



# Common Mental Disorders For FLW

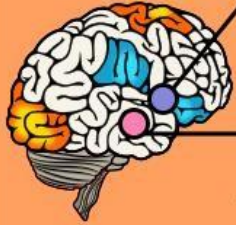




# Common Mental Illnesses

## ANXIETY DISORDERS

are a group of mental disorders characterized by significant feelings of anxiety and fear



**AMYGDALA:**  
may play a role in anxiety disorders involving very distinct fears

**HIPPOCAMPUS:**  
is the part of the brain that encodes threatening events into memories

**EXAMPLES:** Panic Disorder, Phobias

## SUBSTANCE USE DISORDERS

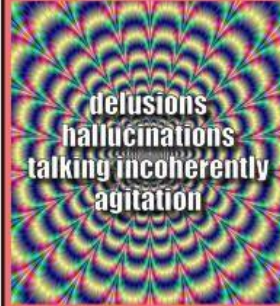
a condition in which the use of one or more substances leads to clinically significant impairment or distress



**EXAMPLES:** Alcohol Use, Opioid Use

## Psychotic Disorders

severe disorders that cause abnormal thinking and perceptions



**EXAMPLE:** Schizophrenia



## Mood disorders

characterized by the severe changes of a person's mood



**Examples:** Depression, Bipolar

## PERSONALITY DISORDERS

a maladaptive pattern of behaviours causing long-term difficulty functioning in society.



Personality disorders tend to be an integral part of a person, and therefore, are difficult to treat or "cure."

**EXAMPLES :** Borderline, Dissociative Identity

## Eating Disorders

a range of psychological disorders characterized by abnormal or disturbed eating habits



20 million women and 10 million men in America will have an eating disorder at some point in their lives

**Examples :** Anorexia, Bulimia





# 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 Disorder**



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

**Somatic Disorder**



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



# SYMPTOMS OF CMD

Symptoms 1: An unusually sad mood or excessive fear for more than two weeks

- Feeling of sadness, guilt, hopelessness or negative thinking
- Unreasonable fear
- Suicidal thoughts

Symptoms 2: Physical complaints

- Different aches
- Sleeping problems
- Loss of appetite
- Palpitation, sweating, restlessness

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

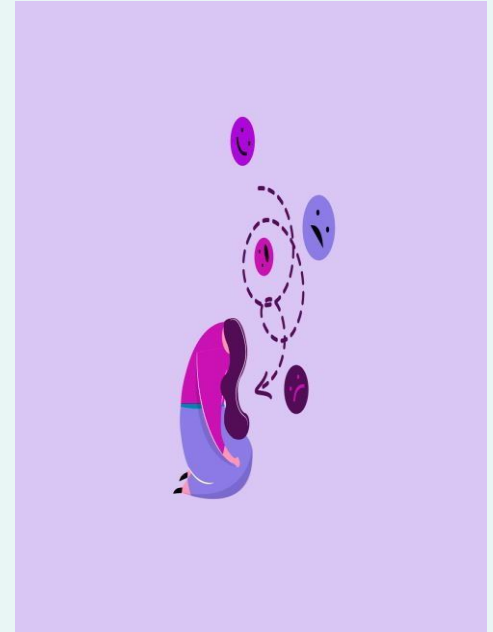
- Spends a lot of time at home or in bed
- Unable to go to work or do the household
- Withdraws from family



# HOW TO RECOGNISE DEPRESSION

Person may complain:

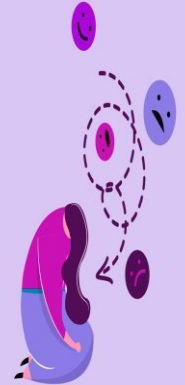
- Sleeping problems or feeling tired
- Loss of interest in regular activities
- Reduced appetite, weight loss
- Inability to concentrate
- Feeling guilty and unworthy
- Suicidal thoughts





Person may appear:

- A bit slow in movement and thinking
- Sad or worried expression on face
- Restless



# TOOLS FOR ASSESSING DEPRESSION

- CBAC can be used to assess Depression also. You as an ASHA can ask 2 additional questions related to Depression in PHQ-2 (in the CBAC form)

## 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)

## Remember:

- Questions included in PHQ-2 are only for screening and not for diagnosis
- Diagnosis will be confirmed by MO/specialist





- Community Informant Decision Tool( CIDI): Annexure 2 – ANM module

This tool will be administered by MPW, when she comes to know about any individual presenting with symptoms of depression during her outreach activities or home visit, or when informed by ASHA. If the answer to either of the last two questions is 'yes' she will refer the individual to SHC-HWC.

### Remember:

- CIDI is for early identification of individual in mental distress
- CIDI is not for diagnosis





# Common Treatment Types for Depression



Psychotherapy



Family or  
couple therapy



Hospitalization



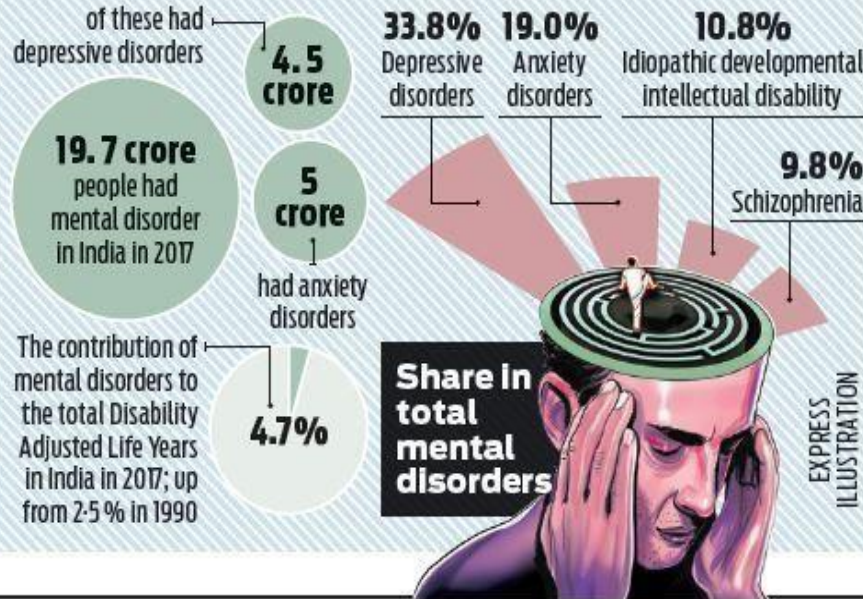
Self-help strategies



Medications

# ANXIETY

## DEPRESSION, ANXIETY ON THE RISE



# 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





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



# COMMON ANXIETY DISORDERS

6

## Generalized anxiety disorder

feeling of predominant tension, worry and apprehension about everyday events and problems

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.

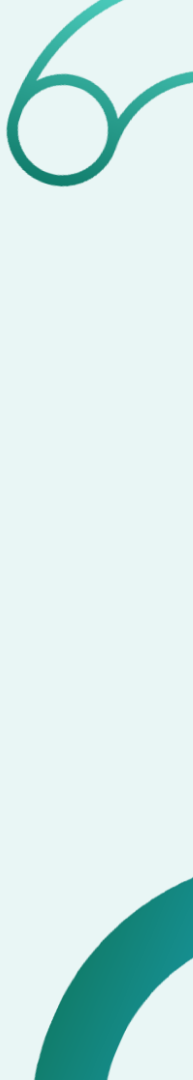




## ***Post traumatic stress disorder (PTSD):***

occurs after exposure to stressful life events such as death of a near one, natural disaster, accident, etc.

repeated remembering or repeated bad dreams about the event which interferes with daily living





## *Panic disorders*

Recurrent panic attacks which often occur spontaneously without any trigger. Panic attack is a sudden attack of extreme fear, typically happening without any forewarning when a person is in a crowd of people.

- 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



# HOW TO HELP A PERSON EXPERIENCING 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 FOR ANXIETY

If the diagnosis is confirmed, the medical Officer or specialist may prescribe medicines known as 'anxiolytics' for anxiety disorders. 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.



## Treatment Options for Generalized Anxiety Disorder

### Medication



### Psychotherapy



### Self-help





# GROUP ACTIVITY – 4 GROUPS



- Group 1 & 2 will discuss case study 1
- Group 3 and 4 will discuss case study 2
- 10 minutes to discuss and come up with the answers
- One person will present the case study and answers in the main plenary group.



# CASE 1

During a home visit to Mr. Raju's house, the family tells the frontline health worker 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 is your Probable diagnosis (enlist the symptoms that lead to your diagnosis)
- Which screening tool you will use?







## 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.

What is probable diagnosis, how to help a person with a such condition





# SEVERE MENTAL DISORDERS (SMD)







# SYMPTOMS

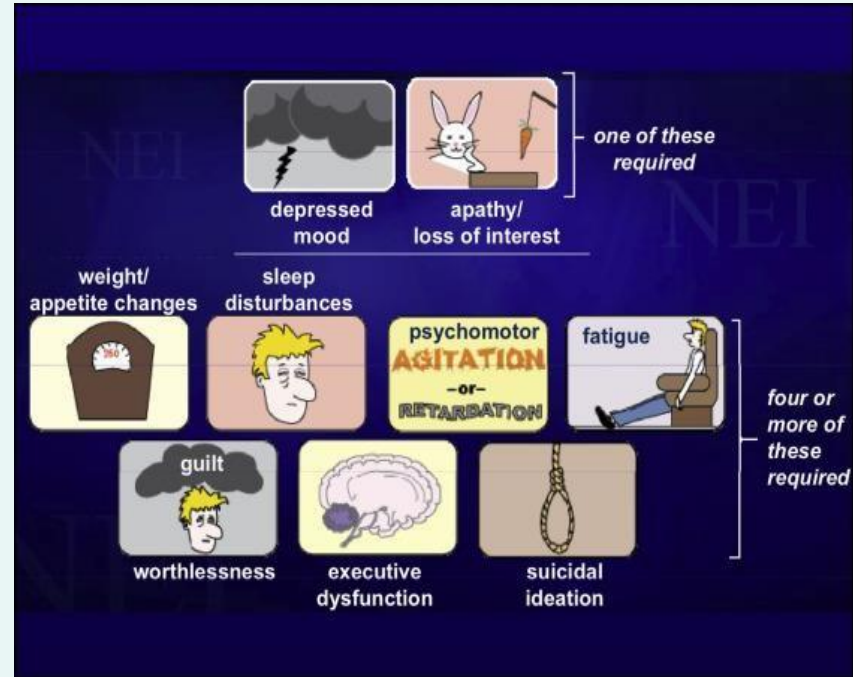
- Hallucinations
- Delusions
- Laughing at something sad
- Not showing emotions at all
- The person may be fearful, irritable or aggressive
- Agitation, restlessness and disturbed sleep
- Lack of insight



Common symptoms



## Major Depression Symptoms







# CASE STUDY

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 behaviours 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 is the Probable diagnosis (enlist the symptoms that lead to your diagnosis)
- What are the Psychological First Aid that can be given to mental disorder



# WHEN IMMEDIATE REFERRAL SHOULD BE DONE?

- Suicidal ideas/ planning
- History of Suicide attempt present
- When patient shows violent behaviour
- Any drug reaction (side-effect)
- Seizure
- Stopped food intake

*All the patients who shows any of the above symptoms discussed in the chapter should be referred to MO for confirmation of diagnosis and follow-up home visits should be made by ANM/ASHA*



# WHAT WILL YOU DO USING THE 5 STEPS





# Thank You

