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Part I

An overview of mental illness

Part I of this manual provides the essential foundation on which the rest of the manual is built. Its three chapters cover the three broad areas of knowledge needed to give you the confidence to provide mental health care. Chapter 1 deals with the different types of mental disorder, using a simple classification that is geared for use in community and general health care settings. It also discusses issues such as cultural influences on mental health. Chapter 2 discusses how you can assess a person with mental illness. It covers key questions such as how to recognise and diagnose a mental illness. Chapter 3 discusses the major types of treatments of mental disorder. The chapter covers both medical treatments (i.e. medicines) and psychological treatments (i.e. talking) for mental disorders.

Most readers will need to go through Part I at least once before reading the rest of the manual, because many of the later chapters assume that you are already familiar with the basic information on the types and treatments of mental disorders.



An introduction to mental illness

1.1 Mental health and mental illness

There is more to good health than just a physically healthy body: a healthy person should also have a healthy mind. A person with a healthy mind should be able to think clearly, should be able to solve the various problems faced in life, should enjoy good relations with friends, colleagues at work and family, and should feel spiritually at ease and bring happiness to others in the community. It is these aspects of health that can be considered as mental health.

Even though we talk about the mind and body as if they were separate, in reality they are like two sides of the same coin. They share a great deal with each other, but present a different face to the world around us. If one of the two is affected in any way, then the other will almost certainly also be affected. Just because we think about the mind and body separately, it does not mean that they are independent of each other.

Just as the physical body can fall ill, so too can the mind. This can be called mental illness. Mental illness is “any illness experienced by a person which affects their emotions, thoughts or behaviour, which is out of keeping with their cultural beliefs and personality, and is producing a negative effect on their lives or the lives of their families”.

There are two important points that form the basis of the material in this manual:

- There have been tremendous advances in our understanding of the causes and treatment of mental illnesses. Most of these treatments can be provided effectively by a general or community health worker.
- Mental illness includes a broad range of health problems. For most people, mental illness is thought of as an illness associated with severe behavioural disturbances such as violence, agitation and being sexually inappropriate. Such disturbances are usually associated with severe mental disorders. However, the vast majority of those with a mental illness behave and look no different from anyone else. These common mental health problems include depression, anxiety, sexual problems and addiction.

1.2 Why should you be concerned about mental illness?

There are many reasons why you need to be concerned about mental illnesses.

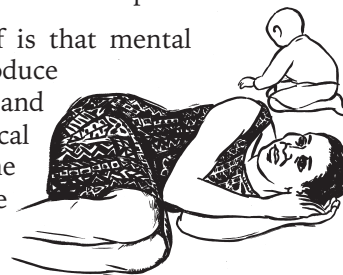
- *Because they affect us all.* It is estimated that one in five of all adults will experience a mental health problem in their lifetime. This shows how common mental health problems are. Anyone can suffer a mental health problem.
- *Because they are a major public health burden.* Studies from nearly every corner of the world show that as much as 40% of all adults attending general health care services are suffering



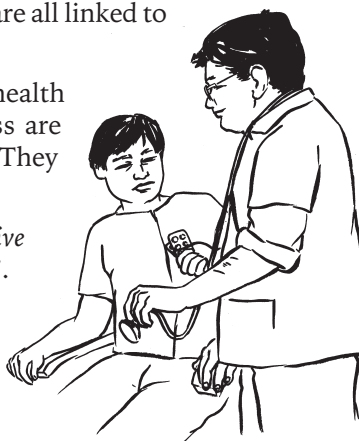
Mental illness is common: at least two of these people are likely to suffer from a mental illness at some time in their life.

from some kind of mental illness. Many of the people attending general or community health services seek help for vague physical health problems, which may be called ‘psychosomatic’ or something similar. Many of them are actually suffering from a mental health problem.

- *Because they are very disabling.* Even though the popular belief is that mental illnesses are less serious than physical illness, they do in fact produce severe disability. They can also cause death, as a result of suicide and accidents. Some people suffer from a mental illness and a physical illness; in such persons the mental illness can make the outcome of the physical illness worse. The World Health Report from the World Health Organization in 2001 found that four out of the ten most disabling conditions in the world were mental illnesses. Depression was the most disabling disorder, ahead of anaemia, malaria and all other health problems.
- *Because mental health services are very inadequate.* There is a severe shortage of psychiatrists, psychologists and other mental health professionals in most countries. These specialists spend most of their time caring for people who suffer from severe mental disorders (‘psychoses’). These are quite rare, but are also the very diseases that the community associates with mental illness. Most people with the much commoner types of mental health problems, such as depression or alcohol problems, would not consult a mental health specialist. General health workers are ideally placed to treat these illnesses.
- *Because our societies are rapidly changing.* Many societies around the world are facing dramatic economic and social changes. The social fabric of the community is changing as a result of rapid development and the growth of cities, migration, widening income inequality, and rising levels of both unemployment and violence. These factors are all linked to poor mental health.
- *Because mental illness leads to stigma.* Most people with a mental health problem would never admit to it. Those with a mental illness are often discriminated against by the community and their family. They are often not treated sympathetically by health workers.
- *Because mental illness can be treated with simple, relatively inexpensive methods.* It is true that many mental illnesses cannot be ‘cured’. However, many physical illnesses, such as cancers, diabetes, high blood pressure and rheumatoid arthritis, are also not curable. Yet, much can be done to improve the quality of life of those who suffer these conditions and the same applies to mental illness.



Mental illness can affect a person's ability to do things at home and at work.



Most mental illness can be treated.

1.3 The types of mental illness

To detect and diagnose a mental illness, you have to depend almost entirely on what people tell you. The main tool in diagnosis is an interview with the person (Chapter 2). Mental illness produces symptoms that sufferers or those close to them notice. There are five major types of symptoms:

- *Physical – ‘somatic’ symptoms.* These affect the body and physical functions, and include aches, tiredness and sleep disturbance. It is important to remember that mental illnesses often produce physical symptoms.



A person can be worried about the future: a *thinking* complaint ...



which can make her feel scared: a *feeling* complaint ...



which can make it difficult for her to sleep: a *physical* complaint.

- *Feeling – emotional symptoms.* Typical examples are feeling sad or scared.
- *Thinking – ‘cognitive’ symptoms.* Typical examples are thinking of suicide, thinking that someone is going to harm you, difficulty in thinking clearly and forgetfulness.
- *Behaving – behavioural symptoms.* These symptoms are related to what a person is doing. Examples include behaving in an aggressive manner and attempting suicide.
- *Imagining – perceptual symptoms.* These arise from one of the sensory organs and include hearing voices or seeing things that others cannot (‘hallucinations’).

In reality, these different types of symptoms are closely associated with one another. See the figures, for example, of how different types of symptoms can occur in the same person.



A person can hear people talking about him: a complaint of *imagination* ...



which makes him think that his life is in danger: a *thinking* complaint ...



which makes him attack others to protect himself: a *‘doing’* complaint.

There are six broad categories of mental illness:

- common mental disorders (depression and anxiety);
- ‘bad habits’, such as alcohol dependence and drug misuse;
- severe mental disorders (the psychoses);
- mental retardation;
- mental health problems in the elderly;
- mental health problems in children.

1.3.1 Common mental disorders (depression and anxiety)

Case 1.1

Lucy was 23 when she had her first baby. During the first few days after the baby was born, she had been feeling tearful and mixed up. The midwife reassured her that she was only passing through a brief phase of emotional distress, as experienced by many mothers. She suggested that Lucy and her husband spend a lot of time together and care for the baby and said that her mood would improve. As expected, Lucy felt better within a couple of days. Everything seemed fine for the next month or so. Then, quite gradually, Lucy began to feel tired and weak. Her sleep became disturbed. She would wake very early in the morning, even though she felt tired. Her mind was filled with negative thoughts about herself and, to her fright, about her baby. She began to lose interest in her home responsibilities. Lucy’s husband was becoming irritated with what he saw as her lazy and uncaring behaviour. It was only when the community nurse visited for a routine baby check that Lucy’s depression was correctly diagnosed.

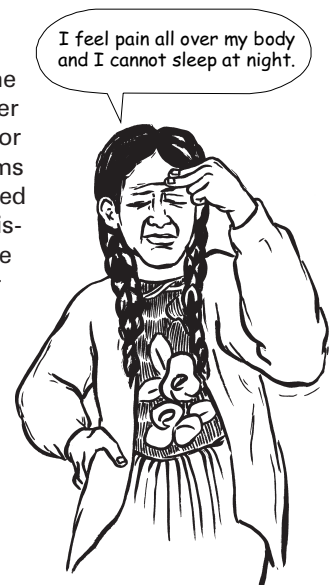
What’s the problem? Lucy was suffering from a kind of depression that can occur in mothers after childbirth. It is called postnatal depression.



Case 1.2

Rita was a 58-year-old woman whose husband had suddenly died the previous year. Her children had all grown up and left the village for better employment opportunities in a big city. She had started experiencing poor sleep and loss of appetite soon after her husband died. The symptoms worsened once her children left the village after the funeral. She started experiencing headaches, backaches, stomachaches and other physical discomforts, which led her to consult the local clinic. There she was told she was well, but was prescribed sleeping pills and vitamins. She felt better immediately, particularly because her sleep improved. However, within two weeks her sleep got worse again and she went back to the clinic. She was given more sleeping pills and injections. This went on for months, until she could no longer sleep without the sleeping pills.

What’s the problem? Rita had a ‘physical’ presentation of depression resulting from the death of her husband and loneliness because her children were no longer living with her. The clinic doctor had not asked about her emotions and gave her sleeping pills. This led to Rita becoming dependent on sleeping pills.





Case 1.3

Ravi was 30 when he had a serious road accident. He was riding his motorcycle with a close friend on the pillion seat. The bike was hit by a bus from behind, and Ravi and his friend were thrown off the bike. To Ravi's horror, his friend fell under the wheels of the bus and died instantly. After a few days of deep sadness and shock, Ravi began to experience spells of fear. These started when he had been shopping in the market. Ravi suddenly experienced a choking sensation and felt his heart beating hard. His father had a heart complaint and Ravi became worried that he had a heart problem too. This made him scared and fearful. The doctor sent him for tests which showed that he had a healthy heart. Ravi also started getting nightmares, when he would see the whole accident played out. Sometimes, even when he was awake, he would get images of the accident in his mind and he would feel scared and tense. His sleep began to suffer and soon he began to feel suicidal.

What's the problem? Ravi was suffering from an anxiety illness that may occur after a person has been involved in a traumatic event. This is sometimes called 'post-traumatic stress disorder.'

Box 1.1. The key features of depression

A person with depression will experience some of the following symptoms:

Physical

- tiredness and a feeling of fatigue and weakness
- vague aches and pains all over the body

Feeling

- feeling sad and miserable
- a loss of interest in life, social interactions, work, etc.
- guilty feelings

Thinking

- hopelessness about the future
- difficulty making decisions
- thoughts that he is not as good as others (low self-esteem)
- thoughts that it would be better if he were not alive
- suicidal ideas and plans
- difficulty in concentrating

Behaving

- disturbed sleep (usually reduced sleep, but occasionally too much sleep)
- poor appetite (sometimes increased appetite)
- reduced sex drive

Common mental disorders consist of two types of emotional problems: depression and anxiety. Depression means feeling low, sad, fed up or miserable. It is an emotion that almost everyone suffers from at some time in their life. To some extent it can be thought of as 'normal'. But there are times when depression starts to interfere with life and then it becomes a problem. For example, everyone gets spells of feeling sad but most people manage to carry on with life and the spell goes away. Sometimes, however, the depression lasts for long periods, even more than a month. It is associated with disabling symptoms such as tiredness and difficulty concentrating. The feeling starts to affect daily life and makes it difficult to work or to look after small children at home. If depression starts to get in the way of life and lasts for a long period of time, then we can assume that the person is suffering from an illness. The key features of depression are shown in Box 1.1.

Anxiety is the sensation of feeling fearful and nervous. Like depression, this is normal in certain situations. For example, an actor before going on stage or a student before an examination will feel anxious and tense. Some people seem to be always anxious but still seem to cope. Like depression, anxiety becomes an illness if it lasts long (generally more than two weeks), is interfering with the person's daily life or is causing severe symptoms. The key features of anxiety are shown in Box 1.2.

Most people with a common mental disorder have a mixture of symptoms of depression and anxiety. Most never complain of feeling or thinking symptoms as their main problem but instead experience physical and behavioural symptoms (as in Case 1.2). This could be for many reasons. For example, they may feel that

psychological symptoms will lead to them being labelled as 'mental' cases (➤ 5.1.1).

Three varieties of common mental disorders may present with specific or unusual complaints:

- Panic is when anxiety occurs in severe attacks, usually lasting only a few minutes. Panic attacks typically start suddenly. They are associated with severe physical symptoms of anxiety and make sufferers feel terrified that something terrible is going to happen or that they are going to die. Panic attacks occur because people who are fearful breathe much faster than usual. This leads to changes in the blood chemistry which cause physical symptoms.
- Phobias are when a person feels scared (and often has a panic attack) only in specific situations. Common situations are crowded places such as markets and buses (as in the case 1.3), closed spaces like small rooms or lifts, and in social situations such as meeting people. The person with a phobia often begins to avoid the situation that causes the anxiety, so that, in severe cases, the person may even stop going out of the house altogether.
- Obsessive-compulsive disorders are conditions where a person gets repeated thoughts (obsessions) or does things repeatedly (compulsions) even though the person knows these are unnecessary or stupid. The obsessions and compulsions can become so frequent that they affect the person's concentration and lead to depression.

Advice on the various ways depression and anxiety present in health care settings and how to manage these problems is given in Chapters 5 and 7.

1.3.2 'Bad habits'

Case 1.4

Michael was a 44-year-old man who had been attending the clinic for several months with various physical complaints. His main complaints were that his sleep was not good, that he often felt like vomiting in the mornings and that he was generally not feeling well. One day, he came to the clinic with a severe burning pain in the stomach area. Antacids were not as much help as they had been before. He was seen by the doctor, who prescribed more antacids and ranitidine, a medicine to help stomach ulcers heal. When he was about to leave the clinic, the doctor noticed that Michael was sweating profusely and his hands appeared to be shaking. The doctor asked Michael if he had any other problems. Michael sat down and started crying. He admitted that his main problem was that he had been drinking increasing amounts of alcohol in the previous few months as a way of coping with stress at work. However, now the drinking itself had become a problem. He could not pass even a few hours without having to have a drink.

Box 1.2. The key features of anxiety

A person with anxiety will experience some of the following symptoms:

Physical

- feeling her heart is beating fast (palpitations)
- a feeling of suffocation
- dizziness
- trembling, shaking all over
- headaches
- pins and needles (or sensation of ants crawling) on her limbs or face

Feeling

- feeling as if something terrible is going to happen to her
- feeling scared

Thinking

- worrying too much about her problems or her health
- thoughts that she is going to die, lose control or go mad (these thoughts are often associated with severe physical symptoms and extreme fear)
- repeatedly thinking the same distressing thought again and again despite efforts to stop thinking them

Behaving

- avoiding situations that she is scared of, such as marketplaces or public transport
- poor sleep



What's the problem? Michael was dependent on alcohol. Many of his complaints were due to the direct damage caused by alcohol to his body. Some symptoms were caused by the distress he felt because of withdrawal symptoms.

Case 1.5

Li was an 18-year-old high school student. He had always been an average student, hardworking and honest. Recently, however, his mother had noticed that Li had been staying out till late at night, his school grades had been falling, and he was spending more money. The previous week, his mother noticed that some money was missing from her purse. She was worried that Li might have stolen it. She had also noticed that Li was spending less time with his old friends and family, and seemed to be hanging around with a new group of friends, whom he did not introduce to his parents. His mother had suggested to him that he should see a counsellor, but he refused. The health worker decided to visit Li at home. Li was very reluctant to discuss anything at first. However, as he became more trusting of the health worker, he admitted that he had been using heroin regularly for several months, and now he was 'hooked'. He had tried to stop on many occasions, but each time he felt so sick that he just went back to the drug. He said he wanted help but did not know where to turn.



What's the problem? Li had become dependent on heroin. Because of his dependence, his school performance had suffered and he had been seeing new friends who also use drugs. He had been stealing things to pay for the drug.

A person is said to be dependent on alcohol or drugs when their use harms the person's physical, mental or social health. Typically, it becomes difficult for people to stop using these substances because they may develop physical discomfort and an extreme desire to consume the substance ('withdrawal syndrome'). Dependence problems cause great damage to sufferers, their families and ultimately to the community. Alcohol, for example, not only harms the drinker through its physical effects, but is also associated with high suicide rates, marriage problems and domestic violence, road traffic accidents and increased poverty. For most heavy drinkers, alcohol misuse is rarely the main reason for seeking health care. Instead, you have to be alert and ask people about their drinking habits, particularly when the clinical presentation suggests that the illness may be related to drinking. The key features of alcohol dependence are shown in Box 1.3.

Different types of drugs may be abused. Other than alcohol, the commonest drugs of misuse are: cannabis, opium and related drugs such as heroin; cocaine and other stimulants, such as 'speed'; and sedative medicines. The key features are shown in Box 1.4.

There are other habits that can damage people's health. These include smoking cigarettes, dependence on sleeping pills, and gambling.

Advice on how to identify and help people with habit problems is given in Chapter 6.

1.3.3 Severe mental disorders (psychoses)

This group of mental disorders consists of three main types of illness: schizophrenia, manic-depressive disorder (also called bipolar disorder) and brief psychoses. These illnesses are rare. However, they are characterised by marked behavioural problems and strange or unusual thinking. This is why these are the disorders most typically associated with mental illness. The majority of patients in psychiatric hospitals suffer from psychoses.

Box 1.3. The key features of alcohol dependence

A person with alcohol dependence will experience some of the following symptoms:

Physical

- stomach problems, such as gastritis and ulcers
- liver disease and jaundice
- vomiting blood
- vomiting or sickness in the mornings
- tremors, especially in the mornings
- accidents and injuries
- withdrawal reactions, such as seizures (fits), sweating, confusion

Feeling

- feeling helpless and out of control
- feeling guilty about his drinking behaviour

Thinking

- a strong desire for alcohol
- continuous thoughts about the next drink
- thoughts of suicide

Behaving

- sleep difficulties
- the need to have a drink in the daytime
- the need to have a drink early in the morning, to relieve physical discomfort

Box 1.4. The key features of drug misuse

A person who misuses drugs will experience some of the following symptoms:

Physical

- breathing problems, such as asthma
- skin infections and ulcers if she injects drugs
- withdrawal reactions if the drug is not taken, such as nausea, anxiety, tremors, diarrhoea, stomach cramps, sweating

Feeling

- feeling helpless and out of control
- feeling guilty about taking drugs
- feeling sad and depressed

Thinking

- a strong desire to take the drug
- continuous thoughts about the next occasion of drug use
- thoughts of suicide

Behaving

- sleep difficulties
- irritability, such as becoming short-tempered
- stealing money to buy drugs; getting in trouble with the police

Case 1.6

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

What's the problem? Ismail was suffering from a severe mental disorder called schizophrenia. This made him hear voices and imagine things that were not true.



Box 1.5. The key features of schizophrenia

A person with schizophrenia will experience some of the following symptoms:

Physical

- strange complaints, such as the sensation that an animal or unusual objects are inside his body

Feeling

- depression
- a loss of interest and motivation in daily activities
- feeling scared of being harmed

Thinking

- difficulty thinking clearly
- strange thoughts, such as believing that others are trying to harm him or that his mind is being controlled by external forces (such thoughts are also called 'delusions')

Behaving

- withdrawal from usual activities
- restlessness, pacing about
- aggressive behaviour
- bizarre behaviour such as hoarding rubbish
- poor self-care and hygiene
- answering questions with irrelevant answers

Imagining

- hearing voices that talk about him, particularly nasty voices (hallucinations)
- seeing things that others cannot (hallucinations)

Box 1.6. The key features of mania

A person with mania will experience some of the following symptoms:

Feeling

- feeling on top of the world
- feeling happy without any reason
- irritability

Thinking

- believing that she has special powers or is a special person
- believing that others are trying to harm her
- denying that there is any illness at all

Behaving

- rapid speech
- being socially irresponsible, such as being sexually inappropriate
- being unable to relax or sit still
- sleeping less
- trying to do many things but not managing to complete anything
- refusing treatment

Imagining

- hearing voices that others cannot (often, these voices tell her that she is an important person who can do great things)

Schizophrenia is a severe mental disorder which usually begins before the age of 30. Sufferers may become aggressive or withdrawn, may talk in an irrelevant manner and may talk to themselves. They may feel suspicious of others and believe unusual things, such as that their thoughts are being interfered with. They may experience hallucinations, such as hearing voices that others cannot. Unfortunately, many people with schizophrenia do not recognise that they are suffering from an illness and refuse to seek treatment voluntarily. Schizophrenia is often a long-term illness, lasting several months or years, and may require long-term treatment. The key features of schizophrenia are shown in Box 1.5.

Case 1.7

Maria was a 31-year-old who has been brought to the clinic by her husband because she had started behaving in an unusual manner a week previously. She was sleeping much less than usual and was constantly on the move. Maria had stopped looking after the house and children as efficiently as before. She was talking much more than normal and often said things that were unreal and grand. For example, she had been saying that she could heal other people and that she came from a very wealthy family (even though her husband was a factory worker). She had also been spending more money on clothes and cosmetics than was normal for her. When Maria's husband tried to bring her to the clinic, she became very angry and tried to hit him. Finally, his neighbours had helped him to force her to come.

What's the problem? Maria was suffering from a severe mental disorder called mania. This made her believe grand things and made her irritable when her husband tried to bring her to the clinic.

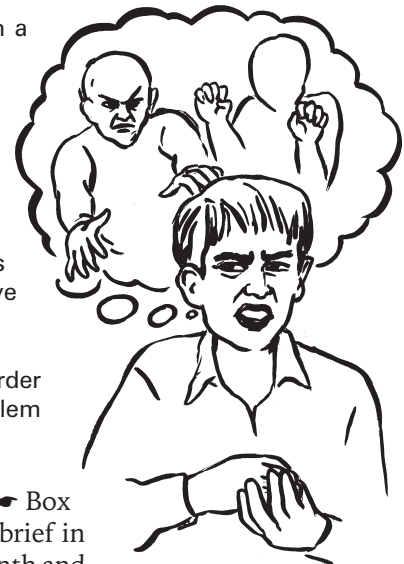


Manic–depressive illness or bipolar disorder is typically associated with two poles (or extremes) of mood: ‘high’ mood (or mania) and ‘low’ mood (or depression). The illness usually begins in adulthood and mostly comes to the notice of the health worker because of the manic phase (Box 1.6 lists the key features). The depressed phase is similar to depression in common mental disorders except that it is usually more serious. A typical feature of this condition is that it is episodic. This means that there are periods during which sufferers are completely well, even if they are not taking treatment. This is in contrast to people with schizophrenia, who may, in the absence of medication, often remain ill.

Case 1.8

Ricard was a 34-year-old man who suddenly started behaving in a bizarre manner three days earlier. He became very restless, started talking nonsense and behaved in a shameless manner, taking his clothes off in public. He had no history of a mental illness. The only medical history was that he had been suffering from fever and headaches for a few days before the abnormal behaviour began. When he was brought to the clinic, he appeared confused and did not know where he was or what day it was. He was seeing things that others could not and could not answer the health worker's questions sensibly. He also had high fever. He was found to have cerebral malaria.

What's the problem? Ricard was suffering from a severe mental disorder called delirium, confusion or acute psychosis. In his case, the problem had been caused by the infection of his brain by malaria.



An acute or brief psychosis appears similar to schizophrenia (☛ Box 1.7), but is different in that it usually starts suddenly and is brief in duration. Thus, most sufferers recover completely within a month and do not need long-term treatment. Brief psychoses are typically caused by a sudden severe stressful event, such as the death of a loved person. Sometimes, a severe medical or brain illness can cause the psychosis; when this happens, the condition is also called ‘delirium’ (☛ Box 1.8). Delirium often needs urgent medical treatment.

Box 1.7. The key features of acute or brief psychoses

The symptoms are similar to those of schizophrenia and mania (see Boxes 1.5 and 1.6). The key is that the symptoms begin suddenly and last less than a month. The typical symptoms seen are:

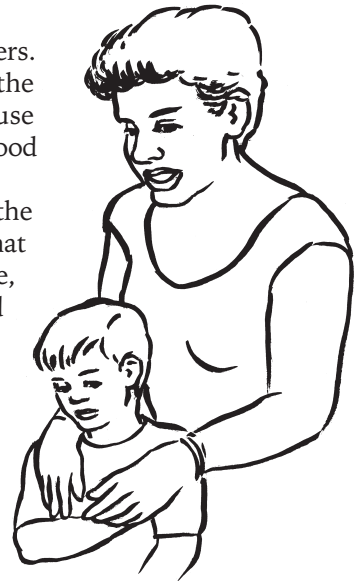
- severe behavioural disturbance such as restlessness and aggression
- hearing voices or seeing things others cannot
- bizarre beliefs
- talking nonsense
- fearful emotional state or rapidly changing emotions (from tears to laughter)

Advice on how to deal with severe mental disorders can be found in Chapter 4.

1.3.4 Mental retardation

The term ‘mental retardation’ is being dropped by many health workers. This is because it is often used in a discriminatory way. Instead, the term ‘learning disability’ is preferred. In this manual, we will use ‘mental retardation’ because it is the most widely used and understood term to describe the condition of delayed mental development.

Mental retardation is not a mental illness in the strict sense of the term. This is because an illness usually refers to a health problem that begins and ends. Mental retardation, on the other hand, is a state, i.e. a condition that is present from very early childhood, and remains present for the rest of the person’s life. Mental retardation means that the brain development (and thus mental abilities) of the child is slower or delayed compared with that in other children. People with mental retardation are often brought to health workers by concerned relatives for many reasons such as self-care, school difficulties and behavioural problems such as aggression (➤ Box 1.9).

**Case 1.9**

Baby Rudo was born after a very difficult labour. Her mother was in labour for more than two days and the baby was getting stuck in her birth passage. After the village midwife said that the mother needed medical help, she was put in a taxi and taken to the hospital, about three hours away. At the hospital they had to do an operation to remove the baby. The baby did not breathe for many minutes after being born

Box 1.8. The key features of delirium (acute psychosis caused by a brain or medical illness)

A person with delirium will experience some of the following symptoms:

- disorientation (he does not know where he is or what time it is)
- fever, excess sweating, raised pulse rate and other physical signs
- poor memory
- disturbed sleep pattern
- visual hallucinations (seeing things others cannot)
- symptoms that vary from hour to hour, with periods of apparent recovery alternating with periods of severe symptoms

Box 1.9. Key features of mental retardation

A person with mental retardation will experience some of the following symptoms:

- delays in achieving milestones such as sitting up, walking and speaking
- difficulties in school, especially coping with studies and repeated failures
- difficulties in relating to others, especially other children of the same age
- in adolescence, inappropriate sexual behaviour
- in adulthood, problems in everyday activities such as cooking, managing money, finding and staying on in a job, etc.

and it was only because of the doctor's treatment that she lived at all. She was a very precious baby indeed! Both parents took great care of Rudo, who seemed quite normal for the first few months. However, they later noticed that Rudo took longer to learn to sit up by herself and to walk than had their son, Thabo. For example, whereas Thabo had been able to walk by the time he was just one year old, Rudo began walking when she was nearly two. Even her speaking seemed much delayed. She could not call her mother even when she was two years old. It was then that they realised something was not right. They took Rudo to a children's doctor, who asked them many questions about Rudo's few years of life.

What's the problem? The doctor carefully explained that Rudo was suffering from mental retardation. This had probably happened because Rudo's brain had been damaged as a result of the great delay in getting her mother to a hospital during her difficult labour.

There can be various degrees of mental retardation:

- mild retardation may lead only to difficulty in schooling but no other problems;
- moderate retardation may lead to failure to stay in the school system and difficulties in self-care such as bathing;
- severe retardation often means the person needs help even for simple activities such as eating.

Whereas persons with mild retardation may spend their entire lives without being referred to health workers, those at the severe end are diagnosed in early childhood because of the obvious severity of the disability. Whereas those in the mild category may be able to live alone and work in certain types of jobs, those in the severe category will almost always need close supervision and care.

Advice on how to help children with mental retardation is given in section 8.1, and information on how to prevent mental retardation is given in section 10.2.

1.3.5 Mental health problems in the elderly

Case 1.10

Raman was a 70-year-old retired postman who was living with his son and daughter-in-law. His wife had died some 10 years previously. Over the past few years, Raman had become increasingly forgetful, something his family passed off as 'just growing old'. However, the forgetfulness kept getting worse, until one day he lost his way around his own home. He started forgetting the names of his relatives, including his favourite grandchildren. His behaviour became unpredictable; on some days, he would be irritable and easily lose his temper, while on others he would sit for hours without saying a thing. Raman's physical health began to deteriorate and one day he had a fit. Raman's son brought him to hospital, where a special scan of the brain was done; this showed changes in the structure of the brain which confirmed that Raman had dementia.

Box 1.10. Key features of dementia

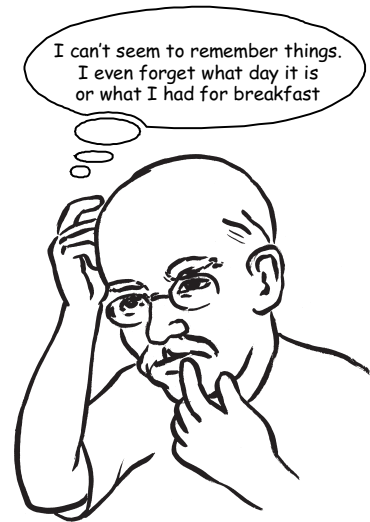
A person with dementia (who will rarely be under the age of 60) will have some of the following symptoms:

- forgetting important things like names of friends or relatives
- losing her way in familiar areas such as in the village or home
- becoming irritable or losing her temper easily
- becoming withdrawn or appearing depressed
- laughing and crying for no reason
- having difficulty following conversations
- not knowing what day it is or where she is (disorientation)
- talking inappropriately or irrationally

What's the problem? Raman was suffering from a kind of brain disease typically found in older people, called dementia. This illness begins with forgetfulness. It continues to get worse as time passes and leads to behaviour problems.

The elderly suffer from two main types of mental illness. One is depression, which is often associated with loneliness, physical ill health, disability and poverty. This is similar to depression in other age groups. The other mental health problem in the elderly is dementia (Box 1.10). This is typically a disease of older people only.

The clinical problems associated with dementia are discussed in section 4.7. Integrating mental health in health care for the elderly is discussed in section 9.9.

**1.3.6 Mental health problems in children**

Certain types of mental health problems that typically occur in childhood:

- dyslexia, which affects learning abilities;
- hyperactivity, where children are overactive;
- conduct disorders, in which children misbehave much more than is normal;
- depression, in which children become sad and unhappy;
- bed-wetting, in which children wet the bed at an age when they should not.

Children will also come to your attention when they have been the victims of abuse.

The main thing to remember is that these child mental health problems (Box 1.11), unlike mental retardation, often improve, and some children completely recover. Thus, it is important not to assume that any child with a behaviour problem is mentally retarded.

For more information on these topics • Chapter 8, and also sections 9.6, 9.7, 10.3.

Box 1.11. Key features of mental illness in children

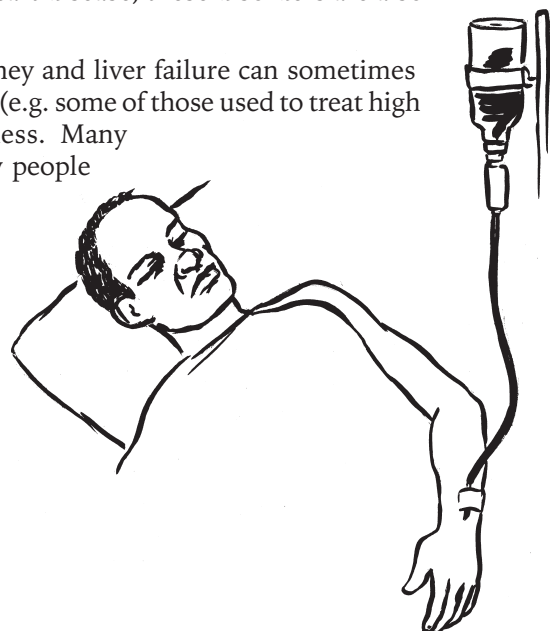
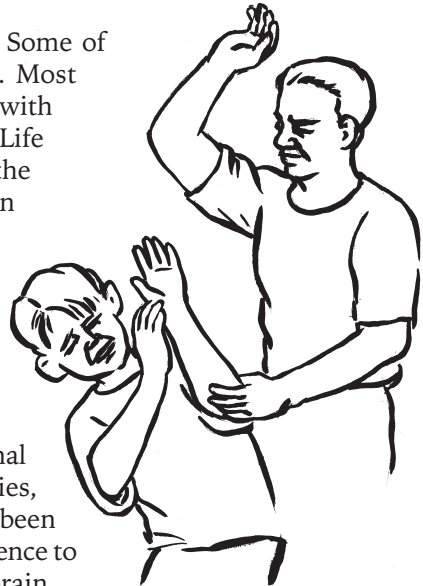
The key signs that suggest mental illness in children are:

- a child who is doing badly in studies even though she has normal intelligence
- a child who is always restless and cannot pay attention
- a child who is constantly getting in trouble or fights with other children
- a child who is withdrawn and does not play or interact with other children
- a child who refuses to go to school

1.4 The causes of mental illness

In many cultures, both medical and traditional explanations are used to understand the causes of ill health. Traditional models are often related to spiritual or supernatural causes, such as bad spirits or witchcraft. You should be aware of the beliefs in your culture. However, you should also be aware of the medical theories and use these to explain mental illness to the people who consult you. It is useful to keep in mind the following main factors that can lead to mental illness:

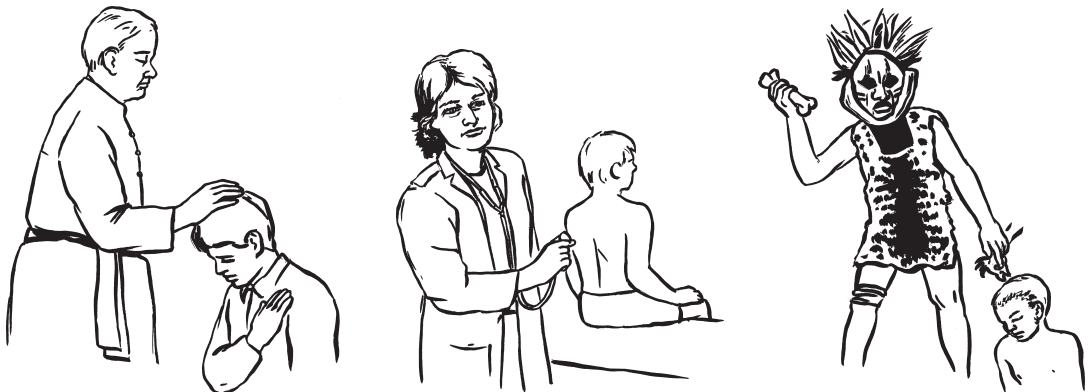
- *Stressful life events.* Life is full of experiences and events. Some of these may make a person feel worried and under stress. Most people will learn how to deal with such events and carry on with life. However, sometimes they can lead to mental illness. Life events that cause great stress include unemployment, the death of a loved one, economic problems such as being in debt, loneliness, infertility, marital conflict, violence and trauma.
- *Difficult family background.* People who have had an unhappy childhood because of violence or emotional neglect are more likely to suffer mental illnesses such as depression and anxiety later in life.
- *Brain diseases.* Mental retardation, dementias and emotional problems can result from brain infections, AIDS, head injuries, epilepsy and strokes. No definite brain pathology has yet been identified for many mental illnesses. However, there is evidence to show that many illnesses are associated with changes in brain chemicals such as neurotransmitters.
- *Heredity or genes.* Heredity is an important factor for severe mental disorders. However, if one parent has a mental illness, the risk that the children will suffer from a mental illness is very small. This is because, like diabetes and heart disease, these disorders are also influenced by environmental factors.
- *Medical problems.* Physical illnesses such as kidney and liver failure can sometimes cause a severe mental disorder. Some medicines (e.g. some of those used to treat high blood pressure) can cause a depressive illness. Many medicines when used in large doses in elderly people can cause a delirium.



1.5 Culture and mental illness

There are many ways in which culture can influence mental health issues.

- *What is a mental illness?* Concepts about what a mental illness is differ from one culture to another. The group of disorders most often associated with mental illness is the severe mental disorders, such as schizophrenia and mania. The commonest mental health problems in general or community health care are the common mental disorders (depression and anxiety) and problems associated with alcohol and drug dependence. These disorders are rarely viewed as being mental illnesses. Although you should be aware of these mental illnesses, you need not add to the sufferer's problems by using labels with a potential stigma attached to them. Instead, you can use locally appropriate words to describe stress or emotional upset as a way of communicating the diagnosis. (For more on the main mental health problems in a primary care clinic ➤ section 9.1.)
- *Words used to describe emotional distress.* The descriptions of human emotions and illness are not easy to translate into different languages. Consider the word 'depression'. This word means sadness and is used to describe both a feeling ('I feel depressed') and an illness ('the patient is suffering from depression'). In many languages, however, while there are words to describe the feeling of sadness, there are no words that describe depression as an illness. Thus, it is important to try to understand the words in the local language that best describe depression as a feeling and as an illness. Sometimes, different words may be found for these two meanings. Sometimes, a phrase or series of words will need to be used to convey the meaning of depression as an illness. The Glossary in this manual provides the words in English to describe various mental health problems and symptoms. Space is provided next to each word and its meaning for readers to write down the term in their local language.
- *Beliefs about witchcraft and evil spirits.* People in many societies feel that their illness has been caused by witchcraft or evil spirits or is the result of some supernatural cause. There is little to gain from challenging such views (which are often shared by the community). Such an approach will only make the person feel uncomfortable. Instead, it would be better to understand these beliefs and explain the medical theory in simple language.
- *Priests, prophets and psychiatrists: what do people do when in distress?* Sick people seek help from a variety of alternative, religious and traditional health care providers. Examples include: homoeopathy, Ayurveda, traditional Chinese medicine, spiritual healers, shamans, priests, pastors and prophets. This is for several reasons. First, medical health care does not have the answers for all health problems, and this is especially true for mental illness. Second, many



People with mental illness seek help from different sources.

Box 1.12. Things to remember about mental illness

- There are a number of different types of mental illness. Mental illness can produce severe disability and can lead to death.
- The commonest types of mental illness in the community or general health care settings are the common mental disorders, and disorders related to alcohol dependence; however, many patients and health workers may not consider these conditions as mental disorders.
- Schizophrenia, manic-depressive illness and acute psychoses are conditions that are most often recognised by the community and health workers as mental illnesses, because of the disturbed behaviour associated with them.
- Stressful events, changes in brain function and medical factors such as brain infections are the main causes of mental illness.
- Some people may believe that spirits or supernatural factors cause mental illness. You should not challenge these beliefs but try to put forward the medical explanations for these problems.
- It is not essential that you label a person with a mental illness diagnosis. What matters is that you recognise the existence of a mental health problem, attempt to identify the type of mental illness and then offer appropriate treatment.

persons associate their emotional upset with spiritual or social factors and thus seek help from non-medical persons. Traditional treatment may help some people get better quicker than would medical treatments.

- *Counselling people with mental health problems.* In many Western societies, counselling to help people with emotional problems is based on psychological theories which have evolved from within their cultures. These theories are foreign to the cultural beliefs in many non-Western cultures. This does not mean that counselling therapies will not be useful in these cultures. You will need to search for resources and methods that have evolved in your own culture because these are likely to prove more acceptable. Only a simple form of counselling that can be applied in most cultures is described in this manual (➤ section 3.2).

Box 1.13. Voices from the edge

"It was so frightening when it first happened. I was sitting on a bus, when all of a sudden my heart started beating so fast that I felt I was having a heart attack. I had difficulty breathing, and then I started feeling as if ants were crawling on my hands and feet. My heart started pounding even faster, my body felt hot and I was trembling all over. I just had to get off the bus, but it was moving fast and I began to choke. My biggest fear was that I might collapse or go mad. Then the bus came to a stop and I rushed to get off even though I was still far from home. Since then, I have never been able to get on a bus ... just the thought of using a bus makes me feel sick. For the past two years, I have stopped going out of the house because of this fear and now I have few friends and almost no social life ... I didn't know what to do and I was too scared to see a psychiatrist ... after all, I am not a mental case."

A 24-year-old woman with panic attacks and phobia



"I was only 17 when I first started hearing the voices. At first, I wasn't sure whether they were in my mind or real. But later, I used to hear strangers talking about me, saying nasty things. Once I heard a voice telling me to jump into a well and for days I would stand near the well feeling that I should obey the voice. I used to feel that my thoughts were being controlled by the TV and, sometimes, I was sure that my food was being poisoned and that gangsters were out to kill me. I used to get angry and it was when I lost my temper so badly and hit my neighbour that I was taken to the hospital."

A 23-year-old man with schizophrenia

"It started quite gradually, but before I knew it I had lost all interest in life. Even my children and family didn't make me feel happy. I was tired all the time. I could not sleep ... I used to wake up at 2 or 3 in the morning and then just toss and turn. I lost the taste for food which I used to love and I lost weight. I even lost interest in reading because I just could not concentrate. My head ached. I felt so lousy about myself, that I was a burden on the family and so on. The worst thing was that I felt embarrassed about the way I felt and could not tell anyone ... my mother-in-law used to complain that I had become lazy. Once I felt like ending my life and it was then that I got so scared that I told my husband ... that was two months after I started feeling ill."

A 43-year-old woman with depression



"I used to feel as if I had so much energy that I did not need to sleep at all. In fact, I hardly slept in those days. I would rush about with all my schemes and plans, but never really managed to finish any of them properly. I used to lose my temper if anyone tried to stop me. Once I got into a big fight with my business partners over one of my crazy schemes. But when I was high, I never realised how wrong I was. I even felt sometimes that I had special powers to heal others. The worst thing about my illness was how I would spend so much money that I almost bankrupted the family."

A 38-year-old man with mania

"I don't know what's happening. I seem to forget things so easily. The other day, my wife came to give me my morning tea and, for a moment, I did not know who she was. And then, I was walking home from the market and, even though I was in my village, I suddenly found I had no idea where I was. I always thought I was getting absent minded as I grew older, but this is too much ... and then I remember my father who died after years of losing his memory and now I am scared that I may have the same problem."

A 68-year-old man with dementia



"My problems started at work when I started taking too much sick leave. I kept getting stomach upsets and, recently, I had jaundice. It was then that I started worrying about my drinking. What frightens me is that I wake up feeling terrible. It's like I must have a drink to get myself going in the day. These days I am starting to drink even before lunch. I don't know exactly how much I am drinking but it never seems to be enough."

A 44-year-old man with a drinking problem

Part III

Integrating mental health

Earlier parts of this manual have described the types of mental disorders and their treatments. Part III now moves readers to particular settings of work. You may work in primary health care, with women's health issues, with prisoners or with teenagers. As a health worker, you may be called upon in times of emergency, such as war and disasters. The physical body and mind work very close together. If one is affected for any reason, often the other suffers too. Thus, mental health is an integral part of all health work. Caring for a person's mental health should be as natural a part of your daily responsibilities as looking after their physical health.

Chapter 9 discusses how mental health issues are integral to your work in all these varied settings. It examines the mental health issues relevant to different situations that you may find yourself in. It shows how mental health issues can be integrated into the other activities that you may perform as part of your regular duties. Paying attention to these issues will make your work more rewarding and the person who you are working with more satisfied.

General health workers play an important role in promoting health. Chapter 10 discusses how mental health matters can be promoted and advocated in the community. Health promotion can be seen as a way in which individuals and communities are empowered to increase their control over their resources and other factors that influence their health. Promoting positive attitudes towards mental health and advocating for the needs and rights of those with mental illness are important ways of ensuring the overall development of any community. The vulnerability of women and the poor are also considered as target groups for mental health promotion.



Mental health in other contexts

9.1 Primary and general health care

Primary health care is the point in the health system to which a person first goes with a health complaint. In some places, a government primary health centre is the main primary care provider. In other places, private physicians and nursing homes are providing primary care. In many places, primary health care is provided by a combination of private and public health care providers. General health care refers to health care focusing on general health problems in adults. While this manual as a whole is concerned with the mental health issues relevant to the health worker based in a primary or general health care setting, this section provides a brief overview of the more broad issues.



9.1.1 Mental disorders in primary care

Any mental disorder may be seen in the primary care setting. However, there are two types of disorders that are especially common. These are depression and anxiety, and alcohol misuse (☛ Chapters 5 and 6). However, a person's complaints often do not offer clues to the underlying mental problem. Typically, the complaints are of physical symptoms, for which no medical explanation can be found. Box 9.1 sets out some guidelines on how the underlying mental problem can be detected in such cases.

Box 9.1. Medically unexplained symptoms: clues to identifying mental disorders in primary care

Suspect depression or anxiety in anyone with:

- physical symptoms that cannot be explained by a physical illness;
- multiple symptoms such as aches and pains in different regions of the body, tiredness, dizziness, sleep problems, palpitations, tingling numbness in the fingers;
- a history of complaints of more than three months;
- a history of problems at home, such as violence.

Ask about feelings and emotions to confirm the diagnosis (☛ Chapter 2).

Suspect alcohol misuse in anyone with:

- jaundice;
- blood in their vomit;
- frequent stomach upsets;
- injuries and accidents;
- sleep problems.

Ask about alcohol use to confirm the diagnosis (☛ section 6.1).

9.1.2 Primary mental health care

If we use a parallel from how we manage physical health problems, we can say that most mental health problems are like an upper respiratory tract infection – they are best treated by the primary health worker. Nonetheless, some severe types of respiratory problem, for example severe pneumonias, may need specialist care. In the same way, most cases of mental illness in primary care can be treated just as well by the primary health worker as by the specialist. The added advantage of receiving care in the primary health setting is that it is less expensive and is more acceptable to most people.

Ideally, you should ask anyone who comes to see you about their mental health. Simple questions such as the following can provide an indication about a person's mental health:

- How have you been feeling recently? I am asking not only about your physical health, but also your emotions and feelings.
- Have you been feeling under stress recently? If so, why? How is this affecting your health?



Most people will report no difficulty and you will not have used more than a couple of minutes of your time. For the few who do say they have problems, you can then ask more detailed questions to see whether there is a mental illness. Obviously, this will take more time, but you will also be helping the person get better. One of the most useful treatment skills in primary care settings is education about the symptoms (see section 3.2.5). Section 3.4 advises on when you would need to refer someone with a mental health problem for specialist care.

It is important not to think of mental health and physical health as separate spheres. In fact, mental and physical problems commonly occur together. Just because someone suffers from tuberculosis, it does not mean that he may not also suffer from alcohol abuse. Similarly, just because someone suffers from a mental disorder, it does not mean that she cannot get malaria. The reason to remember this is that once a person has a particular diagnosis, all his complaints are often attributed to that illness.

Case 9.1 describes a typical situation you might encounter in a primary care clinic.

Case 9.1

Faith was a 30-year-old married woman who attended an apostolic church. She complained of having dizziness and headaches for over a year, but no physical illness could be found. On enquiry, Faith admitted that she was thinking too much, sleeping badly and had had suicidal thoughts. She felt so tired that she could not do any housework. Her relationship with her husband had worsened. He was angry because she had not had a child, even though they had been married two years, and he was threatening to take another wife. She had lost her job three months previously and was very worried because, as a result of the way she was feeling, she thought she would not be able to look for another job. She was also complaining of feeling lonely.

The health worker helped Faith by:

- reassuring her that she was not suffering from a terminal or untreatable illness;



- explaining to her that she was thinking too much because of her job loss and marital problems, and this was why she was sleeping badly and feeling tired;
- identifying a problem and action list (problem-solving):
 - a depressive illness, for which she prescribed antidepressant treatments;
 - infertility, for which she referred Faith and her husband to a gynaecology clinic;
 - marital problems, for which she called the husband in for a joint interview;
 - unemployment, with regard to which she recommended postponing any action on job-hunting until Faith had sufficiently recovered from her depression;
 - loneliness, for which she advised attendance at her church and a chat with the pastor.

The health worker asked Faith to visit the clinic once a week. Faith felt much better after three weeks and she and her husband received counselling on how to improve their chances of having a baby. Once she was better, Faith found a job as a cleaner in a local restaurant. The health worker then saw Faith once a month for six months, after which follow-up and medicines were no longer needed.

9.1.3 Improving the system

Some health workers may be in a position from which they can play an important role in improving the overall primary health care system. For example, if a health worker is a member of a district health committee, his views may be sought on various policy issues. There are some specific steps that can improve primary mental health care:

- providing training in the diagnosis and treatment of common mental illnesses to health workers;
- placing at least one antidepressant, one antipsychotic and one anticonvulsant on the essential drugs list (☛ Chapter 11);
- providing clinics for follow-up for those with severe mental disorders (such clinics could be held during those times when fewer people arrive to see a doctor);
- increasing the number of social workers and psychologists in the health services, as these professionals are less expensive than a doctor and play an important role in mental health care;
- establishing a surveillance system where different mental disorders (☛ section 1.3) are counted and recorded in the case-notes of each patient.

9.2 Reproductive health

Reproductive health concerns physical, mental and social well-being in all matters relating to the reproductive system. In practice, a number of different subjects are included, such as gynaecological health, domestic violence, adolescent health, maternal health and HIV/AIDS. There are important mental health issues relevant to each of these. Many are considered elsewhere in this manual (e.g. ☛ sections 7.2 for domestic violence and 9.8 for HIV/AIDS). The broader issue of gender and mental health is discussed in section 10.9. Here the focus is on the mental health issues in relation to gynaecological morbidity and maternal health.



9.2.1 Gynaecological health and mental health

Three specific types of gynaecological problem are important from a mental health perspective:

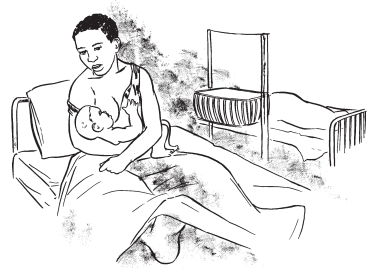
- *Gynaecological complaints.* Gynaecological health complaints are common, particularly vaginal discharge and pain in the lower abdomen. Many women with such problems also suffer from tiredness and weakness, and depression and anxiety.
- *Menstrual complaints.* Some women complain of feeling unwell just before the monthly period. This is sometimes called the pre-menstrual syndrome. Women with this syndrome may complain of feeling irritable, depressed, lacking concentration, and tiredness. During the menopause, when menstrual periods stop in later life, some women complain of headaches, crying, irritability, anxiety, sleep problems, fatigue and lack of sexual feelings.
- *Following surgery on the gynaecological organs.* Women who have surgery such as family planning operations (e.g. tying of the Fallopian tubes) and operations on the womb (e.g. removal of the uterus) and breast (e.g. for breast cancer) may face mental health problems. Gynaecological surgery poses a unique stress for women because of the identification of the reproductive organs both with sexuality and with a woman's sense of feminine identity.

In practice, you should always ask women with gynaecological complaints about depression and anxiety. Counselling and antidepressants should be used as required.

9.2.2 Maternal health and mental health

Motherhood is one of the most enjoyable and rewarding periods in the life of a woman. Yet it is also a period of enormous change in the woman's body, relationships and work. For example, relationships with other children and the father may be affected. The workload may increase considerably with a new baby. These changes can affect emotions. Mental health issues are important in two specific maternal health situations.

- *Depression after childbirth.* Women are vulnerable to depression during the period immediately after childbirth. An unhappy marriage, domestic violence, problems with breast-feeding, death or sickness of the newborn baby and, in some communities, the birth of a girl are all known to make depression more likely. On the other hand, a planned pregnancy and support from close family members protect mothers from postnatal depression. Postnatal depression can last up to 12 months. The babies may suffer from neglect and their growth and development may be affected (☛ section 4.6 for details)
- *Abortion and pregnancy loss.* Losing a pregnancy due to abortion or miscarriage can lead to depression. The woman may feel guilty about having had an abortion. There may be a loss of self-esteem resulting from the woman's inability to rely on her body and give birth. Feelings of loss, sadness, emptiness, anger, inadequacy, blame and jealousy are feelings sometimes experienced after the loss of a pregnancy.



Health workers in maternal health settings, such as midwives and antenatal clinic staff, can play an important role in preventing depression associated with pregnancy loss and childbirth. Counselling may be given especially to those women at particular risk of becoming depressed, for

example those whose babies have died or who have miscarried, whose marriages are unhappy and who have little support from other family members. The focus of counselling is twofold:

- to empower the mother to cope with the pregnancy loss or with caring for her newborn baby, by giving advice on breast-feeding and baby care, and advising her of the need for adequate rest and nutrition (for the mother) and the benefit of sharing her feelings with close relatives;
- to inform both parents together about the need for shared responsibilities in parenting, which is especially important in those communities where men do not traditionally contribute to parenting, seeing this as a woman's job. Fathers need education that parenting is not only a shared responsibility, but a joyful experience as well.

Sometimes the counselling may be extended to other members of the family, especially where there is a joint family system. Encourage senior members to help the mother by reducing her workload, and educate those who have negative views about having a baby girl. Finally, you must encourage all couples to discuss and plan pregnancies. Planned pregnancies help to ensure better maternal physical and mental health.

9.3 Health of prisoners

9.3.1 Mental illness and crime

Certain kinds of mental illness may influence sufferers' behaviour in such a way that they do things that break the law. These are typical examples:

- Violent behaviour can occur in people who are suffering from severe mental disorders. For example, during a psychotic phase, they may wander in public places, shouting at people. Rarely, the mentally ill person may threaten or attack someone.
- Stealing is a crime associated with people who abuse drugs or alcohol. The reason is simple: these people are stealing in order to get money to pay for their drug habit. In adolescents, stealing may be the result of conduct problems.
- Dangerous driving is associated with drinking too much alcohol and severe mental disorders.

However, if we look at the issue of mental illness and crime by asking the question "Do most people who commit crimes suffer from a mental illness?", the answer is no. Thus, it is important that you do not treat people with mental illness as if they are potentially violent or likely to break the law. The vast majority of people with mental illness are not violent.

9.3.2 The mental health of prisoners

The mental health of prisoners is important for two reasons:

- Some people with mental illness get involved in criminal activities and end up in prison.
- Being in prison can be a stressful experience. The isolation, loss of freedom and anxiety can, in some people, lead to mental illness. Drug use and violence may occur in some prisons. Thus, being in a prison can cause mental illness.



The types of mental illnesses that are relatively common in prisons are:

- psychotic disorders, especially in people who are behaving in an odd way, speaking to imaginary people or themselves, restless or agitated;
- withdrawal reactions in people with drink or drug problems, very soon after being put in prison;
- depression and anxiety, which are likely to be the result of imprisonment (suicides can occur even in the most highly guarded environment such as a prison).

9.3.3 Caring for the mental health of prisoners

In general, prisons are harsh places, where discipline and routine are the essence of daily life. After all, they are places to which people are sent as punishment. It may be difficult to be sympathetic to someone who, for example, may have hurt another person very badly. Health workers, however, must consciously avoid making judgements such as whether a person is guilty or not guilty, good or bad. One useful skill is that of “empathy”, which means the ability to put yourself in the other person’s situation and try to feel the way he does. You will find that many crimes are committed by people who feel they have no options left in their lives – perhaps they have been pushed into a corner by poverty. This, of course, does not justify the crime, but it can help you understand the prisoner as a vulnerable human being.

You can help improve the mental health of prisoners by:

- *Individual counselling.* The key elements are:
 - Listen: allow the prisoner to share feelings and use this discussion to assess whether he is suffering from a psychotic illness.
 - Discuss practical needs: for example, a prisoner may be desperate to meet his family and this may be making him very unhappy. Simply arranging a family visit may do wonders for his mental health.
 - Problem-solving skills (☛ section 3.2.5).
- *Peer support.* Prison health workers often get to know which prisoners are reliable, sympathetic and have the skills needed to help others. You can use such people to act as counsellors or friends to support other prisoners in need of help.
- *Groups.* Suggest to the prison authorities the need for group meetings of prisoners where common concerns can be discussed (☛ section 10.1).
- *Treatment for specific mental illnesses.* Specific symptoms are likely to include:
 - withdrawal reactions from alcohol or drugs (☛ Chapter 6);
 - violent or agitated or confused behaviour (☛ sections 4.1 and 4.2);
 - suicidal behaviour or thoughts (☛ section 4.4).



9.3.4 Improving the system

It is often difficult to work with prisoners because the entire prison system can be unsympathetic towards the emotional needs of the inmates. Working in prisons can also be stressful, leading to emotional problems for wardens, guards and others. You can play a useful role in improving the quality of life within prisons, and this will ultimately benefit the mental health of all those who

live or work there. Activities that enable frank discussion of issues between prisoners and the prison staff can help remove suspicions. Regular group meetings and the involvement of non-governmental organisations that are concerned about mental health issues or the rights of prisoners can be beneficial. Efforts to help both prisoners and staff deal with stress through meditation or relaxation training (☛ section 3.2.3) can also help in sharing skills and raising morale.

9.4 Refugees

Thousands of people are displaced from their homes as they attempt to flee war, persecution or famine. We call them refugees: people who have been forced to leave their homes in an attempt to save their own lives. Wars and terrorism, riots and civil unrest are tragically evident in many regions of the world. As technology advances, so have the killing machines and arms trade become more lethal and brutal. Commonly, it is civilians, especially women and children, who bear the worst injuries. Yet the refugees are probably the lucky ones. Those who are left behind are exposed to the horrors of modern warfare and the inhumanity of the aggressors. Women are raped, men murdered and entire villages and communities destroyed. It is this lack of humanity, the complete loss of faith, and the terror of seeing people hurt that cause the mental health consequences of war.



9.4.1 Meet basic needs first

Providing safety and basic needs such as water and food are the most important interventions to support the mental health of refugees and those living in war zones. As time passes, it is important for people to lead as much of a normal life as possible. Assigning responsibilities and specific roles to individuals will mean that the relief work can be managed by the refugees themselves. This will reduce feelings of dependence and helplessness.

9.4.2 The mental health of refugees

There are many reasons why the mental health of refugees may suffer:

- *Grief and mourning.* The loss of all personal belongings, including the family home, and income is a terrible blow to people, particularly those who are already poor. Grief is made worse by the senselessness of the events.
- *Being exposed to horrific violence.* Many refugees will have witnessed or suffered terrible experiences.
- *Physical injury and illness.* These may well have consequences for mental health.
- *Living in an environment with no community networks.* Refugee camps are often sad places, with overcrowding and poor sanitation. People from different communities may find themselves living together.



Most refugees will learn to cope with the stress. They will find ways of seeking support from others and keeping themselves occupied. However, you should be aware that signs of mental disturbance can be expected in some people. The commonest mental illnesses are depression and post-traumatic stress disorder (☛ section 7.1). Typically, the person may complain of sleep difficulties, nightmares, feeling scared, tiredness, losing interest in daily activities and feeling suicidal. Less often, some people may become very disturbed, talking irrationally and behaving in an odd manner. These people may need to be cared for in a medical facility.

9.4.3 Children involved in war

The stress of conflict can be a cause of great stress to a child. Children are often the worst victims of war, not only because they may lose their parents and families but also because they may be used as agents of war. Child soldiers may not only face severe physical injuries and death, but also perpetrate violence on others. Such experiences may make them violent persons when they grow up.

When exposed to violence, some children become withdrawn, complain of nightmares, headaches and other body aches, and behave as if they are much younger than they actually are (☛ section 8.4).



9.4.4 Mental health promotion in a refugee camp

A health worker could do much to promote mental health in a refugee camp.

- *Hand over responsibilities.* One of the most disturbing experiences of being a refugee is the sense of helplessness. From being responsible and able to make decisions in response to their needs, refugees find themselves entirely dependent on relief workers and that their circumstances are beyond their control. Handing back responsibilities means assigning specific tasks to individuals. Identify the strengths of each individual and then assign appropriate tasks.
- *Organise group activities.* Refugees can work in a variety of group activities such as helping to prepare food and caring for sick people. Support groups can help identify and solve common problems (☛ section 10.1). Children should be given an opportunity to restore some semblance of normal life by going to classes and playing in groups.
- *Counsel the individual.* Some refugees may need specific help, for example a woman who has lost all her children or was violently raped. Counselling means listening to people's experiences, meeting them regularly, providing simple practical help and advice, and problem-solving (☛ section 3.2.5).
- *Provide medicines.* Sometimes a person may be found to be very depressed. Using antidepressant medicines may be helpful in these situations. At other times, a person may be behaving in a disturbed manner. Appropriate use of sleeping medicines or tranquillisers for short periods may help in calming the person (☛ Chapter 11).

9.5 Disasters

Disasters are events where groups of people are affected by a life-threatening situation. Disasters can be man-made, such as building collapses and war, or natural, such as earthquakes and landslides. The impact of disasters is greatest on communities in developing countries because

they generally have few reserves and resources to begin with. Also, many developing countries have no planned strategies for dealing with disasters. As a result, when disasters occur, the poorest suffer the most.

The most important aspect of disaster relief is to provide for the basic needs of those affected, which include food, drinking water, shelter and emergency medical aid for injuries.



9.5.1 Disasters and mental health

Consider some of these experiences which are associated with disasters:

- your life is threatened;
- close members of your family have suffered serious injury or have died;
- your home has been destroyed (you and your family are homeless);
- your physical health is affected because of lack of drinking water and food.

Such experiences can have a serious effect on mental health. Indeed, many people in disaster situations suffer mental health problems. The most common problems are depression, anxiety and post-traumatic stress disorder. Feelings of hopelessness, fear, suicidal thoughts and loss of interest in life are the early signs of mental distress.

9.5.2 Integrating mental health with disaster relief

Disasters demand a holistic approach to health. In providing for basic needs, the relief worker is also providing an important mental health intervention. Counselling will help victims cope better with their situation. Counselling a disaster victim should include:

- finding out about where other members of the family are – often families are separated as a result of a disaster and putting families together can be an very important task;
- asking about what the person needs – practical help, for example information on how to rebuild a home, may be the most important thing;
- asking about what the person remembers of the events of the disaster – discussing and sharing the traumatic experience can help reduce the sense of isolation and loneliness;
- problem-solving – the person may feel overwhelmed by the scale of problems she is facing, and helping her select the main problems and then work out ways of tackling them (☛ section 3.2.5) can be an important empowering experience;
- providing treatment for mental disorders, such as depression.

Many different agencies come together to work in areas affected by disaster. It is important for you to be aware of the different facilities being offered by them. You may find that there are specific facilities being organised for mental health care. If this is the case, then you may consider referring individuals who are very depressed or suicidal to them. Finally, remember that working with disaster victims (and victims of violence and war) can itself be stressful; look after your own mental health as well (☛ section 9.11).



9.6 Adolescent health

9.6.1 Growing up should be fun

Adolescence is a special period in anyone's life. It is that period when children begin to feel grown up, and when they begin to see themselves as unique and special individuals. They want to have friends. They need to study because they will face important examinations. In particular, adolescence is that exciting period when people first begin to feel sexually attracted to others. Adolescence begins around the age of 11 or 12 and continues until about 19 or 20 years.

Adolescent health has become an important issue. If we can ensure good health for our young people, then the future of our communities is secure. Because so much is happening to the bodies and lives of young people, it is also the time when there is a greater chance of stress and difficulties. An important reason for our concern for the health of young people is their emerging sexual maturity. Promoting sexual knowledge and common sense among young people is an important way of preventing HIV/AIDS and other sexually transmitted diseases.



9.6.2 Mental health issues

There are three important mental health issues that are associated with growing up:

- *Becoming depressed.* Common reasons for depression include fights within the family, difficulties with studies, and problems in relationships with friends (☛ section 8.7).
- *Abusing drugs and alcohol.* Many young people try smoking, drinking alcohol and taking drugs such as cannabis (hashish, marijuana). The danger is that what may have begun as an experiment can turn into a habit (☛ section 10.5).
- *Developing schizophrenia.* This is much less common than the first two problems. However, it is important to keep in mind because schizophrenia, a severe mental disorder, often begins in adolescence, especially in boys. If parents tell you that their son has gradually become more withdrawn from his friends and family, behaves in an odd manner and says odd things, think of schizophrenia.

Depression



Drug abuse



Schizophrenia



The main mental health problems faced by adolescents

9.6.3 Integrating mental health with education

In many schools, sex education is now provided to teach adolescents how to make sensible decisions about their sexual behaviour. Such programmes will benefit from the inclusion of a mental health component. The issues that need to be covered in such an intervention are:

- *Thinking positively.* Self-esteem means how much a person values herself. If she feels good about herself, her self-esteem is high. If she is miserable and unhappy, her self-esteem will be low. When she feels good about herself, she will accept challenges, have self-confidence and enjoy friendships. The key to promoting self-esteem is to help people learn to accept themselves by identifying their strengths and weaknesses. Adolescents need to understand the importance of setting realistic goals, of learning to trust and develop close friendships with peers, and of taking pride in their achievements, however small. A common reason for low self-esteem in adolescents is their perception of their physical appearance. This is because a particular kind of appearance is marketed as being beautiful by the fashion industry. Counter this prejudice by highlighting the role of the complete individual, by focusing on personalities who have contributed to society in ways other than their physical appearance alone.
- *Learning to say no.* This message is an important part of sexual health promotion, but it applies just as well to helping young people learn how to deal with the desire to use tobacco, alcohol or drugs (☛ section 10.5).
- *Talking to friends.* Sharing is the best way of dealing with stress. Sometimes not having any friends to talk to is a problem in itself. This is best dealt with in individual counselling, where problem-solving (☛ section 3.2.5) is used to identify ways to make new friendships.
- *Planning ahead.* Planning ahead, especially in the crucial years of school, ensures that studying for examinations does not cause stress. Using timetables is a simple way of planning ahead.

9.6.4 The provision of school-based counselling

School-based counselling is a way of providing guidance to adolescents on matters that concern them. The specific issues you may need to cover will vary from one adolescent to another. The following are some general principles that you can follow:

- *Listen.* Allow time to listen to the young person's worries and problems.
- *Ask.* Ask specifically about mood and suicidal feelings, and about the use of alcohol or drugs.
- *Problem-solving.* Remember that most mental problems in adolescents are linked to real problems they are facing.
- *Involve the family.* Teach parents and adolescents about the need to talk to one another, to be flexible in what is expected from each other and to be able to negotiate and compromise. These are especially important in resolving family conflict (☛ section 8.5 for an example of a behaviour contract).
- *Offer practical help.* If you discover, for example, that the key problem is that the young person is having difficulties with mathematics or that he is being bullied, then you may offer to take this issue up with the school authorities.
- *Peer groups.* Groups of adolescents can meet regularly and discuss shared concerns, such as studies, stress, friendships and so on (☛ section 10.1).



9.7 Homeless people and street children

In many cities, men, women and children sleep on the streets and have no shelter. The main reason for people being homeless is poverty. Poor people, in search of jobs and a better future, leave their rural homes and migrate to cities. Here they are lost in a strange world full of people, busy roads and expensive housing. The only jobs they can find are as unskilled labourers. There are limited opportunities to find a safe shelter.



9.7.1 Homelessness and mental health

Homelessness can be an extremely unhappy experience. Typical stressors associated with homelessness include lack of security, no protection from bad weather and poor nutrition. When homelessness occurs in the midst of great wealth, as in many cities, anger and resentment can arise. As a result, the homeless can suffer mental health problems. Especially important mental health problems are depression and drug abuse (alcohol, tobacco, sniffing glue).

Mental health problems can often be the cause of homelessness. The most important cause in adults is a severe mental disorder. People with schizophrenia, in particular, may be discharged from hospital without any planning, or may be abandoned by their families. The stress of being homeless is much worse since their ability to deal with everyday problems is already much reduced because of the illness. These people may end up in prison because they are found wandering in a manner that the police find threatening.

Provision for their basic needs, in particular food and shelter, will undoubtedly have a positive effect on the mental health of homeless people. You should look out for alcohol abuse and severe mental disorders; providing treatment for these can produce dramatic improvements in the person's sense of well-being. Individual counselling can help, especially if you have built up a trusting relationship with the homeless persons. This involves regularly visiting the places where they spend time and providing sensitive care for their health concerns. The key to counselling is problem-solving (see section 3.2.5); finding solutions to problems such as lack of secure employment, poor physical health and lack of shelter will help improve mental health.

9.7.2 Street children

Children live on the streets of cities mainly because of the poverty in their own homes. Violence and abuse also lead children to run away from home. However, street life can be cruel. Street children have to work, often in dangerous conditions, as labourers, servants and sex workers. They may become members of criminal gangs and end up in prison.

Street children suffer from a variety of physical health problems, such as skin infections and diarrhoea, caused by poor hygiene and malnutrition. These often go untreated because there is no one to take the children to a health centre. Children living on the streets miss out on the two most important parts of childhood: growing up in a safe and loving family environment, and being able to go to school and get an education.

Street children are more vulnerable to mental health problems because of the stresses they faced that led them to leave their own home, and because of the stresses they face living on the streets. Street children often come from homes where they may not have had adequate food or attention to their emotional development.



They may have faced neglect and abuse (☛ section 8.4). Unhappy experiences in childhood may have an effect on mental health later in life. Some children may become loners and isolated, engaging in antisocial activities. Others become unhappy, miserable and suicidal.

The most important way to help street children is to give them what all children need for healthy emotional development: love and attention. This is best done by providing an educational opportunity. Informal schools can provide children with an hour or two a day of rediscovering their lost childhood. Street children who are abusing drugs need special help. There are some special issues when working with street children that you must be aware of. Some children may resent attention and reject offers of help. They may be suspicious of adults who take advantage of them.



Provide whatever help the child needs and concentrate on building a trusting relationship. The opposite problem may also occur: some street children become so attached to you that they relate to you as if you were a parent. You should not encourage an unhealthy dependency.

Any relationship with a child that begins to acquire a sexual character must be avoided. The best way of dealing with this is to be sensitive to any feelings of sexual attraction to the child, or to any evidence of sexual approaches in the child's behaviour. You should explain to the child that there is a need to reduce the close relationship because of the risk of sexual involvement. You could entrust the care of the child to another colleague but must try to do so in a way that does not make the child feel betrayed. Remember that the child may already have been abused and neglected in the past.

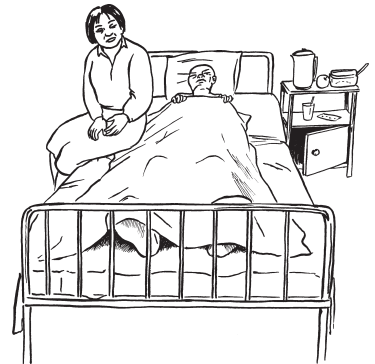
9.8 HIV/AIDS

AIDS is a disease that is caused by HIV, the human immunodeficiency virus, which destroys those cells in the blood that are responsible for protecting the body from infections and cancers. Because we do not have any curative treatments for AIDS at present, it is a disease that will eventually kill most of its sufferers. The disease can take many years to run its course. In some parts of the world AIDS has become the most important cause of death. The epidemic of AIDS is worst in developing countries, where people with the disease die much faster because they have much less access to the care and medicines needed to maintain their health.

9.8.1 *Why should mental health be affected?*

AIDS can affect mental health in many ways.

- *Pain.* Many diseases associated with AIDS cause severe pain. Pain, in turn, can make a person miserable.
- *Disability.* People who feel so weak and tired that they are unable to function at work or at home can feel helpless and angry.
- *Fear of dying.* The person may be scared of death. She may be worried for the future of her family, particularly her spouse, who may also be infected.
- *Expense.* The medicines for HIV infection are very expensive; most families cannot afford them and those that can must bear considerable financial hardship.



- *Resentment of others in the family.* People who cannot contribute to the family and, instead, need constant help and support may be seen as a burden. The spouse may be angry that the person has been sexually unfaithful and brought the disease on himself and exposed her to the disease too.
- *Stigma and discrimination.* There is much misunderstanding of HIV infection and discrimination against those infected.
- *Direct involvement of the brain.* The brain can be affected by HIV or other diseases such as dementia. This can lead to seizures and severe mental disorders.

9.8.2 Integrating mental health with health care for those who are HIV positive

Mental health can be affected at two different times: when people are first faced with the news that they have AIDS; and later, when the reality and implications of suffering and dying begin to sink in.

In the first instance, many people will react with shock and disbelief. Thoughts such as “It can’t be true” may come to mind. People may feel sad and angry. They may go into a depression some weeks after diagnosis. This early reaction to finding out about the sickness can be reduced by a sensitive way of sharing the information. During later stages of the disease, counselling must be combined with other steps that may help promote the person’s mental health, for example:

- providing good pain relief;
- providing treatment for infections or other physical health problems;
- giving practical hints to improve mobility and function in the home;
- supporting and counselling the family and carers (☛ section 9.10);



Box 9.2. Caring for the terminally ill

People who are suffering from a terminal illness such as cancer or AIDS can suffer mental health problems for many reasons, such as pain, fear of dying and sadness at leaving behind loved ones. You can help promote mental health by:

- establishing a good relationship with the person by visiting regularly;
- talking about what dying means to the person (what are her worries and how can they be best tackled now?);
- involving the family, especially close relatives, in sharing concerns (family disputes that may have not been resolved for a long time could be tackled);
- advising the person to close unfinished business, such as financial or legal matters;
- ensuring that the person understands the nature of the illness and is getting the best possible treatment available, especially for pain relief;
- giving antidepressants or other medicines if there is depression or another mental illness;
- with children, trying to get the family to meet a wish that the child has;
- caring for the carer (see section 9.10).

- ensuring that good and affordable health care is available.

Some people who are HIV positive may need drug treatments for a mental disorder. Depression is not a natural result of AIDS, although it can make the suffering much worse. Treating it with antidepressants can give relief and help the person cope better with the sickness (☛ Chapter 11).

Psychoses in people with AIDS are often the result of an infection in the brain. Treating the symptoms of the psychosis with a major tranquilliser (☛ section 4.3) should be combined with treating the infection. Ideally, these problems should be treated in a specialised clinic.

9.9 The health of the elderly

In most countries, as physical health improves, people are living longer. In some countries, the average number of years that a person may expect to live is now well over 60. It means a longer life to share, learn, experience and contribute. However, it is also true that, as people grow older, so too do their bodies and minds become more vulnerable to certain health problems. Social life changes. People retire from regular work and earn less than they used to. Their daily routine changes. Their children become adults and may leave the home and start their own family. For most elderly people old age is a positive and rewarding period. It is a period in which to enjoy grandchildren. It is a time to read books or do things that could not be done during working years. It is a period to spend time with friends.



9.9.1 The mental health problems faced by the elderly

In some situations, however, the elderly can suffer mental illnesses. There are many reasons for these problems.

- *Loneliness.* In many places, joint family systems are giving way to smaller families. More and more elderly people are living alone with little support from their children. Loneliness is an especial difficulty when an elderly person loses a spouse (☛ section 7.4).
- *Physical health.* Some elderly people develop physical health problems that cause disability. Examples include arthritis, and heart and lung diseases. These problems limit what the person can do and make him increasingly dependent on others.
- *Brain diseases.* Some types of brain disease, especially dementia (☛ section 4.7) and stroke, are commoner in elderly people. By affecting the brain, they can lead to mental illness.
- *Financial difficulties.* Elderly people generally do not work. They are therefore reliant on pensions and savings, which, in a world of rising costs, may be inadequate.

All the types of mental health problems that are seen in younger adults can also occur in the elderly. However, there are three types of problem that you should be especially aware of.

- Depression is, by far, the commonest mental illness in older people (☛ section 4.4).
- Dementia, which is a brain disease, typically begins with memory problems. However, it is most commonly noticed when behaviour problems begin (☛ section 4.7).
- Delirium or confusion usually occurs as a result of medical problems or medicines (☛ section 4.2).

9.9.2 Caring for the elderly

Most elderly people live healthy lives and are mentally able. If an elderly person appears withdrawn or has memory problems, always make sure she is not depressed or suffering from dementia. Keeping regular contact with elderly people provides an excellent opportunity to support them and to detect mental problems early on. Remember when giving any medicine to an elderly person that they need about half the dose that you would prescribe to a younger adult. Too much medicine may cause confusion (☛ section 4.2). Update the resources section of the manual (☛ Chapter 12) to record old age homes and other services geared for the elderly. These can be valuable when you need to provide an elderly person with shelter or to reduce the impact of loneliness.



9.10 Caring for carers

This section is about the mental health needs of people who care for others with chronic or terminal illnesses. Most carers are women: wives, daughters, mothers, daughters-in-law. Caring is associated with stresses that can affect health. Yet carers' health problems often go unnoticed because of the presence of a sick person in the home.

9.10.1 The stresses of caring

Caring for a sick person can have a variety of consequences for carers.

- *Physical burden.* When the sick person is unable to look after basic needs, such as toileting and feeding, caring requires much physical exertion.
- *Emotional burden.* Seeing a loved one suffer is not be easy for any carer, especially when the illness begins to get worse.
- *The difficulty of dealing with symptoms of mental disorders.* Caring for a mentally ill person poses special challenges. Three types of symptoms are especially distressing. Aggressive and agitated behaviour can be seen in psychoses and dementias. The sick person may hit out or abuse the carer, who is only trying to help her with daily activities. Memory loss in dementia is another painful symptom for carers; it can be very distressing when the spouse you have lived with for 40 years no longer recognises you. The third symptom is suicide attempts or threats.
- *Sickness in the carer.* Carers can themselves suffer from health problems. In AIDS the spouse who is caring for the sick person may also be HIV positive. Many sick people are of older age and so are their carers.
- *Expense.* As a sickness gets chronic, expenses rise. Money for other household things, such as food, may become less.
- *Loss of other activities.* Carers may have to push aside their own interests and perhaps give up work.
- *Loss of social contact.* When someone is sick, the home environment changes so that visitors may stop coming for social visits.
- *Grief.* This will follow when the person who has been sick dies.

9.10.2 *The mental health of carers*

Carers can experience all types of distressing emotions:

- anger at the sick person for having made life difficult;
- guilt because of negative thoughts about the sick person;
- sadness to see a loved one suffer;
- fear of catching the disease from the sick person;
- hopelessness about the future for the sick person and themselves;
- frustration at finding that, no matter what they do, the sickness remains.

These emotions are common in all carers, especially during the earlier days of caring. However, most carers cope admirably well in the long term. Love for the sick person, receiving practical help from others, talking about feelings with friends and family, and finding time to enjoy personal pleasures are some of the ways in which carers cope. Some, however, do not cope as well. Their negative feelings can get worse with time and the carer may begin to feel depressed and anxious (☛ section 4.4).

9.10.3 *Promoting the mental health of carers*

The first step is to recognise a carer who is at risk of suffering mental health problems and may benefit from your support. Carers who are elderly, isolated and or suffering from physical health problems themselves are more likely to suffer from the stresses of caring. You must act to promote mental health before the carer becomes depressed. Whenever you visit the sick person, take a few minutes to talk to the carer about her own health. Do this in private, away from the sick person. Most carers would not be frank about their negative feelings in front of the person they are caring for. Keeping in regular touch with the sick person and the carer is the best way of promoting their mental health.

9.10.4 *Helping a carer in distress*

Helping a carer in distress requires patience and empathy, that is, the ability to put yourself in the carer's situation and imagine what it must feel like.

- Listen to the carer's experiences. Many carers will display an outward picture of strength, even when they are feeling sad. Always ask about feelings of sadness.
- Counsel for grief. Often, the carer is faced with the imminent death of the sick person. Preparing carers for death and counselling them for grief (☛ section 7.4) is an important task.
- Treat depression using both antidepressants (☛ Chapter 11) and problem-solving techniques (☛ section 3.2).
- Provide information on support groups (☛ section 10.1) and help put the carer in touch with other carers.
- Involve other members of the family. Speak to them and share your concerns about the stress on the carer. Suggest ways in which caring could be shared.



- Practical advice can be of great help. Carers often struggle with the tasks of feeding, bathing and toileting the sick person, and other daily activities. Simple hints and suggestions on how this could be made easier will make life a lot easier for the carer (➡ section 4.7).

9.11 The mental health of health workers

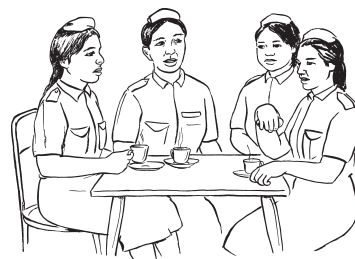
Just as health workers can suffer colds and infections, they may also suffer mental health problems. There are many reasons for this. One, of course, is that health workers are human beings themselves, with worries and concerns like any other person. In addition, while spending most of their time caring for other people, health workers may ignore their own problems or feelings.

The kind of work which a health worker does or the setting in which she works may pose special stresses. These are some examples of such situations:

- when the health worker is also a victim, for example, in a disaster or war situation – despite being a victim, the health worker may be required to ignore her own needs in order to counsel other people who have been affected;
- when the health worker is faced with very sick patients, for example those working in terminal care, or where many people are sick (for example, because of HIV/AIDS) – each time a person dies, the health worker may feel sadness;
- when the health worker faces a traumatic history – health workers who deal with the victims, or the perpetrators, of violence (such as in prisons, or working with rape victims) can develop strong emotional reactions to their clients.

If your mental health is not good, then this will not only affect your own well-being but also your ability to work properly. Therefore, it is important for you to be aware of your own mental health and seek help from someone else if you are concerned. Sometimes you may feel that admitting to feeling under stress at work is a sign of weakness or lack of commitment to work. This is not true.

If a health worker approaches you for help, it is extremely important to observe the rules of confidentiality, just as you should with anyone else.

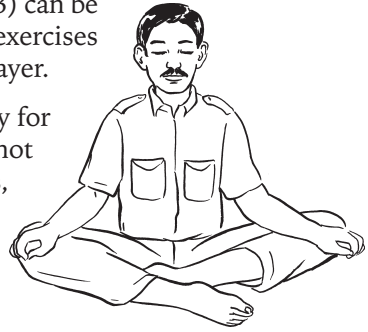


9.11.1 Looking after yourself

It is useful to plan how you might look after yourself when working in a situation that is known to be stressful. This can be seen as a kind of immunisation to prevent mental health problems later on. The kinds of activities you may do to look after your mental health can be practised by any health worker.

- *Relaxation and meditation.* Relaxation exercises (☛ section 3.2.3) can be very helpful in dealing with stress when practised daily. These exercises are very similar to meditation techniques such as yoga and prayer.

- *Creative and fun activities.* Always set aside some time each day for activities that you find interesting or fun, but which are not related to work. Spending ‘fun’ time with the family or friends, reading a book, gardening, sewing or taking a walk are examples of simple activities you might enjoy. Creative activities may include writing a poem or story or doing a drawing.



- *Improving your surroundings.* If your work surroundings are dirty, this is bound to have an effect on your mental health. Tidying up, fixing broken windows or chairs, putting colourful drawings or posters on the walls, trying to cut down on noise and allowing as much natural light into the rooms as possible can help improve your work environment, and your mental health. This is best achieved by working together with all the other people who share your work setting.
- *Sharing and socialising.* There is no substitute for sharing and talking to others to improve your mental health. Take time to talk to your spouse or friend about your day at work. Listen to your colleagues’ experiences so you might support them in their difficult moments, and learn from them.
- *Forming a support group.* This is a very useful way of helping yourself and your colleagues. A support group consists of people who share something in common, in this case the fact that they are all health workers. The group should meet regularly to discuss shared concerns and problems (☛ section 10.1 for details on support groups).

9.11.2 When to seek professional help

There are two situations in which it would be essential for you to seek professional help.

- *Suicidal feelings.* We all experience feelings of hopelessness or wishing to end our lives at some time. It is very helpful to talk about these feelings, however embarrassing they may seem, with someone you trust. If you find that you are making plans on how to end your life or that the suicidal feelings are present all the time, then you should seek professional help from another health worker.
- *Problems with drink or drugs.* Health workers are at higher risk of developing dependence problems, especially with sleeping pills (☛ section 6.3), because they have easy access to them. If you find yourself concerned that you are abusing drugs or alcohol, or close relatives or friends express concern to you about your habit, you should seek professional help.

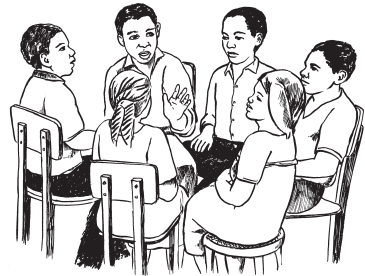
Seek help from someone who is senior to you and whom you feel comfortable with sharing personal health problems.

Mental health promotion and advocacy

10.1 Support groups for mental health

Support groups are groups of people who meet regularly to share and discuss issues of common interest. Members of a support group share some characteristic with each other. Two types of support group are relevant to mental health:

- groups of people suffering from the same type of mental health problem, the best example of which is Alcoholics Anonymous, where people with drinking problems meet regularly;
- groups consisting of people who care for those who suffer from a particular type of mental health problem – examples include groups of family members caring for people with dementia, severe mental disorders and mental retardation.



10.1.1 How do support groups work?

Support groups provide an opportunity for participants to share their feelings, problems, ideas and information with others who have a similar experience. Box 10.1 answers some common questions about them. The groups work by providing:

- practical hints – for example, a mother of a mentally retarded child sharing how she manages her child's temper tantrums, or a person with a drinking problem sharing how he resists the urge to drink whenever he passes by the local bar;
- information – for example, a brother of a person with schizophrenia sharing some news he has read about new medical treatments for the illness, or the daughter of someone with dementia sharing information about a new day-care home for elderly people;
- an opportunity to help each other – for example, when two parents of people with severely retarded children decide to babysit each other's children for a day each week, to allow both parents a day to get on with other chores, or when two people with schizophrenia who feel lonely decide to get together and go to the cinema;
- the sense that "I am not alone" in my suffering;
- a space to share sensitive and distressing feelings about the mental illness in a group of people who can understand the reasons for such feelings.

Ultimately, a support group works by providing mutual support. This means each member of the group is both being supported by others and providing support to others. This is an empowering feeling, quite unlike that of being a patient in a medical clinic.

Box 10.1. Some common questions about support groups*How many members can take part?*

There is no perfect number. Most groups start off very small. If the group gets too large, then it is obviously helping many people. Smaller groups can then be worked out based on factors such as area of residence or age of the participants.

Where should the group meet?

Anywhere convenient with enough space and privacy. Ideally, the meeting place should be the same each time. Some groups may move around by taking place in the homes of different members on different occasions.

How often should the group meet?

The group itself should decide on how frequently it will meet. To make it easy to remember, it helps to have a specific way of remembering the day of the meeting, such as the first Saturday of every month.

How much will it cost?

It should not cost anything to be a member of a support group. The only expenses may be those required to host the group (for example, tea and biscuits) and these can be contributed by all members.

How long will the group last?

As long as its members feel that it should go on. Successful groups have no time limit. For example, Alcoholics Anonymous groups run for an indefinite period of time. Participants may change over time; some may stop attending, while new members may join.

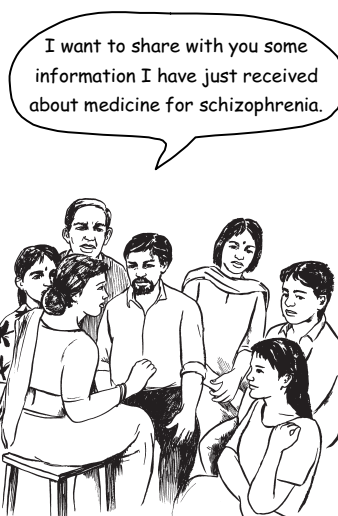
10.1.2 Setting up a support group

Support groups are not easy to get going. They need, first and foremost, a group of people who are interested and committed to the idea. Not everyone is interested in support groups. Some people are not comfortable sharing personal feelings. They may not see the point of regularly meeting others with a similar problem. You can play three important roles in helping set up support groups in your community.

- Put people who share a common problem in touch with one another. Many families facing a mental health problem are embarrassed and keep it quiet from others. You may know of a number of families in the community with, say, a mentally retarded child. You could introduce one family to another and thus help in setting up an informal, small support group. It is important that you discuss this with each family before informing any outsider about their problem. Another way of bringing people together is putting up information on the proposed group in a public place, for example a poster in the health centre. You can fix a meeting and simply tell all the people who may be eligible to participate in the group to attend that meeting to find out more about the group.
- Help provide a space for meetings. Ideally, support groups should meet in the homes of the members. However, this may not always be possible. In these situations, you may be able to offer a room in the clinic during hours when it is not too busy. Members could then meet in a safe place and combine their participation in the support group with a consultation with you if they so wished.
- Facilitate the group. The idea of self-help groups is not familiar to many people. You can play a guiding role in helping getting a group going by participating in the first few meetings.

10.1.3 *The first meeting*

The first meeting is an important time to set the agenda for the group. What sorts of activities will the group get involved in? How often would it meet? (☛ Box 10.1.) The next important issue is selecting a group leader who can encourage participation by other members. Often the person who took the lead role in helping set up the group becomes the group leader. You could sometimes play the role of group leader for the first few meetings. Once members are comfortable in running the group themselves, one of the members can be selected by the group to be the leader. The leadership position may change with time.



10.1.4 *The role of the group leader*

The group leader can facilitate meetings in the following ways:

- by welcoming all members (and at the first meeting by asking everyone to introduce themselves and to say what they hope will be achieved in the group);
- by sharing information that is relevant to the members of the group;
- by asking members to share their concerns on any relevant issue (members may respond by providing information, sharing their own experiences and expressing support – the discussion between members forms the core activity of the group);
- by summing up at the end, to ensure that the group discussions come to some kind of sensible conclusion (and also at this time getting agreement on the date and time of the next meeting).

10.1.5 *Basic rules of groups*

There are some basic rules in every group:

- What goes on must be kept confidential.
- Everyone should be prepared to listen to others and, when they feel comfortable, to share their own experiences.
- No one should make judgements or criticise others.
- Everyone must respect every other member's situation. What is right for one person does not have to be right for the others.

10.1.6 *Keeping the group going*

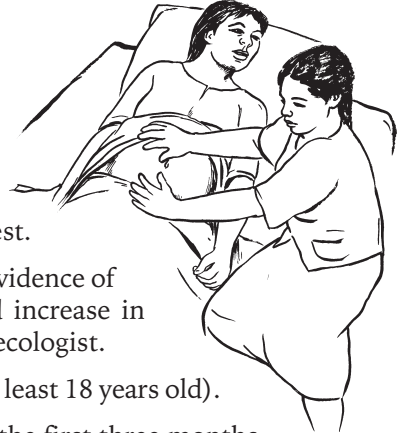
Group members should review, regularly, how the group is getting on. You may attend occasional meetings of the group to provide information and advice on how to keep the group going. Common difficulties that may occur in keeping groups going are an inconvenient meeting place, a lack of time to attend the groups, finding the discussions unhelpful and feeling marginalised in the group. Identifying these difficulties are important if solutions are to help the support group work properly.

10.2 The prevention of mental retardation

Mental retardation (☛ section 8.1) is a condition that will last the lifetime of the affected child. If we can prevent mental retardation, we will have provided the child with better overall health and life opportunities. You can do much to help prevent mental retardation. The single most important preventive steps are to provide good-quality care for mothers, before and during childbirth, and good-quality child health care thereafter.

10.2.1 Before the child is born

The key when the mother is pregnant is to take care of the mother and know when to refer. Taking care of the mother involves the following:



- Try to make sure mothers get enough to eat and sufficient rest.
- Monitor the progress of the pregnancy regularly; if there is evidence of poor growth of the baby (for example, less than expected increase in weight or abdominal size in the mother), refer her to a gynaecologist.
- Advise adolescents to avoid pregnancy (until the woman is at least 18 years old).
- If the mother is seriously ill during pregnancy, especially in the first three months, refer her to a gynaecologist.
- If the mother is over 40 years of age, discuss the risk of mental retardation (which is increased in the babies of older mothers). If the mother is concerned, refer her to a gynaecologist.
- If the mother is drinking alcohol, educate her about the need not to abuse it; heavy drinking during pregnancy can lead to mental retardation in the child.
- Treat high blood pressure or fits in mothers urgently. Refer for specialist care any mother who is semiconscious or confused or has vaginal bleeding.
- Avoid giving pregnant women drugs and X-rays unless absolutely necessary. Also, pregnant women should not work with toxic substances.
- Pregnant women should be advised to avoid carrying heavy loads and accident-prone activities such as walking on slippery ground.
- Immunise mothers against measles and tetanus. Do not let them come into contact with people with German measles, mumps or chickenpox during pregnancy.
- If there is a family history of mental retardation, refer the mother for counselling; some conditions do run in families and can be detected through specialised tests. There is also a higher risk if the parents are related to one another.

10.2.2 At the time of childbirth

Childbirth is a crucial time at which to prevent brain damage, which can lead to mental retardation. These are some of the strategies that can ensure a safe childbirth:

- Avoid prematurity. If the mother starts showing signs of labour too early, advise bed rest and refer to a specialist.

- Provide good maternal care. Among the commonest reasons for mental retardation are prolonged labour and too rapid labour, for example by asking the woman to push too early (☛ WTIND and WWHND).
- Only skilled people should conduct deliveries.
- Be familiar with all the emergency measures of childbirth. Learn what to do if the baby is born blue and limp and does not breathe right away, or has the cord wrapped around the neck. If the birth cry is delayed, give oxygen and seek help.
- If it becomes apparent that the baby is in an abnormal position (e.g. breech presentation), refer.



10.2.3 After childbirth

Children who are born healthy will become retarded only if they suffer a serious infection of the brain, or their brain is affected by lack of food or injuries. These can all be prevented.

- Ensure that all babies are breast-fed; in the first four months of life breast-feeding should be exclusive, as this prevents infections and ensures adequate nutrition.
- Ensure proper immunisations for diphtheria, polio, tetanus, tuberculosis, measles and whooping cough.
- Educate the family about nutrition; babies who are not growing properly need immediate attention.
- Ensure early control of any high fever with cold sponging and paracetamol.
- Treat repeated seizures with anticonvulsant medicines. Refer to a child specialist.
- If the child does not grow well and has abnormal physical signs such as puffy eyes or jaundice, or shows breathing or feeding difficulties, refer to a child specialist.
- Advise on parenting issues, such as playing with children, spending quality time with them, not neglecting or abusing them, keeping down family size, and ensuring a safe home to prevent accidental injuries or poisoning.



10.2.4 Early intervention for babies at high risk

A few babies will have conditions that may result in developmental delay, for example prematurity, low birth weight, convulsions, jaundice and meningitis, lack of oxygen at birth and genetic disorders such as Down's syndrome. Early intervention programmes are important for these babies.

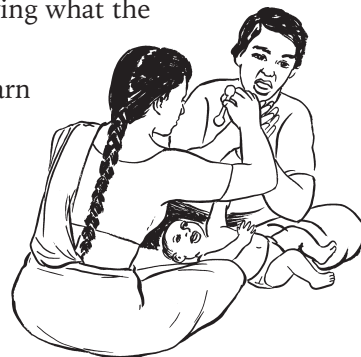
The brain needs activity, exercise and excitement to grow well. A child who is slower in learning to use her body and mind needs extra help. Early intervention programmes work with a baby or child and family to prevent or minimise developmental delays. The aims of early intervention are:

- to improve the development of the child;
- to help the child to function as independently as possible;
- to decrease the effects of handicap as much as possible;

- to give information to the parents about the child's disability and teach them skills to manage the disability;
- to help parents to accept the child's disability and improve family functioning.

These are a few principles for an early intervention programme:

- determine what developmental stage the child is at, by observing what the child can and cannot do;
- decide what are the next steps forward so that the child can learn new target skills in the same order as a normal child;
- divide each skill into small steps;
- choose activities that parents can do to teach the child the skill;
- encourage parents to provide practice through repetition of the play and stimulation activities every day;



Some general guidelines for parents that are vital for making the stimulation programme work are:

- use praise abundantly;
- talk a lot to the child about what you are doing;
- guide the child's movements with your hands, gradually decreasing support as the child is able to complete the activity on his own;
- use a mirror to increase the child's awareness of his body;
- teach by encouraging imitation;
- make learning fun by trying new things;
- involve other children, as they can be the best teachers.

Early intervention can be carried out by parents in the child's home, using locally available toys and aids, during the child's daily activities. The younger the child is when the stimulation programme is started, the greater are the chances of the child achieving her developmental milestones. There are several excellent early intervention programmes readily available (for details, see DVC).

10.3 Mental health promotion in schools

Schools provide many opportunities for children. In addition to education, there are opportunities to learn how to make friends, play sports, participate in group activities and be rewarded for performing well. Most children cope well with school life. However, some struggle from the start, while others who seemed to be doing well start failing in later years. A school mental health programme aims to do two important things:

- to identify and help those children who are having difficulties coping with school life, whether it is studies or social activities in school;
- to ensure that the overall school environment provides a safe and supportive atmosphere for children to learn and grow.

This section deals specifically with school mental health for primary and secondary school years (for adolescents, see section 9.6).

Some health workers provide a regular school health programme. Expanding the scope of such programmes provides the easiest way of promoting school mental health. Working in partnership with teachers is crucial, since most interventions will need to be delivered by the teacher. Also, the teacher is often the first person to notice that a child is having difficulties or might have a problem.

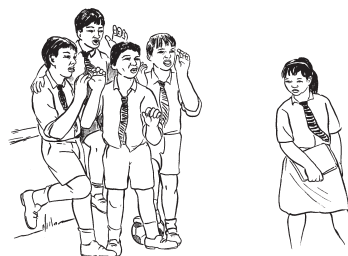
10.3.1 Promoting school mental health

To promote mental health within a school, you should visit regularly, say once a month, on a particular day. The teachers can then refer those children they are concerned about to you for an assessment. Educate children about the need to get their vision and hearing checked if they have any problems. The commonest school problems in these years are to do with classroom behaviour and studies. You can ask the teachers if any children have difficulties and then follow the guidelines described in sections 8.2 and 8.5. Two issues are particularly relevant to the creation of an environment that will promote the mental health of all schoolchildren, bullying and building self-esteem.



Bullying

Bullying is aggression by some students against others. It can range from teasing to physical violence. Often, older students are the main culprits and younger students are the victims. Those who are shy and less likely to fight back are often targeted by bullies. Children who have some type of disability, for example stammering, are also picked on. Children who are bullied may become quiet, lack confidence and have few friends. Some may even try to end their life. A school where bullying is a problem often has other problems too. Tackling bullying will help both individual children and the entire school system. The key strategy in tackling bullying is to encourage the school to have a policy on the issue. Students should be encouraged to share experiences of being bullied and firm action must be taken against those who continue to bully others despite warnings. Any child who is complaining of being bullied must be taken seriously; dismissing them as 'weak' is wrong. Those who bully may also be unhappy students; counsel them before threatening them with stern action.



Building self-esteem

All children can benefit from activities that help build self-esteem (see Box 10.2). Teachers should be encouraged to include activities for building self-esteem into their classroom. You can play an important role by informing teachers of the potential benefits of such activities for child mental health. In turn, these will improve academic performance and reduce behaviour problems and conflicts in the class. These activities can also be used with children who have been abused or who are out of school.

Box 10.2. Building self-esteem in children – ‘Let’s feel better about ourselves’*Building a sense of security*

Children need to feel safe and know what is expected of them. To promote this:

- have clear classroom rules and limits – rules can include the need to raise a hand before speaking in class, to ensure that everyone gets a chance to be heard, and the need to be polite, to ensure that everyone feels welcome and supported in this class;
- discuss the rules and the advantages of having them;
- place the rules prominently in the classroom and follow a predictable routine;
- ensure that there is no bullying in the class.

Building a sense of identity

This means knowing one’s strengths and weaknesses and feeling unique. To build a child’s sense of identity:

- encourage ‘all about me’ activities (collages, pictures and reports) to help children to get to know more about themselves;
- include homework assignments where children need to interact with other family members.

Enhance a sense of belonging

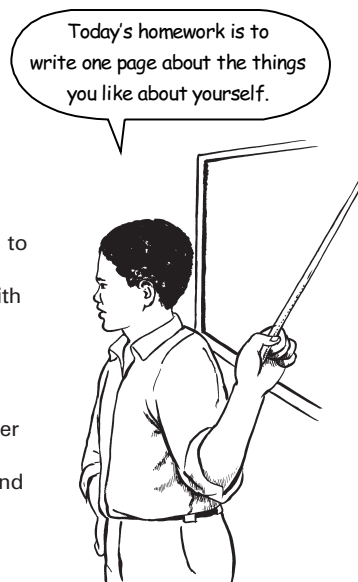
It is important for children to feel they belong to a larger group.

- Allow opportunities for group work, where children help each other to present joint assignments.
- Discuss how to deal with conflict by stating accepted behaviour and limits.
- Help them develop tolerance towards those from different backgrounds.
- Point out their strengths constantly.

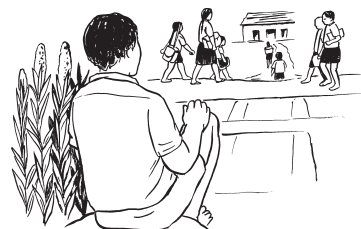
Build children’s sense of purpose

Children need clearly defined goals towards which they are working. To promote this:

- convey reasonable expectations of all children;
- help children set their own daily or weekly targets and monitor progress;
- praise even the smallest progress in achieving these targets;
- display all students’ work prominently;
- praise more effectively and efficiently – try to say exactly what the student is doing that you like, for example “John, you are working quietly and doing your own work”, which is more descriptive than “Good work John”;
- be constructive – suggest what can be done rather than what has not been done.

**10.3.2 When a child drops out of school**

In many places dropping out of school is a major problem. There are, of course, many reasons for children leaving school, such as poverty and poor school facilities. Not completing school could have a negative influence on physical and mental health when the child grows up. Thus, making efforts to keep children in school is a key mental health promotion activity. Tackling school drop-out requires cooperation between school authorities, health workers and social workers based in the community. Ideally, a child surveillance team should be formed which includes these people. A health worker’s role in that team is to identify and



manage any health problems. Reducing school drop-out could involve some of the following activities:

- A warning system should be developed whereby children who drop out are referred to the child surveillance team.
 - The reasons need to be identified for any child dropping out. This could involve home visits to speak to the child and family. Family-based issues that can cause school drop-out include lack of proper parental guidance and lack of interest in a child's education, especially the education of girls. The teacher would provide information on the child's behaviour and learning abilities. Some mental health problems, in particular a learning problem (☛ section 8.2), hyperactivity (☛ section 8.3) and child abuse (☛ section 8.4), can lead to children struggling with studies and leaving school.
 - Interventions should be made to get children back to school. These could include:
 - raising parental awareness about their child's education;
 - improving communication between parents and teachers;
 - providing educational assessments for children with learning problems;
 - liaising with school teachers when punishment, bullying or other school factors are identified as a cause;
 - providing individual counselling to children who have emotional reasons for avoiding school.
 - Follow-up evaluation is required for all children referred to the team. This is essential to ensure that children have returned to school and their problems are being adequately addressed.
- ☛ section 10.5.3 for advice on the prevention of alcohol and tobacco misuse in schools.

10.4 The early identification of mental illness

10.4.1 *Detecting the onset of a new mental illness*

Often there is considerable delay before a person with mental illness is brought to you. There are three important reasons for this:

- Many mental disorders start very slowly. For example, depression and schizophrenia take weeks to develop, so that there is no real sense of a sudden worsening of health.
- Some people feel embarrassed about mental illness and try to keep the person with the illness hidden from others.
- Some families take mentally ill relatives to religious or spiritual healers because they feel the illness is the result of a curse or black magic.

Just as with physical health problems, the earlier you identify and treat mental illnesses, the better the outcome. You must be alert for the early signs of mental illness in everyone who comes to see you. At the same time, you must also educate community leaders about these signs, so that people who may not be consulting you can also be identified.

Opportunities for early identification may arise in a number of situations. For example, when someone sees you in the clinic for any health problem, you could ask, "How are things at home? How are the others at home doing?" Remember that you need to ask since most people will not openly volunteer information because of ignorance or embarrassment.

These are some of the early signs of mental illness:

- unusual or odd behaviour, such as a person talking to herself or laughing for no reason;
- becoming withdrawn, losing interest in daily activities;
- a sudden change in mood, so that the person has become unnaturally cheerful and full of energy or is spending too much money;
- a person claiming to be possessed by evil spirits;
- a person threatening to kill herself;
- a child who is doing poorly in school;
- someone who is using increasing amounts of alcohol.



The provision of telephone hotlines as a way of reaching out to people in distress is becoming popular in some places. These hotlines allow people who are feeling depressed or worried to call a trained counsellor for advice and guidance (► Chapter 12 for recording resources in your area, and also section 2.9.3 on how to assess someone over the telephone).

10.4.2 Relapse prevention

Unfortunately, many people with mental illnesses tend to stop their medicines too early, which often leads to relapse. You must ensure that those who are suffering from mental disorders receive and continue treatment as required. Educate the person, and his family, about the benefits of taking treatment, the time taken for some medicines to act and the possible side-effects and how these can be reduced. If someone with a severe mental disorder fails to come to the clinic for a regular review, a home visit and assessment may help prevent a relapse. If someone is insistent that she does not want any more medicines, frequent visits will help to detect any signs of relapse.

10.5 Preventing alcohol and tobacco abuse

Alcohol and tobacco abuse together account for the most important causes of preventable deaths and disability in the world. It is important to distinguish between alcohol on the one hand, and hard drugs and tobacco on the other. If consumed within limits and with common sense, alcohol does no damage to health; on the other hand, tobacco and hard drugs are dangerous irrespective of the amounts in which they are used. Thus, the prevention of alcohol abuse may focus on strategies to educate people about ‘sensible’ drinking (in a similar way as to sensible sexual behaviour). On the other hand, strategies for combating tobacco or hard drug abuse should focus on complete abstinence. “Just say no” is the slogan of choice for these substances.

10.5.1 Prevention in the clinic

The simplest strategy is to ask everyone two simple questions:

- Do you drink alcohol? If so, have you been concerned about the amount you drink?

- Do you smoke or chew tobacco?

Based on what the person says, educate him about the dangers of abuse and the need to reduce or stop drinking and to completely give up tobacco. There is no better prevention technique than this (for more details, ➡ Chapter 6).

10.5.2 Prevention in the community

It is important that you are familiar with the law in your country regarding alcohol and tobacco. For example, in some countries bars are not allowed to stay open beyond a certain time and children are not allowed to purchase tobacco or alcohol. If you know of potential offenders, you could approach either community leaders or the police to ensure the law is enforced. You could ask bar owners to insist that customers do not drink and drive home, or teach them ways of politely, but firmly, refusing to serve alcohol to someone who is clearly drunk.

Encouraging the formation of self-help groups like Alcoholics Anonymous in the community can help people with a drinking problem. Ensuring that closed areas, such as clinics and schools, are designated “no smoking” reduces both tobacco use and the dangers posed by passive smoking.



Tobacco advertising is banned in many countries

10.5.3 Prevention in schools and colleges

Adolescence is the time when many people first try smoking or drinking. This is the most important time to provide education on how to avoid smoking and prevent drinking problems. These are some messages you can use in schools and colleges:

- It is not ‘cool’ to drink alcohol or smoke cigarettes. Do you think smelling of stale smoke or drink is ‘sexy’?
- Smoking and drinking before the age of 18 (or 21 in some countries) is a crime, just like stealing.
- Advertisements that show beautiful and athletic people smoking and drinking are selling a lie. In fact, those who smoke or drink are much sicker than others and look much worse.
- You can have fun and party without drugs or alcohol. Having a good time means enjoying friendships and activities without the need to take any substances.
- If you know someone who is smoking or drinking, be a friend and suggest to them they should stop.
- You will use up all your money on alcohol or tobacco; imagine what you could do with that money if you stopped.
- Why do you need a drug to be yourself? Stop, and you will really be yourself.



10.6 Promoting the rights of people with a mental illness

Literally, stigma means a physical mark on the body. This is what was done to people with mental illness in some societies, as a way of marking them as being different. Today, people with mental illness are excluded or marked out from society in more subtle ways. It is useful to remember that society has stigmatised many types of illnesses, from leprosy to AIDS. Just as health workers have tried to challenge stigma associated with these illnesses, so too must they strive to challenge discrimination against the mentally ill.

The key to challenging discrimination is to understand why it occurs. Of course, sometimes mentally ill people do behave differently: a depressed person may appear withdrawn, while a psychotic person may be aggressive. However, the main reason for discrimination is ignorance. Not knowing the facts about mental illness makes people fear the mentally ill. Some answers to common questions about mental illness are presented in Box 10.3.

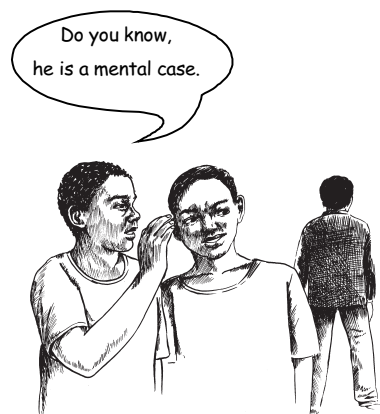
Challenging stigma requires that you are clear in your own mind about the facts. Extending the hand of friendship, support and understanding establishes a role model for others in the community. Never use slang words to describe the mentally ill (such as 'psycho' or 'loony'). Such words are disrespectful and increase discrimination.

You need to combat stigma at several levels of the community, by doing the following:

- Place posters (► Box 10.4) and other information materials in public spaces (such as clinics and schools).
- Sensitise key people in the community, such as village heads, other health workers, police officers, potential employers and community leaders, to mental illness issues.
- Encourage employers to give opportunities to people recovering from mental illness.
- Encourage the police to take into account mental illness by referring someone who is behaving inappropriately for medical care rather than putting him in prison.
- Encourage relatives to permit the mentally ill person to participate in activities like any other member of the family and to ensure that she gets adequate medical care.
- Encourage doctors to take the health complaints of people with mental illness as seriously as they would with any other patient.

10.6.1 Human rights and mental illness

In the past, people with mental illnesses were locked up, chained to walls and treated as if they did not deserve any dignity or compassion. Even though these terrible scenes are rarely seen today, the human rights of mentally ill people continue to be abused in many parts of the world. Many people with a mental



Box 10.3. Some common questions about mental illness: myths and facts



illness continue to be denied their freedom and appropriate health care. Many continue to be locked up, either in prisons or in mental hospitals, where they may be treated in a cruel manner. In particular, they are often denied access to medical care, which is what is most needed during the acute phases of their illness. Many spend years in mental hospitals because their relatives have abandoned them. Some mental hospitals are poorly staffed and are instead run almost as prisons, where the aim is not to treat and rehabilitate the sick but to keep them locked away from society. Cruel practices, such as beating, tying up the person or giving shock therapy without anaesthesia, continue to be practised. The human rights of mentally ill people can also be violated in their own homes.

Identifying human right violations is an important task for health workers. Your aim must be to educate families and those working in mental hospitals (Box 10.4 gives examples of some slogans

Box 10.4. Some slogans for fighting discrimination

Mental illnesses are common.

Anyone can suffer from a mental illness.

Mental illnesses can be treated with medicines, counselling and family support.

Depression is not laziness; it is a treatable illness.

Brain disease and stress are the causes of mental illness.



with which to fight discrimination against people with a mental illness). If efforts to change their behaviour through education fail, you may need to take stronger action by informing non-governmental organisations, the police or lawyers about human rights abuses.

10.7 Relationships in distress

People who have relationships that are affectionate and supportive generally enjoy good mental health. The most important relationships in our lives are the ones we have with our spouses or partners, with our parents and our children, and with our close friends. For most of us, these close relationships provide us with joy and pleasure. When we feel worried, they provide us with support and hope. However, relationships can also become unhappy. When they run into trouble, we can become sad and angry. This is why helping relationships in distress is an important way of promoting mental health. If you can advise people to boil drinking water to avoid diarrhoeal diseases, then, in the same way, resolving problems within relationships can help prevent mental health problems in those affected.



10.7.1 Why relationships break down

Sometimes there is unhappiness in the relationship for a long time. Sometimes a relationship is thrown into crisis suddenly by an event such as the death of a child or the loss of a job. There are many common reasons why relationships run into difficulties.

- *Major life events.* Both happy and unpleasant events can cause relationship difficulties. For example, babies generally bring pleasure and joy to parents and families. However, they can also lead to a mother and father becoming less affectionate towards one another. Babies mean hard work too, and resentment may build up if the mother feels she is not getting enough support. On the other hand, the husband may feel he is not getting enough time with his wife. Unpleasant events, such as losing a job, can place great stress on people, which then causes distress in their relationships with others. The unemployed person's self-esteem is affected, which makes him feel sad and irritable. The partner may resent the fact that she is having to support the entire family.

- *Money problems.* Shortage of money means that many of the things families would like to do may not be possible. Resentment about who spends how much money and who earns the money can lead to conflicts and arguments between family members.
- *Violence.* Violence is difficult to deal with. The most common victims of violence in relationships are wives. Children can also be abused by their parents, and elders by their children. Emotional violence, such as threats and verbal abuses, can hurt a relationship just as much as physical violence. Sexual violence, such as forcing your wife to have sex, can do terrible damage to the relationship (☛ sections 7.2, 7.3).
- *Falling in love with someone else.* Marriage is meant to be a lifelong relationship, but unfortunately this is not always the case. Having a love affair with someone outside the marriage is often the result of an unhappy marital relationship, and usually makes the marital relationship even unhappier.
- *Sexual difficulties.* This is a sensitive and important aspect of marital relationships. Relationships where both partners are sexually satisfied tend to be happy ones. Sexual satisfaction does not mean that the level of sexual activity is high; it simply means that both partners enjoy having sex as often as they do. The problem arises when one partner is less keen on sex than the other, or when one partner finds sex less satisfying. The real difficulty about sexual problems is that sexuality is such a private area that most people feel embarrassed to discuss it with anyone else.
- *Sickness and illnesses.* Sickness, both physical and mental, can affect any relationship, especially when present for a long time. Sickness may mean that the person is not able to work or participate in the activities that make a relationship satisfying. Caring for a sick person can lead to resentment and anger.
- *Alcoholism.* People with a drinking problem can be abusive and violent, especially when drunk. Drinking problems often lead to money problems and sexual difficulties.

10.7.2. How to help rebuild relationships

You can play an important role in helping rebuild relationships. The key is to remember that an unhappy relationship can cause a health problem, or make it worse. Recognising a relationship in distress is the first step to helping rebuild it. In a small community, simply being aware and listening to the community gossip about problems in particular families can give you an idea about who has relationship difficulties. More often, however, you will need to ask about relationships. People who are at risk of facing problems are:

- those with mental health and drinking problems;
- those with unexplained injuries or accidents;
- those with a long-term sickness in their family;
- families who have faced a major life event, such as the loss of a job or arrival of a baby.

There are three steps in helping rebuild relationships:

- understanding the problem;
- establishing ground rules;
- improving communication.

You have health problems because you are unhappy in your marriage. I would like you both to tell me what you think the problems are.



Understanding the problem

Talk to both partners together about their difficulties. If this is not possible, speak to both separately, but make it clear that, if they are interested in stopping the relationship from getting worse, they will need to see you together. Often, a frank discussion about what is bothering each partner can itself lead to suggestions on how to improve the relationship. Simply sharing feelings can be very helpful in rebuilding trust and hope. You may also suggest actions, for example if there is sickness in one partner, or advice on getting a job.

Establishing ground rules

The basic ground rule is that each partner must not abuse or hit the other. Then, they could suggest some other rules they wish their partner to follow. By discussion with you, both partners agree on a set of rules that will govern the way their relationship is to be rebuilt. For example, the wife may suggest that her husband should reduce his drinking so that he drinks only once a week. In return, the husband may say that his wife should not nag him about his friends. These rules are then monitored regularly to see how the couple are progressing. If things are going well, the rules may gradually become part of their daily lives.

Improving communication

This is the key to rebuilding relationships. If people talk about and share problems, they are more likely to trust each other and come up with solutions. Communication can be improved by asking partners to spend some time, say half an hour, each day talking to each other about their day. Here are some simple ways of improving communication between partners:

- speaking about what made them happy and what made them sad that day;
- sharing each other's activities, for example household chores and looking after children, as this can build emotional bonds;
- finding a common and trusted third person to talk to, such as some other family member or friend;
- creating time to enjoy activities that the partners shared during happier times;
- exploring, when you have gained trust, whether there are any sexual problems (☛ section 5.5).

**10.7.3 Knowing when to separate**

Sometimes a relationship is so unhappy that separating may be the best solution. An unhappy relationship can be much worse for the entire family than separation. The kinds of situations where separating is probably best include:

- when violence in the relationship remains a problem or is getting worse;
- when one partner is having another relationship or affair and has no intention of changing this behaviour;
- when both partners want to separate;
- when, despite help, the relationship remains deeply unhappy.

You can help by supporting both people in making the right decisions about how to part (for example, sharing parenting responsibilities for children) and the need to avoid costly, and unpleasant, legal fights. After the separation, you could play a role in counselling the couple, or more particularly the person who has been left alone, in coming to terms with their new life and instilling hope for a happier future.

10.8 Poverty and mental health

Poverty is linked to poor mental health. This should not be surprising, since there are many stresses associated with being poor. Some of the factors that may lead to mental illness in a person living in deprived circumstances are:

- *Urban migration and disintegration of rural communities.* People who have migrated to urban areas often live in slums, with few social networks. For those left behind, usually women, children and the elderly, the loss of a productive member of the household may lead to loneliness.
- *Material stressors.* The poor have fewer material resources and are more likely to suffer the physical hardships associated with poverty. Thus, access to clean water, food and banking credit are restricted.
- *Squalid and unhygienic living conditions.* Living in such environments leads to stress and unhappiness.
- *Lack of education and employment opportunities.* The poor have less access to affordable, quality education and, subsequently, to employment. The lack of education limits the ability of the person to find a way out of poverty, which leads to a loss of hope and despair for the future.
- *Inadequate access to good health care.* The poor have less access to appropriate health care. Thus, poor people with mental illness are less likely to receive the right treatment.
- *Higher burden of physical ill health.* The poor suffer a greater burden of physical disease. Mental illness occurs more often in those who suffer a physical disease.

Mental illness, in turn, can worsen a person's economic circumstances in a number of ways:

- Mental disorders affect the ability of a person to function at work (as well as at home).
- Owing to the inappropriate treatment of mental disorders, many people seek multiple sources of health care and, consequently, spend more money on their health.
- Increased expenditure on sustaining a habit such as alcohol or drug dependence can impoverish addicts and their families.
- The stigma associated with mental illness limits opportunities for employment.
- Some mental disorders, such as substance misuse, learning disabilities and schizophrenia, affect the ability of the person to complete their education and, therefore, limit the economic opportunities available in the future.

Thus, people living in poverty are more likely to suffer mental illness, and mental illness is more likely to worsen poverty. Across the world, especially in poor countries, globalisation and economic reform are leading to enormous changes in daily life. These policies are influencing the



health prospects of every citizen in a number of different ways. The cost of health care is getting higher as government subsidies are withdrawn. User fees mean that public health care is no longer free and private health care is getting more expensive all the time. Medicines are getting more expensive. New international laws that govern the way medicines are manufactured and sold in the world will mean a rise in the cost of most new medicines. But perhaps the greatest risk posed by economic reforms to health is that it is worsening inequalities within every community. The richest few in every society are getting much richer, while the poor majority get poorer. This inequality poses a grave challenge for the future harmony of our societies and the health of the millions who belong to the less well-off sections.

10.8.1 Mental health promotion among the poor

When faced with the problems of poverty, people may tend to think of mental health issues as being irrelevant. Some people assume that depression and other mental health problems are the result of 'materialism' and 'excess', and that mental health problems are either a luxury for the poor or are the natural result of their poverty. These beliefs are wrong. Mental illnesses are not only more common in the poor, but they also have a greater impact on their health and ability to work. Mental health problems are not the natural result of poverty; the fact is that most poor people cope and stay in good mental health. Thus, mental health problems must be seen as illnesses associated with poverty. In much the same way as you would give antibiotics for the treatment of tuberculosis, a disease associated with poverty, you should be able to provide treatment for depression and other mental health problems associated with poverty.

Promoting mental health among the poor focuses on these initiatives:

- *The provision of basic services in the community.* Individuals who live in a community that is clean are more likely to be in better health. If, for example, you were playing an active role in improving sanitation in the community to reduce diarrhoeal diseases, this action would also help promote mental health.
- *Promoting community networks and harmony.* You may be especially well placed to provide social networks at an individual level. For example, you may know of an elderly person who is living alone and is very unhappy. Nearby is a family comprising a single mother and two young children; she is finding it hard to cope with work and care for the children. You could suggest to these different people the possibility of supporting each other. For example, the elderly person may mind the children in the day, and the single mother may provide friendship and shared meals.
- *Reduce levels of violence.* Crime and violence are more common when there is greater inequality or when a community is divided along religious or ethnic lines. In such situations you should collaborate closely with other community leaders and opinion makers on the need to build social harmony. This may involve:
 - boycotting all forms of political action that divides people into groups;
 - advocating equal treatment of all members of the community with the police, health and legal systems;
 - identifying those politicians who are committed to a reduction in violence as the favoured candidates in local elections;
 - sensitising police to dealing with complaints of violence in families.
- *Improving economic opportunities for the community.* You may not have much scope to influence the provision of new jobs or economic opportunities directly. However, keeping yourself well informed of welfare and employment schemes or programmes will allow you to provide that information to those who might need it. For example, debt may be tackled by providing access to small-scale loans through micro-credit schemes. You could encourage the local councillors

or women's groups to set up similar schemes. Your position as a health worker means that your suggestions may be taken seriously.

- *Providing effective care in the health centre.* Be competent in detecting and treating common mental health problems. Never dismiss these as the natural consequence of poverty. Instead, treating mental illness will not only make people feel better, but will also provide them with the necessary strengths in thinking and feeling to come up with solutions for their problems.

10.9 Gender and mental health

Gender inequality is a term used to describe the different way in which men's and women's position, roles, rights and powers in a community are practised. In other sections of this manual, you will have read about some of the more serious consequences of the weaker position of women in our society, such as the fact that they may be victims of domestic violence and rape. These are examples of how gender inequality influences the personal relationship between a man and a woman. This chapter considers the influence of gender inequality on the way society and the health system interact with mental health issues in women.

10.9.1 Gender inequality and mental health

There are three issues to consider when we think about women and mental health.

- *Are women more likely to suffer mental health problems?* This depends on the kind of mental illness. Women are more likely to suffer depression and anxiety. However, severe mental disorders are equally common in both sexes, and dependence problems, such as alcohol abuse, are much commoner in men.
- *Why do women suffer mental health problems?* Stresses in life are known to make a person more likely to become depressed. Gender inequality leads to considerable stresses on women's lives. Thus, a woman may work as hard as a man, but her work is likely to be less rewarded financially. She may not be entitled to 'relaxation' time or time for herself because her work is not valued. Also, at home she may face pressure to produce children.
- *What happens to women who suffer mental health problems?* Women with any health problem are less likely to receive the same quality of health care as men. Women's complaints are taken less seriously by relatives and health workers. Women who are depressed often do not get the right treatment for their problems; instead they are prescribed sleeping pills and vitamins. Mentally handicapped girls are less likely to be sent to special schools. Whereas a mentally ill man may get married, mentally ill women are often left alone. Mentally ill women may be severely



condemned for any behaviour that could be perceived as a violation of feminine nature, such as lack of attention towards the preparation of food or neglect of children. Mental illness in women may be seen as a disgrace to the family. Many mentally ill women receive little social support. Married mentally ill women are more likely to be sent back to their parental home, deserted or divorced.

10.9.2 Promoting mental health for women

The promotion of gender equality, by empowering women to take decisions that influence their lives and educating men about the need for equal rights, is the most important way of promoting women's mental health. In this task, you need to be an activist and advocate for women's rights. In many places, women's groups are actively working towards greater recognition of women's rights. Participating in these activities is an important contribution a health worker can make towards promoting better health for women.

Some people argue that, by saying that women are more likely to suffer depression, there is a danger that real social problems are being perceived as health problems. Thus, if a woman is being beaten by her husband and becomes depressed, then the real problem is the violence in her home, which is directly responsible for her depression. While this is true, you must also be concerned about the woman's current health. Thus, if a woman's arm was broken by a violent husband, you would first try to treat the fracture. In the same way, treating the depression can help by improving the woman's concentration, sleep, feelings of self-esteem and energy levels. This, in turn, can help in trying to find a solution for the problems at home that are causing stress.

You must be constantly aware of the powerful role played by gender inequality in the health of women. There are many ways in which you can help reduce the impact of this inequality on women's mental health.

- Whenever a woman consults, in particular a woman who consults repeatedly for minor health problems, spare some time to find out about her domestic situation and other stresses. Allow women an opportunity to speak about their feelings and problems.
- If you feel comfortable (and if you have obtained the woman's permission), speak to the husband or other family members and educate them about the difficulties the woman is facing and how it is affecting her health. You can also provide specific suggestions to improve relationships (☛ section 10.7).
- Sensitise your colleagues in the clinic about gender inequality in the way health care is provided. Be sure that you and your colleagues treat health complaints in men and women with equal concern.
- When you know that a particular woman suffers from a severe mental disorder, pay special attention to her needs by ensuring that she sees you regularly. If she is not brought to the health centre, arrange to see her at her home. Counsel her family members to remove any doubts they may have about the illness.
- When you know that a woman is living in a home where she is suffering a great deal of stress, make an effort to ask her if, and how, this is affecting her health. If you find she is suffering mental health problems, counsel her and try to work with her on her problem-solving skills (☛ section 3.2).
- If women's groups are active in your community, take the initiative to participate in their meetings and discuss mental health problems as an area of concern for women (☛ Chapter 12).
- Facilitate the formation of self-help or support groups for women with mental health problems (☛ section 10.1).