





# Service Delivery Framework and Role of FLW-ASHA and MPW in Care of MNS Disorders

































At the end of the session the participant should be able to:

- 1. Enumerate the MNS care services delivered at Community, SHC-HWC and referral center levels.
- 2. List the key tasks of ASHA and MPW in providing MNS care.
- 3. Understand the role in coordination with the CHO in MNS care.





























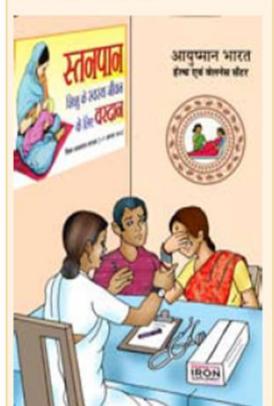






# SERVICE DELIVERY FRAMEWORK- MENTAL HEALTH

Screening and Basic management of Mental health ailments



- Screening for mental illness- using screening questionnaires/tools
- Community awareness about mental disorders (Psychosis, Depression, Neurosis, Dementia, Mental Retardation, Autism, Epilepsy and Substance Abuse related disorders)
- Identification and referral to the HWC/ PHC for diagnosis
- Ensure treatment compliance and follow up of patients with Severe Mental Disorders
- Support home-based care by regular home visits to patients of Severe Mental Disorders
- Facilitate access to support groups, day care centres and higher education/ vocational skills
- Awareness to prevent stigma regarding mental disorders
- Counselling on gender based violence
- Community based follow up of cases discharged from deaddiction centres

- Detection and referral of patients with severe mental disorders
- Confirmation and referral to deaddiction centres
- Dispense follow up medication as prescribed by the Medical officer at PHC/ CHC or by the Psychiatrist at DH
- Counselling and follow up of patients with Severe Mental Disorders
- Management of Violence related concerns
- Stress management

- Diagnosis and Treatment of mental illness.
- Provision of out -patient and in -patient services
- Counselling services to patients (and family if available)

















#### Continuum of Care at all levels

Village/Urban Ward



- **Population Enumeration**
- **Outreach Services**
- Community Based Screening
- Risk Assessment
- Awareness Generation
- Follow up of confirmed cases
- Counselling: Lifestyle changes; treatment compliance







- First Level Care
- · Screening
- Use of Diagnostics
- Drug Dispensation
- Record keeping
- · Tele-health
- Referral to MO at PHC for confirmation/complications





SHC



- Advanced diagnostics
- Complication assessment
- · Tele-health
- Tertiary linkage/PMRSSM



- · Diagnosis /
- Prescription and Treatment Plan
- Referral of complicated cases
- · Tele-health
- · Real time monitoring



















#### **EXERCISE**

The following slides show a list of various services for the care of MNS disorders.

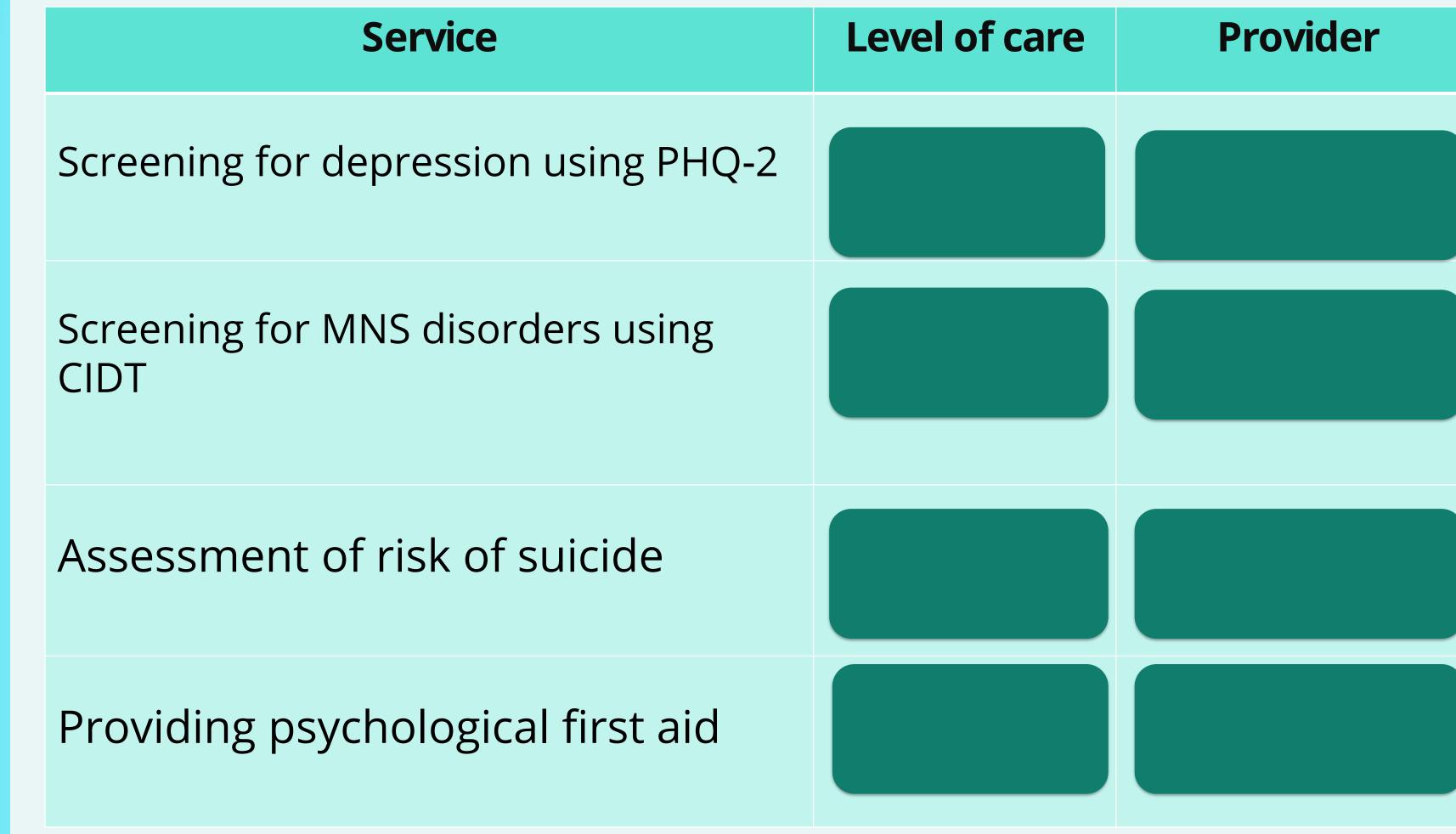




•At what level of care is the particular service delivered?

•Who is responsible for providing that service?



















Service	Level of care	Provider
Screening for depression using PHQ-2	Community	ASHA
Screening for MNS disorders using CIDT	Community	MPW
Assessment of risk of suicide	Community / SHC	MPW / CHO
Providing psychological first aid	Community	ASHA & MPW

















# Referral to Medical Officer at PHC for diagnosis

**Service** 



Follow up care at home to ensure treatment compliance

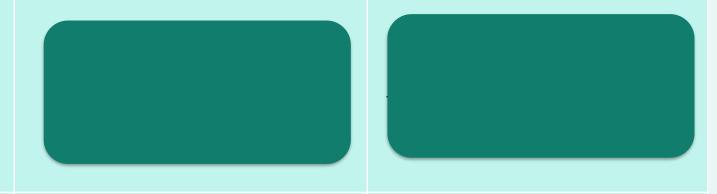
Follow up for side effects / toxicity to prescribed medication





















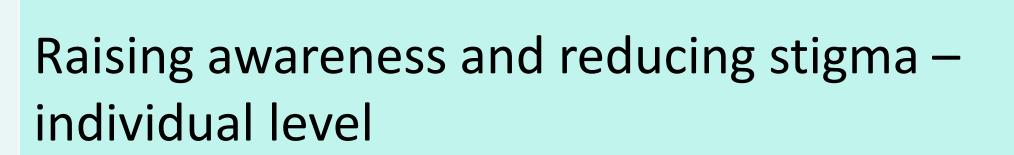




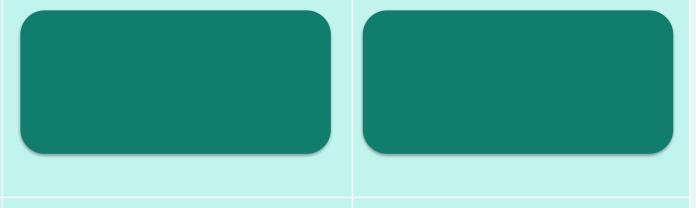


200	Service	Level of care	Provider
	Referral to Medical Officer at PHC for diagnosis	SHC	CHO
	Prescription of treatment for CMDs	PHC	MO
	Follow up care at home to ensure treatment compliance	Community	ASHA & MPW
	Follow up for side effects / toxicity to prescribed medication	Community / SHC	MPW / CHO





**Service** 



**Provider** 

Level of care

Raising awareness and reducing stigma – at VHSNDs, VHSNC/MAS meetings



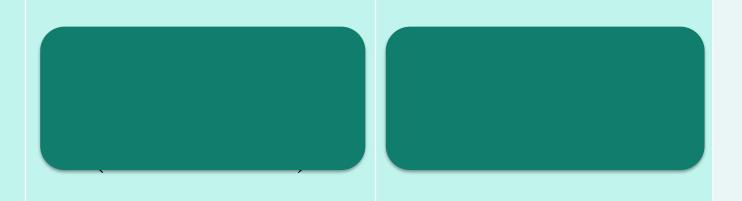


Basic emergency care and stabilization of epilepsy patient before referral





Confirmation of diagnosis and treatment for SMDs





















# **Service**

## Level of care



Raising awareness and reducing stigma – individual level

Community / SHC

ASHA, MPW, CHO

Raising awareness and reducing stigma – at VHSNDs, VHSNC/MAS meetings

Community

**ASHA & MPW** 

Basic emergency care and stabilization of epilepsy patient before referral

SHC

CHO

Confirmation of diagnosis and treatment for SMDs

Referral Psychiatrist (DH/MCH)

















## **Group Activity**

Discussion on Key Roles of ASHA & ANM in MNS Care Delivery











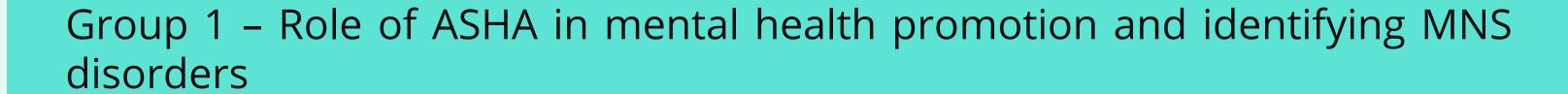






#### **FOUR GROUPS**





Group 2 – Role of ASHA in mental health first aid and follow up

Group 3 – Role of MPW in case detection and support to MNS patients

Group 4 – Role of ANM with respect to ASHA and CHO

Breakout room discussion – 5 minutes

Presentation – 2 minutes per group

















# Home Assignment

















#### **HOME ASSIGNMENT**

The ASHA, while filling the CBAC form in her area, comes across a 35 year old woman who scores 6 in the PHQ-2 assessment.

Describe the roles of ASHA and ANM in providing Continuum of Care for this individual.

















### Evaluation

















#### **EVALUATION**

- 1. CBAC contains questions related to all of the following EXCEPT:
  - a. Depression
  - b. Anxiety
  - c. Dementia
  - d. Epilepsy
- 2. Roles of ANM are all of the following EXCEPT:
  - a. Supporting ASHA in her tasks related to MNS care
  - b. Assisting CHO in maintaining relevant records at SHC-HWC
  - c. Undertaking screening for common mental disorders
  - d. Initiating emergency treatment for epilepsy before referral









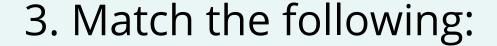








#### **EVALUATION**



1. PHQ-9	a. ASHA
2. PHQ-2	b. MPW
3. CIDT	c. CHO

- 4. Assessment of conduct disorders in children can be done by all EXCEPT
  - a. MO-PHC
  - b. CHO
  - c. MPW
  - d. ASHA
- 5. Referral of patients with MNS disorders to the MO-PHC will be done by \_\_\_\_\_and assisted by \_\_\_\_\_.

















#### **EVALUATION ANSWERS**

- 1. CBAC contains questions related to all of the following EXCEPT:
  - a. Depression
  - b. Anxiety
  - c. Dementia
  - d. Epilepsy
- 2. Roles of ANM are all of the following EXCEPT:
  - a. Supporting ASHA in her tasks related to MNS care
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  - d. Initiating emergency treatment for epilepsy before referral















3. Match the following:

1-c, 2-a, 3-b

1. PHQ-9	a. ASHA
2. PHQ-2	b. MPW
3. CIDT	c. CHO

4. Assessment of conduct disorders in children can be done by all EXCEPT

- a. MO-PHC
- b. CHO
- c. MPW
- d. ASHA

5. Referral of patients with MNS disorders to the MO-PHC will be done by CHO and assisted by MPW.







# Thank You











