



AN INTRODUCTION TO MENTAL HEALTH

Facilitator's Manual for Training
Community Health Workers in India




BasicNeeds
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The development of this manual was made possible by
a grant from the Australia India Council

First edition : 2009

Published by

BasicNeeds
158A, Parade, Leamington Spa
Warwickshire, UK CV32 4AE
UK Registered Charity Number: 1079599
www.basicneeds.org

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BasicNeeds: www.basicneeds.org

BasicNeeds is an international mental health organization which has developed a community-based approach to mental health called the Mental Health and Development Model (MHDM). This model introduces affordable community mental health care into low and middle income countries through five separate but interlinked modules: capacity building, community mental health, sustainable livelihoods, research and management/administration. Stressing the link between mental health and development, BasicNeeds (BN) puts these five modules into practice through its work with local partner organizations in India, Sri Lanka, Lao PDR, Ghana, Uganda, Kenya, Tanzania and Colombia, and has reached over 67,000 persons with mental illness or epilepsy and their families worldwide. Over 16,000 recovering individuals are members of 460 local self-help/user groups.

The Nossal Institute for Global Health: www.ni.unimelb.edu.au

The Nossal Institute for Global Health is located within the University of Melbourne, and is committed to making a difference to global health practice, learning and research. The institute has a combined focus on development assistance, research and teaching. Through capacity building and partnership, the Nossal Institute works internationally across South and South East Asia, the Mekong, Southern Africa and the Pacific to address global health challenges in regions where public health needs are greatest. Disability and mental health are one of the Nossal Institute's thematic areas of focus.

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Acknowledgements

The development of this manual was made possible by a grant from the **Australia India Council**.

The contribution of one of the authors, Kate Gibson, was made possible through the Victorian Public Health Training Scheme of the Department of Human Services, Victoria, Australia.

The authors wish to acknowledge the kind support of the Comprehensive Rural Health Project in Jamkhed, Maharashtra, especially Dr Raj Arole, Dr Shoba Arole, Ms Shaila Deshpande, Mrs Ratna Kamble, and the Village Health Workers.

Ms Brigitte Tenni from the Nossal Institute also provided helpful feedback.

The development of this manual has drawn heavily on the following resources (with permission from the authors) and the authors wish to give full acknowledgement to this fact:

- Kitchener B, Jorm A **Mental Health First Aid Manual**. Centre for Mental Health Research. Canberra: Australian National University; 2003. Available from: <http://www.mhfa.com.au>
- Patel V. **Where there is no psychiatrist. A mental health care manual**. London: Royal Collage of Psychiatrists; 2003.
- **BasicNeeds** training reports and materials developed by the programs in Ghana, Kenya, Tanzania, Uganda, India and Sri Lanka (2002-2008).

It is the authors' intention that this training manual be made widely and freely available for use and adaptation by other facilitators in a range of settings. If you are using this manual to guide your own training, we ask that you give due acknowledgement to the source during the course of your training program.

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We are keen to hear about your experiences using the manual – both positive and negative.

Abbreviations

CHWs	Community Health Workers
MHFA	Mental Health First Aid
MHL	Mental Health Literacy
OCD	Obsessive-Compulsive Disorder
WHO	World Health Organization

Introduction

Mental health is vital for individuals, families and communities, and is more than simply the absence of a mental disorder. Mental health is defined by the World Health Organization (WHO) as 'a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community'.¹

A mental disorder is any illness that affects people's emotions, thoughts or behaviour, which is out of keeping with their cultural beliefs and personality, and is producing a negative effect on their lives or the lives of their families.² There are many different types of mental disorders ranging from common disorders such as depression and anxiety to more severe ones such as schizophrenia. Effective treatments are available for people with mental disorders, and many types of mental disorder can be managed at the primary health care level with complementary support from community-based workers and community members.

Knowledge and beliefs about the recognition, management and prevention of mental disorders is known as Mental Health Literacy (MHL).³ Studies in India and internationally have indicated that knowledge and understanding of mental disorders is poor in many communities.^{3,4} Improved knowledge of mental disorders may assist affected people to access treatment and improve the quality of the care they receive.³ An important component of MHL is having the knowledge and skills to support people in the community who may be developing a mental disorder or are in a mental health crisis situation. This type of assistance has been referred to as Mental Health First Aid (MHFA), which is defined as the help given to someone experiencing a mental health problem before professional help is obtained.⁵

Mental disorders and poverty go hand in hand. Poor people with mental disorders are less able to access appropriate care due to lack of awareness regarding available treatments and services, and lack of money to pay for them. Their ability to work is compromised, and this plunges them further into poverty. Ignorance and fear of mental disorders across the community contributes to the stigma and shame for affected people and their families, and consequent discrimination that results in social exclusion, which has a negative effect on recovery from mental disorders.⁶

The training program outlined in this manual is designed to help Community Health Workers (CHWs) with their day to day work, and has been developed and piloted in consultation with the Village Health Workers at the Comprehensive Rural Health Project, Jamkhed, Maharashtra, India. The training manual provides a step by step guide to facilitating each training session and contains information on teaching methods, training tips and the aims and objectives of each session.

Aim and objectives

The overall aim of this training manual is to build the capacity of CHWs in the field of mental health so that they are able to effectively respond to the mental health needs of their communities. By the conclusion of the training, participants will be able to:

- **Recognise** symptoms of mental disorders.
- **Respond** appropriately to people experiencing symptoms of mental disorders.
- **Refer** people experiencing possible mental disorders to appropriate services.
- **Support** people with mental disorders and their families.
- **Promote** mental health within their communities.

The manual is not designed to prepare CHWs as independent mental health practitioners – further training is required to achieve this goal.

Structure of the manual and the course

This manual outlines a four day training program that provides an introduction to mental health for community level health workers. It includes relevant background information for both the facilitator and course participants, and a range of associated participatory activities.

Each day consists of three sessions. Each session has its own objective and consists of presentations that are given by the facilitator and activities that involve the whole group. A proposed timetable for the training is provided, but this can be adjusted if necessary. It is important that the facilitator carefully monitor the timing of each session as it is easy for sessions to extend beyond the allocated time.

This course can be run over four consecutive days if necessary, but the learning will be enhanced if the course is spread out over time e.g. one day per week.

Who are the participants?

This training is designed for experienced Community Health Workers who would like to learn more about mental health so that they can recognise mental health problems in their communities, respond appropriately to people with mental health problems, and refer them to appropriate services, as well as support their families. The ideal number of participants is 20 people. Several of the activities involve writing things down, so it is best if at least some of the participants are literate, but it is not necessary for all participants to be literate.

CHWs generally refer to people selected, trained and working as health aides in the communities from which they come, as defined by WHO: “Community health workers should be members of the communities where they work, should be selected by the communities, should be answerable to the communities for their activities, should be supported by the health system but not necessarily a part of its organization, and have shorter training than professional workers.”⁷

CHWs make a significant contribution to the health and development of their communities, particularly in countries such as India, and can improve access to and coverage of communities with basic health services.⁷

Who is the facilitator?

The manual is intended for use by an experienced health facilitator or trainer. We recommend co-facilitation involving two facilitators. The program will be enhanced if at least one of the facilitators already has a good understanding of mental health and mental disorders.

Teaching methods

This training manual outlines a program that uses a range of teaching methods:

- *Presentations* that are given by the facilitator or a resource specialist to convey information, theories, or principles.
- *Case studies* that provide descriptions of real-life situations to be used for group discussions.
- *Small group participatory activities* in which participants share experiences and ideas or solve problems together, and then make a presentation to the larger group to stimulate further discussion and debate.
- *Participatory role playing activities* in which participants act parts in scenarios or assume roles to demonstrate and reinforce the learning.

Tips for facilitators

- It is useful to set some simple ground rules for the training at the beginning of the program and in collaboration with the group.
- To stimulate lively discussions:
 - ◆ ask open-ended questions e.g. “can you tell me about...”
 - ◆ ask other participants if they agree with a statement someone makes
 - ◆ invite participants to answer each others’ questions by saying “does anyone have an answer to that question?”
 - ◆ encourage participants who give limited responses by saying “can you tell me a bit more about that?”.
- Encourage quieter participants to speak and provide them with positive reinforcement.
- Paraphrase participants’ comments to check that you have understood them properly.
- Summarise the discussion to ensure that everyone understands the main points.
- Gently correct any misinformation communicated by participants.
- Avoid using abbreviations and acronyms that participants may not be familiar with.
- **Try to keep the program running to time (otherwise you will run out of time).**
- Try to ensure at least one member of each small working group can read and write.
- Encourage the group to engage in brief energising activities that involve movement from

time to time e.g. immediately after lunch. Some group members will be familiar with a range of energising activities that they can lead. Standing up and singing a short song together is often effective.

- Various methods can be used to divide the class into sub-groups when this is required. One method is to ask each person in turn to say sequential numbers out loud (the first person says '1', the second person says '2' etc.) until the number of groups you require is reached, at which point the numbering begins again until all people have been allocated a number. For example, if three groups are required then the participants will count off 1, 2, 3, 1, 2, 3 etc until all participants have been allocated a 1, 2, or 3. All number ones form a group and all number twos form another group etc.

Preparing for the training

Prior to commencing the training it is essential that the facilitators carefully review each session, the case studies and other materials and adapt them appropriately to the local setting and culture (e.g. change names).

You will need to allow a lot of time to plan for appropriate translation of the materials. It is important to have a thorough discussion about how best to translate terms that may not have equivalent meanings in the local language e.g. depression, psychosis, mental health first aid etc. If there is no meaningful local equivalent word or expression, then use the English words, and encourage the participants to do the same so that they eventually incorporate these terms into their own vocabulary.

The 'Information for presentation' sections, case studies, role plays, handouts and symptom cards will all have to be carefully translated in advance.

Also, look at the background information for each session to familiarise yourself with it, and prepare materials (e.g. cards for group work, information for presentations, etc.) as indicated.

Facilitators may supply notepads and pens for the participants to take their own notes.

Unless otherwise specified, it is advisable to arrange the seating in a circular or U configuration, as this allows for more open discussion and for easy transition into group work.

Evaluating the training

Be sure to evaluate the training by asking the participants for feedback with suggestions to further improve the program, before they leave at the end of the program. Session 12 will help you with this.

The distribution of personalised Certificates of Attendance at the completion of the training is usually appreciated.

Including representation of people who have experienced a mental disorder

The training will be enhanced if you are able to include the perspective of people who have been users of mental health services. Providing an opportunity for a person who has experienced a mental disorder to contribute to the training by telling his/her own story is recommended (but may not always be possible due to stigma). Support groups for mental health service users and their families have been formed in many urban settings, and contact with such organisations can facilitate inclusion of the user perspective. The person can share his/her experience of mental illness, of mental health services, and of the factors that supported and hindered recovery. It may also be beneficial for the group to have a discussion with mental health specialists, such as a psychiatrist.

Useful background reading for the facilitator

1. World Health Organization. **The World Health Report: 2001: Mental health: new understanding, new hope.** Geneva: World Health Organization; 2001. Available from: <http://www.who.int/whr/2001/en/index.html>
2. WHO Mental Health Gap Action Programme. **Scaling up care for mental, neurological, and substance use disorders.** Geneva: World Health Organization; 2008. Available from: http://www.who.int/mental_health/mhgap_final_english.pdf
3. Mental Health Global Action Programme. **Close the gap, dare to care.** Geneva: World Health Organization; 2002. Available from: http://www.who.int/mental_health/media/en/265.pdf
4. WHO & World Health Organization of Family Doctors **Integrating mental health into primary care: A global perspective.** Geneva: World Health Organization; 2008. Available from: http://www.who.int/mental_health/resources/mentalhealth_PHC_2008.pdf
5. Saxena F, Andrew G. **Barefoot Counselling: A manual for community workers.** Goa: Sangath ; 2002. Available from: <http://www.sangath.com/publications/pub%20pddf/BFCMain-web.pdf>
6. **WHO Guide to Mental and Neurological Health in Primary Care.** Available from: <http://www.mentalneurologicalprimarycare.org/downloads.asp>
7. **Mental Health First Aid** website: <http://www.mhfa.com.au/>
8. Patel V. **Where there is no psychiatrist. A mental health care manual.** London: Royal Collage of Psychiatrists; 2003.

Overview of days and sessions

No.	Activity	Description	Time
Day One Session 1 – Introduction to mental health and mental disorders			
1	Introducing your other half	Participants are welcomed, introduced and state their expectations of the training. An overview of the program objectives and timetable is provided.	1 hour
2	CHWs ideas about mental disorders	Presentation of information and a drawing activity to help explore and promote participants' knowledge and understanding of mental health.	1 hour
Day One Session 2 – More about mental disorders			
3	Factors affecting mental health	Presentation of information and brainstorming help participants to understand that a variety of factors contribute to the development of mental disorders.	1 hour
4	Symptoms of mental disorders	The information presented assists participants to recognise symptoms associated with Common and Severe Mental disorders.	1 hour
Day One Session 3 – Severe and Common Mental Disorders			
5	Severe Mental Disorders	Case studies are used to help participants recognise Severe Mental Disorders and understand the effect of illness on the person and family.	1 hour
6	Common Mental Disorders	Case studies are used to help participants recognise Common Mental Disorders and understand the effect of illness on the person and family.	1 hour

Day Two Session 4 – Mental Health First Aid (Part 1)

7	Revision of Day 1	Reflects on Day 1 of the training. Identifies points for clarification and recalls major themes and messages.	30 minutes
8	Introduction to Mental Health First Aid	Participants are introduced to the concept of Mental Health First Aid and discuss their own experiences helping people with mental disorders.	20 minutes
9	Mental Health First Aid in Action	Case studies are used to explore the ways in which CHWs can assist people suffering from a mental disorder.	40 minutes
10	Responding to a person with unexplained physical complaints	Information on how to respond to a person with unexplained physical complaints is presented and participants discuss their own experiences.	30 minutes

Day Two Session 5 – Mental Health First Aid (Part 2)

11	Responding to a person experiencing excess worry and panic	Participants watch a role play and discuss how to respond to a person with excessive fear.	1 hour
12	Responding to a person who is unusually sad or thinking about suicide	Information on how to respond to a person who is unusually sad and thinking about suicide is presented and participants discuss a case study.	1 hour

Day Two Session 6 – Mental Health First Aid (Part 3)

13	Responding to a person who is tired all the time	A case study helps participants explore useful ways to respond to a person who is tired all the time.	30 minutes
14	Responding to a person with sleeping problems	Information on how to respond to a person with sleeping problems is presented and participants discuss their own experiences.	30 minutes

15	Responding to a person who is hearing voices, suspicious of others, or expressing unusual beliefs	Watching a role play teaches participants how to respond to and help someone who is hearing voices.	1 hour
Day Three Session 7 – Mental Health First Aid (Part 4)			
16	Revision of Day 2	Reflects on Day 2 of the training. Identifies points for clarification and recalls major themes and messages.	30 minutes
17	Responding to a person who is engaging in harmful use of alcohol	Case studies are used to demonstrate how to support a person engaged in excessive use of alcohol.	30 minutes
18	Responding to a person who is threatening violence	Participants discuss a case study to understand how to restore calm and safety when a person threatens violence.	30 minutes
Day Three Session 8 – Practice based skills (Part 1)			
19	Introduction to counselling	The skills required for counselling are discussed.	30 minutes
20	Counselling in action	Participants practice problem solving and listening skills with a partner.	1 hour
21	Visiting the affected person at home	Participants discuss the benefit of visiting a person with a mental disorder at home, and receive tips for engaging with the person and his/her family.	30 minutes
Day Three Session 9 – Practice based skills (Part 2)			
22	Supporting the family	Information on supporting the family of a person with a mental disorder is presented using case studies in a group exercise.	45 minutes
23	Referring to mental health professionals	Information on referring a person to a mental health professional is presented and case studies are discussed.	45 minutes
24	Understanding drug treatments	Presentation of information explains how drug treatments work and the benefits and negative aspects of treatment for a person with a mental disorder.	30 minutes

Day Four Session 10 – Mental Health Promotion (Part 1)

25	Revision of Day 3	Reflects on Day 3 of the training. Identifies points for clarification and recalls major themes and messages.	30 minutes
26	Introduction to mental health promotion	Participants are introduced to mental health promotion concepts and identify effective examples from their own communities.	30 minutes
27	Stigma & discrimination	Participants receive information on stigma and discrimination and discuss ways to reduce it as a strategy for improving mental health.	30 minutes
28	Poverty & mental health	Participants discuss the poverty and mental illness cycle and ways to break the cycle.	30 minutes

Day Four Session 11 – Mental Health Promotion (Part 2)

29	Gender & mental health	The relationship between gender and mental health is explored and participants brainstorm ways to promote gender equality.	30 minutes
30	Preparation of group work	Participants prepare a group report reflecting what they have learnt.	1½ hours

Day Four Session 12 – Group presentations and Final evaluation

31	Presentation of group work	Participants present their group reports reflecting what they have learnt	1 hour
32	Final evaluation and presentation of Certificates of Attendance		1 hour

An introduction to mental health for community health workers

Timetable

Day 1	
9.00-11.00	Introduction to mental health and mental disorders
11.00-11.30	Morning tea
11.30-13.30	More about mental disorders
13.30-14.30	Lunch
14.30-16.30	Severe and Common Mental Disorders
Day 2	
9.00-9.30	Revision of Day 1
9.30-11.00	Mental Health First Aid – Part 1
11.00-11.30	Morning tea
11.30-13.30	Mental Health First Aid – Part 2
13.30-14.30	Lunch
14.30-16.30	Mental Health First Aid – Part 3
Day 3	
9.00-9.30	Revision of Day 2
9.30-10.30	Mental Health First Aid – Part 4
10.30-11.00	Morning tea
11.00-13.00	Practice based skills – Part 1
13.00-14.00	Lunch
14.00-16.00	Practice based skills – Part 2
Day 4	
9.00-9.30	Revision of Day 3
9.30-11.00	Mental Health Promotion – Part 1
11.00-11.30	Morning tea
11.30-12.00	Mental Health Promotion – Part 2
12.00-13.30	Group preparation
13.30-14.30	Lunch
14.30-15.30	Group presentations
15.30-16.30	Final evaluation and presentation of Certificates of Attendance

DAY 1 | Session 1:

Introduction to mental health and mental disorders

Session objectives: To welcome participants to the training, provide an overview of the course objectives and timetable, and explore ideas about mental health and mental disorders.

Session duration : 2 hours

Activity 1 : Introducing your other half

Time : 1 hour

Purpose : To introduce participants to each other and the training program.

Materials : Black/white board for presentation, illustrated introduction cards (Appendix A), large piece of paper and marker for the facilitator.

Directions : **Step 1**

Greet the class and introduce yourself to them.

Give a brief outline of the four day program and the topics you will be covering.

Step 2

Hand out the illustrated cards found in Appendix A (each picture has been split in two). Each person gets one-half of a picture.

Instruct participants to find the person with the other half of their illustrated card.

Participants then introduce themselves to their partners and share three pieces information about themselves, for example:

- ◆ Their name and village
- ◆ One positive thing about themselves OR one of your favourite roles as a community health worker
- ◆ Their expectations for participating in this training.

Allow **five minutes** for discussion in pairs then participants should introduce their partner to the rest of the group and mention what their partner hopes to gain by participating in the training.

The facilitator writes the participants expectations of the training on a large piece of paper and sticks it up on the wall of the training room if possible.

Step 3

With the group, develop some ground rules for the training programme and ask for a volunteer participant to write these on a large sheet of paper as they are identified and agreed on by the group. These may include:

- We are committed to attending all the sessions and arriving on time.
- We will listen to everybody when they are speaking.
- We will try to contribute to the session.
- We will respect each others opinions even when they are different from our own.
- We will maintain people's confidentiality when reflecting on our own experiences of mental health and mental disorders.

Step 4

The facilitator outlines the aim of the training and the meaning of positive mental health. The important role of the Community Health Worker in mental health care is also highlighted, as summarised in the 'Information for Presentation' box below.

INFORMATION FOR PRESENTATION

Understanding mental health

Mental health is defined by the World Health Organization as **a state of well-being** in which the individual:

- realises his or her own abilities;
- can cope with the normal stresses of life;
- can work productively fully; and
- is able to make a contribution to his or her community.¹

A healthy person has a healthy mind and is able to:

- think clearly;
- solve problems in life;
- work productively;
- enjoy good relationships with other people;
- feel spiritually at ease; and
- make a contribution to the community.²

It is these aspects of functioning that can be considered as mental health.

Mental health is vital for individuals, families and communities, and is more than just the absence of mental disorder.

To be a healthy person we need to have both mental and physical health, and these are related to each other.

Mental health provides individuals with the energy for active living, achieving goals and interacting with people in a fair and respectful way.

Aim of the training

The overall aim of this training is to build the capacity of CHWs in the field of mental health so that they are able to effectively respond to the mental health needs of their communities.

The role of the CHW in relation to mental health

The CHW is very well placed to recognise when a person in their community is experiencing symptoms of mental disorder.

With training they can learn to respond appropriately to a person experiencing the symptoms of mental disorder, and can encourage the person to seek assistance from the most effective available services.

CHWs are also ideally placed to support families who have a mentally ill family member, and to promote mental health in the community more broadly.

Activity 2 : Community Health Workers' ideas about mental disorders

Time : 1 hour

Purpose : To explore and promote participants' knowledge and understanding of mental disorders.

Materials : Black/white board for presentation, A4 sized paper and pens/pencils for all participants to participate in a drawing activity.

Directions : **Step 1**

Ask the participants what they think a person with good mental health looks like and begin to explore these ideas in a brief discussion with the group.

Step 2

Following this, ask the participants to individually draw a picture of a person with a mental disorder (based on their current understanding of mental disorders) on an A4 piece of paper. Allow **5-10 minutes** for drawing.

Once completed ask each of the participants to briefly talk about their drawings:

- What kind of mental disorder does the picture depict?
- What factors led to the mental disorder depicted in the picture?

Step 3

Give a short presentation about mental disorders covering the information in the 'Information for Presentation' box below.

INFORMATION FOR PRESENTATION

Understanding mental disorders

Mental disorders can affect both men and women, and can affect people from different age groups including the young and the elderly.

Mental disorders are common - about one in five adults experience a mental disorder at some stage in their life.²

Most people suffering from a mental disorder look the same as everyone else. It's not always possible to tell that someone is experiencing a mental disorder just by looking at the person.

Mental disorders include a variety of different conditions ranging from more common problems such as excessive fear and worry (anxiety) or unusually sad mood (depression), to more severe behavioural problems that can involve suspiciousness, violence, agitation and other unusual behaviours (psychosis).⁵

Mental disorders are more than just the experience of stress. Although stressful life events often contribute to the development of mental disorders, stress itself is not considered to be a mental disorder.

While seizures, epilepsy, and intellectual disability (mental retardation) are all conditions that affect the brain, these are not actually classified as mental disorders.

A mental disorder can be a brief episode or it may be a long-term persistent condition.


When a family member has a mental disorder, that family is often socially and economically disadvantaged.

Communities often have many false beliefs about mental disorders, including what they are, what causes them, and how to respond to a person experiencing a mental disorder.

Consequently, many people with mental disorders experience stigma and discrimination that results in:

- delays in seeking appropriate help for the problem
- distress for the affected person and their family
- ongoing social and economic exclusion for the affected person and their family.

There are effective and affordable treatments for most mental disorders.



Appropriate treatment can help improve the quality of life for most people experiencing mental disorders and their families.

CHWs have an important role to play in relation to mental health. They can:

- **Recognise** when people in their community are experiencing symptoms of a mental disorder.
- **Respond** appropriately to people experiencing a mental disorder.
- **Refer** these people for appropriate health care.
- **Support** people with mental disorders and their families.
- **Promote** mental health within their communities.

DAY 1 | Session 2:

More about mental disorders

Session objective : To introduce the CHWs to the symptoms of mental disorders so they are able to recognise people experiencing such symptoms in their own communities.

Session duration : 2 hours

Activity 3 : Factors affecting mental health

Time : 1 hour

Purpose : To help participants understand that a variety of factors contribute to the development of mental disorders.

Materials : Black/white board for presentation, the 'Factors contributing to mental disorders' diagram as a handout (found in Appendix B), marker pens.

Directions : **Step 1:**

Give a presentation based on the 'Information for Presentation' box below. This information highlights that the development of mental disorders is often related to an interaction of factors.

INFORMATION FOR PRESENTATION

Factors affecting mental health

There is rarely one single cause of a mental disorder. Most mental disorders are caused by a combination of factors including:

- Stressful life events
- Biological factors
- Individual psychological factors e.g. poor self-esteem, negative thinking
- Adverse life experiences during childhood e.g. abuse, neglect, death of parents or other traumatic experiences.

Some people may be more vulnerable to mental disorders than others but may not develop an illness until they are exposed to stressful life events.

Mental disorders are NOT the result of possession by evil spirits, curses, astrological influences, character weakness, laziness, karma or black magic.

Supernatural, astrological and religious explanations for mental disorder are common in

India.⁸ These types of beliefs can delay early recognition of mental disorders and prevent appropriate treatment and follow-up.⁹

Biological factors can include genetics, brain injury, and chemical imbalance in the brain.

Sometimes people experiencing chronic medical problems such as heart, kidney and liver failure, and diabetes may develop mental health problems such as depression, as living with a chronic illness can be very stressful.

Stressful life events can contribute to the development of mental disorders e.g. family conflicts, unemployment, death of a loved one, money problems, infertility and violence.^{2,5} A lot of stress may also contribute to an imbalance of chemicals in the brain.

Poverty can place a person at risk of mental disorders because of the stresses associated with low levels of education, poor housing and low income. Mental disorders are also more difficult to cope with in conditions of poverty.¹

Difficulties in childhood such as sexual or physical violence, emotional neglect, or early death of a parent can sometimes lead to a mental disorder later in life.

Unhealthy behaviours such as drug and alcohol abuse can lead to the development of a mental disorder as well as being the result of a mental disorder.

Step 2

Divide the participants into two groups and ask each group to list all of the factors that contribute to the development of mental disorders (based on their current understanding). One participant in each group records the factors identified by the group.

Allow **10 minutes** for the groups to complete this task.

Bring the two groups together and ask a representative from each group to read their list of factors aloud. As the list is read, write each factor on the board, ignoring duplicate factors from the second group.

If either group suggests factors that are in fact not associated with the development of a mental disorder e.g. spirit possession, write this on the board in a separate place from the main list.

Using the 'Factors affecting mental health' diagram below, ensure that all factors are adequately listed on the board. If the groups do not mention certain factors then the facilitator can add them to the list.

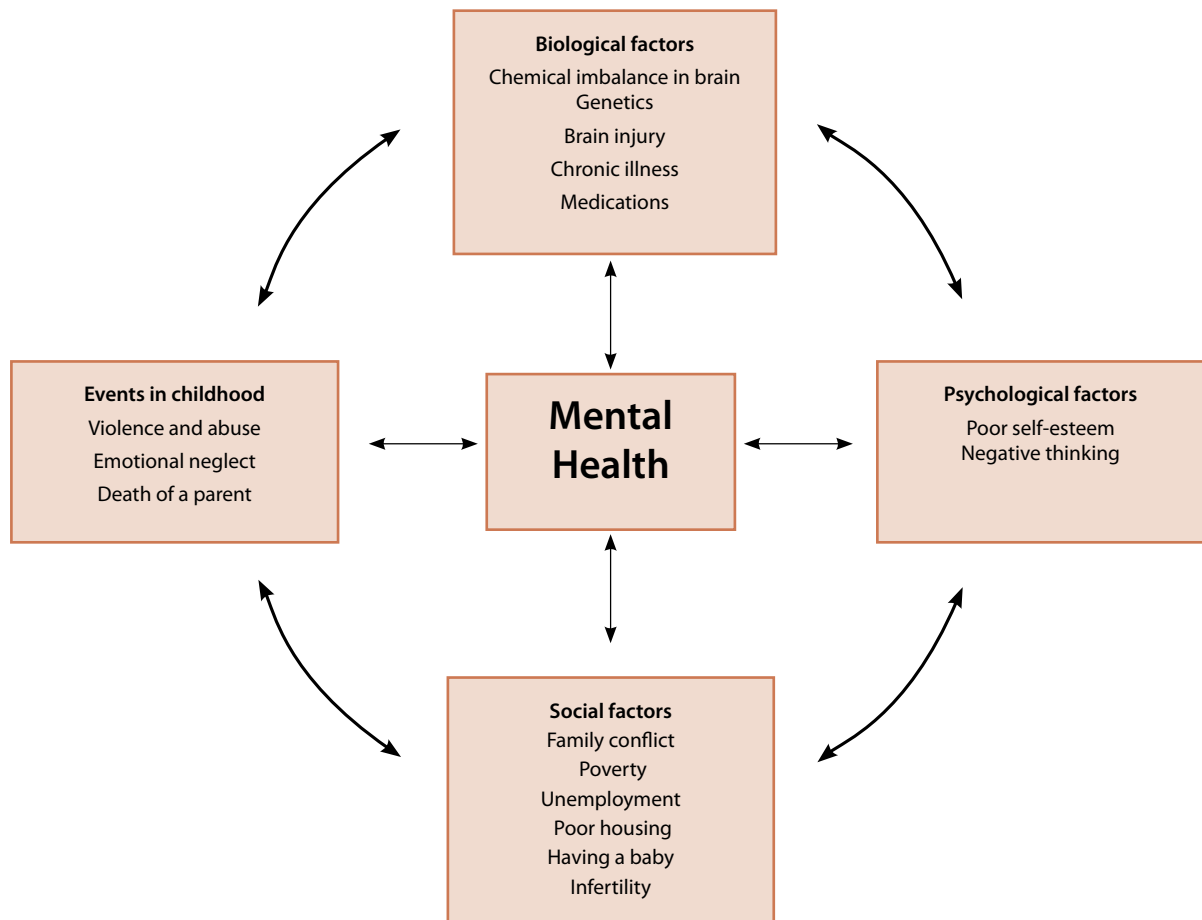
Highlight to the participants that some of the listed factors are biological, some are social and others are psychological. Negative experiences during childhood can also contribute to the development of mental disorders. Point out examples of each of these from the list.

Give the participants the 'Factors affecting mental health' diagram (found in Appendix B) as a handout.

Remind participants that mental disorders are usually caused by a combination of factors rather than just one factor, and many people can experience these factors and not develop a mental disorder.

Finally, discuss any false factors (mis)identified by the groups. This is an opportunity to point out that there are many common misunderstandings about the causes of mental disorders.

Diagram 1: Factors affecting mental health



Activity 4 : Symptoms of mental disorder

Time : 1 hour

Purpose : To help participants recognise symptoms associated with mental disorders.

Materials : Paper and marker pens, black/white board and 'Symptoms of mental disorders cards' (found in Appendix C).

NB : It will be necessary to label each of these cards with suitably translated words prior to commencement of the training session.

Directions : Step 1

Give a short presentation of the information provided in the 'Information for Presentation' box below.

INFORMATION FOR PRESENTATION

The symptoms of mental disorders can produce a negative effect on the lives of individuals, families and society as a whole.

You cannot always tell just by looking at a person whether or not they have a mental disorder. The symptoms of mental disorders can be physical or psychological.

1. **Physical symptoms** are those that involve the physical functioning of the body e.g. aches and pains, weakness, tiredness, sleep disturbance, and increased or decreased appetite.
2. **Psychological symptoms** are those that involve the mental functioning of the body.
 - a. **Feeling symptoms** are those that involve our emotions or feelings e.g. sadness, fear and worry.
 - b. **Thinking symptoms** are those that affect the way a person thinks e.g. problems in understanding, concentrating, memory, and judgment (decision-making). Thinking about ending your life (suicide) or thinking that someone else is going to harm you are examples of thinking symptoms.
 - c. **Behavioural symptoms** are those that affect the way people act or what they do. Behaviours are what we actually see others doing e.g. being aggressive, increased or decreased talking, withdrawal from family and friends, self-harm e.g. cutting the skin, and attempting suicide.
 - d. **Imagining symptoms** are those that involve the person perceiving or experiencing things that are not actually real (although they seem very real to the person experiencing them). For example, the person may be hearing voices or seeing things that are not actually present.^{2,5}

Some of the symptoms associated with mental disorders, such as feelings of sadness and worrying a lot, affect everybody from time to time. These symptoms only become a mental

disorder when they are excessive and prevent the person from leading a normal life. Other symptoms such as hearing voices are nearly always a symptom of a mental disorder.

The different types of symptoms are closely related to each other, for example, hearing voices saying that others are going to harm you can lead to aggression due to fear.²

Experiencing the symptoms of mental disorders does not mean the individual is weak or lazy, possessed by supernatural forces, or losing his/her mind.

Step 2

Ask each participant to randomly select one card from the pile of 'Symptoms of mental disorders cards' (found in Appendix C).

Write the symptom group headings (physical, feeling, thinking, behaving, imagining) on five separate sheets of paper (one heading per sheet) and place these in different parts of the room.

Ask the participants to stand next to the symptom group that best reflects the type of symptom depicted on the card they are holding.

The facilitator can demonstrate this activity by selecting a symptom card and moving to stand in the area of the room with the related heading, for example, if the card says "tiredness" stand in the physical symptom area of the room.

Step 3

Focus attention on the 'physical symptom group' and discuss with all participants:

- What symptoms do they have in their group?
- Why does this symptom belong in that group?

Write the symptoms in a table (like the one below) on the board or a large piece of paper.

Repeat these steps with the other symptom groups.

If participants place their symptoms in the incorrect symptom group e.g. a person with the sadness symptom card stands next to the thinking symptom label, gently correct the mistake.

Complete the 'Symptoms of Mental Disorders' table using the participant's suggestions, and the information in the table below.

Symptoms of mental disorders table

Physical	Feeling	Thinking	Behaviour	Imagining
Tiredness	Sadness	Excessive worry	Crying	False beliefs
Aches & pains	Anxiety	Self blame & criticism	Social withdrawal	Hearing voices
Weight loss	Guilt	Unable to make decisions	Talking to him/herself	Seeing things not there
Pounding heart	Helplessness	Poor concentration	Aggression	Smelling things not there
Sleep disturbance	Loss of emotion	Thoughts of death & suicide	Poor personal hygiene	Tasting things not there
Stomach ache	Mood swings	Rapid thinking	Avoidance behaviour	Feeling things not there
Feeling short of breath	Hopelessness	Poor judgement	Rapid speaking	
Loss of appetite	Low self-esteem		Not making sense to others	
Muscle tension	Excessive fear		Attempting suicide	
Lack of energy	Loss of motivation		Irritability	

Symptoms of mental disorders



1. Self-blame



2. Talking to him/herself



3. Hearing voices



4. Fear



5. Sadness



6. Sleep disturbance



7. Heart pounding



8. Muscle tension



9. Stomach pains



10. Feeling hopeless



11. Mood swings



12. Lack of energy



13. Increased or decreased talking



14. Attempting suicide



15. Thinking about suicide



16. Poor concentration



17. Seeing things not really there



18. Poor judgement



19. Aggression



20. Believing others are going to harm you



21. Withdrawing from friends and family

DAY 1 | Session 3:

Severe and Common Mental Disorders

Session objective : To introduce the CHWs to the symptoms of Severe and Common Mental Disorders so they are able to recognise people experiencing such symptoms in their own communities.

Session duration : 2 hours

Activity 5 : Severe Mental Disorders

Time : 1 hour

Purpose : To help participants recognise Severe Mental Disorders and the effects of the illness on individuals and their families.

Materials : The diagram of Common and Severe Mental Disorders (found in Appendix D) as a handout, and **Case study A** (found in Appendix E).

Directions : **Step 1**

Give a presentation based on the 'Information for Presentation' box below, and give each participant a copy of the diagram of Common and Severe Mental Disorders (as seen below and found in Appendix D).

INFORMATION FOR PRESENTATION

Types of mental disorders

Mental disorders can be divided into two main categories:

- **Common Mental Disorders:** which include symptoms that we all experience from time to time, for example, feelings of fear, worry or sadness.
- **Severe Mental Disorders:** which are often difficult for the general community to understand, for example, hearing voices or expressing strange or unusual beliefs.

There are many different types of Common and Severe Mental Disorders that require a trained mental health worker to accurately diagnose and treat appropriately (give participants the diagram of Common and Severe Mental Disorders as a hand out. Point out the difference between common and severe mental disorders).

If a person in your community is experiencing symptoms that you think may be linked to a mental disorder, it is important to refer them to a doctor or mental health specialist (referral to mental health professionals is covered later in the training program).

In this session we are going to discuss Severe Mental Disorders and in the next session we will discuss Common Mental Disorders.

Severe Mental Disorders

People with Severe Mental Disorders usually experience a mixture of physical, emotional, thinking and behaviour symptoms, as well as imagining symptoms.

Severe Mental Disorders are rare and usually involve noticeable behavioural problems and the expression of strange or unusual ideas, often called psychosis.⁵ Psychosis is sometimes described as 'losing touch with reality'.

People with Severe Mental Disorders are more easily identified as having a mental health problem than those with Common Mental Disorders, because they seem more obviously different from others in the way they think and behave. Most people in psychiatric hospitals suffer from Severe Mental Disorders.

The main types of Severe Mental Disorders are:

1. Psychotic episode

2. Schizophrenia

3. Bipolar disorder

1. **Psychotic Episode:** The person displays severe behavioural problems and expresses strange or unusual ideas.

- ◆ It is caused by a combination of factors including genetics, brain chemistry, stress and other factors such as the use of drugs or intense depression.⁵
- ◆ Psychotic episodes usually start suddenly and do not last for a long time.
- ◆ A psychotic episode may eventually become a more serious psychotic illness such as schizophrenia, or it may only occur once in a person's lifetime.

2. **Schizophrenia:** Mainly affects young people before 30 years of age. Symptoms of schizophrenia include:

- ◆ False beliefs e.g. thinking others are trying to harm him/her, or believing that his/her mind is being controlled by others
- ◆ false perceptions – seeing, smelling or tasting things that are not there, and most commonly hearing voices that are not there
- ◆ strange behaviours e.g. talking to him/herself

- ◆ poor concentration and inability to think clearly
- ◆ lack of motivation to do things
- ◆ inappropriate emotions e.g. laughing at something sad.
- ◆ loss of social skills and social withdrawal
- ◆ restlessness, walking up and down
- ◆ poor personal hygiene
- ◆ saying things that do not make sense to others
- ◆ aggression.

Both men and women are affected equally by schizophrenia, and symptoms may develop rapidly over several weeks or more slowly over several months.

Many people mistakenly believe that schizophrenia is the same as split-personality but this is not correct.

3. **Bipolar disorder:** The person experiences extreme mood swings between low mood (depression), high mood (mania) and normal mood. The symptoms of the depressed stage of the illness are much the same as depression (described later), and the symptoms of the manic stage of the illness include:

- ◆ a very happy mood
- ◆ unrealistic plans or ideas
- ◆ inappropriate sexual behaviour
- ◆ spending a lot of money
- ◆ not sleeping
- ◆ irritability
- ◆ rapid talking
- ◆ unable to be still and relax
- ◆ beliefs that he/she is special or superhuman
- ◆ limited understanding that he/she is behaving in an unusual way.

Both men and women can be affected, usually in early adulthood.

Step 2

Divide participants into two groups and give each group a copy of **Case study A** (found in Appendix E). Ask one participant in each group to read the case study to the rest of the group, and ask another group member to make notes for the feedback to the larger group at the end of the activity.

NB During all group work involving discussion of case studies, it is important that the facilitators circulate around the groups to ensure that the discussion is on track and to clarify points for participants.

Case study A

Amal is a 25 year old student who, many months ago, started locking himself in his room. Amal used to be a good student but failed his last exams. His mother says that he often spends hours staring into space. Sometimes he mutters to himself as if he were talking to an imaginary person. He was forced to come to the clinic by his parents. At first he refused to talk to the nurse. After a while he admitted that he believed that his parents and neighbours were plotting to kill him and that the devil was interfering with his mind. He said he could hear his neighbours talk about him and say nasty things outside his door. He felt as if he had been possessed, but did not see why he should come to the clinic since he was not ill.

Ask the groups to:

- Identify and list the symptoms in the case study.
- Decide what type of Severe Mental Disorder the person might have.

Note for the facilitator: Amal is experiencing the following symptoms of a Severe Mental Disorder:

Thinking symptoms – believing that his parents and neighbours are plotting to kill him and that the devil is interfering with his mind

Behavioural symptoms – locking himself in his room, failing exams, staring into space, talking to himself

Imagining symptoms – hearing voices

And possibly also emotional symptoms such as fear.

Amal is suffering from a Severe Mental Disorder called schizophrenia, which made him hear voices and imagine things that were not true.

Allow **10 minutes** for this discussion, then ask the groups to come together, and a representative from each group reports their findings to the larger group.

Step 3

Lead a brief group discussion using the following points:

- How difficult was it to identify the symptoms of the mental disorder?
- How difficult was it to decide what type of Severe Mental Disorder the person in the case study might have?
- How would experiencing these symptoms affect the individual's life and that of his family?

Step 4

Ask the participants to think of a person in their community who may have been suffering from a Severe Mental Disorder (without saying his/her name or identifying the person in any way), either now or at some time in the past.

Invite three or four volunteers to share their examples with the whole group and discuss the following questions.

- What symptoms did the person have?
- What kind of family support did he/she receive?
- How did the community respond to this person?
- Did he/she receive any treatment? From where?
- If not treated, why not?
- Did he/she get well?

Conclude the session by informing the participants that medication and other treatments are useful for all mental disorders, especially Severe Mental Disorders.

Activity 6 : Common Mental Disorders

Time : 1 hour

Purpose : To help participants recognise Common Mental Disorders and the effects of the illness on individuals and their families.

Materials : Black/white board for presentation, writing paper and pens for two participants and **Case studies B and C** (found in Appendix E).

Directions : **Step 1**

Give a presentation based on the 'Information for Presentation' in the box below.

INFORMATION FOR PRESENTATION

Common Mental Disorders

People with Common Mental Disorders usually experience physical, emotional, thinking and behaviour symptoms, but not imagining symptoms.

Some people may get treatment for physical problems associated with their illness (like poor sleep or appetite), but neglect the cause of these physical problems such as underlying depression or anxiety.

People with Common Mental Disorders are often not treated because it is more difficult for family members and health workers to recognise that they are suffering from a mental disorder.

The main Common Mental Disorders are:

1. Unusually sad mood that does not go away – this is called depression
2. Excessive fear, nervousness and worry – this is called anxiety
3. Excessive use of alcohol or other substances– this is sometimes called substance abuse

1. Unusually sad mood that does not go away (depression) is a mental disorder when the symptoms last for at least two weeks and they affect the person's ability to carry out his/her work or have satisfying personal relationships. Everyone can feel sad when bad things happen, occasional sadness is not depression.^{2,5}

The symptoms of depression include unusually sad mood, and all or some of the following:

- loss of interest and enjoyment in activities
- tiredness and lack of energy
- loss of self confidence
- feelings of hopelessness and helplessness
- wishing they were dead
- difficulties in concentrating
- sleeping problems
- loss of interest in food and loss of weight
- experiencing a range of physical complaints that have no apparent medical cause e.g. weakness, aches & pains.

Not every person who is depressed has all these symptoms, and the severity of depression is different for different people.

Events that contribute to the development of an unusually sad mood include:

- Distressing events that the person can not do anything to control like the death of a

loved one or the breakdown of a relationship.

- Stressful events such as ongoing family conflict.
- Chronic medical conditions like diabetes or stroke.
- Sometimes women can become depressed after they give birth.

2. **Excessive fear, nervousness and worry (anxiety)** is a mental disorder that is more severe and longer lasting than everyday worries. It interferes with a person's ability to carry out his/her work or have satisfying personal relationships.^{2,5}

Symptoms include unrealistic or excessive fear and worry, and one or all of the following:

- irritability
- worrying about things a lot
- feeling that something terrible is going to happen
- feeling scared (butterflies in the stomach)
- avoiding certain situations e.g. social events
- disturbed sleep
- muscle tension
- restlessness
- physical symptoms like rapid heart beat, dizziness and trembling.

There are many **types of anxiety disorders** ranging from mild uneasiness to panic attacks:

Generalised Anxiety Disorder – when the person worries excessively about things, and experiences multiple physical and psychological symptoms that occur nearly every day for at least six months.

Panic Disorder – when the person experiences a sudden and severe anxiety attack. They feel intense fear or terror that is inappropriate for the setting. The symptoms are often physical and include dizziness, shaking, sweating, a feeling of choking, rapid breathing, and rapid heart beat.

Phobias – when a person feels very scared in particular situations e.g. when in closed spaces, crowded places like markets, or near lizards etc. The person generally avoids the fearful situation.

Obsessive-Compulsive Disorder (OCD) – a condition where the person has repeated thoughts (obsessions) or does things repeatedly (compulsions) and is unable to stop the behaviour or the thoughts e.g. hand washing to the point where the skin is damaged.

3. **Excessive use of alcohol and other drugs (substance abuse)**

This is one of the most common mental disorders.

Using alcohol or drugs does not mean that a person has a mental disorder, but it does

become a disorder when the alcohol or drug use harms the person's physical, mental or social health. Excessive use can result in:

- Dependence on alcohol or drugs which makes it difficult for people to stop using the alcohol or drugs.
- Problems at work, school or home or legal problems due to use of alcohol or drugs.
- Damage to physical or mental health secondary to the use of alcohol or drugs.

People with alcohol and drug problems often have other underlying mental health problems and use alcohol or drugs as a type of self medication for feelings of excessive worry or sadness.

Step 2

Ask the group to divide into two smaller groups and give one group **Case study B** and the other group **Case study C**.

Ask each group to identify one member of the group who will make notes of the discussions to feed back to the whole group.

Ask the two groups to read their case study and to:

- Identify and list the symptoms in the case study
- Decide what type of Common Mental Disorder the person might have.

After **10 minutes**, ask each of the small groups to read their case study to the larger group and tell them about the symptoms identified and the type of mental disorder.

Case study B

Nisha seems generally happy when at home but when asked to go out starts to shake and gives a number of reasons why she cannot go out and must stay at home e.g. her heart isn't working properly and she can't breathe so needs to lie down. It is now weeks since she has left the house. About half an hour later she will get up and once again seems okay until her mother asks her to go out again, and the same thing happens.

Note for the facilitator : Nisha is experiencing the following symptoms of a Common Mental Disorder:

Physical symptoms – shaking, rapid heart beat, shortness of breath

Emotional symptoms – (probably) fear of going outside

Behavioural symptoms – not leaving the house

Nisha is suffering from the Common Mental Disorder called anxiety. She starts to experience symptoms of Panic Disorder every time she is asked to leave the house because she is fearful about going outside.

Case study C

Rita is a 58 year old woman whose husband died last year. Her children are all grown up and have left the village for better employment opportunities in a big city. She started experiencing poor sleep and loss of appetite soon after her husband died. The symptoms worsened when her children left the village. She experiences headaches, backaches, stomach aches and other physical discomforts, which have led her to consult the local clinic many times. There she was told she was well, but was prescribed sleeping tablets and vitamins. She felt better immediately, particularly because her sleep improved. However within two weeks her sleep has got worse again. She went back to the clinic and was given more sleeping pills and injections. This has been going on for months, and now she can no longer sleep without the sleeping pills.

Note for the facilitator: Rita is experiencing the following symptoms of a Common Mental Disorder:

Physical symptoms – poor sleep, multiple unexplained physical complaints, loss of appetite

Emotional symptoms – sadness and grief

Behavioural symptoms – frequent consultations at the local clinic

Rita is experiencing depression.

Step 3

Lead a brief group discussion using the following points:

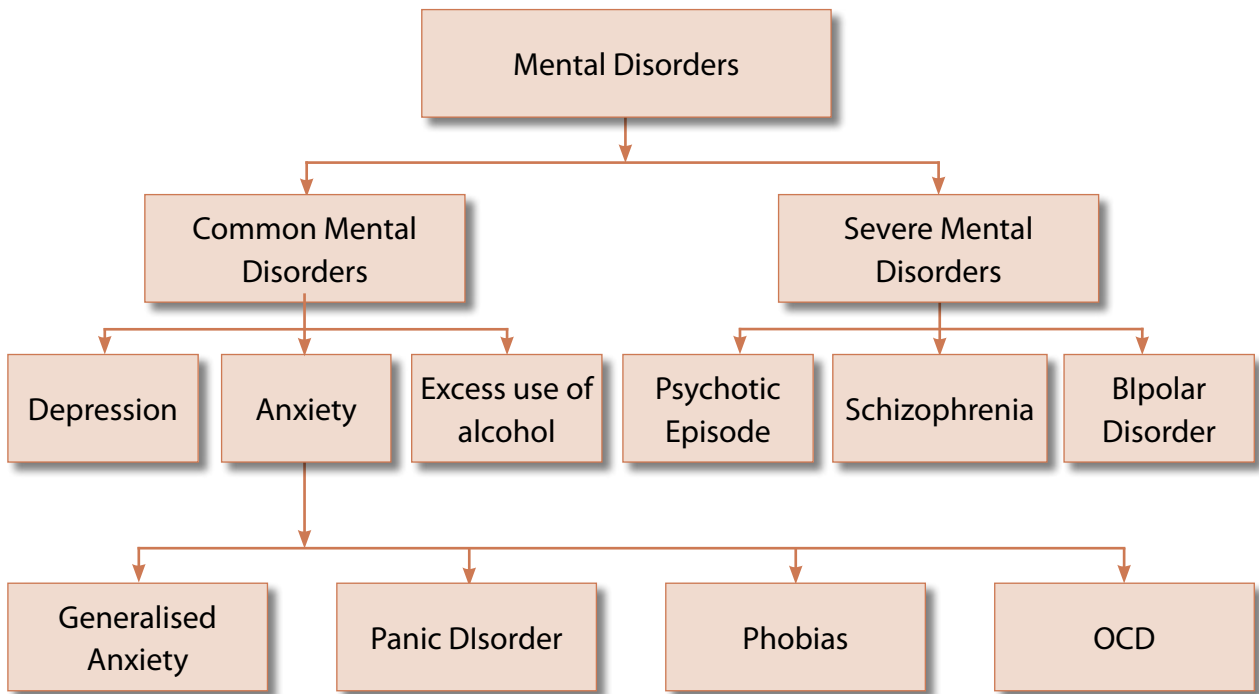
- How difficult was it to identify the symptoms of the mental disorder?
- How difficult was it to decide what type of common mental disorder the person in the case study might have?
- How would experiencing these symptoms affect the individual's life and that of their family?

Step 4

Ask three or four participants to give examples of people from their own communities who they think may have experienced a Common Mental Disorder (without identifying these people by name).

- What symptoms did the person experience?
- What form of treatment and support did the person receive?

Figure 2 – Some Common and Severe Mental Disorders



DAY 2 | Session 4:

Mental Health First Aid – Part One

Session objective : To educate CHWs about Mental Health First Aid (MHFA) so that they are able to use this framework to respond to people experiencing mental disorders in their communities.

Session duration : 2 hours

Activity 7 : Revision of Day One

Time : 30 minutes

Purpose : To revise the information presented on Day 1.

Materials : Quiz questions and some small prizes such as sweets or lollies.

Directions : **Step 1**

Divide the group into Quiz Teams (about 4-5 people in each team).

Ask the quiz questions below, one at a time.

For each single question, the group decides what the best answer is and writes it on a piece of paper.

For each single question, the facilitator asks one group for their answer, and if it is correct gives all group members in that group a small prize e.g. lollies. If the first group's answer is incorrect, then the facilitator asks the second group and so on.

This is a fun and energising way to revise the previous days learning and begin the current day.

Quiz Questions – Revision of Day 1

1. What is the definition of mental health?

Answer: Mental health is defined by the WHO as a state of well-being in which the individual:

- realises his or her own abilities;
- can cope with the normal stresses of life;
- can work productively and fruitfully; and
- is able to make a contribution to his or her community.

NB: The facilitator can use his/her own discretion in judging the best definition of mental health.

2. Mental disorders are a common problem – true or false?

Answer: True – about one in five people will develop a mental disorder in their lifetime.

3. Who is most likely to develop a mental disorder?

Answer: Mental disorders can affect anyone, regardless of sex, intelligence, social class or income level.

4. Mental disorders are caused by character weakness - true or false?

Answer: False

5. Name two factors that can contribute to the development of a mental disorder.

Answer: Refer to Activity 3 in Session Two for a full list of factors, but answers may include:

- biological factors
- stressful life events
- social factors such as poverty
- substance abuse.

6. Feelings of worthlessness, sadness and problems sleeping that last for several weeks and begin to interfere with a person's work and social life are symptoms of which Common Mental Disorder?

Answer: Depression

7. Name two symptoms of a Severe Mental Disorder.

Answer: Some examples are as follows but also see Activity 5 in Session Three:

- believing others are plotting to harm them
- hearing voices
- talking a lot to someone who is not really there.

8. Excessive use of alcohol and other drugs may result in damage to a person's physical and mental health – true or false?

Answer: True

9. Name three symptoms of anxiety (excess worry)

Answer: See Activity 6 in Session Three for the full description but examples include:

- irritability
- feeling that something terrible is going to happen
- disturbed sleep
- muscle tension.

10. Name three symptoms associated with a severe mental disorder such as schizophrenia

Answer: Some examples are as follows but also refer to Activity 5 in Session Three:

- talking to him/herself
- withdrawal from others
- hearing voices
- poor personal hygiene.

Activity 8 : Introduction to Mental Health First Aid

Time : 20 minutes

Purpose : To introduce participants to the concept of MHFA and provide them with five steps that can be taken to help people experiencing a mental disorder.

Materials : A (translated) laminated Mental Health First Aid Action card for each participant to keep (found in Appendix G).

Directions : **Step 1**

Ask three or four participants to share with the whole group examples of actions or treatments they have personally used to help a person from their community who they believed was suffering from a mental disorder.

Ask three or four participants to suggest actions or treatments that they believe would NOT be helpful to a person suffering from a mental disorder, and discuss these with the whole group.

Step 2

Give a presentation based on the 'Information for Presentation' box below.

INFORMATION FOR PRESENTATION

What NOT to do for a person with mental disorder

Common treatments or responses that do NOT help a person with a mental disorder:

- ignoring or avoiding the person
- believing the symptoms will just go away
- locking the person away
- being angry with him/her
- relying exclusively on practitioners who use magic or faith healing
- arranging a marriage if they are unmarried
- giving sleeping tablets or appetite stimulants
- believing that you can cure the person or that you have all the solutions to their problems.

What is Mental Health First Aid?

When a person has an acute physical illness, it can be addressed in the short-term with first aid treatments, such as treatment for snake bite. Mental disorders can also be addressed initially with MHFA.

There are many effective ways of responding to people with a mental disorder, and CHW's

have an important role to play in providing assistance and helping the person and his/her family seek appropriate help.

Not all people with a mental disorder need specialist psychiatric care but many need to be guided towards appropriate professional help (this will be covered later in the program).

Five basic steps can be taken to help people suffering from a mental disorder⁵ :

1. **Assess the risk of suicide and harm to self or others**
2. **Listen without judgement**
3. **Give reassurance and information**
4. **Encourage the person to get appropriate professional help**
5. **Encourage self help treatments.**

Activity 9 : Mental Health First Aid in Action

Time : 40 minutes

Purpose : To teach participants how to respond to someone experiencing a mental disorder in their own community.

Materials : Four **Case studies A, B, C & D** (found in Appendix E) each describing a person with a different mental disorder (schizophrenia, anxiety, depression and bipolar disorder).

Directions : **Step 1**

Give a presentation based on the 'Information for Presentation' box below.

INFORMATION FOR PRESENTATION

Mental Health First Aid Actions

1. Assess the risk of suicide or harm to self or others

People with mental disorders sometimes feel so overwhelmed and helpless about their life, the future appears hopeless.

Engage the person in conversation about how they are feeling and let them describe why they are feeling this way.

Ask the person if they are having thoughts of suicide. If they are, find out if they have a plan

for suicide. This is not a bad question to ask someone who is mentally unwell. It is important to find out if he/she is having these thoughts in order to refer him/her for help.

If you believe the person is at risk of harming him/herself then:

- don't leave the person alone
- seek immediate help from someone who knows about mental disorders
- try to remove the person from access to the means of taking their own life
- try to stop the person continuing to use alcohol or drugs.

2. Listen without judgement

Listen to what the person describes without being critical or thinking they are weak.

Don't give advice such as 'just cheer up' or 'pull yourself together'.

Avoid getting into an argument with the person.

3. Give reassurance and information

Provide hope for the person and their family and talk about a good outcome for that person.

Tell the person that he/she has an illness that can be treated, and it doesn't mean that he/she is a bad person.

Let them know that you want to help.

4. Encourage the person to get appropriate professional help

As a CHW you can encourage the person to consult with a doctor who knows about mental disorders, and who is able to prescribe medication if necessary. Then you can follow-up by giving ongoing support to the person and their family.

If the person is very unwell i.e. you think they are suicidal or psychotic, and he/she is refusing to get any help from a doctor, encourage the family to consult with the doctor so that they can explain the situation and get professional support.

5. Encourage self help treatments

Suggest actions that the person can perform him/herself that can help relieve the symptoms of mental disorder such as:

- ◆ getting enough sleep
- ◆ eating a healthy diet
- ◆ regular exercise
- ◆ relaxation and breathing exercises e.g. yoga
- ◆ avoiding alcohol
- ◆ joining support groups for women, men or youth.





Step 2 – Case study and group work: the symptoms

Divide the participants into four groups.

Ask each group to identify a member of the group who will make notes to feed back to the whole group at the end of this activity.

Each group is given one of the four **Case studies (A, B, C & D)**.

NB: The first three case studies (A, B & C) have previously been discussed (see Activities 5 and 6 above), but Case study D will be unfamiliar to the group.

Case study D

Manik is a 31 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 can not afford. When Manik's husband tries to bring her to the clinic she becomes angry and irritable.

Note for the facilitator: Manik is experiencing the following symptoms of a Severe Mental Disorder:

Physical symptoms – not sleeping

Emotional symptoms – irritability, anger

Behavioural symptoms – restlessness, excessive talking, spending a lot of money

Imagining symptoms – saying that she can heal others and that she comes from a wealthy family (when she does not).

Manik is possibly experiencing a manic phase of Bipolar Disorder.

Ask the groups to think of as many ways as possible of responding to the person in their case study using the steps in the MHFA action plan.

Allow **20 minutes** for this task.

Ask each group to present their work to the rest of the participants, mentioning the following:

- The symptoms experienced by the person in the case study.
- What they would do to help the person.

At the end of each presentation ask the other participants to discuss and comment on whether they think the proposed MHFA action plan is likely to be a helpful or unhelpful way of interacting with the person in the case study.

Activity 10 : Responding to a person with unexplained physical complaints

Time : 20 minutes

Purpose : To teach participants how to respond to and help someone who has unexplained physical complaints

Materials : None required

Directions : **Step 1**

Give a presentation based on the 'Information for Presentation' box

INFORMATION FOR PRESENTATION

Sometimes emotional distress can be expressed as physical complaints when there is actually nothing physically wrong with the person.

A person with unexplained physical complaints

Unexplained physical complaints with no clear physical cause are common² and may include:

- weakness and tiredness
- dizziness
- headaches
- aches and pains
- palpitations
- difficulty breathing.

When to suspect that physical complaints are related to an underlying mental disorder:

- The person has multiple physical complaints.
- The complaints do not fit into any pattern associated with a physical disease.
- The person has had the complaints for more than three months.
- The person has consulted health workers many times for the same complaints.
- The person has been examined and all test results are normal.

Reasons why a person with a mental disorder may have physical symptoms:

- Worry causes a person to tense their muscles for long periods which makes the muscles tender and painful.
- Chemical changes in the body related to mental disorders such as excess worry cause the heart to beat faster, the person may experience palpitations and chest pain.
- A person with excess worry or panic may start to breathe rapidly leading to dizziness, tingling or a choking feeling.
- A person with a mental disorder may prefer to see a health worker about a physical symptom rather than a mental one because of the stigma associated with mental disorders.
- People with mental disorders may not realise they have a mental disorder but they do know that they are not feeling 'their normal self'.

How to help a person with multiple physical complaints

1. Assess the risk of harm to self or others

- Make sure that the person is not suffering from a physical illness, if you have any concern that the symptoms may be caused by a physical illness, refer the person to a doctor.

2. Listen without judgement

- Spend some time talking with the person to find out the type of complaints
- It is helpful to use general questions such as "have you been worried about anything lately?" to find out if the person is having problems that may be contributing to their physical symptoms.

3. Give reassurance and information

- Stress and worry often contribute to unexplained physical symptoms and if the person is able to reduce stress and worry this will help improve the physical symptoms.

4. Encourage the person to get appropriate help

- Explain that emotional stress often leads to physical symptoms, which in turn can make emotional stress worse.
- Treatment is needed to help the underlying problem and not just the symptoms, for example stress caused by money problems may contribute to headaches and body aches, finding a solution to the money problems will help treat the headaches and body aches.
- Vitamins and pain killers will not help unless there is evidence of malnutrition or a painful physical illness.²

5. Encourage self help treatments

- Relaxation exercises such as slow breathing may help the person manage stress

and worry.

- Encourage the person to become involved in interesting and pleasurable activities or to join support groups.

Review the person regularly and refer to the local doctor if further treatment for mental or physical disorders is required.

Step 2

Ask three or four participants to share a story about a person they have seen with unexplained physical complaints.

- What physical symptoms did they have?
- Was there a physical illness that caused these symptoms?
- If not, what factors led to the development of physical symptoms?
- What, if anything, helped the person to overcome their illness?
- How did friends and relatives respond to this person's illness?
- What treatments would the participants suggest for this person now?

DAY 2 | Session 5:

Mental Health First Aid – Part Two

Session Objective : To provide MHFA information for a range of common symptoms associated with mental disorders.

Session duration : 2 hours

Activity 11 : Responding to a person experiencing excess worry and panic

Time : 1 hour

Purpose : To teach participants how to respond to and help someone who is experiencing excessive worry or panic.

Materials : Case study B (found in Appendix E) plus Role play scripts 1 & 2 (found in Appendix F).

Directions : Step 1

Ask the group what they remember about Common Mental Disorders:

- What are some of the symptoms associated with someone who is experiencing excessive worry (anxiety)?
- What are the symptoms of a panic attack?

(See Session Three, Activity 6 for a revision of anxiety and panic disorders)

List the participant responses on the black/white board.

Step 2

Give a presentation based on the 'Information for Presentation' box

INFORMATION FOR PRESENTATION

Factors that may contribute to excessive fear, worry or panic

- Periods of stress sometimes cause us to worry more, for example:
 - ♦ severe arguments
 - ♦ death of someone close
 - ♦ financial problems
 - ♦ physical and sexual violence
 - ♦ physical illness
 - ♦ excessive use of alcohol.

■ **Negative thinking can also lead to excess worry**

People sometimes think in ways that make their worries worse. For example:

- ◆ You can think of an unpleasant situation and then make it worse by dwelling on it.
- ◆ You can spend a lot of time worrying about things that may never happen.
- ◆ You can misinterpret the behaviours and thoughts of other people around you in a negative way.

■ **Being scared of specific situations can lead to panic**

- ◆ Most people are scared of something such as lizards or spiders, but some people have excessive fear of such things.
- ◆ Some people are scared of everyday situations such as getting on a crowded bus.
- ◆ When people avoid these situations because they might cause a panic attack it can severely affect the quality of their life.

How to help a person who is having a panic attack

Remind the participants of the symptoms of Panic Disorder (see Session Three, Activity 6).

1. Assess the risk of harm to self or others

- ◆ If you are unsure if the person is having a panic attack or a life threatening condition such as heart attack or asthma attack call for a doctor immediately.
- ◆ If possible move the person to a quiet, safe place.
- ◆ Stay with the person until he/she has recovered.

2. Listen without judgement

- ◆ Stay calm yourself and help the person to relax by encouraging slow relaxed breathing to match your own breathing (breathe in for 3 seconds through your nose and pause for 3 seconds before breathing out for 3 seconds then repeat).

3. Give reassurance and information

- ◆ Explain that the attack will soon stop and he/she will feel better.
- ◆ Reassure the person that their symptoms are not a sign of serious physical illness.
- ◆ Explain that worry and fear are the cause of the symptoms.

4. Encourage the person to get appropriate help

5. Encourage self-help treatments

- ◆ Explain that if the person can learn to reduce the amount he/she worries, it will help break the cycle of worry leading to panic, which then leads to further worry.
- ◆ Teach a relaxation technique that can be used at times of stress (see below).
- ◆ Suggest ways to change thinking and attitudes that contribute to worry, for example:

"Something is wrong with me, I must be a weak person" Can be replaced with:

"I feel this way because I worry too much, these feelings are temporary"

*"I hope they don't ask me a question, I won't know what to say." Replace with:
"Whatever I say will be OK, I am not being judged. Others are not being
judged, so why should I be?"*

Step 3 – Case study

Ask participants to get into groups of four people.

Hand out a copy of **Case study B** to each group and ask the groups to read the case study together and think of:

- possible explanations for Nisha's symptoms
- possible ways of responding to Nisha.

Ask each group in turn to give one explanation for Nisha's actions and one way of responding to help her.

Step 4 – Role plays 1 and 2

The aim of this exercise is to demonstrate that different types of interactions with people who have a mental disorder can have different effects. Some make the situation better and some will make it worse.

Role play Script 1 (found in Appendix F). This role play involves the facilitators and should take about **5 minutes**.

- Ask the participants to watch the actions of the person trying to help Nisha.
- Ask participants to watch how Nisha responds.
- After the role play is finished ask the group to discuss how the person trying to help Nisha behaved and what happened to Nisha. Write the answers on the white/black board.

THEN

Role play Script 2 (found in Appendix F). This role play also requires the facilitators and should take about **5 minutes**.

- Ask the participants to note the actions of the person trying to help Nisha.
- Ask participants to note how Nisha responds.
- After the role play is finished ask the group to discuss how the person trying to help Nisha behaved and what happened to Nisha this time. Write the answers on the white/black board.

Finally, ask the participants:

- Which seemed to be the most helpful way of responding to Nisha and why?

Step 5

Conclude this role play by stressing that the most helpful things to do when someone is experiencing excessive fear, worry or panic is to:

- listen to them
- remain very calm yourself
- talk calmly and provide reassurance
- help the person identify what might be contributing to the excess worry or fear
- recognise that excess worry is a symptom of a Common Mental Disorder and help from a professional may be needed
- recognise that avoiding fearful situations can severely affect the person's life and he/she may need professional help to confront the fear gradually.

Step 6

Relaxation techniques are helpful for controlling stress and worry. Guide the participants through the following example of a relaxation technique – this should take about **5-10 minutes**.

Many people with stress often breathe shallowly. The following breathing technique introduces a better way of breathing that can be used when feeling anxious, and can help the person to feel calmer.⁹

1. Find a comfortable position either lying flat on your back or sitting comfortably in a chair.
2. Place your hands on your stomach area.
3. Breathe as you normally would and notice whether your hands on your stomach rise or your chest rises as you breathe.
4. To breath properly your stomach should rise (as this expands your diaphragm).
5. Begin by slowly breathing in through your nose for five counts. Watch your hands to help you see if your stomach is rising when you breathe in.

⁹ This breathing exercise has been adapted from www.panicdisorder.about.com, you may wish to use an exercise you are already familiar with.

6. Gently hold your breath and count to five. When learning you may only be able to count to three but after practice you can increase to five.
7. Slowly breathe out through your mouth for a count of five while gently pushing down on your stomach.
8. Repeat this process for three to five minutes.

Tips:

- This relaxation exercise can be practiced first thing in the morning and/or just before going to sleep at night.
- Remind people not to be annoyed with themselves if they cannot do this exercise correctly straight away. It takes practice to feel comfortable.
- Remind people not to breathe too quickly when doing this exercise.

Activity 12 : Responding to a person who is unusually sad or thinking about suicide

Time : 1 hour

Purpose : To teach participants how to respond to and help a person who is unusually sad or thinking about suicide.

Materials : Case study E (found in Appendix E), black / white board, marker pens and A4 sized paper and pens/pencils for participants.

Directions : Step 1

Give a presentation based on the 'Information for Presentation' box below.

INFORMATION FOR PRESENTATION

A person who is unusually sad or thinking about suicide

Everybody feels sadness at times but when these feelings last for weeks and affect a person's functioning in daily life, professional help is required.

A person who is feeling unusually sad and hopeless may also experience other symptoms such as:

- sleeping problems
- appetite problems
- unexplained physical complaints
- thinking about suicide
- feeling tired all the time.

Suicide means ending one's own life. This is a serious problem and any person who is thinking about ending his/her life needs to be referred to a professional counsellor or doctor.

Mental disorders can contribute to a person thinking about suicide, but it is not the only contributing factor.

Personal difficulties and misfortune can lead a person to think about suicide.¹⁰ Some of the difficulties that may lead to suicide include:

- violence in the family
- recent death of a family member or friend
- excess use of alcohol
- financial problems
- relationship problems
- legal problems
- chronic illness.

Prolonged feelings of sadness and hopelessness are a major factor contributing to a person wanting to end his/her life.

Suicide is sometimes an impulsive action to end extreme misery, there may be no signs that the person is thinking about suicide.¹⁰

Other people make plans in advance to end their life.

If you suspect a person is thinking about suicide, it is important to ask them about these thoughts or plans.

It is also important to refer such a person for professional help.

Some factors that may indicate a person is at high risk for suicide include:

- a serious planned suicide attempt has already occurred
- the person has ongoing suicidal thoughts
- he/she feels hopeless about the future
- he/she has symptoms of severely sad mood
- he/she is having severe life difficulties
- he/she has no social support.

Preventing suicide requires interventions at the individual, family and community level.¹¹

The CHW can help to keep a person safe while professional help is obtained.

How to help a person who is unusually sad

1. Assess the risk of suicide and harm to self or others

- ◆ Ask the person if he/she has thoughts of ending his/her life.

- ◆ If the person is thinking about ending his/her life it is important to seek professional help as soon as possible.

2. Listen without judgement

- ◆ Treat the person with respect and dignity.
- ◆ Don't be critical of the person or belittle his/her feelings.
- ◆ Do not interrupt if the person is speaking more slowly and less clearly than usual.
- ◆ Remain patient even if the person is more repetitive than usual.
- ◆ Encourage the person to talk to you - "a problem shared is a problem halved."
- ◆ Talking about feelings usually makes things better.
- ◆ Let the person know you are concerned about them and would like to help.
- ◆ It is more important to be 'genuinely caring' than to say all the 'right things'.
- ◆ Supporting a person who is feeling unusually sad and hopeless requires patience, persistence and encouragement, and takes genuine kindness and attention.
- ◆ Offer some practical assistance with tasks that may seem overwhelming for the person such as fetching water or cleaning the house.

3. Give reassurance and information

- ◆ That they are not alone in facing their problems.
- ◆ That they are not to blame for feeling sad and hopeless.
- ◆ That they are not weak or a failure because have these feelings.
- ◆ That with time and treatment they will feel better.
- ◆ If a person has thoughts of suicide you can help them identify reasons to continue living, such as being with friends and family.

4. Encourage the person to get appropriate help

- ◆ If the person is very depressed he/she should be seen by a doctor who understands about mental disorders and will be able to diagnose the problem and offer treatment and care.
- ◆ If the person has been feeling sad and hopeless for weeks and it is affecting their functioning in daily life, the doctor may prescribe antidepressant medication.
- ◆ A doctor may decide to refer the person to a specialist for further counselling.

5. Encourage self help treatments

- ◆ Help the person to think positively about their situation.
- ◆ Help the person to identify their negative thoughts and how they make them feel. For example "*I will always feel miserable, nothing will change in my life*".
- ◆ Suggest some positive ways of looking at the same situation. For example "*These feelings are temporary, I feel this way because I am not well, talking to the health worker, taking my medicine and trying to solve my problems will make me feel better*".
- ◆ Encourage the person to frequently challenge negative thoughts in this way.
- ◆ Involve the family.

- ◆ If there is conflict or violence in the family you may need to think of alternative support networks such as women's groups, friends or a religious leader.
- ◆ Families often need help to understand the person's problems and manage their own stress related to the situation.
- ◆ Families also need help to understand the importance of not being too critical or over protective of the depressed person.

How to help a person who is threatening to commit suicide

- ◆ Remove access to all dangerous items such as knives and poison.
- ◆ Ensure the person is not left alone – enlist help from family and friends to keep the person company if necessary.
- ◆ Seek professional help as soon as possible.
- ◆ If the person is consuming alcohol, try to stop him/her from consuming any more.
- ◆ Listen non-judgementally, do not give advice or contradict the person.
- ◆ Let the person know that you and others care about him/her.
- ◆ Let the person know that even though the situation seems hopeless at present, things are likely to improve – feeling bad is only temporary.

If the person has already harmed him/herself e.g. swallowed poison, emergency medical treatment is required.

Step 2 – Case study

Ask participants to get into groups of five to read **Case study E** and discuss possible explanations for why Ahanti is feeling sad and hopeless and thinking about suicide. Allow **10 minutes** for this.

Case study E

Ahanti is a 25 year old woman who is married and has one daughter and one son. She has gradually lost all interest in life. Even her children and family don't make her happy. She feels tired all the time and has lost the taste for food which she used to love; she can not sleep at night and has lost weight. Ahanti feels like she is a burden on the family. She feels embarrassed about her situation and cannot tell anyone. Her mother-in-law complains that she has become lazy and her husband is frustrated with her and keeps yelling at her and hitting her. Now Ahanti feels like ending her life, she is so scared by these feelings that she has come to talk to the health worker.

Ask each group in turn to call out one of their explanations until all suggestions have been voiced.

In their groups, ask participants to think of as many ways as possible of helpfully responding to Ahanti. Allow **10 minutes** for this.

Ask each group in turn to call out one of their suggestions until all suggestions have been voiced. Write the responses on the black/white board and try to group responses under the five MHFA headings:

- ◆ **Assess risk of suicide or self harm**
- ◆ **Listen without judgement**
- ◆ **Give reassurance and information**
- ◆ **Encourage the person to get appropriate help**
- ◆ **Encourage self help treatments**

Conclude this session by highlighting that the helpful things to do for Ahanti include:

- ◆ Ask her if she has a plan for ending her own life and seek professional help if she does.
- ◆ Encourage Ahanti to talk about her problems.
- ◆ Listen to her without judgement.
- ◆ Don't leave her alone until she is feeling better.
- ◆ Recognise that Ahanti's feelings of hopelessness are the symptom of a problem rather than just laziness

DAY 2 | Session 6:

Mental Health First Aid – Part Three

Session objective : To provide MHFA information for a range of common symptoms associated with mental disorders.

Session duration : 2 hours

Activity 13 : Responding to a person who is tired all the time

Time : 30 minutes

Purpose : To teach participants how to respond to and help someone who is tired all the time.

Materials : Information for presentation and **Case study F** (found in Appendix E)

Directions : Step 1

Give a presentation based on the 'Information for Presentation' box below.

INFORMATION FOR PRESENTATION

A person who is tired all the time

Chronic tiredness is one of the most common complaints.² It is psychologically distressing since it can be misinterpreted by family, friends and co-workers. It can affect a person's life in a negative way.

Tiredness can be felt in different ways:

- feeling tired all the time
- getting easily tired while performing everyday tasks
- finding it difficult to recover from being tired, despite rest.

Tiredness becomes a problem when:

- it goes on for too long
- you do not know the cause
- it interferes with your day-to-day activities.

Causes of tiredness:

- physical illness like hypertension, diabetes and anaemia
- depression, stress or anxiety
- having poor sleep
- overwork or doing too much.

Tiredness and fatigue may lead to other symptoms such as:

- wanting to sleep all the time
- poor concentration
- problems in making decisions
- irritability and frustration
- withdrawal from contact with family and friends
- increased risk of accidents and injury.

How to help a person who is tired all the time

1. Assess the risk of harm to self or others

- ♦ Make sure the person is not suffering from a physical illness by referring them to see the local doctor.

2. Listen without judgement

- ♦ Recognise that chronic tiredness is a symptom of a problem rather than laziness.
- ♦ It is important to identify the possible reasons why a person feels tired.
- ♦ Once the problem is identified it will be possible to work out a solution to help overcome feelings of being tired.

3. Give reassurance and information

- ♦ If having poor sleep is the problem, refer to the section below.
- ♦ Encourage the person to gradually increase activity levels.
- ♦ Regular contact with friends and relatives can help.
- ♦ There is no specific medication that by itself will cure tiredness, taking tonics or vitamins is not helpful for people who do not have anaemia or malnutrition.

4. Encourage the person to get appropriate help

- ♦ Refer the person to a doctor if you suspect tiredness is due to a physical illness.
- ♦ Refer the person to a doctor if he/she might be depressed.

5. Encourage self-help treatments

Step 2 – Case study

Ask participants to get into groups of five, read **Case study F** and give possible explanations for why Vijaya is staying in bed and not helping the rest of the family. Allow **5 minutes** for this.

Ask each group in turn to call out one of their explanations until all suggestions have been voiced.

Case study F

Vijaya is a 28 year old woman whose main complaint is tiredness. She describes “feeling tired all the time, even after a complete nights sleep”. She often sleeps during the daytime. She has always been an energetic person,

and is frustrated with her lack of energy. She also complains of muscle aches. She visited the doctor recently who performed a physical examination, which revealed no abnormal findings. Vijaya recently stopped working because of her symptoms and is increasingly worried that her condition is the reason that she is unable to get pregnant.

In their groups, ask participants to think of as many ways as possible to respond to Vijaya. Allow **5 minutes** for this.

Ask each group in turn to call out one of their suggestions until all suggestions have been voiced. Write the responses on the black/white board. Try to group the responses under the five MHFA headings.

Conclude this session by highlighting that helpful things to do for Vijaya are:

- Making sure she does not have a physical illness.
- Listening to Vijaya.
- Talking to Vijaya even if she is not saying much, try and engage her in conversation about how she is feeling.
- Recognise that Vijaya staying in bed is a symptom of a problem rather than laziness.
- Encourage Vijaya to try a simple activity like preparing the vegetables for dinner. When she can manage this she can try something more demanding like walking to the shop. When she can manage this she may be ready to return to work.

Activity 14 : Responding to a person with a sleeping problem

Time : 30 minutes

Purpose : To teach participants how to respond to and help a person with a sleeping problem.

Materials : None required

Directions : **Step 1**

Give a presentation based on the 'Information for Presentation' box below.

INFORMATION FOR PRESENTATION

The person with a sleeping problem

Sleep is essential for life and well-being; it gives the body and mind time to rest. Most adults sleep around 7 hours each night.

Poor sleeping is a common symptom of a mental disorder.

Poor sleep leads to:

- tiredness
- poor concentration
- feeling irritable and short tempered
- problems in thinking clearly.

Sleeping tablets

It is important to note that sleeping tablets alone will not cure sleeping problems. Long term use of sleeping tablets can be harmful and even lead to addiction, which means when the person stops using the medication the problem can become much worse. Sleeping tablets should only be used for a short time under the supervision of a health worker.

How to help the person with a sleeping problem

Identify possible causes of the sleeping problem:

- physical disorders such as pain, chronic infections or heart problems
- emotional disorders such as depression or anxiety
- lifestyle factors such as alcohol misuse.

Reassure the person and provide information about how to sleep better:

- keep to a regular sleep routine
- do not use alcohol or sleeping tablets to get to sleep
- have some time to relax before going to sleep at the end of the day
- avoid sleeping during the day
- make sure you are comfortable, reduce the noise around you, sleep in a dark room
- do not lie in bed worrying about not sleeping – if unable to sleep get up and return to bed when feeling sleepy.

Help the person to manage the underlying cause of the sleeping problem.

Step 2

Ask two or three participants to share a story about how they have helped a person with a sleeping problem.

- What factors contributed to the person having problems sleeping?
- What helped the person to sleep better?
- What other treatments would participants suggest for this person now?

Activity 15 : Responding to a person who is hearing voices, suspicious of others, or expressing unusual beliefs

Time : 1 hour

Purpose : To teach participants how to respond to and help someone who is hearing voices, suspicious of others, or expressing unusual beliefs.

Materials : **Case study A** (found in Appendix E) and **Role plays 3 and 4** (found in Appendix F). This exercise requires two facilitators to perform role plays that are watched by the participants. Black/white board and marker pens.

Directions : **Step 1**

Ask the group what they remember about Severe Mental Disorders.

- What are some of the symptoms associated with Severe Mental Disorders such as schizophrenia?

Give a presentation based on the 'Information for Presentation' box below.

INFORMATION FOR PRESENTATION

The person who is hearing voices, suspicious of others or expressing unusual beliefs

Hearing voices that are not really there is often a symptom of a Severe Mental Disorder:

- These voices are often saying unpleasant things about the person.
- The person hearing voices may be quite frightened because the voices are very real to him/her.
- People who hear voices can appear to be talking to themselves, but they are actually answering the voices.
- Occasionally the voices may instruct the person to inflict self harm or to harm others
- The person hearing voices may also be very suspicious of others and have unusual beliefs e.g. believing that people are spying on them.
- The person who is hearing voices may not be taking good care of themselves.²

Excessive suspiciousness and unusual beliefs are symptoms of a Severe Mental Disorder:

- Unusual beliefs that are obviously false are called delusions.
- These false beliefs cannot be altered through reason.
- The false belief is very real to the person who is experiencing it.
- Examples include a person thinking:
 - ◆ others are talking about them, trying to hurt them, plotting to harm them or interfering with their thoughts

- ◆ that they have great wealth, talent, power, influence and beauty
- ◆ that they are incredibly ugly and their appearance disgusts others
- ◆ they are dead, dying or no longer exist.

How to help a person who is hearing voices, suspicious of others, or expressing unusual beliefs

1. Assess the risk of suicide and harm to self or others

- ◆ Try to determine if there is any risk of self-harm or any threat of harm to others.
- ◆ A person who is hearing voices may be frightened and suspicious and needs to be approached in a very unthreatening way.¹²
- ◆ If the person is suicidal, respond as outlined above in Activity 13.
- ◆ If the person threatens violence to others try to restore calm and safety – this is covered in Activity 19.

2. Listen without judgement

- ◆ Speak calmly, clearly and in short sentences.
- ◆ Introduce yourself and let him/her know that you want to help.
- ◆ Don't be critical of the person.
- ◆ Avoid confrontation and arguments.
- ◆ Don't tell him/her that there are no voices or that his/her beliefs are wrong.
- ◆ Don't pretend that you can hear the voices or agree with false beliefs.

3. Give reassurance and information

- ◆ Try to talk to the person when he/she is calm and thinking clearly.
- ◆ Be honest and try to win the persons trust.
- ◆ Do not make promises you can not keep and do not lie to the person.
- ◆ Explain to the person and his/her family that hearing voices is a symptom of a mental disorder (or a problem in the brain) and treatment is available.

4. Encourage the person to get appropriate help

- ◆ Encourage the person to see a doctor to be assessed for antipsychotic medication, which is usually the best treatment for this disorder.

5. Encourage self-help treatments

- ◆ Visit the person regularly once he/she has started to recover.
- ◆ Assist the person to reintegrate into the social life of the community and into employment or other family duties.

Step 2 – Case study

Ask participants to get into groups of 3 or 4 and read **Case study A** and discuss:

- Possible explanations for Amal talking to himself and shouting.
- Possible ways of responding to Amal.

Go round each group in turn and ask them to give one explanation for Amal's actions and one way of responding to him, until all responses have been captured. Write these on the black/whiteboard.

Step 3 – Role play

The aim of this exercise is to show that the type of response can make a difference for the person with a mental disorder. Some can make the situation better and some will make it worse.

Role play using **Role play Script 3**. The role play requires two facilitators and should take about **5 minutes**.

- Ask the participants to watch the actions of the person responding to Amal.
- Ask participants to watch how Amal responds.
- After the role play ask the group to discuss how the person responding to Amal behaved and what happened to Amal.

Now role play using **Role play Script 4**. This role play also requires two facilitators and should take about **5 minutes**.

- Ask the participants to note the actions of the person responding to Amal.
- Ask participants to note how he responds.
- After the role play ask the group to discuss how the person responding to Amal behaved and what happened to Amal.

Ask participants which seemed to be the most helpful way of responding to Amal and why?

Step 4

Conclude this session by highlighting some helpful things to do when someone is hearing voices, suspicious of others or expressing unusual beliefs:

- Listen to him/her.
- Talk calmly to him/her.
- Recognise that hearing voices and having strange beliefs are symptoms of a Severe Mental Disorder, and can be very distressing for the person involved.
- Encourage the person to do something that makes him/her feel more relaxed such as moving to a quieter place.
- Refer him/her to professional help.

DAY 3 | Session 7:

Mental Health First Aid – Part Four

Session Objective : To educate CHWs about Mental Health First Aid (MHFA) so that they are able to use this framework to respond to people experiencing mental disorders in their communities.

Session duration : 2 hours

Activity 16 : Revision of Day 2

Time : 30 minutes

Purpose : To revise the information presented on Day 2.

Materials : Quiz questions and some small prizes such as sweets or lollies.

Directions : **Step 1**

Divide the group into Quiz Teams (about 4-5 people in each team).

Ask the quiz questions below, one at a time.

For each single question, the group decides what the best answer is and writes it on a piece of paper.

For each single question, the facilitator asks one group for their answer, and if it is correct gives all group members of that group a small prize e.g. lollies. If the first group's answer is incorrect, then the facilitator asks the second group and so on.

This is a fun and energising way to revise the previous days learning and begin the current day.

Quiz Questions - Revision of Day 2

1. Name the five steps in Mental Health First Aid.

Answer:

- Assess the risk of suicide or harm to self or others
- Listen without judgement
- Give reassurance and information
- Encourage the person to get appropriate professional help
- Encourage self-help treatments.

2. Name two factors that indicate a person is at risk of attempting suicide.

Answer: See Activity 13 in Session 5 for a full list of factors, but a person might be a suicide risk if any of the following are present:

- A previous suicide attempt
- Presence of depression or severely sad mood
- Ongoing suicidal thoughts
- Losing all hope for the future
- Experiencing severe life circumstances
- No social support.

3. You should ask a depressed person if he/she is having thoughts about ending his/her life – true or false?

Answer : True, it is okay to ask a depressed person if he/she is thinking about suicide.

4. Not all people who are thinking about suicide need to be referred to a local doctor or counsellor - true or false?

Answer : False, all people who are thinking about suicide should to be referred to a local doctor or counsellor.

5. Name two helpful responses for a person experiencing sleeping problems.

Answer: See Activity 15 in Session 5 for a full list of responses, but answers may include:

- Identify possible causes of the sleeping problem:
 - physical disorders
 - emotional disorders.
- Reassure the person and provide information about how to sleep better:
 - keep to a regular sleep routine
 - do not use alcohol or sleeping tablets.

6. A person who has unexplained physical complaints and has been examined by a doctor and had tests with normal results may be experiencing a mental disorder – true or false?

Answer: True, some people express their emotional distress through physical complaints.

7. Name two possible unexplained physical complaints that may be related to a mental disorder.

Answer: See Activity 11 in Session 4 for a full list of possible responses, answers may include:

- weakness and tiredness
- dizziness
- headaches
- palpitations.

8. Tonics and vitamins are good treatments for mental disorders - true or false?

Answer : False, taking tonics and vitamins is not helpful for people who do not have anaemia or malnutrition.

9. Describe a good way to approach a person who is hearing voices and believes he is being followed by spies.

Answer: Approach gently and gain trust, speak calmly, clearly and in short sentences.

10. Give two examples of how to respond to a person who is having a panic attack.

Answer: See Activity 11 in Session 5 for a full list of possible responses, answers may include:

- Teach a relaxation technique that can be used at times of stress.
- Suggest ways to change thinking and attitudes that contribute to stress.
- Stay with the person until he/she has recovered.
- Stay calm yourself.

Activity 17 : Responding to someone who is engaging in harmful use of alcohol

Time : 30 minutes

Purpose : To teach participants how to respond to and help someone who is engaging in harmful use of alcohol.

Materials : Case study G (found in appendix E)

Directions : Give a presentation based on the 'Information for Presentation' box below.

INFORMATION FOR PRESENTATION

Using alcohol does not in itself mean that a person has a disorder.⁵ Use of alcohol becomes a disorder when:

- it leads to problems at work or home
- it causes damage to health
- the person becomes physically and psychologically dependant on alcohol.

Harmful use of alcohol can contribute to the development of a mental disorder and can occur as a result of a mental disorder.

Why do people use too much alcohol?

Many people start using alcohol because it creates increased feelings of pleasure and decreased feelings of distress.

Problems arise when people use alcohol as a way of coping with difficulties or stress caused by things like relationship conflicts or financial worries.

Once people start using alcohol regularly they develop a physical and psychological need to continue, this is called dependence or addiction.

Dependence on alcohol means that when the person stops taking the alcohol for a period of time they feel sick.

They will continue to use the alcohol even though it is making them sick, and they will give up important time and activities to continue using the alcohol.

Alcohol dependence can cause:

- Mental health problems such as depression, hallucinations and memory loss.
- Physical health problems such as confusion and blackouts, liver failure, heart failure, bleeding in the stomach, sleep problems, and sexual impotence.
- Greater risk of accidents and falls, violence and aggression.
- Social problems such as being unable to work, study or participate in everyday life.
- Financial problems and poverty due to the cost of alcohol and inability to work because of mental problem.

How to recognise alcohol dependence

A person with alcohol dependence may experience one or more of the mental, physical, behavioural, social or financial problems mentioned above.

A person with alcohol dependence may want to drink alcohol at unusual times like as soon as he/she wakes up.

The person may show signs of poor personal hygiene.

How to help a person engaging in harmful use of alcohol

1. Assess the risk of suicide or harm to self or others

Urgent medical help may be required if the person is suffering from:

- ♦ intoxication or overdose of alcohol
- ♦ severe withdrawal reaction
- ♦ serious infection or injuries from alcohol use.

2. Listen without judgement

- ♦ Do not be critical of the person.
- ♦ Stopping alcohol use is not easy for those who are dependent.

3. Give reassurance and information

- ♦ Harmful use of alcohol is a common problem.
- ♦ Often other problems such as depression or anxiety underlie an alcohol problem and there are effective treatments for the underlying problems.
- ♦ There are three stages to overcoming an alcohol problem:
 1. Admitting there is a problem
 2. Stopping or reducing the harmful use of alcohol
 3. Remaining sober.

Provide the person with information that will reduce the harm caused by using too much alcohol:

- ♦ Have two or three days a week free from alcohol.
- ♦ Eat before you have your first drink.

4. Encourage the person to get appropriate help

5. Encourage self-help treatments

- ♦ Refer the person to a community support group that helps people who drink too much alcohol e.g. Alcoholics Anonymous, or facilitate the formation of similar support groups.

Step 2

Divide the participants into two groups.

Ask each group to identify one member of the group who will make notes to feed back to the whole group.

Each group is given a copy of **Case study G** and after reading the case study they discuss the following:

- What type of disorder is the person in the case study experiencing?
- What factors could contribute to this disorder?
- What MHFA actions can you take as a CHW to help this person?

Allow **10 minutes** for this task.

Case study G

Amar is a 44-year-old man who has been ill with a number of physical complaints over the past several months. His main complaints are that his sleep is not good, that he often feels like vomiting in the morning, and that he is generally not feeling well. Amar has recently been to see the doctor for severe burning pain in the stomach area, and he was prescribed medication for a stomach ulcer. Today he is sweating profusely and his hands are shaking, when you ask him how he is feeling he sits down and starts to cry. He admits that he is sick because he has been drinking increasing amounts of alcohol in the previous few months as a way of coping with stress in the family. However, now the drinking itself has become a problem and he cannot pass even a few hours without having a drink.

Step 3

Ask the small groups to share the results of their discussion with the whole group.

Write the participants suggested First Aid actions on the black/white board. Try to group responses under the five MHFA headings.

Activity 18: Responding to a person who is threatening violence

Time : 30 minutes

Purpose : To teach participants how to respond to someone who is threatening violence and restore calm and safety.

Materials : Case study H (found in Appendix E). Black/white board and marker pens.

Directions : Step 1

Give a presentation based on the 'Information for Presentation' box below.

INFORMATION FOR PRESENTATION

Violence

- Violence involves threatened or real physical aggression by one person against another.
- Only a small percentage of people with mental disorders will threaten violence.
- Violence and aggressive behaviour can occur in all people, but in those with a mental disorder, violence is more often linked to people with a psychosis or harmful use of alcohol.

Factors contributing to violence

- Frustration and anger can lead to aggression and violence.
- People may act aggressively on the basis of delusions (false beliefs) if they believe that you or someone else is trying to hurt them.
- A person may act on the basis of hallucinations if they are hearing voices that are compelling them to do something violent.
- Use of, or withdrawal from, alcohol or other drugs may lead to violent behaviour.

How to help - Restoring calm and safety

- Do not get involved physically to stop violence.
- Never put yourself at risk; if you are frightened, seek outside assistance immediately.
- Remove any weapons, or items which could be used as weapons, from the immediate environment.

- Stay calm and keep the atmosphere as non-threatening as possible; talk quietly, firmly and simply, avoid making any abrupt movements.
- Do not raise your voice or talk too quickly.
- Do not threaten the person, as this will increase their fear and may trigger an aggressive reaction.
- Give the person enough space so that they don't feel trapped.
- Try to get the person to sit down; it is best if you are both seated side by side rather than facing each other.
- Do not ask a lot of questions as these can cause the person to become defensive, agitated or angry.
- If the person's behaviour appears to be getting out of control, you must remove yourself from the situation and immediately call for other people to help.

Step 2

Read Case study H to the participants.

Case study H

Kavi is a 25 year old man who has had a severe mental illness for many years. He is known to abuse alcohol but generally takes his medication regularly. Kavi arrives at a community function looking untidy, unshaven and appears distracted. Suddenly he jumps up and shouts 'stop it you bastards I'm not going to let you do that'. He picks up a chair and throws it at a group of people standing close to him.

Ask participants to suggest some MHFA actions in response to Kavi.

Write the responses on the black/white board, try to group the actions under the five MHFA headings.

DAY 3 | Session 8:

Practice based skills – Part One

Session Objective : To develop the capacity of the CHWs to engage with a person experiencing a mental health disorder and provide support and advice.

Session duration : 2 hours

Activity 19 : Introduction to Counselling

Time : 30 minutes

Purpose : To provide CHWs with basic skills for community counselling.

Materials : Counsellors skills cards (found in Appendix H)

NB : The counsellor skills cards will need to have the label translated prior to the session.

We strongly recommend that the facilitators read the **Barefoot Counsellor: a manual for community workers** before facilitating this session. Available from:

www.sangath.com/publications/pub%20pddf/BFCMain-web.pdf

Directions : Step 1

Give a presentation based on the 'Information for Presentation' box below.

INFORMATION FOR PRESENTATION

Counselling skills

All of us, in our own way, counsel other people when they have problems, without really knowing that we are doing so.

As CHW's you often sit and listen to people in your village or community talk about their problems and assist them to find solutions – this is a form of counselling.

Counselling is not simply giving advice. Counselling is a two-way process that helps the person being counselled become more aware of his/her own strengths and weaknesses, and actively encourages him/her to develop solutions to problems.⁷

Counselling is a 'talking treatment' but there is much more to counselling than just talking, a counsellor needs to be:

- **Empathetic** – this means being able to ‘put yourself in someone else’s shoes’ so you understand how he/she may be feeling.
- **Non judgemental** – this means accepting and respecting people for who they are without judging their behaviour.
- **Trustworthy** – the person being counselled needs to feel safe with the counsellor, and be confident that what is said remains confidential.
- **Patient** – counselling requires a lot of time for the person to work out solutions to their problems at their own pace.
- **Observant** – a lot can be said by actions and body language, a good counsellor can observe if a person is happy, tense, distracted or withdrawn.

The following skills will encourage people to discuss their symptoms and problems with a CHW.

Active listening: this involves allowing the person who is being counselled to do most of the talking, and actually processing what he/she is saying as you are listening. Active listening means being fully present for the person who is being counselled – giving him/her your undivided attention. Active listening involves the following:

- Allow the other person to do most of the talking.
- **Attending behaviour** – this involves being aware of your own body language so that you indicate attentiveness e.g. maintaining good eye contact, nodding your head or making small comments such as ‘I see’ or ‘really’.
- Provide **encouragement** by letting the person know that you understand his/her point of view.
- **Summarise or paraphrase** what the other person is saying from time to time, and feed it back to him/her e.g. ‘you appear to be saying.....’ This lets the other person know that you are listening, and is an opportunity to clarify understanding.

Questioning skills: help you to obtain relevant information and can help the person being counselled to clarify the problem.

- **Closed questions** only invite a ‘yes’ or ‘no’ answer or ask for specific information e.g. ‘Are you comfortable?’, ‘How old are you?’ Closed questions are useful and appropriate at times, but during counselling mostly open-ended questions are appropriate.
- **Open-ended questions** encourage the person to talk and provide lots of information e.g. “Could you tell me something about...”
- **Probing questions** can be used if answers are very brief and you would like more information e.g. ‘Can you tell me a little bit more about that?’
- Ask questions in a neutral non-judgmental way.
- Leave behind your own opinions and attitudes.

- Use words that the person will understand.
- Remember that too many questions can make a person feel confused or defensive.

Observation: helps you to understand how the person is feeling by watching their non verbal behaviour such as eye contact, facial expression and body language.

Reflecting feelings: this uses other skills such as observation and summarising and helps the person to recognise the feelings associated with events. This skill involves reflecting back the feeling content of what is being said to the person e.g. 'it sounds like you're feeling very frightened just now', or reflecting back to a past situation 'that must have made you feel quite angry'.

Step 2

Cut up the (translated) counselling skills cards (found in Appendix H) and put them in a container before the participants arrive.

Arrange the participants in pairs and ask each pair to select one counselling skills card from the container (these include **Active Listening, Open-ended Questions, Probing Questions, Reflecting Feelings, Attending Behaviour, Encouragement**).

Ask each pair of participants to develop a very brief role play that demonstrates that particular skill in action. They can ask the facilitator for clarification of the skill if they do not fully understand how to implement it in practice.

Allow **5 minutes** for preparing the role play, and then ask each pair to firstly describe the counselling skill on their card to the rest of the group, and then act out the role play. This final step should take **10-15 minutes**.

If there is time, this process can be repeated to consolidate the learning.

Activity 20 : Counselling in action

Time : 1 hour

Purpose : To provide CHWs with an opportunity to practice basic counselling skills to help people solve problems

Materials : Paper and pens

Directions : **Step 1**

Give a presentation based on the 'Information for Presentation' box below.

INFORMATION FOR PRESENTATION

Counselling as a treatment

CHWs can use their counselling skills to help people with mental disorders in a number of ways.

The specific steps of a counselling treatment include²:

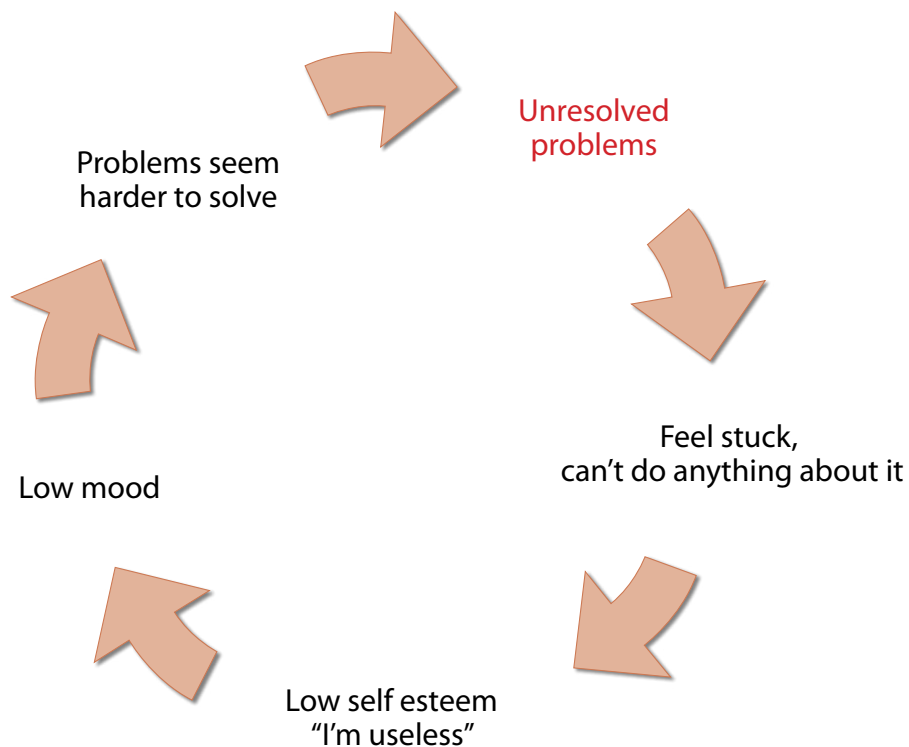
- give reassurance
- provide explanations
- teach relaxation and breathing exercises
- offer advice for specific situations like panic or sleeping problems
- teach problem solving skills.

Problem solving

People with mental disorders sometimes feel overwhelmed by everyday problems.

Unresolved problems can get bigger and bigger and lead to more stress (see the figure below).

Diagram 3. The problem cycle



Problem solving is a method that helps people to overcome their everyday problems in a constructive way.

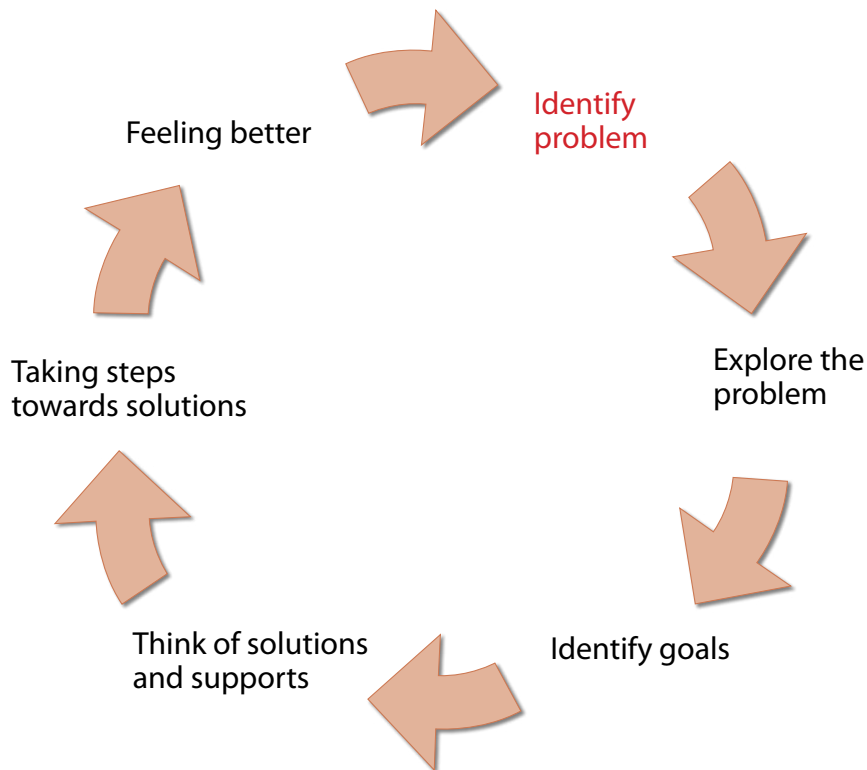
Helping people identify and manage their problems allows them to feel better about themselves and gives them the skills to help themselves.

The aim of problem solving is not to solve people's problems for them, rather it is to help them to solve their own problems.^{2,7,8}

Steps in problem solving include:

- Identify the problem/s through a process of discussion.
- Explore the problem/s and how it/they relate to any symptoms such as excessive fear and worry.
- Select one problem only (select a problem that has an achievable solution) and a goal for overcoming this particular problem.
- Brainstorm possible solutions together, and once an appropriate and achievable solution is agreed upon, help the person make a plan for carrying out the solution – one step at a time.
- Encourage the person to try out the solution and review the outcome. Did it help?
- Tips for helping people with their problems include:
 - ◆ tackle only one problem at a time
 - ◆ take a break and think about other things if needed, some people like to 'sleep on a problem'
 - ◆ create a positive mood before tackling problems, do an activity that you enjoy such as having a laugh with a friend
 - ◆ sometimes it is useful to draw a picture of the problem to help understand it
 - ◆ divide the solution up into small steps.

Diagram 4. The problem treatment cycle



Step 2 – Problem solving and listening techniques

Ask participants to arrange themselves in pairs to practice counselling.

In pairs, participants listen to each others everyday problems and identify one that has a potential solution and that they are willing to talk about.

One member of the pair acts as a counsellor and helps the other person to think about their problem, find a solution, and come up with a plan to carry out the solution.

The facilitator should try and observe participants during this exercise and provide feedback to each pair engaged in the exercise.

Allow **10-15 minutes** for this exercise and then ask the pairs to swap roles and repeat the exercise for a further **10-15 minutes**.

Then ask the participants to reform the larger group to discuss:

- The strategies they used as a counsellor to talk to the other person.
- The strategies they used as a person with a problem to overcome the problem (but they don't have to mention the problem itself).

Activity 21 : Visiting the affected person at home

Time : 30 minutes

Purpose : To help participants understand the benefit of visiting a person with a mental disorder at home, and to provide tips for engaging with the affected person and his/her family.

Materials : Black/white board, marker pens.

Directions : **Step 1**

Ask the participants what they think are the benefits of visiting a person with a mental disorder at home. Discuss the answers and record them on the black/white board. Add the information below to the participants' suggestions.

INFORMATION FOR PRESENTATION

Benefits of making home visits

- To talk with the person in a place where he/she feels safe and comfortable.
- To observe how effectively the person is able to do normal activities and jobs.
- To help the person change his/her environment or behaviour to manage symptoms:
 - ◆ if the person has sleep problems you may see that the room is very bright and suggest making it darker
 - ◆ if the person is afraid to leave the house you may work with the person to confront the fear so he/she is eventually able to go outside.
- To talk to the family members about the symptoms and behaviours of the affected person.
- To observe how the family engages with the person, and offer advice about how the family can support the affected person.
- To engage with the family and help them manage their own stress, and provide them with information about mental disorders.
- To monitor the progress of the affected person:
 - ◆ Are the symptoms improving?
 - ◆ Is he/she taking the medication?
 - ◆ Is he/she experiencing any side effects of medication?

Step 2

Ask participants to divide into two groups. One group prepares a short role play demonstrating a good home visit, and the other group prepares a short role play demonstrating a bad home visit, the groups then present the role plays to all the participants.

Allow **10 minutes** for preparation of the role play and **10 minutes** for each role play including discussion.

Discuss each role play:

- Why was it a good/bad home visit?
- What skills are important for making an effective home visit?

DAY 3 | Session 9:

Practice Based Skills – Part Two

Session Objective : To educate CHWs about the services and treatments available for people experiencing mental disorders.

Session duration : 2 hours

Activity 22 : Supporting the family

Time : 45 minutes

Purpose : To teach participants how to support the family of a person with a mental disorder.

Materials : Case study I (found in Appendix E), black/whiteboard and marker pens.

Directions : Step 1

Give a presentation based on the 'Information for Presentation' box below.

INFORMATION FOR PRESENTATION

Helping families cope with mental disorder

Families often provide the majority of support and care for a person with a mental disorder living in the community.²

Living and caring for someone who suffers from a mental disorder can be very stressful and it is important that families receive help and support.

Families often do not understand the symptoms of mental illness, and need information about the problems that their family member is experiencing.

Without help in managing their own stress, families may unintentionally behave in a way that creates more stress for the person with the mental disorder, which will have a negative effect on his/her health.¹³

Step 2

Use the following questions to generate discussion about the information presented above.

- What might be stressful for families about having a family member with a mental disorder?
- Why is it important that the family understand the mental disorder that their family member is experiencing?

- What type of problems might occur if the family do not have help to manage their own stress?
- Ask participants if anyone can think of an example of something a family might do with good intention that could cause more stress for the person with a mental disorder?

Step 3

Share the information below and add it to the participants' responses if not already mentioned.

INFORMATION FOR PRESENTATION

Family behaviours that may increase stress for the person with a mental disorder

- Critical comments such as saying the person is lazy or an embarrassment to the family.
- Using an angry or critical tone of voice.
- Over protectiveness such as treating the person like a child and doing everything for him/her.
- Not giving the person space when they feel tense.

Families generally respond to their relatives in this way because they care about them and want to help as much as they can, but feel frustrated, and often do not know the best way to help.

Step 4

Ask participants what type of family behaviours might help to decrease stress for a person with a mental disorder?

Share the information below and add it to the participants' responses if not already mentioned.

INFORMATION FOR PRESENTATION

Family behaviours that decrease stress for the person with a mental disorder

- Communicating in a clear and direct way but avoiding being critical or angry.
- Allowing the person to take some responsibility for their own affairs.
- Giving the person some space when they are feeling tense and want to be alone.
- Remaining calm.
- Being willing to talk about the person's problems and possible solutions with them.

Step 5 – Case study

Ask participants to divide into groups of 4-5 people.

Ask each group to identify a member of the group who will:

- read the case study provided (Case study I)
- make notes of the discussions to feed back to the whole group.

Hand out copies of **Case study I** to each group, and ask the groups to read it and suggest how they would support this family.

Case study I

Six months ago the doctor started Ramesh on some medication for his odd behaviour. He has now stopped talking to himself and is less frightened and agitated. However, he complains of feeling tired all the time, he sleeps for long periods of the day, and does not take good care of his appearance and hygiene. When his father returns from work he often finds Ramesh still in bed at 4 o'clock in the afternoon. The father is very angry because his wife did not get Ramesh up to do some chores around the home. Ramesh's mother says that she did not like to disturb Ramesh because "he is ill and he needs his sleep". His father says that Ramesh should change his behaviour and start taking more responsibility and help out more in the home.

After **10 minutes** ask each group to share their suggestions with the larger group.

Summarise the discussion by writing these important actions for supporting the family of a person with a mental disorder on the black/white board.

- Help the family find ways of reducing their own stress.
- Help the family find ways to support the person with the mental disorder and let them know that recovery takes time.
- Provide information on support groups if available.
- Encourage the family to maintain some of their own interests and not to devote their life exclusively to the person with the mental disorder.

Activity 23 : Referring to mental health professionals

Time : 45 minutes

Purpose : To teach participants how to refer a person with a mental disorder for further professional help.

Materials : Information for discussion and Case studies A, B, C & D (found in Appendix E), paper and coloured pencils/markers for participants, black/white board and marker pens.

Directions : **Step 1**

Ask the participants if they know who usually helps a person with a mental disorder in their community.

List the responses on the black/white board.

Step 2

Give a presentation based on the 'Information for Presentation' box below.

INFORMATION FOR PRESENTATION

There are different types of mental health professionals

- **Psychiatrists** – are doctors specialised in the treatment of mental disorders who are able to prescribe medication.
- **Psychologists** – are trained in psychology and usually provide 'talking' treatments.
- **Psychiatric nurses** – are nurses with specialist psychiatric training, who can also help with counselling and rehabilitation.
- **Psychiatric social workers** – work in both hospitals and community settings to help with life difficulties faced by people with mental disorders.
- **Counsellors** – are trained to listen to people talk about their lives, and to help them solve any problems that may be negatively affecting their mental health and well being.

Access to mental health services

- Alternative, religious and traditional health care providers can also provide care and support for people with mental disorders.
- The family or traditional healer may be the main route of access to formal primary care for a person with a mental disorder.
- However, it is also important to recognise that some local beliefs regarding mental disorders, such as thinking that the cause is black magic or evil spirits, may delay early recognition of illness, and prevent appropriate treatment and follow-up.¹⁵
- When a person has a mental disorder it is best if they can receive treatment from a local doctor who has knowledge about mental disorders and experience caring for affected people.
- A primary health care doctor can refer a patient to a mental health specialist if required, although specialist mental health trained personnel are quite limited in rural areas.¹⁴

Step 3

Divide the participants into four groups.

Ask each group to identify one member of the group who will make notes to feed back to the whole group.

Each group is given one of the four **Case studies (A, B, C & D)**, and after reading it again they briefly revise the following:

- What type of mental disorder is the person in the case study experiencing?
- Does this person need to be referred to another health care provider?
- Who would you refer this person to and why?

Ask participants to return to the large group and discuss their responses to the different case studies – did they refer to the right person?

Step 4 - Accessing other community resources

Form three groups based on geographical locations of the participants.

Ask each group to draw a picture of their village and surrounding area.

Ask them to indicate all the community resources (places & people) in their area that they feel would be useful for people with mental disorders and/or their families. For example; hospital, PHC centre, community hall, clinic, temple and/or traditional healer etc.

Instruct participants to use green colour for those resources that they think are useful to people with mental disorders or their families directly or indirectly.

Ask each group to present their drawing to the rest of the class.

Discuss the usefulness of the identified facilities.

Supplement this information with any other facilities you are aware of.

Activity 24 : Understanding drug treatments

Time : 30 minutes

Purpose : To introduce the CHWs to medications used in the treatment of people with mental disorders, and to make them aware of potential benefits and side effects.

Materials : Paper and pens for participants.

Directions : **Step 1**

Give a presentation based on the 'Information for Presentation' box below.

INFORMATION FOR PRESENTATION

Understanding drug treatments

- There are many effective ways of treating mental disorders.
- Once a doctor has decided what type of mental disorder the person has and prescribed the appropriate medication, the CHW can help to monitor treatment in most cases.

- Like medications for physical illness, medications for mental disorders only work when taken in the right dose, for the right period of time.
- Some medications need to be taken for weeks before the person begins to improve.
- Treating different physical symptoms with different medications (such as sleeping tablets for sleep problems, vitamins/tonics for tiredness, and pain killers for aches and pains) is often the least helpful treatment in the long term.

Some helpful medications include drugs to treat:

- unusually sad mood (anti-depressant medication)
- excessive fear and worry (anti-anxiety medication)
- odd behaviour and hearing voices (anti-psychotic medication)
- the side effects of some of the above drugs.

Drug treatments for mental disorders have benefits for the affected person as well as some negative side effects.

Step 2 – The benefits of drug treatments

Ask participants to divide into groups of five and discuss what they see as the benefits of drug treatment for people with mental disorders.

After **5 minutes** ask each group to call out the identified benefits of drug treatments and write these on the white/black board.

Present the main benefits of drug treatments from the 'Information for Presentation' box below and add them to participants' suggestions.

INFORMATION FOR PRESENTATION

The benefits of drug treatments for mental disorders

- A reduction in the severity of distressing symptoms such as hearing frightening voices.
- Improvement in mood.
- Making it possible for the person to function more effectively within the family and community.
- Regular and long term drug treatment can help to stop the person from becoming ill again.

Step 3 – Side effects of drug therapy

Present the information on side effects of drug treatments from the 'Information for Presentation' box below.

INFORMATION FOR PRESENTATION

Common side effects of anti-depressant medication

- Nausea
- Dry mouth
- Constipation
- Blurred vision
- Drowsiness
- Problems sleeping
- Weight gain
- Loss of interest in sex
- Agitation and anxiety

Common side effects of anti-anxiety medication

- Slowed movements and speech
- Tiredness and drowsiness
- Unsteadiness
- Memory problems

Common side effects of anti-psychotic medication

- Spasm of muscles in the face and neck, or difficulty controlling eye movements (if this occurs the person should be taken to a doctor as soon as possible)
- Restlessness that causes the person to rock back and forth or pace up and down
- Limited emotion with no facial expression showing
- Muscle stiffness and shakiness particularly in the hands
- Sexual problems in both men and women
- Sensitivity to sunlight
- Itchy skin rashes

Common side effects of lithium (for bi-polar disorder)

- Diarrhoea
- Lack of balance and coordination
- Loss of appetite
- Muscle weakness

- Nausea or vomiting
- Slurred speech
- Trembling

NB: It is important for people taking lithium to have regular blood tests to measure lithium levels in their blood. If a person on lithium treatment becomes unwell with some of the symptoms listed above, he/she should be taken to see the prescribing doctor as soon as possible as lithium toxicity is a possible and potentially serious side effect of treatment.

How to support a person on drug treatment for a mental disorder

- Side effects usually happen early in treatment and are often helped by the doctor adjusting the type or dose of medication.
- Some side effects get better with time - it is important not to stop taking medication abruptly.
- Make sure the person has understood the dosage and reason for the drug therapy ordered by the doctor, and that he/she is following the instructions correctly.
- Explain that many drug treatments take time to act effectively and should be taken even when the person starts to feel better to prevent them from becoming ill again.
- Try to see the person who has just started drug treatment for a mental disorder more frequently to check for medication adherence and side effects.
- If you have any concerns about the effects of the drug treatment then encourage the person and their family to return to the doctor.
- The side effects of the treatments can sometimes be more troubling for the person than the symptoms of the mental disorder.

DAY 4 | Session 10:

Mental health promotion - PART ONE

Session Objective : To build the capacity of CHWs to promote mental health and well-being in the community and, in particular, understand the impact of poverty, stigma and discrimination and gender on mental health.

Session duration : 2 hours

Activity 25 : Revision of Day 3

Time : 30 minutes

Purpose : To revise the information presented on Day 3.

Materials : Quiz questions and some small prizes such as sweets or lollies.

Directions : Step 1

Divide the group into Quiz Teams (about 4-5 people in each team).

Ask the quiz questions below, one at a time.

For each single question, the group decides what the best answer is and writes it on a piece of paper.

For each single question, the facilitator asks one group for their answer, and if it is correct gives all group members of that group a small prize e.g. lollies. If the first group's answer is incorrect, then the facilitator asks the second group and so on.

This is a fun and energising way to revise the previous days learning and begin the current day.

Quiz Questions - Revision of Day 3

1. Name two factors contributing to violence.

Answer: See Activity 18 in Session 7 for a full list, but answers may include:

- Frustration and anger.
- Use of, or withdrawal from, alcohol or other drugs.

2. What is the relationship between excessive alcohol use and mental health?

Answer:

- Stress and mental disorders can lead to use of alcohol as a way of coping.
- Excessive alcohol use can lead to the development of mental disorders such as depression and anxiety.

3. Name two skills required for counselling.

Answer: See Activity 20 in Session 8 for an explanation of skills, answers may include:

- Active listening
- Open-ended questions
- Reflecting feelings
- Encouragement
- Attending behaviour
- Probing questions

4. Visiting the affected person at their home is useful to observe how the family engages with the person, and to offer advice about how the family can support the affected person - true or false?

Answer: True

5. Name two benefits of drug treatment for mental disorders.

Answer: See Activity 25 in Session 9 for a full list, answers may include:

- A decrease in the severity of distressing symptoms such as hearing frightening voices.
- Making it possible for the person to function more effectively within the family and community.
- Improvement in mood.

6. Weight gain, drowsiness, agitation and constipation are all possible side effects of which type of medication?

Answer: Anti-depressants

7. People taking anti-psychotic medication may experience muscle stiffness and shakiness particularly in the hands - true or false?

Answer: True

8. Name two ways of supporting a person on drug treatment for mental disorder.

Answer: See Activity 25 in Session 9 for a full list, answers may include

- Make sure the person has understood the dosage and reason for drug therapy and that he/she is following the instructions correctly.
- Explain that many drug treatments take time to act effectively and should be taken even when the person starts to feel better to prevent them from becoming ill again.
- Try to see the person who has just started drug treatment for a mental disorder more frequently to check for medication adherence and side effects.
- If you have any concerns about the effects of the drug treatment then encourage the person and their family to return to the doctor.

9. Family behaviours that may increase stress for the person with a mental disorder include critical comments such as saying the person is lazy or an embarrassment to the family - true or false?

Answer: True

10. Name two professional people who are likely to help a person with the mental disorder in the community.

Answer: See Activity 24 in Session 9 for a full description, answers may include:

- Psychiatrists
- Psychologists
- Psychiatric nurses
- Psychiatric social workers
- Counsellors

Activity 26 : Introduction to mental health promotion

Time : 30 minutes

Purpose : To introduce participants to health promotion concepts and identify effective examples from their own communities.

Materials : Group work with pens and paper.

Directions : Step 1

Read the following quote from the WHO.

Health promotion is the process of enabling people to increase control over and improve their health. Activities are geared toward promoting health in the population as a whole.

Health promotion is not just the responsibility of health workers, it is a coordinated action that involves and benefits the whole community.

Step 2

Ask participants to form four groups and discuss and list the key factors that contribute to mental health and well being in their communities. Allow **10 minutes** for this activity then ask the groups to share their suggestions.

Step 3

Read the following "Information for Presentation".

INFORMATION FOR PRESENTATION

As we have seen from the group work in **Step 2**, there are many things that contribute to mental health and well being in our communities; however the following four things are especially important for mental health for individuals and communities:

- Promoting community networks and harmony so that all people feel included.
- Reducing levels of violence in the community.
- Ensuring people are free from stigma and discrimination.
- Improving economic opportunities.

Step 4

Ask participants to return to the four groups from the previous exercise and give each group one of the following topics to discuss and make notes:

- How can communities promote social networks and harmony so that people feel included?
- How can communities reduce levels of violence?
- How can communities reduce stigma and discrimination?
- How can communities improve economic opportunities for community members?

Ask each group to identify one member of the group who will make notes of the discussion to feed back to the whole group.

After **10 minutes** ask each small group in turn to share their topic and suggestions with the larger group.

Activity 27 : Stigma and discrimination

Time : 30 minutes

Purpose : To help participants understand stigma and discrimination in more detail and how it affects people with mental disorders.

Materials : Large pieces of paper to stick on the wall and marker pens.

Directions : **Step 1**

The facilitator reads the following quotes from the WHO.¹

Stigma is: ‘... a mark of shame, disgrace or disapproval, which results in an individual being shunned or rejected by others.’ – WHO

Discrimination is the unfair treatment directed towards those who are stigmatised, whereby those who are stigmatised are treated less favourably than those who are not stigmatised. For example, people may be discriminated against because of their race, age or gender.¹⁶

Step 2

Ask participants to divide into three groups and give each group one of the following topics to discuss:

1. Why is there stigma and discrimination against people with mental disorders?
2. What problems might a person with a mental disorder face due to discrimination?
3. How can discrimination be reduced for a person with a mental disorder?

Ask each group to identify a member of the group who will write the group's ideas on a large piece of paper.

After **10 minutes**, collect the ideas that the participants have written down and stick them on the wall.

Ask participants to walk around and read the ideas from the other groups (those that can read should read the ideas aloud for the benefit of those who are less literate).

After **5 minutes** ask participants to return to the large group and discuss the ideas that were stuck on the wall. Address each question in turn and discuss, can the large group add any ideas to those already collected?

Step 3

Present the information from the 'Information for Presentation' box below.

INFORMATION FOR PRESENTATION

Why is there stigma and discrimination?

- People with mental disorder are sometimes stigmatised and discriminated against because they think and behave differently.²
- Not knowing the facts about mental disorders sometimes makes people afraid of those who are suffering from a mental disorder.

How does stigma and discrimination affect a person with a mental disorder?

- A person suffering from a mental disorder may be rejected by friends, relatives, neighbours and employers.
- A person who is rejected may then feel more lonely and unhappy and this will make recovery even more difficult.
- Stigma also affects the family and caretakers of a person with a mental disorder and may lead to isolation and humiliation.
- Stigma can cause delays in seeking treatment for a family member with a mental disorder.

How can stigma and discrimination be reduced?

- People with mental disorders should be seen as active and valuable members of the community.
- Openly talk about mental disorders in the community to help people understand that a person with a mental disorder is a fellow human being and is entitled to be valued as such.
- Provide accurate information to family members and community groups on what causes mental disorders, how common they are, and that they can be treated.
- Counter negative stereotypes and misconceptions surrounding mental disorders by educating people about the following points:
 - ◆ Mental disorders are a bit like an illness of the mind.
 - ◆ Having a mental disorder is not a character weakness or a result of being deliberately lazy or difficult.
 - ◆ Mental disorders are not the result of curses, black magic or evil spirits.
 - ◆ Anyone can suffer from a mental disorder.
 - ◆ People with a mental disorder often need help to recover.
 - ◆ A person with a mental disorder can hold a job and get married.
 - ◆ Most people with mental disorders are not violent.
- Provide support and treatment for people suffering from mental disorders so that they can meaningfully participate in community life.
- The community can help reduce stigma and discrimination by having laws that ensure all people are treated fairly and given respect.
- A community that respects and protects basic civil, political, economic, social, and cultural rights is essential for promoting mental health and reducing stigma and discrimination.¹

Activity 28 : Poverty and mental health

Time : 30 minutes

Purpose : To help participants understand the relationship between poverty and mental health.

Materials : Pens/pencils for drawing illustrations is required.

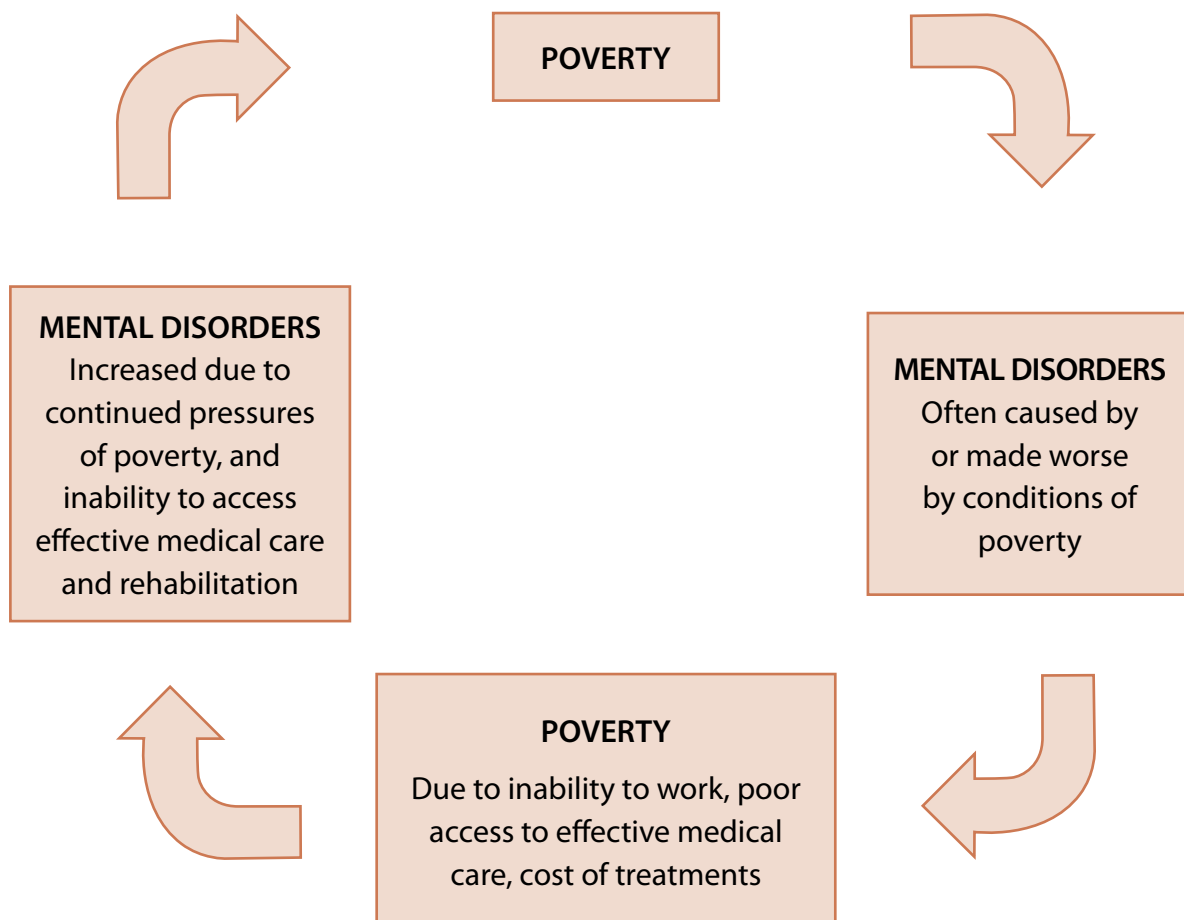
Directions : **Step 1**

Present the information from the 'Information for Presentation' box below.

INFORMATION FOR PRESENTATION

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 cycle that is difficult to break.²

Figure 5. The poverty and mental disorders cycle



Step 2

Invite participants to comment on the information presented and give examples from their own experience about how poverty can contribute to mental disorders.

This could be a brainstorming exercise or it could involve the participants drawing an illustration or picture that they can share with the group.

Step 3

Invite participants to discuss ways in which communities can help to break the cycle of poverty and mental disorders.

Things that can help break the cycle of poverty and mental disorders include access to:

- Effective treatment for mental disorders.
- Employment opportunities including income generation schemes and micro-credit schemes.
- Access to education.

DAY 4 | Session 11:

Mental health promotion – PART TWO

Session Objective1: To build the capacity of CHWs to promote mental health and well-being in the community and, in particular, understand the impact of poverty, stigma and discrimination and gender on mental health.

Session Objective2: To revise the information presented during the training program so far and evaluate participants ability to recognise symptoms of mental disorders, respond appropriately, refer people to appropriate services, and provide support to the family.

Activity 29 : Gender and mental health

Time : 30 minutes

Purpose : To help participants understand the relationship between gender inequality and mental disorders, and how to promote mental health for men and women.

Materials : Black/white board and markers.

Directions : **Step 1 What is gender?**

Ask participants what they think gender is.

After a small discussion explain gender by presenting information from the 'Information for Presentation' box below.

INFORMATION FOR PRESENTATION

What is gender and gender inequality?

Sometimes it is hard to understand exactly what is meant by the term “gender”, and how it differs from the closely related term “sex”.

- We are all born a particular “sex” so that we are either a man or a women, it is a physical attribute that does not change between different human societies.
- “Gender” refers to the socially constructed roles, behaviours and activities that are appropriate for men and women, often these roles are different between different human societies.
- Gender results in differences between men and women as well as inequalities between men and women.

Step 2 – How does gender relate to mental health

Ask participants to brainstorm some ideas about how gender might affect mental health for men and women differently.

Ask for one or two volunteers to write these ideas on the black/white board as you go.

Examples may include:

- Men do not discuss their problems with friends and find solutions as much as women.
- It is more acceptable for men, to drink alcohol leading to more problem drinking in men and more stigma for women who have a drinking problem.
- Domestic violence and rape can place great stress on the life of a woman.
- Women's income is often lower than that of men, and they have less control over household finances.
- Women may not be able to independently access treatment unless there is agreement from senior members (whether male or female) of the household.
- A woman cannot receive needed health services because norms in her community prevent her from travelling alone to a clinic.
- Families may be more reluctant to spend money on treatment for females compared to males.

Ask participants to divide into three groups and develop a short role play that demonstrates how gender differences can affect the mental health of women. Allow **10 minutes** for preparation of the role play.

Allow each of the groups to perform their role plays.

Step 3 – Promoting mental health

Conclude this session with a key message from the WHO.¹⁷

“Gender equality means women and men have equal opportunities to realise their individual potential, to contribute to their country's economic and social development and to benefit equally from their participation in society.”

Two actions to help promote mental health for men and women include:

- Empowering men and women to make decisions that influence their own lives.
- Educating people about the need for equal rights for men and women.

Activity 30 : Preparation of group work

Time : 1½ hours

Purpose : To allow the participants time to reflect on what they have gained from the training program so far and prepare a report to demonstrate their learning.

Materials : This will depend on how the participants choose to create their reports; the most likely materials that will be used are large pieces of paper and pens, props for role plays such as chairs and table

Directions : **Step 1**

Ask participants to divide into three groups (about 6-7 people in each group) to prepare a creative report on the training program so far that highlights:

- what new information they have learned
- things they feel they have understood well
- things they feel less sure about
- any other ideas or suggestions regarding the program.

Allow **1½ hours** for preparation of the presentation.

Some possible methods for presenting reports include:

- a role play or creative performance that incorporates the above information
- drawings or posters that incorporate the above information
- songs
- short presentations or group discussions.

DAY 4 | Session 12:

Presentation of group work and final evaluation

Session Objective : To revise the information presented during the training program so far and evaluate participants ability to recognise symptoms of mental disorders, respond appropriately, refer people to appropriate services, and provide support to the family.

Activity 31 : Presentation of group work

Ask each group to identify a member of the group who will introduce the group and their presentation.

Allow **1 hour** for the three groups to present the report/presentation/ role play developed during the previous session, including **15 minutes** for presentation and **5 minutes** for each comments and discussion

Activity 32 : Participatory evaluation activity

Time : 1 hour

Purpose : To allow participants time to brainstorm the highs and lows of the training program and to communicate their ideas to the facilitator.

Materials : Large pieces of paper and marker pens

Directions : **Step 1 What have we learnt?**


Ask the participants to think of something they have learnt across the course of the training that they are willing to share with the larger group i.e. what new knowledge or understanding do they have now that they did not have at the beginning of the training?

Allow **3 minutes** for this reflection, and then ask each of them to share their particular learning with the rest of the group, one by one. Each person should only speak for approximately one minute.

NB: One of the facilitators can lead this session, and the other can make notes based on the participants' comments. These notes will create a record for the purpose of course evaluation.

Step 2 - Brainstorming the highs and lows

Divide the participants into three groups and provide each group with large sheets of paper and pens.



Ask each group to spend **10 minutes** brainstorming the highs and lows of the training program. 'Highs' can include overall comments about the structure, content and coordination of the course, any new learnings, and any sessions or teaching strategies they particularly enjoyed. 'Lows' can include sessions they did not enjoy and concepts they found difficult to understand.

Then ask the participants to spend an additional **5 minutes** prioritising their ideas so that they finish with 5 priority highs and 5 priority lows for their group.

Ask each group to identify a member of the group who will write the 5 priority highs and 5 priority lows on the paper provided.

Step 3 – Creating the final list

Ask each group in turn to call out their list of 5 highs and 5 lows and write the ideas on the white/black board under the two headings 'highs' and 'lows'.

Combine similar ideas from different groups so that the final list reflects all three groups.

Ask the group if they have any suggestions on how to improve the program.

This forms another record for the course evaluation, and contains information that can be used to inform the development and implementation of subsequent trainings.

Step 4– Presentation of Certificates of Attendance

A small presentation ceremony that acknowledges participants' efforts by presenting them with Certificates of Attendance is a pleasant way to end the course, especially if it is coupled with chai and sweets (or other locally available produce).

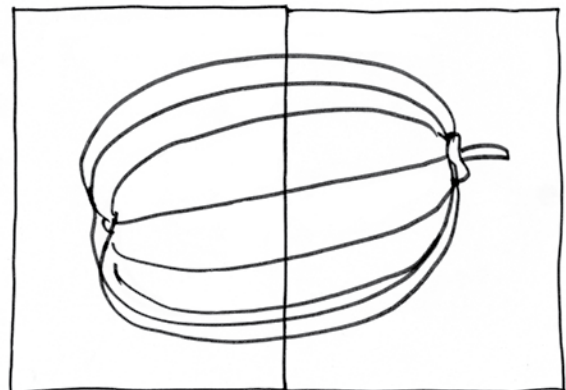
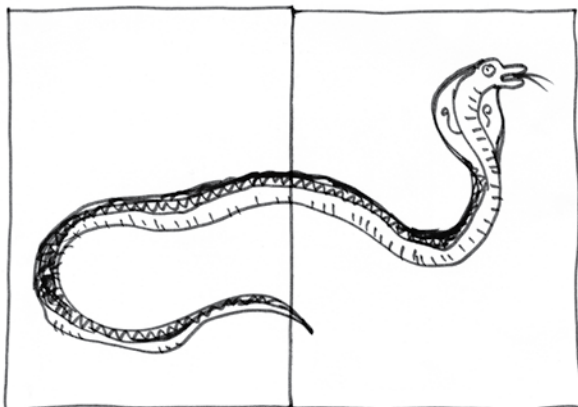
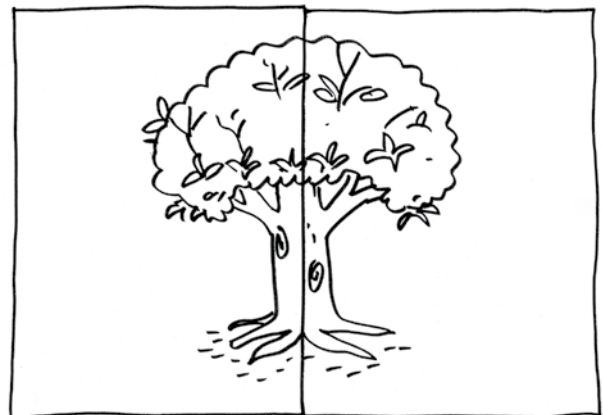
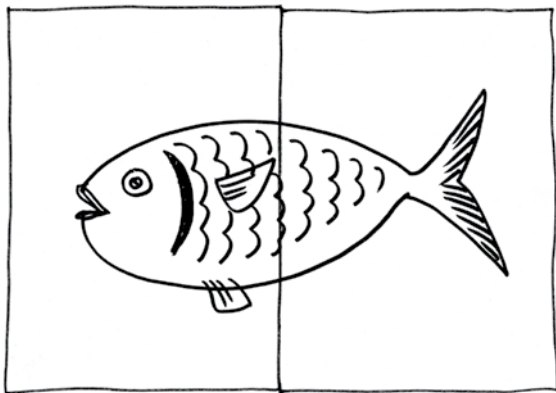
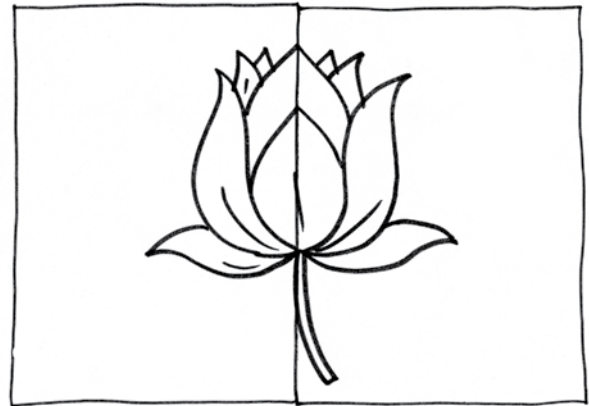
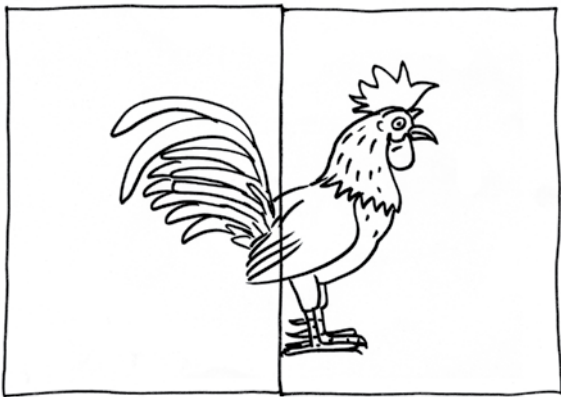
References

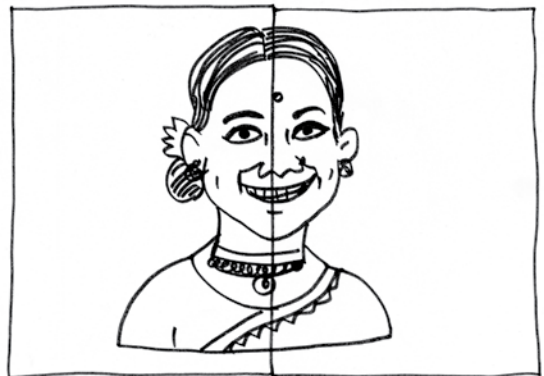
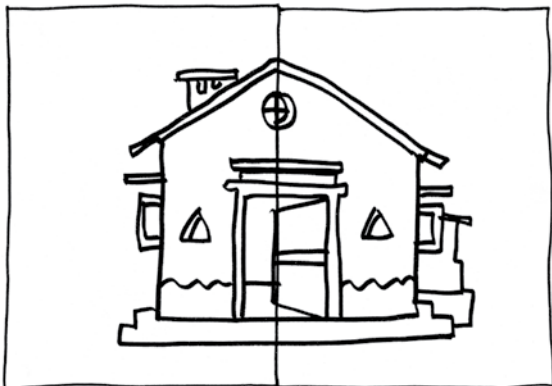
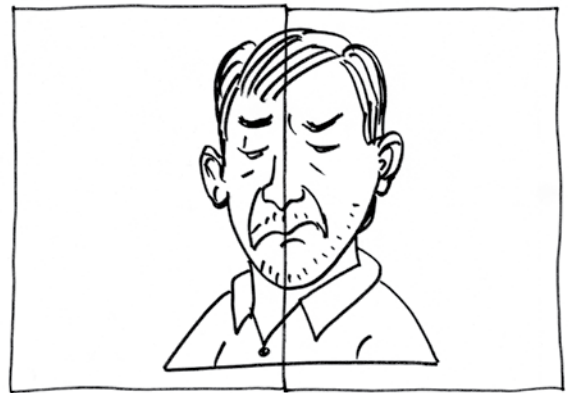
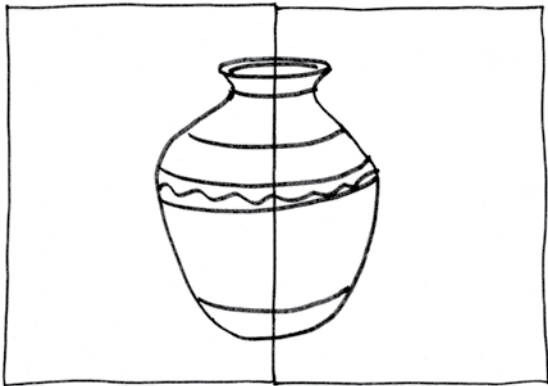
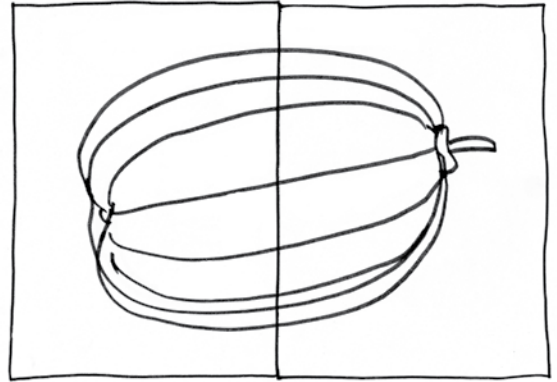
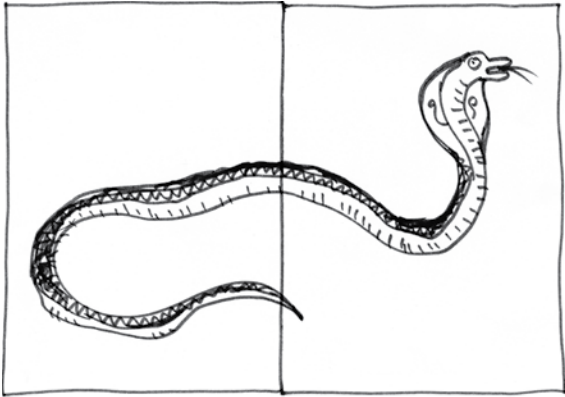
1. Herrman H, Saxena S, Moodie R, editors. **Promoting Mental Health: concepts, emerging evidence, practice:** report of the World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne. Geneva: World Health Organization; 2005.
2. Patel V. **Where there is no psychiatrist. A mental health care manual.** London: Royal Collage of Psychiatrists; 2003.
3. Jorm A, Barney L, Christensen H, Highet N, Kelly C, Kitchener B. **Research on mental health literacy: what we know and what we still need to know.** Australian and New Zealand Journal of Psychiatry 2006; 40: 3-5.
4. Kermode M, Herman M, Arole R, White J, Premkumar R, Patel V. **Empowerment of women and mental health promotion: a qualitative study in rural Maharashtra, India.** BMC Public Health. 2007; 7: 225.
5. Kitchener BA, Jorm AF. **Mental Health First Aid Manual.** Canberra: Centre for Mental Health Research; 2003.
6. BasicNeeds. **Mental health and development: a model in practice.** Warwickshire: BasicNeeds; 2008.
7. World Health Organization. **Community health workers: What do we know about them? The state of the evidence on programmes, activities, costs and impact on health outcomes of using community health workers.** Geneva: Department of Human Resources for Health, World Health Organization; 2007.
8. Saxena F, Andrew G. **Barefoot Counselling: A manual for community workers.** Goa: Nirmaan, Sangath; 2002. Available from: <http://www.sangath.com/publications/pub%20pddf/BFCMain-web.pdf>
9. Malouff J. **Over Fifty Problem Solving Strategies Explained.** University of New England [Online]. 2008 Oct 14 [cited 2008 Oct 14]; Available from: <http://www.une.edu.au/bcss/psychology/john-malouff/problem-solving.php>
10. **Panic Disorder** [Online]. 2008 Oct 14 [cited 2008 Oct 14]; Available from: <http://panicdisorder.about.com/od/livingwithpd/a/deepbreathing.htm>
11. Jacob K. **The Prevention of Suicide in India and the Developing World - The Need for Population Based Strategies.** Crisis. 2008; 29(2): 102-106.
12. World Health Organization [Online]. 2008 Oct 14 [cited 2008 Oct 14]; Available from: http://www.searo.who.int/en/Section174/Section1199/Section1567/Section1824_8087.

13. Jorm A, Minas H, Langlands R and Kelly C. **First aid guidelines for psychosis in Asian countries: A Delphi consensus study.** International Journal of Mental Health Systems 2008; 2:2.
14. Richards D, Bradshaw T, Mairs H. **Helping people with mental illness. A mental health training manual for Community health workers.** Manchester: The University of Manchester; 2003.
15. Khandelwal S, Jhingan H, Ramesh S, Gupta R & Srivastava V. **India mental health country profile.** International Review of Psychiatry 2004; 16(1-2): 126-141.
16. Joel D, Sathyaseelan M, Jayakaran R, Vijayakumar C, Muthurathnam S & Jacob K. **Explanatory models of psychosis among community health workers in South India.** Acta Psychiatrica Scandinavica 2007; 108: 66-69.
17. UNAIDS. **Asia Pacific Leadership Forum on HIV/AIDS and Development Toolkit.** UNAIDS; 2002
18. World Health Organization [Online]. 2008 Oct 14 [cited 2008 Oct 14]; Available from: http://www.who.int/gender/other_health/en/genderMH.pdf

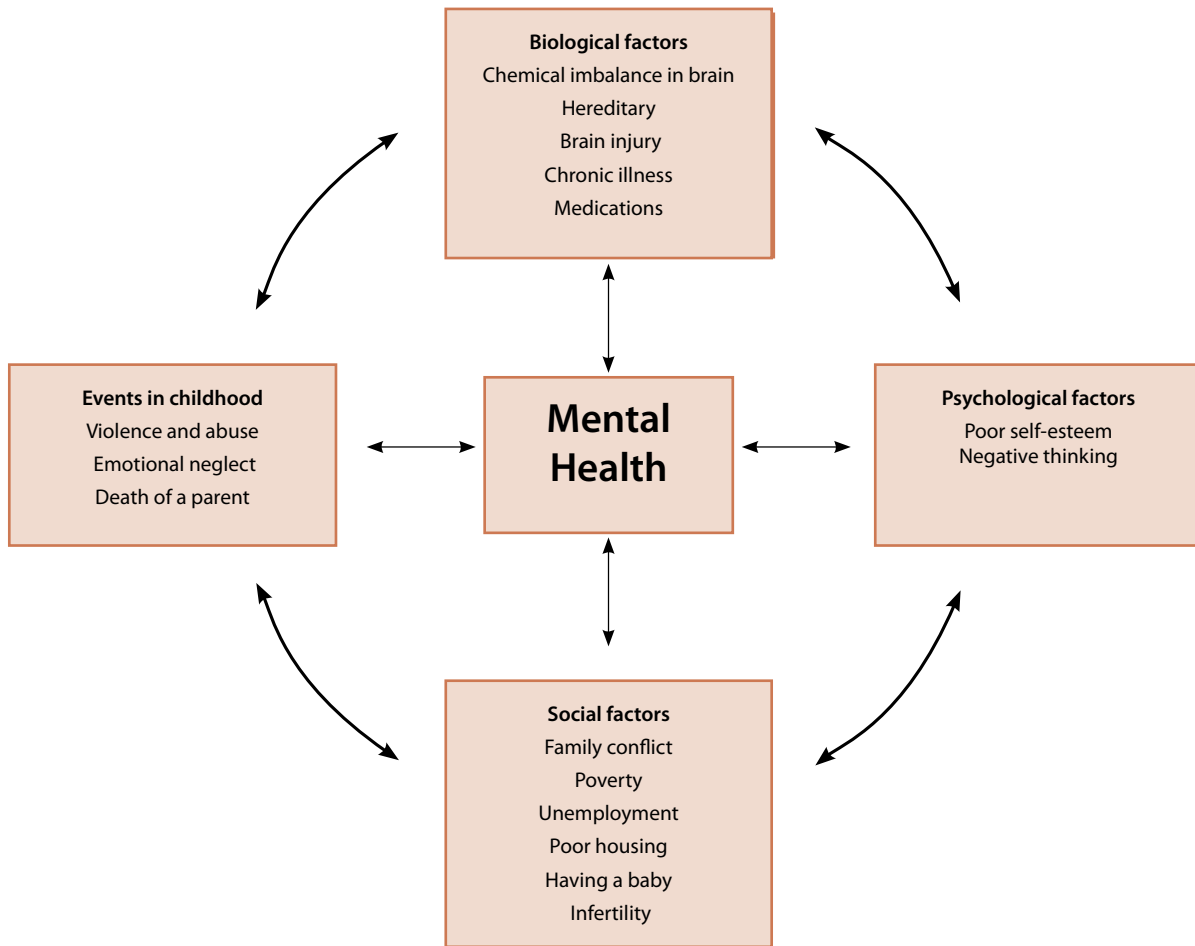
Appendix A: Introducing your other half illustrations- (Activity 1)

This introductory activity requires about 10 or 12 illustrations (assuming there will be 20 participants). Each illustration is cut in half (or can be drawn as two separate halves). Each participant receives half a picture and has to find the person who has the other half of that picture to form a pair. Each person introduces him/herself to their 'other half' as described in the activity. The pictures can be very simple, for example, pictures of animals, a sad face, a happy face or other pictures that are relevant to the village setting. The idea of the picture is just a way of bringing two participants together.





Appendix B : Factors affecting mental health - (Activity 3)



Appendix C : Symptoms of mental disorders cards (Activity 4)



1. Self-blame



2. Talking to him/herself



3. Hearing voices



4. Fear



5. Sadness



6. Sleep disturbance



7. Heart pounding



8. Muscle tension



9. Stomach pains



10. Feeling hopeless



11. Mood swings



12. Lack of energy



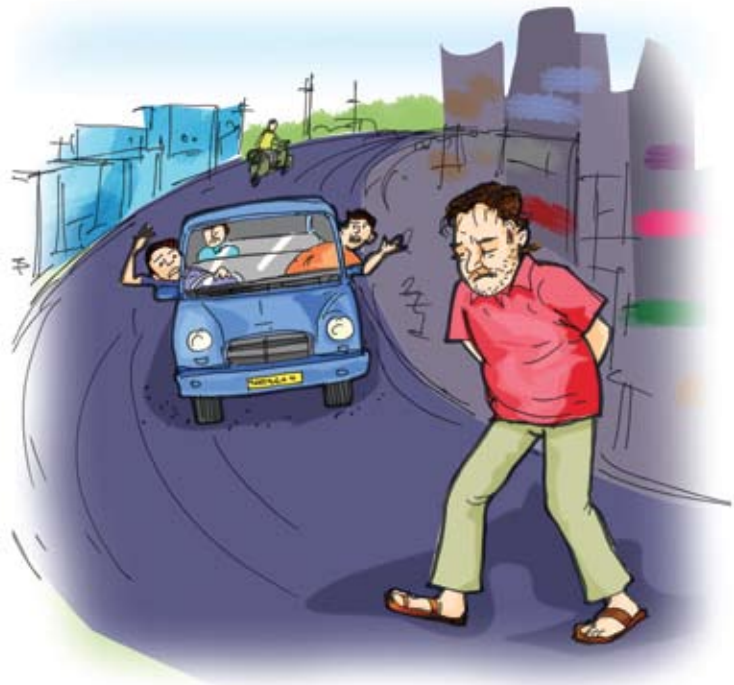
13. Increased or decreased talking



14. Attempting suicide



15. Thinking about suicide



16. Poor concentration



17. Seeing things not really there



18. Poor judgement



19. Aggression

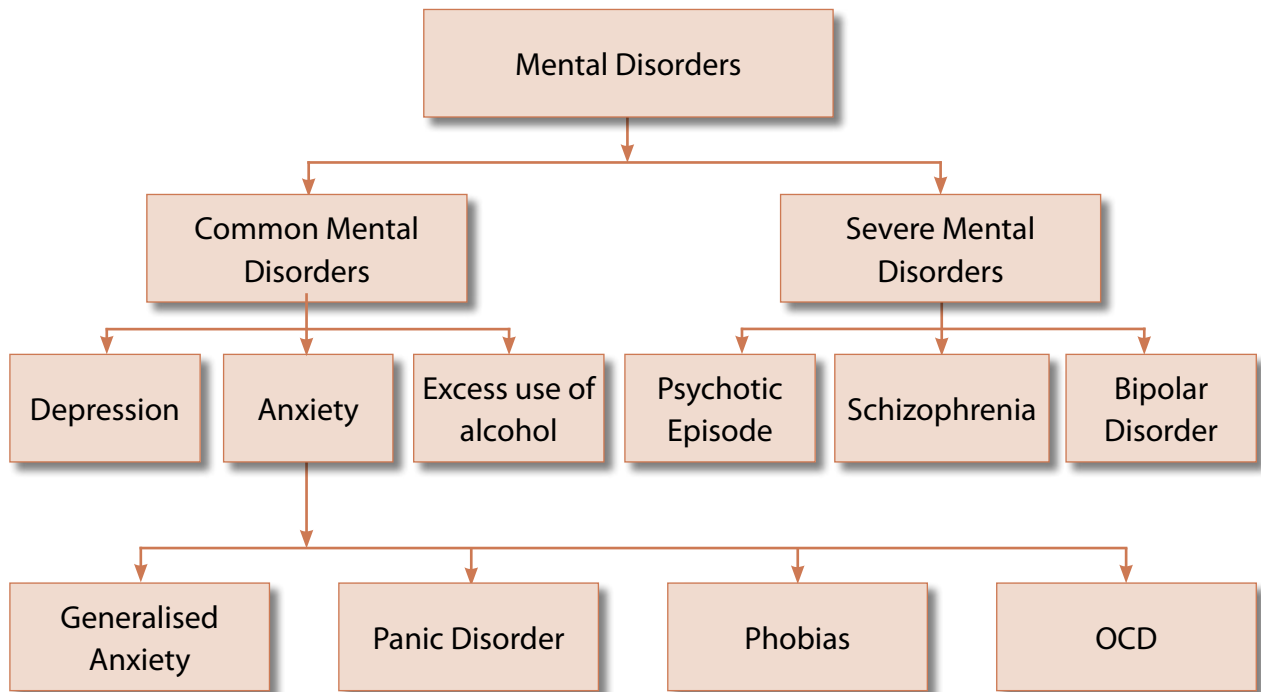


20. Believing others are going to harm you



21. Withdrawing from friends and family

Appendix D: Common and Severe Mental Disorders - (Activity 4)



Appendix E : Case studies

Case study A

Amal is a 25 year old student who, many months ago, started locking himself in his room. Amal used to be a good student but failed his last exams. His mother says that he often spends hours staring into space. Sometimes he mutters to himself as if he were talking to an imaginary person. He was forced to come to the clinic by his parents. At first he refused to talk to the nurse. After a while he admitted that he believed that his parents and neighbours were plotting to kill him and that the devil was interfering with his mind. He said he could hear his neighbours talk about him and say nasty things outside his door. He felt as if he had been possessed, but did not see why he should come to the clinic since he was not ill.

Case study B

Nisha seems generally happy when at home but when asked to go out starts to shake and gives a number of reasons why she cannot go out and must stay at home e.g. her heart isn't working properly and she can't breathe so needs to lie down. It is now weeks since she has left the house. About half an hour later she will get up and once again seems okay until her mother asks her to go out again, and the same thing happens.

Case study C

Rita is a 58 year old woman whose husband died last year. Her children are all grown up and have left the village for better employment opportunities in a big city. She started experiencing poor sleep and loss of appetite soon after her husband died. The symptoms worsened when her children left the village. She experiences headaches, backaches, stomach aches and other physical discomforts, which have led her to consult the local clinic. There she was told she was well, but was prescribed sleeping tablets and vitamins. She felt better immediately, particularly because her sleep improved. However within two weeks her sleep has got worse again. She went back to the clinic and was given more sleeping pills and injections. This has been going on for months, and now she can no longer sleep without the sleeping pills.

Case study D

Manik is a 31 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 can not afford. When Manik's husband tries to bring her to the clinic she becomes angry and irritable.

Case study E

Ahanti is a 25 year old woman who is married and has one daughter and one son. She has gradually lost all interest in life. Even her children and family don't make her happy. She feels tired all the time and has lost the taste for food which she used to love; she can not sleep at night and has lost weight. Ahanti feels like she is a burden on the family. She feels embarrassed about her situation and cannot tell anyone. Her mother-in-law complains that she has become lazy and her husband is frustrated with her and keeps yelling at her and hitting her. Now Ahanti feels like ending her life, she is so scared by these feelings that she has come to talk to the health worker.

Case study F

Vijaya is a 28 year old woman whose main complaint is fatigue. She describes "feeling tired, even after a complete nights sleep". She feels compelled to take a nap every afternoon. She has always been an energetic person, and is frustrated with her lack of energy. She also describes a lot of muscle aches. She visited the doctor recently who performed a physical examination which revealed no abnormal findings or sleep disorders. Vijaya recently stopped working because of her symptoms and is increasingly worried that her condition is the reason that she is unable to get pregnant.

Case Study G

Amal is a 25 year old student who started locking himself in his room. Amal used to be a good student but failed his last exams. His mother says that he often spends hours staring into space. Sometimes he mutters to himself as if he were talking to an imaginary person. He was forced to come to the clinic by his parents. At first he refused to talk to the nurse. After a while he admitted that he believed that his parents and neighbours were plotting to kill him and that the devil was interfering with his mind. He said he could hear his neighbours talk about him and say nasty things outside his door. He said he felt as if he had been possessed, but did not see why he should come to the clinic since he was not ill.

Case study H

Amar is a 44 year old man who has been ill with a number of physical complains over the past several months. His main complaints were that his sleep was not good, that he often felt like vomiting in the morning and that he was generally not feeling well. Amar has recently been to see the doctor for severe burning pain in the stomach area; he was prescribed more medication for stomach ulcer. Today he is sweating profusely and his hands are shaking, when you ask him how he is feeling he sits down and starts to cry. He admits that he is sick because he has been drinking increasing amounts of alcohol in the previous few months as a way of coping with stress in the family. However now the drinking itself has become a problem and he cannot pass even a few hours without having a drink.

Case study I

Kavi is a 25 year old man who has had a severe mental illness for many years, he is known to abuse alcohol but generally takes his medication regularly. Kavi arrives at a community function looking untidy, unshaven and appears preoccupied. Suddenly he jumps up and shouts 'stop it you bastards I'm not going to let you do that' he picks up a chair and throws it at a group of people standing close to him.

Case study J

Six months ago the doctor started Ramesh on some medication for his odd behaviour, he has now stopped talking to himself and is less frightened and agitated. However, he complains of feeling tired all the time, he sleeps for long periods of the day and does not take good care of his appearance and hygiene. When his father returns from work one day Ramesh is still in bed at 4 o'clock in the afternoon. The father is very angry because his wife did not get the boy up to do some chores around the home. Ramesh's mother argues that she did not wish to disturb the boy because "he is ill and he needs his sleep". Once Ramesh is out of bed his father decides that he should have a talk to him about how he would like him to change his behaviour and start taking more responsibility for his own life and help out more in the home.

Appendix F : Role plays

Role Play 1 – An unhelpful response to Nisha

- **CHW:** Good morning Nisha how are you feeling?
 - Nisha appears distracted and doesn't answer
 - **CHW:** (louder) Nisha, I said how are you feeling today?
 - **Nisha:** I feel frightened, my mother has suggested we go to visit my sister and her children but I don't want to go.
 - **CHW:** What are you frightened of?
 - Nisha looks fearful and says,
 - **Nisha:** I'm not sure.....my heart is beating very quickly and I don't think I can cope with going outside.
 - **CHW:** (appearing irritated) Nisha you certainly don't look ill to me, I think you're pretending to be unwell.
 - Nisha begins to look more distressed
 - **Nisha:** No! My heart is beating too fast and I feel shaky. I don't think I could breathe if I went outside.
 - **CHW:** (shouting) I think you are just being lazy, you don't like the children and you want to stay here....you should just get up and go.
- Nisha becomes even more anxious

End of role play

Role Play 2 – A helpful response to Nisha

CHW: Good morning Nisha how are you feeling?

Nisha appears distracted and doesn't answer

CHW: (speaking softly) Nisha you appear to be a little distracted are you feeling okay?

Nisha: I feel frightened, my mother wants us to visit my sister and her children but I don't want to go.

CHW: (again speaking softly) What are you frightened about Nisha?

Nisha looks fearful and says,

Nisha: I'm not sure.....my heart is beating very quickly and I don't think I can cope with going outside.

CHW: Nisha it sounds as though you're feeling very worried about something, what do you think will happen if you go outside?

Nisha looks upset

Nisha: I am worried that I will feel worse, last time I went out I started to feel faint and my heart was beating so fast I thought I would die.

CHW: You are not going to die Nisha. You have a problem, but it won't cause you to die. You are experiencing feelings of fear and panic, but you can learn to control these feelings so that you can safely go outside once again without feeling your heart pounding.

Nisha: Yes the doctor has told me about panic attacks but I'm still scared. What do you think I should do?

CHW: How about coming outside with me for just a short period of time. We will only go a short way from the house, and wait until the symptoms go away.

Nisha: OK, although I'm still worried that my heart will explode.

CHW: I know that's how you feel at the moment but I will go with you. If you stay here it will be harder to go out tomorrow.

Nisha and the CHW go outside and tomorrow they go a little further from the house.

End of role play

Role Play 3 – Unhelpful response

CHW: Good morning Amal how are you feeling?

Amal appears distracted and doesn't answer

CHW: (louder) Amal, I said how are you feeling today?

Amal: I feel frightened, he's trying to harm me again.

CHW: Who is trying to harm you Amal? I don't see anyone.

Amal looks fearful and says,

Amal: You know who it is, everyone knows who it is, he's just told me so.

CHW: (appearing irritated) Amal I don't have a clue what you are talking about, who told you they are going to harm you, I can't hear anyone. Stop talking like this people will think you are mad.

Amal begins to look distressed

Amal: Of course you know what I am talking about you can hear him, everyone can hear him, they must be able to he is shouting so loud.

CHW: (shouting) I have had it with you Amal and your stupidity, you pretend to hear voices

and you say they are trying to harm you when anyone can see that nobody is trying to harm you. Just stop being silly and pull yourself together.

Amal becomes distressed and begins to cry and gets up and leaves.

End of role play

Role Play 4 – Helpful response

CHW: Good morning Amal how are you feeling?

Amal appears distracted and doesn't answer

CHW: (speaking softly) Amal you appear to be a little distracted are you feeling ok?

Amal: I feel frightened, he's trying to harm me again.

CHW: (again speaking softly) Who is trying to harm you Amal?

Amal looks fearful and says,

Amal: You know who it is, everyone knows who it is, he's just told me so.

CHW: Amal are you hearing the voices of someone other than me talking to you at the moment?

Amal looks puzzled

Amal: yes I am and he is threatening to kill me! Can't you hear him?

CHW: No Amal I can't hear the voice but I do believe that you can hear it and it sounds as though the things that the voice is saying to you are very frightening.

Amal: Yes they are frightening! I try to tell myself that he can't hurt me but sometimes the voice is so loud I feel certain that he is going to get me.

CHW: That must be very distressing Amal, you know it isn't uncommon for people to hear voices when there is nobody there talking to them.

Amal: Isn't it? I thought I was the only one that heard voices like this.

CHW: No Amal I have met lots of people that have heard voices like yours and many of them have been able to learn ways of making the voices less distressing.

Amal: I wish I could stop this voice from bothering me, can you help me to do that?

CHW: I can't promise that I can make the voices stop completely but I can help you to cope with the voices to make it less distressing, would you like me to tell you more about how we might be able to do this?

Amal appears less tense and more hopeful.

Amal: Yes, I'd like you to tell me more about that.

End of role play

Appendix G: Mental Health First Aid Action Card – (Activity 9)

Activity 9 – Mental Health First Aid Action Card – will need to be translated and laminated for each participant

Mental Health First Aid Action Card

Five steps of Mental Health First Aid

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

Appendix H

Counselling Skills Cards – (Activity 20)

Activity 9 – will need to be translated prior to the session

1. Attending Behaviour

2. Questioning Skills

3- Observing Skills

4- Encouragement



5. *Summarising*



6. *Noting feelings*

7. Attending Behaviour

8. Questioning Skills



9. Observing Skills



10. Encouragement



11. *Summarising*



12. *Noting feelings*



13. Attending Behaviour



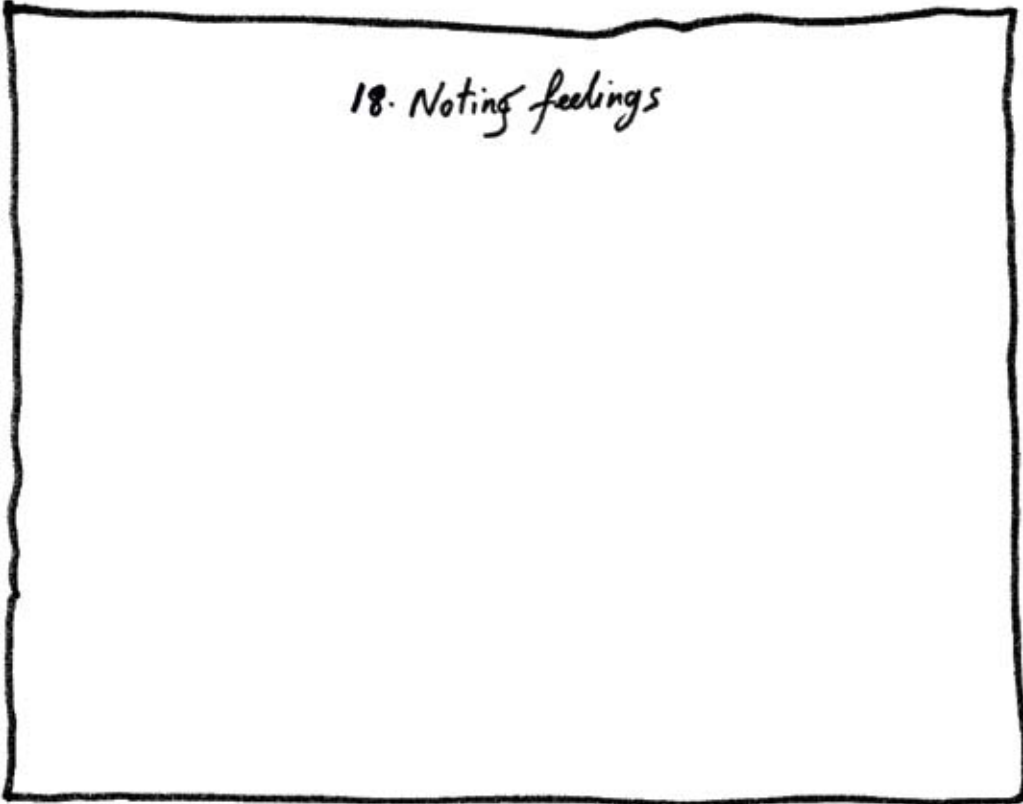
14. Questioning Skills

15. Observing Skills


16. Encouragement



17. Summarising



18. Noting feelings



19. Attending Behaviour

20. Questioning Skills



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