



सत्यमेव जयते

Ministry of Health & Family Welfare
Government of India



Training Manual on Mental, Neurological and Substance Use (MNS) Disorders Care for ASHA at Ayushman Bharat – Health and Wellness Centres



Training Manual on
Mental, Neurological and Substance Use (MNS)
Disorders Care for ASHA
at Ayushman Bharat – Health and Wellness Centres

2021

The module has been developed based on inputs from expert members in the 'Taskforce for Mental health care as part of Comprehensive Primary Health Care' constituted by MoHFW and using following existing training modules as reference material.

Training Manual for Community Health Workers, Vishram (Vidarbha Stress and Health Program), Sangath, accessed from https://www.sangath.in/wpcontent/uploads/2018/03/CHW_Training_Manual_English.pdf

Contents

Introduction	1
Chapter 1: Introduction to Mental Health and Mental Health Disorders	3
Chapter 2: Mental Health Promotion	8
Chapter 3: Mental Health First Aid (Psychological First Aid)	12
Chapter 4: Types of Mental Health Disorders– How to Recognize and Help?	17
Chapter 5: Service Delivery Framework: Providing Mental Health Care as a Team and Key tasks of ASHA	40
Annexure: Community Based Assessment Checklist (CBAC)	45
List of Contributors	48

Introduction

Over the years, we have seen improvements in health status of the community. You as an ASHA have played a key role in improving health outcomes of mother and children. This includes an increase in institutional deliveries, immunization coverage, improvements in infant and child health, and reductions in maternal and infant deaths. You were at the forefront for providing services for COVID-19 pandemic and have been instrumental in provision of services for communicable disease like TB, malaria, leprosy. You have also been trained recently in care for non-communicable diseases and have initiated work for helping people in the community to prevent NCDs, identify and support those who are affected by these diseases.

Now, as a country we have made progress in improving maternal and child health and communicable diseases. However, we are facing additional challenges. In order to address these challenges, Ayushman Bharat– Health and Wellness Centres have been rolled out across the country. The basket of services at primary care level is expanded. One of the additional service packages is related to Mental health.

You might have come across or heard about mental health disorders in your community. This can include people with complaints of unusual constant fear or long-lasting sad mood or some who might exhibit symptoms like hearing voice when no one is talking. These are only some types of mental health disorders. There are other disorders like excess use of alcohol, epilepsy, loss of memory, suicidal behaviour etc. Although they might be classified as mental, neurological (related to brain) and substance use disorders, we would term them as mental health disorders, for the purpose of this module.

These health challenges have been persistent and have increased over the years. These are also particularly sensitive topics as there is stigma and discrimination in the community against those who show any of the associated symptoms.

This module will tell you more about these mental health disorders. It will guide you on how you can help people in the community who are suffering from any of these disorders. It would also help you to facilitate prevention of mental health disorders and reduce the stigma about mental health disorders.

As an ASHA, you are in the unique position of being able to reach every individual and family. Over time, you have gained credibility and respect in the community. This module builds on your existing knowledge and skills by providing you with new information and skills.

Training in this module will help you:

- Build your knowledge of the risk factors, causes of different types of mental, neurological and substance use disorders.
- Get an understanding about the issues faced by people having any of these disorders and their families due to stigma, discrimination and ways to address it.
- Strengthen your understanding of the services for mental health disorders available in your area, including screening, diagnosis and treatment.
- Learn basic skills to assess and provide help to individuals and families for accessing appropriate care.
- Provide treatment adherence support and follow-up care in the community
- Learn about promotion for mental health and prevention of mental health disorders.
- Become familiar with checklists and records to be maintained.

In this module, there are five chapters and each chapter deals with specific aspect of mental health disorders. The module is organized as follows:

In chapter 1, you will learn about what is mental health and what are different kinds of mental health disorders

In chapter 2, you will learn about mental health promotion

In chapter 3, you will learn basic skills about mental health (psychological) first aid

In chapter 4, you will understand how to recognize and help individuals with different types of mental health disorders

In chapter 5, you will get understanding about roles of different service providers and your key tasks in providing care for mental health disorders.

Introduction to Mental Health and Mental Health Disorders

What is mental health?

A mentally healthy person

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

Mental health is vital for individuals, families and communities, and is more than just an absence of disorder. You have learned about physical health over the years and as we know, a healthy person needs to have both mental and physical health. These two 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.

What are mental health disorders?

The mind can fall ill just as physical body. In these disorders, the person's capability to feel, to think, to work, to enjoy relationships and to cope with stresses is affected in a negative way. These are real medical illnesses and include broad range of symptoms.

As we discussed before, mental and physical health are related to each other because, our minds and body are interlinked. If the mind is stressed it affects the body and on the other hand, our body (physical complaints) affects our mind.

What are some of the positive feelings/emotions you experience?

Happy, Content, Proud

What are some negative feelings/emotions you experience?

Sad, Tensed/stressed, Fear, Hopelessness

Can you name/describe one situation when you have felt these emotions?



Some key facts about mental health disorders —

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

- Mental health disorders are common – about one in five adults experience a mental health disorder at some stage in their life.
- Most people suffering from a mental health disorder look the same as everyone else. It's not always possible to tell that someone is experiencing a mental health disorder just by looking at the person.
- Mental health disorders include a variety of different conditions ranging from more common problems such as excessive fear and worry (anxiety), repeated unwanted thoughts, images, impulses and actions causing distress or anxiety to the individual or unusually sad mood (depression), to more severe behavioral problems that can involve suspiciousness, violence, agitation and other unusual behaviours (psychosis).
- Mental health disorders are more than just the experience of stress. Although stressful life events often contribute to the development of mental health disorders, stress itself is not considered to be a mental health disorder but may lead which need to be addressed.
- A mental health disorder can be a brief episode or it may be a long-term persistent condition.
- These disorders affect the quality of life. People with a mental health disorder are often unable to enjoy their life or to function as expected in the community (e.g., doing the household chores, going to work).
- If anyone individual in a family has any of the disorders, other family members also undergo a lot of stress.

For ease of understanding, the disorders are classified in six major groups.

1. Common Mental Disorders– It is quite common to suffer from an unusually long-lasting sad mood (we call this Depression) or unusually strong fear or worries (we call this Anxiety Disorder).
2. Severe Mental Disorders– A person may have unreal experiences such as hearing voices in absence of anyone speaking (hallucinations) and unreal beliefs such as thinking that there is a conspiracy to kill him which may lead a person to behave in a strange way (we call this Psychoses).
3. Child and Adolescent Mental Health Disorders– These are specific to the age group, for example, some children can develop slower than other children or show behaviours causing problems.
4. Neurological conditions– These affect our brains and include epilepsy and dementia. When a person has several seizures, we call this Epilepsy. Old people may develop dementia, which means loss of memory. E.g. they may forget the names of their family members and not find their house anymore.
5. Substance Use Disorder– A person may consume too much harmful substances like alcohol, tobacco or other illegal substances like ganja, hashish etc.
6. Suicide ideation/behaviours– An individual who is feeling unusually sad or has prolonged feeling of sadness and hopelessness may end his/her life. This is called suicide ideation or behaviour.

You will learn more about each of these types in detail in chapter 4.

As you can see, there are different kinds of mental health disorders. It is important to know about the causes and factors associated with these disorders. Understanding these factors would help you in clearing the misconceptions around these disorders and create awareness about the same in your community.

Causes of mental health disorders

There is rarely one single cause of a mental health disorder. Most mental health disorders are caused by a combination of factors (figure 1) 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 health disorders than others but may not develop an illness until they are exposed to stressful life events.

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.

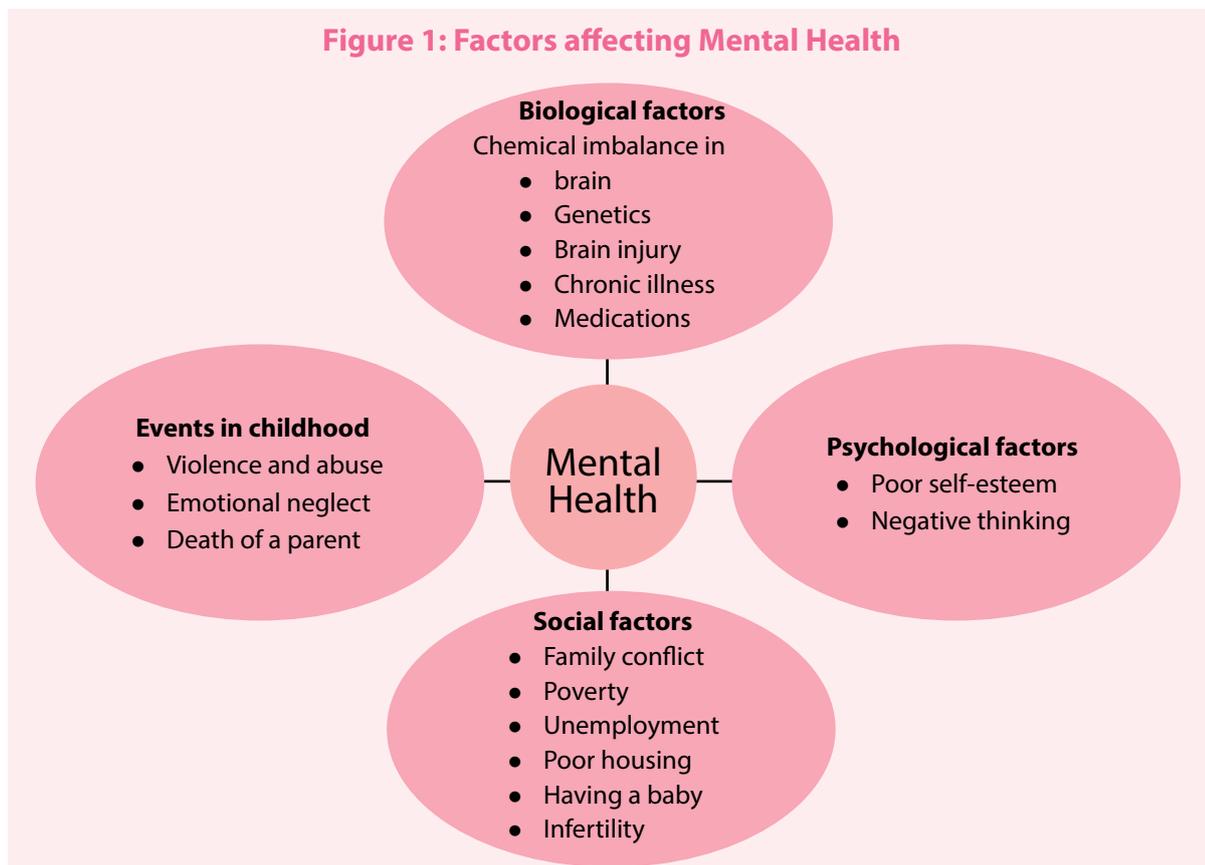
Stressful life events can contribute to the development of mental health disorders e.g. family conflicts, unemployment, death of a loved one, money problems, infertility and violence. A lot of stress may also contribute to an imbalance of chemicals in the brain.

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

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

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

Figure 1: Factors affecting Mental Health



Treatment of Mental health disorders

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

There are some misconceptions about treatment of mental health disorders. Such common treatments or responses that do NOT help a person with a mental health disorder are as follows–

- 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, with a belief that marriages will cure their mental illness
- giving sleeping tablets or appetite stimulants, toddy, alcohol believing that you can cure the person or that you have all the solutions to their problems neglecting treatment and follow up (poor compliance)

Myths and Misconceptions about mental health disorders

These false beliefs are widespread within the communities and can delay early recognition and treatment of a mental health disorders. These misconceptions further increase the discrimination and stigma around mental health disorders. As an ASHA, you will have a key role in dispelling these myths and improving the mental health of the community (Stigma and discrimination will be discussed in detail in Chapter 2 of Mental Health Promotion).

Some of the common myths and the facts are as follows:

Myth	Fact
Mental illness is caused by evil spirit or supernatural power.	Biological, psychological and social factors are responsible for the causation of mental illness.
Mental illnesses are untreatable.	Mental illnesses are treatable with proper treatment and counselling.
Lack of willpower causes mental illness.	Willpower does get affected due to mental illness but is not a cause of mental illness.
Marriage can cure mental illness.	Marriage cannot cure mental illness; it can act as a stressor.
Mentally ill patients belong to hospitals.	Majority of persons with mental illness can be treated at out-patient settings or primary care settings.
Mental health problems are only seen in illiterate, poor people.	Mental health problems may occur to anybody, irrespective of caste, education or class.
People with mental illness can never be productive or do normal work like normal people.	People with mental illness on regular treatment and supervision, can very well lead a productive and qualitative life like any other normal person.

Myth	Fact
Mental illness is unlike physical illness; the illness is really all in person's head.	Mental illness is just like physical illness since both are biologically based.
Mentally ill people have weak characters since they can't cope with the world in the same way that the rest of us do.	The Development of mental illness has nothing to do with person's character. Mental illness strikes people with all kinds of backgrounds, beliefs, temperament and morals.
Once a psychiatric patient, always a psychiatric patient.	A psychiatric patient, with proper treatment, can improve and function well enough in society, if given the right conditions and opportunities.
Children don't suffer from psychiatric illnesses.	Children too get affected by mental illness.
Mental health disorders are a result of bad parenting.	Bad parenting does not lead to mental illness but may have some role in relapse, and can be a risk factor.
Mental illnesses are contagious.	Mental illnesses are not contagious.
Attempting suicide is a sign of cowardice.	Suicide usually is attempted by someone who is depressed and not because he/she is a coward.
Mentally ill patients are violent and dangerous.	Few patients with severe psychotic illness may become violent at times, but otherwise not all patients are violent.

Mental Health Promotion

Health promotion is the process of enabling people to increase control over and improve their health. Such 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.

You have been part of health promotion activities for reproductive and child health, communicable diseases and social determinants of health like sanitation through community platforms like VHSNC/MAS.

Similarly, activities towards improving mental health of community will lead to Mental Health promotion. These will increase the state of awareness, attitude and knowledge of the community regarding mental health issues.

What is included in mental health promotion?

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

Stigma and discrimination

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

Why is there stigma and discrimination?

- People with mental health disorder are sometimes stigmatised and discriminated against because they think and behave differently.

- Not knowing the facts about mental health disorders sometimes makes people afraid of those having any symptoms of mental disorders.

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

- A person suffering from a mental health 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 health disorder and may lead to isolation and humiliation.
- Stigma can cause delays in seeking treatment for a family member with a mental health 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 health 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 health disorders, how common they are, and that they can be treated.
- Counter negative stereotypes and misconceptions surrounding mental health disorders by educating people about the following points.
 - ◆ Mental health disorders are a bit like an illness of the mind.
 - ◆ Having a mental health 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 health disorder.
 - ◆ People with a mental health disorder often need help to recover.
 - ◆ A person with a mental health disorder can hold a job and get married.
 - ◆ Most people with mental health disorders are not violent.
- Provide support and treatment for people suffering from mental health disorders so that they can meaningfully participate in community life.
- 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.

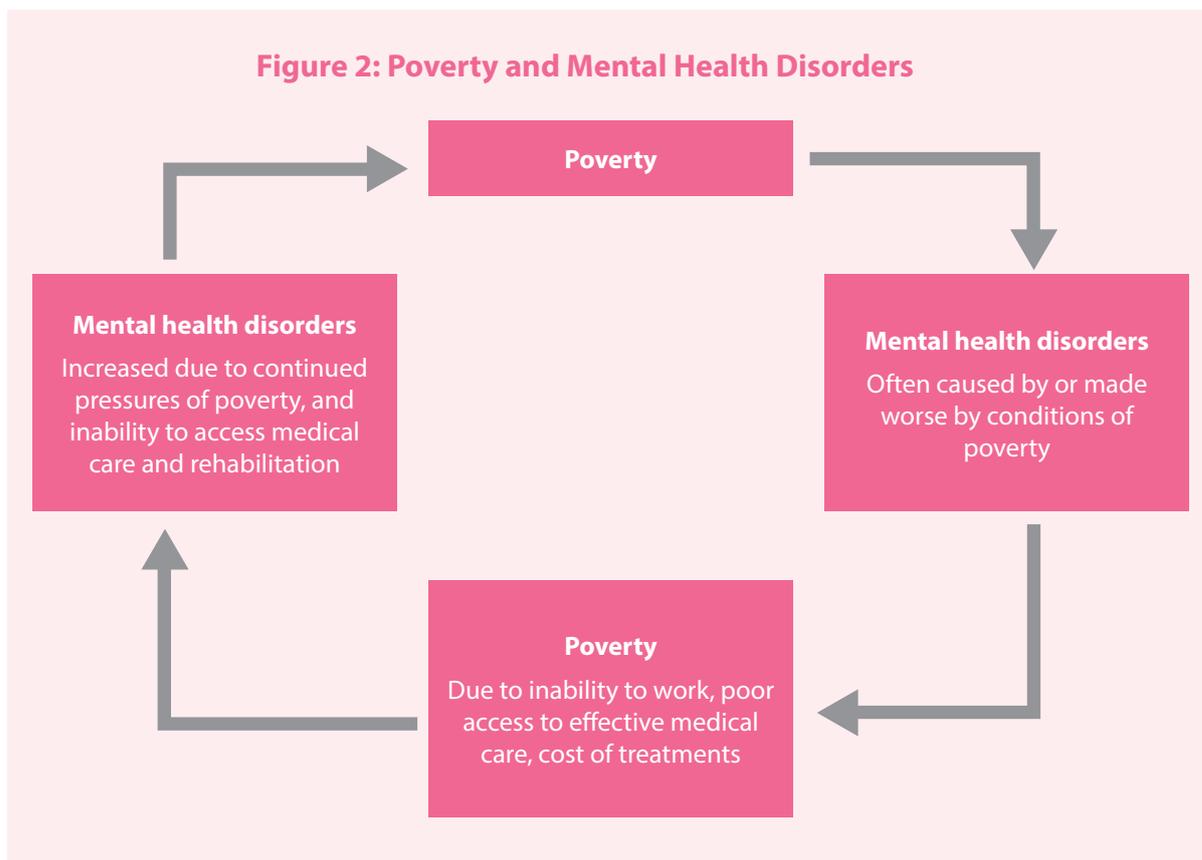
Mental health disorders and vulnerable groups in the community

There are certain social groups who are more likely to experience mental disorders and have limited access to care due to vulnerability.

Poverty and Mental health disorders

People living in poverty are more likely to experience mental health disorders due to the stresses associated with being poor, and mental health disorders are likely to worsen poverty, so that it becomes a vicious cycle. (Figure 2)

Figure 2: Poverty and Mental Health Disorders



Women, gender inequality and violence

As you know, there are inequalities between men and women in society. These are observed in different fields such as access to health services, jobs, violence. You have also learnt about this in your module on 'Gender based Violence'. Most common form of violence against women occurs in domestic context. The violence can be physical, verbal, sexual, emotional and financial. Violence leads to physical and mental health problems in women.

How is gender related to mental health? Can the reasons include any of the following-?

- ◆ 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.
- ◆ Women are more prone to mental illness following stress like diabetics, child birth, menopause

What can be done to promote mental health for men and women?

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.

“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.”

Actions to promote mental health are described in details in chapter 5.

Mental Health First Aid

(Psychological First Aid)

As an ASHA, you are in a unique position to provide help to individuals experiencing any kind of symptoms of mental health disorder. If you recognize such symptoms in any individual, your first step would be to encourage the individual for accessing medical care at nearest healthcare facility. You have an important role in providing assistance and helping the individuals to seek appropriate help. At the same time, you will need to provide basic care till such medical care is available. This help is called 'Psychological First Aid or Mental Health First Aid'

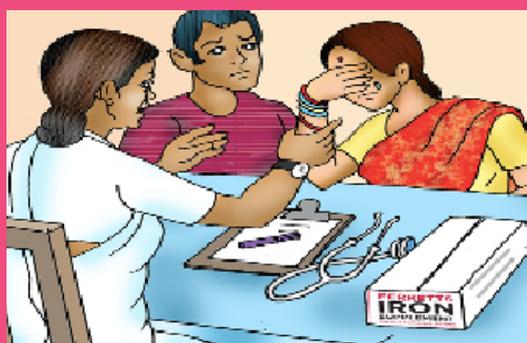
It is similar to first aid for any physical illness. When a person has an acute physical illness, it can be addressed in the short-term with first aid treatments, such as treatment for snake bite. Mental health disorders can also be addressed initially with first aid.

Mental Health First Aid is the help you give to a person with a mental health problem until treatment by a trained doctor/mental health specialist is available or a mental health crisis is resolved. The purpose of this first aid is to–

- ✓ Preserve life when a person may be a danger to him/herself or others
- ✓ Provide comfort to the person and relieve for some symptoms
- ✓ Ensure further professional treatment

Essential steps in Mental Health First Aid are–

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



1. 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'.
- Don't forcefully question and avoid getting into an argument with the person.

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

People with mental health disorders sometimes feel so overwhelmed and helpless about their life, the future appears hopeless. They might want to end their life. You can 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 health 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.

3. Give reassurance and information

It is important that the individual and family members are reassured and have right information about the condition, including care options. You can,

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

4. Encourage the person to get appropriate professional help

As an ASHA, you can encourage the person to consult with Community Health Officer (CHO) or Medical Officer, who knows about mental health disorders. Then you can follow-up by giving ongoing support to the person and his/her family.

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

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

- ✓ getting enough sleep
- ✓ eating a healthy diet
- ✓ regular exercise
- ✓ relaxation and breathing exercises e.g. yoga
- ✓ avoiding alcohol /other substance (tobacco, ganja etc)
- ✓ joining support groups for women, men or youth.



These are called self-help strategies, which can help the individual. You can provide appropriate advice on self-help strategy to an individual as per the symptoms, such as

Advice for sleeping problems

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

Advice for a healthy diet

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



Encourage regular exercise and enjoyable activities

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



- Being active will make you feel less tired and more energetic, this will make you feel better about yourself

Encourage regular relaxation

- Choose any form of relaxation you may prefer
- Practice breathing exercises in the morning and before you go to bed and whenever needed
- If you know to practice yoga it is very advisable to do it daily. You can also attend Yoga sessions at nearest HWC.
- Take time for any relaxing activity you may enjoy (e.g., reading a book, praying, listening to music, go for walks.)
- Relaxing will relieve aches, muscular tension and improve the concentration

Advise to avoid alcohol, tobacco and sleeping pills–

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

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

Encourage to seek support from family and friends

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



Role of family/caregiver in supporting individuals with mental health disorders

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

Family members' behaviour has positive or negative impact on the stress of person with mental health disorder. Certain behaviours can increase the stress of the individual, such as calling the person lazy or an embarrassment to the family, shouting or using critical tone of voice, or being over-protective, such as doing everything for the person or treating him/her like a child.

On the other hand, if family members are communicating in a clear and calm way and discussing the problems openly, giving the person space, especially when he/she is tense and allowing or encouraging the person to take responsibility of their own affairs can decrease the stress of the individual.

You can encourage involvement of family during care for individual with mental health disorder. In many cases the person with mental health disorder will be accompanied by a family member. Sometimes the family member has taken the initiative to seek help. If a family member wants to talk to you confidentially always ask the person with the mental health disorder for permission. If a person comes by him/herself ask him/her if you may call a close family member for further information and collaboration (who is there to help the person?). At the same time, it is important that the family members are maintaining some of their own interests and not devoting their lives exclusively to the person (this will make the family feel less stressed).

How to support the family/caregiver of individuals with mental health disorders?

- Listen carefully
- Give reassurance and information
- Tell them where to get professional help (as you would do it for the person with mental health disorder)
- Assure your support
- Tell them about the behaviours which may lead to increase in the stress and also behaviours which will help coping with the stress
- Encourage the family to maintain own interests and other social contacts
- If available, provide information on support groups for family members in the area

Types of mental health disorders– How to recognize and help?

In this chapter, you will learn about how to recognize and help individuals experiencing any symptoms related to different types of mental health disorders.

1. Common Mental Disorders

What are common mental disorders?

These include depression/tension/stress and anxiety disorders.

- Depression/Tension/ Stress: We all experience short-term sad moods (e.g., when we have an argument with someone, when we feel lonely, when we fail an exam). Sadness becomes an illness when it lasts for a prolonged period or starts to interfere with our daily activities and relationships. It is termed as depression.
- Anxiety disorders: We all experience worry and fear in certain situations (e.g., when we have to perform something new). Fear is a natural reaction to danger and helps us to activate our energies (e.g., in the old days to run away from a wild animal). Fear becomes a mental health disorder when it is long-lasting or starts to interfere with our daily activities and relationships. It is called as 'anxiety disorder'.

How will recognize that someone has common mental disorder?

The person may complain about,

- Sleeping problems or feeling tired or weak
- Loss of interest in regular activities
- Different physical problems and aches

The person may appear,

- A bit slow in movement and thinking
- With a sad or worried expression on the face
- Restless (e.g., fidgeting with hands)

An individual may experience any of the following symptoms



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

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

Symptom 2: Physical complaints

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

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

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

CASE 1

During a home visit to Mr. Raju's house, the family tells the ASHA that Mr. Raju has become very withdrawn, confining himself to his bed most of the day, saying that he is feeling very tired if his family asks him what is wrong, and not taking any interest in family activities. During the recent village festival, he had refused to take the lead in the arrangements (which he used to regularly do before), saying he is feeling tired and does not feel like it. When the frontline health worker talked to Mr. Raju, he said that he has no strength to do anything and just wants to lie down, he is feeling very sad and feels there is no future, and that he does not feel like living anymore.

What can be the probable disorder in the above scenarios? What are the main features that point to the disorder?

Tool for assessing depression

You are aware about Community Based Risk Assessment (CBAC) checklist. You have used it for assessing risk factors for common non communicable diseases. As part of this CBAC, you would additionally ask two questions related to depression. You will administer it to individuals of age 30 years and above, like before. These two questions are called 'PHQ-2' questions and are as follows–

PHQ-2					
Over the last 2 weeks, how often have you been bothered by the following problems?		Not at all	Several days	More than half the days	Nearly every day
1.	Little interest or pleasure in doing things?	0	+1	+2	+3
2.	Feeling down, depressed or hopeless?	0	+1	+2	+3
Total Score					
Anyone with total score greater than 3 should be referred to CHO/MO (PHC/UPHC)					

The purpose of 'PHQ-2' is to screen for symptoms related to depression. After administering the PHQ-2, you will refer the individuals who have scored more than 3 to SHC-HWC. Community Health Officer (CHO) at SHC-HWC will ask the individuals more detailed questions to understand about the symptoms. CHO will ask questions from a detailed tool called 'PHQ-9' to these individuals and provide appropriate advice. The individual will be provided help at SHC-HWC or can be referred to PHC-MO by CHO.



Remember

- ▶ Questions included in PHQ-2 are only for screening and not for purpose of diagnosis.
- ▶ Diagnosis for depression would be confirmed by Medical officer/ specialist.

Anxiety disorders

As you have learnt previously in this chapter, anxiety disorders are a group of disorders characterised by feeling of severe anxiety, worry or fear which interfere with daily living and behaviour. Along with the feeling of fear and worry there are often physical symptoms, as follows:



Physical symptoms:

- Headache,
- Sleep disturbances (especially difficulty in falling sleep),
- Heart beating fast, dry mouth, dizziness, sweating (panic attack)

The person feels,

- Restless,
- Trembling,
- Inability to relax,
- Excessive worries about future misfortunes.
- Irritable/ anxious/ nervous

Commonly, anxiety disorders include the following.

Generalized anxiety disorder: There is feeling of predominant tension, worry and apprehension about everyday events and problems. This is accompanied by one or more symptoms such as palpitations, chest tightness, sweating, difficulty in breathing, abdominal distress, light-headedness, etc. which cause significant emotional distress.

Post traumatic stress disorder (PTSD): This occurs after exposure to stressful life events such as death of a near one, natural disaster, accident, etc. These can cause distress in anyone, but in PTSD there is repeated remembering or repeated bad dreams about the event which interferes with daily living.

Panic disorders: There are recurrent panic attacks which often occur spontaneously without any trigger.

Panic attack

Panic attack is a sudden attack of extreme fear, typically happening without any forewarning when a person is in a crowd of people.

Symptoms may include,

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

A panic attack usually stops by itself in around 15 minutes and it is not dangerous and does not cause any physical harm. However, it would be difficult to differentiate it from similar symptoms due to physical ill health. Identifying stressors in such cases can help in recognizing a panic attack.

CASE 2:

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

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

A panic attack needs treatment, when a person starts to suffer from re-occurring episodes (many people will experience one or two panic attacks during their lifetime) or when a person starts to avoid certain situations (e.g., taking a bus) because he/she fears another attack in the same situation. A person suffering from anxiety disorder may feel helpless and want to end his/her life and professional help is required in such cases.

Remember

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

How to help the people showing these symptoms?

If you recognize anyone with such symptoms, your role would be to give reassurance to the individual and family and then encourage the person to visit a healthcare provider (CHO at SHC-HWC or MO at PHC).

CHO would further screen and refer the individual to Medical Officer as appropriate. MO or specialist can confirm the diagnosis.

As an ASHA, you should know the treatment options available for these disorders. These are as follows–

- Mental Health First Aid including basic counselling and encouraging self-help-treatments (by ASHAs, MPW-F, CHO)
- Advanced Counselling involving more Psychoeducation and Problem-solving (by PHC-MO)
- Psychotherapy (by specialist)
- Medicines (by PHC-MO or specialist)

Before referral to the CHO, you can also help the individual by providing psychological first aid–

1. Listen without judgement
 - ◆ Listen to the actual complaints the person is presenting to you.
 - ◆ Ask for any live stressors, actual problems worrying the person.
 - ◆ Engage the person in discussing how he/she is feeling emotionally.
 - ◆ Listen with an open mind and don't judge anything of what the person is telling you.
2. Assess the risk for suicide
 - ◆ Always ask for suicidal thoughts.
 - ◆ If yes, ask the person if he/she has a concrete plan to kill him/herself.
 - ◆ Seek immediate help if the person has any concrete plans and don't leave the person alone.
 - ◆ Remember that people with CMD are at high risk for suicidal behaviour.
3. Give reassurance and information
 - ◆ Inform the individuals that, a common mental disorder is a real illness like a physical illness.
 - ◆ Assure the person that it is not due to laziness or weakness of character.
 - ◆ Give hope: tell the person that a common mental disorder can be treated successfully.
4. Encourage the person to get appropriate help from healthcare providers
 - ◆ Tell the person which kind of help is available
 - ◆ Assist the person to reach facility (inform the CHO prior to visit)
5. Encourage the individual to adopt some self-help treatments. Give advice–
 - ◆ For a healthy diet (people with CMD often suffer a lack of Appetite or some craving for unhealthy foods like sweets)
 - ◆ To engage in enjoyable activities (e.g. listening to music)
 - ◆ To exercise regularly
 - ◆ To practice regular relaxation (e.g. yoga, breathing exercise)
 - ◆ To stay away from alcohol, tobacco or sleeping pills (people with CMD may take too much of these substances)
 - ◆ To speak to a friend or family member

How to help a person with a panic attack?

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

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

Treatment adherence

If a diagnosis is confirmed, the Medical Officer or specialist may prescribe medicines for the individual. The medicines for common mental disorders are '*antidepressants*' for depression and '*anxiolytics*' for anxiety disorders.

Some key points to be kept in mind regarding these medicines are as follows,

- Medicines will help the person to feel better
- However, medicines will not make the person feel better immediately, they will take 2-4 weeks to work
- Medicines need to be taken daily as prescribed
- These must not be stopped when feeling better but taken as long as the doctor suggests
- These may cause side-effects such as tiredness, dry mouth, constipation or weight gain (e.g.: '*amitriptyline*') or nausea or sleeping problems (e.g. '*fluoxetine*')
- These medicines will not make the person dependent.

As an ASHA, you will have a key role in ensuring treatment adherence. Following advice is to be given to person taking medicines–

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

Remember

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

2. Severe Mental Disorders (SMD)

These are also called psychoses.

It is important to remember that anyone, men and women can get psychosis. More commonly, the psychoses begin between age 20-30. Around 1 out of 100 people will get a psychoses.

Causes of psychoses: why does a person become psychotic?

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



What symptoms does a person with a psychosis have?

Psychosis can present with range of symptoms. Not every person with psychosis will have the listed symptoms. The individual may have some of these symptoms–

- Hallucinations
 - ◆ Hearing, seeing or sensing things which are not really there. The most common of these symptoms is “hearing voices”.
 - ◆ The voices give orders (most common form of hallucinations)
 - ◆ Seeing, smelling or tasting things that are not there, strange, body sensations
- Delusions: having beliefs unrelated to reality and held with firm conviction. Examples–
 - ◆ The person may fear that he/she will be harmed e.g. the person may be afraid that someone wants to poison him/her
 - ◆ The person may feel that people (including strangers) are laughing at him/her and talking about him/her or that the television is directing special messages to him/her
 - ◆ The person may also be convinced that he/she is chosen to do great things like healing people, saving the world or spread religion
- Laughing at something sad
- Not showing emotions at all
- The person may be fearful, irritable or aggressive (e.g. out of the belief someone is going to harm him/her)

- Agitation, restlessness and disturbed sleep
 - ◆ Talking more than usual
 - ◆ Not being able to stay or sit still
 - ◆ Poor concentration e.g. They cannot follow a conversation or read a book and remember the details as before and /or lack of motivation to do things
 - ◆ Social withdrawal
 - ◆ Poor personal hygiene
 - ◆ Loss of former social skills
- Lack of insight
 - ◆ The person has lack of awareness and denial that he/she may be having an illness and can show strange behaviours
 - ◆ The person may say things which doesn't make sense to others e.g. Speech may become jumbled or hard to understand as the person may jump from topic to topic in a haphazard manner
 - ◆ The person may talk to himself/herself
 - ◆ The person may dress in a strange way e.g. wearing very warm clothes in summer

Some key facts about psychoses–

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

CASE 3:

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

What are the symptoms presented by Raja?

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

How will you help a person showing any of the above symptoms?

Similar to Common Mental Disorders, treatment for Severe Mental Disorders also includes psychological first aid, counselling, psychotherapy and medicines.

As an ASHA, if you recognize any individual in your community with such symptoms, your first step would be to inform the nearest facility with a Medical Officer and arrange for referral. However, there would be cases where you would need to provide help to the individual and family before they receive medical care.

You can provide Mental Health First Aid to the individuals–

1. Listen without judgement

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

2. Assess risk of suicide and harm to others

Assess the risk of suicide

- ◆ Suicide is common; around 1 out of 10 people with psychosis commits suicide!
- ◆ Ask for suicidal thoughts and if yes, for concrete plans
- ◆ Ask if the person is hearing voices commanding the person to harm him/herself (if yes, ask for advice from your supervisor or a mental health specialist)
- ◆ Take actions according to what you learnt in chapter 3 about mental health first aid.

Assess the risk of harm to others

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

3. Give reassurance and information

- ◆ Tell the person/ the family that you want to help
- ◆ Tell the person/the family that you think that he/she is suffering from a real medical illness
- ◆ Tell the person/the family that there are effective medicines available to reduce the stress and fear
- ◆ It is not the appropriate to give them information about psychosis as they will lack insight into their illness, when a person is experiencing acute hallucinations and delusions

- ◆ As soon as the person is again more in touch with reality (e.g. when on medicines) it is important to explain the symptoms of the psychosis
- 4. Encourage the person to get appropriate help from healthcare providers
 - ◆ A person with a psychosis needs to take medicines as soon as possible
 - ◆ Organize the referral to nearest facility with a Medical Officer
 - ◆ Involve the family for encouragement and support
- 5. Rather than encouraging self-help treatments the focus is on support to the family
 - ◆ Provide the family information and emotional support
 - ◆ Advise which behaviors will decrease the stress for the person with the psychosis and the family member

You may face incidences when **the person does not want help**. This situation is typical for a person in acute psychotic state, due to lack of insight in to the illness. In such cases,

- Try to not label the illness and say that you can provide help for fears, stress or sleeping problems
- Try to involve the family for encouragement
- Ask your supervisor– CHO/MO for advice

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

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

The individual will be assessed by Medical Officer and specialist, who will prescribe medicines for her/him.

Medicines for psychoses

When an individual is diagnosed for psychosis by a specialist, medicines are prescribed to him/her. These are called '*antipsychotics*'.

- These medicines are very effective to treat hallucinations and delusions within a few days
- Within the first days the person may feel sedated (tired) from the medicines
- Medicines usually have to be taken on a daily base, some may also be given as injections (e.g. one injection every 2 or 4 weeks)
- Some of the medicines may cause side-effects like trembling of stiffness of the body (e.g. Haloperidol) or weight gain (e.g. olanzapine)

- If side-effects are intolerable the doctor will change the medicine or prescribe another medicine to reduce the side-effects.
- Medicines should be taken on a long-term base to prevent further relapses (psychosis usually occurs in episodes)

Once treatment is initiated, you have a key role in ensuring adherence and supporting the individual along with help from MPW and CHO.

How to facilitate treatment adherence

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

How to support the person with the psychosis

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

3. Child and Adolescent Mental Health Disorders

These are specific to the age group, for example, some children can develop slower than other children (Intellectual development disability) or show behaviours causing problems.

What is Intellectual developmental disability?

It is a disability with difficulty in both intellectual functioning and in day to day behaviour, which covers many everyday social and practical skills. This disability starts before the age of 18. The children may show following features–

- Limitation in Intellectual Functioning (Intelligence):
 - ◆ Difficulty in learning about numbers, time, alphabets, etc.
 - ◆ Difficulty understanding what is right or wrong and reasoning
 - ◆ Difficulty in problem solving, and so on.
- Limitation in Day to Day functions/ tasks:



- ◆ Difficulty in acquiring skills that are learned and performed by people in their everyday lives.
- ◆ Difficulty in learning language; money, time, and number concepts; and self-direction.
- ◆ Difficulty in interpersonal skills, social responsibility, self-esteem, social problem solving, and the inability to follow rules/obey laws.
- ◆ Difficulty in doing activities of daily living (personal care), occupational skills, healthcare, travel/transportation, schedules/routines, safety, use of money, use of the telephone, taking a bus, riding a bicycle, etc.

The disability may be caused by–

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

Remember– What does not cause developmental disabilities (False beliefs):

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

How to identify a child with intellectual development disability? The child will show following signs–

- ✓ Sit up, crawl, or walk later than other children
- ✓ Learn to talk later, or have trouble speaking and remembering
- ✓ Slow to master things like toilet training, dressing, and feeding himself or herself
- ✓ Have difficulty understanding social rules
- ✓ Have trouble seeing the results of their actions
- ✓ Have trouble solving problems and thinking logically
- ✓ Reduced ability to learn or to meet academic demands
- ✓ Difficulty in expressive or receptive language
- ✓ Irritability when frustrated or upset, fluctuating mood and acting-out behavior
- ✓ Children with an intellectual disability show a delay in their understanding of the world and take longer to think and learn new skills. e.g. talking, self-help skills such as dressing and eating independently. The age of acquiring a specific skill depends on the rate of learning.

You will inform the MPW-F/CHO if you identify a child with any of the above signs.

What are behavioural disorders among children and adolescents?

There are different kinds of behavioural disorders. As an ASHA, you can identify signs and symptoms which can help in early detection and provide appropriate help by referring the child.

The child may show following signs–

INATTENTION	HYPERACTIVITY	IMPULSIVITY
<ol style="list-style-type: none"> 1. Fails to give close attention to details. 2. Makes careless mistakes in schoolwork, at work, or during other activities. 3. Difficulty in sustaining attention during daily tasks. 4. Often distracted by external stimuli. 5. Forgetfulness in daily activities. 6. Avoiding activities that demand sustained attention. 7. Does not listen when spoken to directly 8. Unable to organize himself/ herself for daily activities. 9. Loses things frequently 	<ol style="list-style-type: none"> 1. Plays with hands and feet while on seat. 2. Climbing trees, walls and high areas excessively. 3. Has excessive energy and highly physically active. 4. Unable to engage and play in leisure activities quietly. 5. Talks excessively. 6. Unable to sit in one place. 	<ol style="list-style-type: none"> 1. Answers before questions are completed. 2. Interrupts and intrudes others activities. 3. Unable to wait for his/her turn.

OR

- Angry and irritable mood:
 - ✓ Often loses temper
 - ✓ Is easily annoyed by others
 - ✓ Is often angry and resentful
- Argumentative and defiant behaviour:
 - ✓ Often argues with adults or people in authority
 - ✓ Often actively defies or refuses to comply with adults' requests or rules
 - ✓ Often deliberately annoys people
 - ✓ Often blames others for his or her mistakes or misbehaviour
- Vindictiveness:
 - ✓ Is often spiteful or vindictive
 - ✓ Has shown spiteful or vindictive behaviour at least twice in the past six months

OR

- Aggression to People and animals (often bullies, threatens or intimidates others, often initiates physical fights, uses weapon that can cause serious physical harm to others, has been physically cruel to people or animals, steals).
- Destruction of Property, Deceitfulness or Theft (breaks into someone else's house, building, or car, lies to obtain goods or favors or to avoid obligations).

- Serious Violations of Rules (Stays out at night despite parental prohibitions, runs away from home or from school).

You will inform the MPW-F/CHO if you identify a child with any of the above signs.

4. Neurological conditions

These affect our brains and include epilepsy and dementia. When a person has several seizures, we call this Epilepsy. Old people may develop dementia, which means loss of memory. E.g. they may forget the names of their family members and not find their house anymore.

1) Epilepsy

What is epilepsy?

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



What is a seizure?

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

Causes of seizures– These can result from different types of causes.

- Brain infections (e.g. malaria, meningitis)
- Brain tumours
- Alcohol withdrawal
- Other serious medical illnesses

A hysterical reaction may also look like a seizure, but the person will never lose consciousness. When a person older than 30 is having his/her first fit, this might be due to medical causes. Refer such person urgently to a nearest medical facility with Medical Officer.

Myths and Facts about Epilepsy

Like other mental health disorders, there are some misconceptions about the epilepsy prevalent among community members. These lead to delay in recognition and accessing care for the disease. You will have a key role in dispelling these myths during community interactions.

Some of the common myths and corresponding facts about epilepsy are–

Myths	Facts
1. Epilepsy is caused by evil spirit or supernatural powers	1. Epilepsy is caused by internal factors like electrical changes in the brain
2. Epilepsy cannot be cured.	2. Epilepsy can be cured with regular medicines and surgery.
3. If someone is having a fit (seizure). They should be restrained and wooden block or spoon should be put in their mouth.	3. The person should not be restrained but it should be made sure that is not falling down from bed/ from higher platforms. Nothing should be forced into the mouth of the person.
4. Person may follow their tongue during fit (seizures).	4. Person may bite their tongue during the seizure. They never will be able to swallow their tongue.
5. Person with epilepsy usually have less intelligence.	5. Person with epilepsy are as intelligent as everyone else. Epilepsy does not affect intelligence.
6. Persons with epilepsy cannot get a job and need to stay at home because of their condition.	6. Persons with epilepsy with regular medication can lead a healthy and productive life. However, some jobs like driving, operating heavy machinery need to be avoided.
7. Persons with epilepsy cannot marry or have children.	7. Person with epilepsy can get married if both the partners consent. Medical advice and maintaining one's health may help with having children.

Epilepsy and other mental health disorders – Epilepsy can cause great stress to the person as well as the family. These people can develop emotional problems. Common Mental Disorders and psychoses are common in people with epilepsy. People with epilepsy are also at increased risk of committing suicide.

Use of Community Based Assessment Checklist (CBAC)

You have administered CBAC form to individuals aged 30 years and above. In the CBAC form, there is one question regarding “History of fits”. **If a man/woman has said yes to this question, then you will refer the person to nearest facility, where Medical Officer is available.** If the person is taking medications, then you will have role in ensuring treatment adherence and provide information regarding the condition.

How to help individuals with epilepsy?

Epilepsy is a chronic condition and the individual may suffer from other mental health disorders as discussed above. Therefore, your role would be to provide Psychological first aid.

1. Listen without judgement
 - ◆ Help the person with basic counselling
 - ◆ Check for symptoms of other mental health disorders (you can use PHQ-2)
2. Assess the risk for suicide
 - ◆ Ask for suicidal thoughts and concrete plans
 - ◆ Take action as you have learnt in chapter 3.
3. Give reassurance and information–
 - ◆ Epilepsy is a real medical illness and not caused by spirits
 - ◆ Epilepsy is a long-term illness
 - ◆ Epilepsy can be effectively treated with medicines

- ◆ A person with epilepsy can lead a normal life, marry, have children, work in most jobs
4. Encourage the individual for medical help

Refer the individual immediately, if he/she has not visited doctor before or not taking any medications.

5. Encouraging self– help-treatments and give advices for modifying the life-style
 - ◆ Have regular sleep
 - ◆ Have regular meals
 - ◆ Avoid extreme physical exercise (but exercise regularly)
 - ◆ Avoid watching TV for long hours
 - ◆ Avoid too much stress in general
 - ◆ Avoid alcohol
 - ◆ Practice relaxation, yoga, etc.

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

Treatment for epilepsy

Once the person is confirmed with epilepsy by a Medical Officer, he/she would be prescribed with medicines which need to be taken for a longer term. Your key role would be to support the individual and ensure treatment adherence.

Ensuring treatment adherence

- Tell the person that the key to treating epilepsy is to take the prescribed medicines
- Medicines need to be taken daily and on a longer term
- Tell the person not to stop the medication without consulting the doctor
- Medicines may sometimes cause tiredness in the beginning
- Ensure that the person is going regularly for medical checkups (blood tests, scan etc.)

If a person is having fit (seizure), take following steps

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

2) Dementia

Usually only elderly people (over 60 years) are affected by dementia. Both men and women can get dementia. A severely alcohol dependent person may get dementia at an earlier age. Dementia occurs in different stages from mild-to-severe.

Symptoms of dementia

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

Causes of dementia

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

How does dementia affect the family?

- The elderly are treated with love and respect in most families and when an elderly person starts to behave in a disturbed manner it will put a lot of stress on the family
- When dementia gets worse the person will need someone (usually a family member) caring for him/her.

There may be few individuals in your community who are suffering from such symptoms. Your role would be to recognize the symptoms and provide appropriate help.

How to recognize a person with dementia?

In the CBAC form, you will be asking four specific questions to the elderly (those 60 years and above). Out of these four questions, two questions will provide you information regarding dementia.

- Forgetting names of your near ones or your own home address
- Needing help from others to perform everyday activities such as eating, getting dressed, grooming, bathing, walking, or using the toilet.

If any individual responds Yes to any of the above or both the questions, you will refer the individual to nearest Medical Officer.

How to help a person with dementia

If the person exhibits any of the symptoms of dementia, refer him/her to the nearest health facility with Medical Officer. Some symptoms of dementia can be treated with medicines. You can provide first aid to the individual.

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

- Disturbed behaviours and sleeping problems can be treated with medicines, refer to a mental health specialist or medical doctor

- A person with dementia will usually not be in danger of committing suicide, but the person may cause harm to himself due to his helplessness (e.g. running away from home)
- A person with mild dementia may have symptoms of a common mental disorder

How to help family living with a person with dementia

As we learnt, dementia is common in elderly persons. The family having elderly persons may also need your support for this. They also need someone to talk to and assure them. As ASHA you may be able to help them through providing psychosocial support.

What can you help family members?

- Educate them about dementia, disturbed behaviours and aggressive behaviours. Assure them that they will be able to handle this.
- Family members should understand that person with dementia needs to be cared with patience and compassion.
- It is common for the person to forget that they have eaten or taken a bath. Asking repeatedly for such things may cause irritation. A lot of patience is required for such cases.
- Family members can be suggested to take turns to take care of the elderly as it could be often exhausting for one person to take care of the elderly constantly.
- Inform them about need of continued care and accompaniment in case the dementia progresses.

5. Substance Use Disorder:

A person may consume too much harmful substances like alcohol, tobacco or other illegal substances like ganja, hashish etc.

1) Alcohol Use disorder: This comprise harmful drinking and dependence

Drinking Alcohol is a social habit in many cultures in the world. It is forbidden to some people (generally or at some days) out of religious reasons and to younger people as per the law. Although alcohol drinking in itself is not a mental health disorder, alcohol consumed regularly in excessive quantity leads to mental health disorder. In excessive quantities, it has a severe impact on our health, our relationships and the society.

Different types of drinking

- Social drinking: occasional drinking in social rounds and not causing any medical or social problems
- Harmful drinking: The drinking cause damage to the person's physical or mental health and is associated with adverse social consequences
- Alcohol dependence: the person has a sense of compulsion to drink alcohol daily and needs to gradually increase the amount of alcohol to feel physically and mentally well; the person will usually neglect his/her responsibilities and other interests

Why do people drink too much?

- Many people start drinking when they are teenagers because their friends drink and they want to be social (peer pressure)



- Alcohol is easily available and quite cheap
- Some people start to drink more alcohol when they feel stressed or can't sleep
- Some people work hard and drink more to reduce their pains
- When people start to use alcohol to cope better with their problems they are already in danger to develop an alcohol use disorder

What are the problems if a person drinks too much?

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

Excessive alcohol drinking causes physical and mental health problems to the individual as well as certain social problems.

General health problems caused by too much alcohol include,

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

What are withdrawal symptoms?

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

Typical withdrawal symptoms are,

- ◆ Restlessness and irritability Sweating
- ◆ Shaking or trembling of hands
- ◆ Fast heartbeat
- ◆ High blood pressure (red face)

And in severe cases:

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

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

Mental health problems caused by too much alcohol

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

Social problems caused by too much alcohol

Problems in the family:

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

Problems at work:

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

You as an ASHA would be aware of individuals in your community who may be using excessive alcohol. You have also administered CBAC form to individuals 30 years and above, which contains question regarding 'Use of alcohol'. However, not everyone using alcohol is suffering from Alcohol Use Disorder. You can ask certain questions to understand if the person is drinking too much.

How will you recognize someone is drinking too much?

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

You will refer the individual to MPW/CHO, if you suspect Alcohol Use Disorder. MPW or CHO can ask detailed questions (using AUDIT tool) and provide help to that individual.

CASE STUDY 4:

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

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

2) Use of tobacco and other substances

Tobacco is available in smoking form, mostly as beedis and cigarettes in India. It is also available in smokeless form as paan masala, gutka, snuff. You have learnt in detail about tobacco and its effects during your training on non-communicable diseases.

Other substances include cannabis products like bhang, ganja (grass/pot/weed), charas/hashish, marijuana. There are certain substances which are injected or inhaled.

How can you identify individuals suffering from alcohol/ tobacco/cannabis/opioid/inhalant use disorders?

Some individuals use the substance occasionally – but do not lose control over the amount they use. However, EVEN such use can cause brain and muscle incoordination, leading to serious problems such as head injuries. Some individuals become dependent which increases the risk of various health and social problems.

IDENTIFYING DEPENDENCE

(at least 3 of the following to be present together in the past year)

- ◆ Strong desire to use (craving)
- ◆ Unable to reduce the amount used
- ◆ Withdrawal symptoms when they don't use or use less than usual amount (e.g. hands shaking, feeling irritable, not able to sleep)
- ◆ Needing more and more quantities of the substance to get the desired effect
- ◆ Neglecting responsibilities and spending more time using the substance or with related activities
- ◆ Continuing to use although aware of the negative effects.

How to help a person with Alcohol use disorder?

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

1. Give reassurance and information
 - ◆ Harmful use of alcohol is a common problem
 - ◆ Alcohol Use Disorder is a real medical condition

- ◆ Assure that drinking too much is not a character weakness but that some people are just more vulnerable than others to drink too much
 - ◆ Provide information about the harmful effects of too much alcohol
2. Assess the risk of suicide, self-harm or harm to others
 - ◆ Ask about suicidal thoughts and concrete plans
 - ◆ A person with an alcohol use disorder is at a high risk of committing suicide
 - ◆ Many suicide attempts happen under the influence of alcohol
 3. Encourage to get appropriate help
 - ◆ Refer to CHO for talking treatment/counselling
 - ◆ Refer to MO for medical problems
 - ◆ Refer to the hospital with severe withdrawal, over dosage
 - ◆ If the person is motivated, refer him/her to a center specialized in treatment of alcohol use disorders
 4. Encourage self-help treatments– Give advice (refer Chapter 3)
 - ◆ For sleeping problems
 - ◆ For a healthy diet
 - ◆ For regular exercise
 - ◆ For regular relaxation
 - ◆ To avoid sleeping pills or other addictive substances (e.g. tobacco, cannabis)
 - ◆ To join a support group, if available (e.g. alcoholic anonymous (a worldwide support group for sober ex-users)
 - ◆ For cutting down drinking or stop alcohol

6. Suicide ideation/behaviours

Suicide is the main cause of death among young people in India. Individuals suffering from mental health disorders are at more risk of suicide attempts. It is observed that, around 1 out of 10 people with a mental health disorder die from suicide. Women have more suicide attempts and men have more completed suicides. It is also observed that there would be more individuals (10-20 times more), who would attempt suicide. Therefore, it is crucial to provide appropriate help to these individuals.

Why do people want to end their lives?

People may feel hopeless due to different reasons,

- They suffer from a mental health disorder (most common)
- They suffer extreme poverty or financial problems
- They experience domestic or sexual violence
- They lost their home or job
- They feel extremely lonely or excluded from society



- They have a severe, painful or incurable medical illness (e.g. HIV, cancer)
- They recently experienced the death of a loved person
- Young people may also act in an impulsive way, e.g. break up of a romantic relationship or failure in exams

What are the risk factors for suicide?

Social risk factors:	Clinical risk factors:
<ul style="list-style-type: none"> ▶ Large debt/ money problems ▶ Humiliation ▶ Loss of status: job, failed exam ▶ Loss of a loved person ▶ Experience of violence 	<ul style="list-style-type: none"> ▶ Presence of a mental health disorder ▶ Presence of a chronic, painful or serious medical illness ▶ Previous suicide attempt ▶ Family history of suicide

There are some protective factors, which would help a person to avoid negative thoughts. These may include,

- Having good relations with family or friends (a good social network)
- Having a job
- Having an offer of help
- Having responsibilities such as small children to care for

It is important to know these factors, as you can identify the risk and communicate regarding the protective factors.

Myths and facts about suicide

There are certain myths prevailing in the community regarding suicide. Individuals who have attempted suicide or families where anyone has committed suicide face stigma and discrimination similar to any other metal health disorder.

Myths	Facts
○ People who talk about it will not commit suicide	○ Most people who commit suicide have given warnings
○ To ask a person about suicidal thoughts may increase the risk to commit suicide	○ No, talking relieves and is the most important prevention
○ When a crisis is improving the risk of suicide is over	○ No, during the time of improvement a person may even have more energy to commit suicide

As an ASHA, your key role related to suicide behaviours is to provide right information to the community members. If you recognize an individual either with existing mental health disorder or any other risk factor for suicidal behaviour, inform the CHO/MPW.

CHO/MPW would assess the risk and provide appropriate care.

Service delivery framework: Providing mental health care as a team and Key tasks of ASHA

In earlier chapters, you have learnt about your specific role related to several disease conditions. In this chapter, you will learn what tasks are expected of you in the primary mental health. You will now learn about services available at referral facilities and role of different service providers. You will find that many points that have been highlighted are repeated here, but this will help you to understand and plan your day to day work.

Service delivery framework for providing care for Mental health disorders

As you know, provision of healthcare services to the community is a teamwork. You would need to know about the roles of other team members– MPW-F, CHO, PHC team and service providers at secondary care facility in order to provide right information to the community members.

What are the roles of other members of Primary Health Care Team at SHC-HWC?

MPW-F/ANM: She will have a role in outreach as well as SHC/SHC-HWC based activities. She will support you in completion of CBAC forms either through joint visits or providing clarifications regarding the form. If you have recognized any symptoms in an individual, you will inform MPW-F or CHO. MPW-F will then administer a more detailed tool called 'Community Informant Decision Tool' (CIDT) to understand more about the symptoms.

Community Health Officer: The key role of CHO is screening of individuals, delivering psychosocial interventions, dispensing the medications prescribed by PHC-MO or specialist, and monitoring for side effects and toxicity, referral of cases as appropriate and providing follow up care in coordination with you (ASHAs) and MPWs. CHO will also provide emergency care for person experiencing seizure and refer after stabilization.

PHC: CHO at SHC-HWC will refer the suspected individuals to Medical Officer at PHC for diagnosis. PHC-MO will confirm the diagnosis of certain conditions like depression, anxiety, epilepsy and dementia. He/she would also provide emergency management for suicide by poisoning and seizure. He/she would start the treatment for certain conditions like depression, anxiety, epilepsy which can be continued by CHO at SHC-HWCs as per instructions of MO. For certain conditions like psychoses, suicidal behaviour, severe depression, MO will refer the individual to higher facilities, for confirmation.

Specialist at District Hospital/ Medical College hospitals: A team of mental health care providers would be available at DH. This includes a specialist and a nurse. The PHC-MO will refer some patients to specialists for further assessment and confirmation. The specialist would prescribe a treatment,

which would be continued at SHC level. The patient would need to visit the specialist or MO as per the instructions provided.

Key roles and responsibilities of ASHA

In order to provide community level care, you will continue to use Home Visits, the Village Health Nutrition Day (VHND), and meetings of Village Health Sanitation & Nutrition Committee (VHSNC). Using these platforms, you would undertake activities of mental health promotion, early identification and referral and ensuring treatment adherence. Also, as an ASHA, you are a key link between health care services and the community who will coordinate between stakeholders to ensure service delivery.

The ASHA facilitator and MPW-F/ANM will support you in household visits, conducting community health promotion activities, and follow up, particularly among those who have challenges/issues in accessing care and those who are not regular with the treatment.

Roles and responsibilities of ASHAs

1. Undertaking activities for mental health promotion in the community
2. Completing screening using the Community Based Assessment Checklist (CBAC) containing PHQ-2 questionnaire.
3. Recognizing symptoms of any other disorders during home visits and interaction with community members.
4. Providing Mental Health First Aid to the individuals presenting with symptoms of mental health disorders, followed by referral.
5. Providing advice and support the family of individuals with mental health disorders
6. Undertaking home visits for treatment compliance and encouraging the individual for regular follow up visits to healthcare facility (SHC or PHC)

1. Mental Health Promotion

You have learnt about the mental health, causes and risk factors of mental health disorders and myths and facts about mental health disorders. Based on these, you can undertake health promotion activities to–

- Raise awareness in the community about mental health disorders and dispel the myths and misconceptions
- Increase participation and voice of persons affected with mental health problems in all community level meetings
- Ensure that the persons affected with mental health problems and their caregivers are given due importance in the community and that they receive appropriate care
- Take collective action to stop physical or mental abuse of persons affected with mental health problems

You will need to make sure that health promotion activities are continuous and not limited to a particular day. You can also undertake health promotion during home visits and community meetings, including meetings of the VHSNC/MAS.

With the help of MPWs and CHO, you can plan for certain activities for mental health promotion. These can include,

- Dedicating special days to mental health (e.g. world mental health day)

- Discussing mental health during VHSNC/MAS or VHND meeting
- Discussing mental health during adolescent meetings at Anganwadi centre or SHC/PHC.
- Developing IEC material (pamphlets, posters) with the help of volunteers from community and MPW, CHO. It can be put up in the facility or distributed among community members.

2. Use of Community Based Risk Assessment Checklist (CBAC)

You have been undertaking population enumeration and updating the list of individuals annually. As you know, Community Based Risk Assessment (CBAC) is administered to individuals of age 30 years and above. You will continue the same activity of completion of CBAC through home visits. The CBAC tool will have questions which will inform you about dementia among elderly, history of fits, use of alcohol and depression.

(1) Alcohol use –

In **part A** of CBAC, you will ask question about history of alcohol use daily and will record Yes or No to give a score.

In **part B** of CBAC, you will ask questions for early detection of any condition.

(2) Epilepsy –

You will record if the individual has ‘History of fits’

(3) Dementia –

You will record if the elderly individual (60 years and above) is

- ◆ Needing help from others to perform everyday activities such as eating, getting dressed, grooming, bathing, walking, or using the toilet
- ◆ Forgetting names of your near ones or your own home address

In Part B, if any of the question is answered as ‘Yes’, you will refer the individual immediately to nearest ‘Medical Officer’.

(4) Depression –

Part D of CBAC contains two questions for assessing the depression status of individual in last two weeks. These questions are called ‘PHQ-2’.

PHQ-2					
Over the last 2 weeks, how often have you been bothered by the following problems?		Not at all	Several days	More than half the days	Nearly every day
1.	Little interest or pleasure in doing things?	0	+1	+2	+3
2.	Feeling down, depressed or hopeless?	0	+1	+2	+3
Total Score					
<i>Anyone with total score greater than 3 should be referred to CHO/MO (PHC/UPHC)</i>					

The purpose of ‘PHQ-2’ is to screen for symptoms related to depression in the last two weeks (14 days). After administering the PHQ-2, you will refer the individuals who have scored more than 3 to SHC-HWC. Community Health Officer (CHO) at SHC-HWC will ask the individuals more detailed questions to understand about the symptoms. CHO will ask questions from a detailed tool called

'PHQ-9' to these individuals and provide appropriate advice. The individual will be provided help at SHC-HWC or can be referred to PHC-MO by CHO.

You should also be careful not to create a scare in the community about these disease conditions. You must explain to the people that the checklist is not for diagnosing anyone of the condition. They need to be screened by CHO first, followed by visit to Medical Officer/specialist for confirmation, if necessary.

3. Recognizing the symptoms of Mental health disorders

You have learnt the symptoms of different disorders. This can help you in recognizing the symptoms and providing appropriate information to the individual and family. Recognition of symptoms is a first step and referral to the CHO or MO can guide for early detection of disorder, if any. It is critical to understand that presence of symptoms does not provide us with complete information and will require detailed assessment to confirm a disorder. Therefore, even if a individual presents with symptoms, he/she should not be labelled with disorder.

You may come across the individual presenting with such symptoms, during your home visits for providing other services (HBNC, HBYC, other surveys, follow up visit for NCDs etc.) or through interaction with community members.

4. Providing Mental Health First Aid

As an ASHA, you are in a unique position to provide help to individuals experiencing any kind of symptoms of mental health disorder. If you recognize such symptoms in any individual, your first step would be to encourage the individual for accessing medical care at nearest healthcare facility. You have an important role in providing assistance and helping the individuals to seek appropriate help. At the same time, you will need to provide basic care till called 'Mental Health First Aid' before such medical care is available. You have learnt in detail about the steps in chapter 3 and chapter 4.

Essential steps in Mental Health First Aid are –

- ◆ Listen without judgement
- ◆ Assess risk of suicide and harm to self to others
- ◆ Give reassurance and information
- ◆ Encourage the person to get appropriate professional help
- ◆ Encourage self-help treatments, follow up and treatment compliance

5. Providing advice and support to the family of individual with mental health disorder

Families of individuals with mental health disorders are also under stress similar to families of individuals with any long-term illness. Moreover, limited information and stigma against the disorder can increase the stress. Therefore, family members also require support. They need to be provided with right information regarding the disorder and care options to help the individual.

Family members can also play a key role in helping the individual to get better. As an ASHA, you would provide support to the family members and provide them with right information about disorder, available care options.

You have learnt about the ways to help and involve family in the chapter on Mental Health First Aid. You can undertake this activity through home visits.

6. Undertaking home visits for ensuring treatment compliance

Most of the mental health disorders would require a long-term medication. If not medication, they would need continuing support to maintain mental health. You will play a key role in ensuring treatment adherence. As per the guidance of CHO, you will visit the individual to ensure if the prescribed treatment is being followed. The frequency of visit will vary depending upon the condition. MPW/ASHA facilitator and CHO may accompany you and help you during some visits.

Community based assessment checklist (CBAC)

revised draft 6 October 2020 V.5

Date: DD/MM/YYYY

General Information	
Name of ASHA:	Village/Ward:
Name of MPW/ANM:	Sub Centre:
	PHC/UPHC:
Personal Details	
Name:	Any Identifier (Aadhar Card/ any other UID – Voter ID etc.):
Age:	State Health Insurance Schemes: Yes/No If yes, specify:
Sex:	Telephone No. (self/family member /other - <i>specify details</i>):
Address:	
Does this person have any of the following: visible defect /known disability/ Bed ridden/ require support for Activities of Daily Living	If yes, Please specify

Part A: Risk Assessment			
Question	Range	Circle Any	Write Score
1. What is your age? (in complete years)	0 – 29 years	0	
	30 – 39 years	1	
	40 – 49 years	2	
	50 – 59 years	3	
	≥ 60 years	4	
2. Do you smoke or consume smokeless products such as gutka or khaini?	Never	0	
	Used to consume in the past/ Sometimes now	1	
	Daily	2	

Question	Range	Circle Any	Write Score	
3. Do you consume alcohol daily	No	0		
	Yes	1		
4. Measurement of waist (in cm)	Female	Male		
	80 cm or less	90 cm or less		0
	81-90 cm	91-100 cm		1
	More than 90 cm	More than 100 cm		2
5. Do you undertake any physical activities for minimum of 150 minutes in a week? (Daily minimum 30 minutes per day – Five days a week)	At least 150 minutes in a week	0		
	Less than 150 minutes in a week	1		
6. Do you have a family history (any one of your parents or siblings) of high blood pressure, diabetes and heart disease?	No	0		
	Yes	2		
Total Score				
Every individual needs to be screened irrespective of their scores. A score above 4 indicates that the person may be at higher risk of NCDs and needs to be prioritized for attending the weekly screening day				

Part B: Early Detection: Ask if Patient has any of these Symptoms			
B1: Women and Men	Y/N		Y/N
Shortness of breath (<i>difficulty in breathing</i>)		History of fits	
Coughing more than 2 weeks*		Difficulty in opening mouth	
Blood in sputum*		Any ulcers in mouth that has not healed in two weeks	
Fever for > 2 weeks*		Any growth in mouth that has not healed in two weeks	
Loss of weight*		Any white or red patch in mouth that has not healed in two weeks	
Night Sweats*		Pain while chewing	
Are you currently taking anti-TB drugs**		Any change in the tone of your voice	
Anyone in family currently suffering from TB**		Any hypopigmented patch(es) or discolored lesion(s) with loss of sensation	
History of TB *		Any thickened skin	
Recurrent ulceration on palm or sole		Any nodules on skin	
Recurrent tingling on palm(s) or sole(s)		Recurrent numbness on palm(s) or sole(s)	
Cloudy or blurred vision		Clawing of fingers in hands and/or feet	
Difficulty in reading		Tingling and numbness in hands and/or feet	
Pain in eyes lasting for more than a week		Inability to close eyelid	

B1: Women and Men	Y/N		Y/N
Redness in eyes lasting for more than a week		Difficulty in holding objects with hands/ fingers	
Difficulty in hearing		Weakness in feet that causes difficulty in walking	
B2: Women only	Y/N		Y/N
Lump in the breast		Bleeding after menopause	
Blood stained discharge from the nipple		Bleeding after intercourse	
Change in shape and size of breast		Foul smelling vaginal discharge	
Bleeding between periods			
B3: Elderly Specific (60 years and above)	Y/N		Y/N
Feeling unsteady while standing or walking		Needing help from others to perform everyday activities such as eating, getting dressed, grooming, bathing, walking, or using the toilet	
Suffering from any physical disability that restricts movement		Forgetting names of your near ones or your own home address	
<i>In case of individual answers Yes to any one of the above-mentioned symptoms, refer the patient immediately to the nearest facility where a Medical Officer is available</i>			
<i>*If the response is Yes– action suggested: Sputum sample collection and transport to nearest TB testing center</i>			
<i>** If the answer is yes, tracing of all family members to be done by ANM/MPW</i>			

Part C: Risk factors for COPD

Circle all that Apply

Type of Fuel used for cooking – Firewood / Crop Residue / Cow dung cake / Coal / Kerosene / LPG

Occupational exposure – Crop residue burning/burning of garbage – leaves/working in industries with smoke, gas and dust exposure such as brick kilns and glass factories etc.

Part D: PHQ 2

Over the last 2 weeks, how often have you been bothered by the following problems?		Not at all	Several days	More than half the days	Nearly every day
1.	Little interest or pleasure in doing things?	0	+1	+2	+3
2.	Feeling down, depressed or hopeless?	0	+1	+2	+3
Total Score					
Anyone with total score greater than 3 should be referred to CHO/ MO (PHC/UPHC)					

List of contributors

MINISTRY OF HEALTH AND FAMILY WELFARE (MOHFW)

Mr. Vikas Sheel	Additional Secretary & Mission Director (NHM)
Dr. Manohar Agnani	Additional Secretary
Mr. Vishal Chauhan	Joint Secretary-Policy

EXTERNAL EXPERTS

Dr. Santosh K. Chaturvedi	Professor, Behavioural Sciences, NIMHANS
Dr. Naveen Kumar	Prof. Psychiatry, Dept. of Psychiatry, NIMHANS
Dr. Aruna Rose Mary Kapanee	Assistant Professor of Clinical Psychology, Community Mental Health Unit, NIMHANS
Dr. Sailaxmi Gandhi	Additional Professor & Head, Department of Nursing , NIMHANS
Dr. Prasanthi Nattala	Additional Professor, Department of Nursing, NIMHANS
Dr. Meena K.S	Additional Professor, Department of Mental Health Education, NIMHANS
Dr. G. Radhakrishnan	Associate Professor, Department of Nursing, NIMHANS
Dr. Kavita V. Jangam	Associate Professor, Department of Psychiatric Social Worker, NIMHANS
Mr. Sojan Antony	Associate Professor, Department of Psychiatric Social Work, NIMHANS
Bino Thomas	Assistant Professor, Dept. of Psychiatric Social Work, NIMHANS
Dr. Latha K	Assistant Professor, Dept. of Mental health Education, NIMHANS
Dr. Noorul Hasan SA	Post MD Non-PG Junior Resident, Department of Psychiatry, NIMHANS
Dr. Patley Rahul	Senior Resident, Post-Doctoral Fellow in Community Mental Health, Department of Psychiatry, NIMHANS
Dr. Manisha M.	Senior Resident, Department of Psychiatry, NIMHANS

Dr. Rakesh Chander K.	Senior Resident, Department of Psychiatry, NIMHANS
Dr. Vinay Basavaraju	Specialist Grade Psychiatrist, NIMHANS
Dr. Narayana Manjunatha	Associate Professor, Department of Psychiatry, NIMHANS
Dr. Suresh Bada Math	Professor, Department of Psychiatry, NIMHANS
Ms. Shangmi R. Moyon	Ph.D Scholar, Department of Psychiatric Social Work, NIMHANS
Mr. Aasim Ur Rehman	Ph.D Scholar, Department of Psychiatric Social Work, NIMHANS
Mrs. Vijayalakshmi	Ph.D Scholar, Department of Nursing, NIMHANS
Mrs. Jothimani.G	Ph.D Scholar, Department of Nursing, NIMHANS
Mrs. Padmavathy D	Ph.D Scholar, Department of Nursing, NIMHANS
Mrs. R. Rajalakshmi	Ph.D Scholar, Department of Nursing, NIMHANS
Dr. Atul Ambekar	Prof. National Drug Dependence Treatment Centre (NDDTC), AIIMS
Dr. Rajesh Sagar	Prof. Psychiatry, AIIMS
Dr. Manjari Tripathi	Prof. Neurology, AIIMS Delhi
Dr. Suvasini Sharma	In-charge Pediatric Neurology, LHMC
Dr. Samhita Panda	Prof. Neurology, AIIMS Jodhpur
Dr. Deepika Joshi	Prof & Head BHU, Neurology
Dr Jasmine Parihar	Neurology Department, AIIMS- Delhi
Dr Devyani Garg	Assistant Professor, Neurology, LHMC
Dr. Abhijit Nadkarni	Director, Addictions Research Group, Sangath; Hon. Consultant Psychiatrist, South London & Maudsley NHS Foundation Trust, UK

NATIONAL HEALTH SYSTEMS RESOURCE CENTRE (NHSRC)

Maj Gen (Prof) Atul Kotwal	Executive Director
Dr. (Flt Lt) MA Balasubramanya	Advisor, Community Processes and Comprehensive Primary Health Care
Dr. Himanshu Bhushan	Advisor, Public Health Administration
Ms. Shivangi Rai	Deputy Coordinator, Centre of Health Equity, Law and Policy (C-HELP) & External Consultant Public Health Administration
Dr. Rupsa Banerjee	Former Senior Consultant, Community Processes and Comprehensive Primary Health Care
Mr. Syed Mohd Abbas	Consultant, Community Processes and Comprehensive Primary Health Care
Dr. Shayoni Sen	Consultant, Community Processes and Comprehensive Primary Health Care
Dr. Harsha Joshi	Former Consultant, Community Processes and Comprehensive Primary Health Care
Dr. Swarupa Kshirsagar	Junior Consultant, Community Processes and Comprehensive Primary Health Care

NAMASTE!

You are a valuable member of the Ayushman Bharat – Health and Wellness Centre (AB-HWC) team committed to delivering quality comprehensive primary healthcare services to the people of the country.

To reach out to community members about the services at AB-HWCs, do connect to the following social media handles:



<https://instagram.com/ayushmanhwcs>



<https://twitter.com/AyushmanHWCs>



<https://www.facebook.com/AyushmanHWCs>



https://www.youtube.com/c/NHSRC_MoHFW



National Health Systems Resource Centre