

Essential care and practice

Session Outline

- General Principles
- Essentials of mental health care and clinical practice: Assessments
- Essentials of mental health care and clinical practice: Management
- Essentials of mental health care and clinical practice: Follow-up
- Reviews

Primary health care



General principles

1. Use effective communication skills.
2. Promote respect and dignity.

Discussion

What constitutes effective communication?

What are the barriers to providing effective communication?

Activity 1: Facilitator demonstration

You are about to see two different clinical interactions

After each interaction discuss the effectiveness of the communication skills used



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.

Activity 2: Active Listening

Listen to the person you are working with and then answer these questions:

- While you were listening, how many times were you distracted?
- While listening, were you thinking other thoughts, or thinking about your “to do” list?
- That is normal and that is why active listening is a real skill.

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.

Empathy



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

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.

Empathy

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

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.”

Empathy

**“I think my husband may have HIV.
What should I do?”**

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”.

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?

Open and closed questions

Open questions	Closed questions
1. "How are you feeling today?"	1. "Are you sad?"
2. "How would you describe your sleep?"	2. "Are you having problems falling asleep?"
3. "Can you tell me how your problem impacts your life?"	3. "Are you still going to work?"

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?"

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.

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..”.

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.”

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.”

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.”

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.”

Response: “You sound like not only have you suffered a major loss, the death of your husband, but now you are left to cope with a life-changing illness. Also, you are left feeling a sense of betrayal that your husband did not tell you that he had AIDS.”

Activity 3: Using good verbal communication skills

- 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?

Communication skills and aggression



Agitated and/or aggressive behaviour

- It is normal for people to become angry; anger can be positive as well as negative.
- People become angry for different reasons and show anger in different ways, e.g. one person might sulk and go quiet, while others might become agitated and aggressive.
- Anger can dissipate or escalate.

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. 

Activity 4: Facilitator demonstration

Using effective communication to de-escalate an aggressive/agitated person

A person becomes increasingly angry and impatient in the clinic waiting room. They have been waiting for a number of hours to see someone and believe that all of the other people are being seen before them, on purpose. They feel discriminated against and like no one is going to help them.

They are very angry and do not want to listen to any “excuses” from any one about why they have not been helped. They refuse to leave the waiting room. They are upsetting and scaring the other people and children.

Managing persons with agitated and/or aggressive behaviour

Assess the person for the underlying causes of the 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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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.

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.

Aggression and violence against people with MNS condition

- What can you do if you see a health-care provider being aggressive/violent towards a person with a priority MNS condition?

Activity 5: Promoting Respect and Dignity

Promoting human rights, respect and dignity.

How are people with MNS conditions treated in your community?

How are people with epilepsy treated in comparison with people with psychoses or depression?

How are people with substance use disorders treated as compared with people with developmental disorders?

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?

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.

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.

Group discussions

Return to your groups and discuss what health-care providers can do to address stigma and stop discrimination.

As health providers we can

- Change our own perception and attitude towards people with MNS disorders.
- Respect and advocate for the implementation of relevant international conventions, such as the United Nations **Convention on the Rights of Persons with Disabilities**.
- Reaffirm that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms.
- Play a large part in fulfilling these rights.

Promote Respect and Dignity

DOs

- » Treat people with MNS conditions with respect and dignity.
- » Protect the confidentiality of people with MNS conditions.
- » Ensure privacy in the clinical setting.
- » Always provide access to information and explain the proposed treatment risks and benefits in writing, if possible.
- » Make sure the person provides consent to treatment.
- » Promote autonomy and independent living in the community.
- » Provide persons with MNS conditions with access to supported decision making options.

DON'Ts

- » Do not discriminate against people with MNS conditions.
- » Do not ignore the priorities or wishes of people with MNS conditions.
- » Do not make decisions for, on behalf of, or instead of the person with MNS conditions.
- » Do not use overly technical language in explaining proposed treatment.



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?

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.

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.

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?

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?

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?

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?

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.

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?

Psychosocial Stressors

Violence and abuse constitute significant psychosocial stressor for individuals, families and communities

Gender based violence (GBV) is now widely recognized as a global public health and human rights concern

Violence against men and women

- 1 in 3 women (35%) worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime
- During any MNS assessment understand the impact of different kinds of violence:
 - Violence between men
 - Violence between women
 - Child abuse
 - Violence against women by other family members (mother in laws etc.)
 - Violence by women against men

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

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.

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

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.

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.

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

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

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

Tips for offering first line support

- Choose a private place to talk , where no one can overhear (but not a place that indicates to others why you are there)
- Assure confidentiality but explain what would happen if you had to break confidentiality
- Use the principles of active listening
- Encourage the person to talk but do not force them
- Allow for silences. Allow the person to cry, give them the time that they need

III. Manage MNS Conditions

Once the assessment is conducted, follow the management algorithm in mhGAP-IG to manage the MNS disorder. Key steps in management are found in the box below.



MANAGEMENT STEPS FOR MNS CONDITIONS

Many MNS conditions are chronic and require long-term monitoring and follow-up. Managing a MNS disorder over time involves the following steps.

- 1 **Develop a treatment plan in collaboration with the person and their carer.**



CLINICAL TIP:

Written treatment plan should cover:

- Pharmacological interventions (if any)
- Psychosocial interventions
- Referrals
- Follow-up plan
- Management of any concurrent physical and/or other MNS conditions

- 2 Always offer **psychosocial interventions** for the person and their carers.
- 3 Treat the MNS disorder using **pharmacological interventions** when indicated.

- 4 **Refer** to specialists or hospital when indicated and available.

- 5 Ensure that appropriate plan for **follow-up** is in place.

- 6 **Work together with carer and families** in supporting the person with the MNS disorder.

- 7 Foster **strong links** with employment, education, social services (including housing) and other relevant sectors.

- 8 Modify treatment plans for **special populations**.

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.

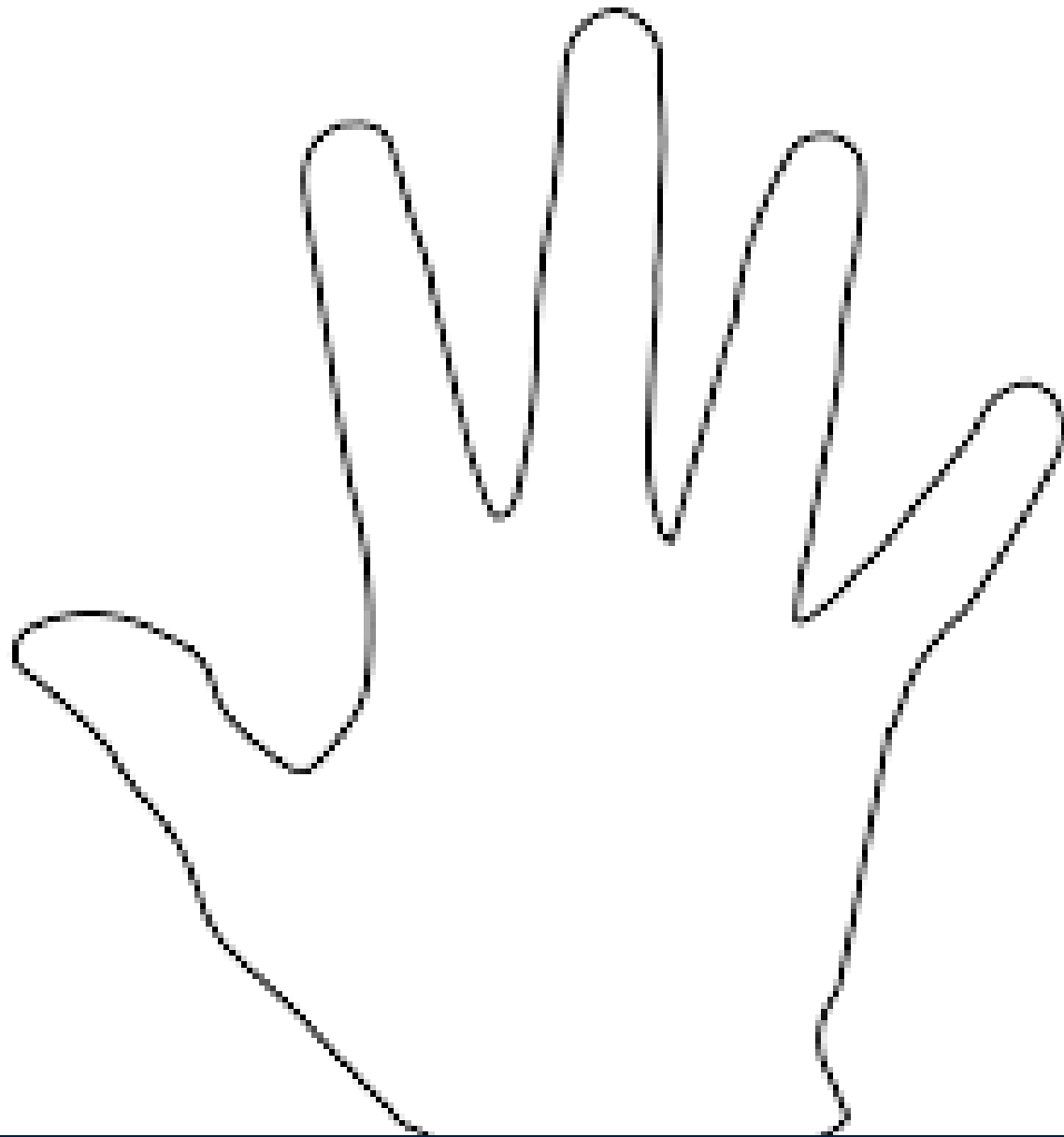
D. Psychological Treatment

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.

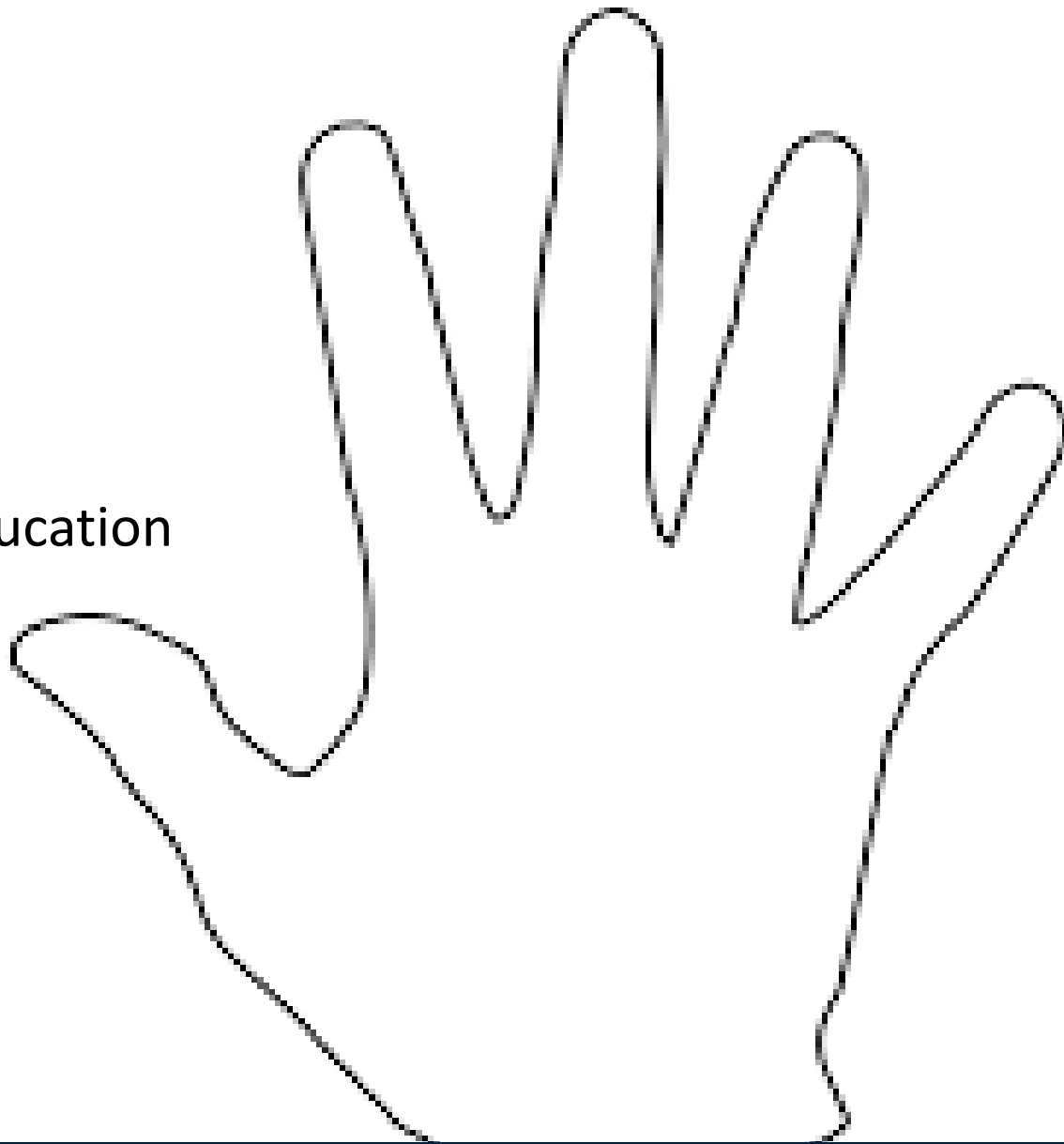
Example of Intervention	Recommended for
Behavioral Activation	DEP
Relaxation Training	DEP
Problem Solving Treatment	DEP
Cognitive Behavioural Therapy (CBT)	DEP, CMH, SUB, PSY
Contingency Management Therapy	SUB
Family Counseling or Therapy	PSY, SUB
Interpersonal Therapy (IPT)	DEP
Motivational Enhancement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





Treatment plans include:

Psychoeducation



Reduce stress and
strengthen social
support

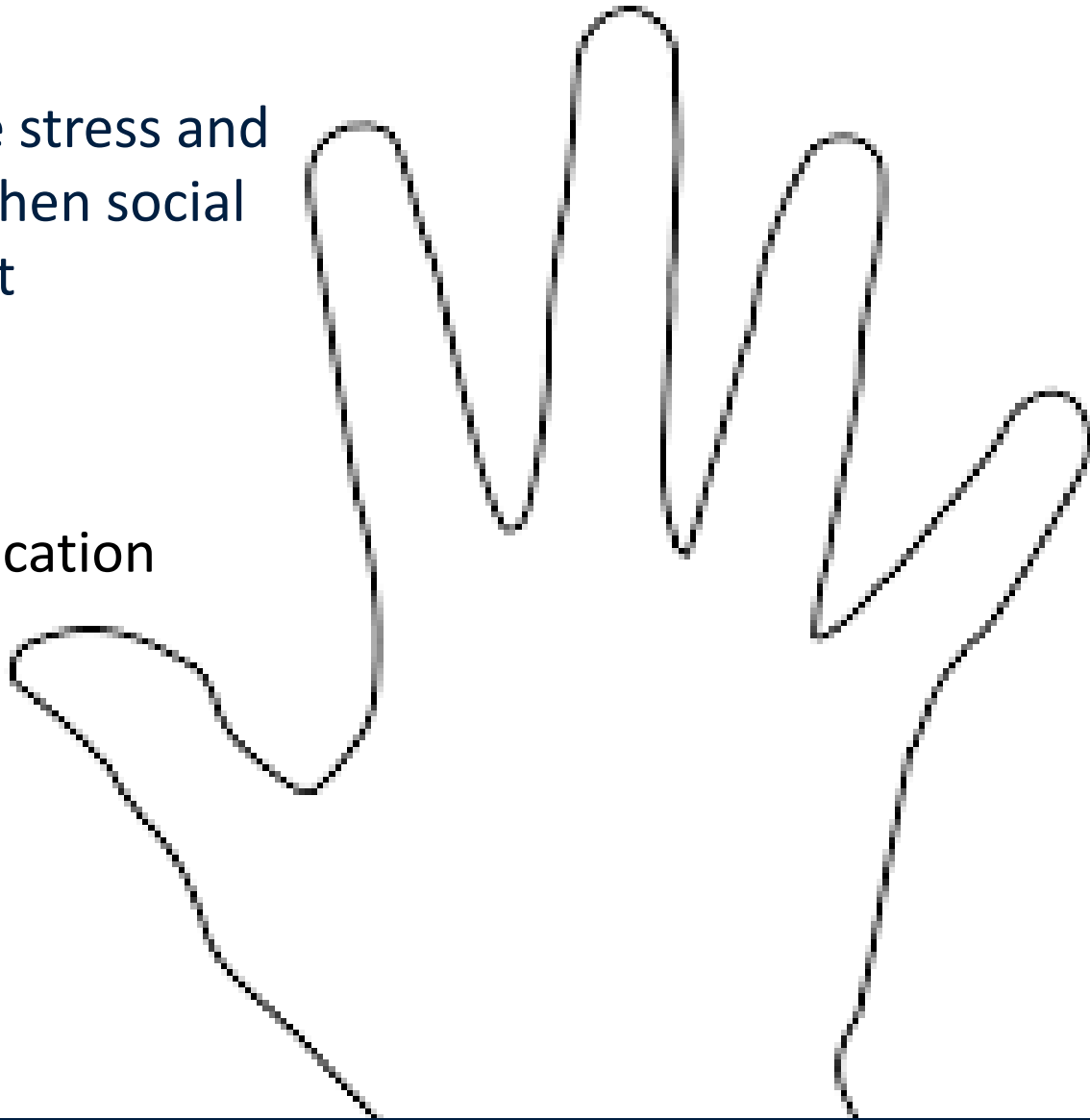
Psychoeducation



Promote functioning in daily activities

Reduce stress and
strengthen social
support

Psychoeducation

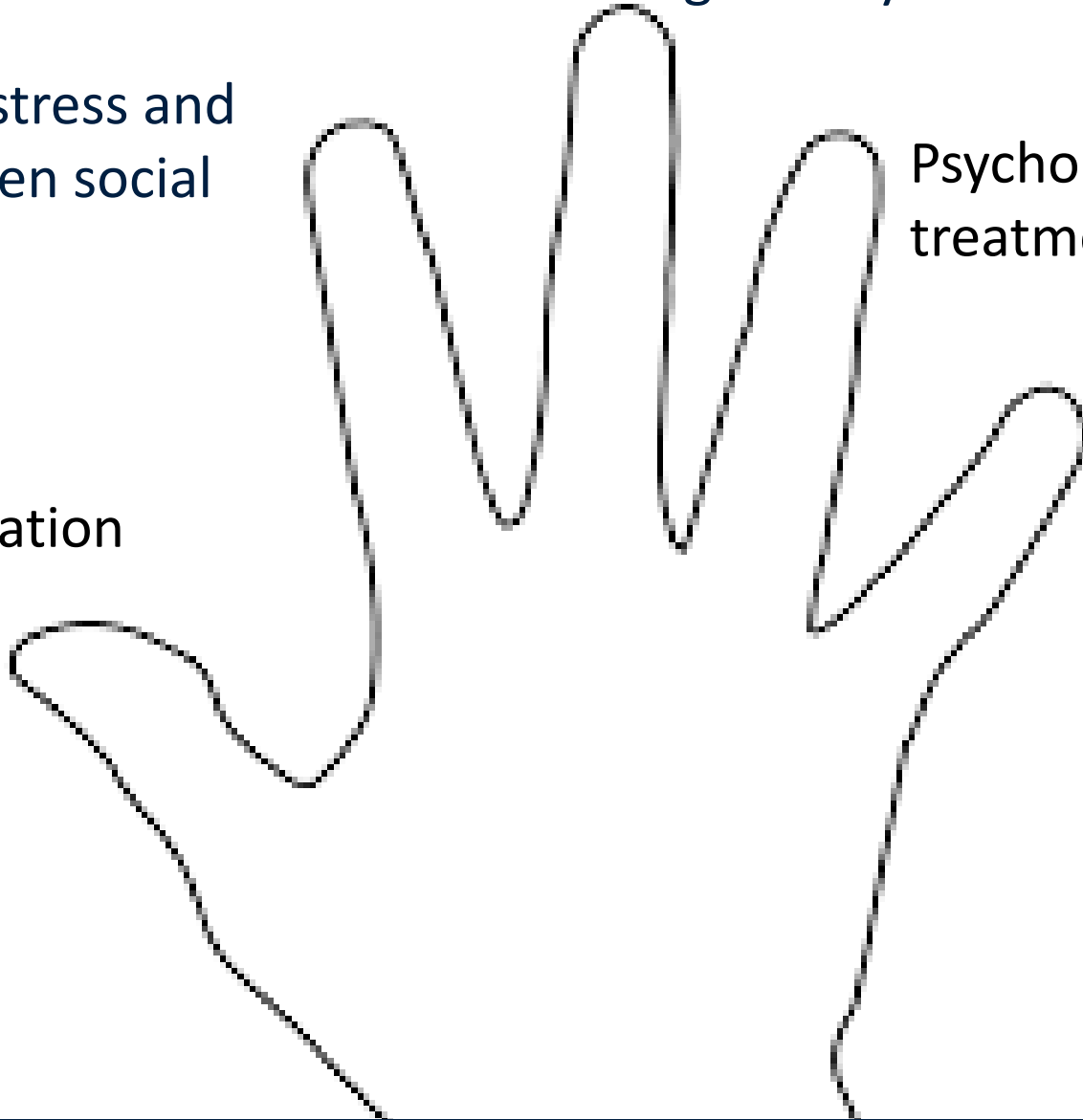


Promote functioning in daily activities

Reduce stress and
strengthen social
support

Psychological
treatment

Psychoeducation



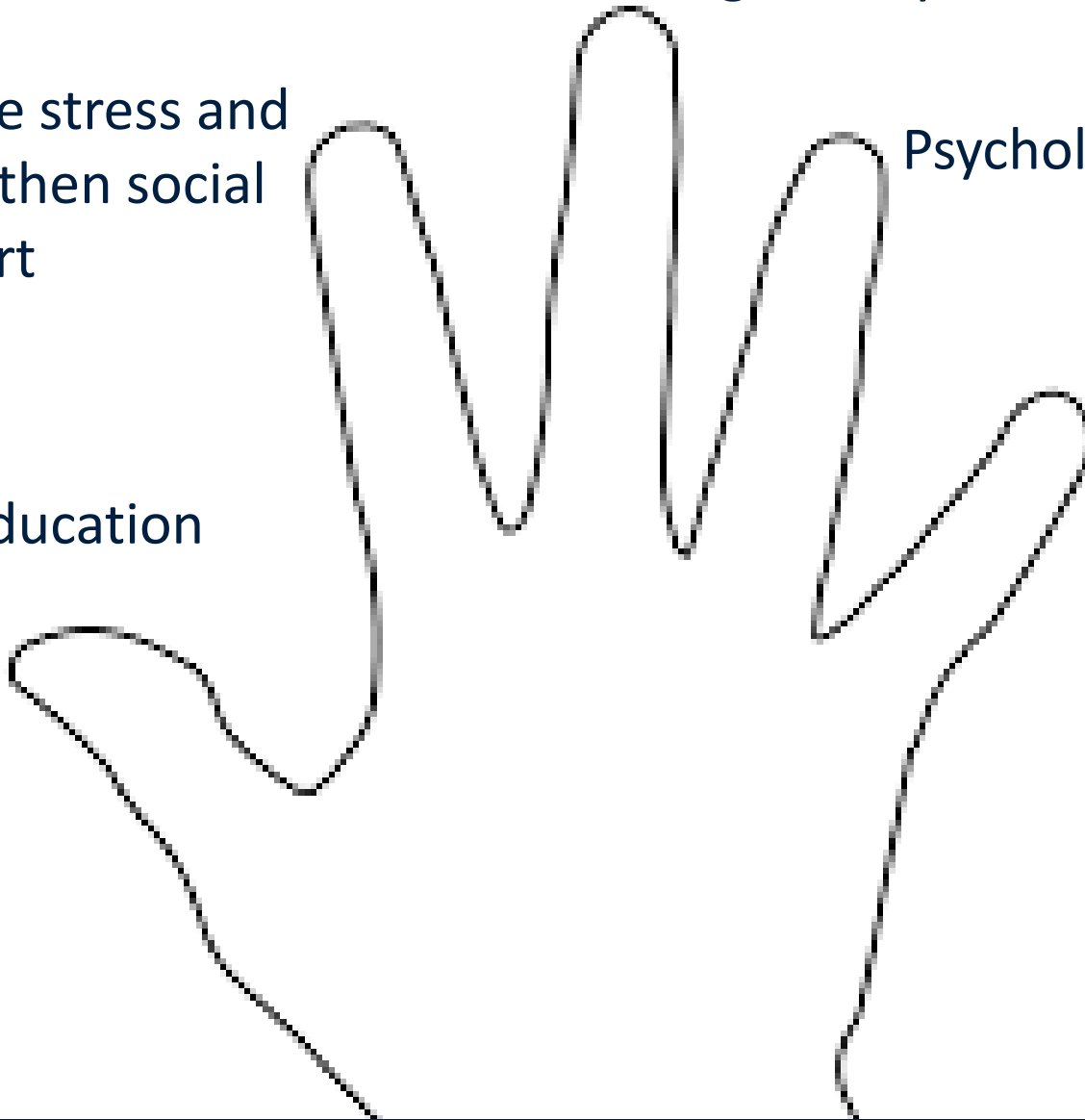
Promote functioning in daily activities

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Psychological treatment

Psychoeducation

Pharmacological
interventions



Promote functioning in daily activities

Reduce stress and
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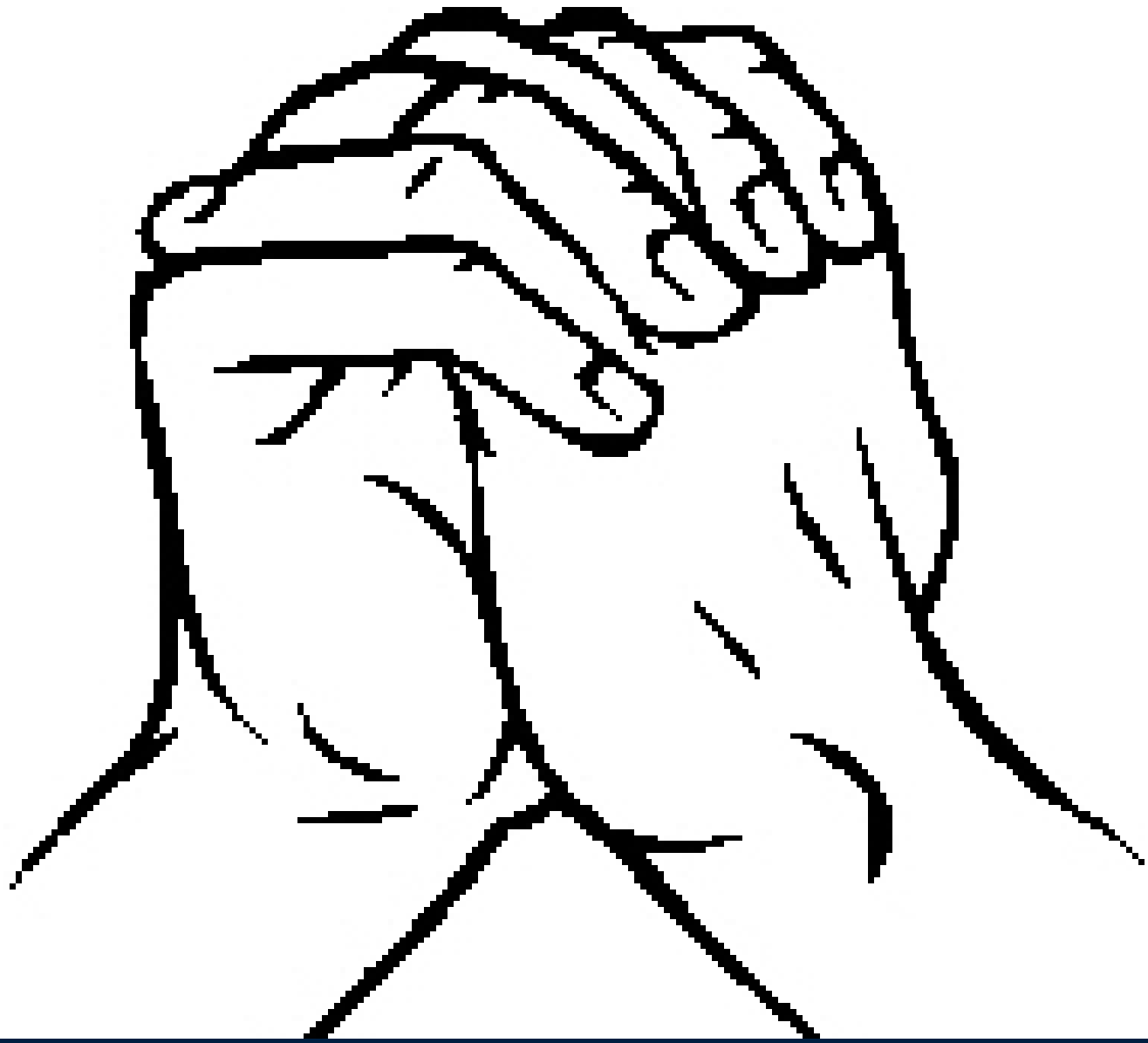
Psychological
treatment

Psychoeducation

Pharmacological
interventions

Stay alert to the
need to
refer when
required





What do we communicate in psychoeducation?

1. Empowerment

- Focus on what the person and family can do now to improve their situation.
- Emphasize the importance of involving the person with the disorder in all decisions.

2. Facts

- Take time to explain the prognosis. Be realistic but emphasize that with proper management, many people improve.

What do we communicate in psychoeducation?

3. Coping strategies

- Recognize and encourage things people are doing well.
- Discuss actions that have helped in the past.
- Discuss local options for community resources.

4. Advice on overall well-being

- Encourage a healthy lifestyle including a good diet, regular physical exercise and routine health checks at the doctor.
- Advise the person and the carers to seek help when needed.

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 aid 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.
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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).

The interventions listed below are described briefly in the glossary.

Example of Intervention	Recommended for
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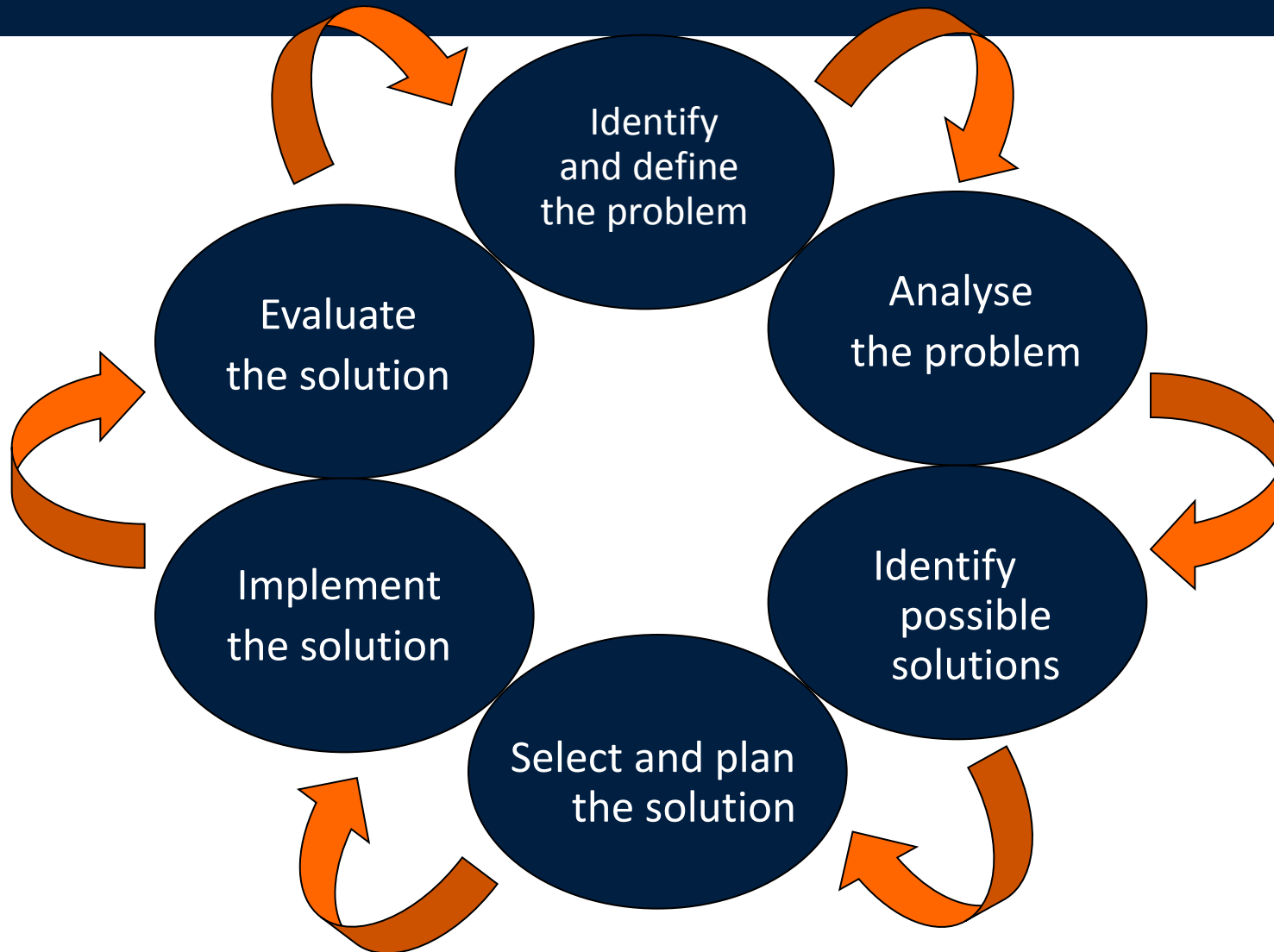
Self-care

- 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.

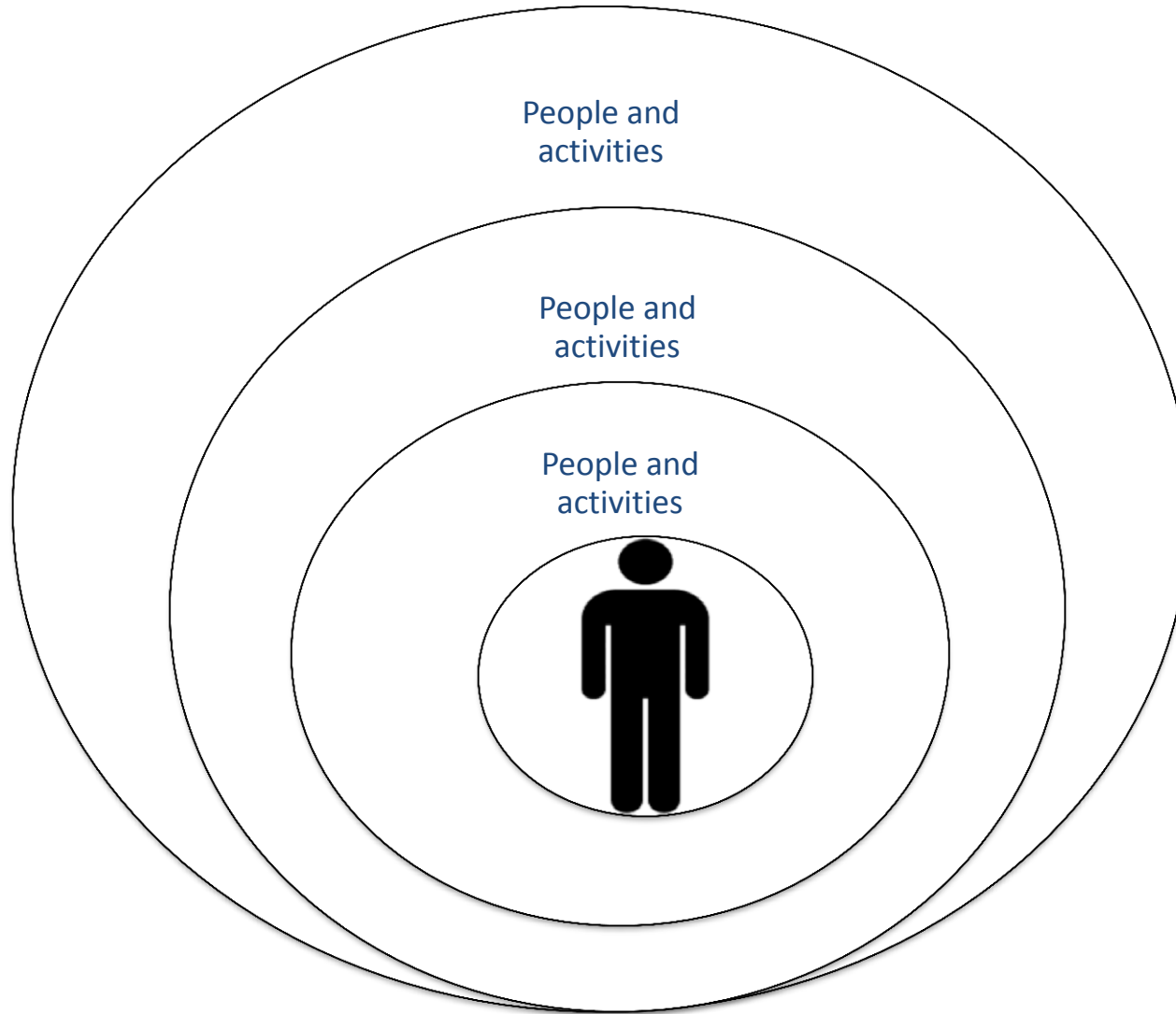
Activity 8: Self-care activity

Have a go.

Problem solving in six steps



Strengthening social supports



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.

Link with other services and supports

Other sectors and services have a role to play in the complete care of the person, for example:

- housing
- employment
- education
- child protection and social services.

In addition, there are people in the community who may be of help, for example:

- community leaders
- women's groups
- self-help and family support groups.

Psychological treatment

- Psychological treatments typically require substantial dedicated time and tend to be provided by specialists trained in providing them.
- They can be delivered by non-specialists who are trained and supervised.

Pharmacological interventions

3 Pharmacological Interventions

- » Follow the guidelines on psychopharmacology in each module.
- » Use pharmacological interventions when available and when indicated in the management algorithm and table provided.
- » In selecting the appropriate essential medication, consider the side effect profile of the medication (short and long term), efficacy of past treatment, drug-drug interactions or drug-disease interactions.
- » Consult the National Formulary or the WHO Formulary as needed.
- » Educate the person about risks and benefits of treatment, potential side effects, duration of treatment, and importance of adherence.
- » Exercise caution when providing medication to special groups such as older people, those with chronic disease, women who are pregnant or breastfeeding, and children/adolescents. Consult a specialist as needed.

4 Referral to specialist/hospital if needed

- » Stay alert for situations that may require referral to a specialist/hospital, for example, non-response to treatment, serious side effects with pharmacological interventions, comorbid physical and/or MNS conditions, risk of self-harm/suicide.

5 Follow-up

- » Arrange a follow-up visit after the initial assessment.
- » After every visit, schedule a follow-up appointment and encourage attendance. Schedule the appointment at a mutually convenient time.
- » **Schedule initial follow-up visits more frequently until the symptoms begin to respond to treatment.** Once symptoms start improving, schedule less frequent but regular appointments.
- » **At each follow-up meeting, assess for:**
 - Response to treatment, medication side-effects, and adherence to medications and psychosocial interventions.
 - General health status (be sure to monitor physical health status regularly).
 - Self-care (e.g. diet, hygiene, clothing) and functioning in the person's own environment.
 - Psychosocial issues and/or change in living conditions that can affect management.
 - The person's and the carer's understanding and expectations of the treatment. Correct any misconceptions.
- » **During the entire follow-up period:**
 - Acknowledge all progress towards the treatment goals and reinforce adherence.
 - Maintain regular contact with the person (and their carer, when appropriate). If available, assign a community worker or another trusted person in the community to support the person (such as a family member).
 - Explain that the person can return to the clinic at any time in between follow-up visits if needed (e.g. for side-effects of medications, etc).
- Have a plan of action for when the person does not show up for appointments.
- Use family and community resources to contact people who have not returned for regular follow-up.
- Consult a specialist if the person does not improve or worsens.
- Document key aspects of interactions with the person and the family in the case notes.

» Refer to the management section of relevant module(s) for disorder-specific follow-up information.

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.

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.

3 Pharmacological Interventions

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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?

REVIEW