

VISHRAM

(VIdarbha **S**tress and **H**ealth Prog**R**AM)

Training Manual for Community Health Workers



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Module 1: Introduction to Mental Health

Module Objectives:

- To introduce the facilitator and the training programme to the group
- To introduce the participants to each other
- To get a basic understanding of mental health and mental illness

Materials:

- Large sheets of paper for the facilitator to write on
- 13 prepared slides for the presentations
- One handout of the programme schedule (found in Appendix A)
- 10 picture cards for the introduction round (found in Appendix A)

Methods:

- Informal introduction of the facilitator and participants
- Slide presentation and brief discussions

1. Introduction of the facilitator and the training programme

Time frame: 20 min

Directions: *The facilitator and co-facilitator briefly introduce yourselves*

- *Your name*
- *Your professional background*
- *Organization you are working for*

☞ *Thank the participants for their attendance and appreciate their interest in the training. Emphasize the important role of the community health workers in dealing with mental health issues in the community as their primary contact person*

☞ *After that briefly give an overview of the objectives of the training Slide 1*

Slide 1

Aims of the training


Community Health workers will learn to:

- *Recognize the symptoms of different mental disorders*
- *Help people with mental disorders by providing 'basic counselling' and Mental Health First Aid (MHFA) and support for the family*
- *Be aware who and to whom they will have to refer and how to monitor professional treatments*
- *Promote mental health in the community*

☞ *Then distribute the schedule as handout and present the anticipated time frame (4 days of training, each day consists of 3 modules à 120 min and a 30 min review-quiz)*


Handout 1 : Training Schedule

Day 1	9.00-11.00	Module 1: Introduction to Mental Health
	11.00-11.15	Tea break
	11.15-13.15	Module 2: More about mental Disorders
	13.15-14.15	Lunch break
	14.15-16.15	Module 3: Basic skills in Counselling and Mental Health First Aid
	16.15-16.30	Tea break
	16.30-17.00	Review-Quiz
Day 2	9.00-11.00	Module 4: Common Mental Disorders: How to recognise
	11.00-11.15	Tea break
	11.15-13.15	Module 5: Common Mental Disorders: How to help
	13.15-14.15	Lunch break
	14.15-16.15	Module 6: Alcohol Use Disorders
	16.15-16.30	Tea break
	16.30-17.00	Review-Quiz
Day 3	9.00-11.00	Module 7: Suicide
	11.00-11.15	Tea break
	11.15-13.15	Module 8: Severe Mental Disorders: Psychoses
	13.15-14.15	Lunch break
	14.15-16.15	Module 9: Other Mental Disorders: Epilepsy; Mental disorders of the elderly: Dementia
	16.15-16.30	Tea break
	16.30-17.00	Review-Quiz
Day 4	9.00-11.00	Module 10: Mental disorders of children
	11.00-11.15	Tea break
	11.15-13.15	Module 11: Promoting Mental Health
	13.15-14.15	Lunch break
	14.15-16.15	Module 12: Integrating Mental Health into the community
	16.15-16.30	Tea break
	16.30-17.00	Evaluation/Certificates

 *Set up some ground rules for the programme, write these on a big sheet of paper and attach it to the board (10 min)*

These may include:

- We are committed to attending all the sessions and arriving on time
- We will listen when someone else is speaking and not interrupt
- We will respect and not judge the opinions of the other participants
- We will maintain the confidentiality of everything being discussed during the sessions
- We will all feel encouraged to actively participate and contribute

 *After each point briefly discuss with the group if everyone agrees and is willing to adhere to the rules.*

☞ *The rules may be fixed for the time of the training on a paper on the wall.*

2. Trainees introduction to each other: 'Introducing your other half'

Time frame: 40 min

Directions: *Distribute the picture cards from Appendix A.*

☞ *Each card has been split into two parts. Each participant will get one-half of a card. Then instruct the participants to search the person carrying the other half of their picture.*

☞ *Once found their 'other halves' the participants shall start to introduce themselves to their partners: Participants may address the following questions (write each question as a heading on a big sheet of paper and stick it to the board)*

- Who am I and where am I working?
- What does it mean to me to be mentally healthy?
- Where would I seek help if one of my family members suffers from a mental disorder?
- What worries me the most when I think of having to deal with a person with a mental disorder?
- What would I like to learn in this training?

☞ *Allow the participants to discuss for 10 minutes with their partners. Then each of the participants shall introduce their partner to the rest of the group. As co-facilitator take notes of the answers on the prepared sheets of paper.*

3. Understanding Mental Health and Mental Disorders

Time frame: 40 min

Directions: *Initiate a brief discussion (5 min)*

☞ *What does it mean to be mentally healthy?*

☞ *Reflect and discuss the answers given by the participants in the introduction round in the big group*

Slide 2

What is mental health? (as defined by the World Health Organization)

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

- ❖ Mental health is vital for individuals, families and communities.
- ❖ To be a healthy person we need to have both mental and physical health.

Slide 3

What is a mental disorder?

- ❖ The mind of a person (the emotions, the thinking) can fall ill just as the physical body
- ❖ A mental disorder is a real medical illness
- ❖ The person's capability to feel, to think, to work, to enjoy relationships and to cope with stresses is affected in a negative way
- ❖ Mental illness includes a broad range of symptoms

Slide 4

The Mind-Body Link



The mind (the emotions and the thinking) and the body are linked. If the mind is stressed it affects the body. Our body (physical complaints, behaviours) affect our mind.

☞ *Initiate a brief brain-storming (10 min)*

☞ *Ask the participants what positive emotions/feelings they know and in what situation they might experience a positive emotion*

- When we get a nice present from our partner we might feel HAPPY
- When we have a job, a house and a family we might feel CONTENT
- When our kid secures good marks in school we might feel PROUD

☞ *Ask the participants what negative feelings they know and in what situation they might feel in a negative way*

- When we hear of the death of a person we know we might feel SAD
- When we have a lot of problems at home we may feel TENSE or STRESSED
- When we have to travel somewhere alone, we may have FEAR

- When the money has been short at home for a while we may be DESPERATE or HOPELESS

- ☞ Co-facilitator writes positive emotions and negative emotions on a big sheet of paper
- ☞ Ask the participants what negative thoughts might be associated with the negative feelings e.g., “nothing works out in my life” “I am a failure” “something terrible will happen”
- ☞ Explain that people with a common mental disorder often have these kind of negative thinking.

Slide 5

Mental disorders can affect all of us



- About one in five adults experiences a mental health problem during their lifetime
- Men and women, young and old, rich or poor, more or less educated, single or married ones can all be affected
- People with a mental disorders usually don't look any different

Slide 6

Mental disorders affect the quality of life



- People with a mental disorder are often unable to enjoy their life or to function as expected in the community (e.g., doing the household chores, going to work)
- Having a family member with a mental disorder often puts much stress on the family

- ☞ Now do a brief brainstorming exercise + discussion (10 min):

- How do the participants think people with mental disorders are? (generally people with mental disorders are stigmatized as lazy, erratic, dangerous, contagious..)

- Briefly discuss the answers of the participants given in the introduction round (what scares me the most if I think of having to deal with a mentally affected person?)

Slide 7

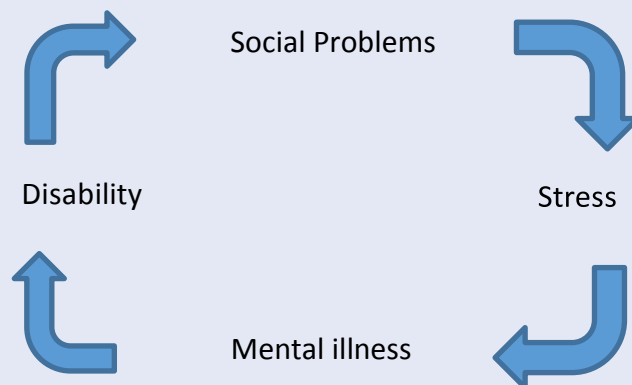
Misconceptions about mental disorders



- ❖ Mental disorders are NOT due to
 - Personal weakness
 - Curse or evil spirits
 - Karma or sins
- ❖ Due the stigma many people will feel too ashamed to tell others that they or their family member suffer from a mental disorder which makes their

Slide 8

The Stress Cycle: Social stressors play an important role in the development of mental disorders



Slide 9

Common Mental Disorders

- It is quite common to suffer from an unusually long-lasting sad mood (we call this Depression) or unusually strong fear or worries (we call this Anxiety Disorder)



Depression



Anxiety

Slide 10

Alcohol Use Disorders



- It is also quite common that a person drinks too much alcohol and the drinking produces harm (we call this Alcohol Use Disorder)

Slide 11

Severe Mental Disorders

- A person may have unreal experiences such as hearing voices in absence of anyone speaking (hallucinations) and unreal beliefs such as thinking that there is a conspiracy to kill him which may lead a person to behave in a strange way (we call this Psychoses).
- When a person has several seizures we call this Epilepsy.



Psychosis



Epilepsy

Slide 12

Mental Disorders in Childhood and Elderly

- Children and adolescents may also have mental disorders: for example, they can develop slower than other children or show behaviours causing problems.
- Old people may also have mental disorders, e.g., they may forget the names of their family members and not find their house anymore (we call this Dementia)



Childhood mental disorders



Dementia

☞ Briefly discuss the answers of the participants from the introduction round: where would I seek help for my family member with a mental disorder? (5 min)

Slide 13

Treatment of mental disorders

- Mental disorders often become chronic if they are not treated
- There are effective, safe and affordable treatments to treat mental disorders
- Common Mental Disorders are primarily treated with counselling
- Severe Mental Disorders are primarily treated with medicines
- There are many ways the person with the mental disorders and the family can help themselves



☞ *At the end of the module*

- Briefly review the expectations of the trainees
- Ask for open questions

Module 2: More about Mental Disorders

Module Objectives:

- To get an overview of the different types of mental disorders and their symptoms
- To learn about the factors affecting mental health
- To share and reflect former experiences with people having a mental disorder

Materials:

- 20 symptom cards (found in Appendix B)
- 6 big sheets of coloured paper
- Prepared slides 1-4

Methods:

- Group exercise
- Slide presentation and short discussions
- Discussion in small groups

1. Group exercise:

Time frame: 40 min

Directions:

- ☞ *Let the participants sit in a big circle*
- ☞ *Put the symptom cards faced down on a table or the floor*
- ☞ *Prepare 6 big sheets of coloured paper*

- 1) Common Mental Disorders (Depression +Anxiety disorders)
- 2) Alcohol Use Disorders
- 3) Severe Mental disorders (Psychoses)
- 4) Other Mental Disorders (Epilepsy)
- 5) Mental health disorders of the elderly (Dementia)
- 6) Mental health disorders of children (Development and Behaviour disorders)

- ☞ *Tell the participants that the 6 papers are reflecting the 6 broad categories of mental disorders.*
- ☞ *Let a participant take a symptom card and refer it to one of the papers (e.g., 'hearing voices' to psychoses or 'sadness' to depression).*
- ☞ *Ask the group for their opinion and correct it if necessary, then fix the card on the paper.*
- ☞ *Let the next participant take a card and continue in the same way.*
- ☞ *Tell the participants that some symptoms can also occur in different mental disorders (e.g., sleep disturbance or fears, but that we refer them to the mental disorder for which they are most typical).*
- ☞ *Keep the papers on the wall during the programme so that the participants can always look at them.*

☞ Refer the following symptom cards to:

- Feeling sad, sleeping problems, multiple aches, suicidal thoughts, extensive fears or worries, social withdrawal
- Drinking too much, aggression, drinking in the morning, medical problems related to alcohol
- Hearing voices, poor hygiene, talking to oneself, belief that others will harm you, seeing things not really there
- Having an epileptic fit
- Memory loss + disorientation, being restless at night
- Hyperactivity at school, a child who develops slow

2. Factors affecting mental health

Time frame: 40 min

Directions:

- ☞ First do a quick brainstorming of participants' beliefs about factors affecting mental health
- ☞ Co-facilitator writes the answers on the board (10 min)

Slide 1

Causes of mental disorders

Mental disorders are caused by a combination of factors:

- Exposition to stressful life events
- Difficulties in the childhood (e.g., experience of violence, sexual abuse, emotional neglect, early death of a parent)
- Very sensitive personality or poor self-esteem
- Genetics (mental disorders occur frequently within families)

Slide 2

Stressful life events /Social stressors often contribute to the development of Mental Disorders

- Death or illness of a loved one
- Family conflicts
- Poverty/ Money problems
- Experience of Violence
- Life changes (e.g., having a baby)
- Living with a chronic illness
- Loss of job, house, land
- Belonging to a marginalized group
- Lack of power over life decisions

☞ Briefly discuss with the participants what they would consider as most stressful life events and if they have some points to add. Co-facilitator to write answers on the board (10 min)

Slide 3

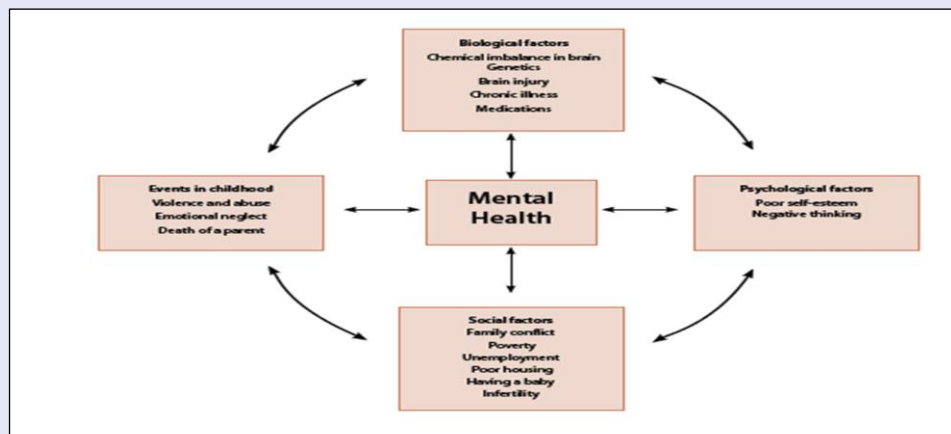
Myths related to mental disorders

- They result due to possession by evil spirits, curses or black magic
- Bad karma leads to mental disorders
- They are a result of character weakness or laziness

These false beliefs are widespread within the communities and can delay early recognition and treatment of a mental disorder

Slide 4

Diagram of different factors affecting mental health



☞ Briefly discuss the false beliefs, ask the participants for any further comments/questions (10 min)

3. Experiences of participants with people with mental disorders

Time frame. 40 min

Directions:

- ☞ *Form 4 small groups*
- ☞ *Discuss the following questions in the small groups (co-facilitator writes them on the board)*
 - Did you encounter a person with a mental disorder before? (identify at least one person for each group)
 - What kind of mental disorder did the person have?
 - What might have been the factors affecting the person's mental health?
 - Did the person face any stigmatization in the community?
 - How did you personally feel about the person?
 - What treatment did the person receive?
 - Did it help? (not all questions need to be answered)
- ☞ *Allow 25 min for the discussion in the small group (be available for questions, advice and feedback)*
- ☞ *Presentation of 1 or 2 small groups in the big group*
- ☞ *Encourage discussion among participants and give feedback*

Module 3: Basic skills in counselling and Mental Health First Aid

Module Objectives:

- To learn how to help a person with a mental disorder with basic counselling, practicing Mental Health First Aid and encouraging self-help treatments
- To learn how to involve and support the family

Materials:

- Prepared slides 1-22

Methods:

- Slide presentations and short discussions
- Role Play by facilitator

1. Basic skills in counselling

Time frame: 30 min

Directions:

- ☞ Start with a brief brain-storming. What do participants think they can do to help a person with a mental disorder? Co-facilitator can write answers on the board (10 min)

Slide 1

What is counselling?



- Counselling is an interaction between two people, the counsellor who is trained and the patient
- By talking to the counsellor the patient feels relieved and gets a clearer picture of his/her problems
- The counsellor listens to the patient and assists and guides him/her to resolve his or her problems

Slide 2

How is counselling different from a friendly chat?

Counselling

- Is more than just talking
- Is based on a theory that explains why a person has a mental disorder
- Seeks for solutions to problems
- Is a skill that can be learned
- Is not taking sides

Slide 3

What basic skills in counselling do you need as a Community Health Worker?

- Generate trust
- Be a good listener
- Be empathic
- Be patient
- Be observant
- Be respectful and accepting

Slide 4

How to generate trust?

- Request the patient to sit in a quiet and comfortable place
- Assure the patient that everything he or she tells you will stay confidentially and that you will not discuss anything with a third person without his or her permission

How to be a good listener?

- Ask the patient about his/her complaints
- Listen with an open mind
- Try to listen beyond the words to the feelings and thoughts of the patient

How to be empathic?

- Empathy means to put yourself in the place of the patient and feel what he or she could be feeling at the moment
- It helps you to understand the person better
- It does not mean feeling sorry for the patient

Slide 5

How to be patient?

- Be aware to not get results immediately
- Give the patient time to understand him/herself although it may take time
- Don't be forceful

How to be observant?

- Try to watch the body language as this can give you more information about the feelings of your patient (e.g., facial expression, fidgeting of hands, clenching fists may indicate tension)

How to be respectful and accepting?

- Remember that the basis of counselling is built upon respect
- Accept the people as they are with their right to feel different from you and to make their own decisions

Role play (Basic skills in Counselling):

 Played by the facilitator and co-facilitator for demonstration purpose (10 min)

C: Good morning Mr. P., my name is C. Please make yourself comfortable

P: Thank you C.

C: In the beginning I will assure you that everything we are talking about during this session will stay between us. **(Generate trust)**

P: Ah, that's good to know.

C: So would you like to tell me which complaints brought you here? P: I can't get sleep at night anymore and I lost all my energy.

C: Ah, I understand this must be very uncomfortable for you. Many people who do experience some form of stress in their life often experience the same symptoms as you do. Do you have anything stressing you? **(Show empathy)**

P: I lost my job some weeks back and I don't know how to pay the rent (patient looks sad, clinches his fist). I have a wife and five children and the family depends on my income. **(Be observant)**

C: You must be a strong man to have managed all of this so far (be respectful). I understand that the circumstances put a lot of stress on you. Do you want to tell me more about your situation at home? **(listen carefully and be patient)**

2. Mental Health First Aid principles

Time frame: 60 min

Directions:

☞ Use slides to explain mental health first aid

Slide 6

Mental Health First Aid



- Mental Health First Aid is the help you give to a person with a mental health problem until treatment by a mental health specialist is available or a mental health crisis is resolved
- Preserve life when a person may be a danger to him/herself or others
- Provide comfort to the person and relieve for some symptoms
- Ensure further professional treatment

Slide 7

Mental Health First Aid: Essential Steps

1. Listen without judgement
2. Assess risk of suicide and harm to self to others (highest priority!)
3. Give reassurance and information
4. Encourage the person to get appropriate professional help
5. Encourage self-help treatments

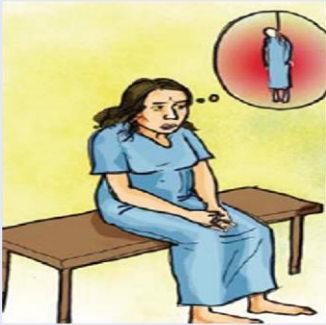
Slide 8

How to listen without judgement?

- Use the basic skills in counselling when listening to the person seeking help
- Listen to the person's problems without being critical or thinking they are weak
- Don't give advice such as 'pull yourself together' or 'cheer up'
- Don't forcefully question and avoid getting into an argument with the person
- It will help you to be aware of your own values, beliefs and attitudes to be able to make a clear distinction between you and your patient

Slide 9

How to assess the risk of suicide?



- The highest priority in Mental Health First Aid is to prevent a person to do harm to him/herself
- Always ask the person if he/she has recently thought to be better off dead
- If yes, ask the person if he/she had made any concrete plans to end his/her life
- If this is the case seek immediately help from a mental health specialist (or your supervisor)
- Don't leave the person alone

(We will learn more about preventing suicide in module 7)

Slide 10

How to give reassurance and information?

- Tell the patient that he/she has a real medical condition
- Tell the person that it is not a shame or weakness of character to have a mental disorder
- Assure the person that there are effective treatments available
- Inform the person that recovery may take a bit of time
- Ensure the person that you are there to help and to follow up

Slide 11

Encourage the person to get appropriate professional help



- If you suspect a Common Mental Disorder, encourage the person see a health counsellor
- If you suspect a Severe Mental Disorder refer to a mental health specialist /medical doctor
- Involve the family to encourage the person to seek help

☞ *Follow-up Role Play (practicing mental health first Aid) (10 min)*

C: from what you have been telling me it seems that you are suffering from too much stress. Another very important question: we know that many people in your situation will have thoughts to be better off dead. Did you ever have such thoughts?

P: To be honest I had such thoughts 2 weeks ago...

C: Did you make any plans to put an end to your life?

P: No, I would not do it, I believe my family still needs me.

C: That's good to know. You can always come to me if these thoughts should come to your mind again. Can I be sure you will do that?

P: Yes, I will, it relieves me to talk about it. I am feeling a bit better now.

C: The complaints you are experiencing are a real medical condition and we call it a Common Mental Disorder. Sleeping problems, lack of energy and sadness are typical symptoms of Common Mental Disorders. A Common Mental Disorder is not due to a personal weakness. It is quite common and it is treatable. (Give information and reassurance)

P: Ah, and how should this be treated?

C: If you would like to talk more about your stresses I can refer you to a health counsellor for talking treatment. If you will not feel better after some sessions, we may send you to the doctor to prescribe medicine against Common Mental Disorders. You may need to be a bit patient. I will always be here to listen to you and to follow up the treatment of the doctor.

P: Ah, so I could always come back to you.

Can we still wait until next time before you refer me?

C: Yes, sure, we can always do that later. But I would like to give you some advice how you can help yourself until I see you again...

Slide 12

Encourage self-help

- **Give advice for sleep problems**
- **Give advice for a healthy diet**
- **Encourage regular exercise**
- **Teach relaxing/ breathing exercises**
- **Give advice to stay away from alcohol, tobacco or drugs**
- **Encourage to speak to the family or friends**

3. Self-help Strategies

Directions:

☞ Use slides to explain self-help strategies

Slide 13

Advice for sleeping problems



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

Slide 14

Advice for a healthy diet

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

** Briefly discuss with the participants for contextual appropriateness (what is available in the area, which recommendations are feasible?) (5-10 min)*

Slide 15

Encourage regular exercise and enjoyable activities

- Choose any enjoyable activity (e.g., going for a walk every morning)
- Start with small and simple activities
- Increase the activities gradually (e.g., 30 min instead of 15 min)
- Try to spend time with friends and relatives
- If you are religious, try to be regular with your prayers and visits to places of worship
- Think of hobbies you had when you were still feeling better or when you were younger, you
- Might pick them up again or even start something you always wanted to do
- Being active will make you feel less tired and more energetic, this will make you feel better about yourself

Slide 16

Encourage regular relaxation



RELAXING

- Choose any form of relaxation you may prefer
- Practice the breathing exercise in the morning and before you go to bed and whenever needed (the exercise will be taught in Module 5)
- If you know to practice yoga it is very advisable to do it daily
- Take time for any relaxing activity you may enjoy (e.g., reading a book, praying, listening to music, go for walks.)
- You may look for courses to learn yoga or other relaxing methods
- Relaxing will relieve aches, muscular tension and improve the concentration

Slide 17

Advise to avoid alcohol, tobacco and sleeping pills

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

- Alcohol, tobacco and sleeping pills are highly addictive (this means you cannot be without it any more)
- Drinking too much can cause damage to the brain and many other organs
- When people get drunk they do things which they usually wouldn't (people can become aggressive or have accidents because of poor judgement)
- Being under the influence of alcohol can increase the risk of suicide
- Too much consumption of alcohol can cause financial problems and arguments with the family and at work
- Regular use of these substances will make your problems increase

Slide 18

Encourage to seek support from family and friends



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

** Briefly review the steps of Mental Health First Aid together with the group and ask if there are any open questions (10 min)*

4. How to support the family?

Time frame: 30 min

Directions:*

** Briefly discuss with the group what they think might be stressful for families having a family member with a mental disorder. Co-facilitator can write answers on the board (10 min)*

Slide 19

Why involve the family?

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

Slide 20

Impact of family behavior

Behaviors that increase the stress for the person with mental disorder

- Comments such as calling the person lazy or an embarrassment to the family
- Shouting or using a critical tone of voice
- Being over-protective such as doing everything for the person or treating him/her like a child

Behaviors that decrease the stress for the person with mental disorder

- Communicating in a clear and calm way and discussing problems openly
- Giving the person space, especially when he or she feels tense
- Allowing and encouraging the person to take some responsibility for their own affairs

** Briefly discuss with the group if they have anything to add to the behaviors increasing or decreasing the stress (5 min)*

Slide 21

How to involve the family?

- In many cases the person with mental disorder will be accompanied by a family member, sometimes the family member has taken the initiative to seek help
- If a family member wants to talk to you confidentially always ask the person with the mental disorder for permission
- If a person comes by him/herself ask him/her if you may call a close family member for further information and collaboration (who is there to help the person?)
- Maintaining some of their own interests and not devoting their lives exclusively to the person (this is important and will make the family feel less stressed)

Slide 22

How to support the family?

- Listen carefully
- Give reassurance and information
- Tell them where to get professional help (as you would do it for the person with mental disorder)
- Assure your support
- Tell about the behaviors increasing and decreasing the stress for the family member with a mental disorder
- Encourage the family to maintain own interests and other social contacts
- If available, provide information on support groups for family members in the area

** Briefly discuss with the participants any further suggestions or questions (5 min)*

Basics Counselling skills; Mental Health First Aid and Supporting the family will be practiced during the next modules.

Review Quiz: Day 1

Time frame 30 min

** Divide the participants in 5 small groups*

- *After one minute ask each group for their answers*
- *The co-facilitator writes the answers of the groups on the board*
- *Correct and explain/discuss incorrect answers*
- *Go through the 10 questions*
- *In the end the group with the most correct answers gets a packet of sweets*

Tick the answers that are true (there may be more than 1 answers):

1) What factors can affect mental health?

1. Stressful life events
2. Genetics
3. Black magic

2) Common mental disorders

1. Are more common in women
2. May be related to a stressful childhood
2. Can present with multiple aches

3) Which behaviors of the family decrease the stress on the person with the mental disorder?

1. Giving the person some space when the person is feeling tense
2. Doing everything for the person
3. Shout at the person in a critical way

4) What is part of Mental Health First Aid?

1. Assess the risk of suicide
2. Give reassurance and information
3. Prescribe sleeping pills

5) What do you do if a person tells you about a concrete plan to end his life?

1. You will not leave him/her alone
2. You will seek help from a mental health specialist as soon as possible
3. If possible, you will remove the means for committing suicide from the person

6) How should a good counsellor be?

1. Directive and forceful
2. Patient and observant
3. Respectful and emphatic

7) A person with sleeping problems should

1. Not make day-time naps
2. Avoid coffee and tea after 5 pm.
3. Go to bed at regular hours

8) How many people experience a mental disorder during their lifetime?

1. About 1 in 100
2. About 1 in 20
3. About 1 in 5

9) What self-help strategies can you encourage?

1. Advice for sleeping problems
2. Advice for regular exercise
3. Advice to “pull yourself together”

10) What is a typical symptom of a Common Mental Disorder?

1. Sadness
2. Sleeping problems
3. Hearing voices

Correct answers:

1) 1,2, 2) 1,2,3, 3) 1, 4) 1,2, 5)1,2,3 , 6) 2,3, 7) 1,2,3, 8) 3, 9) 1,2, 10) 1,2

Module 4 - Common Mental Disorders: How to Recognize?

Module Objectives:

- To teach the participants how to recognize a Common Mental Disorder

Materials:

- 10 prepared slides
- 5 handouts with case studies (Appendix C)
- 1 handout of breathing exercise(Appendix D)

Methods:

- Slide presentation
- Case studies and discussions
- Teaching and practicing the Breathing exercise

1. Presentation: How to recognize a Common Mental Disorder?

Time frame: 30 min

Slide 1

What is a Common Mental Disorder?

Depression/ Tension / Stress:



- We all experience short-term sad moods (e.g., when we have an argument with someone, when we feel lonely, when we fail an exam)
- Sadness becomes an illness when it lasts for a prolonged period or starts to interfere with our daily activities and relationships

Slide 2

What is a Common Mental Disorder?

Anxiety disorders:



- We all experience worry and fear in certain situations (e.g., when we have to perform something new)
- Fear is a natural reaction to danger and helps us to activate our energies (e.g., in the old days to run away from a wild animal)
- Fear becomes a mental disorder when it is long-lasting or starts to interfere with our daily activities and relationships (we call this 'anxiety disorder')

Slide 3

How will you recognize that someone has a Common Mental Disorder?



- The person may complain about:
 - Sleeping problems or feeling tired or weak
 - Loss of interest in regular activities
 - Different physical problems and aches
- The person may appear:
 - A bit slow in movement and thinking
 - With a sad or worried expression on the face
 - Restless (e.g., fidgeting with hands)

Slide 4

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



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

Slide 5

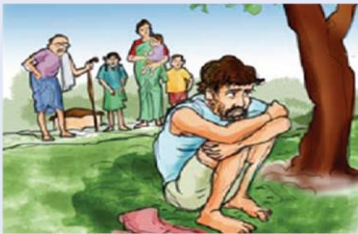
Symptom 2: Physical complaints



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

Slide 6

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



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

Slide 7

Who will have a Common Mental Disorder?

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

** Briefly discuss with the group what life stressors may predict women to be at a higher risk to develop a Common Mental Disorder (e.g., domestic violence, lack of power to make own life decisions, gender inequality). Co-facilitator can write answers on a large sheet of paper (10 min)*

Slide 8

What is a panic attack?



A sudden attack of extreme fear, typically happening 'out of the blue' when a person is in a crowd of people.

Symptoms may include:

- Sudden feeling of heart beating fast
- Feeling dizzy or light-headed
- Having hot flushes, chills or trembling
- Experiencing a feeling of choking or shortness of breath
- Breathing too fast (hyperventilation)
- Being afraid to die, to faint or to lose control

Slide 9

Is a panic attack dangerous?

- No, a panic attack is NOT dangerous
- It will stop by itself after around 15 min
- Panic attack does not cause any physical harm

When do panic attacks need treatment?

- When a person starts to suffer from re-occurring panic attacks (many people will experience one or two panic attacks during their lifetime)
- When a person starts to avoid certain situations (e.g., taking a bus) because he/she fears another attack in the same situation

** Give participants an opportunity to ask any open questions
(5 min)*

Slide 10

Remembers:



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

2. Case studies

Time frame: 75 min

**Divide the group into 5 small groups*

- *Hand out a case study to each group*
- *Give 20 min to each group to discuss:*
- *Symptoms of Common Mental Disorders they can identify*
- *Potential causes of Common Mental Disorders they can identify*
- *Small groups should appoint someone to present the case later in the big group*

Case Study 1

Kaki is a 59 year old woman whose husband died last year. Her 3 grown up sons have left their village to find better employment opportunities in Nagpur and Mumbai some years back. Her only daughter got married just before her husband's death and also left her house.

Kaki started to experience sleeping problems and muscular tension soon after her husband died. As she felt so tired and tense she couldn't go to work on the field regularly anymore and started to spend a lot of time at home and in bed. Because she felt bad about herself doing nothing, she started to withdraw herself more and more from her neighbors. She started even feeling worse with headaches and back-pain and also lost her appetite. Particularly in the mornings she felt like having no energy and that she would never get better again. In those moments Kaki would even sometimes think to be better off dead.

Kaki's Symptoms	Possible Causes
Sleeping problems	Social Stressors
Could not go to work on the field	Kaki's husband died
Muscular tension	Kaki's children all left home
Withdrawing herself from her social contacts	Kaki feels lonely
Tiredness	
Negative thinking about herself	
Different aches	
Thoughts to be better off dead	
Loss of appetite	

Case Study 2

Tae is a 20 year old young woman who gave birth to her first child two weeks ago. The child turned out to be in good health, but the child birth was very exhausting for Tae as it took more than 12 hours.

After the birth Tae experienced a mixture of feeling exhausted and tearful. She gradually started to have negative thoughts about herself not being able to be a good mother. She couldn't find enough sleep anymore; her negative thoughts would keep her mind busy all the time. She felt weak and her mother had to take over the complete care for the baby. Her husband didn't understand what was happening to his wife and came to consult the community health worker.

Tae's Symptoms	Possible Causes
Feeling exhausted and tearful	Biological cause
Negative thoughts about herself and the child	Due to the change of hormones it is not rare that a woman experiences symptoms like Tae after childbirth
Sleeping problems	Social stressor
Ruminative thinking	Change of life situation: Tae is still quite young and has to face new challenges and expectations as a mother
Feeling weak	

Case Study 3

Saku is a 35 year old educated woman who has been working as a secretary for the biggest company in the area. Saku has always been proud of her job and enjoyed going to work. Gradually she started feeling more and more tired even after a sufficient night sleep. She lost interest in her work and in reading books (which she used to like a lot). She found it more and more difficult to concentrate or to make decisions. For a while she managed to still push herself to go to work but lately she missed work a few times because she just couldn't get up in the mornings.

Saku's mind actually is preoccupied with an argument she had with her husband some weeks ago. As Saku didn't get pregnant until now her husband threatened to look for a second wife and that day he got drunk and even beaten her up. Saku doesn't want to leave him, so actually she feels trapped in the situation. When she developed thoughts of putting an end to her life she got frightened and came to seek help from the community health worker. Saku knows a bit about mental health as her sister goes to see a health counsellor regularly with similar symptoms.

Saku's Symptoms	Possible Causes
Tiredness	Social stressors
Losing interest in work and former enjoyable activities	Relationship problems
Difficulties to concentrate	Infertility
Difficulties in decision-making	Experience of violence
Lack of energy in the morning	Biological
Ruminative thinking	Genetic vulnerability (sister also has CMD)
Suicidal thoughts	

Case Study 4

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

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

Pandu's Symptoms	Possible Causes
Extensive worries	Social stressors
Attacks of anxiety during the night	Financial problems
Sleeping problems	Unemployment
Weakness	Difficult childhood
Feeling hopeless about the future	Pandu lost his parents as a young boy
Suicidal ideation leading to suicide attempt	

Case Study 5

Laxmi is a 30 year old woman. Two weeks ago, she was in the bus back from the market when it happened the first time. The bus was crowded and she couldn't find a seat. Suddenly she felt her heart beating fast and started to feel dizzy. She got afraid that she would faint in front of everyone. Also she felt that she couldn't breathe properly and her chest felt tight. At the next stop Laxmi rushed out of the bus and sat down on a big stone. She even forgot her basket with the vegetables in the bus. When she sat there she managed to calm herself down a little bit. She called her husband and asked him to fetch her. He took her to the doctor but the doctor said that all was okay with Laxmi's heart and lungs and that she had probably been experiencing a panic attack. Since that event Laxmi has avoided to take the bus again.

Laxmi's Symptoms	Causes
Heart beating fast	We don't know yet
Feeling dizzy	Potential stressors have to be explored
Fear to faint	
Feeling of choking	
Avoiding the situation in which the symptoms occurred	
Panic attack	

- After 20 min let each group present for what symptoms and possible causes they have identified (they may stick their notes on the board)
- Facilitator comments and corrects if necessary
- Allow around 10 min for each group including presentation + discussion
- Co-facilitator writes all collected symptoms on a big sheet of colored paper with the heading: 'typical symptoms of common mental disorders'
- The sheet of paper will be fixed on the wall for the time of the training

*Teach the participants the breathing exercise: (15 min)

Tell the participants that we will all practice a breathing exercise together and that the exercise can be helpful for anyone for the purpose of relaxation

- Let the group sit in a big circle
- Tell the participants to sit in a comfortable position
- Ask the participants to close their eyes
- Then ask the participants to concentrate on their breathing rhythms
- Then ask the participants to concentrate on breathing slow and regular through the nose
- (e.g. count 1,2,3...breathing in and 1,2,3...breathing out, 1,2,3 holding the breath..)
- Breathing out you may think a relaxing word to yourself e.g. "relax!" Or "om"
- Try to do the exercise for around 10 min, then open your eyes slowly and stretch yourself

Ask the participants how they felt during the exercise

Give the advice to practice the breathing exercise daily to feel the benefits of relaxation

Handout

Breathing exercise- Instructions



- Sit or lie in a comfortable position
- Close your eyes
- Concentrate on your breathing rhythm
- Then concentrate on breathing slow and regular through the nose
- It may help to slowly count 1,2,3 ..breathing in, 1,2,3...breathing out, 1,2,3 holding on.....
- It may help to think a relaxing word like 'relax' or 'om' while breathing out
- Do the exercise for about 10 min
- Slowly open your eyes and stretch yourself

To benefit the most from this exercise do it at least once daily.

After around two weeks of regular training you will also be able to practice the breathing exercise in more stressful situations

Module 5: Common Mental Disorders: How to help a person with a Common Mental Disorder

Objectives:

- To teach the participants how to help a person with a Common Mental Disorder

Materials:

- 8 prepared slides
- Case study 1, 2 and 5 from module 4
-

Methods:

- Presentation with slides
- Practical exercises in role plays

1) Presentation: How to help a person suffering from a common mental disorder?

Time frame: 30 min

Slide 1

How can you help a person with a Common Mental Disorder?

Mental Health First Aid including basic counselling and encouraging self-help-treatments (by CHW)

Advanced Counselling involving more Psychoeducation and Problem-solving (by HC)

Psychotherapy (by Psychologist or specially trained HC)

Medicines (by Medical doctor: Psychiatrist, GP)

Slide 2

Mental Health First Aid for people with CMD



- 1) **Listen without judgement**
Listen to the actual complaints the person is presenting to you.
Ask for any live stressors, actual problems worrying the person.
Engage the person in discussing how he/she is feeling emotionally.
Listen with an open mind and don't judge anything of what the person is telling you.
- 2) **Assess the risk of suicide**
Always ask for suicidal thoughts.
If yes, ask the person if he/she has a concrete plan to kill him/herself.
Seek immediate help if the person has any concrete plans and don't leave the person alone.
Remember that people with CMD are at high risk.

Slide 3

Mental Health First Aid for people with CMD

- 1) **Give reassurance and information**
A common mental disorder is a real illness like a physical illness.
Assure the person that it is not due to laziness or weakness of character.
Give hope: tell the person that a common mental disorder can be treated successfully.
- 2) **Encourage the person to get appropriate professional help**
Tell the person which kind of professional is there to help and how each professional can provide help.
Assist the person to reach professional help (e.g., make phone calls for appointments, organize transport, involve family Members).

Slide 4

Mental Health First Aid for people with CMD

1) Encourage self-help-treatments

Give advice:

- For sleeping problems (sleeping problems are usually a main Symptom of CMD)
- For a healthy diet (people with CMD often suffer a lack of Appetite or some craving for unhealthy foods like sweets)
- To engage in enjoyable activities (e.g. listening to music)
- To exercise regularly
- To practice regular relaxation (e.g. yoga, breathing exercise)
- To stay away from alcohol, tobacco or sleeping pills (people with CMD may take too much of these substances)
- To speak to a friend or family member

Slide 5

Some basic knowledge about medicines:

- Medicines have positive effects: they improve the complaints and make the person feeling better (e.g. when you have an infection and take antibiotics the infection will disappear)
- The same medicines can also have unwanted negative effects (we call this 'side-effects'): besides improving the complaints they can cause other (usually less severe) complaints (e.g. the antibiotic may make you feel nauseous)
- It is very important to take the medicine in the right amount (dosage) and in the right duration (not to stop it too early or in between, nor continue with it even after doctor has asked to stop it)
- Medicines can also be harmful (e.g. sleeping pills, appetite stimulants) or helpless (e.g. vitamin pills)

Slide 6

What should a CHW know about medicines for CMD (we call these pills 'Antidepressants')

The medical doctor (GP or psychiatrist) may prescribe medicines for CMD

Antidepressants:

- Will help the person to feel better
- Will not make the person feel better immediately, they will take 2-4 weeks to work
- (Patience!)
- Need to be taken daily as prescribed
- Must not be stopped when feeling better but taken as long as the doctor suggests
- May cause side-effects such as tiredness, dry mouth, constipation or weight gain
- (e.g.: 'amitriptyline') or nausea or sleeping problems (e.g. 'fluoxetine')
- Will not make the person dependent

Slide 7

What advice to give to a person taking medicines

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

* Ask the participants if they have any questions about medicines

(10 min)

Encourage a brief discussion about medicines

Slide 8

How to help a person with a panic attack?

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

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

2. Practical exercises:

Time frame: 90 min

Role play 1 (30 min)

* One participant of the group plays the role of Kaki (case study 1)

One participant of the group plays the CHW to help Kaki with basic counselling and Mental Health first Aid.

- Allow the participants 20 min for the role play.
- Take notes and encourage the group to take notes for the discussion.
- Allow 10 min to discuss the case:
- what was done well by the CHW
- what did the *CHW miss or what could be improved*

Role play 2: (30 min)

- One participant of the group plays the role of Tae (case study 2)
- One participant of the group plays the role of Tae's husband
- One participant plays Tae's mother
- One participant plays the role of the CHW practicing basic counselling and Mental Health

First Aid. In this role play, also practice how to involve and support the family

Allow the participants 20 min for the role play

Take notes and encourage the group to take notes for the discussion

Allow 10 min to discuss the case:

- How was the Mental Health First Aid practised?
- How did the CHW manage to involve Kaki's husband and mother?
- What was done well by the CHW?
- What could be improved?

Role play 3(15 min)

* One participant plays the role of Laxmi (she is having another panic attack) - One participant plays the CHW to help Laxmi to overcome her panic attack including giving advice for self-help-treatments (relaxation)

- Allow the participants 10 min for the role play
- Allow 5 min to discuss the role play:
- How did the CHW perform the calming down?
- What could have been done better?

Role play 4 (15 min)

* One participant plays the role of a patient (we name her Shoba) who has been prescribed medicines (the medicine is called 'fluoxetine', she has to take one 20 mg tablet in the morning) by the local doctor to treat her common mental disorder

One participant plays the CHW who has to monitor the treatment and gives advice to Shoba

Allow 10 minutes for the role play

Allow 5 minutes for discussion:

- What was performed well?
- Did the CHW forget anything?

Module 6: Alcohol use disorders

Objectives:

- To teach participants how to recognize a person with a AUD
- To teach participants to be aware of the problems associated with AUD
- To teach participants how to practise Mental Health First Aid for AUD

Materials:

- 17 prepared slides
- 2 case studies as handouts (2 copies for case study 1, and, 2 copies for case study 2)

Methods:

- Slide presentation
- Brief discussions
- Case studies
- Role plays

1. Presentation: general information about alcohol use, symptoms and problems of AUD

Time frame: 30 min

Slide 1

Drinking Alcohol

- Is a social habit in many cultures in the world
- Is forbidden to some people (generally or at some days) out of religious reasons
- It is not in itself a mental disorder if not regularly consumed in excessive quantity
- In excessive quantities, it has a severe impact on our health, our relationships and the society.

Slide 2

Different types of drinking:

Social drinking: occasional drinking in social rounds and not causing any medical or social problems

Harmful drinking: The drinking cause damage to the person's physical or mental health and is associated with adverse social consequences

Alcohol dependence: the person has a sense of compulsion to drink alcohol daily and needs to gradually increase the amount of alcohol to feel physically and mentally well; the person will usually neglect his/her responsibilities and other interests

Alcohol use disorders comprise harmful drinking and dependence

Slide 3

Why do people drink too much?

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

Slide 4

What are the problems if a person drinks too much?



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

Slide 5

General health problems caused by too much alcohol:



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

Slide 6

What are withdrawal symptoms?

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

Slide 7

Typical withdrawal symptoms:



Restlessness and irritability Sweating

- Shaking or trembling of hands
- Fast heartbeat
- High blood pressure (red face)

And in severe cases:

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

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

Slide 8

Mental health problems caused by too much alcohol:

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

Slide 9

What are typical social problems caused by too much alcohol?

Problems in the family:



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

Problems at work:

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

**Briefly discuss with the participants social problems related to alcohol
Ask if someone likes to share their own experience with a friend /relative
(10 min)*

Slide 10

How will you recognize someone is drinking too much?



- The person may not admit that he/she is drinking too much alcohol
- Ask how much money the person spends on alcohol
- It is also possible that a family member will approach you and ask you for help
- A person is drinking secretly / hiding alcohol
- A person drinks alcohol daily or in the morning
- Social, physical or mental problems occur (see slides 6, 9,10)

2. Case studies

Time frame: 30 min

**-Divide the group in 4 small groups*

Hand out case study 1 to group 1+2

Hand out case study 2 to group 3+4

Case Study 1

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

**Allow the small groups 15 min to discuss the following questions:*

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

Case Study 2

Savita, a 29 year old woman tells the CHW about her problems with her husband. She reports that he has been drinking more and more alcohol since he lost his job one year ago. She tells the CHW that she found a couple of empty and hidden bottles of alcohol in a kitchen cupboard yesterday. During the last weeks she had realized that her husband become more and more irritable and withdrew himself more and more from her and the children. When she confronted him about his drinking, he would always deny this. Savita says she is worried about her husband's health and desperate about the situation at home and does not know what to do.

**Allow the small groups 15 min to discuss the following questions:*

- *What symptoms of her husband does Savita describe?*
- *What disorder(s) would you suspect Savita's husband is suffering from?*
- *What ideas do you have to help Savita?*

Then the two small groups with the same case shall meet and discuss and summarize their answers (5 min)

Each of the two case groups shall point out a volunteer to present the answers in the big group to the other group (5 min each)

As facilitators give comments and feedback

Advise participants how they may ask a person about his/her alcohol consumption:

“Out of our experience the complaints you are reporting are sometimes related to alcohol.

Did you drink any alcohol within the last two weeks?”

If yes, you may continue and ask about the amount of alcohol.

Or

“How much money did you spend on alcohol during the last two weeks?”

3. Presentation: How to help a person with an Alcohol use disorder?

Time frame: 15 min

Slide 11

Mental Health First Aid for a person with an alcohol use disorder

- 1. Listen without judgement**
 - Ask the person about his/her complaints
 - Ask the person about the amounts of alcohol he/she has been drinking in the last two weeks and how long ago he started to drink more
 - Don't judge or criticize the drinking in general or the amounts of alcohol
- 2. Assess the risk of suicide, self-harm or harm to others**
 - Ask about suicidal thoughts and concrete plans
 - A person with an alcohol use disorder is at a high risk of committing suicide
 - Many suicide attempts happen under the influence of alcohol

Slide 12

Mental Health First Aid for a person with an alcohol use disorder

- 1. Give reassurance and information**
 - Harmful use of alcohol is a common problem
 - An AUD is a real medical condition
 - Assure that drinking too much is not a character weakness but that some people are just more vulnerable than others to drink too much
 - Provide information about the harmful effects of too much alcohol
- 2. Encourage to get appropriate help**
 - Go to a HC or psychologist for talking treatment
 - Go to a doctor for medical problems
 - Go to the hospital with severe withdrawal, over dosage
 - If the person is motivated, go to a center specialized in alcohol treatments

Slide 13

Mental Health First Aid for a person with an alcohol use disorder

1. Encourage self-help treatments
Give advice
 - For sleeping problems
 - For a healthy diet
 - For regular exercise
 - For regular relaxation
 - To avoid sleeping pills or other addictive substances (e.g. tobacco, cannabis)
 - To join a support group, if available (e.g. alcoholic anonymous (a worldwide support group for sober ex-users))
 - For cutting down drinking or stop alcohol

Slide 14

The person with the AUD has to make his /her own decision



Ambivalence

- It doesn't help to force
- Provide the person your expertise, encouragement and advice
- Tell the person that it will not be easy but that he/she can make it
- Expect that the person will be in denial or undecided for a while
- Wait until the person is motivated to cut down or to stop
- Support the way chosen (follow up)

Slide 15

Advice for cutting down drinking (safer drinking)

- Have at least two days per week free from alcohol
- Eat before you have your first drink
- Set a maximum amount you will drink in one occasion
- Identify high risk situations and try to avoid them
- It may help if you start a diary (when, what, how much you drink and how much money you spent on it)

Slide 16

Advice for stopping drinking

- **Don't postpone, fix a day**
- **Declare publicly that you will stop drinking**
- **Ask a friend or family member to help**
- **Try to avoid high risk situations**
- **In case of severe withdrawal symptoms seek help from a doctor**

4. Role play:

Time frame: 30 min

Role play: One participant plays Vishal. We know now that Vishal is having problems with his in laws. They don't appreciate his work as an orange farmer and complain about him not earning enough. His mother in law always compares him with her other son in law who is a lawyer. Vishal comes to the PHC and complains about stomach pain and nausea.

One participant plays the CHW practicing mental health first Aid including advice for stopping drinking (Vishal is motivated to stop)

**Allow the participants 20 min to play*

- *Encourage the participants to take notes*
- *Then discuss with the group (10 min):*
- *What was done well, what could be improved?*

5. Prevention

Time frame: 15 min

Slide 17

How to prevent Alcohol use disorders?

- **Go to schools or colleges and educate students about the dangers of alcohol**
- **Distribute pamphlets about the symptoms of AUD e.g. in community meetings**
- **Put posters about AUD in the facilities of the primary health care clinic**
- **Conduct a community workshop to raise awareness about AUD**

*ask the participants if they have any further ideas for Health Promotion to prevent AUD
If not, you may also take one suggestion and elaborate it a bit
Co-facilitator writes participants' ideas on a big sheet of paper

Review-Quiz: Day 2

Time frame: 30 min

** Divide the participants in 5 small groups*

- *After one minute ask each group for their answers*
- *The co-facilitator writes the answers of the groups on the board*
- *Correct and explain/discuss incorrect answers*
- *Go through the 10 questions*
- *In the end the group with the most correct answers gets a packet of sweets*

Tick the answers that are true (there may be more than 1 answers):

1) What is a typical symptom of a Common Mental Disorder?

1. Disorientation
2. Extensive fears
3. Suicidal thoughts

2) How can a person with a Common Mental Disorder be helped?

1. Counselling
2. Mental health first Aid
3. Medicines (Antidepressants)

3) What can happen if a person drinks too much alcohol?

1. The person may become dependent on alcohol
2. The person may have arguments with his family or at work
3. The person may have an accident

4) When do withdrawal symptoms occur?

1. When a person has become physically dependent on alcohol
2. When a dependent person doesn't get a drink
3. When a dependent person is drunken

5) What are typical symptoms of a panic attack?

1. Heart beating fast (palpitations)
2. Feeling light-headed or dizzy
3. Strong fear to faint, die or lose control

6) What are typical medical problems if a person drinks too much?

1. Liver problems
2. Stomach pains, nausea, vomiting
3. Back pain

7) To stop or to cut down drinking

1. Has to be the own decision of the person with the alcohol use disorder
2. Should be forced on the person with the alcohol use disorder
3. Will be easier when high risk situations are avoided

8) What is part of Mental Health First Aid for a person with a Common Mental Disorder?

1. Assess the risk of suicide
2. Give reassurance and information
3. Encourage to get appropriate professional help

9) How can you help a person with a common mental disorder?

1. Tell the person to “cheer up”
2. Listen to the person without judgement
3. Encourage self-help-treatments such as advise for sleeping problems, regular exercise..

10) How can you help a person with a panic attack?

1. bring the person to a quiet place
2. try to calm down the person by breathing slowly and regular
3. assure the person that a panic attack is not dangerous

Solutions

1) 2,3 2)1,2,3 3)1,2,3 4)1,2 5)1,2,3 6)1,2 7)1,3 8)1,2,3 9) 2,3 10)1,2,3

Module 7: Suicide: How to prevent and how to help

Objectives:

- To teach the participants the risk factors of suicide and to assess these and prevent suicide.
- To teach the participants how to deal with a person who has attempted suicide and how to help the family of someone who has completed suicide.

Materials:

- Prepared slides 1-18
- Case study 3+4 from module 4

Methods:

- Slide presentation and short discussions,
- Role plays

1. Presentation:

Time frame: 30 min

Slide 1

How often do people die from suicide?



- Many more suicides than usual have happened in the last years in the Vidarbha region of Maharashtra state
- It is the main cause of death among young people in India
- Around 1 out of 10 people with a mental disorder die from suicide
- WHO lists suicide as one of the leading causes of death
- Attempted (and not successful) suicides are even 10-20 times more common
- Women have more suicide attempts, men have more completed suicides

Slide 2

Why do people want to end their lives?

People may feel hopeless due to different reasons:

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

Slide 3

Risk factors:

Clinical risk factors:

- Presence of a mental disorder
- Presence of a chronic, painful or
- Serious medical illness
- Previous suicide attempt
- Family history of suicide

Social risk factors:

- Large debt/ money problems
- Humiliation
- Loss of status: job, failed exam
- Loss of a loved person
- Experience of violence

Slide 4

Protective factors:

They may help a person to stay alive

- Being a religious person (many religions forbid suicide)
- Having good relations with family or friends (a good social network)
- Having a job
- Having an offer of help
- Having responsibilities such as small children to care for

**ask the participants if they have any further suggestions about why someone would want to put an end to his/her life and what may help them not doing it
Allow 10 minutes for the discussion and add the answers to the ones given in the slides*

Slide 5

Feelings and thoughts of a person thinking about suicide

Feelings:

- Sad, tense, depressed
- Self-blaming
- Helpless
- Lonely

Thoughts:

- "It will never get better" worthless
- "I wish I was dead" hopeless
- "I am a failure, I am a burden"
- "No one will care if I am dead"
- "I can't take it anymore"
- "I can't do anything"
- "I did everything wrong in my life"

Slide 6

Fiction and facts

Fiction:

- People who talk about it will not commit suicide
- To ask a person about suicidal thoughts may increase the risk to commit suicide
- When a crisis is improving the risk of suicide is over

Fact:

- Most people who commit suicide have given warnings
- No, talking relieves and is the most important prevention
- No, during the time of improvement a person may even have more energy to commit suicide

Slide 7

How to assess the risk of suicide

You may address the topic gradually:

- Are you feeling tense or sad?
- Do you sometimes feel nobody cares about you?
- Do you sometimes feel that life is not worth living?
- Have you ever thought of ending your life?

may also use one of the following phrases:

"In our experience some people who feel like you do, also have thoughts that they would be better off dead. Do you ever experience such thoughts?"

Or

"I can see that you are going through a very difficult period. In your situation some people feel that carrying on with their lives is not worth it. Have you ever felt like that in the last weeks?"

Slide 8

What you have to find out if a person tells you about suicidal thoughts



Concrete plans?

- Did you make any concrete plans to commit suicide?
- Do you have any idea how you want to end your life?

Means available?

- Did you collect any pills; do you have pesticides at home?

Set date?

- Have you decided when you want to end your life?
- Did you set a date for committing suicide?

Protective factors?

- Is there anything which may keep you away from doing it?

Slide 9

Assess the degree of suicide risk

Low risk: The person has occasional passive suicidal thoughts, but no concrete plans “I wish I was dead”. If clinical risk factors are present they are only mild. There are no immediate social risk factors. The person has sufficient protective factors (e.g. a family and a job).

Moderate risk: The person has persistent suicidal thoughts but no actual plan to commit suicide immediately. The person has at least one clinical or social risk factor. The person has limited protective factors (e.g. a family)

High risk: The person has a concrete plan and the means available and wants to do it immediately. The person presents with severe hopelessness. The person has no

Slide 10

How to manage a suicidal person: (remember the basic skills of counselling)

- Listen without judgement
- Ask about acute social stressors
- Ask questions to detect a common mental disorder:
- Did you feel tense or stressed lately?
- Did you have sleeping problems or feel tired during the day?
- Did you lose interest in things you used to enjoy?
- Show warmth and understanding/empathy
- Be patient
- Express respect and acceptance
- Reassure and facilitate help (give hope)

Slide 11

Suicide First Aid: What to do:

Low risk :

- **Basic counselling as mentioned in Slide 9**
- **Encourage the person to talk about the feelings leading to the suicidal thoughts**
- **Focus on the person's positive strengths (e.g. ask "how did you manage to overcome problems earlier in your life?")**
- **Activate the protective factors: encourage to talk to the family, practice religion...**
- **Meet at regular intervals (e.g. once per week)**
- **Refer the person to a health counsellor or mental health specialist**
- **Reassure and facilitate help (give hope)**

Slide 12

Suicide First Aid: What to do:

Moderate risk:

- **Basic counselling**
- **Encourage to talk about the feelings leading to the suicidal thoughts**
- **Explore alternatives to suicide**
- **Make an "anti-suicide-contract": extract a contract from the person, that he/she will not commit suicide for a specific period (e.g. until the next meeting)**
- **Focus on positive strengths and protective factors**
- **Refer the person to a mental health specialist (or discuss with your supervisor/health counsellor as soon as possible, make the appointment yourself**
- **Involve the family to enlist their support**

Slide 13

Suicide First Aid: What to do:

High risk:

- **Don't leave the person alone!**
- **Talk to the person gently and remove means like pills, pesticides, and knife.**
- **Contact a mental health specialist or doctor immediately and facilitate hospitalisation if possible**
- **If hospitalization is not an option ensure that someone from the family will be around the person all the time until the risk is reduced**
- **Follow up regularly!**

2. Role play: Assessing the risk of suicide

Time frame: 30 min

* Take case study 3 from module 4:

Saku contacts you (as a CHW) and asks for help. We remember that Saku got frightened when she realized she started to have suicidal thoughts. It is good that Saku chose to seek help. Many people would unfortunately feel too ashamed to talk about their suicidal thoughts.

*One participant plays Saku

One participant plays the CHW assessing the risk of suicide and providing Suicide First Aid

Allow 15 min for the role play and 15 min for discussion:

What was done well?

What could the CHW have done better? Did the CHW forget anything important?

3. Presentation: A person who has attempted suicide

Time frame: 15 min

Slide 14

A person who has attempted suicide: Suicide First Aid

What to do immediately:

- **Ensure that the person is out of immediate danger (call emergency medical help for any overdose of tablets, consumption of poison or severe injuries)**
- **Remove any dangerous means from the person**
- **Ensure that the person is not left alone (e.g. contact family members) for the following 3 days**
- **Make a follow-up appointment or home visit to assess the suicidal risk after 3 days**
- **Make an “anti-suicide-contract”**
- **Facilitate the referral to a mental health specialist**
- **Try to understand the likelihood for further attempts**

Slide 15

A person who has attempted suicide: Basic counselling

Questions to ask:

- What happened?
- What made you so desperate that you wanted to end your life?
- Did you have a plan and if yes, how long were you planning it?
- What reasons are there for you to continue living?

Questions to detect a common mental disorder:

- Did you feel tense or stressed lately?
- Did you have sleeping problems or feel tired during the day?
- Did you lose interest in things you used to enjoy?
- Did you recently drink more alcohol than usual (in case if you drink)?

Listen without judgement; be warm, emphatic and patient!

Slide 16

Judging the likelihood of further attempts



Factors increasing the risk:

- Continuing thoughts to want to die!
- A dangerous method was used (e.g. hanging)
- The suicide attempt was planned ahead
- The person tried to hide the attempt from others
- Evidence of a severe CMD or AUD
- Severe continuing social risk factors
- Old age or severe physical illness

If one or several factors are present make sure the person sees a mental health specialist the same day and is not left alone!

** Ask the participants if they have any questions or comments (5-10 min)*

4. Role play: How to deal with a person who has attempted to commit suicide

Time frame: 25 min

**In the role play we will refer to Pandu's case (case study 4, module 4)*

One participant plays Pandu (his brother called you to their home) after Pandu's suicide attempt earlier this morning. He has already received medical treatment in the hospital. There they recommended him to get mental health counselling as soon as possible. His medical situation is stable.

One participant plays the CHW practicing Suicide First Aid

- Allow 15 minutes for the role play
- Allow 10 minutes for discussion:
- What was done well? What could be improved?

5. How to support the family after a completed suicide

Time frame 20 min

Slide 17

When a loved person has committed suicide...



Factors increasing the risk:

- The family suffers the 'normal' sadness and grief
- In addition the family may experience feelings of guilt or self-blame ("why didn't I realize it earlier? Did I do anything wrong? I should have helped him/her...")
- It is especially hard for a mother or father to lose their child or a partner to lose his/her loved one
- It might be more difficult to finally "accept" the death

LOSING SOMEONE DUE TO SUICIDE PUTS AN EXTREME AMOUNT OF STRESS ON THE FAMILY

Slide 18

How to help the family

- Assure your help and support
- Listen without judgement, with warmth and empathy
- Try to relieve the family member from his/her feelings of guilt or self-blame:
- "It was his/her decision"
- "Nobody can look into the mind of someone else"
- "It was not in your hands"
- Convey comfort:
- "He/she is in peace now"
- "His/her suffering has an end"
- "You did so much for him"
- Be patient
- Encourage social supports
- Watch out for signs of mental stress

*discuss with the participants if they have any further suggestions on how to help the family
(10 min)

Module 8: Severe mental disorders: Psychoses

Objectives:

To teach the participants:

- How to recognize a psychosis
- How to practice mental health first aid
- When and how to refer a person with a psychosis
- How to monitor drug treatments

Materials:

- 16 prepared slides
- 3 handouts for case studies

Methods:

- Slide presentation
- Case studies

1. Presentation: Prevalence, symptoms and causes of psychoses

Time frame: 20 min

Slide 1

Who may be affected by psychoses?

- Anyone can get a psychosis
- Psychoses can affect both men and women
- Around 1 out of 100 people will get a psychoses
- Usually young people are affected, the psychoses begin between age 20-30

Slide 2

Causes of psychoses: why does a person become psychotic?

- Genetics may be a risk factor and may make a person vulnerable to be affected by a psychosis later in life (but it is still much more common that a child of a parent with a psychosis will be healthy)
- Birth complications
- Social stressors can be a trigger
- Repeated cannabis use can be a trigger

Slide 3

What symptoms does a person with a psychosis have?



False perceptions:

Hallucinations: hearing, seeing or sensing things which are not really there “hearing voices”: the imaginary voices (nobody is around) may comment on something.

The people are doing or give orders (most common form of hallucinations)

Seeing, smelling or tasting things that are not there, strange, body sensations

Slide 4

What symptoms does a person with a psychosis have?



False perceptions:

Delusions: having beliefs unrelated to reality and held with firm conviction. Examples:

- The person may fear that he/she will be harmed e.g. the person may be afraid that someone wants to poison him/her
- The person may feel that people (including strangers) are laughing at him/her and talking about him/her or that the television is directing special messages to him/her
- The person may also be convinced that he/she is chosen to do great things like healing people, saving the world or spread religion

Slide 5

What symptoms does a person with a psychosis have?



- Laughing at something sad
- Not showing emotions at all
- The person may be fearful, irritable or aggressive (e.g. out of the belief someone is going to harm him/her)
- Confused thinking

Slide 6

What symptoms does a person with a psychosis have?

Agitation, restlessness and disturbed sleep



- Talking more than usual
- Not being able to stay or sit still
- Poor concentration e.g. They cannot follow a conversation or read a book and remember the details as before and /or
- Lack of motivation to do things



- Social withdrawal
- Poor personal hygiene
- Loss of former social skills

Slide 7

What symptoms does a person with a psychosis have?

Lack of insight



The person has lack of awareness and denial that he/she may be having an illness.

Strange behaviors

- The person may say things which doesn't make sense to others e.g. Speech may become jumbled or hard to understand as the person may jump from topic to topic in a haphazard manner
- The person may talk to himself/herself
- The person may dress in a strange way e.g. wearing very warm clothes in summer

Slide 8

A psychosis can be short or long-lasting

- A psychosis may be transient if the person is on drugs (e.g. for a religious or traditional ceremony) or has experienced extreme social stressors (e.g. illness or death of a loved one, being alone in a new life situation)
- A person may also experience a transient form of psychosis after an accident or a severe infection (especially an old person)
- If symptoms of a psychosis stay longer than a month and have adverse effects on the
- person's life or family a serious psychosis called "schizophrenia" is probably the cause
- Schizophrenia always needs treatment with medicines

**Ask the participants if they have any questions or something to add*

(5 min)

2. Case studies

Time frame: 40 min

**distribute the group into 3 small groups*

Hand out a case story to each group

Allow the group 20 min to analyze the behaviors of the characters and to refer them to the:

- Typical symptoms of a psychosis
- Let one group member of each small group present the case
- Give feedback and correct if necessary

Case Study 1

Amit is a 23 year old student. He used to be a good student but he failed his last exam. Some months ago he started withdrawing himself from his family. He would keep the curtains closed and would sometimes lock himself in his room. His mother watched him spending moments just staring into space or talking to an imaginary person.

Sometimes his parents couldn't understand what he was talking about. Amit seemed to suspect some plot against him. His parents tried to tell Amit that everything was okay, but Amit would not want to listen.

When Amit's parents didn't know any more how to help her son, they asked the CHW to come for a home visit.

- Amit is closing the curtains and locking the door (delusion of persecution, paranoia)
- Amit is staring into space and talking to an imaginary person (it looks like Amit is hearing voices)
- Amit has failed an exam, he is talking in an understandable way (Amit seems to have poor concentration, lack of motivation and confused thoughts)
- Amit has no insight in his illness

Case Study 2

Manik is a 30 year old woman whose husband is worried because she has started behaving in an unusual manner. She is sleeping much less than usual and is constantly on the move. Manik has stopped looking after the house and children as efficiently as before. She is talking much more than normal and often says things that are unreal and grand e.g., that she can heal other people and that she comes from a very wealthy family (even though her husband is a farmer). She has also been spending all their money on things they cannot afford. When Manik's husband tried to take her to the doctor she became irritable and angry.

(Case story entirely taken from Basic needs)

- Manik is sleeping less and is agitated (poor sleep, agitation)
- Manik doesn't care for the house and the children (lack of motivation)
- Manik talks more than usual (agitation)
- Manik says she comes from a wealthy family and pretends to have healing powers (delusion of grandeur)
- Manik spends all her money (delusion of grandeur)
- Manik has no insight in her illness and is irritable and angry (inappropriate emotions)
- Manik is experiencing a form of psychosis called "mania". All behaviors Manik is presenting are typical for having mania. After mania fades off, the person may fall into a sad mood and have a lack of energy for a while.

Case Study 3

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

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

1. Presentation: Treatment of psychoses

Time frame: 20 min

Slide 9

Mental Health first Aid for Psychosis

1) Listen without judgement

- Listen with patience, respect and don't judge
- If the person doesn't start talking by him/herself encourage the person to tell you about what:
 - He/she is doing during every day
 - You may ask the person about any suspicions or fears
 - Speak with a calm and friendly voice in short and clear sentences
 - Don't argue with the person about their hallucinations or delusions (accept that these
 - irrational perceptions are real for them, but don't pretend that they are real for you too)
 - Avoid confrontation to prevent unpredictable actions

Slide 10

Mental Health first Aid for Psychosis

2) Listen without judgement

a) Assess the risk of suicide

- Suicide is common; around 1 out of 10 people with psychosis commits suicide!
- Ask for suicidal thoughts and if yes, for concrete plans
- Ask if the person is hearing voices commanding the person to harm him/herself (if yes, ask for advice from your supervisor or a mental health specialist)
- Take actions according to what you learnt in Module 7

b) Assess the risk of harm to others

- It is NOT common that a person with a psychosis harms others
- It can happen in rare cases that a person with a psychosis involves another person in his/her delusions and feels threatened
- Ask if the person is hearing voices commanding to harm another person (if yes, ask for advice from your supervisor or a mental health specialist)
- If a person is threatening violence, call for help (slide 13)

Slide 11

Mental Health first Aid for Psychosis

3) Give reassurance and information

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

Slide 12

Mental Health first Aid for Psychosis

4) Encourage the person to get appropriate professional help

- A person with a psychosis needs to take medicines as soon as possible
- Organize the referral to a psychiatrist, general practitioner or mental health specialist who can prescribe medicines
- Involve the family for encouragement and support
- Make an appointment for follow-up (e.g. within one week)

5) Rather than encouraging self-help treatments the focus is on support to the family

- Provide the family information and emotional support
- Advise which behaviors will decrease the stress for the person with the psychosis and the family member

Slide 13

What to do if the person does not want help?

Due to the lack of insight into the illness this situation is typical for a person in an acute psychotic state:

- Try to not label the illness and say that you can provide help for fears, stress or sleeping problems
- Try to involve the family for encouragement
- Ask your supervisor, a mental health specialist or doctor for advice

Slide 14

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

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

Slide 15

What a CHW should know about medicines for psychoses

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

Slide 16

How to monitor a treatment for a psychosis

- Make sure that the person is taking his/her medicine daily or gets his/her injection regularly
- Advise patients to never stop their medicines without talking to the doctor
- If intolerable side-effects occur, refer to the doctor
- Ensure that the patient goes to see the doctor for medical check-ups (e.g. blood tests) regularly (e.g. once every 3 months)

Slide 17

How to support the person with the psychosis

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

4. Role plays:

How to practice Mental Health First Aid?

Role play 1 (25 min):

- * Refer to case study 1

One participant plays Amit

One participant plays the CHW trying to practice mental health first aid and organizing the referral to the mental health specialist (remember to involve Amit's parents)

- * Allow 20 min for the role play

Discuss for 5 minutes: what was done well? What could be improved?

Role play 2 (15 min):

- *Refer to case study 2

One participant plays Manik

One participant plays the CHW

On her husband's request you came to their home to provide help. But Manik refuses to get help, as she doesn't perceive being ill. What do you do?

- *Allow 10 min for the role play and 5 minutes for discussion

Module 9: Part 1: Other mental disorders (Epilepsy) Part 2: Mental disorders of the elderly (Dementia)

Objectives:

- To teach participants how to recognize epilepsy and dementia
- To teach participants how to provide first aid and advise the family
-

Materials:

- 9 prepared slides for epilepsy
- 7 prepared slides for dementia
- 1 slide case story epilepsy, 1 slide case story dementia

Methods:

- Slide Presentations with short discussions
- Case studies

Part 1: Other mental disorders: Epilepsy

1. Presentation: Prevalence, causes, symptoms and treatment of epilepsy

Time frame: 40 min

Slide 1

What is epilepsy?



- Anyone can get epilepsy
- Epilepsy usually starts before the age of 20
- Around 1 out of 100-200 people will have epilepsy
- Epilepsy affects both men and women
- The main symptom of epilepsy is having repeated seizures
- To diagnose epilepsy the person must have at least 2 seizures per month

Slide 2

What is a seizure?

- The person may suddenly lose consciousness and fall down
- The person may also stay awake and suddenly show a change in behavior (e.g. Smacking the Lips or unbuttoning his shirt)
- The person may show shaking movements of one arm or the whole body
- The seizure may last a few minutes
- When unconscious the person may bite his tongue or involuntarily pass urine
- After the seizure has stopped the person may still be sleepy for a while

Slide 3

What else can cause seizures?

- **Brain infections (e.g. malaria, meningitis, AIDS)**
- **Brain tumors**
- **Alcohol withdrawal (remember module 6)**
- **Other serious medical illnesses**
- **A hysterical reaction may also look like a seizure, but the person will never lose consciousness**
- **Suspect medical causes when a person is older than 30 having his/her first fit. Refer urgently!**

Slide 4

Causes of Epilepsy

- **Epilepsy is a real medical illness**
- **Epilepsy is not caused by witchcraft or spirits**
- **Epilepsy is caused by electrical changes in the brain**
- **Birth complications (e.g. preterm birth) can play a role**
- **Genetics can play a role**
- **A person with epilepsy usually has a normal intelligence**

Slide 5

Epilepsy and symptoms of other mental disorders

- **Epilepsy can cause great stress on the person**
- **Many people with epilepsy develop emotional problems**
- **Common mental disorders and psychoses are more common in people with epilepsy**
- **People with epilepsy have an increased risk of committing suicide**

*Encourage a brief discussion with the participants about common beliefs /myths about epilepsy (causes and treatments) in the community (10 min)

Slide 6

How to treat a person with epilepsy? Mental Health First Aid for Epilepsy:

1) Listen without judgement

- Help the person with basic counselling
- Check for symptoms of other mental disorders

2) Assess the risk of suicide

- Always ask for suicidal thoughts and concrete plans
- Take actions according to what you learned in module 7

3) Give reassurance and information

- Epilepsy is a real medical illness and not caused by spirits
- Epilepsy is a long-term illness
- Epilepsy can be effectively treated with medicines
- A person with epilepsy can lead a normal life, marry, have children, work in most jobs

Slide 7

How to treat a person with epilepsy? Mental Health First Aid for Epilepsy:

4) Encourage to get appropriate professional help

- Everyone with a seizure should be seen by a physician!
- Refer as soon as possible

5) Encouraging self- help-treatments and give advices for modifying the life-style

- The person should modify his/her lifestyle:
- Have regular sleep
- Have regular meals
- Avoid extreme physical exercise (but exercise regularly)
- Avoid watching TV for long hours
- Avoid too much stress in general
- Avoid alcohol!
- Practice relaxation, yoga, etc.

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

Slide 8

What to do when you see a person having a fit?

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

* Demonstrate to the participants how to put an unconscious person on the side
Explain to the participants why this is important
(to avoid regurgitation, fluids blocking the airways) (5-10 min)

Slide 9

How to monitor a treatment with medicines for epilepsy

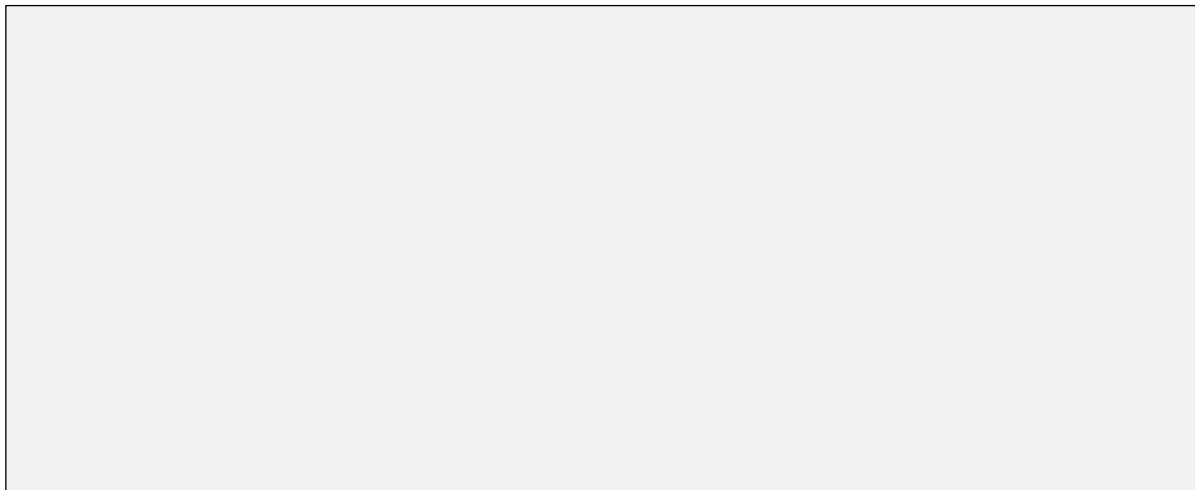
- **Tell the person that the key to treating epilepsy is to take the prescribed medicines**
- **Medicines need to be taken daily and on a longer term**
- **Tell the person not to stop the medication without consulting the doctor**
- **Medicines may sometimes cause tiredness in the beginning**
- **Ensure that the person is going regularly for medical checkups (blood tests, e.g.: an instrument to measure electrical changes in the brain)**

*Ask the participants if they have any open questions

2. Case studies

Time frame: 20 min

Case Study 1



*present the case story as a slide and discuss with the group:

- What do the participants think of this story?
- What general information about her illness should the counsellor give to Anita and her family?
- What should the counsellor advise to Anita regarding her life-style?
- What is the key to the treatment of Anita's epilepsy? (20 min)

Part 2: Mental Disorders of the elderly: Dementia

1. Presentation:

Slide 1

Who may be affected by dementia?



- Usually only elderly people (over 60 years) are affected by dementia
- Men and women can get dementia
- The more old people live in a society, the more people will get dementia
- A severely alcohol dependent person may get dementia at an earlier age
- Dementia occurs in different stages from mild-to-severe

Slide 2

Symptoms of dementia:

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

Slide 3

Causes of dementia:

- Normal aging processes (mild cases)
- Insufficient blood circulation in the brain (due to smaller strokes in the brain)
- Alzheimer's disease (destruction of brain tissue)
- Aids may also cause dementia

Slide 4

How does dementia affect the family?

- **The elderly are treated with love and respect in most families**
- **When an elderly person starts to behave in a disturbed manner it will put a lot of stress on the family**
- **When dementia gets worse the person will need someone (usually a family member) caring for him**
- **Dementia usually lasts between 5-10 years before the person dies**

*Discuss with the participants: how do they think dementia can affect the family?

Co-facilitator writes answers on a big sheet of paper

(10 min)

Slide 5

How to recognize a person with dementia?

Ask the person the following questions (speak with a loud and friendly voice and in short, clear sentences)

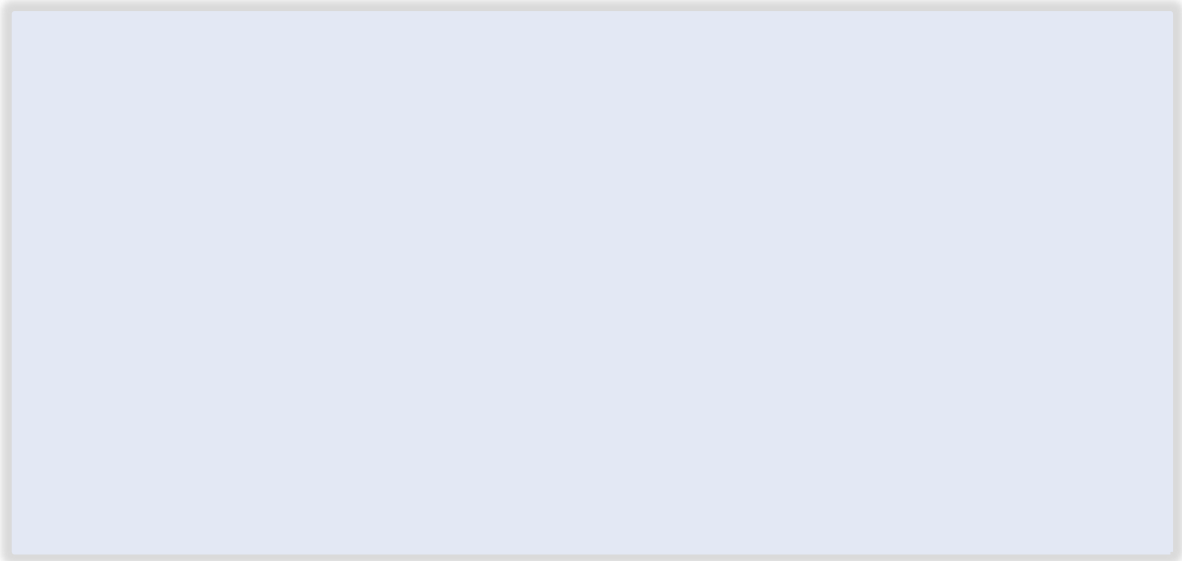
- **Tell the person your name. Then ask: “what was my name, do you remember it?”**
- **“Can you tell me what place this is?”**
- **“Can you tell me what day of the week it is, and what year?” Ask a family member about unusual or disturbed behaviors**
- **The help and care the person needs for his/her daily routines (dressing, eating, toiletries)**

Slide 6

How to help a person with dementia:

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

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



*Ask the participants if they have any more tips or suggestions and add them to the list (5min)

2: Case Study

Time frame: 30 min

Anita was 18 years old when it happened the first time. She was on her way home when she suddenly felt strange and drowsy. Anita doesn't remember what happened, but people watching the event told her mother that Anita was suddenly falling down, rolled her eyeballs upwards and started to shake all over her body. When Anita woke up, she felt very sleepy for a little while. Two weeks later Anita had another fit at home watching TV. Anita's parents called the doctor and the doctor diagnosed epilepsy after some tests. Anita was prescribed medicines to stop her seizures which she had to take twice per day. She also was prescribed regular counselling. Within the next year Anita didn't experience any further seizures. She decided to go to university to study medicine as she had always had very good marks and a strong motivation to help others

*present the case story as a slide and discuss with the group:

- What symptoms does Maya's mother have?
- How to explain her mother's illness to Maya? (one volunteer plays Maya, one the CHW in a short 5-10 min role play)
- What advise can you give to Maya? (one volunteer writes the answers on a big sheet of paper)

Review-Quiz: Day 3

Time frame: 30 min

** Divide the participants in 5 small groups*

- *After one minute ask each group for their answers*
- *The co-facilitator writes the answers of the groups on the board*
- *Correct and explain/discuss incorrect answers*
- *Go through the 10 questions*
- *In the end the group with the most correct answers gets a packet of sweets*

Tick the answers that are true (there may be more than 1 answers):

1) When will you assess the suicide risk as low?

1. The person has occasional thoughts to be better off dead and no suicidal plans
2. The person suffers from a common mental disorder with regular suicide thoughts but has not fixed a date
3. The person has made a concrete plan to end his/her life

2) To ask a person about suicidal thoughts:

1. May plant the idea to commit suicide in the persons head
2. Will relieve the person from his/her isolation
3. Is essential to decrease the risk of committing suicide

3) Dementia:

1. Usually affects elderly people
2. Can lead to memory problems
3. May put a lot of stress on the caregivers

4) Epilepsy:

1. Is due to electrical changes in the brain
2. May be caused by bad spirits
3. Can be effectively be treated with medicines

5) Typical symptoms of a psychosis are:

1. hearing voices
2. delusions of persecution
1. inappropriate emotions

6) How should a psychosis be managed?

1. With medicines
2. By giving advice and support to the family
3. With traditional healing methods

7) It is quite common that a person with a psychosis:

1. Threatens violence
2. Has no insight in his/her illness
3. Will be between 20-30 when the illness starts

8) Protective factors to prevent suicide are:

1. Good social relationships
2. Having to care for small children
3. Having a job

9) What will you advise to the family of a person with dementia?

1. To establish daily routines
2. To send the person with dementia for counselling
3. To label doors with memory aids like pictures

10) How should a person with epilepsy modify his/her life-style?

1. Sleep and regular times
2. Avoid excessive exercise
3. Not drive a car unless on medication and without seizures for at least one year

Solutions:

1) 1 2) 2,3 3) 1,2,3 4) 1,3 5) 1,2,3 6) 1,2 7) 2,3 8) 1,2,3 9) 1,3 10) 1,2,3

Module 10: Mental health problems of children and adolescent

Objectives:

- To illustrate normal child development and how the ages and stages make children vulnerable to different risk factors
- To teach the participants how to recognize mental distress and development disabilities in children and adolescents
- To teach the participants how to practise Mental Health First Aid on youth and how to advise the family and teachers

Materials:

- 24 prepared slides for the presentations
- 2 case stories
- 1 chart as handout (found in Appendix D)

Methods:

- Slide presentation with short discussions
- Case stories and short role plays

1. Presentation: Mental Distress

Time frame: 30 min

Slide 1

Mental health problems of children and adolescents

- 1) Mental health distress
- 2) Mental disorders
 - a) Common mental disorders (Depression, Anxiety, Trauma)
 - b) Behavioral disorders (e.g. Attention deficit hyperactivity syndrome, substance abuse)
 - c) Severe mental disorders (e.g. Psychoses)
- 3) Developmental disabilities

Slide 2

What may cause mental distress?

A young person's emotional stability can be shaken by:

- **Unexpected events (e.g., death of a close person, an accident, experience of violence)**
- **Increased pressure and challenges (e.g. exam pressure, high expectations from parents, uncertain future)**
- **Changes in life circumstances (e.g. moving, parent's divorce, birth of a sibling)**
- **Physical health difficulties**

Slide 3

The level of distress:

- **Varies from one individual to another**
- **Depends on the coping capacities of the young person to manage these stressful circumstances**
- **Depends on the emotional support a child or an adolescent is given through a difficult time**

Slide 4

How child with mental distress may present?

- **Emotions of fear, sadness, anger, guilt and shame, self-doubt, loneliness, vulnerability, or emotional highs and lows.**
- **Sleeping problems, symptoms of anxiety (e.g. palpitations, sweating, trembling), multiple aches and pains**
- **Behavioral problems such as aggressive or antisocial behaviors, social withdrawal, regression (behaving like a younger child, e.g. bed-wetting), declining school performance, exhibiting tantrums and impulsive actions**

Slide 5

The young person who is bereaved:

- **It is not uncommon that youth will experience the death of a loved one by the age 15**
- **The loss of a loved person can cause mental distress**

Slide 6

The child's understanding and reaction to death

The very young child (before 3 years):

- Understanding of death is related to feeling abandoned
- May react with fearfulness, poor feeding, behaving like a younger child and with, sleep problems

Children at Preschool age (3-6 years):

- May believe they have caused the death, may feel guilty and fear punishment
- Believe that death is reversible
- May express their grief through aggressive and mischievous behavior or behave as if nothing has happened

Slide 7

The child's understanding and reaction to death:

Children at School age (6-12 years):

- Understand that death is permanent
- May feel sad, angry or guilty
- May refuse to go to school, have a declining school performance, be inattentive or impulsive
- Present with unexplained aches and pains

Adolescents (12-18 years):

- Understanding of death as in adults
- May be in strong denial of the death
- May feel sad, angry, guilty
- May develop suicidal thoughts

Slide 8

How to help:

Mental Health First Aid should focus on listening, easing grief, explaining and providing emotional support

A preschool child:

- Advise the parents/primary caregivers to maintain routines and pay attention to the child's emotional needs
- Help the child express feelings by playing or drawing about the bereaved person
- Explore hidden fears, fantasies and feelings of guilt
- Encourage the child to ask questions
- Explain that the child is not to blame for the death
- Explain the death honestly and at the level the child can understand "a parent (for example) is dead, we will not see him again, we are all very sad"
- Support the child and the family over time

Slide 9

How to help:

A school child or adolescent:

- Listen with empathy and an open mind
- Talk about feelings such as sadness, anger, guilt and idealization of the one who has died
- If the child or adolescent doesn't talk help to express feelings by drawing or playing
- encourage the participation in appropriate rituals (attending funerals, visiting the graveside)
- Accompanied by a known adult
- Encourage the child to ask questions and let the child or adolescent lead the discussion
- Explain what has caused the death "his heart has stopped working"
- Inform the teacher when the child or adolescent returns to school after a death
- Adolescents may develop suicidal thoughts, so enquire about them
- Support the child/adolescent and the family over time

Slide 10

When to refer to a mental health specialist?

- The distress continues for more than 6 months
- The grief is intense and inconsolable
- The child or adolescent shows severe withdrawal from usual activities
- The child shows continuous behaviors that may concern
- If suicidal thoughts occur

Case Study

Time frame: 30 min

Discuss with the group:

- What do you think is Nalini's understanding of her father's death?
- What feelings is Nalini experiencing?
- How can you help Nalini and her family?(co-facilitator writes answers on a big sheet of paper)
- When should you refer Nalini to a mental health specialist?

2. Presentation: Developmental disabilities

Time frame: 30 min

Slide 11

Milestones in development of the normally developing child:

- **Smiles at speaker by 6 months**
- **Sits alone and stands with support by 12 months**
- **Walks and runs, uses two word combinations and imitates simple household activities by 2 years**
- **Manages steps, uses three word combinations, is able to undress by 3 years**
- **Manages 3 step commands, recounts simple stories, draws simple picture by 4 years**

*Discuss with the participants how a child develops normally

Illustrate the normal development by showing the child development charts (10 min)

Slide 12

When to be alert of a development disability in a child?

- **The child is slower than usual in achieving the "milestones in development"**
- **The child is not able to carry out age appropriate instructions**
- **The child has difficulties at school**
- **The child has difficulties playing with other children or making friends**
- **The child shows inappropriate behaviors**
- **Understand rules of conversation, dresses and undresses alone by 5 years**

Remember all children develop at their own pace; but within certain normal ranges for achieving specific skills.

Slide 13

What can cause a development disability in a child?

- In most cases the cause remains unclear
- Problems before the child is born (e.g. poor nutrition for the mother, infections)
- Problems during childbirth (early labor, birth complications leading to a lack of oxygen for the baby e.g.: when the baby has the umbilical cord around the neck)
- Problems in early childhood (poor nutrition, emotional neglect, brain infections, uncontrolled seizures)
- Genetic conditions (e.g. down's syndrome)

Slide 14

What does not cause developmental disabilities (False beliefs):

- The mother's fault
- Evil eye or bad spirits
- Sins of the family
- Bad behaviors

Slide 15

What to ask the family

- Ask about the milestones in development: How is your child different from children of his/her age?
- Ask the mother if she had any problems during pregnancy or childbirth: tell me how your health was during your pregnancy? Were there any problems around your delivery?
- Ask if the child has or had any medical problems (infections, seizures), for example, how was your baby's health in the first year of life?
- For older children ask for teacher's reports how is your child doing in school?
- Ask for what activities they have to help their child?
- Does your child need more help than other children her age?

Slide 16

Different kinds of developmental disabilities:

- 1) **Sensory:**
 - Vision problems
 - Hearing problems
- 2) **Loco-motor:**
 - Problems with moving arms and legs
- 3) **Thinking and Understanding:**
 - Intellectual disabilities
- 4) **Communication:**
 - Delayed speech
 - Poor eye-contact
 - Not reacting if name is called

Slide 17

Different grades of development disabilities:

Mild:

- These children will require continuous support in an educational setting but can be well integrated in mainstream schools.
- They can manage self-care independently but may need support for socialization with their peers

Severe:

- These children find basic self-care, language and intellectual tasks difficult to master and need constant supervision or care
- Special schools will often be required for them

Slide 18

How to help: Mental Health First Aid

Mental Health First Aid for children with development disorders will focus on listening to the parents, facilitating the referral process and giving advice and support the parents. Suicide is not relevant in these cases.

Listen without judgement:

- Listen with empathy and without judgement to the parents' concerns and report
- Be observant of the child's behavior, attention and involvement
- Look for unusual physical findings (small head, unusual features such as slanting eyes, a single crease across the palms: typical for Down's syndrome)

Slide 19

How to help: Mental Health First Aid

Encourage to get appropriate professional help:

- **If you suspect a development disability in a child you should refer the child to a child or mental health specialist for further evaluation**
- **Organize the appointment at the specialist for the parents**
- **If a child doesn't speak, always send the child for a hearing test**
- **If a child has a poor vision, send the child for a vision test**

Slide 20

How to help:

Give advice to the family: General parenting

- **Always praise the child, even for small achievements**
- **Don't over-protect the child (let the child do whatever he/she can do to make him/her more confident and self-reliant)**
- **Don't shout at or beat the child**
- **Don't ignore the child's educational and medical needs**

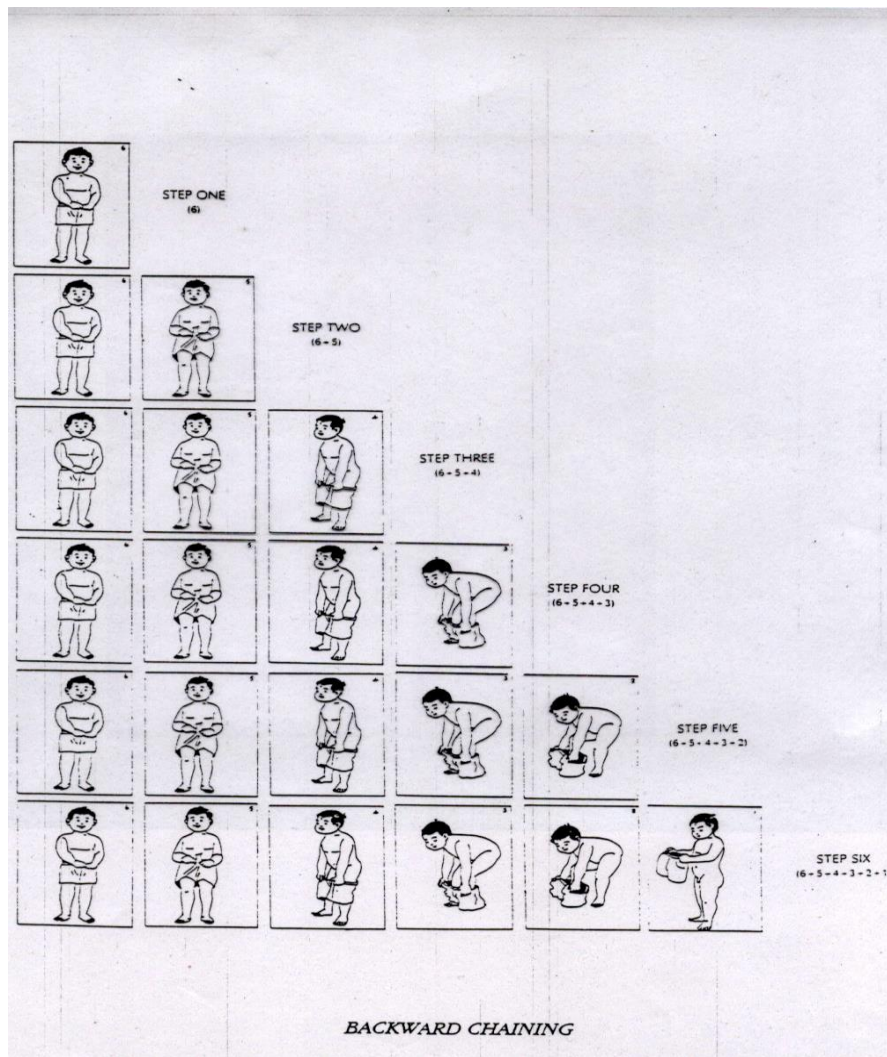
Slide 21

How to help:

Give advice to the family: How to teach and stimulate the child

- **Brainstorm with the parents on all the things the child can do (strengths)**
- **Identify with the parents the things the child cannot do**
- **Break down tasks into simple steps and advise them on how to teach simple skills and then put them together (see handout)**
- **Choose rewards to motivate the child**
- **Prompt the child to start tasks**
- **Teach by encouraging imitation**

Chart: how to break down tasks



*distribute the chart as a handout and explain it to the participants

(5 min)

Slide 22

Help and support the family

- Having a child with a development disability can put a lot of stress on the family
- (particularly when the development disability is severe)
- Encourage the family to talk to friends and other relatives and other families who may have a child with special needs
- Provide information about special schools or institutions in your area
- Facilitate the contact to teachers /special educators
- Stay in regular touch with the family
- Connect to government schemes and services

Slide 23

Encourage a healthy pregnancy, childbirth and childhood

- **Advise for complete maternal care from the beginning of pregnancy**
- **Advise for avoiding exposure to toxic substances during pregnancy**
- **Make sure that the pregnant woman gets enough healthy food**
- **Ensure that the delivery is conducted by a skilled person**
- **After childbirth ensure that all babies are breast-fed exclusively during the first 6 months and get all recommended immunizations**
- **Refer a baby with high fever or seizures to the doctor**

Slide 24

Remember, a development disability:

- **Is a condition that lasts the entire lifetime**
- **Is not curable, but it is often preventable**
- **As a condition cannot be cured by medicines (but underlying medical conditions like seizures have to be treated with medication)**
- **Addressing the special needs of the child by supporting and training the parents and encouraging inclusion in mainstream schools or in special schools will improve the development of the child and decrease the effects of the disability**

2. Case Story

Time frame: 30 min

Case Story

Ramesh was 5 years old when his mother Sonia got worried that something was wrong with him. He would still not speak more than “mama” or baba”. He was not able to eat on his own or control his bladder and bowel. If Sonia compared Ramesh to her older daughters they were able to do all these things by that age. Ramesh is around when the CHW comes to the family’s home. He is a quiet and shy young boy, trying to hide behind his mother and not interacting with the CHW. Sonia says that he rarely plays with other kids. Sonia remembered that Ramesh had the umbilical cord around his neck when the midwife took him out and he did not cry immediately after birth.

***Discuss:**

- What do you think is wrong with Ramesh?
- What may have caused the delay in development in Ramesh?
- How can you help Ramesh and his mother?
- As Ramesh grows what difficulties may this family face?
- How can you encourage acceptance of a child with a development disability?

***Answers may be written on a large sheet of paper**

Module 11: Promoting Mental Health

Objectives:

- To build the CHW's capacity to promote mental health in the community
- To raise awareness of the impact of stigmatization, violence and poverty on mental health

Materials:

- 6 prepared slides

Methods:

- Short slide presentation
- Group work and presentation of group work

1. Presentation

Time frame: 20 min

Slide 1

Mental Health promotion

- Will increase the state of awareness, attitude and knowledge of the community regarding mental health issues
- Involves the process of enabling people to improve their mental health Is not only the responsibility of health workers but should involve the whole community

Slide 2

Contents of mental health promotion

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

Slide 3

Actions to promote mental health

- Dedicating special days to mental health (e.g. world mental health day)
- Conducting community workshops on mental health
- Teaching students in schools or colleges about mental health
- Putting posters in public health facilities and community centers
- Organizing anti-stigma- campaigns
- Distributing pamphlets at community meetings
- Involving the media or private companies in promoting mental health

*Discuss with participants if they have any other ideas to promote mental health (5 min)

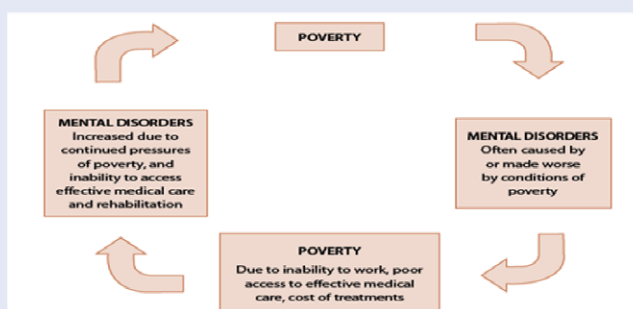
Slide 4

Stigma and discrimination

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

Slide 5

Poverty and mental disorders



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

Slide 6

Women, gender inequality and violence

- There are inequalities between men and women in society e.g. access to health services, jobs, violence
- Most common form of violence against women occurs in domestic context
- Exposure to violence – physical, verbal, sexual - can lead to physical and mental health problems in women

2. Group work

Time frame: 40 min work in small groups + 60 min presentation and discussion in big group

*Divide the group into 3 smaller groups

- Let the participants choose their favorite subjects
- Distribute the different tasks to the small groups
- Allow 40 minutes for the work in the small groups
- Encourage the participants to write their answers on big sheets of paper
- Be available for questions and feedback

Small group 1: Stigma and discrimination

- **Why is there stigma and discrimination towards people with mental disorders?**
- **How does stigma and discrimination affect a person with a mental disorder?**
- **How can stigma and discrimination be reduced?**

Small group 2: Poverty

- **Give examples from your own experience how poverty can affect mental health in your community.**
- **What can the communities do to help to break the cycle of poverty?**

Small group 3: Gender inequality and violence

- **What different stresses women experience in their day-to-day lives?**
- **What can communities do to help women who experience domestic violence?**
- **How can women be empowered?**

*Allow each small group 10 minutes for presentation and 10 minutes for discussion in the big group

Module 12: Integrating the roles of all Mental Health care providers

Objectives:

- To clarify the roles of CHW and the process of referral

Materials:

- 5 prepared slides

Methods:

- Short slide presentation
- Discussions + review

Time frame: 60 min (shortened version)

1. Presentation : The roles of all mental health care providers

Time frame: 40 min

Slide 1

Summary: the roles of the CHW

Recognize mental disorders

Deliver help for mental disorders

- Basic counselling
- Provide Mental Health First Aid
- Advice and support the family
- Monitor specialist's treatments

Know when and how to facilitate referrals to supervisors / specialists

Promote mental health in the community

*ask participants if they have any questions concerning their tasks as CHW (10 min)

Slide 2

Who is there to help?

The health counsellor:

- **Is trained to recognize mental disorders and to listen to people and help them to solve their problems**
- **Your supervisor will be a health counsellor**

The local doctor or general practitioner:

- **Will be able to deal with physical symptoms and medical emergencies**
- **Has a basic knowledge about mental disorders and can refer to a psychiatrist**
- **The local doctor can prescribe medicines**

The psychiatrist:

- **A medical doctor specialized in the treatment of mental disorders**
- **A psychiatrist can prescribe medicines**

Slide 3

When and where to refer:

- **Discuss all people identified with a mental health problem with the health counsellor**
- **Refer a person with CMD or AUD to the health counsellor if there is no improvement of symptoms after 1-2 follow-up appointments after having provided basic counselling and mental health first aid**
- **People with a psychosis, epilepsy/seizures or dementia must be referred as soon as possible to the psychiatrist or local doctor**
- **Refer a person with a low risk of suicide to a mental health counsellor (within the coming weeks)**
- **Refer a person with a moderate risk of suicide as soon as possible to a mental health**
- **counsellor or doctor Treat a person with a high risk of suicide as an emergency**

***Review with the participants when and to who they will refer:**

Ask the participants in turns (continue with the next person to help and discuss)

Correct the participants if necessary

Allow around 20 min for the activity

- **A person with a common mental disorder**
- **A person with an alcohol use disorder**
- **A person with a psychosis**
- **A person with epilepsy**
- **A person with dementia**
- **A child with a development disorder**
- **A child with an emotional disorder**
- **A person who is suicidal (low , medium , high risk)**

Slide 4

Don't leave the person alone, call the ambulance

- If a person is unconsciousness (e.g. due to an intoxication, a seizure which doesn't stop after 5 minutes)
- If a person has severe alcohol withdrawal symptoms (shaking, racing pulse, disorientation, seeing things not really there)
- If a person is at a high risk of committing suicide
- If a person is threatening violence and can't be calmed down

Slide 5

Places where help may be available:

- The private home of an affected person (home visit)
- The community center
- Primary health care clinics
- Medical doctors/specialists/traditional healers in their private practices
- District hospitals
- Psychiatric hospitals

2. Discussion:

Time frame: 20 min

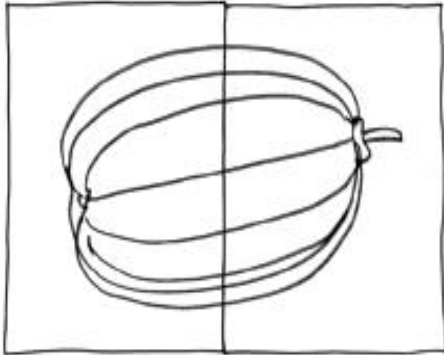
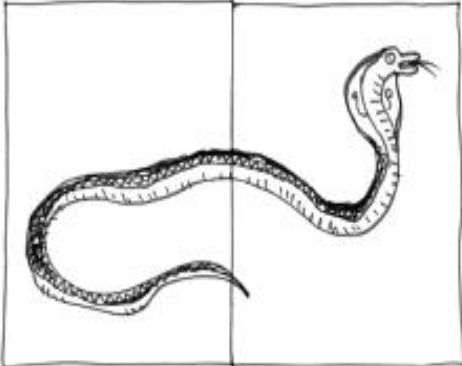
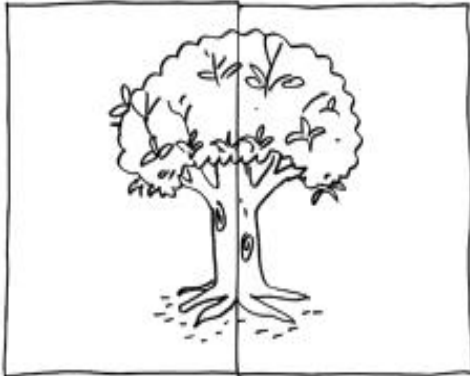
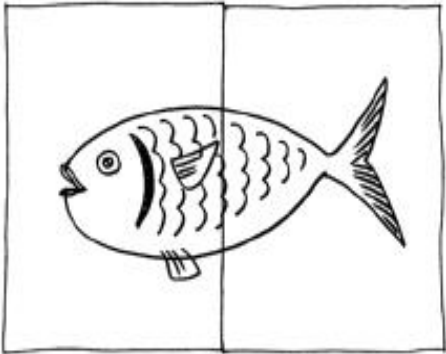
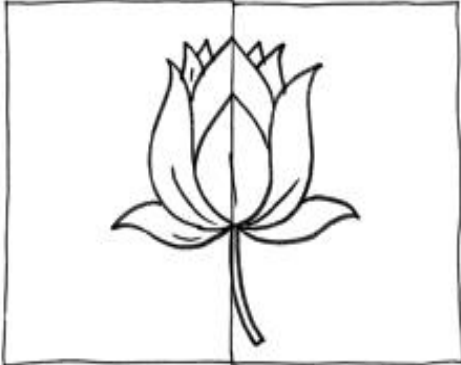
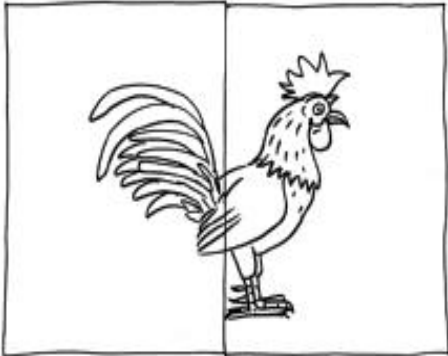
- * Discuss with the participants where help may be available in their communities
 - A volunteer of each community may write the places where help is available and people who are there to help on a sheet of paper
 - Address open questions and ensure that participants are clear about the referral system

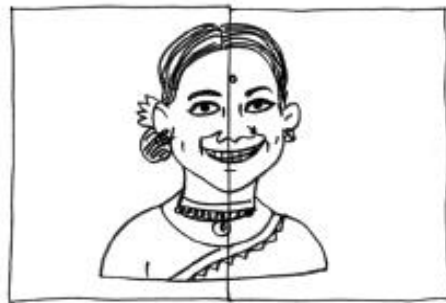
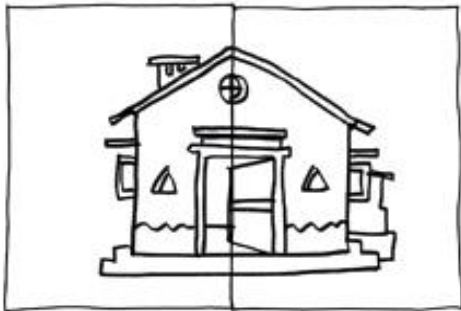
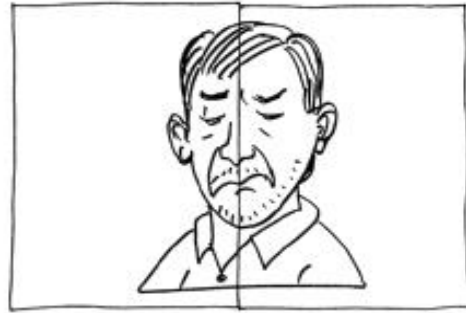
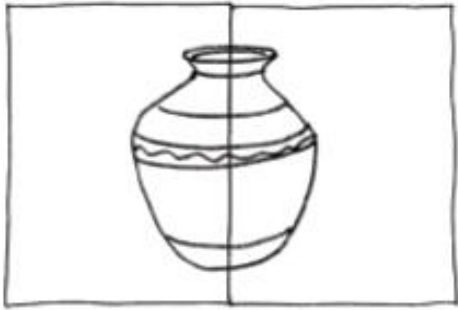
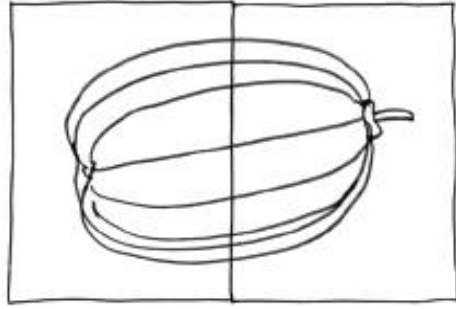
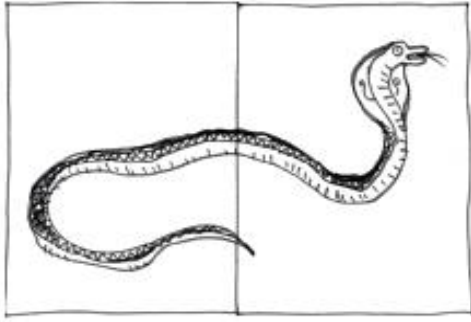
Appendix:

Appendix A: Training time table

Day 1	9.00-11.00	Module 1: Introduction to Mental Health
	11.00-11.15	Tea break
	11.15-13.15	Module 2: More about Mental Disorders
	13.15-14.15	Lunch break
	14.15-16.15	Module 3: Basic skills in Counselling and Mental Health First Aid
	16.15-16.30	Tea break
	16.30-17.00	Review-Quiz
Day 2	9.00-11.00	Module 4: Common Mental Disorders: How to recognize
	11.00-11.15	Tea break
	11.15-13.15	Module 5: Common Mental Disorders: How to help
	13.15-14.15	Lunch break
	14.15-16.15	Module 6: Alcohol Use Disorders
	16.15-16.30	Tea break
	16.30-17.00	Review-Quiz
Day 3	9.00-11.00	Module 7: Suicide
	11.00-11.15	Tea break
	11.15-13.15	Module 8: Severe Mental Disorders: Psychoses
	13.15-14.15	Lunch break
	14.15-16.15	Module 9: Other Mental Disorders: Epilepsy; Mental Disorders of the elderly: Dementia
	16.15-16.30	Tea break
	16.30-17.00	Review-Quiz
Day 4	9.00-11.00	Module 10: Mental Disorders of children
	11.00-11.15	Tea break
	11.15-13.15	Module 11: Promoting Mental Health
	13.15-14.15	Lunch break
	14.15-16.15	Module 12: Integrating Mental Health into the community
	16.15-16.30	Tea break
	16.30-17.00	Evaluation/Certificates

Appendix A: Cards for introduction round





Appendix B: Symptom cards



Sadness



Sleeping problems



Lack of energy



Multiple aches



Suicidal thoughts



Extensive fear and worries



Talking to oneself



Hearing voices



Seeing things not really there



Aggression



Belief others will harm you



Poor hygiene and negligence



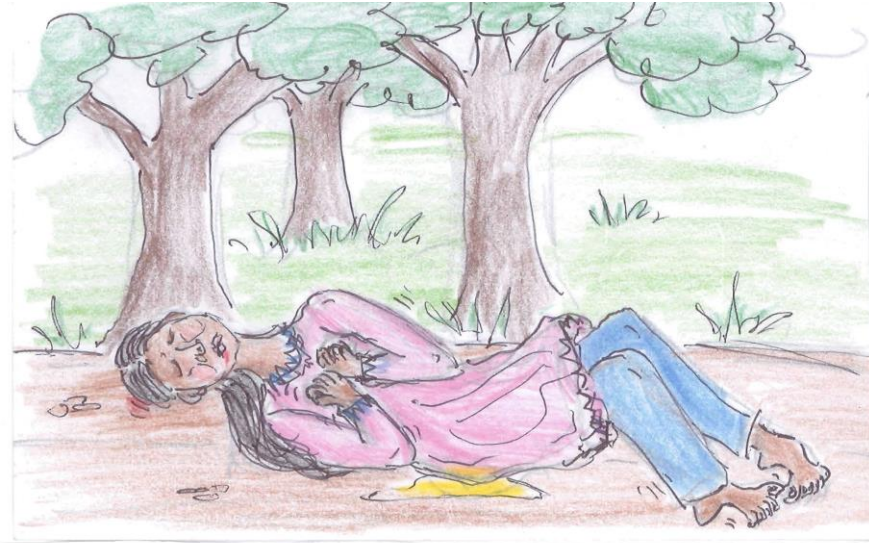
Social withdrawal



Restlessness at night



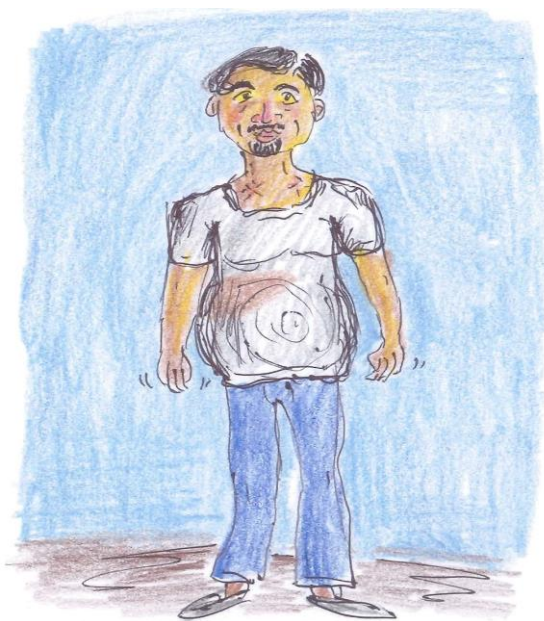
Memory loss/ disorientation



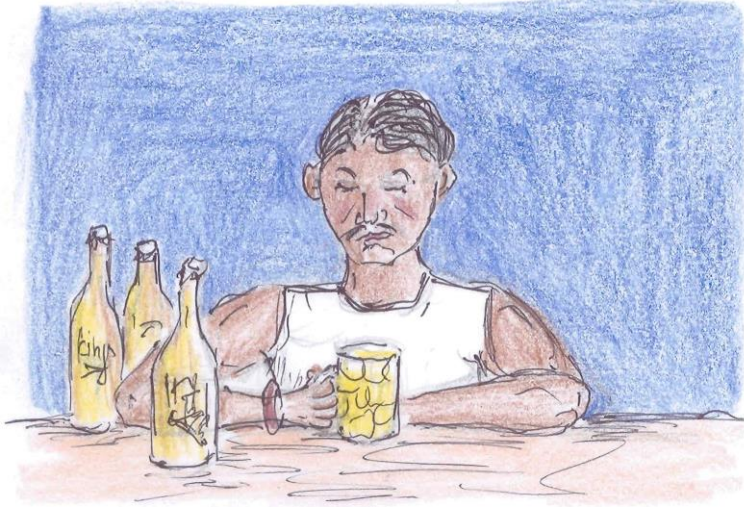
Epileptic fit



Hyperactive child



Medical problems related to alcohol abuse



Drinking too much alcohol



Drinking secretly, in the morning

Appendix C (case studies): Module 4: Common Mental Disorders

Case study 1

Kaki is a 59 year old woman whose husband died last year. Her 3 grown up sons have left their village to find better employment opportunities in Nagpur and Mumbai some years back. Her only daughter got married just before her husband's death and also left her house.

Kaki started to experience sleeping problems and muscular tension soon after her husband died. As she felt so tired and tense she couldn't go to work on the field regularly anymore and started to spend a lot of time at home and in bed. Because she felt bad about herself doing nothing, she started to withdraw herself more and more from her neighbors. She started even feeling worse with headaches and back pains and also lost her appetite. Particularly in the mornings she felt like having no energy and that she would never get better again. In those moments Kaki would even sometimes think to be better off dead.

Case study 2

Case study 2

Tae is a 20 year old young woman who gave birth to her first child two weeks ago. The child turned out to be in good health, but the child birth was very exhausting for Tae as it took more than 12 hours.

After the birth Tae experienced a mixture of feeling exhausted and tearful. She gradually started to have negative thoughts about herself not being able to be a good mother. She couldn't find enough sleep anymore; her negative thoughts would keep her mind busy all the time. She felt weak and her mother had to take over the complete care for the baby. Her husband didn't understand what was happening to his wife and came to consult the community health worker

Case study 3

Saku is a 35 year old educated woman who has been working as a secretary for the biggest company in the area. Saku has always been proud of her job and enjoyed going to work. Gradually she started feeling more and more tired even after a sufficient night sleep. She lost interest in her work and in reading books (which she used to like a lot). She found it more and more difficult to concentrate or to make decisions. For a while she managed to still push herself to go to work but lately she missed work a few times because she just couldn't get up in the mornings.

Saku's mind actually is preoccupied with an argument she had with her husband some weeks ago. As Saku didn't get pregnant until now her husband threatened to look for a second wife and that day he got drunk and even beaten her up. Saku doesn't want to leave him, so actually she feels trapped in the situation. When she developed thoughts of putting an end to her life she got frightened and came to seek help from the community health worker Saku knows a bit about mental health as her sister goes to see a health counsellor regularly with similar symptoms.

Case study 4

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

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

Case study 5

Laxmi is a 30 year old woman. Two weeks ago, she was in the bus back from the market when it happened the first time. The bus was crowded and she couldn't find a seat. Suddenly she felt her heart beating fast and started to feel dizzy. She got afraid that she would faint in front of everyone. Also she felt that she couldn't breathe properly and her chest felt tight.

At the next stop Laxmi rushed out of the bus and sat down on a big stone. She even forgot her basket with the vegetables in the bus. When she sat there she managed to calm herself down a little bit. She called her husband and asked him to fetch her. He took her to the doctor but the doctor said that all was ok with Laxmi's heart and lungs and that she had probably been experiencing a panic attack. Since that event Laxmi has avoided to take the bus again.

Module 6: Alcohol use disorders

Case study 1

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

Case study 2

Sevita, a 29 year old woman tells the CHW about her problems with her husband. She reports that he has been drinking more and more alcohol since he lost his job one year ago. She tells the CHW that she found a couple of empty and hidden bottles of alcohol in a kitchen cupboard yesterday. During the last weeks she had realized that her husband become more and more irritable and withdrew himself more and more from her and the children. When she confronted him about his drinking, he would always deny this. Sevita says she is worried about her husband's health and desperate about the situation at home and does not know what to do.

Module 8: Psychoses

Case study 1

Amit is a 23 year old student. He used to be a good student but he failed his last exam. Some months ago he started withdrawing himself from his family. He would keep the curtains closed and would sometimes lock himself in his room. His mother watched him spending moments just staring into space or talking to an imaginary person. Sometimes his parents couldn't understand what he was talking about. Amit seemed to suspect some plot against him. His parents tried to tell Amit that everything was ok, but Amit would not want to listen. When Amit's parents didn't know any more how to help her son, they asked the CHW to come for a home visit.

Case study 2

Manik is a 30 year old woman whose husband is worried because she has started behaving in an unusual manner. She is sleeping much less than usual and is constantly on the move. Manik has stopped looking after the house and children as efficiently as before. She is talking much more than normal and often says things that are unreal and grand e.g. that she can heal other people and that she comes from a very wealthy family (even though her husband is a farmer). She has also been spending all their money on things they cannot afford. When Manik's husband tried to take her to the doctor she became irritable and angry.

Case study 3

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

Module 9: Epilepsy

Case study

Anita was 18 years old when it happened the first time. She was on her way home when she suddenly felt strange and drowsy. Anita doesn't remember what happened, but people watching the event told her mother that Anita was suddenly falling down, rolled her eyeballs upwards and started to shake all over her body. When Anita woke up, she felt very sleepy for a little while. Two weeks later Anita had another fit at home watching TV. Anita's parents called the doctor and he diagnosed epilepsy after some tests. Anita was prescribed medicines to stop her seizures which she had to take twice per day. She also was prescribed regular counselling. Within the next year Anita didn't experience any further seizures. She decided to go to university to study medicine as she had always had very good marks and a strong motivation to help others.

Case study: Dementia

Maya's mother was 67 years old when she gradually started to forget things. Maya thought that this was normal due to her aging. But one day Maya's mother was brought home from a neighbor as she couldn't find her way back from the market any more. Maya also realized that her mother would stand in the kitchen and not know how to cook recipes she used to cook for the family all her life. About 1 year later Maya's mother was even forgetting her daughter's name. She also started to wander around at night. Most of the time Maya could not understand what the old lady was talking about and she got very stressed when her mother started to shout at her for no reason. Meanwhile Maya also had to help her mother with dressing and toileting. Maya got very tired having to care for her mother around the clock

Module 10:

Case study: An adolescent with mental distress after bereavement

Nalini was 13 when her father died in a road accident on his way to work. Her uncle brought the news when Nalini was at home with her mother. When her mother started to cry, Nalini tried to comfort her. During the funeral Nalini felt like she was in a dream and things were unreal. In the following weeks her mother withdrew herself from Nalini and her two younger brothers. Nalini started to feel guilty for her father's death as she had had an argument with her father on his last morning. She felt sad and restless but did not know how and to whom to express those feelings. Sometimes she felt like wanting to join her father. At school she could not concentrate on her studies and started performing badly in her tests. The teacher approached the CHW for help.

Case study: Developmental disability

Ramesh was 5 years old when his mother Sonia got worried that something was wrong with him. He would still not speak more than "mama" or baba". He was not able to eat on his own or control his bladder and bowel. If Sonia compared Ramesh to her older daughters they were able to do all these things by that age. Ramesh is around when the CHW comes to the family's home. He is a quiet and shy young boy, trying to hide behind his mother and not interacting with the CHW. Sonia says that he rarely plays with other kids. Sonia remembered that Ramesh had the umbilical cord around his neck when the midwife took him out and he did not cry immediately after birth.

Appendix D:

Breathing exercise

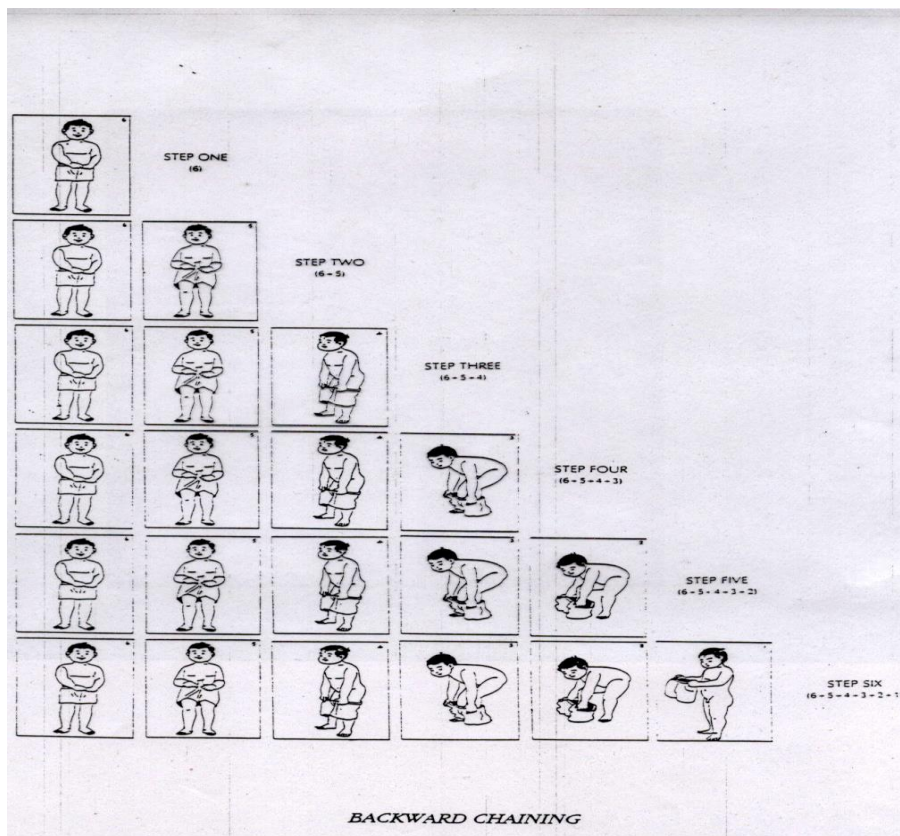


- Close your eyes
- Concentrate on your breathing rhythm
- Then concentrate on breathing slow and regular through the nose
- It may help to slowly count 1,2,3 ..breathing in, 1,2,3...breathing out, 1,2,3 holding on.....
- It may help to think a relaxing word like 'relax' or 'om' while breathing out
- Do the exercise for about 10 min
- Slowly open your eyes and stretch yourself

To benefit the most from this exercise do it at least once daily.

After around two weeks of regular training you will also be able to practice the breathing exercise in more stressful situations

Chart to break down tasks (children with development disabilities)



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Contributors

Neerja Chowdhary and Sabrina Schmelzle wrote the first draft of the manual. Siddharth Gangale, Jacintha Mascarenhas and Suvarna Damle commented on the draft. Rahul Shidhaye and Vikram Patel provided editorial comments. Rachana Parikh finalized the draft. Vaibhav Murhar and Ram Vishwakarma copy-edited the draft and designed the layout.

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