Module: Other significant mental health complaints

Overview

Learning objectives

- Promote respect and dignity for people with other significant mental health complaints.
- Know the common presentation of other significant mental health complaints.
- Know the assessment principles of other significant mental health complaints.
- Know the management principles of other significant mental health complaints.
- Perform an assessment for other significant mental health complaints.
- Use effective communication skills in interaction with people with other significant mental health complaints.
- Assess and manage physical health in other significant mental health complaints.
- Provide psychosocial interventions to persons with other significant mental health complaints and their carers.
- Know there are no specific pharmacological interventions for other significant mental health complaints.
- Plan and perform follow-up for other significant mental health complaints.
- Refer to specialists and links with outside services for other significant mental health complaints where appropriate and available.

Key messages

- Common presentations of other significant mental health complaints include: depressed mood, irritability, anxiety, stress, extreme tiredness, unexplained physical complaints.
- Other significant mental health complaints are frequently seen in non-specialized health settings, but are often treated inappropriately, with excess investigations and inappropriate medications.
- When assessing a person for other significant mental health complaints ensure to rule out any physical causes for the symptoms.
- Ensure that the person does not have another priority MNS condition.
- Exposure to extreme stressors such as major loss or traumatic events can create acute stress and grief reactions in individuals. Those reactions are normal but if they impact on a person’s ability to function or last for longer than is culturally expected the person may need to be referred to a specialist.
- In all people with other significant mental health complains, reduce stress, strengthen social supports and teach stress management such as relaxation techniques.
- Symptoms of depression that do not amount to a depression should not be treated with antidepressants but with psychosocial interventions.
- Be non-judgemental and empathetic when caring for people with other significant mental health complaints.

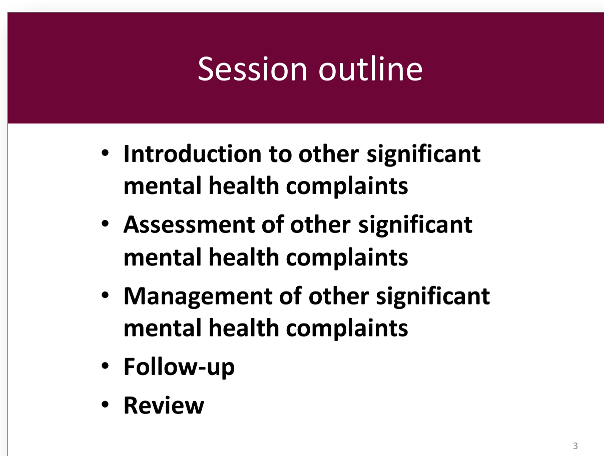
Session	Learning objectives	Duration	Training activities
1. Introduction to other significant mental health complaints	Promote respect and dignity for people with other significant mental health complaints Know the common presentation of other significant mental health complaints Understand the impact of living with other significant mental health complaints on the individual	60 minutes 15 minutes 20 minutes	**Presentation on other significant mental health complaints** Use case studies to present common presentations of depression symptoms not amounting to depression, stress/PTSD, grief and medically unexplained symptoms **Reflection** During the presentation have participants reflect on people they have cared for in the past who fit the description of other significant mental health complaints **Activity 1: Discussion: What is violence?** Reflect on types of violence. **Activity 2: Discussion: Stressors through the life course** Reflect on the impact of exposure to stressors
2. Assessment of other significant mental health complaints	Know the assessment principles for other significant mental health complaints Perform an assessment for other significant mental health complaints Assess and manages physical health in other significant mental health complaints	10 minutes 20 minutes 30 minutes	**Activity 3: Communication skills: Dos and don'ts** How to communicate with people with other significant mental health complaints **Activity 4: Video demonstration: Assessment** Use videos/demonstration role play to show an assessment and allow participants to note the principles of assessment (all aspects covered) **Activity 5: Role play: Assessment after exposure to extreme stressors**
3. Management of other significant mental health complaints	Know there are no pharmacological interventions in other significant mental health complaints Provide psychosocial interventions Provide interventions for people who have been exposed to extreme stressors Refer to specialists and links with outside agencies for other significant mental health complaints	20 minutes 30 minutes 10 minutes 30 minutes	**Presentation on management of other significant mental health complaints** **Activity 6: Addressing psychosocial stressors** Enable participants to practise using a brief problem solving strategy **Activity 7: Relaxation and stress management** Either in plenary or small groups practise different breathing and relaxation techniques **Activity 8: Role play: Assessment and management** Feedback and reflection
4. Follow-up	Plan and perform follow up for other significant mental health complaints	10 minutes	**Brief presentation and brainstorm on follow-up principles and activities**
5. Review		15 minutes	**Multiple choice questions and discussion**
Total duration (without breaks) = 4 hours 30 minutes			

Step-by-step facilitator's guide

Session 1. Introduction to other significant mental health complaints

1 hour 35 minutes

Read through the description and then explain that the mhGAP-IG covers a range of priority MNS conditions. However, there remain other significant mental health complaints that you will see in your clinical practice that may appear similar to priority MNS conditions (such as depression) but are actually distinct.



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

Common presentations

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

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The most common presentations of people with other significant mental health complaints are as listed in the slide.

These are complaints frequently seen in non-specialized health settings.

Depression and other significant mental health complaints

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

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Explain that the distinction between other significant mental health complaints and depression needs to be explored carefully.

Read out the points on the slide.

Emphasize that the Module: Depression covers the treatment of depression, whereas this module includes symptoms of depression not amounting to depression.

Explain that people can experience symptoms of depression but not have considerable difficulty with daily functioning. Thus, their symptoms do not amount to depression and they can be assessed and managed using this module.

Emphasize that the distinction is important as symptoms of depressed mood that do not amount to depression should not be treated with antidepressants but only with the psychosocial interventions described in this module.

Case scenario: Symptoms of depression not amounting to depression

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

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

She is staying active and spend times with friends.

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

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Talk through the case scenario and emphasize that these symptoms do not amount to depression because the woman is still able to function in her daily life.

Reflection

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

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Ask participants to reflect on people they have cared for in the past who may fit the description of having symptoms of sadness not amounting to depression.

Have participants think about how these people presented in the non-specialized health setting. What did the participant do to care for them? Did it help?

Ask a few participants to share their reflections and facilitate a brief discussion (limit this discussion to 10 minutes).

Stress

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

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Explain that stress is a normal reaction to stressors. Everyone can feel stressed. Stress can be a useful response as it can be a motivator that drives people to focus, take action and make decisions in their life.

However, many people can become overwhelmed by stress and that starts to impact on their ability to cope in daily life.

In non-specialized health settings, stress can present with emotional, cognitive, behavioural and physical symptoms.

Case scenario: Stress

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

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

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Talk through the case scenario and emphasize that this man may be experiencing quite a physical reaction to stress from work (stomach aches and problems breathing). He is the breadwinner for his family and there must be a pressure to ensure he keeps his job. He explains that he has a very demanding boss and as his workload increases he feels anxious that he will not be able to complete the work. He cannot sleep as his mind is constantly thinking and making lists about what he should be doing.

If he is not getting sufficient rest then that will be affecting him physically and contributing to the stomach aches and the anxious feelings.

Reflection

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

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Ask participants to reflect on people they have cared for in the past who may fit the description of having symptoms of stress.

Have participants think about how these people presented in the non-specialized health setting. What did the participant do to care for them? Did it help?

Ask a few participants to share their reflections and facilitate a brief discussion (limit this discussion to five minutes).

Exposure to extreme stressors

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

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Explain that in the case scenario above we discussed reactions to stressful situations, i.e. pressure at work. However, people can also experience more extreme stressors.

Facilitate a brief brainstorming session
Ask participants to think of what sort of extreme stressors people in their primary health-care clinics might have faced? Make a note of their answers.

Extreme stressors

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

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Compare the list made by the participants with the list on the slide.

Explain that this is not an exhaustive list of stressors.

Activity 1: Discussion: What is violence?

Duration: 15 minutes.

Purpose: To understand and be able to identify the various types of violence.

Instructions:
- Ask participants to discuss what is violence and share their thoughts with the group. Write the thoughts generated by the group on post-its and place them on a flip chart.
- Present the group with another flip chart paper – a square with four types of violence written in each corner (physical violence, sexual violence, economic violence and emotional violence).
- Ask the group to rearrange the first list according to the corners on the flip chart.
- Ask the participants if certain harmful traditional practices in their communities would fit into any of the lists above? Adapt this list to fit the community you are in, such as:
    - early/forced marriage
    - honour killings
    - dowry abuse
    - widow ceremonies
    - female genital mutilation
    - punishments directed at women for crimes against culture
    - denial of education/food for girls/women due to gender roles/expectations.

Emphasize the first point on the slide by saying that it is to be expected for people to experience distress after being exposed to a distressing event such as violence.

Most people will recover with no intervention at all.

Explain that if people have been exposed to extreme stressors and display symptoms it is important to assess them for priority MNS conditions.

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

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

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Re-emphasize that most symptoms of acute stress are normal and transient. People tend to recover from them naturally. However, sometimes there is a need to intervene when they impair day-to-day functioning or if people seek help for them.

Core symptoms of PTSD (**at least one month** after a potentially traumatic event)

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

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In mhGAP-IG we do not consider post-traumatic stress disorder (PTSD) until one month after the event.

Talk through the points on the slide.

Explain that for PTSD the person should also be experiencing these core symptoms with impaired functioning. Provide examples – recollections might occur through intrusive memories, frightening dreams or, in more severe cases, through flashbacks.

Avoidance symptoms include: avoiding situations, activities, thoughts or memories that remind them of the event.

Heightened sense of current threat results in increased alertness to danger and being easily startled or jumpy.

Case scenario: Post-traumatic stress disorder

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

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

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

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Explain that this lady is suffering with PTSD after surviving a rape. PTSD is present due to the presence of re-experiencing symptoms such as flashbacks and nightmares.

She has avoidance symptoms of not wanting to attend social situations as this is where the rape occurred.

She is hypervigilant when in social situations – feeling jumpy and wanting to leave.

The symptoms are interfering with her studies and thus her daily functioning.

These symptoms have been present for a year. However, she did not seek help for the emotional, behavioural or cognitive symptoms instead she sought help for the physical symptoms, demonstrating once again the importance of taking your time and using effective communication skills to understand the reasons for people's physical health problems.

Reflection

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

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Ask participants to reflect on someone they have cared for in the past who may fit the description of having symptoms PTSD?

Have participants think about how the person presented in the non- specialized health setting?

What did the participant do to care for them? Did it help?

Ask a few participants to share their reflections and facilitate a brief discussion (limit this discussion to five minutes).

Bereavement

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

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Explain that grief is a normal response to loss. People's responses to loss can be overwhelming and wide ranging. Explain the list of common presentations of people grieving as listed on the slide.

Ask participants to add any other culturally relevant descriptions of how people grieve in the local culture.

Case scenario: Bereavement

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

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

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

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Read the case scenario out or have a participant read it out loud.

Explain that, once again, in this scenario the girl attended a non-specialized health setting because of aches and pains all over her body. However, she soon explained that she was feeling hopeless and bereaved.

Reflection

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

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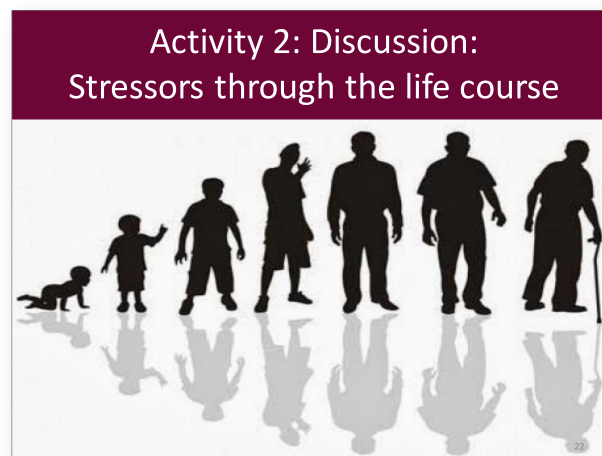
Ask participants to reflect on someone they have cared for in the past who may fit the description of suffering after a bereavement?

Have participants think about how they presented in the non-specialized health setting? What did the participant do to care for them? Did it help?

Ask a few participants to share their reflections and facilitate a brief discussion (limit this discussion to five minutes).

Activity 2: Discussion: Stressors through the life course



Duration: 20 minutes.

Purpose: Allow participants to discuss how exposure to stressors can impact on an individual, their growth and experiences throughout the life course.

Instructions:

- Facilitate a group brainstorming session.
- On six separate pieces of flip chart paper write the headings:
  - pre-natal
  - infancy
  - childhood
  - adolescence
  - adulthood
  - elderly.
- Ask the group to brainstorm which forms of stressor can occur at the different stages of a life course and give examples.
- Once you have passed through the life course once return to the beginning and ask participants to brainstorm:
  - How might those experiences impact on the health and mental health of the person?
  - Are those impacts likely to be acute or long lasting?

Medically unexplained somatic symptoms

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

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Explain the points on the slide which are the common presentations of someone with medically unexplained somatic symptoms.

Much of the experience that someone with medically unexplained symptoms feels is **pain**.

But, they can also be characterized by: excessive negative thinking, worries and anxieties about what is happening to them and what is happening in their life; tiredness, low mood, hopelessness, loss of interest, weight loss and changes in appetite.

Case scenario: Medically unexplained somatic symptoms

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

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Explain that the man in the case scenario is experiencing unexplained pains, breathing problems, dizziness and nausea when he bends forward.

These symptoms have stopped him from working.

They have been present for four years but no doctor has been able to find a reason for them and therefore there has been no treatment. Over the years, he has become increasingly frustrated and stressed as he feels no one can help him.

Impact of medically unexplained somatic symptoms

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Impact of medically unexplained somatic complaints on the individual
Explain to participants that also when a physical explanation for their symptoms cannot be found the symptoms that people experience are real to the person.

To understand the symptoms and the level of distress it is essential to be patient, use effective communication strategies and ask about how they impact on the person's ability to function and in their daily life.

It is also important to be empathic and think how hard and stressful it must be to not know what is wrong with you yet continue to feel unwell.

Reflection

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

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Ask participants to reflect on people they have cared for in the past who may fit the description of someone suffering with medically unexplained somatic symptoms?

Have participants think about how they presented in the non- specialized health setting?

What did the participant do to care for them? Did it help?

Ask a few participants to share their reflections and facilitate a brief discussion (limit this discussion to five minutes).

Summary of common presentations

People with other significant mental health complaints may present with:

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

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Summarize the common presentations of people with other significant mental health complaints as listed in the slide.

It is important to ensure that another priority MNS condition is not present.

Session 2.
Assessment of other significant mental health complaints

1 hour

Participants will be introduced to the principles and steps involved in assessing a person for other significant mental health complaints. They will watch a video of a person being assessed and use the mhGAP-IG Version 2.0 to follow the assessment and discuss how the health-care provider conducted the assessment.

Assessing someone with other significant mental health complaints

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

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Start this session by explaining that assessing people with other significant mental health complaints can be challenging, especially if they are returning frequently with medically unexplained somatic symptoms.

Talk through the list of challenges listed on the slide.

Facilitate a brief discussion (maximum five minutes) about why people with other significant mental health complaints may behave like this.

Activity 3: Communication skills: Dos and don’ts

How to communicate with people with other significant mental health complaints

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

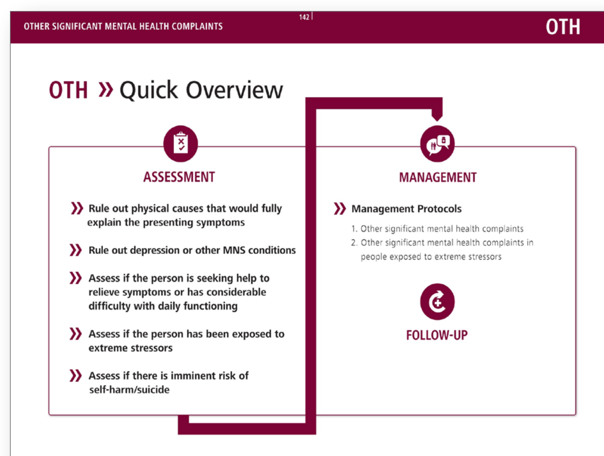
How to communicate with people with other significant mental health complaints.

Do the activity before showing the answers on the slide.

Duration: 10 minutes maximum.

Materials: Flip chart and markers.

Instructions:
- Make a two-column table on the flip chart with the headers: DOs, DON’Ts.
- Ask participants to share their thoughts, record their answers (do not record wrong answers), then show the answers on the slide.



Describe the principles of assessing someone for other significant mental health complaints as on the left side of the slide.

Activity 4: Video demonstration: Assessment

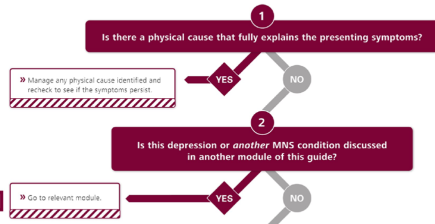
Activity 4: Video demonstration

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

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

Ask participants to watch the video and at the same time to scan the assessment algorithm in the mhGAP-IG Version 2.0 page 143.

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

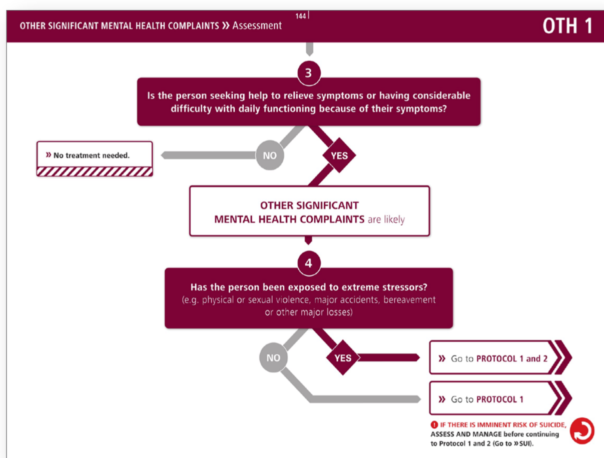


The **first step** is to assess if there is a physical cause that fully explains the presenting symptoms. Ask the participants how the health-care provider explored if there is a physical cause that fully explained Zeina's presenting symptoms?

Explain that:
- The doctor asked Zeina to explain the pain in her own words.
- The doctor looked at previous test results from other doctors.
- The doctor conducted her own routine physical tests.

The **second step** is to assess for another priority MNS condition. Ask participants if they think Zeina could have depression? Or any other priority MNS condition?

If they decide Zeina does not have depression, ask them to explain why they think this is so?



The **third step** is to assess for impact of symptoms on daily functioning. How did the health-care provider assess the impact the symptoms were having on Zeina's ability to function in daily life?

What questions could health-care providers ask to learn more about this?

Explain that participants could ask:
- How are these symptoms impacting on your ability to carry out your daily tasks?
- Are you still able to cook, visit with friends, work, etc?

The **fourth step** is to explore exposure to extreme stressors. How did the health-care provider explore if Zeina had been exposed to extreme stressors?

Finally, it is important to ask about plans or thoughts of self-harm/suicide.

Ask the participants, how the health-care provider assessed if Zeina had any plans or thoughts of self-harm/suicide?

Activity 5: Role play: Assessment after exposure to extreme stressors

Activity 5: Role play: Assessment

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

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Duration: 30 minutes.

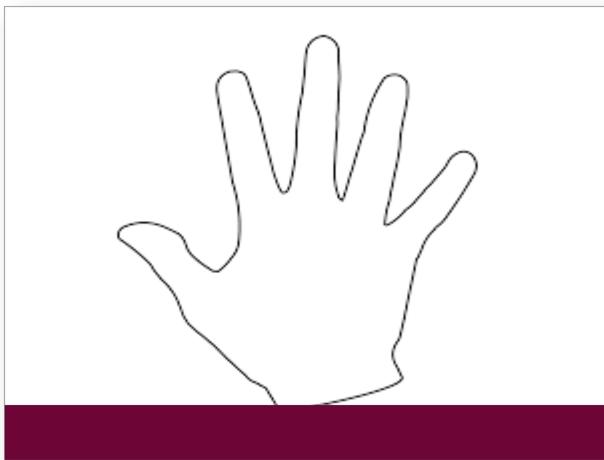
Purpose: To enable the participants to practise using the mhgAP-IG to assess and manage people with other significant mental health complaints.

Instructions:

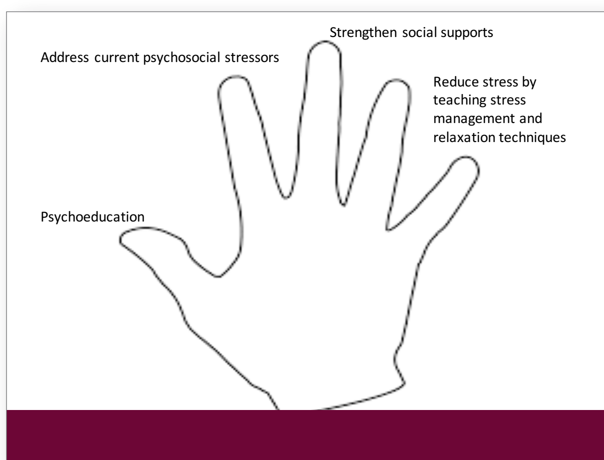
- Divide the participants into groups of three.
- Instruct one person to play the role of the health-care provider, one the person seeking help and one the observer.
- Distribute the role play instructions to each person depending on their role.
- Distribute the LIVES intervention (Listen, Inquire, Validate, Enhance safety, Support) to the person playing the health-care provider (see also module: Essential care and practice for details).
- Ensure that the participants keep to the allotted time.

Session 3. Management of other significant mental health complaints

1 hour 30 minutes



Ask participants to suggest which management principles they could use to manage a person with other significant mental health complaints?

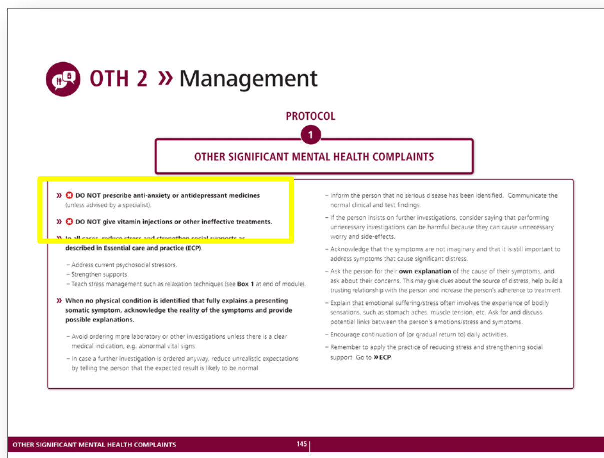


List the possible interventions as they appear on the hands.

Highlight that there are no pharmacological interventions in mhGAP-IG for the management of other significant mental health complaints.

Explain that for everyone with other significant mental health complaints use Protocol 1 for management.

For people who have been exposed to extreme stressors use Protocols 1 and 2.

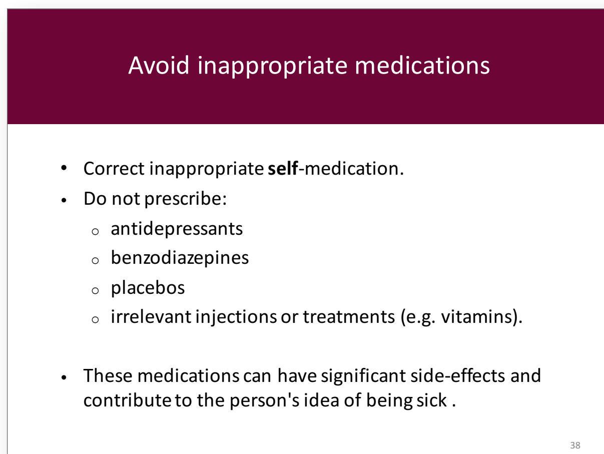


Direct participants to page 145 mhGAP-IG Version 2.0 (Protocol 1). Read through the first two bullet points in the protocol and facilitate a brief discussion on why it is important not to prescribe anti-anxiety or antidepressant medication.

Why is it important **not** to prescribe vitamin injections?

The answer is on the next slide.

Ask the participants to think back to the video they saw and recall how the health-care provider discussed vitamin injections with Zeina.



Emphasize that some self-medication can lead to dependency (e.g. certain painkillers, benzodiazepines) or cause harm to the person through worsening of symptoms or side-effects.

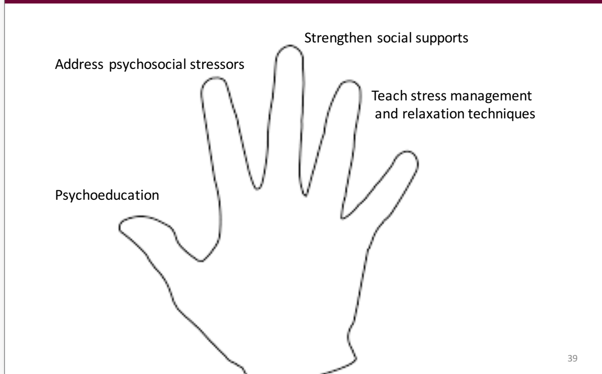
Explain that vitamin injections work as a placebo and do not help the person get to the root cause of what is happening to them and therefore should not be prescribed either.

The health-care provider should discuss self-medication with the person and deliver appropriate advice.

Self-medication is typically not advisable.

Explain that there is a growing body of evidence to show that psychosocial interventions are more effective than medications in managing other significant mental health complaints.

Protocol 1: Treatment plan

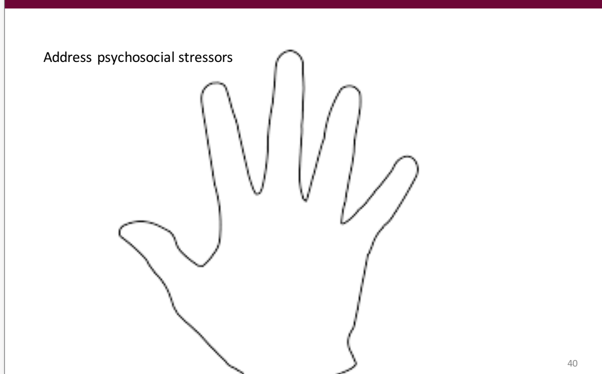


Direct participants to read through the mhGAP-IG Version 2.0 Protocol 1 (page 145) as you discuss the possible interventions. Remind participants **not** to prescribe medications and **not** to prescribe unnecessary vitamin injections and placebos.

In **all** cases address current psychosocial stressors, strengthen social supports and teach stress management.

Move on to the next slide to discuss how to address current psychosocial stressors.

Protocol 1: Treatment plan



Direct participants to read through the mhGAP-IG Version 2.0 Protocol 1 (page 145) as you discuss the possible interventions.

Address current psychosocial stressors

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

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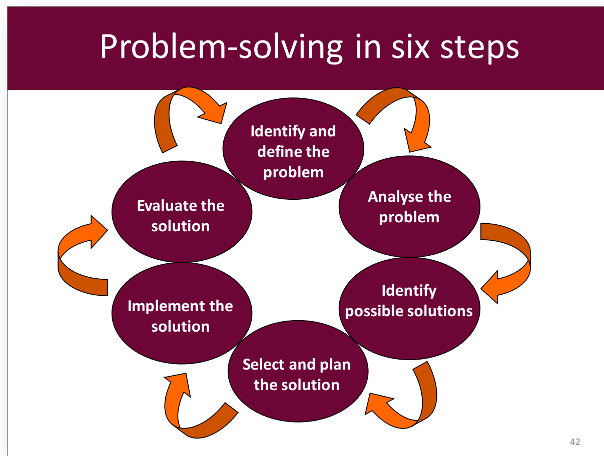
Talk through the points on the slide.

Explain that some psychosocial stressors can be ongoing (e.g. sexual violence, domestic abuse) and sometimes they can help stop it. Problem-solving and relaxation exercises should be tried and strengthening social supports may also help reduce suffering.

Explain that providing assistance with current psychosocial stressors may help to relieve some of the symptoms.

Explain that the health-care worker should involve community services and resources as appropriate (e.g. with the person’s consent). It may be necessary and appropriate to contact legal and community resources (e.g. social services, community protection networks) to address any abuse (e.g. with the person’s consent).

Ask the group if there are trustworthy, accessible services or protection mechanisms for child abuse and neglect.



Remind participants of the problem-solving technique they learned in the Module: Essential care and practice.

Explain that this is a very useful and quick technique that they can use to support people to address many psychosocial stressors.

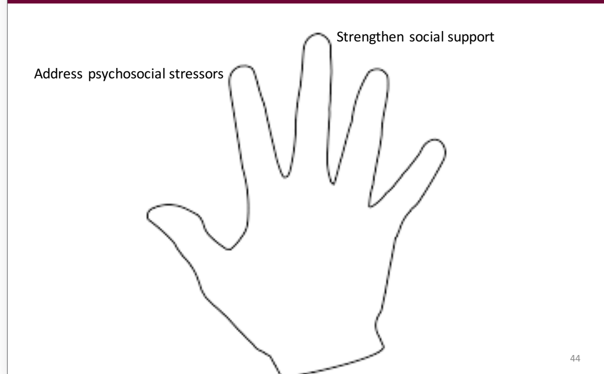
Activity 6: Addressing psychosocial stressors

Duration: 45 minutes.

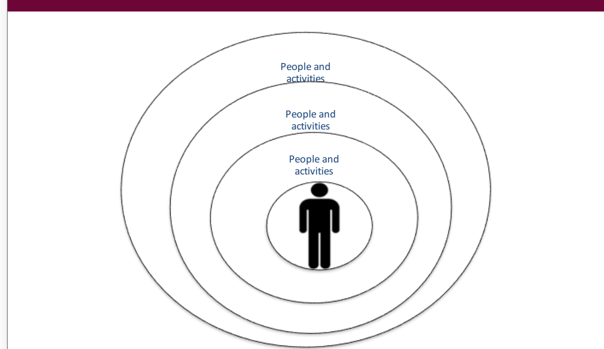
Purpose: To enable participants to practise using the problem-solving technique to address psychosocial stressors.

Instructions:

- Individually or in pairs ask participants to think of the case scenarios they discussed earlier in this session.
- If they struggle to remember then hand out some of the case scenarios for people to use.
- Ask them to identify a psychosocial stressor that person is facing.
- Once they have identified a psychosocial stressor give them five minutes to apply the first four steps of problem-solving to that problem:
    1. Identify and define the problem.
    2. Analyse the problem.
    3. Identify possible solutions.
    4. Select and plan the solution.
- Stop the participants at this point. Using a flip chart/white/black board. Explain that when participants are planning the solution they must ensure that the plans are:
    - Specific: What exactly does the solution hope to achieve?
    - Measurable: What will you see, feel, experience when you reach your goal?
    - Achievable: Is this realistic – can the solution actually happen?
    - Relevant: Is this solution relevant to you? Is this what you want?
    - Timed: When are you going to implement these plans?
- Give participants another 10 minutes to plan their solutions.
- Ask a few participants to share their solutions with the rest of the group.



Alongside addressing current psychosocial stressors, it is important to help the person strengthen social supports.



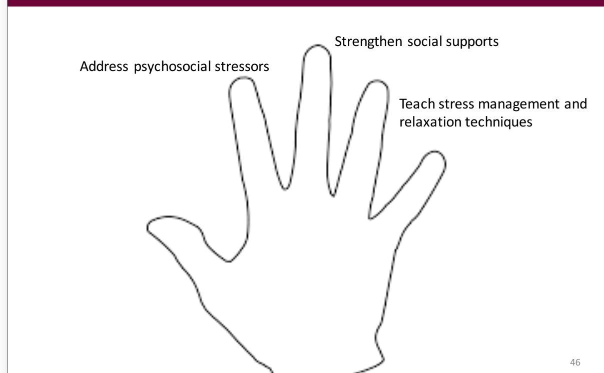
Remind participants of the strengthening social supports activity from the Module: Essential care and practice.

This is an example of a what a social support mapping may look like.

Ask the participants to use the same case scenario as they did for the problem-solving activity (Activity 6).

Ask participants to explain a brief activity they could use to support a person increase their social supports?

Remind them of the technique they practised in the Module: Essential care and practice.



Alongside addressing current psychosocial stressors and strengthening social supports, it is important to teach individuals stress management and relaxation techniques.

Activity 7: Relaxation and stress management

Activity 7: Relaxation and stress management

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

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BOX 1: RELAXATION TRAINING INSTRUCTIONS

» **Explain what you will be doing.**

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

» **Slowly start relaxation exercises and demonstrate breathing.**

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

» **Focus on breathing techniques.**

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

» **Encourage self-practice.**

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

OTHER SIGNIFICANT MENTAL HEALTH COMPLAINTS 149

Duration: 20 minutes.

Purpose: To have participants practise using different relaxation techniques and support them to find techniques that they feel comfortable with and find helpful.

Instructions:

- Explain that using breathing and relaxation techniques are short and effective interventions that anyone can use anywhere.
- Explain that working in non-specialized health settings is a very stressful job and there are probably many moments throughout the day when they find themselves feeling very stressed and unable to cope.
- If that happens, encourage the participants to use these breathing/relaxation activities on themselves and learn how beneficial they can be.
- Practise using the relaxation exercise on page 149 mhGAP-IG Version 2.0 (Box 1) in plenary.

Protocol 1: Treatment plan

Address psychosocial stressors

Strengthen social supports

Teach stress management and relaxation techniques

Psychoeducation

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Use psychoeducation to explain what you are doing at every stage of the treatment plan.

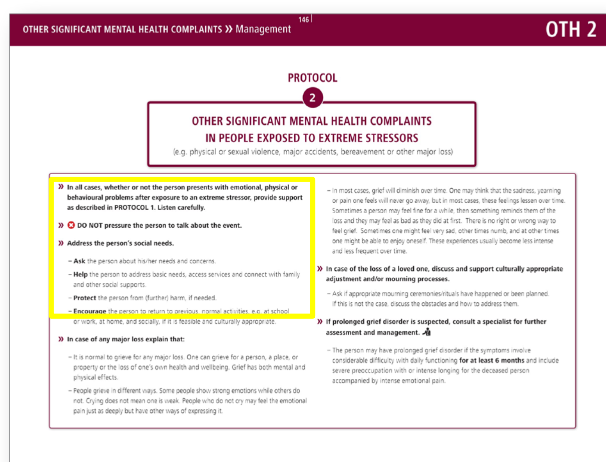
Instruct participants to continue reading the instructions on page 145 of mhGAP-IG Version 2.0.

Psychoeducation is particularly important when managing physical conditions and somatic complaints with no physical cause.

In such cases it is important to:

- Avoid ordering more laboratory or other investigations unless there is a clear medical reason.
- In case further investigations are ordered anyway ensure that you reduce any unrealistic expectations that the person may have and prepare them for the fact that the test results may be normal.

- Support the person to understand that no serious physical condition has been identified, which is a good thing, remember to communicate that even though there is no physical condition there are still psychosocial interventions that can help.
- If the person insists on more tests gently explain that running unnecessary tests can potentially cause the person harm and create worrying side-effects.
- It is important to acknowledge that the symptoms are not imaginary and that it is still important to address symptoms that cause significant distress.
- Ask the person for their own explanation of the cause and the symptoms and listen to their concerns. This can give you clues about the source of the distress and how the person is understanding what is happening to them. Build a supportive and trusting relationship with the person.
- Explain that emotional suffering/stress often involves the experience of bodily sensations, such as stomach aches, muscle tension, etc. Ask the person about potential links between psychological distress and physical distress.
- Encourage the person to engage in daily activities
- Remember to address current psychosocial stressors, strengthen social support and relaxation techniques.



OTHER SIGNIFICANT MENTAL HEALTH COMPLAINTS » Management 146 | OTH 2

PROTOCOL 2

OTHER SIGNIFICANT MENTAL HEALTH COMPLAINTS IN PEOPLE EXPOSED TO EXTREME STRESSORS
(e.g. physical or sexual violence, major accidents, bereavement or other major loss)

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

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

» **Address the person's social needs.**

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

» **In case of any major loss explain that:**

- It is normal to grieve for any major loss. One can grieve for a person, a place, or property or the loss of one's own health and wellbeing. Grief has both mental and physical effects.
- People grieve in different ways. Some people show strong emotions while others do not. Crying does not mean one is weak. People who do not cry may feel the emotional pain just as deeply but have other ways of expressing it.
- In most cases, grief will diminish over time. One may think that the sadness, yearning or pain one feels will never go away, but in most cases, these feelings lessen over time. Sometimes a person may feel fine for a while, then something reminds them of the loss and they may feel as bad as they did at first. There is no right or wrong way to feel grief. Sometimes one might feel very sad, other times numb, and at other times one might be able to enjoy oneself. These experiences usually become less intense and less frequent over time.

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

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

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

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

Direct participants to page 146 in the mhGAP-IG Version 2.0 (Protocol 2). Emphasize that if a person has been exposed to an extreme stressor you will follow Protocols 1 and 2.

It is essential **not** to pressure the person to talk about the potentially traumatic event. If they want to talk about it then you can listen but do not force them to talk.

Explain that the first steps are to:

Ask about social needs:
Ensure that the person's social needs – ensure that they have access to food, shelter, safety, clothes, water and all the basics that a person requires to survive.

Help:
If they do not have their basic needs met, then link them with agencies and people that can help them and ensure that those needs are met.

Protect:
Make sure that the person is safe. Talk with them about where they feel safe, discuss risk plans, telephone numbers they can call and link them with family members, other organizations, etc. than can help ensure they are not exposed to more harm.

Encourage:
Talk to them about the importance of trying to engage with their normal activities as a way of making them feel better; keeping to a routine and/or engaging with other people, being distracted by work and school, all of these things are important for the person.

OTHER SIGNIFICANT MENTAL HEALTH COMPLAINTS » Management 146 OTH 2

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- **Ask** the person about his/her needs and concerns.
- **Help** the person to address basic needs, access services and connect with family and other social supports.
- **Protect** the person from (further) harm, if needed.
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- Ask if appropriate mourning ceremonies/rituals have happened or been planned. If this is not the case, discuss the obstacles and how to address them.

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

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

Direct participants to page 146. In case of the loss of a loved one, discuss and support culturally appropriate adjustments and/or mourning processes.

Ask participants to brainstorm ways that they could support a person to mourn?

How could they make it culturally appropriate?

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

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

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

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

OTHER SIGNIFICANT MENTAL HEALTH COMPLAINTS 147

Ask a different volunteer to read out the steps to manage a person in the case of reactions to exposure to a potentially traumatic event.

Highlight that they should refer to a mental health specialist for PTSD, if available.

Answer any queries the participants may have about Protocol 2.

Activity 8: Role play: Assessment and management

Activity 8: Role play: Assessment and management

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

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Duration: 30 minutes.

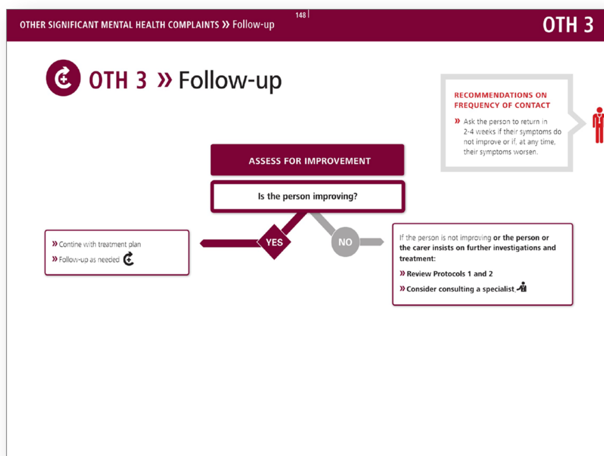
Purpose: To practise performing assessment and management for other significant mental health complaints specifically.

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

Instructions:
- Divide the participants into groups of three.
- Instruct one person to play the role of the health-care provider, one the person seeking help and one the observer.
- Distribute the role play instructions to each person depending on their role.
- Ensure that the participants keep to the allotted time.

Session 4. Follow-up

10 minutes



Ask a participant to read out loud the assessment algorithm.

Ask participants to reflect on how they would react if the person insists on further tests and investigations.

Follow-up

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

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Emphasize that it is important that participants follow-up with the person even if they did not prescribe medication.

Feeling cared for and accepted can help the person.

It is not failure if the symptoms do not improve.

You can help the person by simply showing understanding and building trust.

What would you do at follow-up?

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

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

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Ask for ideas from the participants about what to do at follow-up before revealing the answer.

Session 5. Review

15 minutes

Duration: Minimum 15 minutes (depends on participants' questions).

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

Instructions:
- Administer the other MCQs (see OTH supporting material) to participants.
- Discuss the answers as a group.
- Facilitate a brief discussion answering any queries or concerns the participants may have.

OTH PowerPoint slide presentation

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

OTH supporting material

- Role plays
- LIVES intervention
- Case scenarios
- Alternative relaxation exercises
- Multiple choice questions
- Video link

  Activity 4: mhGAP OTH module – assessment, management and follow-up

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

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