Module: Essential care and practice

Overview

Learning objectives

- Name the general principles of essential care and practice.
- Name management principles of priority MNS conditions.
- Use effective communication skills in interactions with people with MNS conditions.
- Perform assessments for priority MNS conditions.
- Assess and manage physical health in MNS conditions.
- Know the impact of violence and gender-based violence on mental health.
- Provide psychosocial interventions to a person with a priority MNS condition and their carer.
- Deliver pharmacological interventions as needed and appropriate in priority MNS conditions considering special populations.
- Plan and perform follow-up for MNS conditions.
- Refer to specialists and links with outside agencies for MNS conditions as appropriate and available.
- Promote respect and dignity for people with priority MNS conditions.

Key messages

- Effective communication skills should be used for everyone seeking health care, including people with MNS conditions and their carers.
- Effective communication skills enable health-care providers to build rapport and trust with people as well as enabling health-care providers to understand the health and social needs of people with MNS conditions.
- Health-care providers have a responsibility to promote the rights and dignity of people with MNS conditions.
- To conduct an assessment of people with suspected MNS conditions, you must assess the physical, psychological and social needs of the person.
- Gender-based violence is a global public health concern that causes great distress to the victims and perpetrators.
- Health-care providers must understand how important it is to assess individuals for the impact of gender-based violence on mental health.
- The management of MNS conditions includes psychosocial as well as pharmacological interventions.
- Follow-up is an essential part of the care and management of MNS conditions.

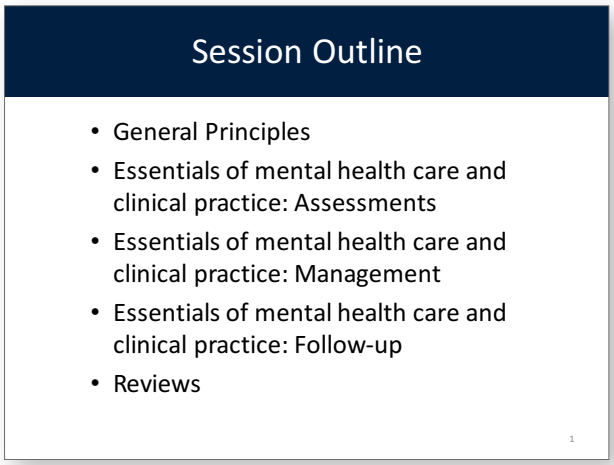
Session	Learning objectives	Duration	Training activities
1. General principles	Name the general principles of essential care and practice	15 minutes	**Introducing general principles of care** **Group discussion**
	Understand and practise using effective communication skills	15 minutes	**Activity 1: Facilitator demonstration: Good vs poor communication skills**
	Promote respect and dignity for people with priority MNS conditions Use effective communication skills in interactions with people with MNS conditions	20 minutes	**Activity 2: Active listening: Hearing what is being said** Activity to help participants learn to understand the meaning underlying what is being said
		10 minutes	**Presentation on effective communication**
		20 minutes	**Activity 3: Using good verbal communication skills** Practise using open and closed questions and summarizing points
		20 minutes	**Activity 4: Facilitator demonstration: Using effective communication to de-escalate an aggressive/agitated person** How to manage a person with agitated and/or aggressive behaviour
		40 minutes	**Activity 5: Promoting respect and dignity**
2. Essentials of mental health care and clinical practice: Assessments	Perform an assessment for priority MNS conditions Assess and manage physical health in MNS conditions	30 minutes	**Activity 6: Group discussion: General principles of MNS assessments** Ask participants to work in small groups and identify and name what they do during a clinical assessment
	Assess and manage the impact of violence and gender-based violence on mental health	30 minutes	**Activity 7: Small group work: Conducting an MNS assessment** What type of information do we want to learn during an MNS assessment and how do we obtain it
	Know the impact of violence and gender-based violence on mental health	10 minutes	Brief presentation on how to conduct an MNS assessment for people who have experienced violence
3. Essentials of mental health care and clinical practice: Management	Name management principles of priority MNS conditions	40 minutes	Presentation on management principles for people with MNS conditions
	Provide psychosocial interventions to a person with a priority MNS condition and their carer	35 minutes	**Activity 8a: Self-care – problem-solving** **Activity 8b: Strengthening social supports**
	Refer to specialists and links with outside agencies for MNS conditions as appropriate and available Deliver pharmacological interventions as needed and appropriate in priority MNS conditions considering special populations	30 minutes	Presentation on the principles of using pharmacological interventions

Session	Learning objectives	Duration	Training activities
4. Essentials of mental health care and clinical practice: Follow-up	Plan and perform follow-up for MNS conditions.	20 minutes	**Activity 9: Follow-up** Exploring the barriers to offering follow-up and identifying possible solutions
5. Review	Review knowledge and skills learnt during the session	15 minutes	Multiple choice questionnaire and discussion
Total duration (without breaks) = 5 hours 50 minutes			

Step-by-step facilitator's guide

Session 1. General principles

2 hours 20 minutes

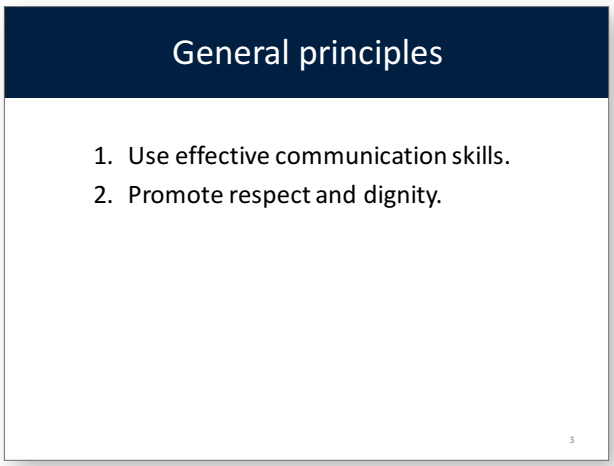


Begin the session by briefly listing the topics that will be covered.

Facilitate a group discussion (maximum 10 minutes) on what participants consider to be the general principles and core skills used in providing clinical care.

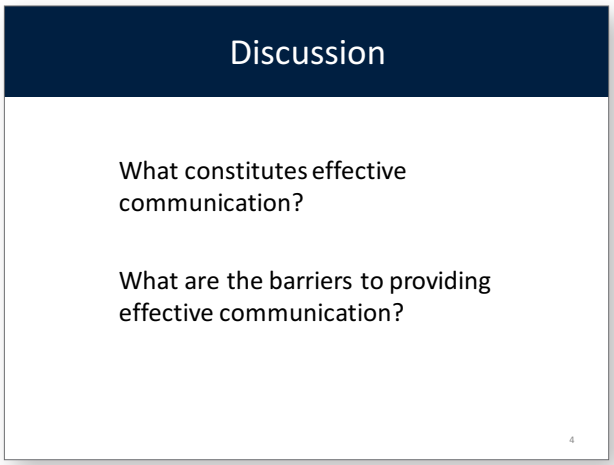
Write down the answers on a flip chart.

Highlight any answers which emphasize using effective communication skills, listening to people, treating people with respect, being empathetic and non-judgemental etc.



Explain that the mhGAP-IG highlights two general principles of clinical care:
1. Use effective communication skills
2. Promote respect and dignity

These principles aim to promote respect for the privacy of people seeking care for MNS conditions, foster good relationships between health-care providers, service users and their carers and ensure that care is provided in a non-judgemental, non-stigmatizing and supportive environment.



Ask participants to think about what effective communication really means (maximum five minutes) and make a list of the skills needed for it.

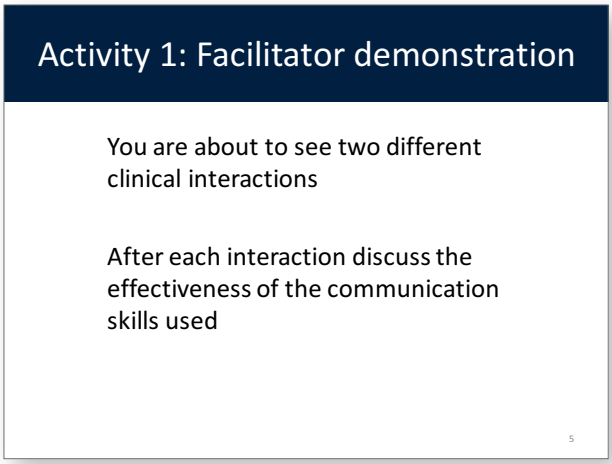
Note: If participants do not consider the role of body language in communication then prompt them to think about how body language affects communication.

List their answers on a flip chart or black/white board.

Ask participants what they perceive as barriers to providing effective communication.

Note: If participants struggle, encourage them to think of gender roles, stigma, power imbalance, etc.

Activity 1: Facilitator demonstration: Good vs poor communication skills



Duration: 15 minutes.

Purpose: To show examples of good and poor communication and stimulate discussion.

Instructions:

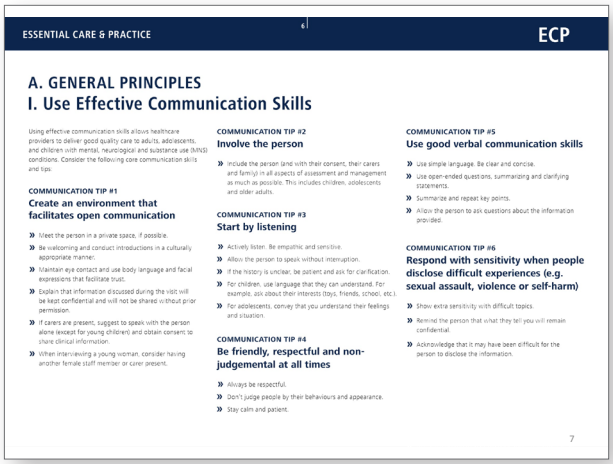
- Explain that participants are going to watch two demonstrations of two different clinical interactions.
- After each demonstration, they will discuss the effectiveness of the communication skills they observed.
- Show the demonstration of poor communication first.
- The facilitator will play the role of a health-care provider, and a co-facilitator (or volunteer) will play the role of a person seeking help.
- The co-facilitator will be attending the health-care clinic for help with persistent headaches.
- The facilitator will start the interaction by asking "What do you want?" and then will not listen to the person, speak over them, pay more attention to his or her phone or to others, turn away from the person half way through the interaction and start doing something else. The facilitator is judgemental and does not believe that the person has any problems at all, and instead believes that the person is just seeking medicines.
- After the demonstration of poor communication, ask:
  - What did the health-care provider do that made this communication a poor one?
  - What could the health-care provider have done to improve their communication?
- Do the second facilitator demonstration of good communication.
- In this interaction, the facilitator will continue to play the health-care provider and the co-facilitator will play a person seeking help for persistent headaches.
- The facilitator will start the interaction by introducing themselves and their role in the clinic, ensuring the person is safe, using active listening to understand what is happening to the person, using positive body language to ensure the person is comfortable etc.
- After watching the demonstration, ask participants to compare the behaviours they observed during the two demonstrations. Ask participants to think of what made the second demonstration more effective?
- Add anything pertinent to the list of good communication skills.

Possible adaptations:

- This activity can be conducted by showing video demonstrations of good and poor communication.
- Participants can also work in pairs and play their roles accordingly to experience good and bad communication skills.

Explain that one of the main goals of effective communication is to build trust and rapport between the health-care provider, the individual and carers.

This trusting relationship between the health-care provider and the individual is essential, as it creates a comfortable environment where the person can share intimate or troubling thoughts, beliefs and emotions that underpin their symptoms.



ESSENTIAL CARE & PRACTICE 6 ECP

A. GENERAL PRINCIPLES

I. Use Effective Communication Skills

Using effective communication skills allows healthcare providers to deliver good quality care to adults, adolescents, and children with mental, neurological and substance use (MNS) conditions. Consider the following core communication skills and tips:

COMMUNICATION TIP #1
Create an environment that facilitates open communication

- Meet the person in a private space, if possible.
- Be welcoming and conduct introductions in a culturally appropriate manner.
- Maintain eye contact and use body language and facial expressions that facilitate trust.
- Explain that information discussed during the visit will be kept confidential and will not be shared without prior permission.
- If carers are present, suggest to speak with the person alone (except for young children) and obtain consent to share clinical information.
- When interviewing a young woman, consider having another female staff member or carer present.

COMMUNICATION TIP #2
Involve the person

- Include the person (and with their consent, their carers and family) in all aspects of assessment and management as much as possible. This includes children, adolescents and older adults.

COMMUNICATION TIP #3
Start by listening

- Actively listen. Be empathic and sensitive.
- Allow the person to speak without interruption.
- If the history is unclear, be patient and ask for clarification.
- For children, use language that they can understand. For example, ask about their interests (toys, friends, school, etc.).
- For adolescents, convey that you understand their feelings and situation.

COMMUNICATION TIP #4
Be friendly, respectful and non-judgemental at all times

- Always be respectful.
- Don't judge people by their behaviours and appearance.
- Stay calm and patient.

COMMUNICATION TIP #5
Use good verbal communication skills

- Use simple language. Be clear and concise.
- Use open-ended questions, summarizing and clarifying statements.
- Summarize and repeat key points.
- Allow the person to ask questions about the information provided.

COMMUNICATION TIP #6
Respond with sensitivity when people disclose difficult experiences (e.g. sexual assault, violence or self-harm)

- Show extra sensitivity with difficult topics.
- Remind the person that what they tell you will remain confidential.
- Acknowledge that it may have been difficult for the person to disclose the information.

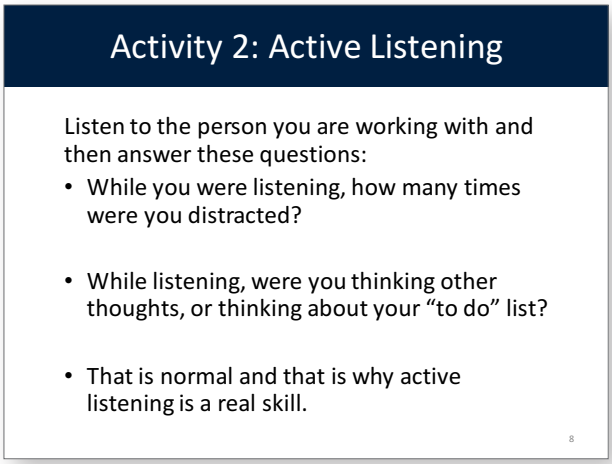
7

Direct participants to page 6 of mhGAP-IG Version 2.0.

Give time to read through the different communication tips and add to the list of good communication skills.

Emphasize the importance of using good communication skills for everyone visiting a primary health-care clinic. Stress that it is particularly important when assessing and caring for people with MNS conditions, as it is the only way to truly understand what is happening to the person.

Activity 2: Active listening: Hearing what is being said



Duration: 20 minutes.

Purpose: Enable participants to reflect on how they listen, consider what skills they use when they listen and whether or not they become distracted when listening. Introduce them to the concept of active listening.

Instructions:
- Divide participants into pairs.
- Spread the pairs around the room and ensure they face each other.
- Assign one as person A and the other as person B.
- Person A will have five minutes to talk about something important to them. This should be a topic they are passionate about and/or that they find interesting and care about.
- Person B will listen.
- After five minutes, they swap roles.
- Bring the whole group together and ask participants playing person A to briefly reflect on what they heard.
- Check with their pairs that the information is correct.
- Swap and ask participants playing person B to briefly describe what A told them, also checking that the information is correct.
- After the feedback, facilitate a quick discussion about the experience of listening. Ask participants to be honest and state how many times they were distracted when they were listening, and if they had other thoughts in mind while listening. Explain that it is normal to get distracted whilst listening to another person, but it can lead to missing out on a lot of information.
- Ask participants to reflect on how it felt to have someone listen to them.

Active listening

- Listening without being distracted.
- Listening and paying attention:
  - Verbal messages (what is being said).
  - Non-verbal messages (what is being said with body language, pauses, facial expressions etc.).
- Allowing time:
  - Don't rush.
  - Allow for silences.

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Explain that as a starting point for effective communication skills we will look at **active listening**.

Explain that active listening requires attention and focus on what is being said, while trying to understand the true meaning behind what is being said.

People often express their feelings through their actions, facial expressions and body language, but struggle to name or express those emotions.

Therefore, concentrating, listening, asking questions and taking time to really hear and clarify what people are telling you are core skills.

Give people time, don't rush them and don't be afraid of silences. Although 60 seconds of silence can feel like a long time to you, it can give the person enough time and space to begin talking about their experience.

It also requires a high level of **empathy**. Give participants two minutes to think about what empathy means.

Empathy

How would you like it if the mouse did that to you?

10

Ask the group to share their thoughts and definitions and note their answers.

Look for answers similar to, "the ability to understand and share the feelings of another person".

Why is empathy important?

- *Recognizes* the feelings of another person and *communicates* understanding in verbal or non-verbal ways.
- Shows respect.
- Provides emotional support to person.
- Builds rapport, encourages dialogue, builds relationship with the person.

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Explain why empathy is important by discussing the points on the slide.

Explain that:
- It enables you to recognize the feelings of another person and communicate understanding in verbal or non-verbal ways.
- Empathy enables you to understand the individual's perspective, thus ensuring that any clinical care they receive meets their needs and priorities.
- It also shows respect and provides emotional support to the person by letting them know that you really understand their feelings and therefore they are not alone.
- It builds rapport, encourages dialogue, and builds good relationships.

Empathy

"My husband has lost his job again, I don't know what we are going to do now."

12

Show participants the different quotes and ask them to give examples of how they could respond with empathy.

Following participants' answers, reveal the next slide.

Empathy

"My husband has lost his job again, I don't know what we are going to do now."

Response: "That must be difficult for you. Can you tell me more about how you are feeling."

13

Emphasize that this is just one example of an empathetic response, as there are lots of different ways to express empathy. With practice, they will develop their own way to express empathy.

Empathy

"I think my husband may have HIV. What should I do?"

14

Ask the participants to give examples of how they could respond with empathy to this quote.

Give participants a few attempts before revealing a response on the next slide.

Emphasize again that this is just one example of how empathy can be expressed. There are many different ways and with practice they will develop their own ways to show empathy.

Empathy

"I think my husband may have HIV. What should I do?"

Response: "It sounds as if you are having a hard time. It is good you have come here because maybe talking it through will help".

15

Read the response out loud. This response recognizes that this is a difficult time and situation for the person. It gives emotional support by acknowledging that seeking help is good, while it also starts to build rapport with the person by inviting them to talk more.

In both examples, the person has been invited to talk more and explain more. This is a key point and the best way to do this is to use **open-ended questions**.

Open-ended questions

Open questions – open up communication

Examples: How are you feeling? How did you travel here? What is family life like for you? What do you like to do? Tell me about yourself?

Closed questions – shut down conversation

Examples: Are you feeling happy? Did you come here by bus? Do you enjoy time with your family? What is your name? Do you enjoy playing sport?

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Explain that being able to actively listen is easier when using good verbal communication skills, including asking questions and summarizing.

Ask if participants know the difference between open and closed questions. Talk through the explanations on the slide.

Go on to explain that open questions and closed questions can work well together.

Open questions can provide:
- The basic structure for the first interview.
- A broad perspective on a person's life.

Open or closed?

- "What brought you in here today?"
- "How much did you have to drink when you last had an alcoholic drink?"
- "Did you tell your wife you had a drink yesterday?"
- "Could you tell me more about that?"
- "Is your husband a violent man?"
- "Can you describe to me why you are feeling this way?"
- "How would you like to plan this?"

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Closed questions can then be used to get more specific follow-up information:

- Closed questions can also be used when people are evasive, or become too detailed in their answers.

Talk through the examples of open and closed questions on the slide.

Ask participants to briefly reflect on which types of questions they usually use in their clinical practice.

Do they use open questions or closed questions? (Explain that there is no right or wrong answer to this, it is just useful to reflect on how they communicate with the people they see).

Read each question out loud and ask if it is open or closed.

Summarizing

- Re-state the main (content) points of the person's problems.
- Don't just repeat – put into your own words how you have understood the person's situation.
- Don't state as fact – use words that show you are checking whether you have understood correctly.
- Summaries offered during the course of the session help us to keep our focus on the important areas and also to make transitions to other relevant topics.

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Explain that **summarizing** can be another very useful technique to use when trying to understand the details about what the person is experiencing and clarifying if you understood it correctly.

Talk through the steps of summarizing in the slide.

Summarizing

You can start summarizing by using the phrases:

- " What I am understanding is…"
- "In other words..."
- "So what you are saying is...."
- "It sounds as if..."
- "I am not sure that I am understanding you correctly, but I hear you say...."
- "You sound..".

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Describe these examples of how people can start to summarize and clarify what a person says.

Summarizing

"Last night my husband came home really late. He was drunk again. We started arguing but it is no use. I am so angry at him. He will never change."

21

Ask participants how they could summarize what the lady feels and tells them.

Show the response on the slide as an example once participants have attempted to give a summary.

Summarizing

"Last night my husband came home really late. He was drunk again. We started arguing but it is no use. I am so angry at him. He will never change."

Response: "You sound like you are feeling very frustrated by your husband's drinking which often leads to arguments. You also sound unsure of how to support him to change this situation which leaves you feeling hopeless."

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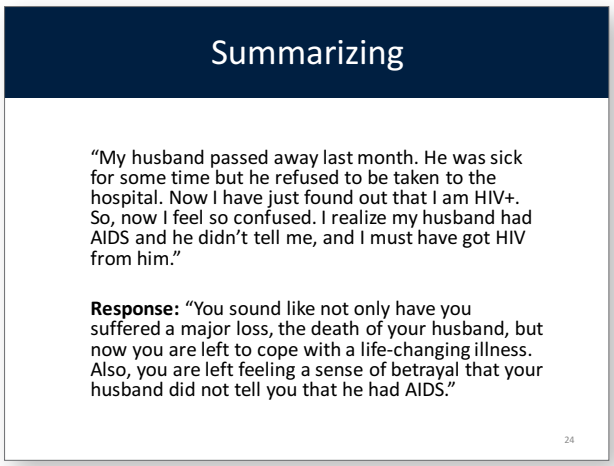
In this summary, the response identifies that the lady is "frustrated" about her husband's use of alcohol and is frustrated that it leads to arguments. It also recognizes that she feels unable to change this situation, which makes her feel hopeless about their future.

Summarizing

"My husband passed away last month. He was sick for some time but he refused to be taken to the hospital. Now I have just found out that I am HIV+. So, now I feel so confused. I realize my husband had AIDS and he didn't tell me, and I must have got HIV from him."

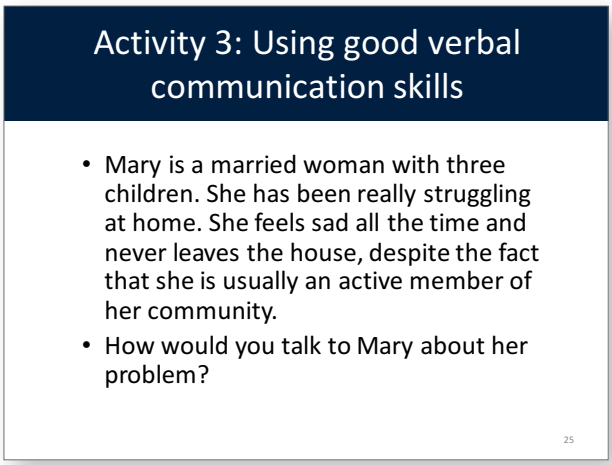
23

Ask participants how they could summarize what the lady is feeling and telling them. Show the response on the slide as an example, once participants have tried to give a summary.



Explain that in this summary the person has listened and heard that not only is the person suffering a major loss – that of her husband. But she has found that she is HIV+ and that it must have been her husband who infected her. This news has left her feeling betrayed – because he did not tell her – and confused as she did not know that her husband had AIDS.

Activity 3: Using good verbal communication skills



Duration: 20 minutes.

Purpose: Enable participants to practise using and developing their communication skills.

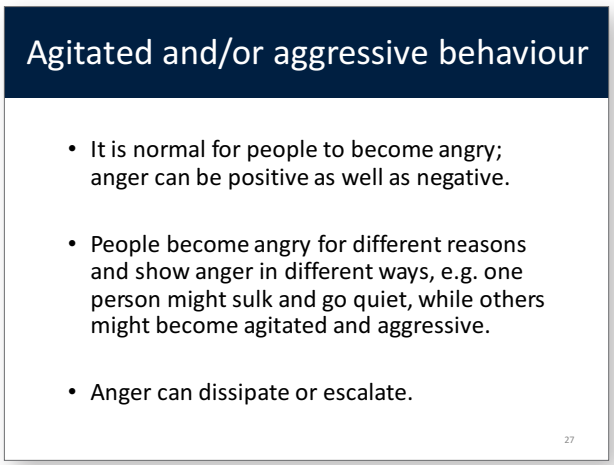
Situation: Mary is a married woman with three children. She has been really struggling at home. She feels sad all the time and never leaves the house, despite the fact that she is usually an active member of her community. How would you talk to Mary about her problem?

Instructions:
- Divide the participants into groups of three.
- Instruct one person to play Mary; one person to play the role of a health-care provider aiming to find out more about Mary's problems; and one person to play the role of the observer.
- Explain that the person playing the role of the health-care provider should start the conversation.
- Explain that the person playing the role of the health-care provider should spend time welcoming Mary and trying to make her feel comfortable. They should use effective communication skills, such as open and closed questions, active listening, empathy and summarizing to find out more about Mary's current situation.

- Once the role play has finished, the observer can facilitate a brief discussion in small groups about the interaction using the effective communication skills on page 6 of mhGAP-IG Version 2.0 to guide the discussion.
- Participants should have:
  - two to three minutes' discussion on who is playing what part
  - around 10 minutes of role playing
  - five minutes' feedback and discussion with the observer.

Ask participants to reflect on experiences in the past when they have come into contact with agitated and/or aggressive behaviour in their clinics.

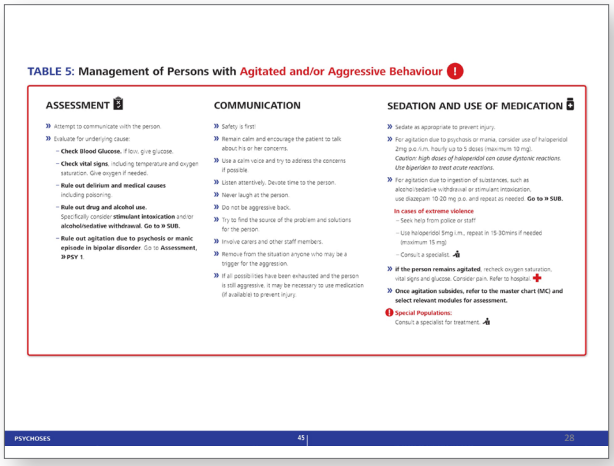
Take five minutes to facilitate a brief discussion in plenary about why participants think that people may become agitated and aggressive?



Explain that it is normal to get angry and anger is not always a negative feeling – it is often a response to a perceived negative situation.

We all get angry at times and sometimes this can lead to positive outcomes, while in other cases outcomes may be negative.

Anger can dissipate or escalate and the progression of the anger may be determined by the actions and responses of the health-care provider.



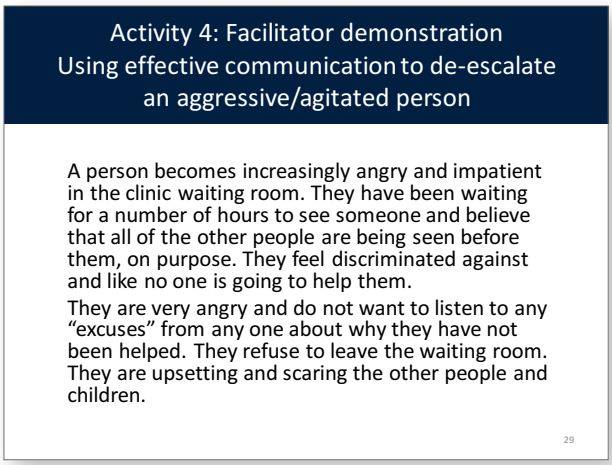
Direct participants to page 45 of mhGAP-IG Version 2.0.

Explain that these are the steps for the management of agitated and/or aggressive behaviour.

Explain that in all cases effective communication is important and should be used in order to de-escalate the situation.

The next task is to look at ways one can de-escalate anger using effective communication skills.

Activity 4: Facilitator demonstration: Using effective communication to de-escalate a person with aggressive/agitated behaviour



Duration: 20 minutes.

Purpose: To show participants examples of good practice in the management of people with agitated and/or aggressive behaviour.

Situation:
- The facilitator will play the role of the health-care provider in a clinic.
- A participant or co-facilitator will play the role of a person coming to seek help in the clinic for aches, pains and tiredness (lack of sleep).
- The person becomes increasingly angry and impatient in the waiting room because they have been waiting for hours to see the health-care provider and believe that everyone else has been seen before them on purpose. The person feels discriminated against and uncared for, and they are very angry – not wanting to listen to any "excuses" from anyone. The person refuses to leave the waiting room and they begin to upset the other people and children in the clinic.

Instructions:
- You, the health-care provider, will use the tips given in the mhGAP-IG, including: remaining calm and keeping a calm and steady voice; asking the person to come and talk to you in a quiet and private space because you cannot hear them in this waiting room (e.g. "I really want to listen to what you are saying but I cannot hear you at the moment, perhaps if we go somewhere more quiet and private I can help you better"). Listen to the person. Devote time to the person. Try to find out the reason why they are feeling so angry. Rule out any other medical/physical reasons that may underlie anger. Rule out substance use/psychosis.
- Ask participants to reflect on the example. What worked well?
- Use the slides and the facilitator notes below to explain how to manage agitated and/or aggressive behaviour. Remember to use the facilitator demonstration you have just done to illustrate these management options. When explaining how to rule out other causes of aggression, remind them how you did so in the facilitator demonstration. When you instructed them to remain calm instead of getting angry and aggressive, remind them how you did this.

Managing persons with agitated and/or aggressive behaviour

Assess the person for the underlying causes of the agitation and/or aggression.

30

Briefly talk through the following slides and give details on how to manage agitated and/or aggressive behaviour.

Use the facilitator demonstration as an example of how to do this.

Explain that the first step of the management of aggression and agitation is:

1. Assessing the person for the underlying causes of agitation and/or aggression.

Assess for agitated and/or aggressive behaviour

- A common cause of anger is an unmet need – for control, information, to be listened to, to feel safe.
- It may also have psychological antecedents or be triggered by fear.
- It may have physical antecedents – blood glucose levels, vital signs, delirium, drug and alcohol use.
- Mental health condition, such as psychosis or bipolar episode.

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Explain that on this slide there are some possible causes of agitated and/or aggressive behaviour:

- Unmet needs, feeling like you are not being listened to or not understood, feeling unsafe or uncomfortable, not having enough information.
- Fear.
- A symptom of a mental health condition such as psychosis and bipolar disorder.
- Physical health conditions may also cause agitation and aggression, e.g. check blood glucose (if low, give glucose).

Then work through the following steps.

2. Check vital signs (including temperature and blood pressure).
3. Rule out delirium and medical causes (including poisoning).
4. Rule out drug and alcohol use (specifically consider stimulant intoxication and/or alcohol/sedative withdrawal).
5. Rule out agitation due to psychosis or a manic episode in bipolar disorder.

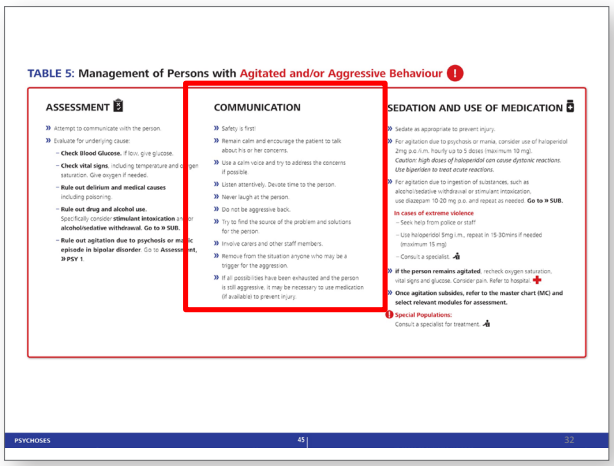

TABLE 5: Management of Persons with Agitated and/or Aggressive Behaviour

ASSESSMENT

- Attempt to communicate with the person.
- Evaluate for underlying cause:
  - **Check Blood Glucose**, if low, give glucose.
  - **Check vital signs**, including temperature and oxygen saturation. Give oxygen if needed.
  - **Rule out delirium and medical causes** including poisoning.
  - **Rule out drug and alcohol use.** Specifically consider **stimulant intoxication** and/or **alcohol/sedative withdrawal. Go to » SUB.**
  - **Rule out agitation due to psychosis or manic episode in bipolar disorder.** Go to **Assessment, » PSY 1.**

COMMUNICATION

- Safety is first!
- Remain calm and encourage the patient to talk about his or her concerns.
- Use a calm voice and try to address the concerns if possible.
- Listen attentively. Devote time to the person.
- Never laugh at the person.
- Do not be aggressive back.
- Try to find the source of the problem and solutions for the person.
- Involve carers and other staff members.
- Remove from the situation anyone who may be a trigger for the aggression.
- If all possibilities have been exhausted and the person is still aggressive, it may be necessary to use medication (if available) to prevent injury.

SEDATION AND USE OF MEDICATION

- Sedate as appropriate to prevent injury.
- For agitation due to psychosis or mania, consider use of haloperidol 2mg p.o./i.m. hourly up to 5 doses (maximum 10 mg).
  Caution: high doses of haloperidol can cause dystonic reactions.
  Use biperiden to treat acute reactions.
- For agitation due to ingestion of substances, such as alcohol/sedative withdrawal or stimulant intoxication, use diazepam 10-20 mg p.o. and repeat as needed. **Go to » SUB.**

In cases of extreme violence

- Seek help from police or staff
- Use haloperidol 5mg i.m., repeat in 15-30mins if needed (maximum 15 mg)
- Consult a specialist.

- **If the person remains agitated**, recheck oxygen saturation, vital signs and glucose. Consider pain. Refer to hospital.
- **Once agitation subsides, refer to the master chart (MC) and select relevant modules for assessment.**

Special Populations:
Consult a specialist for treatment.

PSYCHOSES 45 32

Read through the effective communication skills needed to manage agitated and/or aggressive behaviour.

When discussing the skills use the facilitator demonstration as an example of how you employed these skills.

Explain that **safety first** refers to safety of the person, the staff in the health clinic and any other people in the area.

Remain calm and encourage the person to talk about their concerns. For example, take a deep breath before speaking to keep yourself calm. If the person is shouting, you could calmly say, "I want to help you but I cannot understand you when you shout at me, maybe we could go somewhere quiet and you can tell me what is troubling you."

Encourage the person to talk about their problems, let them express their anger as long as it is safe.

Use a calm voice and try to address the concerns if possible. Use a calm, soft and gentle tone. Use sensitive language and, if relevant and appropriate, use humour. Be aware of your body language, your posture, movements etc.

Listen attentively and actively. Focus on the person and do not get distracted by other issues/people. Use active listening skills to listen to the person, be empathetic with the person and try to understand why the person is agitated and/or aggressive. Use active listening skills to let the person know that they are being listened to.

Never laugh at the person – be non-judgemental.

Do not be aggressive. Remaining calm is key to de-escalating agitation and aggression. By remaining calm, you can make the person feel safe. Focus on their anger and aggression rather than your own feelings.

Try to find the source of the problem and solutions for the person. By using active listening skills and remaining calm you can help the person manage their own aggression, understand the source of the problems and work with them to find some alternative solutions (solutions that do not involve aggression).

Involve carers and other staff members. Involve staff but be aware that involving too many people could be interpreted as a "show of force" and make the person feel more unsafe, thus escalating the anger.

Remove anyone from the situation who may be a trigger for the aggression. Try and take the person into a quiet room, separated from people who may trigger more aggression and make the situation worse.

In case none of the above-mentioned strategies work and the person is still aggressive, medication may be necessary.

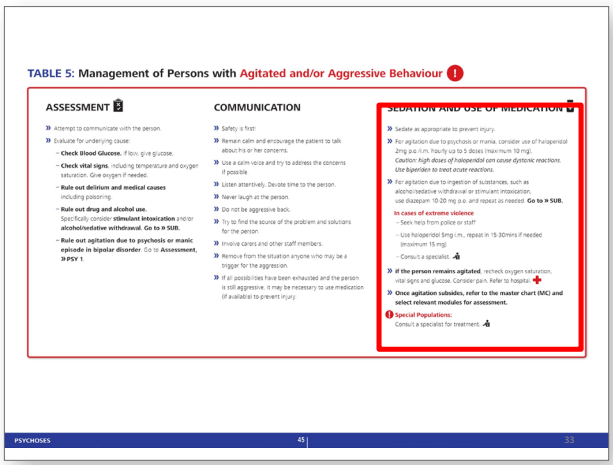
TABLE 5: Management of Persons with Agitated and/or Aggressive Behaviour

ASSESSMENT

- Attempt to communicate with the person.
- Evaluate for underlying cause:
  - **Check Blood Glucose.** If low, give glucose.
  - **Check vital signs**, including temperature and oxygen saturation. Give oxygen if needed.
  - **Rule out delirium and medical causes** including poisoning.
  - **Rule out drug and alcohol use.** Specifically consider **stimulant intoxication** and/or **alcohol/sedative withdrawal. Go to » SUB.**
  - **Rule out agitation due to psychosis or manic episode in bipolar disorder.** Go to **Assessment, » PSY 1.**

COMMUNICATION

- Safety is first!
- Remain calm and encourage the patient to talk about his or her concerns.
- Use a calm voice and try to address the concerns if possible.
- Listen attentively. Devote time to the person.
- Never laugh at the person.
- Do not be aggressive back.
- Try to find the source of the problem and solutions for the person.
- Involve carers and other staff members.
- Remove from the situation anyone who may be a trigger for the aggression.
- If all possibilities have been exhausted and the person is still aggressive, it may be necessary to use medication (if available) to prevent injury.

SEDATION AND USE OF MEDICATION

- Sedate as appropriate to prevent injury.
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- **If the person remains agitated**, recheck oxygen saturation, vital signs and glucose. Consider pain. Refer to hospital.
- **Once agitation subsides, refer to the master chart (MC) and select relevant modules for assessment.**

Special Populations:
Consult a specialist for treatment.

PSYCHOSES 45 33

Ask participants if they have ever used medication in the past to sedate an agitated or aggressive person.

Talk through different considerations for using medication in the mhGAP-IG.

Aggression against adults and children with priority MNS conditions

- Both children and adults with priority MNS conditions are nearly four times more likely to be victims of violence than the general population.
- This can include aggression and violence by:
  - family members
  - community members
  - health-care providers.

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Explain that both children and adults with priority MNS conditions are at a much higher risk of aggression and violence than the general population.

This can include aggression and violence by:
- family members
- community members
- health-care providers.

Aggression against adults and children with priority MNS conditions

- People with priority MNS conditions are at higher risk of violence due to:
  - Stigma.
  - Discrimination.
  - Ignorance about the condition.
  - Lack of social support for the individual and those who care for them.
  - Placement of people with MNS conditions in institutions.
  - People with MNS conditions are unable to disclose abuse/violence.

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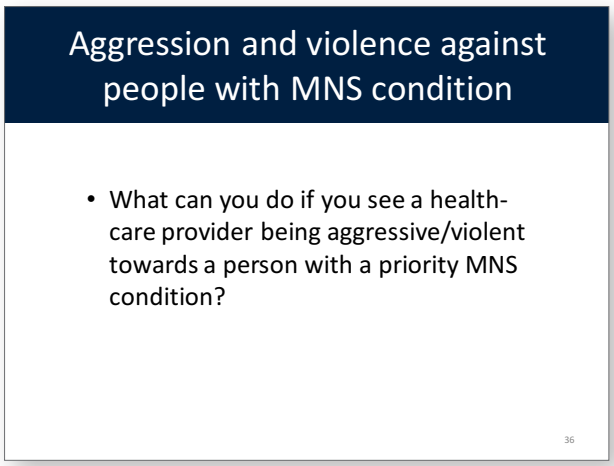
Explain that factors which place people with priority MNS conditions at higher risk of violence include stigma, discrimination, and ignorance about the condition as well as a lack of social support for the individual and those who care for them.

Placement of people with priority MNS conditions in institutions also increases their vulnerability to violence. In these settings, and elsewhere, people with communication impairments are unable to disclose their abuse and often are not believed if they do.



Facilitate a brief discussion in plenary: What can you do if you see a health-care provider being aggressive/violent towards a person with a priority MNS condition?

Have participants reflect on what steps they could take to manage this situation.

Note: Emphasize that the safety of the person with MNS conditions is paramount, therefore the first step is to ensure that the person is safe.

- Discuss if there are any reporting lines within their health-care systems they could use to ensure that the health-care provider is reported and stopped. Where appropriate, report the abuse to the police.
- Talk to the health-care provider and explain how vulnerable people with MNS conditions are.
- Spend time training the staff in the non-specialized health setting in how to effectively communicate with people with MNS conditions.
- Address any stigma and misunderstandings health-care providers may have about people with MNS conditions.

Explain that the next activity will focus on how to promote respect and dignity for people with MNS conditions.

Activity 5: Promoting respect and dignity

Duration: 40 minutes.

Purpose: Give participants a better understanding of the stigma and discrimination that people with priority MNS conditions face.

Instructions:
- Split participants into small groups.
- Ask each group to answer the following questions:
  1. How are people with MNS treated in your community?
  2. Break this discussion down to distinguish between disorders – for example, how are people with epilepsy perceived versus how people with psychoses or depression are treated? How are children with developmental disorders treated? How are people with substance use disorders treated?
- Allow 10 minutes for discussion and then ask each group to nominate a spokesperson to share their lists with the rest of the group.
- The facilitator should make a list of the participants' responses.
- Explain briefly that negative name calling, labelling and marginalization are all forms of stigma.
- Ask the groups to discuss:
  1. What impact does stigma have on the individual?
  2. What impact does it have on the family?
  3. What impact does it have on the community?
- Allow 10 minutes for discussion and then ask each group to briefly feedback to the rest of the group.

Use these questions to stimulate a discussion and ensure participants think about all the ways people with different MNS conditions are treated.

Note: In some societies, it may be necessary to mention that people hearing voices are revered and respected. So, their treatment may not always be negative.

Activity: Stigma

Negative labelling, name calling and marginalization is a form of stigma.

1. What impact does stigma have on the individual?
2. What impact does it have on the family?
3. What impact does it have on the community?

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Keep the participants in the same groups as they were for the previous discussion and ask them to discuss the following three questions.

1. What impact does stigma have on the individual?
2. What impact does it have on the family?
3. What impact does it have on the community?

What impact does stigma have?

- Stigma has serious and long lasting consequences.
- It brings the experience of:
  - shame
  - blame
  - hopelessness
  - distress
  - reluctance to seek or accept help
  - fear.

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Summarize the key discussion points highlighted by the participants and explain that stigma can bring a sense of shame, blame, hopelessness, distress, reluctance to seek and/or accept help, and fear.

What are the effects of stigma and discrimination?

- Emotional state:
  - Affects sense of self-worth.
- Symptoms:
  - Contributes to shortened life expectancy.
  - Slows recovery.
- Access and quality of treatment:
  - Limits access and quality of health care.
- Human rights:
  - Can lead to abuse.
- Family:
  - Disrupts relationships.

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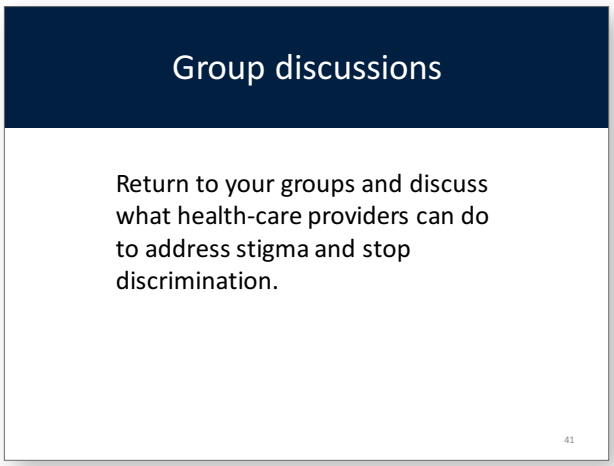
Explain that stigma can impact on your emotional state by affecting your sense of self and self-confidence.

It can affect symptoms of the MNS condition – it can shorten life expectancy and slow down recovery.

It means that people cannot access the health care and treatment that they need and deserve.

It can lead to an abuse of human rights.

It can lead to disruptions in family life.



Ask participants to return to their groups and briefly discuss what health-care providers can do to address stigma and stop discrimination.

After five minutes' discussion, ask the spokesperson to give feedback to the rest of the group with ideas on what they could do.

Explain the points on the slide. Ask participants if they think they could implement these changes.

Inform participants that the full convention is available if they wish to see it.

Consider reading aloud the following three examples of articles from the convention:

1. The right to good quality, affordable and accessible mental health services in the community (Art. 25).
2. The right to rehabilitation services in the community (Art. 26).
3. The right to live in the community and participate in community life (Art. 19).

Background knowledge:

- Adopted in 2006 at the United Nations headquarters in New York.
- The convention has already been ratified by 110 countries.

Note:

- On the following website, you can see which countries have ratified the convention: http://www.un.org/disabilities/countries.asp?navid=17&pid=166
- If the country in which you are training has ratified it, then you should mention this in the training.

Direct participants to page 7 of mhGAP-IG Version 2.0 and compare the list of do's and don'ts with those created by the groups.

Session 2. Essentials of mental health care and clinical practice: Assessments

1 hours 10 minutes

Activity 6: Group discussion: General principles of MNS assessments

Duration: 30 minutes.

Purpose: Give participants time to reflect on how they conduct a routine assessment.

Instructions:
- Split the participants into groups.
- Ask each group to create a list explaining how they conduct a routine assessment in their clinic.
- Ask them to think about what type of questions and communication skills they use to conduct an assessment.
- What topics do they discuss with the person seeking help? Why do they discuss those topics? What do they learn?

Activity 6: Discussion
General Principles of MNS Assessments

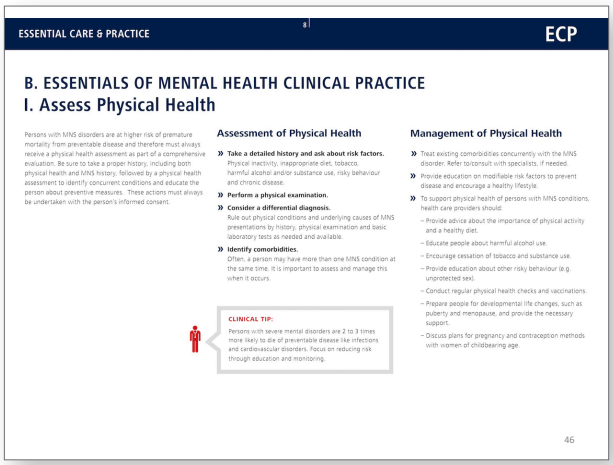
- What type of communication skills do you use in your assessments?
- What topics do you ask about during an assessment?
- What do you want to learn from an assessment and why?

45

Ask the groups to make the lists as comprehensive as possible to ensure it covers all aspects of their clinical assessment.

Ask each group to present their lists.

Facilitate a discussion and seek group consensus to create one list of agreed topics covered in a primary health-care assessment.



ESSENTIAL CARE & PRACTICE ECP

B. ESSENTIALS OF MENTAL HEALTH CLINICAL PRACTICE
I. Assess Physical Health

Persons with MNS disorders are at higher risk of premature mortality from preventable disease and therefore must always receive a physical health assessment as part of a comprehensive evaluation. Be sure to take a proper history, including both physical health and MNS history, followed by a physical health assessment to identify concurrent conditions and educate the person about preventive measures. These actions must always be undertaken with the person's informed consent.

Assessment of Physical Health

- **Take a detailed history and ask about risk factors.** Physical inactivity, inappropriate diet, tobacco, harmful alcohol and/or substance use, risky behaviour and chronic disease.
- **Perform a physical examination.**
- **Consider a differential diagnosis.** Rule out physical conditions and underlying causes of MNS presentations by history, physical examination and basic laboratory tests as needed and available.
- **Identify comorbidities.** Often, a person may have more than one MNS condition at the same time. It is important to assess and manage this when it occurs.

CLINICAL TIP:
Persons with severe mental disorders are 2 to 3 times more likely to die of preventable disease like infections and cardiovascular disorders. Focus on reducing risk through education and monitoring.

Management of Physical Health

- Treat existing comorbidities concurrently with the MNS disorder. Refer to/consult with specialists, if needed.
- Provide education on modifiable risk factors to prevent disease and encourage a healthy lifestyle.
- To support physical health of persons with MNS conditions, health care providers should:
  - Provide advice about the importance of physical activity and a healthy diet.
  - Educate people about harmful alcohol use.
  - Encourage cessation of tobacco and substance use.
  - Provide education about other risky behaviour (e.g. unprotected sex).
  - Conduct regular physical health checks and vaccinations.
  - Prepare people for developmental life changes, such as puberty and menopause, and provide the necessary support.
  - Discuss plans for pregnancy and contraception methods with women of childbearing age.

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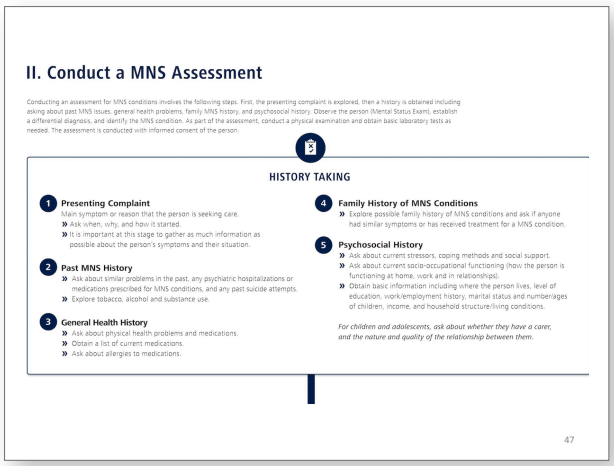
Direct participants to page 8 mhGAP-IG Version 2.0.

Compare the descriptions on page 8 with the lists created by the participants.

Explain that people with severe MNS conditions are two or three times more likely to die from preventable diseases, such as infections and cardiovascular disorders, than the normal population. This may be because people with MNS conditions and their carers are hesitant to seek help due to high levels of stigma and discrimination experienced, even from health-care providers.

It may be that there is a lack of focus on physical health during assessment and treatment and/or the symptoms of the MNS condition contribute to them neglecting their physical health care (e.g. people with severe depression do not take the medication prescribed for their physical health condition).

Therefore, when assessing a person with possible MNS conditions, always assess for physical health as well.


II. Conduct a MNS Assessment

Conducting an assessment for MNS conditions involves the following steps. First, the presenting complaint is explored, then a history is obtained including asking about past MNS issues, general health problems, family MNS history, and psychosocial history. Observe the person (Mental Status Exam), establish a differential diagnosis, and identify the MNS condition. As part of the assessment, conduct a physical examination and obtain basic laboratory tests as needed. The assessment is conducted with informed consent of the person.

HISTORY TAKING

1 Presenting Complaint
Main symptom or reason that the person is seeking care.
» Ask when, why, and how it started.
» It is important at this stage to gather as much information as possible about the person's symptoms and their situation.

2 Past MNS History
» Ask about similar problems in the past, any psychiatric hospitalizations or medications prescribed for MNS conditions, and any past suicide attempts.
» Explore tobacco, alcohol and substance use.

3 General Health History
» Ask about physical health problems and medications.
» Obtain a list of current medications.
» Ask about allergies to medications.

4 Family History of MNS Conditions
» Explore possible family history of MNS conditions and ask if anyone had similar symptoms or has received treatment for a MNS condition.

5 Psychosocial History
» Ask about current stressors, coping methods and social support.
» Ask about current socio-occupational functioning (how the person is functioning at home, work and in relationships).
» Obtain basic information including where the person lives, level of education, work/employment history, marital status and number/ages of children, income, and household structure/living conditions.

For children and adolescents, ask about whether they have a carer, and the nature and quality of the relationship between them.

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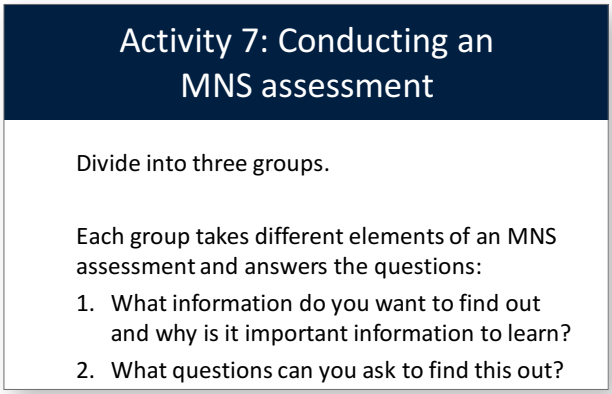
Explain that the principles of conducting an MNS assessment are going to be discussed.

Direct the participants to page 9 of mhGAP-IG Version 2.0.

Emphasize that conducting an MNS assessment is not an extra burden but should be an extension of their routine assessments.

Activity 7: Small group work: Conducting an MNS assessment


Activity 7: Conducting an MNS assessment

Divide into three groups.

Each group takes different elements of an MNS assessment and answers the questions:

1. What information do you want to find out and why is it important information to learn?
2. What questions can you ask to find this out?

Duration: 30 minutes.

Purpose: Give participants the opportunity to learn the steps required to conduct an MNS assessment.

Instructions:
- Divide participants into three groups.
- Give Group 1 the heading **Presenting complaint** and **Family history of MNS conditions**.
- Give Group 2 the heading **General health history and past MNS history**.
- Give Group 3 the heading **Psychosocial history**.
- Give each group pieces of flip chart paper and pens.
- Ask each group to create two lists:
  1. What information do you want to find out? Why do you want to find out this piece of information?
  2. What questions can you ask to find it out?
- Give each group 20 minutes to discuss and create the lists, hang the lists on the wall, bring the groups back together and ask the plenary group to discuss the lists of questions.
- Use the explanations and suggested questions in the slides below to provide any clarification.
- Add any of the questions discussed below to the lists created by the participants.

Note: Keep the lists of questions visible throughout the rest of the training so participants can use them in upcoming activities.

Presenting complaint

Start with open questions and focus in on areas with more specific closed questions as necessary.

Ask:

- Why have you come to see me today?
- When did this start?
- How long has this been happening – how many years, months, weeks, days?
- How did this start?
- What do you think is happening to you?

49

Explain what **presenting complaint** means (as described below).

Presenting complaints are the issues or issue that the person is presenting with, and these are the primary reasons for the visit. Try to understand them in the person's own words.

You may find that the person's presenting complaint is minor compared with what you discover in the rest of the assessment, but clearly it is important to them.

Then talk through the questions and points on the slide.

Past MNS history

- Has anything like this happened to you before?
- Have you ever felt this way before?
- When you felt this way in the past did you seek help? What happened? (Explore if they went to hospital etc.)
- When you felt like this in the past how did you cope? What did you do? (Explore alcohol, drugs tobacco usage.)
- When you felt like this in the past did you ever try to harm yourself or kill yourself?

50

Explain what we want to learn in the **past MNS history** (as described below).

Past MNS history means the past history of these complaints or other complaints which happened to the person before – any hospitalizations, any history of alcohol or drug use (they may not see that as an MNS history).

Then talk through the questions on the slide.

General health history

Find out if they have had any other health concerns or been taking any medication over the past few years.

- Find out if they have any allergies to medications.
- If they have been taking medication, do they know what it is for?

51

Explain what we mean by **general health history** (as described below).

Asking the person about their beliefs about their own health and any medication they are on can give a useful insight to learning what they think the problem is.

Then talk through the points and questions on the slide.

Family history of MNS conditions

Do you know if anyone in your family has ever felt the same way as you/experienced the same feelings/sensations/emotions as you?

Asking about family history gives you an opportunity to learn who is who in the family (who the person is close to, any family discord, insight into the family relationships).

MNS conditions can be caused by social, psychological and genetic factors, so do not be afraid to explore family history.

52

Explain what we mean by **family history of MNS conditions** (as described below).

This is an opportunity for health-care providers to start to explore relationships within the family. To whom is the person close, with whom do they not interact and are those relationships strained? They may also reveal if there have been major stressful life events in the family, such as bereavement and divorce etc.

This is also a good opportunity for discovering any genetic risk factors making the person prone to developing an MNS condition.

Then talk through the points and questions on the slide.

Psychosocial History

Aim of the psychosocial history is to understand the psychological, social and environmental history of the person:

- Are you currently able to work/study/attend school? How is work/School/university?
- Who do you live with? What is your home life like at the moment?
- Have you experienced any stress in your life at the moment?
- What do you do in your spare time?
- Who do you have in your life to support you?

53

Define what we mean by **psychosocial history** (as described below).

It gives you an opportunity to learn about the person's social, environmental, psychological and occupational life:

1. Understand how the person's symptoms have an impact on their ability to function in everyday life.
2. Understand how the person's social, environmental and psychological states have an impact on the person's symptoms, e.g. in the case of violence, abusive relationships (gender-based violence), war, distressing events and psychosocial stressors.
3. Try to understand who their social network includes and if they feel supported.

You can continue to explore any stressors that the person is currently experiencing and that were discussed when exploring the presenting complaint.

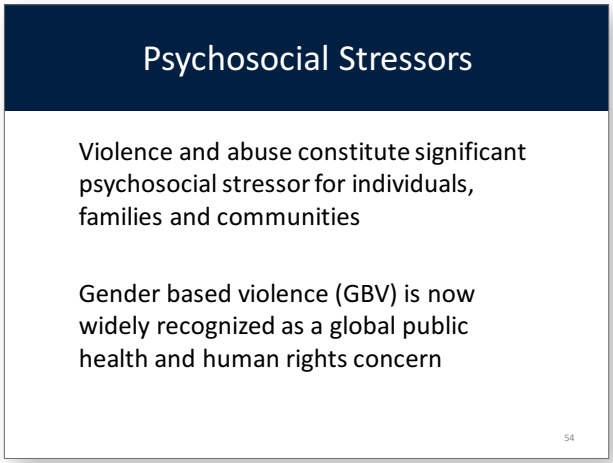
This should give you a holistic understanding of the person's life and current situation.

Explain that individuals (adults and children) cannot be isolated from their environment and environmental pressures. To truly understand a person, you need to understand what is happening around them.

It is also an opportunity to ask about positive events in the person's life, i.e. how they have been dealing with this situation so far. Who supports them and how?

Then talk through the points and questions on the slide.

Ask participants to brainstorm questions they could use to explore psychosocial stressors that people might be facing.

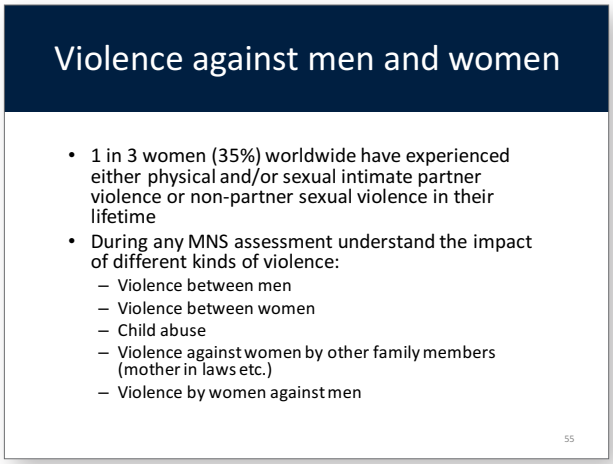


Explain that violence and abuse is a reality for many people and many families.

It is a significant psychosocial stressor for all the people involved and can have significant impacts on an individual's mental health.

This includes impacting the mental health of:
- the survivor of the violence,
- observers of the violence
- and perpetrators of the violence.

Gender-based violence is now widely recognized as a global public health and human rights concern.



Explain that 1 in 3 women (that represents 35% of women) worldwide have experienced either physical and/or sexual intimate partner violence or violence outside of their relationship in their life.

This statistic denotes the global prevalence of violence against women and highlights the fact that it is an urgent public health concern.

However, during any MNS assessment it is important to learn about all different types of violence that a person may experience and this can also be violence by women against men, violence between men, child abuse and violence against women by other family members such as mothers in law or fathers.

Impact of Violence on mental health

- Violence and abuse can lead to:
  - depression
  - post-traumatic stress and other anxiety disorders
  - Sleep difficulties
  - Self-Harm/Suicide attempts
- Sexual violence particularly during childhood can lead to increased smoking, substance use, risky sexual behaviours in later life.
- It is also associated with perpetration of violence (for males) and being a victim of violence for females

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Explain the points on the slide stating that violence and abuse can lead to depression, post traumatic stress and anxiety disorders, sleep problems, self-harm/suicide attempts.

Sexual violence, particularly in childhood, can lead to increased substance use and risky sexual behaviours later in life.

Males experiencing sexual abuse in childhood are more likely to perpetrate violence against others when they grow up.

Sexual violence in females during childhood is associated with an increased likelihood of being victims of violence as adults.

Impact of Violence on Mental Health

- Many people who survive acts of violence and abuse will have severe emotional reactions such as feeling fear, stress, sadness, shame and guilt. It is normal.
- In many these emotions will pass once the violent situation passes.
- However others will need more help therefore it is important to use the mhGAP-IG to assess for possible priority MNS conditions.

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Talk about the first point on the slide and emphasize that most people who are subjected to violence will have an emotional reaction of some sort. This can include fear, sadness, shame, guilt, stress, etc.

Emphasize that this is normal and that these reactions will pass once the violent situation has passed and they feel safe again.

However, for some people these feelings remain and they need more help.
In those cases, it is important to use the mhGAP-IG to assess people for possible depression, substance use, self-harm/suicide, other (stress/anxiety disorders), and CMH (specifically emotional disorders in children and adolescents).

Common Presentations

- You may suspect a person has been subjected to violence if they have:
  - Stress, anxiety, depression
  - Substance use disorders
  - Thoughts, plans or acts of self-harm/suicide
  - Injuries that are repeated and unexplained
  - Repeated sexually transmitted infections
  - Unwanted pregnancies
  - Unexplained chronic pain or conditions (Pelvic pain, gastrointestinal problems, kidney or bladder infections etc)
  - Other unexplained mental health complaints

58

Explain the points on the slide describing common presentations of people who have experienced violence and state that:
You may also suspect a problem of violence if:

- a woman's partner or husband (or father or mother in law) is intrusive in consultations, if she often misses her own or her children's appointments, or if her own children have emotional or behavioural disorders.

- a child's caregiver or parent is intrusive in consultations, dismissive of the child's problems and injuries, talks for them and does not allow the child to speak, the child appears scared of them or uncomfortable with them.

Stress that:
WHO does NOT recommend universal screening for violence of women attending health care. WHO does encourage health-care providers to raise the topic with women who have injuries or conditions that they suspect are related to violence.

What can you do if you suspect violence?

- Try and speak to the person alone
- Do not raise the issue of potential partner violence unless the woman is alone
- If you do ask about violence be empathic and non-judgmental. Use sensitive and culturally appropriate language
- Do not seek to blame anyone but seek to listen and understand.

59

Give participants a few minutes to brainstorm some answers and then explain the points on the slide

Emphasize that it is important to ensure the persons safety at all time, your safety and the safety of your colleagues.

Principles of offering first line support

- First line support providers practical care and responds to a person's emotional, physical, safety and support needs without intruding on privacy.
- Often first line support is the most important care you will provide.

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Explain that if a person does disclose that they are experiencing violence and abuse then the first line support that you offer can be the most important care you can provide.

First line support provides practical care and responds to a person's emotional, physical, safety and support needs without intruding on their privacy.

LISTEN	Listen to the woman closely, with empathy, and without judging.
INQUIRE ABOUT NEEDS AND CONCERNS	Assess and respond to her various needs and concerns—emotional, physical, social and practical (e.g. childcare)
VALIDATE	Show her that you understand and believe her. Assure her that she is not to blame.
ENHANCE SAFETY	Discuss a plan to protect herself from further harm if violence occurs again.
SUPPORT	Support her by helping her connect to information, services and social support.

Introduce participants to LIVES intervention (from the WHO Healthcare for women subjected to intimate partner violence and sexual violence A Clinical Handbook; 2014).

First line support involves 5 simple tasks.

(This document refers to offering first line support to women but the same principles applies for men and children).

It responds to both emotional and practical needs.

Explain the 5 simple tasks as described on the slide.

Do

- Identify needs and concerns
- Listen and validate those concerns and experiences (be empathic)
- Connect the person with other people, groups, organisations
- Empower the person to feel safe
- Explore what options are available to the person
- Respect their wishes
- Help connect them to social, physical and emotional support
- Enhance their safety

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Explain the points on the slide stressing what health-care providers can do to support someone who discloses violence and abuse.

Explain that these actions are similar to the principles of Psychological First Aid (PFA)

Do Not

- Try to solve the persons problems
- Convince them/force them to leave a violent partner/family
- Convince/force them to go to the police
- Ask detailed questions that force them to relive painful events
- Ask them to analyze what has happened and why
- Pressure them to talk to you

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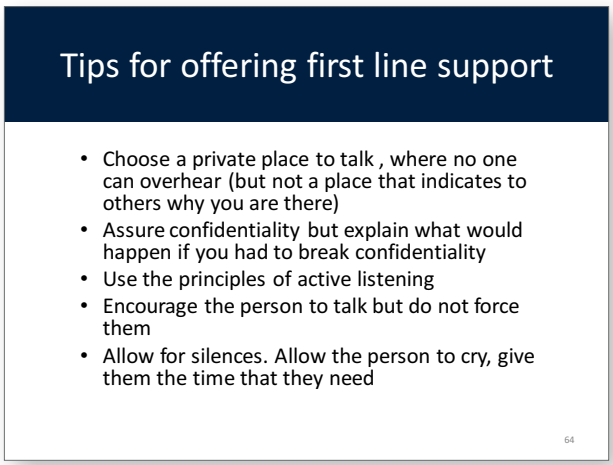
Explain what actions to avoid as described on the slide.

Highlight that if you try and solve the person's problems and force them to take certain actions then you are taking away their control and potentially putting them in more danger.

You may never know all of the details and you do not want to do anything that would put the person, yourself, colleagues or anyone else in more danger.



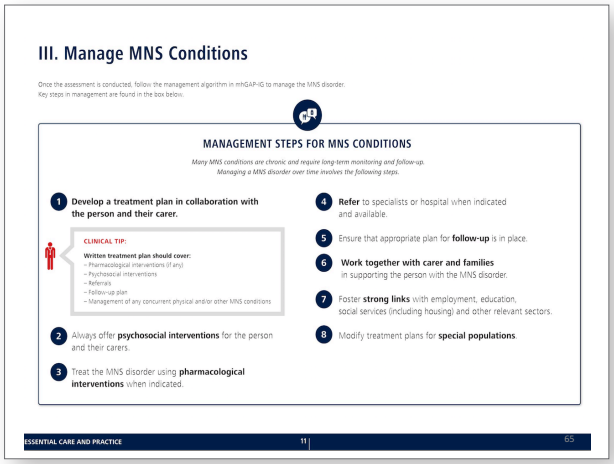
Talk through the points on the slide

Engage participants in a brief discussion about confidentiality and how they would explain confidentiality to a person who has just disclosed abuse.

Explain that during the rest of the training and in other modules we will continue to discuss the impact of violence and abuse on an individual's mental health and how to manage it.

Session 3.
Essentials of mental health care and clinical practice: Management

1 hours 45 minutes



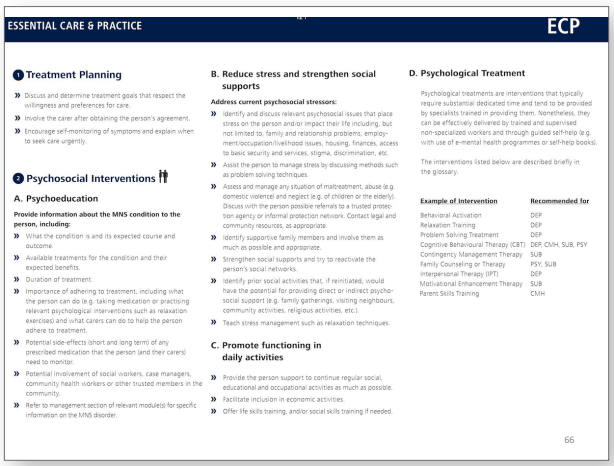
Each module has its own management steps and interventions for specific MNS conditions, which we will learn about throughout the training. Therefore, this session aims to introduce the general guidelines and steps that can be taken to manage priority MNS conditions.

Explain the first step:

1. Develop a written treatment plan in collaboration with the person and their carer.
2. Always offer psychosocial interventions.
3. Use pharmacological interventions when indicated.
4. Refer to specialists and hospitals when indicated.
5. Ensure appropriate follow-up.
6. Work together with carers and families.
7. Foster strong links with employment, education and social services.
8. Modify treatment plans for special populations.

Ask the group what they understand by the term **treatment plan**.

Before moving on to the next slide, let participants answer.



ESSENTIAL CARE & PRACTICE ECP

1 Treatment Planning

- Discuss and determine treatment goals that respect the willingness and preferences for care.
- Involve the carer after obtaining the person's agreement.
- Encourage self-monitoring of symptoms and explain when to seek care urgently.

2 Psychosocial Interventions

A. Psychoeducation

Provide information about the MNS condition to the person, including:

- What the condition is and its expected course and outcome.
- Available treatments for the condition and their expected benefits.
- Duration of treatment.
- Importance of adhering to treatment, including what the person can do (e.g. taking medication or practising relevant psychological interventions such as relaxation exercises) and what carers can do to help the person adhere to treatment.
- Potential side-effects (short and long term) of any prescribed medication that the person (and their carers) need to monitor.
- Potential involvement of social workers, case managers, community health workers or other trusted members in the community.
- Refer to management section of relevant module(s) for specific information on the MNS disorder.

B. Reduce stress and strengthen social supports

Address current psychosocial stressors:

- Identify and discuss relevant psychosocial issues that place stress on the person and/or impact their life including, but not limited to, family and relationship problems, employment/occupation/livelihood issues, housing, finances, access to basic security and services, stigma, discrimination, etc.
- Assist the person to manage stress by discussing methods such as problem solving techniques.
- Assess and manage any situation of maltreatment, abuse (e.g. domestic violence) and neglect (e.g. of children or the elderly). Discuss with the person possible referrals to a trusted protection agency or informal protection network. Contact legal and community resources, as appropriate.
- Identify supportive family members and involve them as much as possible and appropriate.
- Strengthen social supports and try to reactivate the person's social networks.
- Identify prior social activities that, if reinitiated, would have the potential for providing direct or indirect psychosocial support (e.g. family gatherings, visiting neighbours, community activities, religious activities, etc.).
- Teach stress management such as relaxation techniques.

C. Promote functioning in daily activities

- Provide the person support to continue regular social, educational and occupational activities as much as possible.
- Facilitate inclusion in economic activities.
- Offer life skills training, and/or social skills training if needed.

D. Psychological Treatment

Psychological treatments are interventions that typically require substantial dedicated time and tend to be provided by specialists trained in providing them. Nonetheless, they can be effectively delivered by trained and supervised non-specialized workers and through guided self-help (e.g. with use of e-mental health programmes or self-help books).

The interventions listed below are described briefly in the glossary.

Example of Intervention	Recommended for
Behavioral Activation	DEP
Relaxation Training	DEP
Problem Solving Treatment	DEP
Cognitive Behavioural Therapy (CBT)	DEP, CMH, SUB, PSY
Contingency Management Therapy	SUB
Family Counseling or Therapy	PSY, SUB
Interpersonal Therapy (IPT)	DEP
Motivational Enhancement Therapy	SUB
Parent Skills Training	CMH

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Explain that treatment planning is a collaborative process which represents a plan of action discussed with the person and the health-care provider to meet the person's health and social needs.

Give participants a copy of the treatment plan (see ECP Supporting material) to follow as you describe it, using the explanation below.

Begin the treatment plan with a brief explanation of the **presenting problem** (i.e. the person has been feeling sad for two months, they have lost contact with family and friends and feel very lonely and isolated. This makes the person feel even more sad. Their friends are important to them and they want to reconnect but feel sad and tired all the time).

What interventions will you use and why? Briefly explain what the treatment plan aims to achieve (i.e. to improve their mood by increasing their social activities and strengthening their relationships with friends and family).

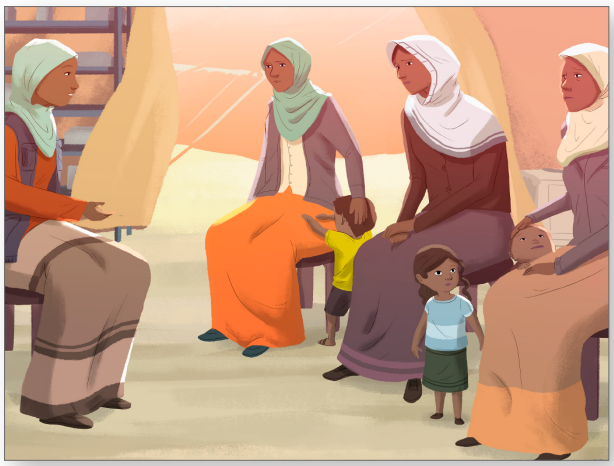
Make an **action plan** – list the steps, goals, actions behaviours needed to happen to achieve the goal (i.e. the person is going to meet friends who make them feel supported and cared for twice this week for at least 30 minutes each time.

Whenever you agree that an action should be taken, you should also decide **who** will take action and agree on **when** the action is going to happen.

The final section of the treatment plan should have clear decisions made about what a person can do in a **crisis**. For example, if a person feels overwhelmed by negative emotion or thoughts of self-harm/suicide, where should they go? Who can they talk to? What can they do? Ensure there are clear instructions, which the person can use in times of crisis.

This has to be collaborative as it must meet the needs, goals and priorities identified by the individual. If the person is not involved in treatment planning then they are less likely to adhere to the treatment plan.

It is good practice to involve carers in a treatment plan but it should always be with the consent of the individual.



Explain that treatment plans for managing priority MNS conditions can include:

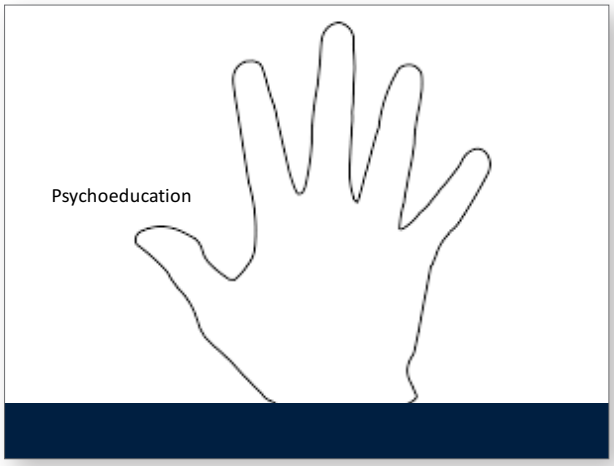
1. Psychosocial Interventions:
   - psychoeducation
   - reduce stress and strengthen social supports
   - promote functioning in daily activities.
2. Psychological interventions.
3. Pharmacological interventions.

Explain again that in each priority MNS training module there will be time to practise delivering interventions relevant to the given condition.

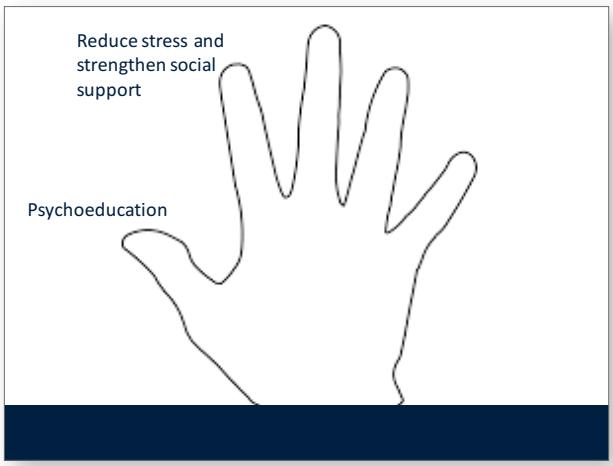
For now, we will look at the general principles behind different types of interventions.

Explain that these interventions can create the basis of any written treatment plan.

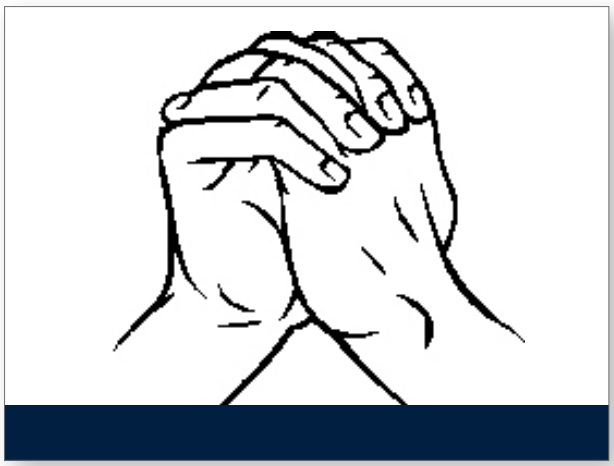
Raise your open hand to the participants.



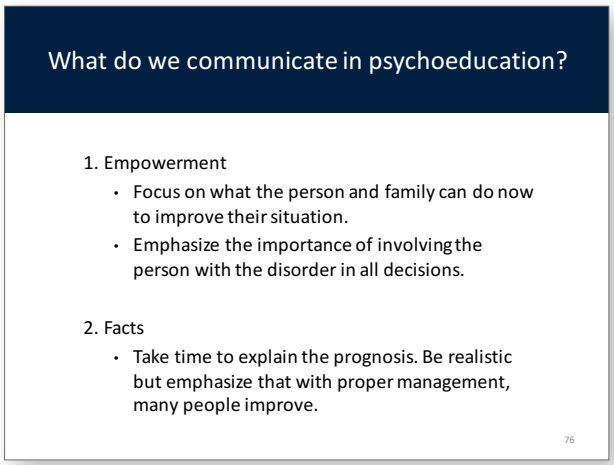
Explain that you can list the five interventions on your fingers to ensure that you always remember them.

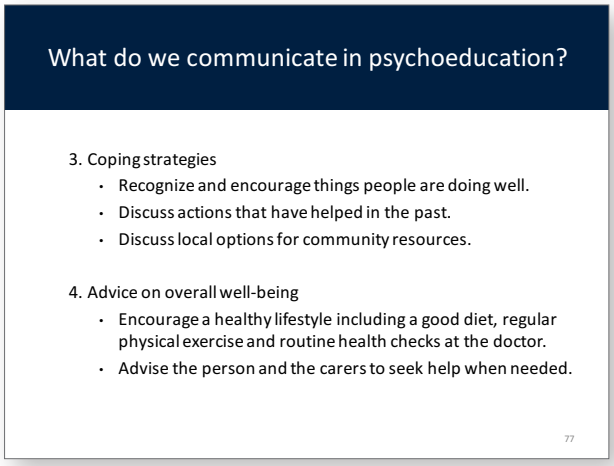


By placing **referral** in the palm of your hand you know that you always have the option to make a referral where a mental health specialist is available.



Explain that this treatment plan only becomes collaborative when you develop it together with the person living with the MNS condition and explain it to the person, their family and carers.





Use these slides to explain the general principles behind why these five different interventions are commonly used.

Psychoeducation
Explain that many individuals who have a mental health condition know little or nothing about the condition they have, what they might expect from psychosocial interventions or the positive and negative effects of pharmacological interventions.

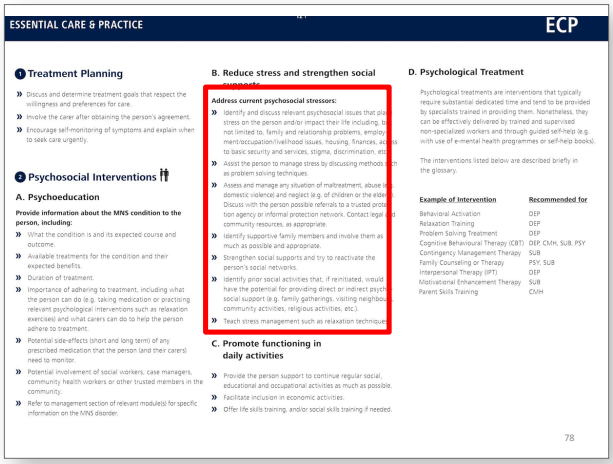
Moreover, literature on these topics may be confusing or otherwise difficult to comprehend.

Therefore, the first role of the health-care provider is to explain to the person, and (with consent) to their carer or family members, what the condition means and what they can expect to happen.

This can alleviate the anxiety of the person and that of their carer.

It can empower the person to take control of the condition.

It can keep the person safe and enable them to make a choice about different treatment options.


ESSENTIAL CARE & PRACTICE

ECP

1 Treatment Planning

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» Identify supportive family members and involve them as much as possible and appropriate.
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C. Promote functioning in daily activities

» Provide the person support to continue regular social, educational and occupational activities as much as possible.
» Facilitate inclusion in economic activities.
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D. Psychological Treatment

Psychological treatments are interventions that typically require substantial dedicated time and tend to be provided by specialists trained in providing them. Nonetheless, they can be effectively delivered by trained and supervised non-specialized workers and through guided self-help (e.g. with use of e-mental health programmes or self-help books).

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Parent Skills Training	CMH

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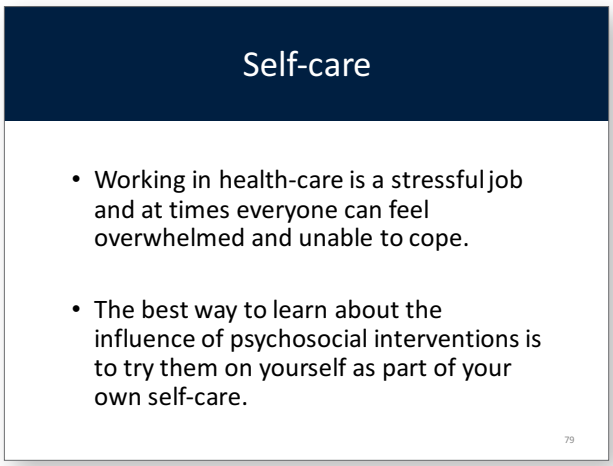
Self-care

- Working in health-care is a stressful job and at times everyone can feel overwhelmed and unable to cope.
- The best way to learn about the influence of psychosocial interventions is to try them on yourself as part of your own self-care.

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Reduce stress and strengthen social supports. Explain that there are different ways of reducing stress. For example, breathing exercises and relaxation techniques are common and effective but exercising, singing, cooking, doing something enjoyable are also good ways to reduce stress. The chosen technique depends on the individual's interests, situation and personality.

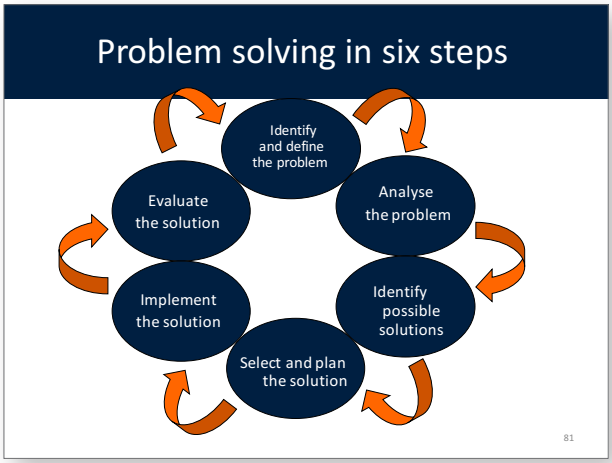
Similarly, there are different ways to strengthen social supports. Some people may have a social network they can reconnect to, while others may be seeking new people and new social supports. Explain that during the training there will be a chance for participants to practise/discuss all these strategies. However, the best way to learn them and feel comfortable with them is to start using them. Practise different techniques on yourself as part of your own **self-care**.

Working in health-care is a stressful job and at times everyone can feel overwhelmed and unable to cope.

Psychosocial interventions designed to reduce stress and strengthen social supports and positive coping methods can be beneficial.

Familiarize yourself with these interventions by practising them at home yourself or with your family and friends.

Activity 8: Self-care activity



Explain that this is a technique for reducing psychosocial stressors.

Explain that it cannot solve all problems instantly, especially if the psychosocial stressors are ongoing and/or complicated. It can help to alleviate and reduce some of the stress that a person is feeling.

Six steps to problem-solving:
1. Identify and define the problem.
2. Analyze the problem.
3. Identify possible solutions.
4. Select the best solution and plan for action.
5. Implement the solution.
6. Evaluate the solution.

Note: The following are two examples of psychosocial interventions for reducing stress and strengthening social support. These are interventions, recommended in the mhGAP-IG Version 2.0, for health-care providers to use as part of a treatment plan for people living with different MNS conditions. However, so that health-care providers feel confident using and understanding the benefits of these psychosocial interventions, this is an opportunity to practise using them as part of their own self-care.

Depending on time, either allow participants to practise both interventions during the ECP module or choose one and encourage them to practise the other one at home.

Activity 8a: Self-care – problem solving

Duration: 15 minutes.

Purpose: Enable participants to practise using a brief problem-solving strategy, thus increasing their confidence and understanding of how to use this technique to help other people.

Instructions:
- Instruct participants to think of a current stressor in their life.
- This should not be the most stressful thing that they are facing, nor the biggest problem they are struggling with at the moment, as those will need more than 15 minutes.
- It should, rather, be a problem that causes them some stress.
- Ensure that all participants have a piece of paper in front of them.
- Ask them to write down the chosen problem.
- Ask them to analyze the problem: what is it about, why is it causing them stress?
- Write down as many solutions as possible to that problem.
- The solutions can be as creative as they wish but the aim is to write down as many as possible.
- Once they have a list of solutions, ask them to identify the solution that is the most realistic.
- Ask them to break the solution down into small steps and write them down, including how the different steps could be implemented.
- Then they will need to implement that solution and once implemented evaluate how effective the solution was or was not.
- Explain that this is something that they can do with people very quickly and easily in their sessions and follow-up sessions. It can be a very useful way of supporting people to address some of the problems in their lives that are causing them harm and suffering.

Activity 8b: Strengthening social supports

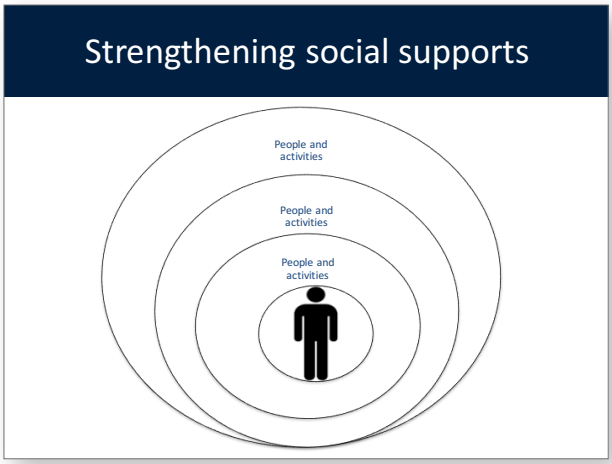
Duration: 20 minutes.

Purpose: Enable participants to practise using a strategy to strengthen social supports in their own lives, thus increasing their confidence and understanding of how to use this technique to help other people.

Situation:
- It is normal for people to sometimes feel very alone and/or isolated especially when stressed, anxious, overwhelmed and low in mood.
- Strengthening social support networks is a quick activity that aims to identify all the important people/friendships/support activities the person has in their life.
- Variations in the length of this activity mean that people can explore social supports from the past that have been lost and identify future goals through an in-depth conversation between the person and the health-care provider.

Instructions:

- Give each participant a piece of paper and a pen.
- Instruct the participants to draw themselves or write their name down in the centre of the paper.
- Ask participants to think about:
  - Who are the people in my life?
  - What social activities do I do?
- Write down each person and activity on the concentric map (example below), showing closeness, i.e. put those people that are closest to you in the circles closest to you. Put those that you are more distant from you in the circles further away.
- Put the social activities that you do most often closest to you and put those activities that you do less frequently further away.



- Once drawn, ask the participants to think about:
  - Are you happy with your social network?
  - Does this social network give you strength?
  - Is there anybody you could move closer to you who could offer you more support?
  - Is there anyone you want to make a closer connection with?
  - Is there anyone who is close to you who is causing you stress?
  - How could you move those people further away?
- Ask them to reflect on the social activities that they have identified:
  - Are there any activities that give you joy and strength? Could you do those activities more often?
  - Are there social activities that cause you stress/problems? Could you engage with those activities any less? How could you change those activities to give you more strength?
- If participants can re-imagine a way to strengthen their social networks in the ways described above, give them another clean sheet of paper and have them re-write their ideal social network.
- Ask them to think about:
  - What changes in my life do I need to make to strengthen my social network?
- Ask them to make a list of those actions required and think how they could implement them.
- Encourage participants to implement these actions in order to strengthen their social support network especially if they feel this is a useful way to manage their stress.
- Explain that social network mapping is a useful way of helping a person understand their social network and find ways to strengthen it.
- It contributes to reducing stress and building a support network for people living with MNS conditions.
- It can also help people develop a social routine in their day-to-day life which can promote functioning in their daily activities.

- When using this with a person who has a priority MNS condition it can be useful to create a detailed list of manageable actions to improve a person's social support network in their treatment plan.

Possible adaptations
There are different ways of mapping an individual's social network (see below).

	Who supports you?	How does that support help?
Practical support (Who helps you in the house? Helps you with medication, etc.)		
Advice or information (Where do you go for advice and information?)		
Friendship (Who do you enjoy spending time with?)		
Emotional support (Who do you share your feelings with? Who encourages you, helps you?)		

Other variations can include a more freehand approach whereby the person places themselves in the centre of a piece of paper (writes names or draws a picture). They then draw or write their social network (people and activities) with arrows connecting them to the person or activity. The arrows can be different colours to demonstrate how positive, neutral or negative the person's or activity's influence is on the person's life. Together the health-care provider and individual can then discuss ways that to improve their social support network.

Promote functioning in daily activities

- Support the person to continue their regular social, educational, occupational activities as much as possible.
- Establish daily routines involving daily activities.
- Link the person with other appropriate services.

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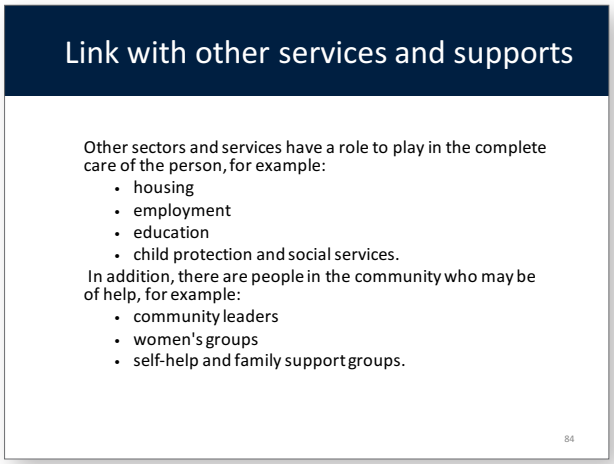
Promoting functioning in daily activities
Carrying out daily activities and tasks is very important for a person with a priority MNS condition.

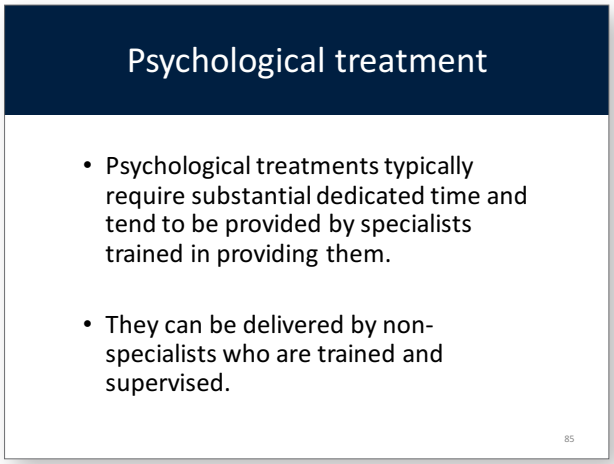
Routines may help people improve their mental well-being because they structure everyday life and give a sense of purpose. They ensure that a person eats and sleeps on a regular basis – important to maintaining well-being. Routines do not need to be complicated; even simple habits are useful. It could be cooking and eating at a certain time every day and shopping once a week. Or it can be more involved and include more activities during the day or week, depending on the person.

Money, debt and housing options can cause high levels of stress. Therefore, it is important that people with priority MNS conditions are involved in occupational and economic activities. This is important to ensure that they do not have financial difficulties and they can afford to take care of themselves.



Supporting people in developing routines and engaging in educational and occupational activities can be done effectively by linking them with other organizations working in this field.

Discuss the ideas on the slide and ask participants to think what is available in their local area.



Psychological treatment
Instruct participants to go to the glossary in the mhGAP-IG Version 2.0, find and read the descriptions for the different psychological treatments.

Answer any questions/concerns they may have.

Psychological interventions must be delivered by appropriately trained and supervised health-care providers.

Trained health-care providers may not be available in each and every area, however, supervised health-care workers could effectively administer some psychological interventions through guided self- help and/or e-mental health programmes.

Pharmacological interventions

Pharmacological interventions
Explain that there are detailed guidelines on pharmacological interventions for specific MNS conditions in the corresponding modules, however, for now, describe the general principles of pharmacological interventions.

Stress that the risks of medications often increase with polypharmacy, which should be avoided as far as possible.

Reference WHO. Promoting rational use of medicines: Core components. Geneva: World Health Organization; 2002.

Prescribing principles

Medication treatment depends on the condition:

- Worldwide more than 50% of all medicines are prescribed, dispensed or sold inappropriately, while 50% of patients fail to take them correctly (WHO, 2002).

Safe prescribing:

- Follow the guidelines on psychopharmacology in each module.
- Select appropriate essential medication – consider the:
  - Population (special populations), consult a specialist when necessary.
  - Side-effect profile (short and long term).
  - Efficacy of past treatment.
  - Drug-drug interactions.
  - Drug-disease interactions.

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Read through the points on the slides.

Prescribing principles

- Educate the person and their carers about the risks and benefits of treatment
- Educate them and their carers on how to take the medication (how often, for how long).
- Educate them and their carers on the potential side-effects.
- Educate them and their carers on the importance of taking the medication regularly.

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Stress the importance of educating the person and their carer on medication adherence: what to expect, how to take medication and for how long, what the side-effects may be.

Emphasize the importance of choosing medication according to the condition and taking the needs of special populations into account.

Session 4.
Essentials of mental health care and clinical practice: Follow-up

20 minutes

Describe the principles of follow-up outlined in the mhGAP-IG Version 2.0.

Emphasize the importance of follow-up. Explain that MNS conditions do not appear suddenly and therefore they will not disappear suddenly. Instead it takes time, flexibility and commitment from the individual to try different treatment options until they find one that works and enables them to manage their own condition.

This can be a long journey for some and one that requires frequent support and follow-up.

Activity 9: Follow-up

Activity 9: Follow-up

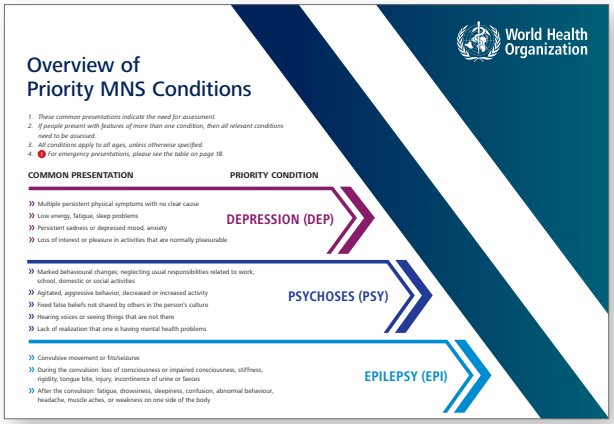
- What are the barriers to providing follow-up?
- What are possible solutions to those barriers?
- What can you do if you cannot provide follow up? How can you still help the person?

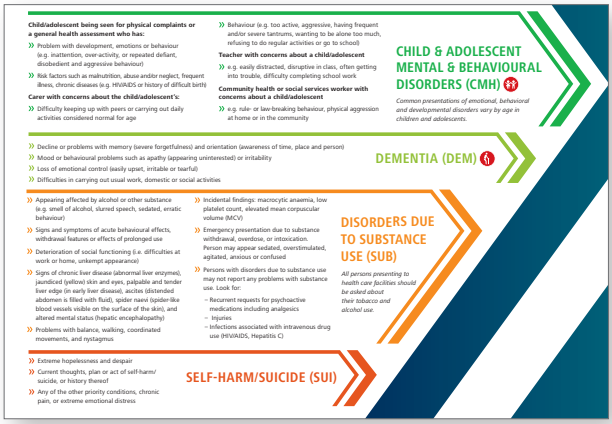
Duration: 20 minutes.

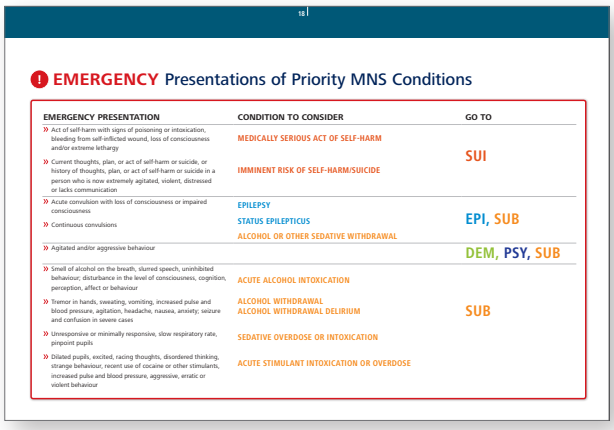
Purpose: Enable participants to discuss the barriers and identify solutions to providing follow-up in their clinical settings.

Instructions:

- Divide the participants into small groups.
- Give each group flip chart, paper and pens.
- Ask each group to identify and discuss any barriers or obstacles they may have when providing follow-up care for persons with MNS conditions.
- Ask them to write down the barriers.
- Give them 10 minutes.
- After 10 minutes, ask them to identify and write down possible solutions to those barriers.
- Once the groups have identified some solutions, ask each group to present their barriers and solutions to the larger group.
- Seek group consensus on possible solutions and try to agree with the groups on a plan of action for providing follow-up.
- Finally, as a large group, discuss briefly what you can do if follow-up is not possible. What can you do if there is no medication? What can you do if the person refuses to return for follow-up sessions?
- Explain that if the person cannot commit to follow-up, medication should not be prescribed.







Session 5. Review

15 minutes

Duration: Minimum 15 minutes (depending on participants' questions)

Purpose: Review the knowledge and skills gained during this training session by delivering MCQs and facilitating a discussion.

Instructions:
- Administer the ECP Multiple Choice Questionnaires (MCQs) (See ECP Supporting Materials) to participants
- Discuss the answers as a group
- Facilitate a brief discussion answering any queries or concerns the participants may have

ECP PowerPoint slide presentation

PowerPoint slide presentation available online at:
http://www.who.int/mental_health/mhgap/ecp_slides.pdf

ECP supporting material

- Treatment plan
- ECP Multiple choice questions

Supporting material available online at:
www.who.int/mental_health/mhgap/ecp_supporting_material.pdf