



Common Mental Disorders For CHO/SN





GROUP ACTIVITY- BREAKOUT ROOM

- The participants will be distributed in 4 breakout rooms (Time: 10 min)
- Each group will be given a case scenario as
 - Group 1: Case 1
 - Group 2: Case 2
 - Group 3: Case 3
 - Group 4: Case 4
- Participants will discuss the case and choose one speaker from the team to present in plenary. [Time for each group – 5 Min]





SCENARIO 1

During a home visit to Mr. Raju's house, the family tells the nurse 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 Raju has become very withdrawn, confining himself to his bed most of the day, saying that he is feeling very tired if his family asks him what is wrong, and not taking any interest in family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 nurse 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.





Questions:

- What are signs and symptoms?
- Probable disorder?
- Main features suggesting that disorder?
- Role of CHO (Community Health Officer)?





SCENARIO 2

Mrs. Radhika is a 34-year-old married woman with two daughters. The nurse, during her home visits, found Radhika to be very apprehensive about her future. She also reported that she is unable to relax, constantly feels tensed, and can feel her heart beating fast several times a day. She feels restless and is unable to sleep most of the time. She expressed that she spends most of the day worrying about her children's future, and cannot relax until they reach home safely from school.





Questions:

- What are signs and symptoms?
- Probable disorder?
- Main features suggesting that disorder?
- Role of CHO (Community Health Officer)?





SCENARIO 3

Mrs. Sudha is brought to the PHC by her family as she had been feeling unwell for several months. When she was asked about her problem, she said that she has burning pain in her abdomen, and that her joints and whole-body aches. She said she does not feel like eating and had vomited a few times in the past few days, and that she also gets terrible headaches. A detailed evaluation by many doctors and multiple investigations revealed no abnormality. However, the interview revealed that Mrs. Sudha's husband who was a chronic alcohol-dependent person, had stopped going for work. Her in-laws were blaming her for not being able to put her husband on the right track.





Questions:

- What are signs and symptoms?
- Probable disorder?
- Main features suggesting that disorder?
- Role of CHO (Community Health Officer)?



WHAT ARE COMMON MENTAL DISORDERS?



Depression/ Tension/ Stress

When **sadness** lasts for a prolonged period or starts interfering in our daily activities and relationship, it is termed **Depression**



Anxiety Disorders

When **fear** lasts for a prolonged period or **occur in episodes** starts interfering in our daily activities and relationship, it is termed **Anxiety Disorder**



Somatic Symptom Disorder

Individuals present with **physical symptoms** such as aches, itching, nausea, vomiting, for which **no medical cause** can be found.



Trance/Possession Disorder

Individuals seem to experience a temporary loss of personal identity, act **as taken over by some force**

HOW TO RECOGNISE DEPRESSIVE DISORDER?

Main symptoms:

- Sad mood
- Loss of interest or pleasure in activities which he/she used to enjoy earlier
- Fatigue, decreased energy



Additional symptoms:

- Headache, bodyache
- Reduced or increased appetite
- Sleep disturbances
- Irritable/ nervous
- Unable to concentrate
- Low self-confidence/ self-esteem
- Unworthiness and guilt
- Suicidal thoughts
- Hopelessness/ negative thinking



HOW DO YOU RECOGNIZE ANXIETY DISORDER

Anxiety disorders are a group of disorders characterised by feeling of severe anxiety, worry or fear which interfere with daily living and behaviour.

- 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

Panic attack occur in episodes of 10-20 minutes





How To Recognize
Anxiety In Yourself
And Others

- Trouble Concentrating
- Constant Worrying
- Sweating
- Procrastination
- Rapid Heartbeat
- Trouble Breathing
- Stomach Issues
- Memory Issues
- Over Thinking
- Needing Reassurance
- Trouble Sleeping
- Panic Attacks

CALMING TREE counselling





TRANCE & POSSESSION DISORDERS/DISSOCIATIVE DISORDERS

- Individuals seem to experience a temporary loss of personal identity, abnormal behaviors, while being aware of their surrounding.
- Often occur in episodes especially after stressors
- Sometimes, they may act as though they are taken over by a spirit/deity/some force.



SOMATIC SYMPTOM DISORDER

Individuals mainly present with various physical symptoms for which no medical cause can be found. The symptoms may be single or multiple, involving any part of the body. Often, individuals visit different doctors repeatedly, but no abnormality can be found.



SCREENING TOOLS FOR CMDS

- Self-Reporting Questionnaire with 20 items (SRQ-20) – **(Annexure 3)**
 - Score 0 – Symptom absent
 - Score 1 - Symptom present
 - Scores are summarized to obtain a total score. A score of 11 and above indicates CMD
 - Patient Health Questionnaire with 9 items (PHQ-9) is used for depression **(Annexure 4)**
- (Annexures will be discussed separately)**





ROLE & RESPONSIBILITIES OF CHO IN IDENTIFYING CMDS

Depressive Disorders:

- Listen and offer emotional support
- Ask for specific symptoms
- Ask for thoughts of active suicide. If present refer to MO immediately. Tell family members for close supervision.
- Advice individual to engage in activities which give enjoyment or at least divert the mind.
- Help the person to set realistic expectations and not blame for things which are beyond control
- Identify current life problems, offer practical advice. Involve family members as needed





Anxiety, Somatization and Possession Disorders:

- Let the individual know that you understand that his/ her physical symptoms are real
- Explain that symptoms are not being caused by an life threatening illness
- Direct his/ her attention towards the problems which may be causing symptoms. Offer practical advice
- Check if the individual is using alcohol or sleeping pills for coping with anxiety. Let him/ her know that these things without prescription will only increase problems
- Encourage a healthy lifestyle





Common Treatment Types for Depression



Psychotherapy



Family or
couple therapy



Hospitalization



Self-help strategies



Medications



MANAGEMENT OF CMDs AT SHC-HWC

Psychological Management

Correcting Negative Thinking

Help the individual to:

- identify negative thoughts
- develop alternate positive ways of thinking
- practice positive ways of thinking

Family Interventions

- Let the individual and family know that CMDs need to be treated just like any other medical illness
- Help the family to identify stressors and discuss how they can limit their effect
- Try and identify the individual's current interpersonal problems and then try to address the existing symptoms and problems in this context
- Address caregiver burden





MEDICAL MANAGEMENT OF CMDs

- Medicines for CMDs can only be prescribed by a MO (MBBS) or Psychiatrist
 - Antidepressants e.g. Fluoxetine
 - Anxiolytics e.g. Clonazepam
- These drugs may have side effects like increased drowsiness. cognitive impairment and dependence.
- Your role is to follow-up the patient for any side-effect, and if severe, refer back to MO for change of medicine or dosage.





RED FLAGS IN CMDs

6

- When the **symptoms appear severe**
- If the individual expresses passive **death wishes**. **If active, consider referral**
- If there is use of **alcohol/ tobacco/sleeping pills**
- When the individual/family appears **significantly distressed**
- In case the PHQ-9 tool score **is more than 9**
- When the SRQ-20 score is **11 or more**.



QUESTIONS

Fill in the blanks

1. Screening tools used for CMDs are _____, _____
2. Common Mental Disorders include _____, _____, _____, _____
3. Some of the drugs used in CMDs are _____, _____

True or False

1. PHQ-9 is administered by CHO- T/F
2. A score of 11 or more in SRQ-20 is a Red Flag sign- T/F





- 3. Temporary loss of personal identity is seen in Anxiety Disorders- T/F
- 4. Over activity, restlessness, & excitement is seen in depression- T/F
- 5. CHO should never ask for thoughts of suicide- T/F
- 6. Family Interventions in CMD can reduce the chances of relapse- T/F





ANSWERS

Fill in the blanks

1. Screening tools used for CMDs are **SRQ-20, PHQ-9**
2. Common Mental Disorders include **Depression, Anxiety, Dissociative, Somatization**
3. Some of the drugs used in CMDs are **Fluoxetine, Clonazepam**

True or False

1. PHQ-9 is administered by CHO- **T / F**
2. A score of 11 or more in SRQ-20 is a Red Flag sign- **T / F**





3. Temporary loss of personal identity is seen in Anxiety Disorders- T/F

4. Over activity, restlessness, & excitement is seen in depression- T/F

5. CHO should never ask for thoughts of suicide- T / F

6. Family Interventions in CMD can reduce the chances of relapse- T/ F



Thank You

