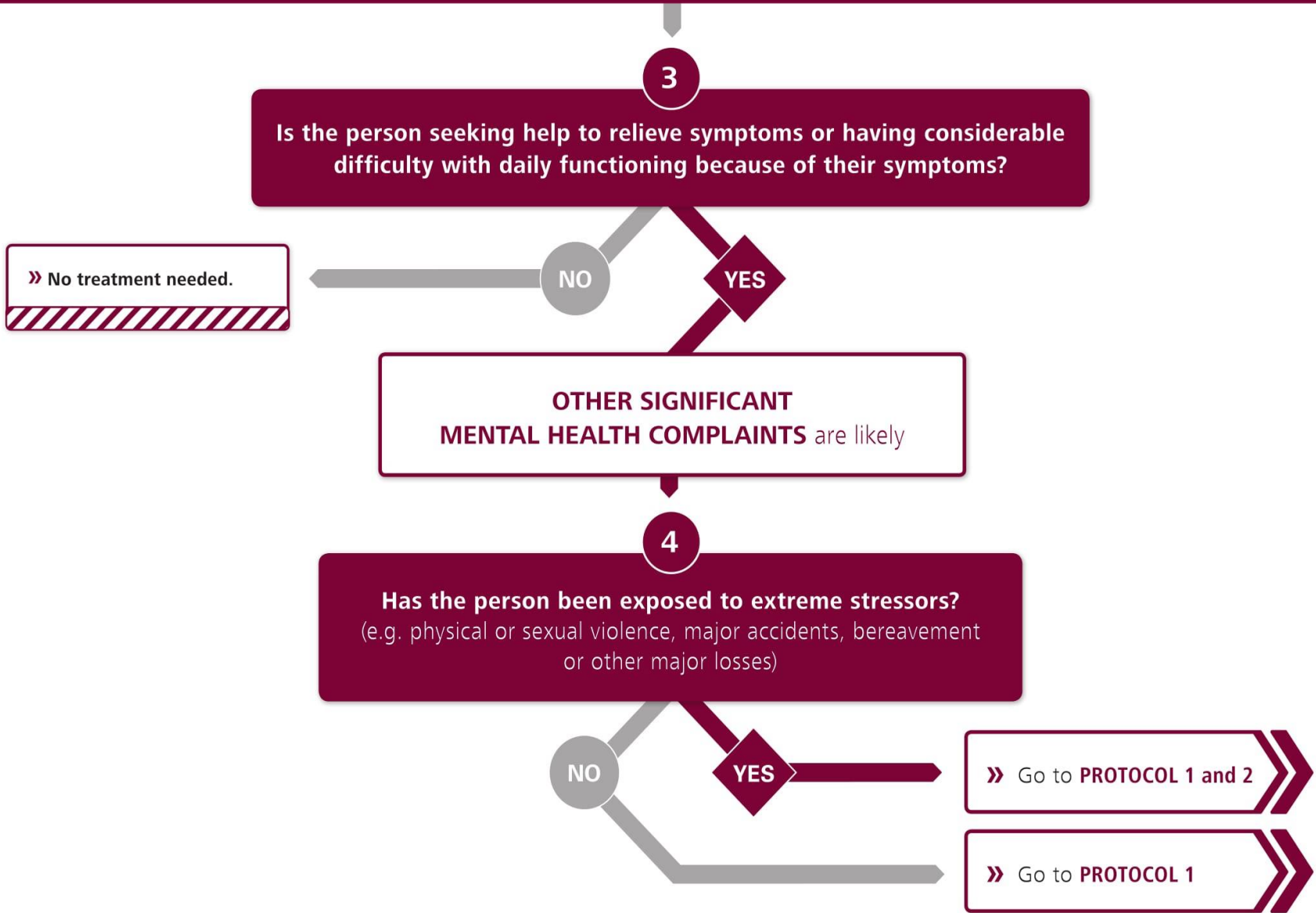
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Is this depression or *another* MNS condition discussed in another module of this guide?

YES

» Go to relevant module.

NO

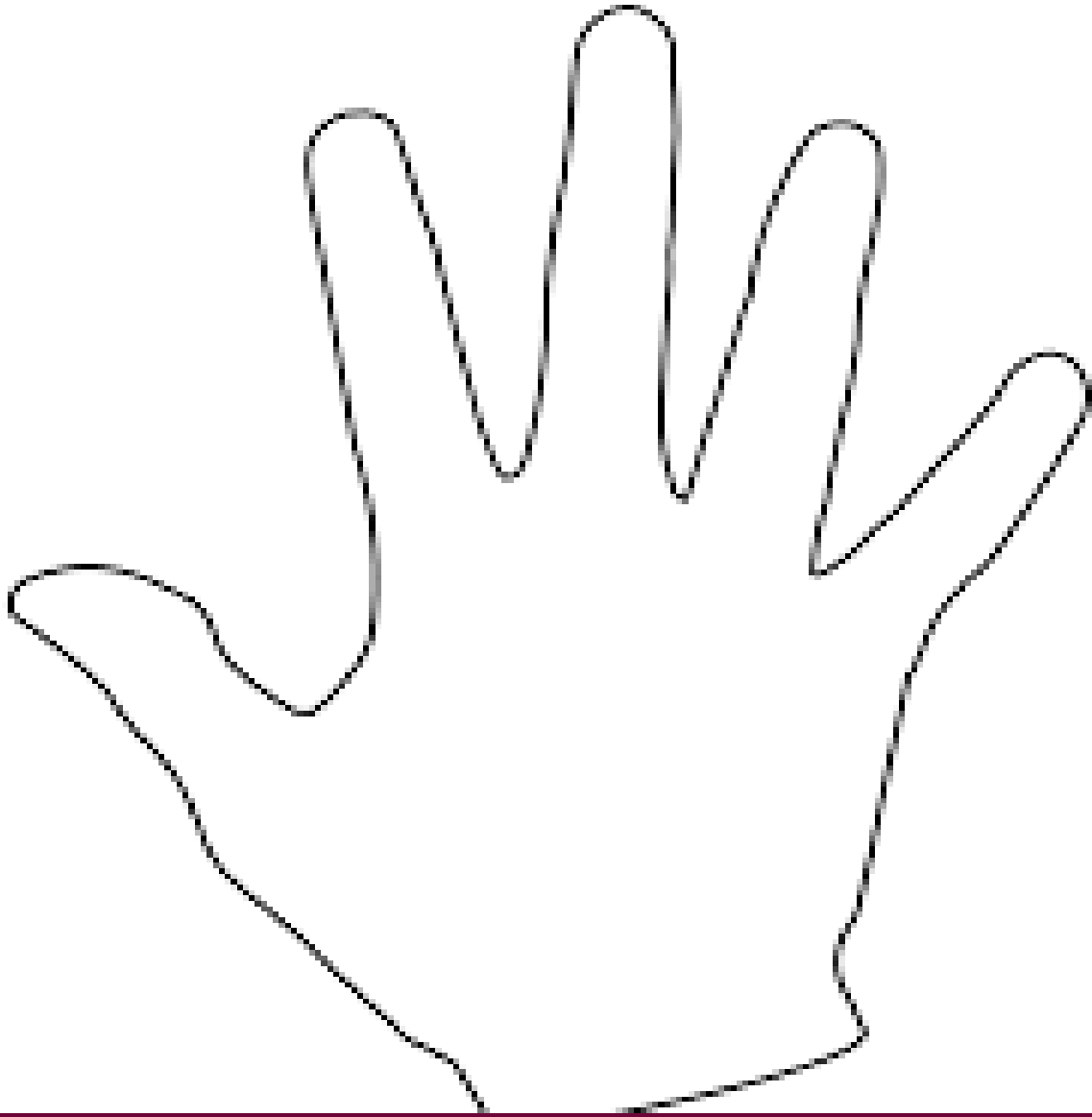


! IF THERE IS IMMINENT RISK OF SUICIDE, ASSESS AND MANAGE before continuing to Protocol 1 and 2 (Go to »SUI).



Activity 5: Role play: Assessment

- A woman arrived at the health-care clinic with her children this morning.
- She was brought in by her husband who was complaining that she was “crazy”.
- The children looked malnourished and unwell.
The wife looked sick and tired.
The health-care provider smelt alcohol on the husband’s breath.
- They decided that they wanted to talk to the woman alone so they politely asked the man to wait in the waiting room. They asked a colleague to look after the children and spend time playing with them giving them water and something to eat.
- They were finally able to speak to the woman alone.
- They suspect the woman has been exposed to violence specifically by the husband.
- They are very concerned about the health of the children.

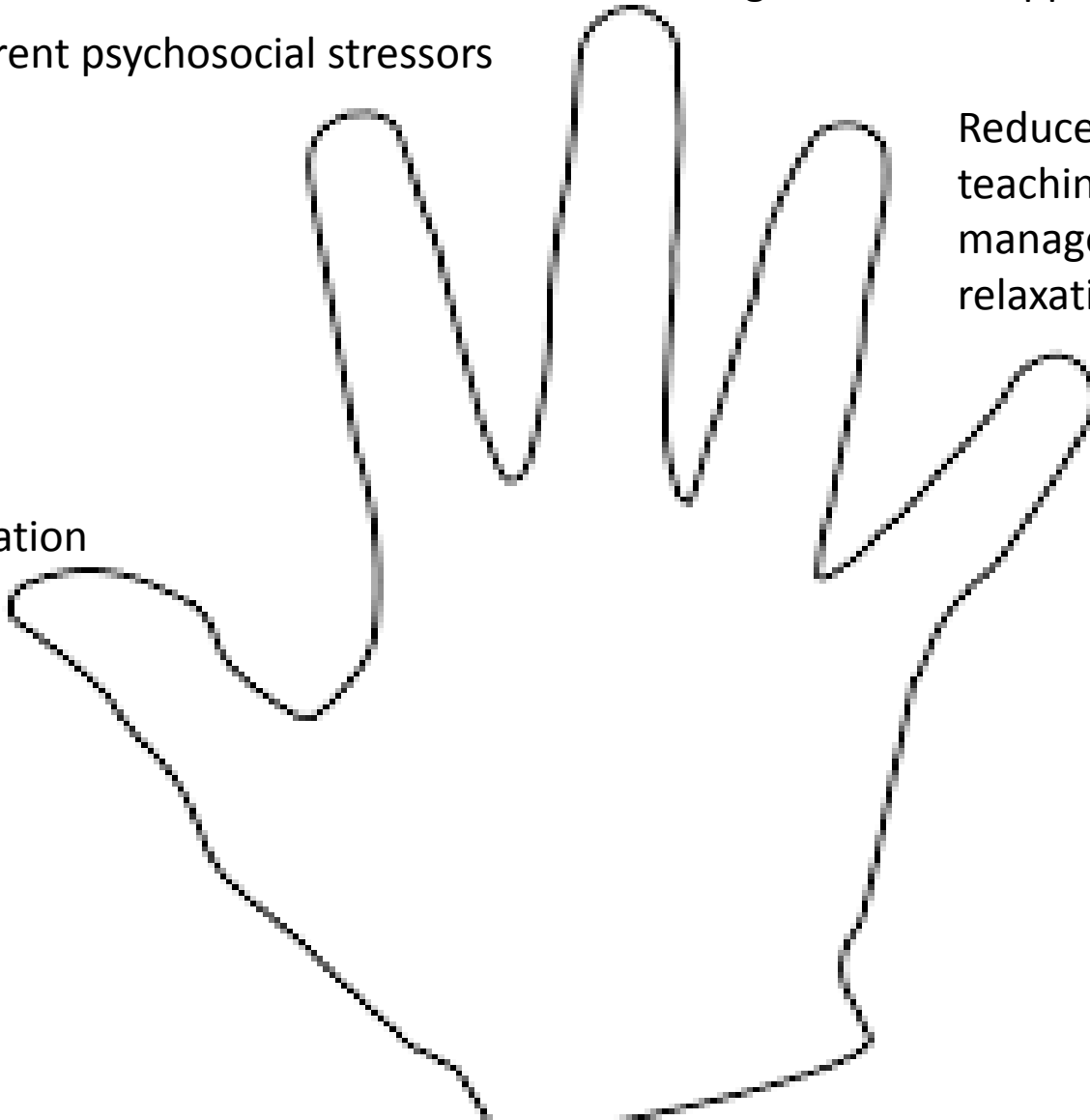


Strengthen social supports

Address current psychosocial stressors

Reduce stress by
teaching stress
management and
relaxation techniques

Psychoeducation





OTH 2 » Management

PROTOCOL

1

OTHER SIGNIFICANT MENTAL HEALTH COMPLAINTS

» ❌ **DO NOT prescribe anti-anxiety or antidepressant medicines** (unless advised by a specialist).

» ❌ **DO NOT give vitamin injections or other ineffective treatments.**

» In all cases, reduce stress and strengthen social supports as

described in Essential care and practice (ECP).

- Address current psychosocial stressors.
- Strengthen supports.
- Teach stress management such as relaxation techniques (see **Box 1** at end of module).

» **When no physical condition is identified that fully explains a presenting somatic symptom, acknowledge the reality of the symptoms and provide possible explanations.**

- Avoid ordering more laboratory or other investigations unless there is a clear medical indication, e.g. abnormal vital signs.
- In case a further investigation is ordered anyway, reduce unrealistic expectations by telling the person that the expected result is likely to be normal.

- Inform the person that no serious disease has been identified. Communicate the normal clinical and test findings.
- If the person insists on further investigations, consider saying that performing unnecessary investigations can be harmful because they can cause unnecessary worry and side-effects.
- Acknowledge that the symptoms are not imaginary and that it is still important to address symptoms that cause significant distress.
- Ask the person for their **own explanation** of the cause of their symptoms, and ask about their concerns. This may give clues about the source of distress, help build a trusting relationship with the person and increase the person's adherence to treatment.
- Explain that emotional suffering/stress often involves the experience of bodily sensations, such as stomach aches, muscle tension, etc. Ask for and discuss potential links between the person's emotions/stress and symptoms.
- Encourage continuation of (or gradual return to) daily activities.
- Remember to apply the practice of reducing stress and strengthening social support. Go to »**ECP**.

Avoid inappropriate medications

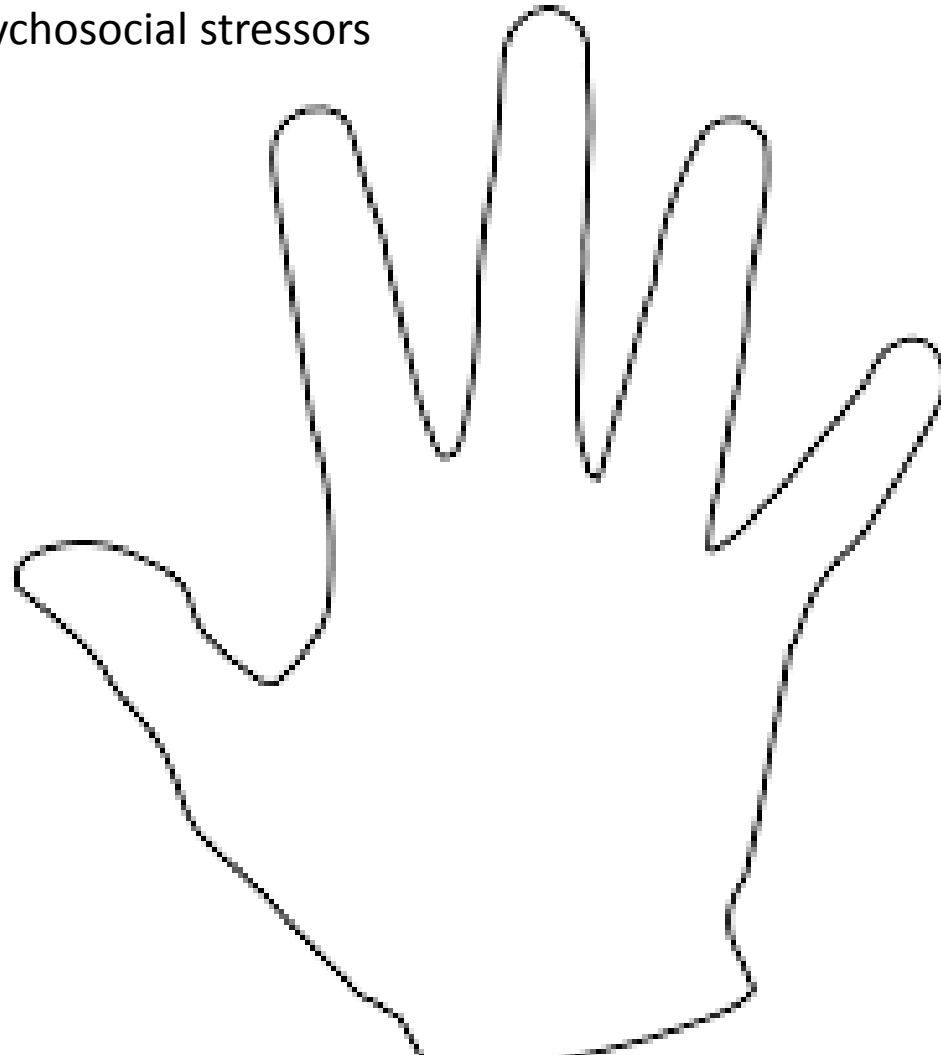
- Correct inappropriate **self**-medication.
- Do not prescribe:
 - antidepressants
 - benzodiazepines
 - placebos
 - irrelevant injections or treatments (e.g. vitamins).
- These medications can have significant side-effects and contribute to the person's idea of being sick .

Protocol 1: Treatment plan



Protocol 1: Treatment plan

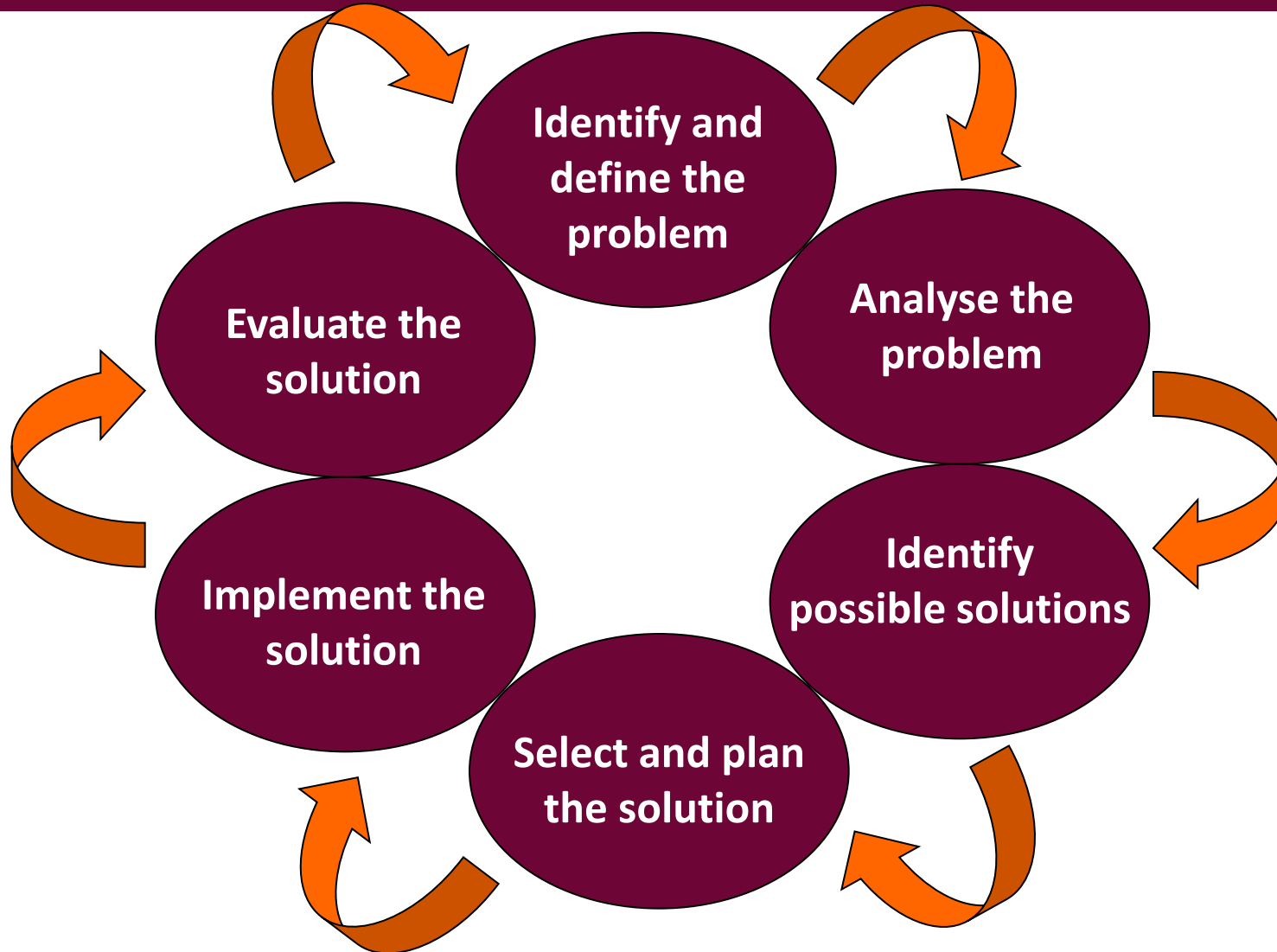
Address psychosocial stressors



Address current psychosocial stressors

- Offer the person an opportunity to talk in private.
- Ask about current psychosocial stressors – assess and manage the risks of any situation of abuse (domestic violence) and neglect (child neglect).
- Brainstorm together for solutions or for ways of coping/overcoming the stressor.
- Involve supportive family members as appropriate.
- Encourage involvement in self-help and family support groups.

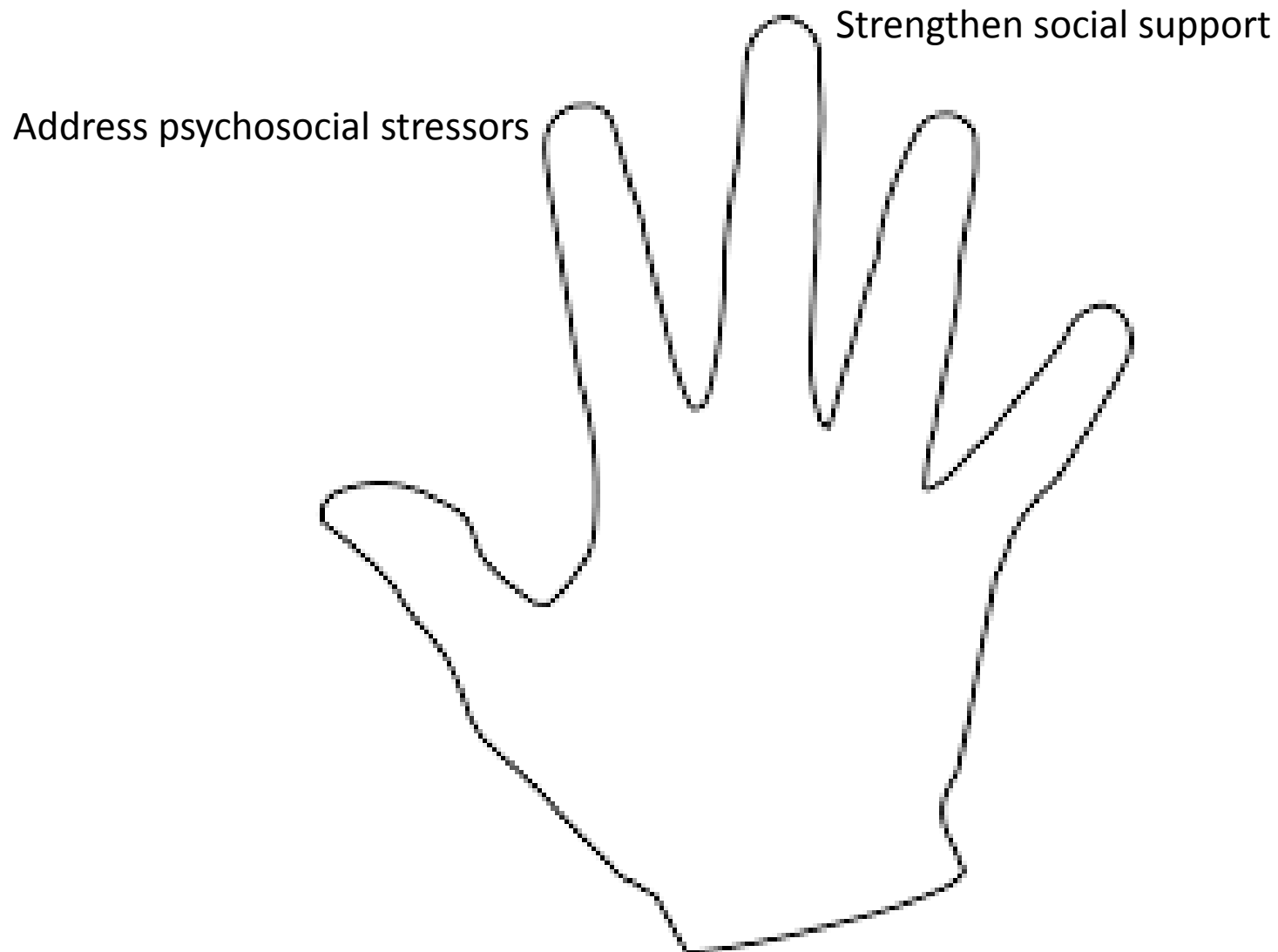
Problem-solving in six steps



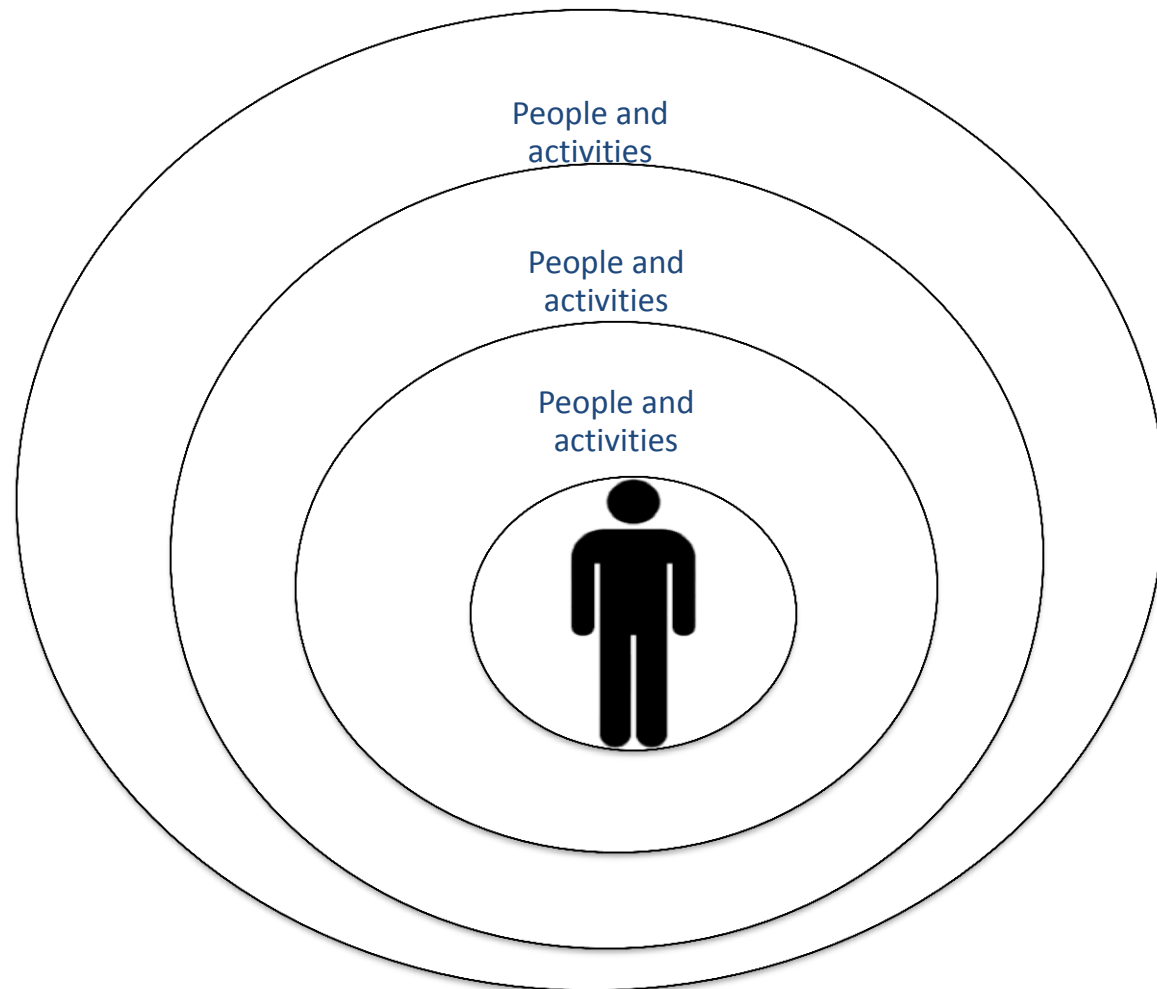
Activity 6: Addressing psychosocial stressors

- Individually or in pairs ask participants to think of the case scenarios they wrote about at the beginning of the session.
- Apply the problem-solving strategy discussed in Module: Essential care and practice.

Protocol 1: Treatment plan



Strengthening social supports

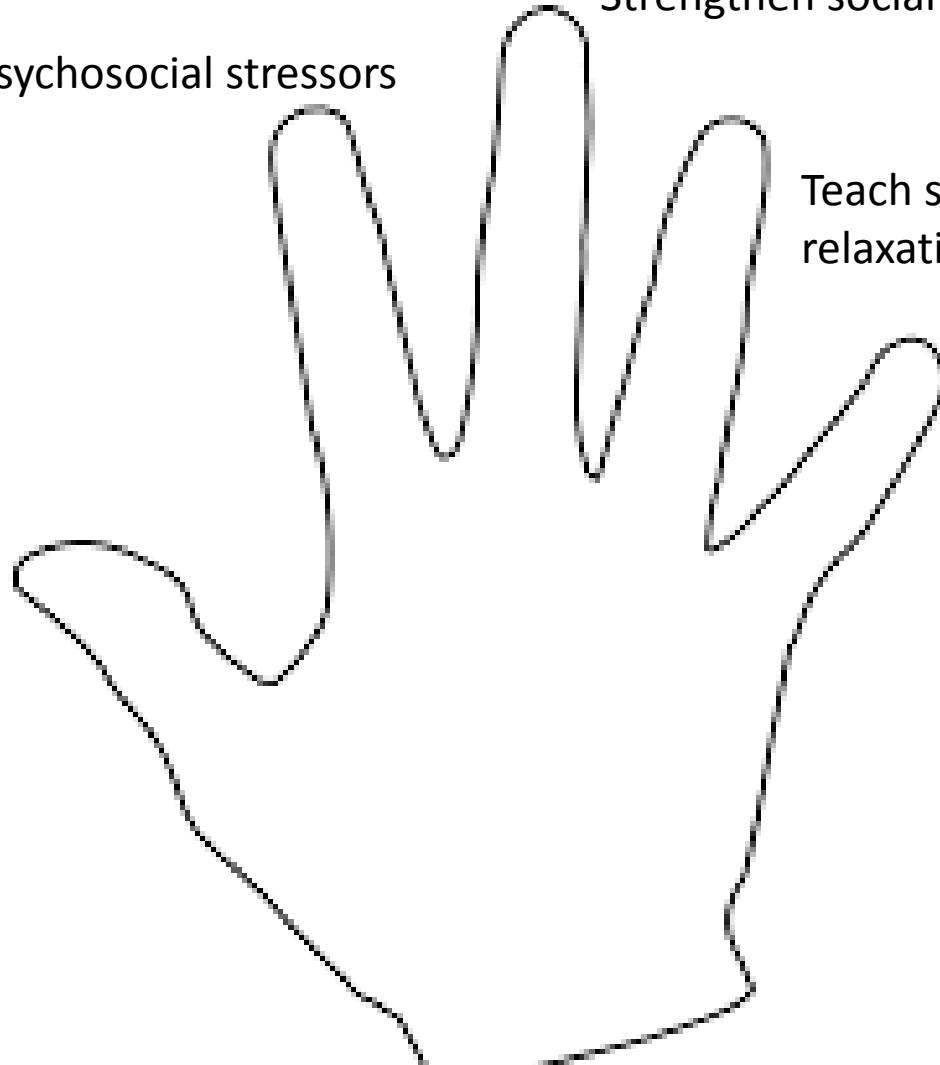


Protocol 1: Treatment plan

Address psychosocial stressors

Strengthen social supports

Teach stress management and relaxation techniques



Activity 7: Relaxation and stress management

Practise using relaxation techniques discussed in the mhGAP-IG Version 2.0 (Box 1, page 149).

BOX 1: RELAXATION TRAINING INSTRUCTIONS

» Explain what you will be doing.

“I am going to teach you how to breathe in a way that will help relax your body and your mind. It will take some practice before you feel the full benefits of this breathing technique. The reason this strategy focuses on breathing is because when we feel stressed our breathing becomes fast and shallow, making us feel more tense. To begin to relax, you need to start by changing your breathing. Before we start, we will relax the body.”

» Slowly start relaxation exercises and demonstrate breathing.

“Gently shake and loosen your arms and legs. Let them go floppy and loose. Roll your shoulders back and gently move your head from side to side. Now place one hand on your belly and the other hand on your upper chest. I want you to imagine you have a balloon in your stomach and when you breathe in you are going to blow that balloon up, so your stomach will expand. And when you breathe out, the air in the balloon will also go out, so your stomach will flatten. Watch me first. I am going to exhale first to get all the air out of my stomach.” Demonstrate breathing from the stomach – try to exaggerate the pushing out, and pulling in, of your stomach.

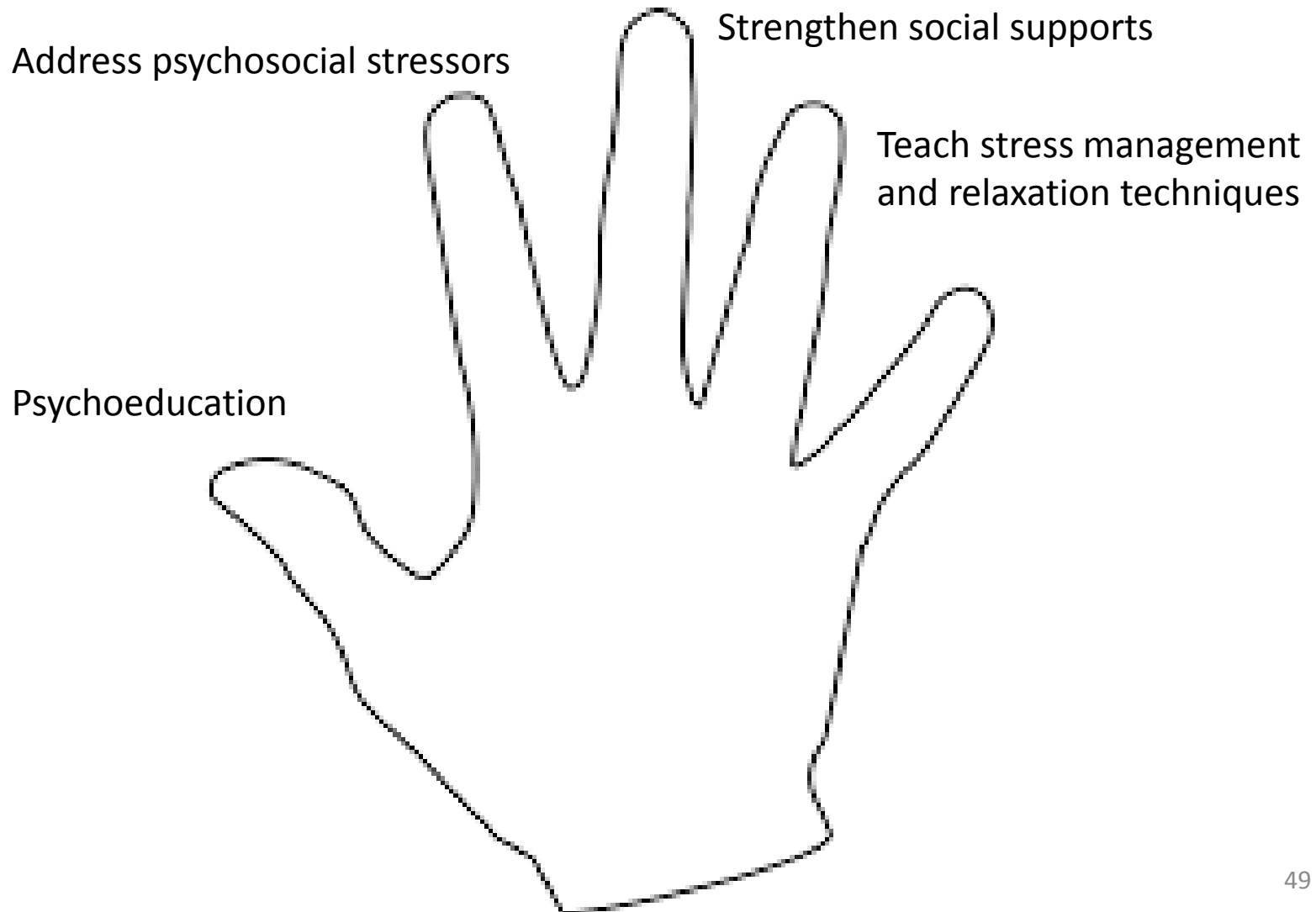
» Focus on breathing techniques.

“Try to breathe from your stomach with me. Remember, we start by breathing out until all the air is out; then breathe in. If you can, breathe in through your nose and out through your mouth. The second step is to slow the rate of your breathing down. Take three seconds to breathe in, two seconds to hold your breath, and three seconds to breathe out. I will count with you. You may close your eyes or keep them open. Slowly breathe in, 1, 2, 3. Hold, 1, 2. Now breathe out, 1, 2, 3.” Repeat this breathing exercise for approximately one minute, rest for one minute then repeat the cycle two more times.

» Encourage self-practice.

“Try on your own for one minute. This is something you can practice on your own.”

Protocol 1: Treatment plan



PROTOCOL

2

OTHER SIGNIFICANT MENTAL HEALTH COMPLAINTS IN PEOPLE EXPOSED TO EXTREME STRESSORS

(e.g. physical or sexual violence, major accidents, bereavement or other major loss)

» In all cases, whether or not the person presents with emotional, physical or behavioural problems after exposure to an extreme stressor, provide support as described in PROTOCOL 1. Listen carefully.

» ❌ DO NOT pressure the person to talk about the event.

» Address the person's social needs.

- Ask the person about his/her needs and concerns.
- Help the person to address basic needs, access services and connect with family and other social supports.
- Protect the person from (further) harm, if needed.
- Encourage the person to return to previous, normal activities, e.g. at school or work, at home, and socially, if it is feasible and culturally appropriate.

» In case of any major loss explain that:

- It is normal to grieve for any major loss. One can grieve for a person, a place, or property or the loss of one's own health and wellbeing. Grief has both mental and physical effects.
- People grieve in different ways. Some people show strong emotions while others do not. Crying does not mean one is weak. People who do not cry may feel the emotional pain just as deeply but have other ways of expressing it.

– In most cases, grief will diminish over time. One may think that the sadness, yearning or pain one feels will never go away, but in most cases, these feelings lessen over time. Sometimes a person may feel fine for a while, then something reminds them of the loss and they may feel as bad as they did at first. There is no right or wrong way to feel grief. Sometimes one might feel very sad, other times numb, and at other times one might be able to enjoy oneself. These experiences usually become less intense and less frequent over time.

» In case of the loss of a loved one, discuss and support culturally appropriate adjustment and/or mourning processes.

– Ask if appropriate mourning ceremonies/rituals have happened or been planned. If this is not the case, discuss the obstacles and how to address them.

» If prolonged grief disorder is suspected, consult a specialist for further assessment and management. 🧑🏻‍⚕️

– The person may have prolonged grief disorder if the symptoms involve considerable difficulty with daily functioning for at least 6 months and include severe preoccupation with or intense longing for the deceased person accompanied by intense emotional pain.

PROTOCOL

2

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» **In the case of reactions to recent exposure to a potentially traumatic event, explain that:**

- People often have reactions after such events. The reactions may be highly variable from person to person and change over time.
- They can include somatic symptoms such as palpitations, aches and pains, gastric upset, and headaches and emotional and behavioural symptoms that include sleep disturbance, sadness, anxiety, irritation and aggression.
- Such feelings can be exacerbated or can reappear when reminders of the stressful event or new stressors occur.
- In most cases the symptoms are likely to diminish over time, particularly if the person gets rest, social support, and engages in stress reduction. Go to » **ECP**. Go to **Box 1**.

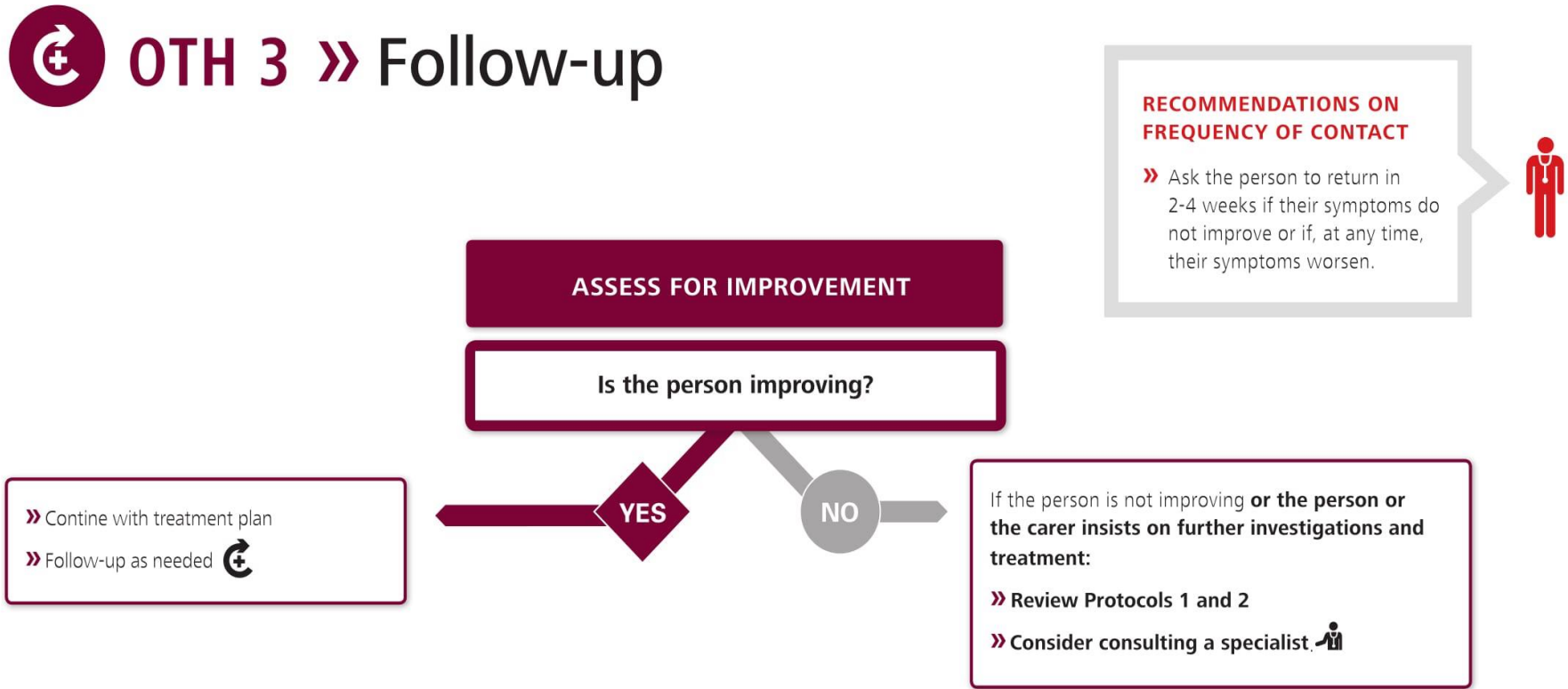
» **If post-traumatic stress disorder (PTSD) is suspected, consult a specialist for further assessment and management.** 

- After a potentially traumatic event, the person may have PTSD if the symptoms involve considerable difficulty with daily functioning **for at least 1 month** and include recurring frightening dreams, flashbacks or intrusive memories of the events accompanied by intense fear or horror; deliberate avoidance of reminders of the event; excessive concern and alertness to danger or reacting strongly to loud noises or unexpected movements.

Activity 8: Role play: Assessment and management

- Ms Wafica is a 55-year-old woman who presents asking for medication for her backache.
- The results of the physical examination were entirely normal.
- She has been coming in a lot lately with physical symptoms that do not seem to have a cause, and the health-care provider suspects there might be an other significant mental health complaint.
- She is living alone now, as her daughter recently moved out, and she has felt very lonely at times.

OTH 3 » Follow-up



Follow-up

- Regular follow-up is essential.
- The person may have an as yet undiagnosed disorder.
- The person may need referral if things are not improving.
- Regular follow-up helps the person feel secure and may reduce presentations to your clinic.
- Regular follow-up builds trust.

What would you do at follow-up?

- Ask about well-being and symptoms.
- Explore psychosocial stressors.
- Discuss problems and brainstorm for solutions.
- Link with other available support resources.
- Assess progress and refer as needed.

Refer: If there is no improvement **or** if the person of family asks for more intense treatment then refer to mental health specialist if available.

Review

MCQs

Remember: You always have the mhGAP-IG to use in your health-care setting.