South Africa - HIV

ATTC Addiction Technology Transfer Center Network

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Basic Mental Health and Practitioner Self-Care Resource and Training Manual

2020

University of Cape Town • iYunivesithi yaseKapa • Universiteit van Kaapstad

Name _____

Date _____

Venue _____

Authorship

The manual has been developed by the UCT-based South Africa HIV Addiction Technology Transfer Centre (ATTC).

Disclaimer

The information provided in this manual is tailored for use by non-specialist providers of health care (these include community care workers, social auxiliary workers and nurses) working with individuals and communities in HIV burdened areas in primary health care in South Africa. The purpose of the comprehensive Mental Health and Self-Care Training is to help a non-specialist health care provider to recognise, detect and refer patients with mental health problems. Health care providers are always encouraged to work within their scope of practice. UCT/ATTC does not take responsibility for practices made outside of the recommendations contained in this manual.

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Please contact us at **sahivattc@gmail.com** for more information.

Website: **www.ATTCnetwork.org**

Welcome to this 3-day training in Basic Mental Health and Self-Care!

The purpose of the comprehensive Mental Health and Self-Care Training is to help a non-specialist health care provider to recognise, detect and refer patients with mental health problems. The training and manual is tailored for use by non-specialist providers of health care working with individuals and communities in HIV burdened areas in the primary health care setting of South Africa. The training emerged as a result of the need to improve adherence to ARVs within these communities, in recognising that mental health concerns may influence treatment adherence. Patients with mental illnesses who get the appropriate help at the right time are better able to regain their health, both mentally and physically, so that they can live a happy and productive life again.

Mental illness is all around us. No matter who we are or where we live, we are all faced with mental health issues whether directly (ourselves) or indirectly (through those around us). We need to find ways to recognise and express our feelings, destigmatise mental illness and know how and where to access help. The focus on self-care offers a unique experience to participants, in that it places importance of self-care on the health care provider and their relationship with others, including the patient. We hope this training will provide you with an easy and quick reference that will empower you to do the right thing at the right time and refer to the relevant person when needed.

Who can use the information from this training?

- It is designed for you, someone who already provides care for people in the community, but would benefit training in mental health.
- Trained facilitators will also use the manuals when they train you.

What is in this manual?

- This manual is a resource of the mental conditions you will often see in primary health care. The information will help you recognise features of mental health disorders so that you will be able to refer your patients when necessary. Being able to do this will support you to work within your scope of practice.
- This training teaches the value of being a guide for your patients. This approach to care aims to strengthen your counselling skills.
- Working in health care is extremely challenging and during this training you will also learn ways to care for yourself so that you can prevent the stresses associated with working in a pressured environment.

When to use this manual?

- During your training - write in it and make notes so that it becomes your manual.
- After your training - use it as a resource for when to need to detect and refer your patients.
- After your training - as a reminder of how to continue to care for yourself!

The knowledge gained aims to empower you both personally and professionally. We also hope that this 3-day training will provide you with the ability to care for yourself as much as you care for others.

Let our journey together begin as we take up the challenge of being purposeful mental health care workers!

Contents

Section 1

Why get trained in mental health?

Why get trained in mental health?

The problem in South Africa ... some facts

A significant amount of work is being done in South Africa to integrate mental health into every consultation in primary health care. But, we still have a long way to go...

A study was published in 2011 that showed that R488 million was spent on health services. But sadly the biggest cost is the cost lost in earnings for South Africans with mental disorders.

Untreated mental disorders cost our economy more than R35 billion in lost working days every year, with one in six South Africans suffering from severe depression or some form of mental disorder within their lifetime. This means that there is a great cost to some of the patients we deal with because they are often unable to earn a living.

In South Africa, 16.5% adults have suffered from a mental health condition like depression and substance use disorders in the past year. The risk of a mental health condition is higher in the person with another chronic condition such as HIV/Aids.

Mental health is everyone's responsibility!

Everyone needs mental health literacy

Accurate information helps to understand mental illness. The more we understand, the more we can provide facts and help destigmatise mental illness.

What you will be trained to do so that YOU can make a difference...

A team approach to care is the best! Everyone has a role to play and the more we empower ourselves to know what to do, when to do and how to do, the better the care will be for our patients and their families. It is important to always work within your scope of practice.

Your specific scope of practice is determined by your employer and the area you work in. This training will help you think about how mental health affects the clients you work with and highlight ways in which you can help them while taking care of yourself. Below are some of the roles typically described for non-specialist community level workers.

Screen for mental illness

Identify mental illness

Refer patients for assessment and care

Help and support patients in taking responsibility for their own treatment adherence

Provide a warm and supportive contact for the patient

Ensure that patients take their medication

Strengthen access to health care

Notes

Section 2

Workbook, self-care, being a guide

Use this section to fill in the exercises and activities used during the training so that it becomes a resource that will help you to:

- gain knowledge and insight into the mental health issues presented during this training and explore how to manage them effectively
- deepen your understanding of yourself and others
- help you find ways to take care of yourself while working in primary health care
- find ways of collaborating with your patients so that you can be a guide on their side.

Activity 1a Word Search

R B I P O L A R Z Z J Q A X I L U G V C
E V P C D C H Z W P W I T H D R A W A L
Z J N R W F R T L S N U V D G V L Z Z X
P B Q A Q L R G N Y Q Z C W F P G A G B
R I F E K X A M C C S E E M G Y K T R O
F A N T I P S Y C H O T I C G T L T I R
L G Z A Z D W I C O E H Z C M G A I N B
I C M G B D H D U E K M E O U P D T V H
N Q O G W I N M L D Q J P I P S H U X C
L K R R D S T E T U R U D L X E E D S B
G X I E O A Q L U C M A G L W L R E U I
J C U S U B X S R A E C D N S F E S S G
O M Z S J I F M E T C C C E C C N J P J
M R Q I C L V P W I D E S S H A C N I I
X W B O O I J O U O R P U S I R E A C K
T S R N L T J P U N J T S H Z E C S I A
Y A X V L Y R Y R Z Z A P B O P O U O M
A G I T A T I O N I N N I P P H M F N K
S Q W Z B I A G V M O C C Q H O P C J K
Y S I V O B D N I E O E I S R B A E C N
M U O S R V T C X D V L O X E I S F B H
P I W J A U C Z T I Y D U S N A S D U J
T C F F T H M C Q C E C S G I V I A X I
O I L I I R P O I A N T M E A J O I B O
M D I S O R D E R T R S Y W H R N M L C
C E B A N J N P X I I Y A R X G H R W V
Y M W U X L H M C O N F U S I O N Q N H
C R E F E R R A L N U B E L I E F K L Z
Z F H E A L T H N T K D E M E N T I A H
M V V S T D E P R E S S I O N Q E X O A

Find these words hidden in the grid above. Cross out the word when you find it. Tick the word in the list below.

Acceptance	Attitude	Culture	Illness	Self-care
Adherence	Belief	Dementia	Medication	Suicide
Aggression	Bipolar	Depression	Phobia	Suspicion
Agitation	Collaboration	Disability	Psychoeducation	Suspicious
Antipsychotic	Compassion	Disorder	Referral	Symptom
Anxiety	Confusion	Health	Schizophrenia	Withdrawal

Activity 2 My name, myself

Discuss the following questions about your name. No need to write down anything, simply listen to each other.

- My full name is ...
- My name means ...
- Who gave you your name?
- How and where does your name fit into your family history?
- What was happening in the world/your family at the time of your naming?
- People call me ...
- Do you like your name? Why?
- What does your name say about you?

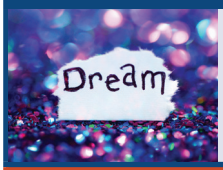
What I learnt about myself...	**What I learnt about others...**

Activity 3 Culture and mental health

Sometimes there are behaviours or events that are described in a particular way depending on which culture a person belongs to. Activity 4 helps to identify some of the features that are commonly associated with mental illness. There might be other behaviours or events that are not mentioned below that are important for you in your culture. Please add these to the list.

Culture bound experiences do NOT necessarily equal mental illness. We need to be sensitive to people's beliefs and cultural expressions so that we can provide the best treatment for our patients.

Dreams



- Communication from ancestors?
- Prediction of the future?
- The following are associated with and reported on as falling, being chased, an ex-lover, snakes, dead people, money, water, a wedding, being naked, food

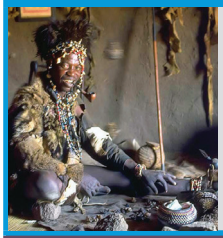
Ukuphaphazela

- The person is anxious and fearful
- May be restless at night
- They may also see things which are not seen by others and run away from home.
- Some believe that seeing evil spirits and witches who want the child dead frightens the child

Ukuphambana

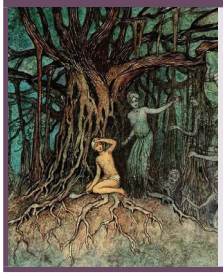
- Refers to what is generally described as "Madness"
- The person may be aggressive and restless
- May see visions and hear voices not experienced by others
- The person's mood may be unstable and unpredictable
- The person may speak nonsense and behave strangely
- There may be problems sleeping and a change in eating patterns

Ukuthwasa



- Represents a calling by the ancestors to become a healer
- Commonly occurs in females
- The person has clear dreams
- There may be crying
- The person may be seen to keeping to him or herself
- They may appear nervous or anxious

Amafufunyana



- Known to follow ingestion of bewitched human remain mixed with sand
- Person has lack of interest in social activities
- The person may not want to be with other people
- There is loss of appetite
- It has been described to begin with grunting followed by the person falling down
- The spirits may be experienced as speaking in one or more foreign languages
- The sufferer gets confused and usually does not remember the event

Activity 4 My values...

What are values?

- Values are the standards or principles that you believe are important and influence the way you live and work.
- They (should) determine your priorities, and, deep down, they're probably the measures you use to tell if your life is turning out the way you want it to.
- When the things that you do and the way you behave match your values, life is usually good – you're satisfied and content. But when these don't align with your personal values, that's when things feel... wrong/uncomfortable. This can be a real source of unhappiness.

Step 1

Have a look at the list of values below and ✓ those that resonate with you. If you think of a value that you possess that is not on the list, write it down. There is no right or wrong answer. Try not to think about or judge your choices. Trust your gut feel and ✓ as many as you want.

Loyalty	Money	Dignity	Caring	Trustworthy
Honesty	Generosity	Warmth	Kindness	Service
Empathy	Commitment	Teamwork	Reliable	Honest
Wisdom	Knowledge	Punctuality	Growth	Resilience
Stability	Joy	Enthusiasm	Assertive	Balance
Belonging	Community	Contentment	Improvement	Success
Insightful	Intuitive	Leadership	Tolerance	Thoughtfulness
Faith	Freedom	Mindfulness	Openness	Support
Health	Hard work	Strategic	Self-control	Justice
Peace	Responsibility	Harmony	Democracy	Individuality
Meaning	Integrity	Co-operation	Independence	Inclusiveness
Possessions	Preparedness	Vision	Dependability	Love
Tolerance	Control	Exploration	Spontaneity	Mastery

Step 2

From the list that you have ticked, write down 8 values that are important to you.

1	2	3	4
5	6	7	8

Step 3

Now choose the 4 most important values.

1	2	3	4

Ask yourself: "Are these really the values that drive my life?"

Step 4

Reflect on the following:

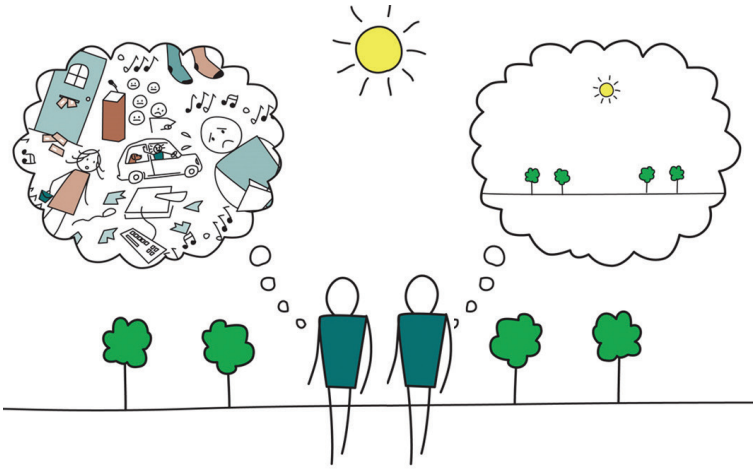
In what ways does this value influence the decisions that you make in your life?	1
	2
	3
	4

In what way does this value relate to your work?	1
	2
	3
	4

In what way does this value influence your relationships?	1
	2
	3
	4

Activity 5 Reflecting and becoming still

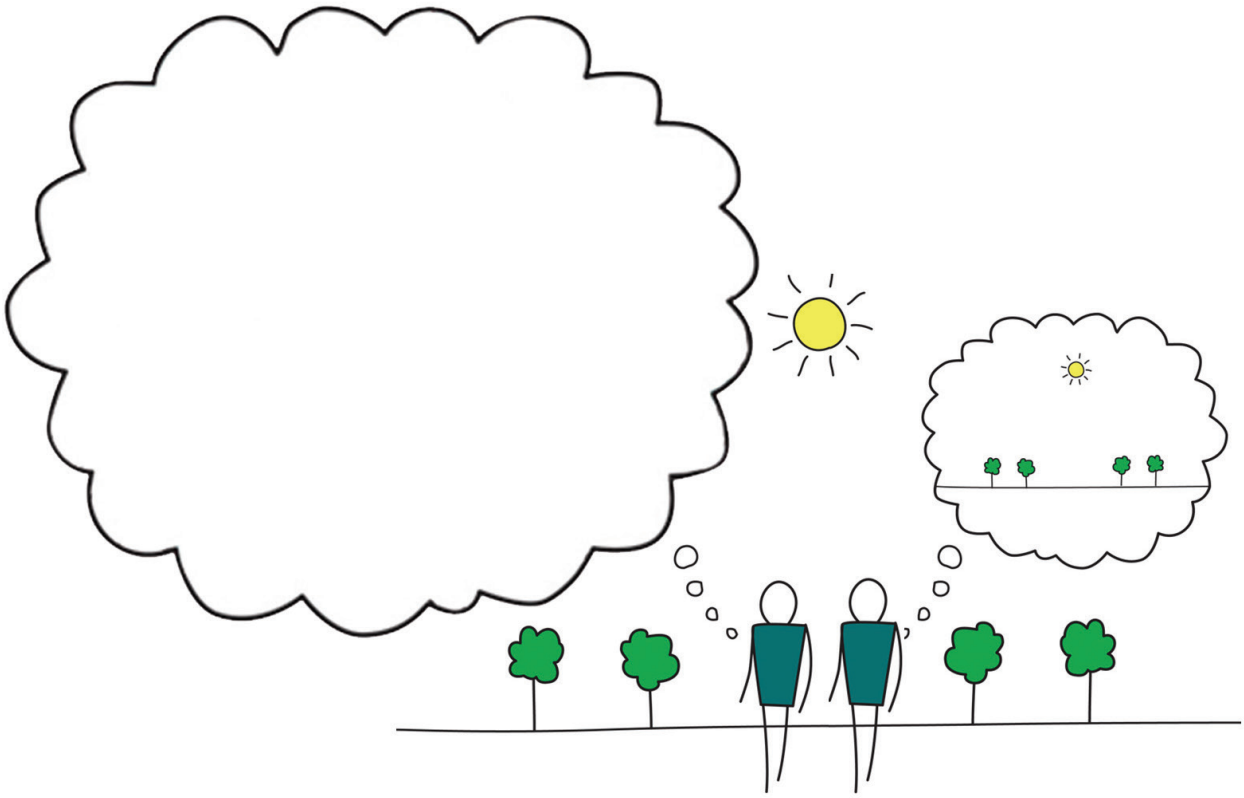
Our minds are very busy – usually all the time.



Source Unknown

Mind Full, or Mindful?

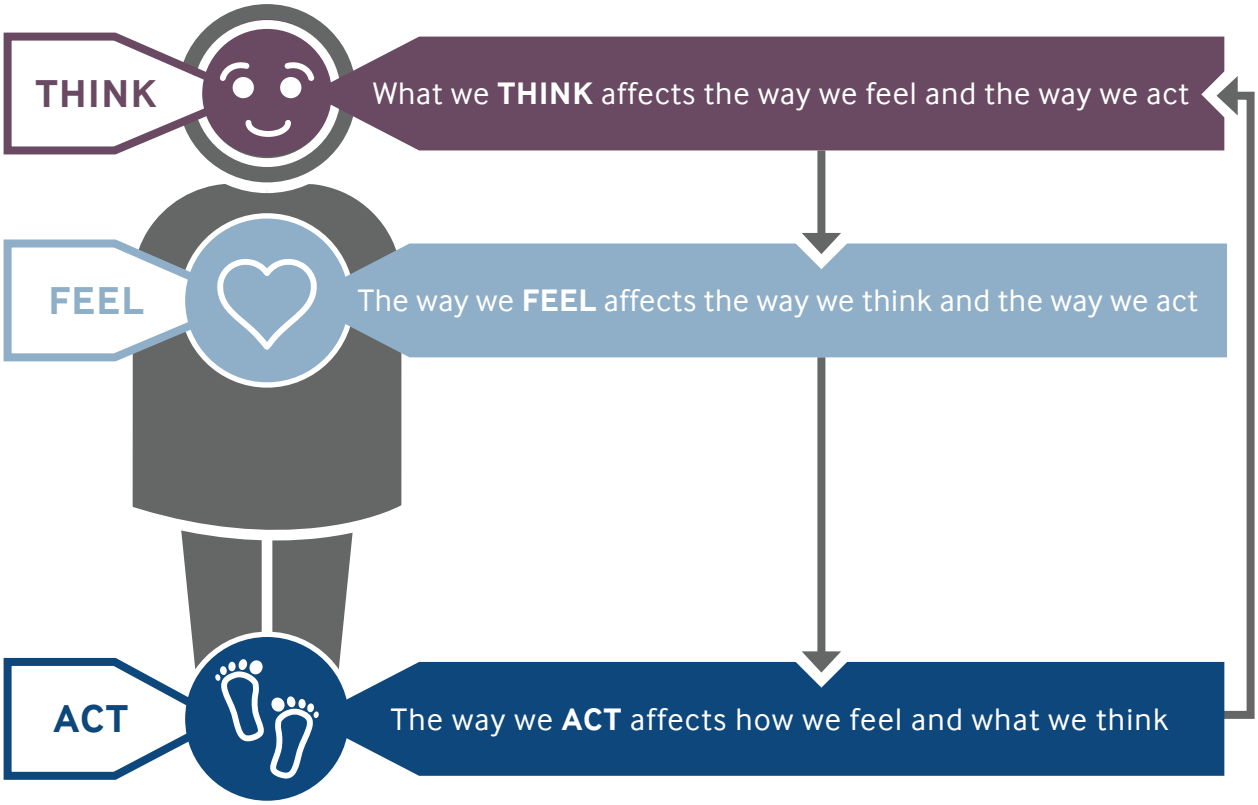
What has made your mind full today?



What makes your mind full?

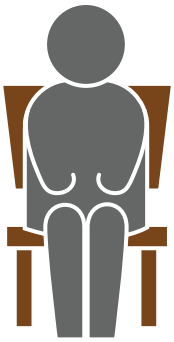
Stop and reflect

When our mind is full it is very difficult to concentrate or be present with the person sitting in front of us. What we think, what we feel and how we act forms a cycle between the 3 as shown in the drawing below. It helps to stop and reflect what's going on so that we can "come back" and be present with the person sitting with us. Being present helps us to practice being a guide on the side.



A useful way to stop, is to simply breathe… breathing helps us to focus and to become energised again. The exercise below helps us do this! Catch a breath to quieten down.

Catch a breath to quieten down



1 Sit comfortably in your chair with your feet firmly on the ground, hands in your lap and your back supported by the chair.

2 Let your eyes settle - either open or closed. Allow a soft gentle smile on your face.

3 Breathe in for 4 counts, hold for 4 counts and breathe out for 4 counts:

IN 2,3,4

HOLD 2,3,4

OUT 2,3,4

- Do this a few times until you feel yourself settle down and become calm.
- Count in your mind while you breathe and get into the rhythm.

Do **Step 1-3** as many times as you can throughout the day and at night if you struggle to sleep. We will practice this several times during the training so that it will be easy to continue doing it after the training.

When you have time, continue with **Step 4** to become aware of your senses which will help you to focus even more. If it is easier for you, use the sense that is the most natural one for you.

4 Using the senses to become still and focussed

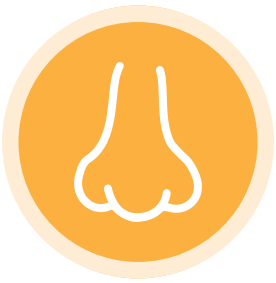
- Without judgement, tune into your SENSES...
- Start off with the sense that is most natural and comfortable for you
- Go through all the senses or simply tune into the senses that help you to relax
- Whenever you find yourself drifting off – tune into a sense to bring yourself back

The sense of **SIGHT**

- Be aware of shapes, colours, textures
- If you want, you can gently open your eyes just to help your awareness of sight
- If it becomes distracting, close your eyes and use your imagination to "see" what is around you

The sense of **SOUND**

- Listen to the sounds far away in the distance
- Name the sound and let it pass as you listen for the next sound
- Listen to the sounds just outside the room
- Give it a name and let it pass as you listen for the next sound
- Then listen to the sounds in the room and each time, name the sound, let it pass as you listen for the next sound
- Then finally listen to your own breathing
- Let your own breathing calm and soothe you



The sense of **SMELL**

- Become aware of the smell around you
- And then become aware of your own smell on your body

The sense of **TASTE**

- Become aware of the different tastes in your mouth

The sense of **TOUCH**

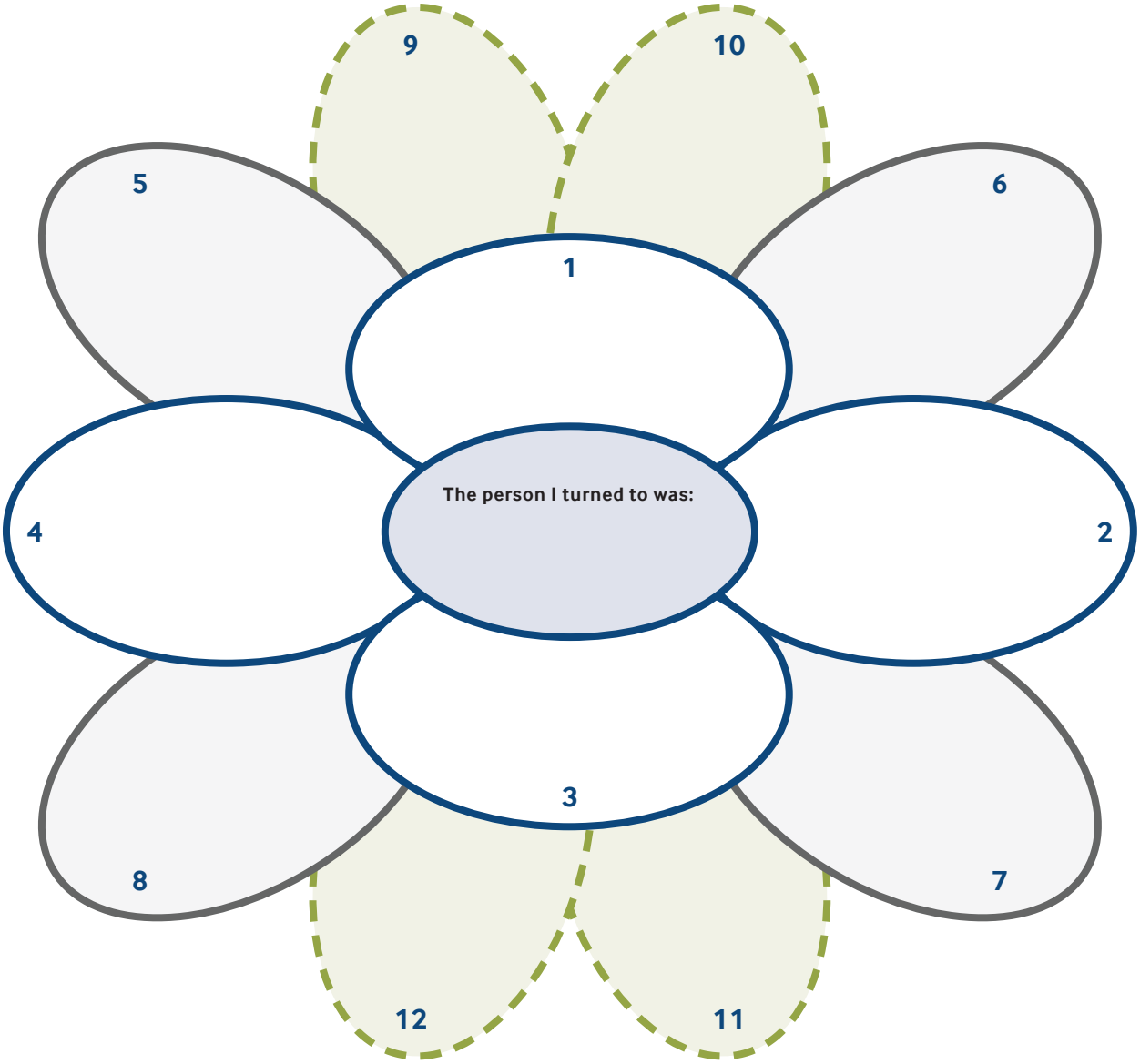
- Feel your feet resting on the floor
- Feel the weight of your body on the chair
- Feel your clothing that is touching your body
- Feel the air on your face and hands

- Rest for a while and enjoy the feelings of peace and calm
- When you are ready, feel your feet on the ground, feel your hands, stretch and yawn
- Take a few deep breaths and gently and slowly get up
- Drink a glass of water

Activity 6 Being a guide on the side

Think about a time in your life when you needed a listening ear.... (Don't dig up something traumatic, but rather something that you could say with comfort in the group).

- Filling in the flower below start by **writing the person's name** that you turned to in the middle.
- Then in numbers 1, 2, 3 and 4 write down **why you felt safe** going to speak to them.
- In numbers 5, 6, 7, and 8 write down **how you felt after** you spoke with that person.
- In numbers 9, 10, 11 and 12 write down **what they did** to make you feel safe.



Becoming a guide on the side

be a guide on the side who is **NON-JUDGEMENTAL**

be a guide on the side who **FEELS WITH**

be a guide on the side who **MOTIVATES**

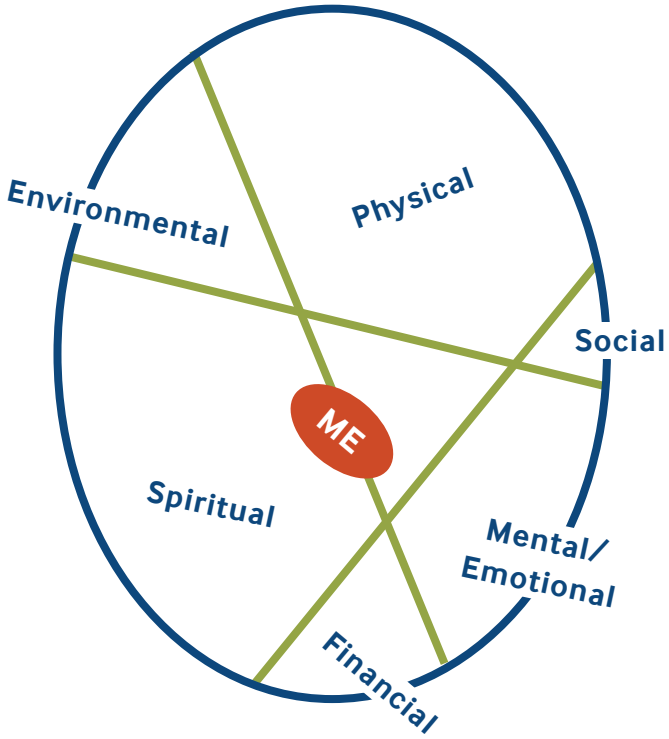
Listening with your head, heart and feet

Thinking (logic)		• Be interested and listen for facts • Be genuine and understand where the patient is coming from • Be non-judgemental
		• Think of answers while the person is speaking • Lose concentration and become distracted by own thoughts • Compare patient's story with your own or other's
Feeling (emotion)		• Understand from patients perspective • Show compassion • Affirm what patient says
		• Stirs up your own pain • Feel overwhelmed with emotion • Feel burdened
Behaviour (will)		• Motivate patient • Empower patient to draw on their own strengths and life experience • Remember the patient has been through tough times before, help them to tap into their strengths and resilience that will help them make the necessary changes
		• Not interested • Tell patient what to do • Get impatient/get into an argument

Activity 7 Balancing my wellness wheel

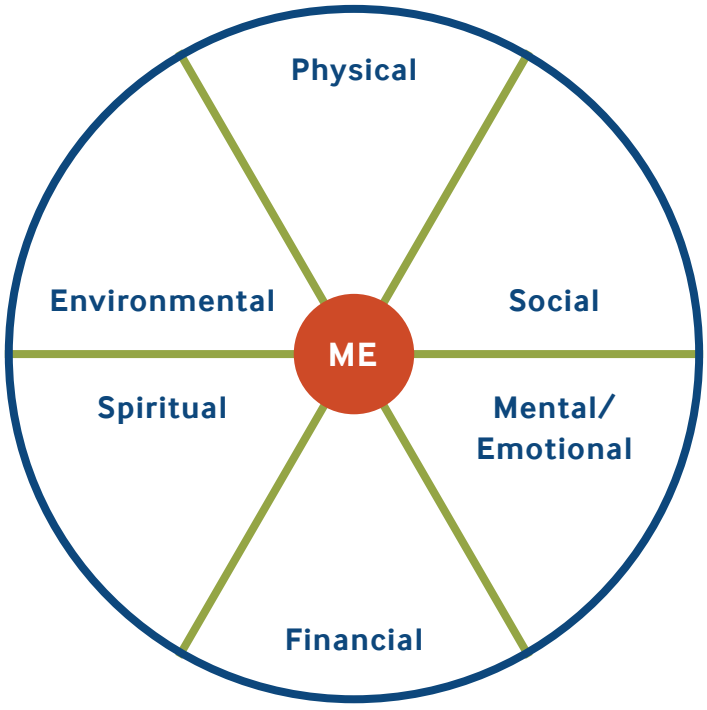
7.1 How balanced is YOUR life at the moment ?

This?



OR

This?



7.2 Planning my self care...

Start by selecting **ONE** segment of the wheel that you want to balance

Physical	Social	Mental/ Emotional	Financial	Spiritual	Environmental

What activity are you going to do?

When are you going to do it?

How often are you going to do it?

Who are you going to do it with?

How do you want to feel when you have done it?

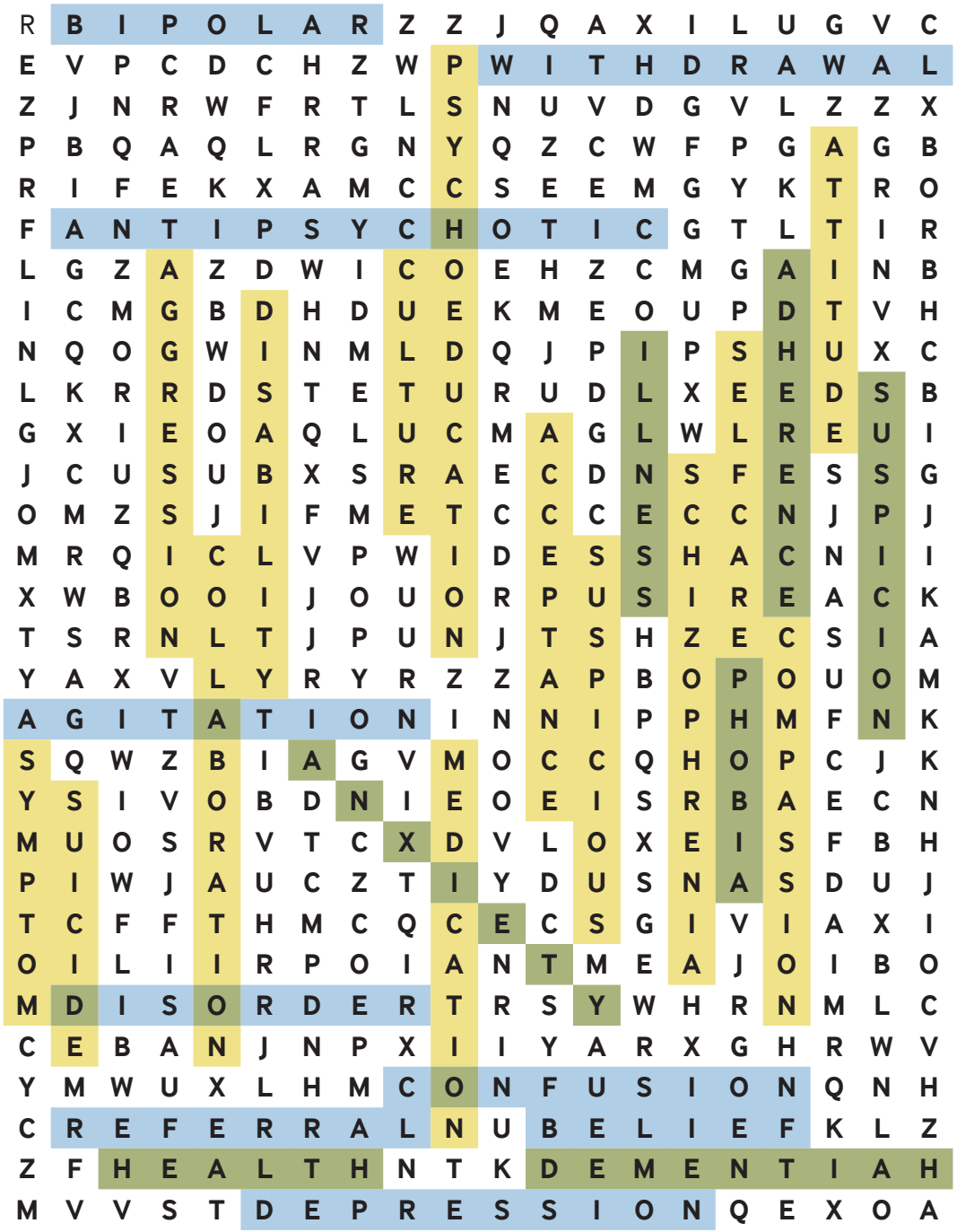
Who are you going to ask to support you to do it?

Notes:

Activity 1b Word search meanings

Acceptance	Agreement that something is satisfactory or right
Adherence	A patient takes medication and or treatment prescribed by a health professional
Aggression	Feelings of anger resulting in hostile or violent behaviour and readiness to attack
Agitation	Very worried or upset and behaviour shown in behaviour, voice or movements
Antipsychotic	Medication that is used in the treatment of psychosis
Anxiety	A feeling of worry or nervousness about something with an uncertain outcome.
Attitude	A settled way of thinking or feeling about something
Belief	A feeling of certainty that something exists, is true, or is good
Bipolar	A mood disorder with episodes of mood swings; depressive lows and manic highs
Collaboration	Working together with other people or organizations to create or achieve a goal
Compassion	Feelings of sympathy and sadness for other's suffering and a wish to help them
Confusion	The state of being unclear in one's mind about something
Culture	Way of life, customs and beliefs of a particular group of people at a particular time
Dementia	Loss of memory and other mental abilities severe enough to interfere with daily life
Depression	a mood disorder that causes a person to have difficulty fulfilling every day activities
Disability	An injury, illness, or physical or mental condition that restricts a person's life
Disorder	A problem or illness which affects someone's mind or body
Health	State of complete physical, mental, and social well being
Illness	A specific condition that prevents your body or mind from working normally
Medication	A drug or other form of medicine that is used to treat or prevent disease
Phobia	An extreme fear or dislike of a particular thing or situation
Psychoeducation	A range of activities that combine education and counselling
Referral	Sending someone to a professional or institution qualified to deal with them
Schizophrenia	A chronic mental disorder that affects how a person thinks, feels, and behaves
Self-care	The practice of taking action to preserve or improve one's own health.
Suicide	The act of intentionally causing one's own death
Suspicion	A feeling or thought that something is possible, likely, or true
Suspicious	Distrust of something or someone
Symptom	A physical or mental feature which indicates a health condition
Withdrawal	The physical and mental effects experienced when a person stops using a substance

Word search answers



Activity 8 My Journey...

Notes

Section 3

Team work, screening tools and referrals

In this Section, a screening tool, namely the Kessler 10 is explained so that you can refer your patients appropriately.

What you will find:

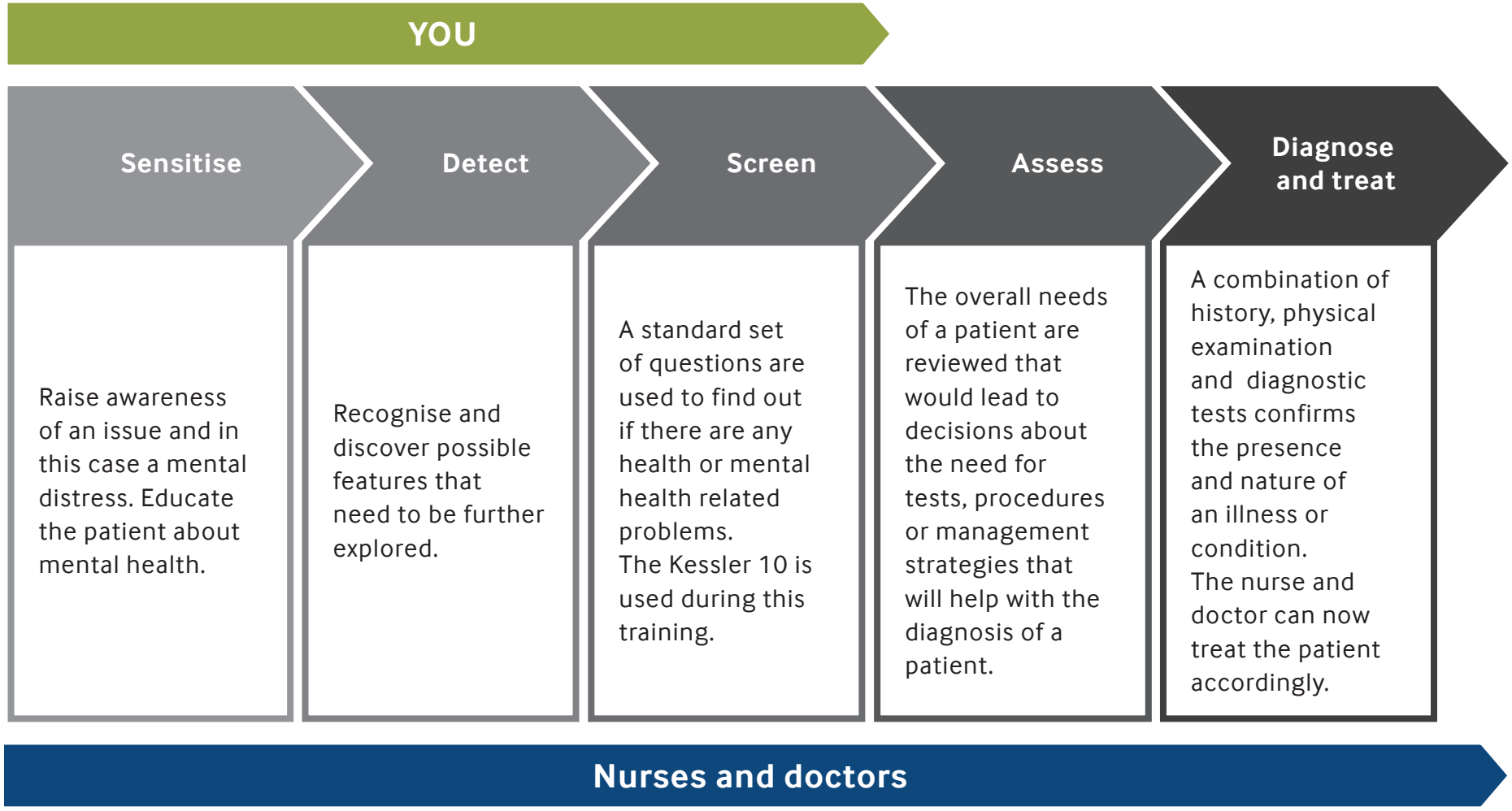
- The referral pathway of a patient
- A description of the Kessler 10
- How to use the Kessler 10
- How to score
- When to refer

PLEASE NOTE: This training uses the Kessler 10 as a screening tool for mental distress. You are required to use the screening tools recommended by your organisation or department of health.

Permission to use the Kessler 10 needs to be granted by the organisations where the participants work.

Working as a team

Every patient belongs to everyone working in health care. It's the same as "it takes a village to raise a child". We all have a responsibility to work within our scope of practice and make sure that our patients get the help they need. The diagram below shows your role in getting help for your patient.



The Kessler 10 (K10)

What is the Kessler 10?

- The K10 is a screening tool that you can use to identify patients who you are worried about because they seem to be distressed, depressed and/or anxious.
- Using the K10 will help you make appropriate referrals to your supervisor, nurse or the doctor at the clinic.

When to use it?

- When you are working in the community or if you are in the clinic and you see a patient who is showing features of distress.
- Please check with your supervisor/clinical manager which patients they would like you to screen.

How to use it?

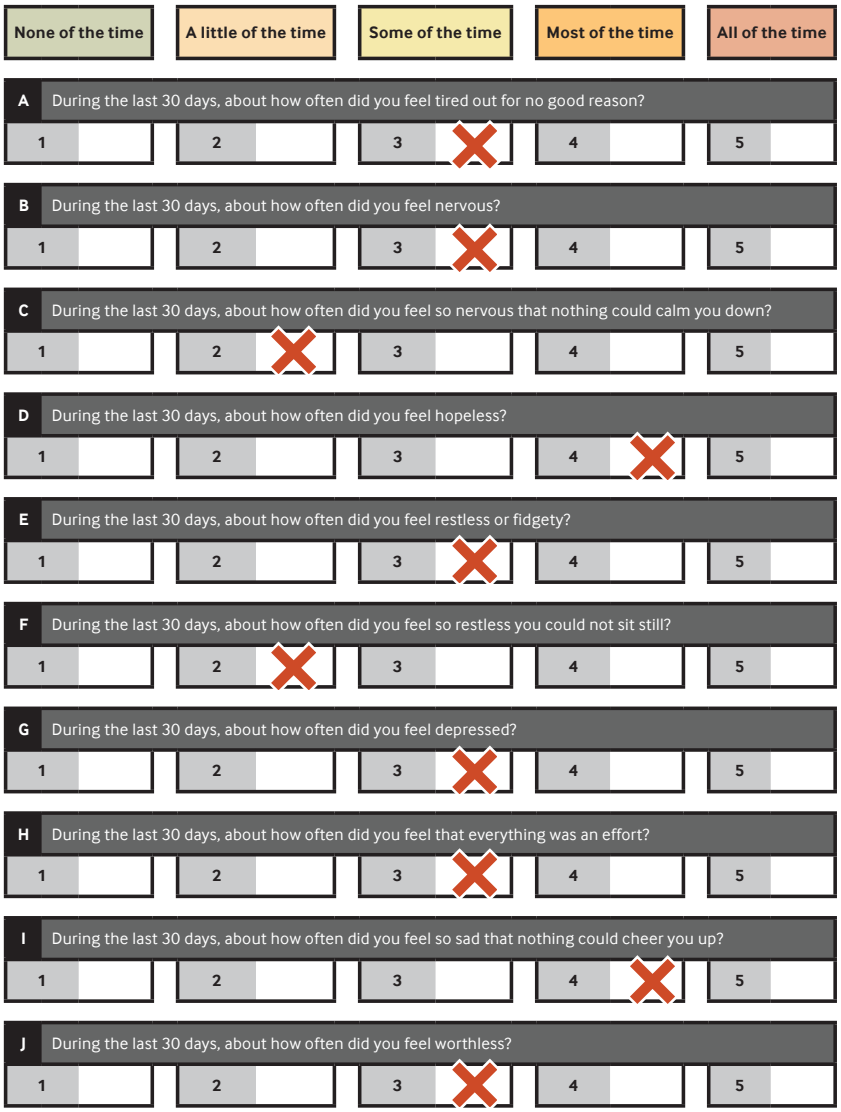
- First explain to your patient that you are worried about them.
- Explain why you are worried (explain the features that are worrying you).
- Then inform the patient that you want to ask them some questions about their mental health so that you can refer them for help. Ask if they agree.
- If they agree, tell them that you will ask them 10 questions about how they have been feeling during the past 4 weeks (30 days).
- Make sure you have a pen and a clean scoring sheet in front of you.
- Make sure your patient is comfortable.
- Ask the questions from 1 to 10.
- When the patient answers X in the relevant box.
- Their answer can be:
  - 1 = none of the time
  - 2 = a little of the time
  - 3 = some of the time
  - 4 = most of the time
  - 5 = all of the time

K10 screening tool

Tick a box below each question that best represents how you have been feeling during the past month (30 days).

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
A	During the last 30 days, about how often did you feel tired out for no good reason?	1	2	3	4	5
B	During the last 30 days, about how often did you feel nervous?	1	2	3	4	5
C	During the last 30 days, about how often did you feel so nervous that nothing could calm you down?	1	2	3	4	5
D	During the last 30 days, about how often did you feel hopeless?	1	2	3	4	5
E	During the last 30 days, about how often did you feel restless or fidgety?	1	2	3	4	5
F	During the last 30 days, about how often did you feel so restless you could not sit still?	1	2	3	4	5
G	During the last 30 days, about how often did you feel depressed?	1	2	3	4	5
H	During the last 30 days, about how often did you feel that everything was an effort?	1	2	3	4	5
I	During the last 30 days, about how often did you feel so sad that nothing could cheer you up?	1	2	3	4	5
J	During the last 30 days, about how often did you feel worthless?	1	2	3	4	5

You were worried about Janet and you have administered the Kessler 10. These are her answers:



How to score?

Total the scores by adding up all the numbers.

Question	Answer
A	3
B	3
C	2
D	4
E	3
F	2
G	3
H	3
I	4
J	3
Total	**30**

Referral?

- Janet has a score of 30 - does she need referral?
- When do you need to refer her?
- Who will you refer her to?

10 - 19	Likely to be well	No need to refer
20 - 24	Likely to have mild distress	Not urgent but needs a referral
25 - 29	Likely to have moderate distress	Urgent referral
30 - 50	Likely to have severe distress	Urgent referral

Referrals to be made to your supervisor, nurse or the doctor at the clinic.

How to manage the following situations

Red flags = serious warning signs where a person needs immediate referral

Suicidal, psychotic, violent and aggressive patients

- Call ambulance and call your supervisor/OTL immediately
- Use referral pathway of your district/organisation
- Use Mental Health Care Act (MHCA) when needed
- Make sure that you, the family and community are safe
- Go for debriefing and support after managing a "red flag" patient

Yellow flags = relational problems that need to be communicated with supervisor/OTL

There is a problem but patient and/or the family refuse referral

- A person who screens positive but refuses referral
- The family members are worried but the person concerned refuses to talk about the problems
- You recognise the problems but the person/family concerned does not want referral

Notes

Section 4

Mental health conditions

In this Section, mental health conditions that are often seen in primary health care are discussed so that you will feel confident to recognise, screen and refer patients appropriately.

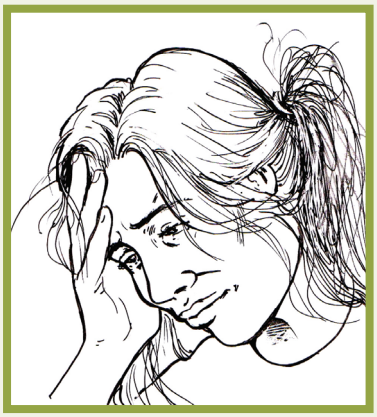
What you will find:

- A story to show you what a person suffering from that condition experiences.
- Features (signs and symptoms) using the symbols of a head, a heart and feet. The head indicates how a person's thoughts might be affected, the heart how their feelings/emotions might be affected and the feet to show how their behaviour and actions might be affected.
- Specific management options – Section 5 provides a comprehensive overview of management options while in this section, condition specific management is proposed.
- Questions for discussion so that you can increase your knowledge about the condition.

1. Depressive Disorder

Depressive disorder refers to a negative emotional state, ranging from unhappiness to extreme feeling of sadness, pessimism, and despondency that interferes with daily life. Various physical, cognitive, and social changes also tend to co-occur, including altered eating or sleeping habits, difficulty concentrating or making decisions, and withdrawal from social activities. It is suggestive of a number of mental health disorders.

Meet **Janet** who is a 38-year-old married woman who lives with her husband and their 3 young children. She achieved excellent marks at school as well as at nursing college and now has a very busy and stressful job as a senior nurse at the local hospital. A few months ago, her husband lost his job and has been going to the shebeen often with his friends. She is worrying a lot about her children, her husband and how they will cope without his salary. She is often tearful and is short tempered with her children, especially her son who has learning difficulties. She can't concentrate and she prefers to be on her own.



She has also missed work because she can't face her patients and colleagues. She's shown little interest in sex and struggles to fall asleep at night. She used to be close to her husband and would share all her worries with him. She feels guilty and responsible for everything, even his new habit of drinking excessively. She has become so unhappy with her life that she has had thoughts of wishing she were dead. She feels hopeless about her future now and doesn't feel she deserves any good things.

Janet's story shows us a clear picture of what life can be like when suffering from depression. Depression affects our thinking or thoughts, our emotions or the way we feel as well as our behaviour or the way we act.

Features of a person suffering from Depression

THINK

- Difficulty concentrating
- Thinks about harming or killing themselves
- Has negative thoughts about themselves, life and the future

FEEL

- Feels sad a lot of the time
- Has low mood for most of the day almost every day
- Has low energy and gets tired easily
- Feels very guilty for things that they should not feel guilty about
- Feels hopeless about the future
- Does not like themselves and has a low self-esteem

BEHAVE

- Has difficulty making decisions
- Loses interest in doing things they would normally have enjoyed
- Has difficulty sleeping; sleeps too little or too much
- Appetite is affected: eats too much or too little
- Stops doing the things he or she usually enjoys
- Has difficulty doing everyday tasks
- Has difficulty working, doing well at school or socialising

Ways to manage Depression

Psychoeducation

- Depression affects how we think, how we feel and how we behave.
- Depression is common and can happen to anybody. In fact it happens to most people at some point in their lives.
- Depression is often linked to actual loss or perceived loss, this can be a death of a loved one or any other loss, a serious illness, poverty or challenges in a relationship.
- Depression can come and go throughout the course of our lives. In other words it is episodic.
- Someone with depression may appear to have very bad opinions about themselves, their life and their future.
- Depression can be treated. It tends to take at least a few weeks before the person on treatment starts to feel better.
- It is very important to take the treatment as instructed and report any side effects or difficulties to the doctor.

Medication

- Depression is treated with medication called antidepressants.
- The medication works well and helps the person feel better and cope better.
- Antidepressants may take 4-6 weeks to improve the person's mood. Before the mood gets better, the person may first experience an improvement in energy levels and sleep.
- Patients should be aware of side effects so they can tell their doctor if these happen.
- Antidepressants are not addictive but there can be a withdrawal if they are stopped too suddenly.
- If the person is well for about a year the doctor may reduce or stop the antidepressants.

Sometimes medication used to treat mental illness causes unpleasant changes in the chemicals of the body that result in side effects. Some side effects go away after a while.

Common side effects	Emergency
• Nausea • Increased appetite and weight gain • Loss of sexual desire and other sexual problems, such as erectile dysfunction and decreased orgasm • Tiredness and drowsiness • Problems with sleep (Insomnia) • Dry mouth • Blurred vision • Constipation • Dizziness • Restlessness (Agitation) • Irritability • Anxiety	**Actively suicidal.** (There is an increased risk in the first few days/weeks after starting medication).

Lifestyle management

Help patients to make healthy lifestyle choices such as getting enough sleep, eating healthy foods, and doing physical exercise.

Psychosocial

Help patients to make contact with individuals or communities who they feel comfortable with to socialise and do things that make them feel connected.

Psychotherapy and counselling

Cognitive Behavioural Therapy (CBT) as a form of counselling (talk therapy) is very effective for helping patients suffering from depression to change their negative thinking to positive thinking, to get active and to learn how to manage their problems effectively.

Other considerations

- Consider referring your patient for screening for substance use so that they can also be offered referrals for integrated mental health and substance care.
- If trained as an HIV counsellor, offer HIV prevention counselling, and offer HIV testing and linkage to care as per your additional training, especially if depression has resulted in engagement in risk behaviours. If you are not trained as a counsellor, refer to someone who can assist.

After administering the Kessler 10, Janet scored 30. You discussed the significance of the score with her. Janet accepted that she needed to be referred to her local clinic.

1. What are other features that can be seen in people suffering with depression that we may not have mentioned?
2. You have done a Kessler 10 screening on Janet and her score was 30. What are the necessary steps you will take to assist Janet going forward?
3. You saw Janet two weeks after she started taking the antidepressants prescribed for her at the clinic. She told you that she was not feeling any better and she can't understand why. What useful information about her medication could you give her?
4. Using your Manual, what management strategies could you use to help a patient suffering from depression so that they can feel happy again?

2. Bipolar Disorder

Now that we have learnt about Depression, let's discuss Bipolar Disorder. Bipolar disorder refers to any of a group of mood disorders in which symptoms of mania and depression alternate. The significant features are depressive lows and manic highs. In this section we will describe the features of a manic episode and the best ways to treat it.

University was a difficult time for 20-year-old **Jeandre**, with increasing university work pressure and new friends to fit in with. He began to have trouble falling asleep and would report lying in bed for hours at a time. In fact, Jeandre would become so restless at night that he would leave his home to walk frantically around his neighbourhood to "get rid of all this energy".

Jeandre had also started to claim that he was the well-known leader of the biggest and most feared gang in the area. He often told of his "genius ideas" about solving unemployment and making all the poor people in the country rich. He would also display reckless behaviour like racing around town in his mother's car and gambling on the street corner believing that he would always win. His family suspected he had started using more dagga, which they had previously asked him to cut down. Jeandre was angering community members because of his inappropriate advances on young women. There had also been a time when he had been very depressed and kept to himself. His family had been worried he may try to harm himself.

Features of a manic episode

Patients who are suffering from a **manic episode** generally have some of the following features:

THINK

- Find it difficult to focus
- Experience fast thoughts and struggle to keep up with them
- Have difficulty making correct decisions because they can't really judge a situation

FEEL

- Experience very high energy levels (hyperactive)
- Swing between feeling extremely happy or feeling very irritable or angry for no real reason
- Feel more important than they really are and may believe that they are very wealthy, famous or powerful

BEHAVE

- Talk a lot and very fast
- Take part in risky or dangerous behaviour such as reckless with money, drugs, alcohol or unsafe sexual practices
- Non-adherent to treatment, such as medication for HIV
- Sleep difficulties because of high energy
- Find that they are unable to work, study or maintain relationships

Managing a patient with Bipolar Disorder

Bipolar Disorder is a chronic condition and can reoccur. Patients need hospitalisation for a manic episode. It is important that patients and their families understand the condition so that they can prevent or reduce the features and live as normally as possible.

Psychoeducation

- People with bipolar disorder tend to experience extreme moods over a period of time.
- When symptoms start to return, get help quickly to avoid getting very sick again.
- Remember that a person experiencing mania often does not realize that they are sick.
- Alcohol and other substances should be avoided.
- It is important to take treatment as prescribed, otherwise there is a risk of signs and symptoms returning.
- Understanding the side effects will help the patient know when to return to the clinic for help.

Medication

The group of drugs used to treat Bipolar Disorder is called Mood Stabilizers.

Their main function is to:

- Balance mood
- Stabilise energy levels
- Reduce harmful inflated sense of self and grand ideas about themselves which are not true and result in dangerous behaviour.
- Medication can take 4-6 weeks to work.
- Patients who present with bipolar as well as psychotic features will also be treated with mood stabilizers in addition to their antipsychotic medication. (Antipsychotic medication discussed later).

Sometimes medication used to treat mental illness causes unpleasant changes in the chemicals of the body and that results in side effects. Some side effects go away after a while.

Common side effects	See a doctor	Emergency
• Nausea, vomiting, and a runny tummy • Drowsiness • Trembling or shaking • Weight gain • Increased thirst and increased need to urinate	• A rash, fever, or swollen glands • Signs of Stevens-Johnson syndrome, which causes sores on the mucus membrane of the mouth, nose, genitals and eyelids • Confusion • Slurred speech	• **Trouble breathing** • **Swelling of face, lips, tongue, or throat**

Psychosocial

- Elicit support from trusted friends and family.
- Join a bipolar support group where you can discuss living with the disorder.

Lifestyle

- Discuss the importance of maintaining healthy habits and routines, especially sleep.
- Learn to manage stress such as prevent taking on high stress jobs or situations.

Counselling and therapy

- Cognitive Behavioural Therapy (CBT) is a type of talk therapy that helps people change the way they think about and react to life events. It is very helpful for people living with bipolar disorder.
- Counselling and other types of therapy are important in components of the treatment of bipolar disorder.
- Troublesome feelings, ideas and behaviours can be unpacked and explored.
- Problems that disrupt daily life can be explored and understood, and new better ways of dealing with them can be
- Helps to cope with dealing with the stigma associated with a chronic mental illness.

Other health considerations

- Consider referring your patient for screening for substance use and offering referrals for integrated mental health and substance case.
- If trained as a counsellor, offer HIV prevention counselling, and offer HIV testing, especially if mania has resulted in engagement in risky behaviours. If not trained, refer to someone who can assist.
- Pre-Exposure Prophylaxis (PrEP) and microbicides which are now available are helpful in reducing the risk of HIV infection for populations affected by bipolar disorder.

Using the information above, think about and answer the following questions:

1. What specific Psychoeducation and Lifestyle management would you discuss with Jeandre?
2. How would you help him stay well so he can avoid further hospital admissions?
3. What advice or help could you offer to his friends and family?

3. Anxiety Disorders

Anxiety is a normal part of life and it is something we all experience at some time in our lives. For example, we can be anxious about writing an exam, when we have to go for a job interview or when learning a new skill. When anxiety becomes too intense, lasts for a longer period of time and one experiences persistent worry and fear about everyday situations that disrupts daily functioning, this becomes an Anxiety Disorder.

Anxiety disorders are more severe, last longer and does not simply go away when compared to everyday anxiety.

Emmanuel's story highlights what life is like for a person diagnosed with generalised anxiety disorder.

Emmanuel is a 45-year-old man living with HIV who worked as a driver for the City of Cape Town for the past 2 years. His family and friends knew that he always worried a lot. He used to worry excessively about his family, money, schoolwork, how he looked and about his friends. He also worried about his health – every time he had an ache or a pain, he was sure he was going to die. When he worries, he would get tense, his stomach would feel knotted, and sometimes he would even break out in a sweat.

The driving job with the City has benefits that gave him peace of mind. He also received a detailed driving schedule a week in advance which made him feel safe. He made new friends at work and performed well, and this boosted his confidence. He still got worried and anxious at times, but never as bad as before.

Last year he decided to try and take on more responsibility and applied and got the job as a supervisor. The new responsibilities made the worries come back as bad as they ever were. He worried about everything again. He doubted his ability and worried that he might get fired. If he got fired, he would not be able to support his family. It got to the point where he felt physically sick most of the time. His family tried to be supportive, but they could not help him any longer.

Common features of Anxiety Disorders

THINK

- Has a lot of self-doubt and may question themselves
- Worries excessively about the future and/or past experiences or events
- Too afraid of various things a lot of the time
- Very self-conscious

FEEL

- Physically tense e.g. muscle tension
- Panicky or shaky at times
- Overwhelmed and fearful

BEHAVE

- Do some things over and over again without being able to stop
- Unable to do what is expected of them
- Be afraid to be in front of other people
- Have stomach problems like indigestion or runny tummy
- Have trouble sleeping
- Restless

Panic Attack features

Panic attacks often occur within the anxiety disorders as a particular type of fear response. Panic attacks are not limited to anxiety disorders and can be seen in other mental disorders as well.

A panic attack may consist of a combination of the following features, which can happen suddenly and last from about 10 minutes to half an hour:

- A fast and heavy pounding heartbeat
- Sweating a lot
- Trembling or shaking
- Shortness of breath or struggling to catch a breath
- Feelings of choking
- Chest pain or discomfort
- Nausea or abdominal discomfort
- Feeling dizzy, wobbly on your feet, light-headed, or faint
- Feeling chills or heat waves in the body
- Numbness or tingling in the body
- Feeling like life isn't real (Derealisation) or feeling like you are separated from yourself (Depersonalisation)
- Fear of losing control or "going crazy"
- Fear of dying

Different types of Anxiety Disorders

There are many different types of anxiety disorders. For interest and when needed for reference, the more common types of anxiety disorders that you might hear about are briefly described below.

Generalised Anxiety Disorder: A person feels anxious on most days, worrying about lots of different things, for a period of six months or more and this starts to impact on their daily functioning

Specific Phobia: A person feels very fearful about a specific object or situation. They do everything they can to avoid the object or situation. For example, having an injection or walking near a dog.

Social Phobia: A person is extremely afraid of being criticized, embarrassed or humiliated, even in normal everyday situations, such as speaking in front of people, eating in front of people, and standing up for him- or herself at work or making small talk.

Panic Disorder: A person has panic attacks, which are intense and overwhelming. If a person has many repeated panic attacks or is constantly afraid of having one for more than a month, they're said to have panic disorder.

Agoraphobia: A person is extremely anxious about using public transport, being in open spaces, being in enclosed places, standing in line or being in a crowd; or being outside of the home alone.

Anxiety disorder due to a general medical condition: A disorder due to significant anxiety produced from the physiological effect of a general medical condition.

Substance Induced Anxiety Disorder: A disorder of anxiety that directly results shortly after the ingestion of a specific substance or medication.

Obsessive compulsive disorder: A person has ongoing unwanted/intrusive thoughts and fears that cause intense anxiety. Although the person may acknowledge these thoughts as silly, they often try to relieve their anxiety by carrying out certain behaviours or rituals. For example, a fear of germs and contamination can lead to constant washing of hands and clothes.

Adjustment disorder: Following a stressful life event, a person may experience difficulty coping with their everyday lives. Their reaction to the event may be stronger than expected given the situation.

Posttraumatic stress disorder: A disorder where someone who has experienced or witnessed a shocking, scary, or dangerous event may continue to feel stressed or frightened even after the danger has subsided. The stress they experience would impact on their ability to function normally on an everyday basis.

Managing a patient with an Anxiety Disorder

One of the best ways to treat Anxiety Disorders is Cognitive Behavioural Therapy (CBT) and with antidepressant medication. Sometimes benzodiazepine medications are given to help with calming the features.

Psychoeducation

- Inform the patient that many people have anxiety.
- People with anxiety disorders have more fear or worry than other people.
- This fear or worry makes the person feel unwell.
- Anxiety disorders make life difficult at home, work, and school as well as in the person's social life.

Medication

The group of medications used to treat Anxiety Disorders is called benzodiazepines. These are used to calm the brain and reduce anxiety:

- They work very quickly
- They can also be used to treat other disorders such as sleep, substance withdrawal or before surgery
- They can be highly addictive and should not be used for more than 2-4 weeks

Sometimes medication used to treat mental illness cause unpleasant changes in the chemicals of the body that result in side effects.

Common side effects	See a doctor	Emergency
• Sedation • Dizziness • Weakness • Poor balance • Withdrawal symptoms if stopped too quickly • Difficulties breathing	Always consult a doctor to come off benzodiazepines	**Rush to your nearest emergency room should you experience any difficulties breathing**

Psychosocial

It is important to do something about the social aspects that may affect the person's thoughts and feelings.

- Keep socialising with family and friends who understand what they are going through and who will be supportive.
- Closely monitor one's life to see if one's anxiety is causing avoidance of any important activities or major life roles.

Lifestyle

- Lifestyle can play an important part in dealing with anxiety disorders. Encourage patients to:
- Maintain a regular sleep cycle
- Get regular physical activity such as walking, going to gym, dancing
- Eat healthy foods. Avoid stimulants like coffee, sugar and alcohol
- Include calming activities into daily routines such as breathing techniques, meditation/ praying and other relaxation techniques

Counselling and therapy

CBT is an effective treatment for Anxiety Disorders because it teaches people to identify unhealthy thinking patterns that lead to unhealthy behaviours. It also teaches structured skills such as problem-solving skills, relaxation and breathing techniques to help them manage their anxiety so that they can overcome their problems associated with daily living.

Adherence

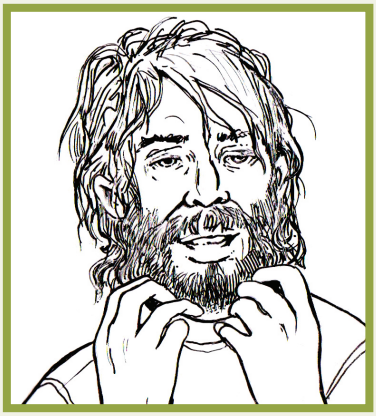
- Take medication and dosage only as prescribed by doctor/psychiatrist.
    - Avoid using alcohol and/or illegal drugs to manage anxiety.
- Consult a health care professional on referral options for further therapy.

Using the information above, think about and answer the following questions:

1. What he has not told you is that since his promotion he also has chest pain and he believes that he is dying. He feels he must sit down because he is dizzy and he suddenly sweats a lot. Use your Manual and explain Panic Attack to him so that he understands what is happening to him. What would you say to him?
2. Using your Manual, what management strategies could you use to help a patient suffering from anxiety so that they can become calm and peaceful again?
3. During this training you have been taught a breathing technique. Select someone from your small group, to teach Emmanuel how to breathe so that he can also become calm and still.

4. Psychotic Disorder

Psychosis refers to an abnormal mental state, which impairs the way we think about ourselves, other people and things around us. Symptoms that suggest a psychotic disorder are delusions, hallucinations, and clearly disorganized speech, thought, or behaviour. Patients may have little or no insight or self-awareness into their symptoms. Perception means the things we see, hear or feel on our skin and in our bodies. It's based on our ability to use our senses. This explains why people with psychosis hear voices in their heads or see things others may not see. There are several triggers that may influence the diagnosis of certain psychotic disorders. Research has shown that it is likely to run in families. Drugs or a medical illness may sometimes be the cause of psychosis. Schizophrenia is a common chronic psychotic disorder which we will discuss.



Meet **Harry**, a 35-year-old man. He lives with his girlfriend Sarah and their baby in a rural community. He had been good to her and cared about the baby until a few months ago when he became suspicious of her and accused her of seeing other men and women behind his back. He also thought that the nearby neighbours were spying on him and wanted to kill him.

Sarah has noticed that he often seems to be talking to someone that no-one else can see or hear. When she asks him about it, he gets very cross with her and tells her that she is deaf and that there is something wrong with her. He keeps randomly changing the topic and she finds it hard to follow what he is saying. He has also lost his job and does not worry to look after himself any longer. Sarah is worried that he might harm her and their baby and to keep safe she spends a lot of time with her neighbour.

Features of Psychotic Disorder

THINK

- Experience delusions or hallucinations or both:
  - Delusion is when a person believes something that is not true or does not exist even though there is proof that it is not true or real.
  - Hallucinations are when a person sees, hears, feels, or smells something that is not really there
- Difficulty in making decisions
- Poor concentration and ability to take in information

FEEL

- Experience disturbed emotions
- Intense fear and anxiety because of the delusions and hallucinations

BEHAVE

- Speak or behave in a way that does not make sense
- Keep to themselves for long periods at a time due to not trusting others or their environment
- Restless and/or agitated and unable to sit still
- Unusual appearance and poor self-care
- Lack motivation and do not do the things they are expected to do at work, school, home or with friends

Managing a patient with a Psychotic Disorder

Psychosis may be a once off experience or may be chronic in someone who is diagnosed with schizophrenia. It is managed through medication and therapy. Every person is different. The sooner the patient and their family and/or caregiver learn the facts about the condition the better the outcome will be. Knowing the facts and how to prevent relapse and psychotic episodes and where to get help, provides peace of mind for all concerned. Mental illness does not only affect the patient but also the family and the community.

Psychoeducation

- Psychosis is a complex and serious mental illness. Each person is different, and they need to learn about their triggers and how to access help as soon as possible.
- Psychoeducation helps the patient understand what they are going through and why they need to take treatment.
- Understanding the facts about their condition helps to limit the fear of accessing help. Some of these facts include:
  - May hear voices, see things or believe things that are not true.
  - Must note when symptoms return or start to get worse.

- Include the person in family and other social activities.
- Avoid criticizing too strongly and too often.
- Have the same rights as all people.
- May have difficulties with day to day life.
- It is best to keep busy and socially active.
- It is better for the person with psychosis to live with family or community.
- The person with psychosis might not agree that he or she is ill and may sometimes be hostile.

Medication

- Antipsychotic medication is used to improve the symptoms of psychosis.
- Sometimes it is used to calm down aggressive patients when the aggression is caused by psychosis.
- There are 2 forms of medication: tablets taken every day or long acting injections given every 2 or 4 weeks.
- Antipsychotics work very quickly but can have very bad side effects.

Common side effects	See a doctor	Emergency
• Sedation • Weight gain • Difficulty emptying the bladder • Low blood pressure that happens when standing up from sitting or lying down	• A person's muscles may sometimes go into an uncontrollable spasm, causing the affected body part to twist painfully • Muscle spasms, often in the face • Trembling or shaking • Muscle stiffness that makes it hard to start and stop a body part moving • Muscular rigidity	**Stiff muscles together with fever and high blood pressure.**

Psychosocial

- Supported employment in an appropriate work environment helps the person living with schizophrenia.
- Strong friendships and supportive family relationship, as well as shared entertainment with caring and understanding people go a long way towards supporting the person with schizophrenia.

Lifestyle

- People who take treatment for antipsychotics are at increased risk of illnesses such as heart, lung and diabetes. This is usually caused by the use of tobacco products, eating unhealthily and not exercising adequately.
- Healthy eating advice suggests increased consumption of fruit and vegetables, food high in fibre and reduced total and saturated fat.
- Regular physical exercise helps people living with schizophrenia cope better. It improves the brain functioning and helps with social activities and improves memory and attention. The improved fitness not only helps the brain but also limits the weight gain that can result in the health problems mentioned above.

Counselling and therapy

- Where available, family counselling and supportive individual and group therapy for patients.
- Patients need to learn about their triggers so that they can get help as soon as possible.
- Therapy helps to work on social interactions to support interpersonal relationships.

Adherence

- Taking the medication as prescribed is very important for a patient to achieve an optimal quality of life.
- Medication must be taken regularly as prescribed.
- Regular check-ups also help the doctor to assess the patient holistically so that the management plan can be adjusted as and when required.

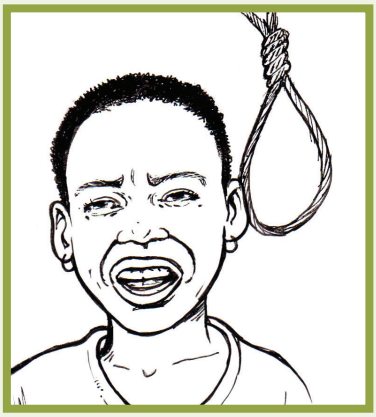
Using the information above, think about and answer the following questions:

1. Besides the features that we identified in Harry's story, what are other features that people suffering with psychosis experience?
2. Harry refuses to complete the Kessler 10 questionnaire, but he clearly presents with distress. How could you assist Harry in this situation?
3. How would you educate Harry's family about his condition and how they can help him and themselves to cope?
4. You have been invited to a community meeting to educate them about Psychosis. What would you tell them?

5. Suicide

A suicide attempt is when someone does something with the intention of taking his or her own life. Frequently, suicide occurs in the context of a major depressive episode, but it may also occur as a result of a substance use or other disorders. It sometimes occurs in the absence of any psychiatric disorder, especially in difficult situations, such as extreme or prolonged bereavement or declining health.

Tsidi is an 18-year-old female who has become increasingly stressed over the past few months and is unable to cope with the pressure of school and home life. She was recently diagnosed with HIV and felt that she was unable to talk to anyone about her feelings. Tsidi is also not sure which partner infected her. Her mother is a single parent and is a regular church goer. She is the eldest of 3 children and never wanted to disappoint her mother and bring shame to her family. Tsidi's school work is suffering because she can't concentrate. She was a hard-working student and was getting A's and B's for all her subjects. Her friends have noticed that she is very down and has been isolating herself. She has become very negative about everything and does not go out with her friends anymore. She feels hopeless and thinks that it will be better if she is dead. If her mother asks her what's wrong with her, she gets angry and threatens to kill herself.



SUICIDE IS AN EMERGENCY AND NEEDS IMMEDIATE TREATMENT

People who are more at risk of committing suicide

- Depression, anxiety, psychosis, disability, harmful use of substances, bipolar
- Physical, sexual and/or emotional abuse
- Trauma
- Loss – family, financial or employment
- Failure
- Medical reports
- Peer pressure
- Previous unsuccessful suicide attempts

Warning signs

These are common warning signs that will be picked up by a relative, a friend or the person who is suicidal that will alert you to the fact that there is a high risk of suicide:

- Threatens to hurt him or herself
- Suicidal ideation - mentions they have been looking for ways or thinking about killing themselves
- Talks or writes about death, dying or suicide

Features of a person who is suicidal

If any of these are present and the person has any of the following features, take urgent action.

THINK

- Thinks about ending his or her life
- Thinks about ways to end his or her life
- Contemplates about 'not existing' and/or 'not wanting to be around anymore'

FEEL

- Hopelessness (Feeling like there are no solutions for their problems)
- Anxious and restless
- Unstable mood
- Feeling there is no reason or purpose for living
- Angry or seek revenge

BEHAVE

- Having problems sleeping
- Isolating him or herself
- Uses more and more alcohol or drugs
- Reckless behaviours, for example, taking excessive risks in sexual encounters, driving or gambling

Managing a patient who is suicidal

- Suicide is an emergency and a person who is suicidal needs to be referred immediately using the appropriate referral pathways in your local health system. This could be going to your supervisor or the Clinical Nurse Practitioner at the local clinic or community health centre.
- A patient who is suicidal needs to be assessed by a specialist (psychiatrist) so that appropriate medication can be prescribed.
- Once the patient has settled and is no longer a suicide risk, other aspects to managing a mental disorder can be discussed such as psychoeducation, medication and adherence, psychosocial and lifestyle management as well as counselling and therapy.

Using the information above, think about and answer the following questions:

1. Which features of Suicide can you identify in Tsidi's story?
2. Suicide is an emergency – what pathway would you follow to get help for Tsidi?
3. You have been invited to the local high school to educate the learners and educators about suicide. What would you do and say to help them prevent stigmatising Tsidi when she comes back to school?

6. Managing physically aggressive patients

Physical aggression is when someone causes physical harm to another person, for example by hitting or kicking them. Some may become aggressive after being provoked or for no reason at all. Aggression can be a feature of some mental health conditions, such as psychosis and bipolar disorder. It can often be an important indication that the patient needs additional care and treatment.

Safe practice and the Mental Health Care Act

The Mental Health Care Act (MHCA) provides clear instructions of how to manage patients who threaten their own or others' safety in any way. Patients who are dangerous to themselves or others are the patients who would most likely be cared for under the provision of the MHCA. As soon as you feel threatened, it is your responsibility to respond immediately and get appropriate help. This could be the nurse at the clinic or your supervisor.

Patients at risk of becoming aggressive and violent

There is an increased risk of aggression in the following:

- A younger person
- Previously known to be aggressive
- If the person has previously tried to commit suicide in a violent way
- Childhood abuse and neglect
- Psychosis
- The use and withdrawal of substances
- Intellectual disability
- Brain disease

Safety first – what to do when a patient becomes aggressive

- Stay calm
- Speak softly at a normal rate
- Do not threaten the person with police or anyone similar
- Avoid asking too many questions
- Allow space between the person and yourself
- Without turning your back, leave the scene and seek help if danger is imminent
- The police may be required to apprehend (catch) and bring the person to a hospital for assessment.
- There is medication that can be used once a patient reaches the hospital to help calm them down so that the cause of the aggression can be assessed and treated.

Dealing with a patient who is aggressive and violent can be distressing for all those who are involved in getting help for the patient. After the incident, ask your supervisor for an appropriate platform to debrief and openly express your feelings regarding the incident.

The MHCA provides a clear pathway for caregivers to follow. There are clear roles and responsibilities described in the table below.

Roles & responsibilities				
	Patient 	**Non-specialist providers of mental health care** 	**Clinical staff** 	**Police** 
Things to know	Patients should take note of the following: • Symptoms that return, get worse or are new • Any side effects from the medication	Pick up signs and symptoms of mental illness either: • during support for other ailments, or • picked up in anyone in the home or community	Responsible for management decisions.	Called by caregiver, family, friend, colleague or health practitioner to apprehend a dangerous patient.
Things to do	• Go to health facility for assessment • Alone or with a trusted companion to accompany • If patient too unwell, may be taken for assessment against his or her will.	• Suggest to the person or a family member that the person may need a mental health assessment. • If problems noticed at the clinic during routine visit, refer to the Clinical Nurse Practitioner • Remember safety first! • Provide information from health visit if required.	• Provide guidance to non-specialist health worker to accesses the appropriate resources whether in the community or in a health clinic. • Provide feedback to the person who referred the patient to allay fears and anxieties that might arise.	Escort the patient to the health facility for assessment and treatment.

Health facilities involved: A safe place for the patient and medical team where the patient can be assessed and treated. A clinic provides ongoing care and review after discharge from an admission.

Patient safety first

Clinic

District Hospital

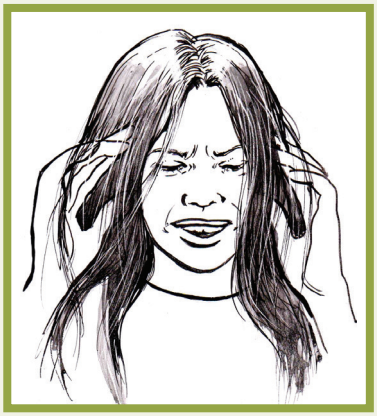
Psychiatric Hospital

Admission has 3 clear pathways in South Africa

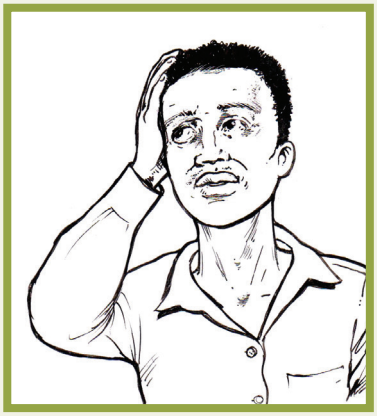
Read the following stories sequentially and unpack each story as follows:

- Using the Mental health Care Act (MHCA) in the diagram below to identify which pathway the patient demonstrates.
- Look for factors that put the patient at risk.
- According to your scope of practice, think about how you would assess, manage and/or refer Maria, Temba and Piet.
- Discuss the various roles and responsibilities of the people identified in the table above.

Maria who turned 18 last month, noticed that she has been feeling increasingly "freaked out" lately. A year ago, she tried to commit suicide by grabbing a knife from her "druggy" boyfriend. Her mother called the police and she was finally admitted to the local psychiatric hospital where she received treatment. Since that admission she was referred to the clinic where she has been keeping her appointments. She has also managed to keep a regular job at the hairdresser near her home. She started hearing voices in her head again and she thinks her now ex-boyfriend is always trying to find her. She came to the clinic with her best friend 2 weeks before her appointment date, asking for help.

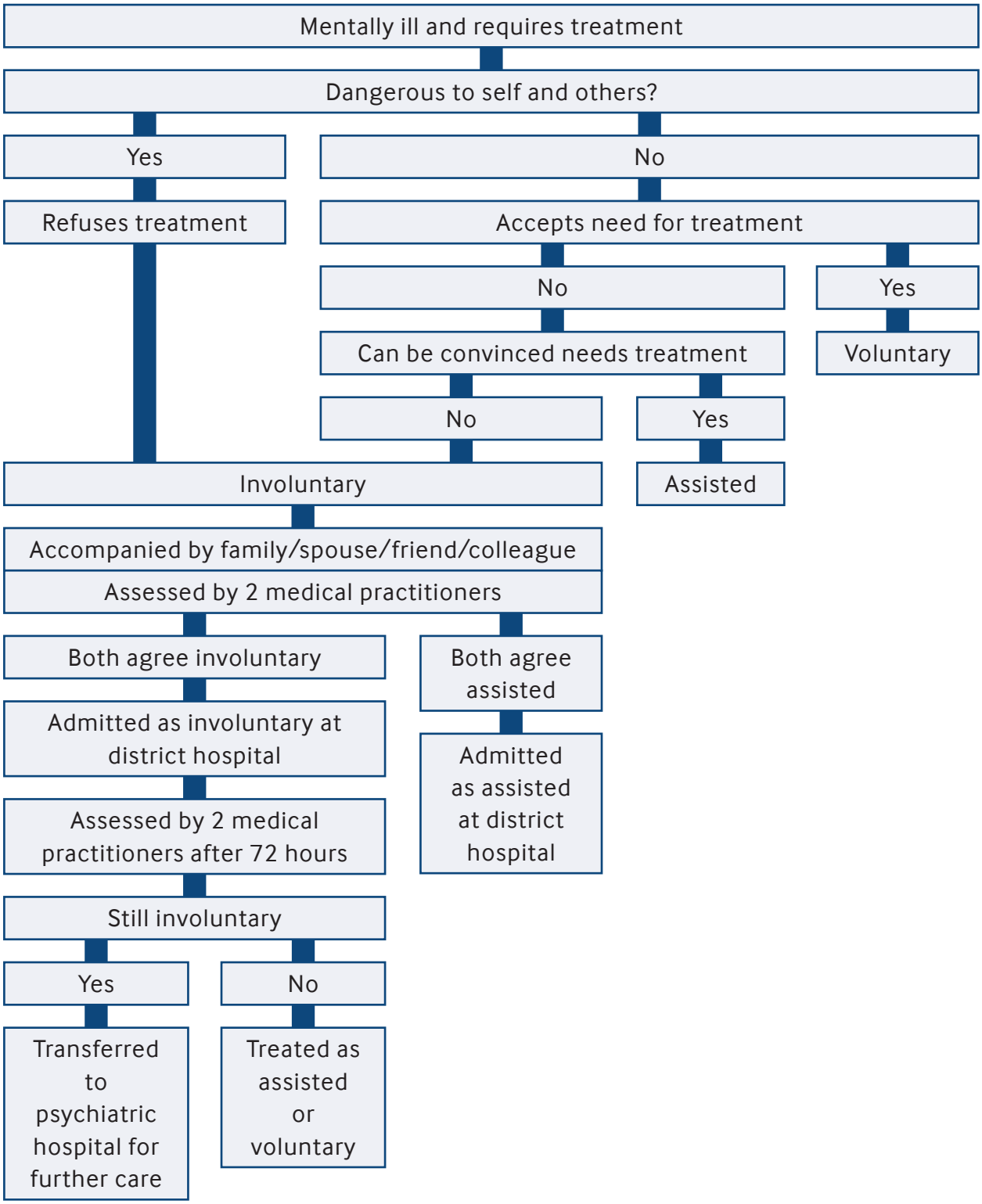


Temba was neglected as a child and from time to time he gets very distressed. He is finally in matric but he misses school. He is rude to his grandmother who rescued him from his parents who were running a shebeen. They used to forget about him and did not worry to feed him, and sometimes they did not even know that he was hiding in the field a few blocks away from home. He has been very agitated and has been threatening to run away because he can't deal with the pressure. He is a known patient at the clinic and does take his anti-psychotic medication most of the time. His grandmother was worried one night and called the policeman who lives next door to please take him to the hospital. He did not want treatment and ran away. His uncle whom he trusts and feels safe with found him and spoke him into getting help.



Piet is a 21-year-old who is a known psychiatric patient and is on antipsychotic injections. Piet has learning disabilities and when he got too frustrated and did not get the help he needed, he dropped out of school. He sits at home most of the time, but sometimes he gets involved with friends who tease him and give him drugs and alcohol. He has missed his last 2 appointments and has refused to come back to the clinic. His mother alerted you to his violent behaviour when he was threatening his family with the bread knife. He was screaming and shouting and telling them that he was sent by Jesus to make them famous and the only way this could happen is if they were slaughtered. He is clearly a danger to himself and those around him...

Admission pathway in terms of the Mental Health Care Act (MHCA)



7. Substance Use Disorders (SUDs)

Substance use is when someone uses alcohol or drugs. Substances are often used recreationally (for leisure purposes) in our communities. People can use substances either on their own or when socializing with others to help them to relax and cope with normal life stresses. The recreational or casual use of substances is not always harmful and does not always lead to a substance use disorder. For some people, using substances can cause harm and potentially lead to a substance use disorder which carries the risk of overdose and/or serious health and mental health complications.

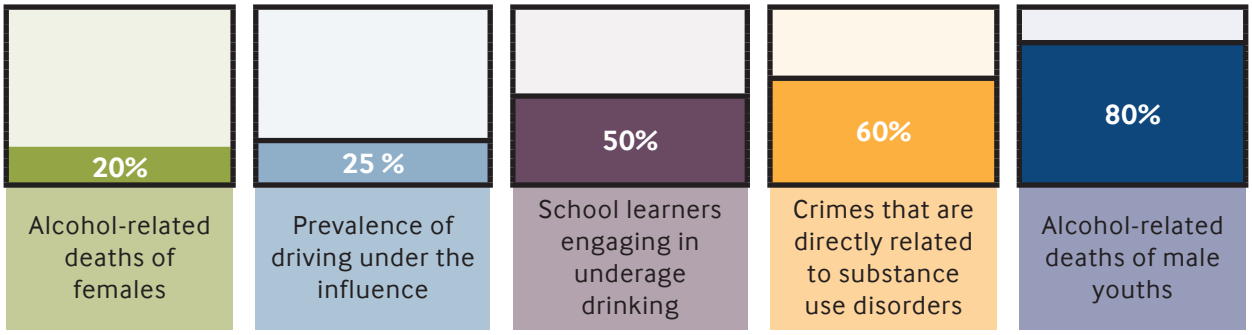
The Infographics below highlights the significant problems that result from harmful substance use in South Africa.

The effects of harmful substance use in South Africa

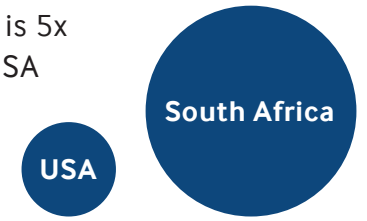
The South African Depression & Anxiety Group (SADAG) take a look at the deadly influence of substance use in every day South African life.

A crisis in South Africa

Harmful substance use is increasing in South Africa. Alcohol, Marijuana (dagga), cocaine, tik and heroin are some of the most frequently used substances in the country. South Africa has also become a key area for international drug trafficking networks, and up to 60% of crimes committed involve the use of substances.



The rate of fetal alcohol syndrome in South Africa is 5x that of the USA



Adapted from: www.sadag.org/www.FreeVector¬¬Maps.com

A change in attitude

From what has been described so far, it is clear that harmful substance use is a problem in South Africa. We come across substance misuse in various settings including our own homes, our neighbourhoods and in our workplaces. It is common to feel overwhelmed and to not know what to do to help friends, family and colleagues exhibiting harmful substance use.

It is important to be sensitive to those in need of our help. One of the ways to do this is by practicing the skills we learnt through being a guide on the side. We need to pay attention (be mindful) to how we view and speak to people who use substances. Using words like 'Addict', 'Alcoholic', or 'Drug Addict' is not supportive and may result in feelings of stigmatization. If we hope to be open and attentive to the people we want to support and help, we need to use words such as 'person using substances', 'person with harmful substance use' or 'person in recovery'. Our approach to people who use substances in a harmful way needs to be non-confrontational and supportive. This will encourage motivation for change and assist with the recognition that the problematic substance use is a mental health condition that can be treated, and there is help available.

*(**www.ccsa.ca/Resource%20Library/CCSA-Language-of-Addiction-Words-Matter-Fact-Sheet-2017-en.pdf**).*

Dispelling the myths about substance use disorders

It is helpful to be able to recognise the signs of harmful substance use. It is also good to know when it is necessary to refer someone for appropriate assessment and treatment. Harmful substance use poses a challenge not only for the individual, but for families and the community as a whole.

It is important to understand and have the correct information about harmful substance use. The table below can assist in reviewing assumptions and beliefs about substance use.

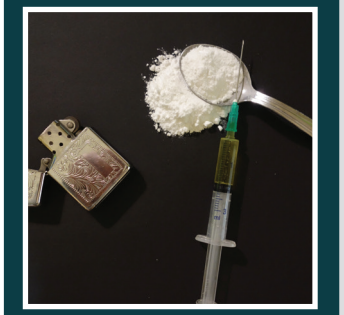
	Myth	Fact
1	Overcoming harmful substance use or dependency is simply a matter of willpower. "You can stop using drugs if you really want to."	Prolonged exposure to drugs and alcohol changes the brain. These brain changes make it extremely difficult to quit just by easy choice.
2	A substance use disorder is a disease; there's nothing you can do about it.	Substance use disorders are classified as a disease is a disease, but that does not mean you're a helpless victim. Dependency on a substance can be treated through therapy, medication, exercise and other treatments.
3	People who misuse drugs and alcohol have to hit rock bottom before they can get better.	Treatment and recovery can begin at any point of substance use disorder. The earlier the better. The longer substance use continues, the harder it is to treat. Don't wait, act immediately.
4	You cannot force someone into treatment. They must want help.	It is better if someone wants to get treatment of their own free will. However treatment does not have to be voluntary to be successful. Someone that is pressured into treatment is just as likely to benefit as those who choose to enter treatment on their own.
5	Treatment did not work before, so there's no point trying again. Some cases are hopeless.	Recovery from substance use disorders is a long process. It often involves setbacks. Relapse does not mean that treatment has failed. Do not give up.

Commonly used drugs/substances

The table below lists some commonly used drugs/substances. It includes what they are called and where they come from, the effect of taking them and the possible health risk and the social impact.

	What	Effect	Health risk/social issues
Tobacco 	• Tobacco comes from the leaves of the tobacco plant. • Generally found in cigarettes which contains nicotine. • Nicotine is addictive.	Smoking cigarettes causes relaxation and reduces feelings of hunger.	Cigarette smoking can cause heart and lung disease and strokes.
Alcohol 	For alcohol: Beer, wine, and spirits all start with a process called fermentation, which is the natural result of yeast digestion of the sugars found in ingredients like fruit, cereal grains, or other starches. Fermentation results in two substances: ethanol and carbon dioxide which is found in an alcoholic drink.	• Alcohol slows down the body's responses. • It also reduces anxiety and makes people more confident and less inhibited, so they do things they would normally more easily stop themselves from doing. • It makes whatever your current mood is more intense.	• It can cause high blood pressure, stroke, liver disease and cancers. • Accidents that occur as a result of alcohol intoxication also result in other injuries.
Cannabis 	Cannabis comes from cannabis plant.	• It causes relaxation. • Sometimes hallucinations where people see and hear things that are not really there.	Cannabis use can also cause: • Anxiety • Paranoia • Poor concentration • Poor memory • Lack of motivation • Lung disease • Mental illness • Problems with the law

	What	Effect	Health risk/social issues
Tik 	Tik is also called Methamphetamine or Crystal Meth.	It makes people feel very awake, alert and restless.	• It can cause people to feel paranoid or confused; and even aggressive. • Can cause brain damage and mental illness. • Tik use is associated with a very intense "high" and a very severe "comedown".
Magic mushrooms 	• Magic mushrooms are mushrooms that cause intoxication. • They are picked and eaten raw or dried out, then sometimes used to make tea.	• During a high, a person feels as though he or she can "see" sound and "hear" colour. • The person also becomes more emotional and feels more creative. • The person can feel like time is speeding up or slowing down, and the person may feel like he or she doesn't know where they are.	Can cause disorientation, tiredness and stomach problems.
Cocaine 	Cocaine can be snorted (coke), smoked (freebase cocaine and crack) or injected (freebase cocaine and crack).	Cocaine makes people feel extremely happy, over-confident and arrogant.	• There tends to be a severe comedown after the intense high. • They may become aggressive and careless. • Cocaine use can cause fever and hepatitis.

	What	Effect	Health risk/social issues
Ecstacy 	• Popular on club scene. • Ecstasy is also called MDMA.	• Gives users high energy so they feel awake and alert. • Users feel very connected to sounds, colors and surroundings, with intense feelings of affection.	• Use of ecstasy can cause anxiety, confusion and paranoia. • It is very dangerous as it is usually sold mixed with other unknown chemicals.
Mandrax 	• The mandrax tablet is crushed, mixed with cannabis and smoked. • It can also be taken as a pill or injected.	It makes users feel relaxed and calm.	• Can cause confusion, aggression, passing out and sleep. • Highly addictive. • Can result in brain and mental problems, as well as breathing problems.
Heroine (Smack) 	Heroine is made from morphine extracted from an opium poppy.	• Opium can be used to treat pain, sleeplessness and runny tummy. • Recreational use can cause a feeling of warmth and well-being; sleepiness and relaxation.	• It however also causes dizziness and vomiting. • Highly addictive. • It can cause liver disease and damage to veins.

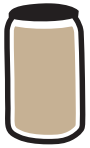
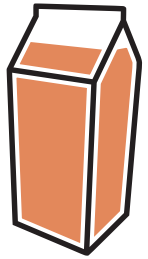
	What	Effect	Health risk/social issues
Whoonga and Nyaope 	• Made up of a mixture of low-grade heroine and other additives like rat poison, which is usually mixed with dagga. Sometimes includes ARV medication • Also known as "sugars"	• Heavy cravings for the drug as soon as first usage took place • Withdrawal symptoms involve both craving and pain, which are temporarily relieved by smoking the drug. • Because Nyaope was smoked with dagga, the user becomes addicted to dagga as well.	• Neglect school work, jobs, and may eventually quit work or school altogether. • Need for extra money to pay for the drugs also increases, leading to criminal behaviour when they no longer have legal access to money. • Since the substance is highly addictive, users may become violent when they are unable to access the drug and may commit violent crimes even against family members or friends in order to get money.

Khat or Kat 	• Is an amphetamine and has similar effects to cocaine and tik.
	• Comes in two forms:
	  ‣ original: Cathinone
	  ‣ artificial form: Methcathinone
		• Euphoria - feelings of extreme happiness
		• Increased confidence – the user begins to talk more and feel good about themselves.
		• Sharpened senses – becoming more alert
		• Impaired judgement and concentration
		• Increased energy
		• Aggression
			• Dependency is developed rapidly especially to khat in the powder form.
			• The risk of dependence is similar to tik and cocaine where the user will feel unable to cope once they have stopped using.

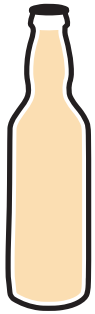
Prescribed Medication 	• Codeine based medication (cough syrup and pain killers) • Benzodiazepine (e.g. Valium) • Tramadol/Tramacet • Grandpa powders • Ritalin	Initially may assist with symptoms that they were prescribed to treat i.e. pain, anxiety or concentration.	If dependent on these substances, patients may deny their dependence due to medication being prescribed or readily available.

Alcohol Unit Measures

Quantities of different drinks that are the same as **ONE** standard drink

1 glass wine (125ml)	1 single measure spirits (25ml)	1 bottle beer/cider (330ml)	1 can beer/cider (330ml)	1 carton tlokwe (1L)	R5-50 jar punch/skelm gemmer/ umqombothi
					
1 serving	1 serving	1 serving	1 serving	1 serving	1 serving

The number of standard drinks in commonly purchased quantities of alcohol

1 bottle spirits (750ml)	1 bottle wine (750ml)	1/2 bottle spirits (375ml)	1 quart beer/cider (947ml)	Double measure spirits (50ml)	punch/skelm gemmer/umqombothi		
					R7-00 jar	R5-50 jar	R2-00 jar
							
30 servings	6 servings	16 servings	2 servings	2 servings	2 servings	1 serving	½ serving

Let's meet Thando who will help us to understand how to manage a person with SUD

Meet **Thando**, a 42-year-old male nurse. Nine months ago, he was diagnosed with HIV and Drug Resistant Tuberculosis (TB), a type of TB that doesn't get better with the usual medication. He was married for 10 years but it didn't work out and he is now recently divorced. They have 3 children aged 4, 6, and 9 years old. He has started skipping his TB and HIV clinic appointments and his health has started deteriorating. He has dropped a pants size in the last month alone, is struggling to get out of bed most days, he has lost his appetite, is easily frustrated and short tempered with the children and he often just wants to be left alone.

Thando hasn't always had an unhealthy relationship with alcohol. He started drinking alcohol socially at the age of 18. In the last 6 months however, he has started drinking heavily over weekends, especially after pay day. This caused conflict between him and his wife because his behaviour, such as sometimes not coming home on some weekends, had become unbearable. This was a major contributor to the divorce. He has received written warnings for being absent from work on a Monday because of a having a hangover (babalas) or coming to work and performing poorly.

Recently he has been feeling down and has thus started drinking by himself in the week. He does not see his children often as he is drinking more and more on weekends and forgets to fetch them. Despite all of this, Thando is finding it hard to stop drinking and getting his health and life back on track.

Common signs of substance use

Physical changes

- Weight loss, pale face, circles under eyes
- Red eyes or frequent use of eye drops
- Unexplained skin rashes
- Persistent cough, frequent colds
- Changes in sleep and/or eating patterns
- Deterioration in personal hygiene
- Odour of alcohol or other drugs
- Obvious intoxication

Behavioural changes

- Increased need and use of money
- Quitting or getting fired from jobs
- New friends, lying secretiveness, mysterious phone calls
- Attendance problems at work or school
- Drop in performance at work or school
- Accidents at work or school
- Mood swings – angry outbursts, sadness/ depression or elated mood
- Verbal and/or physical abuse of family members
- Spending more time alone
- Quitting hobbies or extracurricular activities
- Theft and missing valuables, alcohol or medication

Items to look for

- Alcohol and other drugs in possession for use during the day
- Mouthwash, breath sprays or eye drops which may be used to cover up evidence of intoxication
- Thinners, tippex or other solvents (indicates inhalant abuse)
- Bank bags, rolling papers (rizla etc.) broken glass bottle tops, pieces of various shapes and sizes, pieces of tinfoil, mirrors, razor blades, small screens or burnt spoons
- Seeds (from dagga plants)
- Burns or stains on hands and clothing

http://drugcentre.org.za/signs_of_using

Withdrawal

Withdrawal symptoms are the unpleasant physical and psychological reactions that can happen when substance use is reduced or stopped. Whether withdrawal symptoms happen or not, the type of symptoms depend on how much of the substance has been used, for how long it has been used, and other factors such as family history and other medical problems the person may have at the same time.

Withdrawal symptoms are different for different drugs. For example:

- Alcohol withdrawal may include shaking with or without fits (seizures) which can last from a few days to a few weeks.
- Benzodiazepines withdrawal can include anxiety with or without fits, sometimes lasting for weeks.
- Cocaine withdrawal can have symptoms of depression and restlessness which can last over a week.

The general psychological and physical withdrawal symptoms are highlighted in the diagram below. Withdrawal is a challenging and complex process and needs appropriate medical care and attention to help the user to cope both physically and psychologically.

Psychological		Physical
Anxiety Restlessness Irritability Insomnia Headaches Poor concentration Depression Social isolation		Sweating Heart palpitations Muscle tension Tightness in the chest Difficulty breathing Tremors Nausea Vomiting or diarrhea

Management

Always refer patients that you suspect having a substance use disorder (SUD) to your supervisor/professional nurse.

If a healthcare provider finds someone with a suspected SUD, they would do the following:

1. Screen and assess for a potential substance use disorder.
2. If the patient is at risk of SUD, possible treatments would include – motivational interviewing, relapse prevention and cognitive behavioural therapy.
3. Some substance use treatments may require doctors to prescribe medication to help the patient with detoxification.

Psychosocial and Lifestyle

- Peer support groups, for example Alcoholics Anonymous and Narcotics Anonymous provide support for people and their families suffering from a substance use disorder.
- Family members of persons suffering with a SUD can also access support at 'Al Anon' and 'Nar Anon'.
- Be sure to know where the nearest support group is for your patients and their families.

Using the information above, think about and answer the following questions:

1. What physical and behavioural changes does Thando have as a result of his drinking?
2. Thando completes the Kessler 10 and scores 25, he is unsure if he wants to receive help. Using some of the skills you have learned, how could speak with him so that you could encourage him to seek help going forward?
3. What impact does Thando's drinking having on his family?
4. If Thando had to stop drinking, what symptoms do you think he might experience from the withdrawal of alcohol?
5. Where in your community can you refer Thando to for appropriate assessment and help?

8. People living with a disability

We all have a different understanding of the term "disability". Our life experience, beliefs and culture impact the way we view disability. People living with a disability often face various forms of stigma that can have a significant impact on their lives. They are often discriminated against, suffer neglect or are abused by the community. This training focuses on opening our minds and hearts so that we can challenge our understanding of disability and become advocates for equal rights to ensure that people living with a disability can have fulfilling lives and contribute meaningfully to society.

Meet **Tom** who is a 40-year-old married man who was coming home from work one Friday night at about 20:00 when he got caught in a gang crossfire and got shot in the back. He was found unconscious by a friend of his who alerted his wife. He was taken to the nearest hospital by ambulance where the doctors performed surgery. Unfortunately Tom was paralysed from the waist down. His life changed. He had worked at a car dealer washing cars and he was the sole breadwinner. He had a wife, 3 young children and his parents to look after. He could no longer work. His wife then found domestic. work for 2 days a week. Tom became withdrawn and depressed because he could no longer work and care for his family as he had always done. They used their last money to get a wheelchair for Tom. Even though he had a wheelchair, he could only use the front room and not the rest of the house. He could not continue cleaning cars.

A group of men from the church visited him and through their contacts, Tom took a course in sewing. He practiced until he could make things to sell. It took time, but after a year, Tom and his family were coping better with their new way of life

Understanding disability

A disability can affect the way a person uses their body or brain, as well as their ability to do things in their environment.

A disability can be:

- **Sensory:** for example being deaf or blind
- **Physical:** for example a spinal cord injury or a stroke
- **Intellectual:** for example dyslexia or other learning disabilities
- **Psychosocial:** from a mental health condition which is hard to explain or even understand

We first need to understand the social and medical model so that we can understand disability in mental health:

Social model

In this model disability is mostly caused by other people and communities who do not understand a person with disabilities unique differences or challenges:

Medical model

In the medical model, the focus is on the individual – what a person can or cannot do or be:

Problem of the **individual**, not the environment.
The focus is on **what a person cannot do or be**.

Think of Tom who has been caught in the cross-fire of a gang shootout and has become paralysed from the waist down.

- The **medical model** would say that Tom has a spinal cord injury.
- The **social model** would say that Tom now can't easily access his bedroom, bathroom, his work place and local transport because these environments don't have wheelchair access.

If the environment was changed by putting in ramps for example, Tom's disability could be reduced or removed.

It is important that both ways of understanding disability are recognised. Tom needs the best medical attention as much as he needs social and physical assistance so that he can have the best life possible under the circumstances.

Taking this a step further now, let us look at what disability means for mental health.

Psychosocial model

The term 'psychosocial disability' comes from the United Nations Convention on the Rights of Persons with Disabilities. **Psychosocial disability** "focuses on the social and economic barriers associated with a mental health condition rather than focusing on the person as a problem. While not everyone living with a mental health condition will experience psychosocial disability, those who do are much more likely to experience significant disadvantages including unemployment, poor health, poor relationships, poor housing and homelessness."

Barriers

Two people can have exactly the same disability or impairment, but each one will have a different experience of it. Our experiences and opportunities are affected by our education, social and financial status and our political awareness. The context of where we live also has an impact for example, rural or city life, developed or developing country.

This means that each person is unique in how we try to assist them to lead their best life. While each person has a different experience of disability, there is an agreed understanding of what disability means in terms of universal human rights.

Disability rights

This is explicitly defined in the 2007 United Nations Convention on the Rights of Persons with Disabilities (CRPD). "The CRPD recognises people with disabilities as active subjects, capable of claiming their rights and making decisions about their lives based on their free and informed consent.

The general principles of the Convention are laid out in Article 3

- "Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons;
- Non-discrimination;
- Full and effective participation and inclusion in society;
- Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity;
- Equality of opportunity;
- Accessibility;
- Equality between men and women;
- Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities."

Respectful language ©CBM Disability-Inclusive Development Toolkit

The way we speak to people reflects what we think of them. Our words must not cause more harm that will make people feel "less than" or "not good enough" because of any form of disability. The table below helps us use the correct language when we speak to people with a disability.

Language to use	Language to not use
Person with an impairment; person with disability, people with disabilities	The disabled, handicapped, PWD
Person without a disability, non- disabled person, sighted person	Normal person
Person with a psychosocial disability, or psychiatric impairment or person with mental illness	'Mental' or 'mad'
Person with intellectual disabilities or persons with learning disabilities	Mental handicap or retarded
Person who is blind, person who has low vision; partially sighted person	The blind; the visually impaired
Person who is deaf, person who is hard of hearing, a deaf person, a deafblind person	Suffers from hearing loss, the deaf, deaf and dumb, deaf-mute
Person who has multiple sclerosis	Afflicted by MS, victim of
Person with epilepsy	Epileptic
Person who uses a wheelchair; Wheelchair-user	Confined or restricted to a wheelchair, wheelchair bound
Person with a physical disability	Invalid; handicapped person; cripple, crippled, lame
Unable to speak, uses synthetic speech	Dumb, mute
Seizure	Fit
Lives with/has/experiences a disability/impairment	Suffers from
Congenital disability, born with an impairment	Birth defect
Person who had polio, person with post-polio paralysis	Post-polio, suffered from polio
Accessible toilet/parking for persons with disabilities	Disabled toilet/handicapped parking
People living in poverty. People living in situations of vulnerability/people living in situations that make them more vulnerable to…	• 'The poor' • Vulnerable people/groups (although the UN use the term vulnerable groups)
Low income countries, developing countries	• Underdeveloped • Third world
Use gender neutral language such as referring to a person by their role rather than their gender: e.g. 'A doctor was running the hospital.'	Gender information unless necessary: e.g. 'A woman doctor was running the hospital.'
Language which shows respect for local context and the challenges of individual situations such as: 'X's family had not been told there was a way that they could help X to go to school'	Language of blame such as: 'X's family didn't care about her and so didn't send her to school

Ways to help people living with a disability to manage

Non-specialists need to think of ways of how to assist people who are living with a disability to manage their symptoms in order to allow them to access and use the treatments available to them. We need to remember to use the psychosocial disability model that combines the social and medical models so that our patients are cared for holistically.

Psychoeducation

- The focus on the condition or impairment management includes self-care management where a person's ability to manage everyday self-care in their homes needs to be encouraged and promoted. If the person cannot care for their own daily functioning, then avenues of support need to be developed using existing or new support.
- Encourage patients to access nearby self-care rehabilitation settings; community-based health.
- promotion groups or intervention programs where rehabilitation or medical professionals consult patients on specific self-care issues to help them manage at home. A peer mentor approach, in which patients learn from others who have been through a disability experience, has also been emphasised in the management of disabling conditions.
- Assist clients to model healthy coping skills on how to deal with own complicated emotions.

Lifestyle management

- Allow patients to express difficulties in managing their everyday routines and support where assistance is required.
- Managing everyday life also requires help from the patient's family/friends.
- Encourage health-promotion strategies, including a healthy diet and exercise that needs to be maintained. Encourage avoidance of alcohol and drugs.
- Encourage importance of adhering to treatment.

Psychosocial management

- If possible, encourage the patient with a disability to be integrated within the community. Discuss the possibility with family/friends of the person attending sports events, church services or other communal events.
- Where possible and available, have peer mentor programmes in which patients learn from others who have been through a disability experience.
- Family support groups.
- Where possible find out about and encourage positive social interactional programmes where family members are involved so that together they can work on communication strategies that are useful for the family as a unit.

Adherence

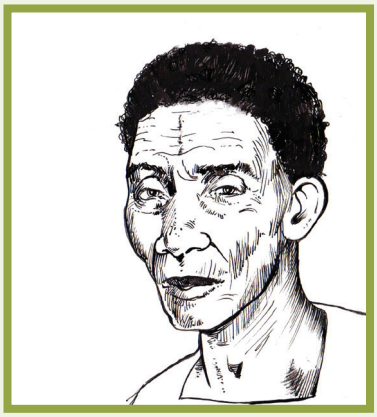
- People with disabilities are encouraged to attend their routine follow-up appointments at their local clinic. Follow-up appointments should include physiotherapy, doctor's visits, CLUB days etc.
- Assist by reminding patients of their next appointment date or by accompanying the patient when going for their follow-up appointment.

Using the information above, think about and answer the following questions:

1. In what ways did Tom's disability affect his body and brain?
2. You are doing a presentation to your fellow colleagues. Explain the medical and social model to them.
3. Discuss the barriers that Tom and his family experienced after the shooting incident?
4. Tom and his family are attending psychoeducational group sessions. Explain to them the rights that people living with disabilities have.
5. Monica is a new community health worker that has joined your team; she will accompany you to a home-visit to Tom's family. Please educate her about the correct language to use when working with people with disabilities.

9. Mental Health Concerns in the Older Person

We all tend to become forgetful when we are stressed or under pressure. We can't remember a word, a place, a name of someone we know, or, we can't remember things that we did or places we went to recently. That's normal! However, memory problems and confusion can become problematic in older people when they are progressive and usually happen over a period of time. For many older people this becomes a way of life and they tend to not worry about them, but family members and close relatives and neighbours become worried because the person is not "what they used to be". Sometimes features can simply be part of a normal aging process or can be due to new or old medical and psychiatric problems. The different conditions that can cause these mental health problems that need attention in older people are described below.



Meet **Mrs Dube**, a 75-year-old, was always very neatly dressed and a person that many people in her church and community looked up to. She was very dedicated in raising her 6 children and for 5 years she cared for her husband who had a stroke and was bed-ridden. Three of her children and 6 of the 18 grandchildren live with her. Mr Dube died 2 years ago, her eldest daughter is suffering from AIDS, and one of her sons is stealing the little she has in order to buy drugs; 3 of her grandchildren living with her have intellectual disabilities. She suffers from diabetes and hypertension and lately her eyesight and hearing have become worse. Over the last 6 months she has become more and more forgetful and confused. One of her neighbours found her walking in the street looking as if she were disoriented and unable to find her home in a neighbourhood she has stayed in for decades. The neighbour spoke to Mrs Dube's daughter who said that they thought their mother was depressed since the death of her husband and that she was not getting better from that and was becoming a problem for them. She could no longer cook and she could also not look after the children.

Common features of mental health problems in the older person

THINK

Loss of memory and confusion is common, and an older person may experience or show the following features:

- Difficulty in remembering things
- Struggle to learn new things
- Forget how to do some things that they could do before
- Forget what things are called or what they are used for
- Difficulty in counting
- Become distracted and struggle to focus or pay attention to a conversation, or to something he or she is busy doing
- Find it challenging to plan their day
- Hallucinations or delusions
- The person may speak in a way that doesn't make sense

FEEL

- Depressed [refer to the features under Depression]
- Feel isolated, abandoned, don't care anymore about anything - hopeless
- Sad about all the losses of loved ones or things not achieved in their life

BEHAVE

- Short temper
- Keep to him or herself
- May display strange behaviour, such as wandering away from home
- Become abusive or aggressive
- Problems with activities of daily life for example incontinent, disturbed sleep, refuse to wash or dress, leaving on electrical appliances
- Socially inappropriate behaviours such as screaming, scratching in other people's belongings, sexually inappropriate behaviours

Different conditions associated with the older person

There are many mental health conditions associated with the older person. The more common conditions that you will hear about or are familiar with are:

Dementia: dementia is word that describes different mental health problems where there is a severe disease of the brain. Dementia affects a person's language, memory and ability to make decisions. Dementia develops over time and is not reversible. Alzheimer's disease is a common form of dementia in the older person. HIV can sometimes cause dementia and with treatment, this form of dementia can be reversed.

Delirium: a person is delirious when they suddenly become confused and can't think properly. They might also have a change in consciousness and have hallucinations. Delirium can be caused by several medical problems which can get better when treated. The typical conditions that can cause delirium are: fever (commonly seen in a urinary tract infection), dehydration, kidney failure, HIV, brain tumours or head injuries, medication or drugs that do not interact well. Delirium is not a permanent condition and can be reversed when properly diagnosed and treated.

Depression: Many older people suffer from depression. Some of the reasons for this include: general stressors, loss of friends and family members, isolation, memory loss, hearing loss and other physical disabilities, feeling like not having achieved or regrets about what was done or not done, financial issues and feeling dependent.

Medical problems: several medical problems such as HIV, hypertension, diabetes and vascular disorders, such as strokes, can lead to mental health problems in the older person. Psychiatric illnesses: Psychiatric conditions that are diagnosed during a patient's life will remain a chronic condition that will require ongoing medical attention.

Sleep difficulties: Older people need just as much sleep as young adults. As people get older they tend to have a harder time falling asleep and more trouble staying asleep than when they were younger. Older people who suffer from mood disorders, psychosis and anxiety disorders have the same sleep problems associated with these conditions.

Managing the older person with mental health conditions

There is no single treatment that covers all the problems associated with mental health and the older person. Family members and caregivers need to be included in in all the discussion about management and care of the elderly person. The conditions are usually progressive and will not get better but rather will probably become progressively worse.

Psychoeducation

- The more a person understands their condition the better able they are to make their own decisions about treatment and how they want to live their life. The longer a person can be autonomous, the better.
- Family members and caregivers need to be well educated about the mental health condition of their loved one. It is important to ensure that they have realistic expectations of what lies ahead so that appropriate plans can be made for adequate care in the future.

Medication

- Older persons need to continue with their routine medication for their medical and/or psychiatric conditions.
- It is important to note that many over-the-counter and prescribed medications can cause behavioural problems which need to be reported and managed by the doctor.

Psychosocial

- Isolation and loneliness is one of the biggest problems older people face.
- Help older people to keep active and involved with their family, community and any organisation that helps in this regard.

Lifestyle

- Older persons who suffer from dementia, depression and any condition that affects their thinking, need routine which where possible should not be changed.
- Adequate sleep and good nutrition are important in the older person.
- Appropriate stimulation such as gentle exercise routines, listening to music or activity programmes such as playing bingo help with the management of the older person to continue being stimulated and engaged in life.

Counselling and therapy

- Counselling and therapy for the older person is not common because of their inability to make substantial changes often promoted during this intervention.
- Older people need an ear – someone to listen to their stories and be a companion to them in their "golden years". They also have years of experience and wisdom to share with their families and those close to them.

Adherence

Take medication and dosage only as prescribed by doctor/psychiatrist.

Using the information above, think about and answer the following questions:

1. What common features of mental health problems does Mrs Dube have?
2. Using your manuals, discuss practical ways to help Mrs Dube and her family.
3. What do you think can be done for her neighbours so that they can also know what to do for Mrs Dube?
4. What services are in your community that can assist with managing the Older Person?

10. Mental Health Issues in Children

Children are also impacted by mental health problems. These problems can be caused by a number of factors including the quality of relationships with family and caregivers; exposure to traumatic events, grief of a significant figure, and even genetic factors. Children often display mental health features differently than adults. This is usually due to their inability to put words to their emotional experiences as their language and conceptual knowledge is still developing. Unfortunately, this sometimes means that children struggle with emotions all by themselves or act out their emotions in an impulsive, and sometimes, destructive manner. It is important to remember that children's mental health issues ALWAYS has a social context.

1. Developmental Disorders:

Developmental delay includes Intellectual Disability (ID) and Autism Spectrum Disorder (ASD). It happens when the brain does not mature and develop in the same way as most children. It is usually recognised by children learning to do things more slowly than others of the same age. They often need more help and for longer than other children and adolescents. They may have difficulties in communication, making friends and adjusting to change.

Mandla is an 8-year-old boy who was referred by his teacher due to lack of progress at school. He repeated Grade 1 and was pushed up to Grade 2 but can't read or write. He is easily frustrated when he cannot understand things in class and this sometimes makes him angry and restless. He is an only child. His mother is unemployed and has a drinking problem. Life at home is chaotic and unstructured. They live in a shack and have no access to running water or sanitation. He tends to play with younger children in the neighbourhood although he is often isolated as he can't always follow the rules of the game, which results in the other children calling him names and this often results in fights with the other children. He acts out often and tends to be easily drawn into fights. He has seriously injured some of the children he sometimes plays with. He was born prematurely and both he and his mother are HIV+ but don't take medication regularly.

Children with a developmental delay display:

- Delays in learning to read and write
- Problems with self-care.
- Poor school performance
- Difficulty understanding and following instructions
- Difficulty in social interaction
- Difficulty adjusting to change

THINK

- Mandla thinks that he is stupid
- He thinks he is not as good as other children

FEEL

- He wants to make friends when he tries to play or understand the games of other children and sad and angry when he is called names
- He feels anxious and frustrated when the teacher asks him to do things that he can't do
- He feels helpless when his mother is drunk

BEHAVE

- He fights with other children
- He often misses school
- He forgets things easily

Managing children with a developmental delay

1. Acknowledge feelings and thoughts of both the patient and family members and explain how this could result in the patients' behaviour.
2. Explore if an assessment with professionals may be required. These could include: paediatrician, psychologist and occupational therapist.
3. Explore if placement for special care and education is required.
4. Caregiving can be stressful for parents and should be acknowledged.

Using the information above, think about and answer the following questions:

1. What parts of the story help you decide on what Mandla's difficulties are?
2. How would you advise Mandla's mom and teachers to support him at home and at school?
3. Mandla's mom has a drinking problem. She may be using alcohol to deal with the stress of taking care of Mandla, as well as other stressors. In what ways could you support her?
4. What sort of mental health problems might Mandla's mom have and what should be done about it?

2. Emotional problems

Internalizing is a way of describing a way in which behaviour and emotion are shown by someone. The behaviour seen is negative and destructive to the person. The person directs the behaviour and emotion towards him or herself. Emotional problems can be seen in disorders including depression, anxiety, and substance use. Internalizing problems can cause the problems to grow into larger burdens such as social withdrawal, suicidal behaviours or thoughts, and other harmful physical symptoms.

Ntombi is an 11-year-old girl who was referred by the clinic sister. She has not attended school for the last two months. She often comes to the clinic with tummy aches and her teacher reported that she was often tearful at school. The sister also noticed that she bites her nails. She is a quiet child and doesn't have any close friends at school or in the community. She lives with her grandmother, who has a heart condition, and is becoming more frail but there are no supportive family members nearby to assist them.

Children with emotional problems commonly present with:

- Feeling irritable, easily annoyed, down or sad
- Lost interest or enjoyment in activities
- Worries excessively
- Complains of headaches, stomach-aches or sickness
- Often unhappy, downhearted or tearful
- May be fearful and avoid specific situations (school, meeting new people)

THINK

Ntombi thinks and worries that her grandmother may die and that there will be no-one to look after her

FEEL

She is worried about both herself and her grandmother. She is afraid that something may happen if she is away at school

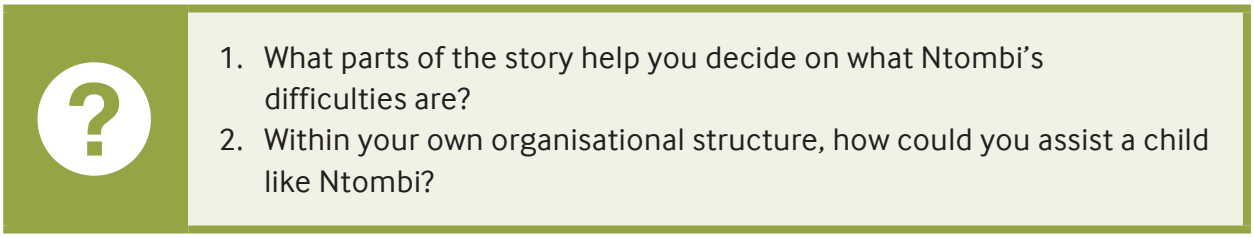
BEHAVE

- She stays away from school
- She isolates herself from other children
- She often cries at the least thing
- She bites her nails

Managing children with emotional problems

1. Acknowledge feelings and thoughts of the child and the caregiver and explain how these may results in the child's emotional problems.
2. Explore alternative sources of support: faith groups, wider community, school, family
3. Refer to social workers, psychologist or occupational therapist in order to engage with additional support structures.

Using the information above, think about and answer the following questions:



1. What parts of the story help you decide on what Ntombi's difficulties are?
2. Within your own organisational structure, how could you assist a child like Ntombi?

3. Behavioural problems

All children and adolescents must learn socially appropriate behaviour. It becomes concerning when the over-active, inattentive or disobedient behaviour is affecting schooling and learning, relationships with friends and family and when the child is consistently very angry.

Spha is a 13-year-old boy who was born to a mother who was abusing tik. She died when he was a baby and he has grown up with various family members with whom he has lived for periods, until his behaviour becomes too much for them to manage. He is defiant and doesn't obey house rules. He bullies smaller children. He often lies to get himself out of situations. He can't concentrate for long at school and tends to be impulsive and is always getting into trouble.

Children with behavioural problems commonly present with:

- Overactive
- Impulsive behaviour
- Difficulty paying attention and are often easily distracted
- Aggressive, defiant or disobedient behaviour
- Bullying other children
- Dishonest about their behaviour in order to get out of trouble

THINK

- Spha thinks that people are unfair and that he is always blamed
- He thinks he is stupid and that nobody really cares about him
- He doesn't understand why it is so hard to do the 'right' thing and why he always seems to get into trouble

FEEL

- He feels angry most of the time, but deep down he is very sad
- He wishes he had a mother

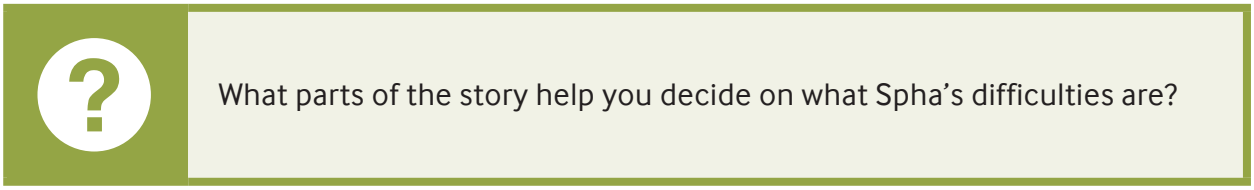
BEHAVE

- He fights with other children
- He bullies younger children
- His behaviour results in people always being upset and angry with him, often hitting him or shouting at him

Managing children with behavioural problems

1. Acknowledge feelings and thoughts of the child and the caregiver and explain how these may influence the child's behavioural concerns.
2. Explore the options for consistent care and discipline.
3. Explain behaviour modification and positive reinforcement.
4. Refer for assessment for disorders such ADHD, and involve other support services where needed.

Using the information above, think about and answer the following questions:



Section 5

Managing mental illness with care

Managing patients' suffering with a mental health condition needs to be viewed holistically.

This Section offers a broad overview of management options while the specific recommendations are listed under each condition.

Managing mental health conditions with care

There are many different types of mental health conditions. Each condition needs to be treated effectively so that the patient can live as happily and productively as possible in their unique situation.

The World Health Organisation (WHO) defines mental health for us so that we can understand what we are aiming to achieve when managing our patients.

World Health Organisation (WHO) definition of Mental Health "...a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."

Life happens, and when the symptoms begin to make life very difficult, there is a chance that the person might have a mental illness...

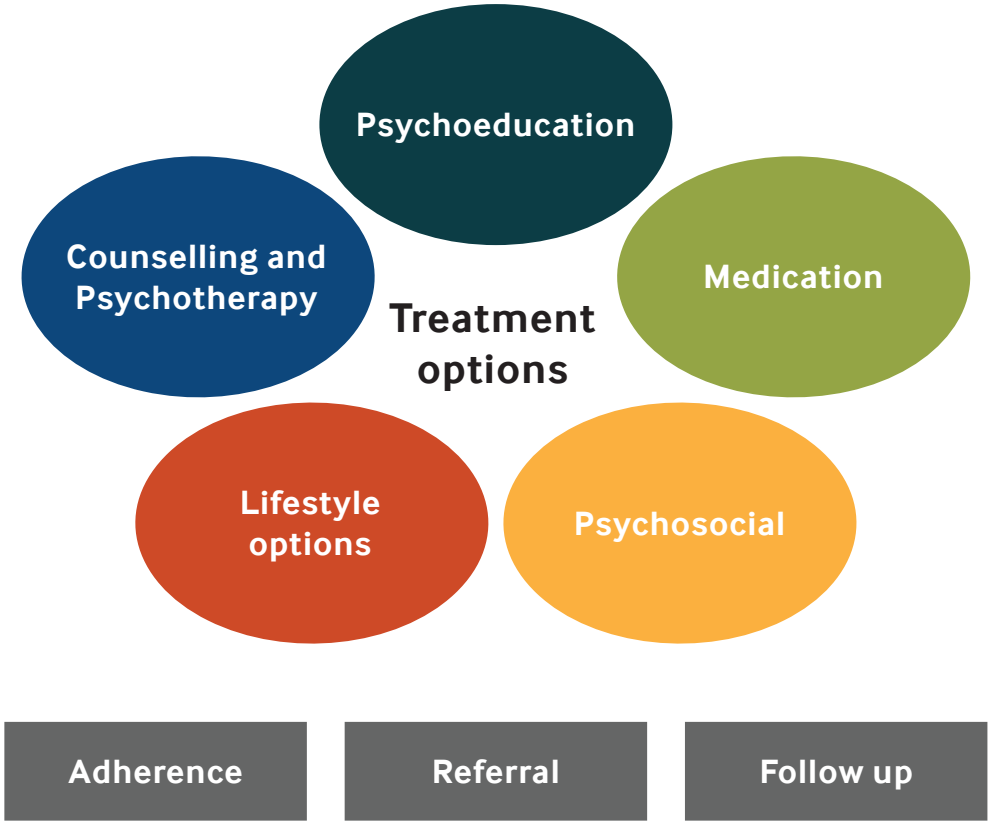
...a person is diagnosed with a mental illness when their ability to work and the way they live affects other people negatively.

... the way a person THINKS

... the way a person FEELS

... the way a person BEHAVES

Treatment for mental illness takes a holistic approach that requires a combination of the following options:



Psychoeducation

Things to know

- Psychoeducation means providing patients and their families with accurate information about mental illness.
- Psychoeducation is information that empowers patients to take responsibility/agency over their illness.
- When a patient understands his or her features and what they are going through, they are better able to understand what treatment is needed.
- Understanding how the treatment works, helps people to be adherent so that they can restore and maintain a healthy state of wellbeing.

Things to do

- Ensure that patients understand their condition so that they can make informed choices about their mental health and wellbeing.
- Refer the patient to the appropriate resource in your area to get the relevant information.

Medication

Things to know

- Medication can be used to improve the features of mental illness so that people are able to work on rebuilding and improving the quality of their lives again.
- There are different kinds of medication for each different type of mental illness.
- Sometimes medication used to treat mental illness causes unpleasant changes in the chemicals of the body that result in side effects.
- Some side effects go away after a while, but some are more dangerous than others. The side effects that you need to be aware of are mentioned under the different disorders discussed in this manual.

Things to do

- Encourage patients to continue taking their medication for as long as the doctor stipulates or deems necessary.
- Advise patients to take their medication as prescribed.
- When a patient suffers from potential side effects caused by the medication, encourage them to return to the clinic as soon as possible unless it is an emergency where they will need immediate attention.

Psychosocial

Things to know

- Psychosocial wellbeing includes our ability to think clearly and rationally, how we manage our feelings about life and what happens to us and our ability to connect socially.
- People who are healthy psychosocially can usually make good (rational) decisions, adapt to change, manage stress and have strong family and social relationships.

Things to do

- Allow the patient to talk about his or her understanding of the cause of his or her problems, and the things that have added to or improved them.
- Help the patient think about things that are currently causing stress and discuss them.
- Where possible try to help the patient problem solve.
- If you think there may be abuse or neglect, report this to your supervisor. The supervisor may need to contact police and community resources as appropriate.
- Help the patient to identify supportive family members and friends that they can connect with and share about their difficulties.
- Help the patient identify previous social activities and encourage him or her to become more involved again. It would include things like family gatherings, outings with friends, visiting neighbours, social activities at work, sports and community activities.
- There are some organisations in the community that provide support for patients and families of patients. These can range from support groups to occupational therapy groups to rehabilitation groups for patients and support resources for families.
- These organisations can be accessed via the day hospital or via the supervisor.

Lifestyle

Thing to know

- Lifestyle means the way in which a patient lives and how they behave.
- Lifestyle can play an important part in how we deal with mental illness, and how we live can also help us get better.
- People with mental illness should be encouraged to continue with activities that were interesting or that previously brought them pleasure.

Things to do

Encourage patients to adjust their lifestyle activities to ensure:

- Enough sleep
- Healthy eating habits
- Physical exercise routines
- Participating in regular social activities

Counselling and Psychotherapy

Things to know

- Psychotherapy is sometimes called "talk therapy".
- It is a way to treat people with a mental disorder by helping them understand their illness.
- It can be used to teach people ways to deal with stress and unhealthy thoughts and behaviours.
- Psychotherapy helps people deal with their features better and function at their best in everyday life.
- Counselling is part of psychotherapy.
- It usually means giving advice and guidance to a patient to help him or her to find ways of resolving personal, social, or psychological problems and difficulties.
- Depending on the patient's needs, there are different types of therapies that will be used. CBT and Brief Motivational Interviewing (BMI) are commonly used for patients with mental disorders.
- People who go for therapy are often stigmatised.

Things to do

- Destigmatise counselling and therapy and promote the benefits now that you know what it is and how it can help your patients.
- Counselling and Psychotherapy can sometimes be emotionally draining; always encourage your patients to continue with treatment.

Adherence

Things to know

- When patients understand what medication or treatment is being prescribed, they are more likely to adhere to it.
- Adherence means taking the treatment prescribed by a health professional as accurately as possible.
- Adherence is not only about taking medication, it is also about making lifestyle changes and developing healthy coping mechanisms.
- Adherence to treatment for a health condition, can reduce the chances of recurrence or hospitalisation.

Things to do

- Help patients find ways to remember to take their medication that a doctor or psychiatrist prescribes.
- If a patient does not know what medication they are taking or how to take it, educate them if you can, or refer them back to the doctor who prescribed the medication for them.
- Help patients to take responsibility for their condition so that they can make appropriate lifestyle and behaviour changes.

Referral

Things to know

- It is better be safe than sorry and make sure you take the necessary steps in referring a patient that you may have concerns about.
- Use the Kessler 10 or whatever screening tool your organisation or clinic uses to refer according to protocol.
- The referral pathway will depend on the structures of your organisation.
- Information related to the features of specific conditions are discussed under their respective sections. The information you provide may be helpful in deciding who will assess the patient next.
- Always remember that it is not your role to diagnose a patient with a mental health condition! It is important to always work within your scope of practice.

Things to do

- A referral may involve, making a call or writing a short note to your direct supervisor/line-manager informing them of particular information so that the patient may be seen for further assessment, diagnosis and specific management of their mental health concerns.
- Use the relevant referral stationery required by your organisation. This information may include: The patient name, their contact details (including where they live) and what the features are that you observed when seeing the patient.

Follow up

Regular follow-up is important. Always encourage your patient to go for their follow-up appointment.

This allows for the patient's features and side effects to be checked so that the right help can be arranged where required. This is generally via the clinic or day hospital. It can also be by phone or through the community health worker service.

Resources

Use this table to build a resource list so that you have names and numbers at hand to give to your patients should they need them.

Organisation/Individuals	Contact number
SA Federation for Mental Health	**www.safmh.org** 011 781 1852
Adcock Ingram Depression and Anxiety Helpline	0800 70 80 90
ADHD Helpline	0800 55 44 33
Department of Social Development Substance Abuse	24hr helpline 0800 12 13 14 SMS 32312
Dr Reddys Helpline	0800 21 22 23
SADAG Mental Health Line	011 234 4837
Suicide Crisis Line	0800 567 567 SMS 31393
Childline	08000 55555
Lifeline	0861 322 322

Add your own resources

Organisation/Individuals	Contact number

Background

Despite significant efforts in the public health sector to provide integrated mental health services, there unfortunately remains a shortage of trained providers of non-specialist mental health care. Community Health Workers (CHW) are often the first port-of-call in the community. To date they generally have insufficient training in mental health, limiting their ability to deal with the complexity that mental illness brings to a community. There is a need to address staff shortage by providing training in mental health that supports task-sharing. In this way the resulting recognition of common mental disorders in the community may lead to appropriate referral to health care services. This is the goal of this ATTC-developed Mental Health Training for non-specialists.

The original manual was developed as part of a PhD by Dr Goodman Sibeko, in partnership with the Western Cape Department of Health. The PowerPoint driven training programme was developed and piloted in 2 sites in the Western Cape for CHWs in line with the UNESCO guidelines; the WHO Mental Health Gap Action Programme and the South African National framework for CHW training. The desire and intent to bridge the treatment gap and provide a practical and relevant training programme to ensure task-sharing that is widely valued and supported.

The results of the initial pilot demonstrated significant improvement in knowledge, which was sustained at 3-months. There was also significant improvement in confidence, along with positive changes in attitude, indicating improved benevolence, reduced social restrictiveness, and increased tolerance to rehabilitation of the mentally ill in the community.

Although the training was deemed acceptable and feasible it was decided to manualise the training and provide a participant manual as well as a facilitator guide to standardise the programme in preparation for scale-up as an intervention in mental health services. The programme is under constant review to remain responsive to the ever-changing demands of the health care environment.

Sibeko G, Milligan PD, Roelofse M, Molefe L, Jonker D, Ipser J, et al. Piloting a mental health training programme for community health workers in South Africa: an exploration of changes in knowledge, confidence and attitudes. BMC Psychiatry. 2018;18:191. doi:10.1186/s12888-018-1772-1.

Notes