



A GUIDE FOR COMMUNITY
HEALTH WORKERS

MENTAL HEALTH



The Open
University



FOREWORD

Welcome to the Mental Health Guide for Community Health Workers.

The guide has been developed for use in community mental health work. It is especially appropriate for settings where the provision of medical, diagnostic and support services is sparse or lacking. In these situations, access to formal diagnosis and specialist intervention will often be very difficult. But there is much that community health workers can do in identifying likely problems, and providing direct help and support to individuals and families.

The guide covers adult and child mental health problems, as well as childhood developmental problems. It includes information and guidance on dealing with mental health crises and emergencies and identifying mental health and developmental problems, together with simple intervention strategies, including suggestions for parents and family members to use themselves. The latter sections of the guide give guidance and suggestions for promoting mental health and preventing illness in the community.

The guide was first developed for use in Ethiopia where primary health care is delivered by Health Extension Workers (HEWs). It followed the launch, in 2011, of the Health Education and Training (HEAT) programme in which academics from The Open University (OU) worked with Ethiopian health experts to develop a series of 13 modules covering a range of health issues. One of them, Non-Communicable Diseases, Emergency Care and Mental Health, included a limited discussion of childhood mental health and developmental problems.

With a grant from Autism Speaks and UK aid from the UK Government, an OU team then worked with a team from Addis Ababa University to produce more extensive mental health training materials, including this mental health guide and five training videos focusing on autism and developmental disability

which can be found at www.open.edu/openlearncreate/mental-health

Although the materials were originally prepared with Ethiopia in mind, most of the information and guidance can be readily used or adapted for use in other settings. This selectively revised version of the original guide includes explanatory notes and international context for terms and concepts specific or specially relevant to Ethiopia.

As Open Educational Resources, the Guide is free to download, use and adapt within a Creative Commons Attribution-NonCommercial-ShareAlike licence <https://creativecommons.org/licenses/by-nc-sa/2.0/uk/>

Dr Ilona Roth
The Open University

ACKNOWLEDGMENTS

This Mental Health Guide for Community Health Workers, was prepared by a team of authors from The Open University UK and Addis Ababa University in collaboration with the Federal Ministry of Health in Ethiopia. It was first published in 2014. The contributors to the Guide are:

Dr Charlotte Hanlon, Addis Ababa University and King's College London

Dr Basiro Davey, The Open University

Dr Abebaw Fekadu, Addis Ababa University

Dr Fikirte Girma, Addis Ababa University

Dr Rosa Hoekstra, The Open University (now at King's College London)

Dr Radmila Mileusnic, The Open University

Dr Bethlehem Tekola, The Open University (now at King's College London)

Dr Ilona Roth, The Open University

Additional thanks to:

Ellen Scott, Senior Project Manager, The Open University

Gail Vardy, Project Coordinator, The Open University

This work was made possible through a grant funded by the charity Autism Speaks, grant number 7770. Principal Investigator: Dr Rosa Hoekstra. Institution: The Open University. For more information about this grant, visit:

<https://science.grants.autismspeaks.org/search/grants/increasing-autism-awareness-ethiopia-the-heat-project>

Additional funding was provided by UK aid from the UK government as part of the Programme for Improving Mental health care (PRIME); however the views expressed do not necessarily reflect the UK government's official policies.

The current version of the guide (version 1.2) is a slight revision of the original, prepared by Dr Ilona Roth for an international audience and including clarification of terms and concepts specific to or specially relevant to Ethiopia.

Except for third party materials and otherwise stated below, this content is made available under a Creative Commons Attribution-NonCommercial-ShareAlike licence **<https://creativecommons.org/licenses/by-nc-sa/2.0/uk/>**

The cover image acknowledged below is Proprietary and used under licence for this project, and not subject to the Creative Commons Licence. This means that this image may only be used unadapted within the Mental Health Guide project and not in any subsequent OER versions. Grateful acknowledgement is made to the following sources for permission to reproduce the image in this guide:

Cover image: UNICEF Ethiopia/This file is licensed under the Creative Commons Attribution-Non-commercial-No Derivatives Licence **<http://creativecommons.org/licenses/by-nc-nd/2.0/>**

Contact: For any queries regarding this guide, please contact OUDO-International-Enquiries@open.ac.uk

Contents

1.	Introduction	5
2.	Dealing with mental health crises and emergencies	11
3.	Detecting mental health problems	18
4.	Information and support for adult mental health problems	22
5.	Simple interventions	33
6.	Child developmental and mental health problems	35
7.	Community mobilisation & awareness-raising	48
8.	Mental health promotion & illness prevention	51
9.	Mental health resources for my patients	52

1. INTRODUCTION

Mental health problems affect people all around the world.

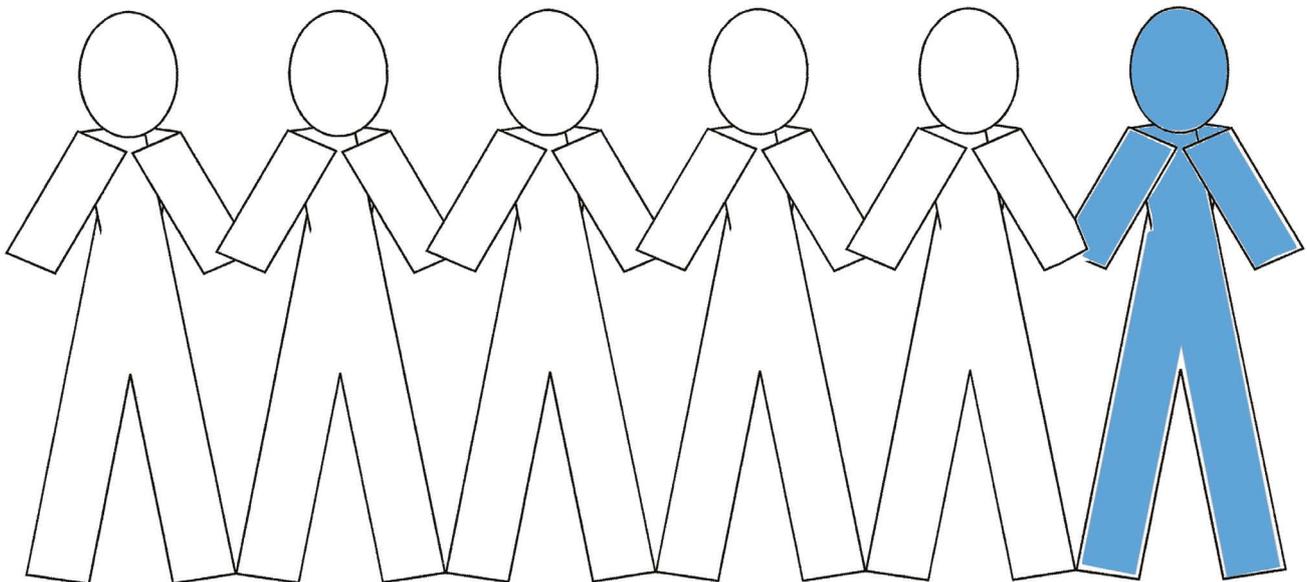
In Ethiopia it is thought that at least 1 in 6 Ethiopians are affected by a mental health condition during their lifetime.

The good news is that most people with mental health problems can be helped, either with medication or other kinds of support. The earlier the treatment is started, the better their chances of getting well again.

But many people with mental health problems don't realise that it is possible to be helped. This is where health extension workers (HEWs)¹ can help to make a big difference.

People with mental health conditions also suffer greatly because of stigma (negative views towards people with mental illness) - this makes them feel worse, slows down their recovery and causes extra problems for themselves and their families. HEWs can help here too.

This guide will help you to support people with mental health and childhood developmental problems and their families living in your local community.



¹ Health Extension Workers (HEWs): In Ethiopia, the majority of the population lives in rural areas, where medical facilities are extremely sparse. In 2004 the Ethiopian Federal Ministry of Health launched the Health Extension Programme designed to train Health Extension Workers (HEWs) to deliver primary health care. To date 38,000 HEWs have received a 1 year training for work in rural areas. 2 HEWs are allocated to each 'kebele', the smallest administrative unit of around 5000 people. They work from a health post, typically a simple building with an office and some basic treatment facilities.

1.1 Role of HEWs in the Ethiopian National Mental Health Strategy

The National Mental Health Strategy of Ethiopia² sets out how mental health care should be provided across the country.

All health workers are now expected to provide a service for people who have a mental illness.

You have a very important role as a Health Extension Worker in contributing to mental health care. Your roles and responsibilities are defined in the National Mental Health Strategy and can be summarised as:

- Dealing with mental health **CRISES** and **EMERGENCIES**

- Increasing **DETECTION** of mental illness
- Providing **INFORMATION, SUPPORT** and **SIMPLE INTERVENTIONS** to people who have mental illness and their families
- **REDUCING STIGMA, PROMOTING** mental health and **PREVENTING** mental illness.
- Each of these skills will be dealt with in turn in this guide.

For more detail, refer to the *Mental Health* curriculum for HEWs.

(See www.open.edu/openlearnworks/course/view.php?id=19)

1.2 Looking after yourself

Working as a health professional is often rewarding but can also be stressful for many reasons: too much to do, high expectations from others, difficult decisions to make and little support. As health professionals we need to make sure that we also protect our own mental health.

Remember: we can't help others unless we look after ourselves.

Stress isn't always bad, but it can cause problems. These problems include:

- worrying all the time
- sleeping badly
- being irritable
- drinking too much alcohol or chewing khat – see page 20
- not wanting to be with people
- physical health problems (high blood pressure, peptic ulcer disease)
- getting into conflict over small things – (for example, with your work colleagues, family or spouse)
- developing depression or an anxiety disorder.

² The National Mental Health Strategy of Ethiopia: Ethiopia's first national mental health strategy was launched in 2012, signalling increased recognition of the significant impact of mental health problems on the Ethiopian population. The strategy embodies the commitment to provide accessible, affordable and acceptable care for all Ethiopians.

Some tips to make sure stress doesn't cause problems for you:

- don't work all the time – in your rest times, meet up with family and friends, do things you enjoy, try to relax
- eat adequately

- try to maintain a routine
- discuss work problems with another person
- don't be afraid to ask for more support.
- If these simple tips don't help and you still have problems, look for help from a higher level health facility

1.3 Culture and mental health and illness

Culture and religious beliefs often have a big influence on the way people think about mental health and illness.

In Ethiopian culture, some common beliefs about mental illness include spirit possession, curse, evil eye, being punished for sins, being shocked by something bad happening, or thinking too much.

Cultural and religious beliefs can also help a person with mental illness by providing support to them when they are experiencing distress.

But some religious and traditional healing practices might be harmful to a person with a mental health condition. The health worker in the next level of health service will give advice on this.

YOUR ROLE

- Respect people's explanations for mental health conditions.
- Make use of the simple explanations for the causes of mental health and developmental problems described in this guide when explaining to patients and their family.
- Make sure that people have a chance to know about modern treatments that could help them.
- Try to encourage people to continue with modern treatment even if they are also taking traditional remedies.

1.4 Mental health and human rights

The Ethiopian constitution states that human rights and freedom are in our human nature; they should not be violated and we should not deprive people of these rights (Ethiopian constitution, chapter 3)³. Therefore, people with mental health problems:

- have equal rights like any other Ethiopian citizen; they have the same need for respect and care
- should not be chained, suffer, or be locked up at home because of their illness
- should not be held by police just because they are ill

- have the right to have a family of their own, get married, have children
- have the right to work
- have basic rights for food, clothing, housing, medical services; they should not be left to starve, or be homeless.
- should not be subjected to abuse, disrespected, or called bad names, or subjected to negative practices, like beating them to drive out bad spirits.

See page 24 for advice on how to help a person with a mental health condition who is chained up or a victim of abuse.

1.5 Mental and physical health

Mental health and physical health go hand in hand.

People with physical disabilities and chronic medical conditions (e.g. HIV, TB, Diabetes, Hypertension) have increased risk of mental illnesses.

On the other hand, people with severe mental illness often have undetected physical health problems, malnutrition and poor physical health.



Without mental health there can be no true physical health.”⁴

YOUR ROLE

As a HEW, remember to think about both physical AND mental health in everybody

³ <http://www.wipo.int/edocs/lexdocs/laws/en/et/et007en.pdf>

⁴ In 1954 the first Director-General of the World Health Organisation, Dr Brock Chisholm, highlighted the inextricable connection between mental and physical health.

1.6 Communication

Clear, sensitive communication in all healthcare situations is essential.

Although it may sometimes be more difficult to communicate clearly with a person who has a severe mental health problem, it is important that you always treat the person as a responsible and respected individual.

The person and their carers need your understanding, support and help.



YOUR ROLE

- Use simple and clear language.
- Be sensitive to the person's age, gender and culture.
- Be friendly and respectful at all times.
- Encourage the person to express their emotions freely when they talk to you.
- Listen *actively*, with full attention and genuine interest when they describe their feelings and experiences.
- Respond sensitively if they tell you private or distressing information (e.g. regarding sexual assault or self-harm), and reassure them that you will not discuss this with other members of the community (see page 10).

1.7 Confidentiality

Information that you might gather during your work must be kept secret from other people, even from the patient's relatives, unless:

- the patient gives permission for you to discuss it with them
- it is essential that you tell other people in order to protect the person (e.g. if they are very suicidal) or to protect other people.

The places where you talk to patients should be arranged in such a way that no-one can listen to your private discussions.

Explain to patients that you won't tell other people about the things that they tell you unless it is necessary for helping them. This will help in building trust between you and your patients.



1.8 Supporting caregivers

Caring for a person with mental health problems can be challenging.

YOUR ROLE WHEN WORKING WITH CAREGIVERS

- Be sympathetic.
- Listen to their concerns.
- Help with a simple problem-solving approach (see page 34).
- Give clear information about the disorder.
- Check that the caregiver is not developing mental health problems, especially depression (see page 26).
- Visit the home from time to time to see how they are getting on and give support.
- Work with the community to mobilise practical support for caregivers as well as the patient (See page 49).

2. DEALING WITH MENTAL HEALTH CRISES AND EMERGENCIES

With mental health conditions, emergency situations will sometimes arise when you must take prompt action. This section will help you to recognise mental health crises and deal with emergencies effectively. See summary box below:



SUMMARY BOX: WHEN TO TAKE URGENT ACTION FOR MENTAL AND NEUROLOGICAL PROBLEMS

- Person who is suicidal (see below).
- Aggressive or violent behaviour (page 13).
- A seizure (page 14).
- A severe reaction to medication (page 15).
- A severe reaction to traumatic events (page 15).
- Disturbed behaviour after childbirth (page 16).
- Someone who is confused (page 17).

2.1 EMERGENCY: Suicidal behaviour

Emergency situations



Someone who has:

- **attempted suicide**
- **threatened to commit suicide**
- **has already harmed themselves**

All suicidal behaviour needs to be taken seriously. Consider the risk of suicide in all people with mental health conditions or who are suffering from severe emotional disturbance.

RISK FACTORS FOR SUICIDE:

- Suicidal thoughts.
- Previous suicide attempts or self-harm.
- Presence of a mental disorder.
- Substance misuse: for example, alcohol, cannabis and khat.
- Social isolation and lack of support.

Assessing the risk of suicide

Asking about suicidal thoughts does not increase the risk of a person committing suicide – often people will be grateful that you gave them a chance to talk about the problem.

Be sensitive in the way you ask about suicidal thoughts. Start with more neutral questions near the top of the list on the next page. If the answer is 'yes' then carry on and ask more direct questions lower down the list.

ASKING ABOUT SUICIDAL THOUGHTS

- How do you see the future? (neutral question)
- Are there times when you feel you have had enough of life?
- Do you sometimes feel that life is not worth living?
- Are there times when you even wish you were dead, or when you feel it would be better if you had died?
- Have you thought of actually harming yourself or trying to end your life?
- Have you tried to harm yourself or end your life (kill yourself)? (direct question)



REFER URGENTLY to the nearest health facility if the person has thoughts of suicide or has attempted suicide recently.

Involve the suicidal person's family

Make sure the family understands that:

- the person is at risk of suicide
- somebody should stay with the person at all times until he has been seen by a health worker
- the person needs urgent help from a professional
- the person also needs the love and support of their family.
- the family should remove access to ways of committing suicide – ropes, bleach, pesticides, electric wires and anything that could be used by the person to harm themselves.

2.2 EMERGENCY: Aggressive or violent behaviour

Emergency situations



If someone with a mental health condition is:

- **assaulting people**
- **destroying property**
- **threatening to harm people.**

Most people with mental health conditions are not violent. In fact, they are much more likely to be victims of violence than to act violently.

If a person is acting in an aggressive or violent way:

- consider your own safety first
- only see the person with other people who are able to restrain him if necessary
- remove anything that could be used as a weapon
- keep calm and be respectful
- avoid confrontation.

Warning signs that a person is about to be violent:

- pacing up and down
- voice raised
- standing too close to you
- threatening and showing hostile behaviour, e.g. waving a stick.

If you do not feel safe then you should move away and look for extra help, e.g. from the police.

Remember that some medical emergencies can make a person act in a violent way, e.g. if someone has a head injury or low blood sugar or an infection.

➤ **REFER URGENTLY** for assessment at the nearest health facility.

2.3 EMERGENCY: Seizure management

Emergency situation



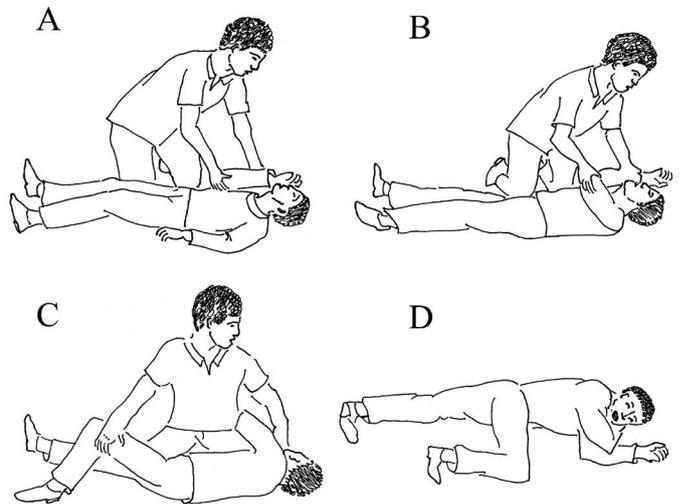
Signs that someone is having a seizure can include:

- **A sudden fall and loss of consciousness**
- **Jerking movements of the body.**

A person who is having a seizure needs immediate help to protect his safety.

What to do to help:

- Move the person away from any dangers, e.g. fire, road, river
- Try to put something soft under the person's head, e.g. a blanket or scarf.
- Do not leave the person alone.
- If possible, turn the person onto their side so that they do not choke (as shown in the figure right):



Remember:

- Seizures are not contagious – you cannot catch epilepsy by touching a person who is having a seizure.
- Lighting a match under the person's nose does not help them and could be dangerous.

- Do not put anything into their mouth.
- You should not press down on the person.

Most times the seizure will gradually stop on its own.



REFER URGENTLY to the nearest health facility if

- the seizure doesn't stop within 5 minutes, OR
- this is the first time a person has had a seizure, OR
- they are having treatment already but the seizures are frequent.

2.4 EMERGENCY: Severe reactions to medication

Emergency situation



If a person who is taking medication for mental illness has:

A reaction to medication, including any of the following:

- **Swelling around the mouth, or**
- **Rash, or**
- **Breathing problems, or**
- **Stiff body, fever, confusion or becoming unconscious, or**
- **Tongue sticking out of the mouth**

Rarely, people can have dangerous reactions to medication that is being given to treat mental illness. These reactions are potentially life-threatening and should not be confused with common side-effects of medication (see

page 24: Checklist for anti-psychotic medication side-effects)

➤ **REFER URGENTLY** to the nearest health facility if the above severe reactions are present.

2.5 EMERGENCY: Severe reaction to a traumatic event

Crisis situation



If someone has:

Extreme distress following exposure to a highly traumatic event, e.g. rape, violence, sudden death of a loved one, natural disaster

Practical help can be very important in this kind of crisis.

Make sure that the person:

- is in a safe and secure environment where they have food and shelter
- is protected from further harm.

Alcohol might make the person feel worse – gently persuade him or her not to drink alcohol.

Offer your support to the person. If they want to

talk about what has happened listen to their story. If they don't want to talk then don't force them to do so.

Try to ensure that someone stays with the person to give them support, for example, family, friends and/or neighbours.

Encourage support from religious institutions, if appropriate.

➤ If the person remains very disturbed, arrange for them to be seen at a health facility.

2.6 EMERGENCY: Mothers with severe mental disturbance

Emergency situation



Disturbed behaviour in pregnancy, after childbirth and in mothers of young babies, including:

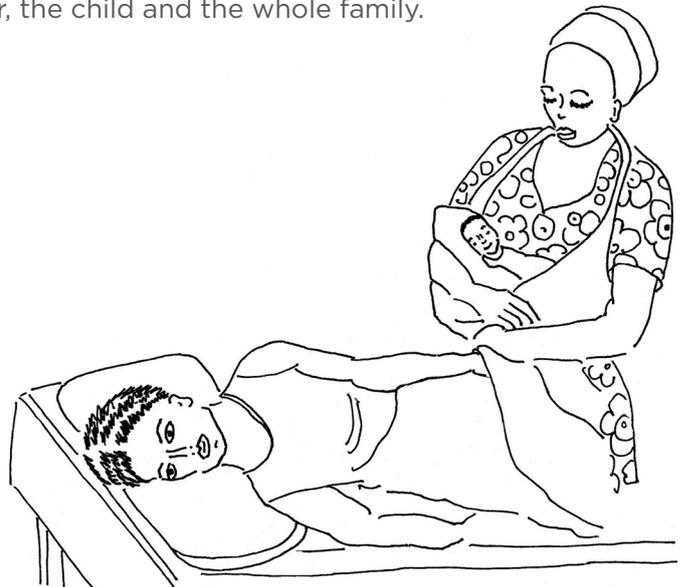
- **Being agitated or aggressive, or**
- **Not communicating with others, or**
- **Not feeding the baby, or**
- **Severe distress**

Severe maternal mental illness can affect the mother, the child and the whole family.

➤ **REFER URGENTLY** to a health facility for the following reasons:

- In pregnancy, there is a risk to the unborn child if the woman doesn't receive treatment
- After childbirth, severe mental disturbance could be due to a physical health problem that needs urgent treatment.
- In the post-natal period, mental disturbance can put the baby at immediate risk due to direct harm or neglect from the mother.

! The mother should not be left alone with her child



2.7 EMERGENCY: Someone who is confused

Emergency situation



If someone is confused:

- **They don't know where they are**
- **They don't recognise familiar people**
- **They don't know the time of day**

➤ **REFER URGENTLY** anybody who seems confused to a health facility. Ask people who know the confused person these important questions and write the answers in your referral letter:

- Has the person had jerky movements of the limbs? He or she may have had a seizure (see page 14).
- Does the person have a medical condition that can cause confusion, e.g. diabetes, high

blood pressure, a high fever or a recent head injury?

- Has the person consumed a lot of alcohol, taken drugs or any harmful substance (perhaps with the intention to commit suicide)?

While you are waiting for transport to the health facility, keep strangers and unwanted disturbances away from the person because this may aggravate the confusion.

3. DETECTING MENTAL HEALTH PROBLEMS

As a HEW you need to be able to identify people who might have a mental health condition, so that you can provide support and help them to get the right care from experts in the health service.

Below are some common identifying features that adults, older people and children with mental health conditions might have (please refer to chapter 6 for more detail on conditions affecting children).

If you identify someone who is showing the problems described in the tables below, then you can go to the correct section of this Pocket Guide and find out what you should do to help.

DETECTION: Severe mental illness

If you see or hear about someone who has ANY of the following:	He or she may have:
● Talks alone, says meaningless words or speaks in a strange language, talks very fast	'Psychosis' or 'severe mental illness' (see page 22)
● Is often very restless; has mood swings from very happy or irritable to feeling very sad; may have exaggerated sense of their own importance	
● Has false beliefs or suspicions, e.g. that someone is trying to harm them, or that they have special powers	
● Shows self-neglect (e.g. dirty, untidy appearance)	
● Is hearing voices or seeing things that are not there	
● Neglects or has difficulties in carrying out usual work, school performance, domestic or social activities	
● Behaves strangely e.g. running out of the house, running naked	

DETECTION: Seizures

If you see or hear about someone who has ANY of the following:	He or she may have:
<ul style="list-style-type: none"> ● Suddenly falls down and has sharp, shaky body movements, also called fits or seizures 	<p>Epilepsy⁵ (see page 25)</p>
<ul style="list-style-type: none"> ● During the seizure, he or she: <ul style="list-style-type: none"> - loses consciousness or does not respond normally - their body, arms and legs are stiff, rigid - they may bite their own tongue, injure themselves, and wet or soil their clothes 	
<ul style="list-style-type: none"> ● After the seizure: the person may feel very tired, sleepy, confused, and complain of headache, muscle aches 	

DETECTION: Excessive sadness or worry

If you see or hear about someone who has ANY of the following:	He or she may have:
<ul style="list-style-type: none"> ● Complains of many physical symptoms but no physical cause has been found (e.g. headache, burning sensations, aches and pains, numbness, heart flutter) 	<p>Depression or anxiety (see page 26)</p>
<ul style="list-style-type: none"> ● Has low energy; is always tired; has sleep problems or does not want to eat 	
<ul style="list-style-type: none"> ● Always seems sad or anxious or irritable; feels hopeless or helpless or guilty for no good reason 	
<ul style="list-style-type: none"> ● <i>Epecially in children</i>, isolation, feelings of low self-worth and of being rejected by peers (see page 46) 	
<ul style="list-style-type: none"> ● Has low interest or pleasure in activities that used to be interesting or enjoyable 	
<ul style="list-style-type: none"> ● Worries or thinks about day-to-day problems too much 	
<ul style="list-style-type: none"> ● Is not able or motivated to do their usual job, housework or social activities, or go to school 	
<ul style="list-style-type: none"> ● Has been thinking of harming themselves, e.g. ending their life 	

⁵ Epilepsy is sometimes (e.g. in Ethiopia) classified as a mental health condition and hence is included in this guide. It is due to atypical neurological brain functioning but may lead to mental health problems such as depression.

DETECTION: Alcohol problems

If you see or hear about someone who has ANY of the following:	He or she may have:
<ul style="list-style-type: none"> ● Often appears to be affected by alcohol (e.g. smells of alcohol, looks intoxicated, staggers when walking, slurred speech) 	<p>Alcohol use disorder (see page 29)</p>
<ul style="list-style-type: none"> ● Because of alcohol, often injures themselves, e.g. from falling down, fights, or walking in traffic 	
<ul style="list-style-type: none"> ● Has physical symptoms from excessive alcohol use (e.g. can't sleep, very tired, can't eat, nauseated by food smells, vomits, complains of bad stomach, diarrhoea, headaches) 	
<ul style="list-style-type: none"> ● Has financial difficulties or crime-related legal or domestic problems 	
<ul style="list-style-type: none"> ● Has difficulties in carrying out usual work, school, domestic or social activities; does not attend or often arrives late 	

DETECTION: *Khat*⁶ problems

If you see or hear about someone who has ANY of the following:	He or she may have:
<ul style="list-style-type: none"> ● Often appears drug-affected (e.g. low energy or agitated, fidgeting, slurred speech, suspicious, may hallucinate, i.e. see or hear things that are not real) 	<p>Khat or other drug use disorder (see page 31)</p>
<ul style="list-style-type: none"> ● Shows signs of drug use, e.g. skin infection, unkempt appearance, dry mouth, burned lips, bad or worn teeth, complains of dukak (vivid unpleasant dreams) 	
<ul style="list-style-type: none"> ● Has financial difficulties or crime-related legal or domestic problems 	
<ul style="list-style-type: none"> ● Has difficulties in carrying out usual work, school, domestic or social activities; does not attend or often arrives late 	

⁶ Khat is a narcotic drug derived from a flowering plant that grows in the Horn of Africa and Arabian Peninsula. In the countries of these regions (for instance, Ethiopia, Somalia, Yemen), chewing khat is a social habit going back many thousands of years. Khat is said to cause excitement, talkativeness, euphoria and loss of appetite. It is classed as mildly addictive by the World Health Organization. Medium to long-term side-effects include darkening and deterioration of the teeth and raised risk of anxiety, depression, heart problems and psychosis. Khat cultivation, sale and use is legal in countries such as Ethiopia and Somalia.

DETECTION: Problems with forgetfulness

If you see or hear about someone who has ANY of the following:	He or she may have:
<ul style="list-style-type: none"> ● Can't tell the time of day, or forgets where they are, forgets the names of objects or may not recognise familiar people 	<p>Dementia (see page 31)</p>
<ul style="list-style-type: none"> ● Gets lost when outside the home 	
<ul style="list-style-type: none"> ● Has difficult or embarrassing behaviour 	
<ul style="list-style-type: none"> ● Often loses emotional control, is easily upset, irritable or tearful 	
<ul style="list-style-type: none"> ● Lack of attention to personal hygiene, incontinence 	
<ul style="list-style-type: none"> ● Has difficulties in carrying out their usual work, domestic or social activities 	

DETECTION: Child developmental and mental health problems

If you see or hear about someone who has ANY of the following:	He or she may have:
<ul style="list-style-type: none"> ● Is usually kept in the house, and may be tied up or chained 	<p>Child developmental or mental health problem (see page 35)</p>
<ul style="list-style-type: none"> ● People say the child behaves badly (e.g. is naughty, aggressive) 	
<ul style="list-style-type: none"> ● People say the child behaves oddly, or is possessed or cursed 	
<ul style="list-style-type: none"> ● Does not speak or respond like other children of the same age 	
<ul style="list-style-type: none"> ● Has problems dressing, feeding or washing themselves or using latrine at the usual age 	
<ul style="list-style-type: none"> ● Is always playing on their own, rocking, flapping their hands, or other odd behaviour 	
<ul style="list-style-type: none"> ● Is often being bullied or teased by other children 	
<ul style="list-style-type: none"> ● Is having problems at school or is often sent home by teachers 	

4. INFORMATION AND SUPPORT FOR ADULT MENTAL HEALTH PROBLEMS

This section looks at the most common mental health problems in adults in Ethiopia⁷. It gives you some guidance on what **INFORMATION** to give to people with mental illness and their families, when to refer them for review at a higher level of health facility and how to **SUPPORT** them and their family.

4.1 Psychosis or severe mental illness

The common symptoms of psychosis or severe mental illness are listed on page 18

What to tell the person and their family about psychosis

Explain that:

- Psychosis is not caused by possession or a curse. Mostly we don't know why it starts.
- It is not the person's fault and the family is not to blame.
- Most people with psychosis get better after some time if they have the right help.
- They will probably need to take medicine for several months, sometimes longer.

- There is a lot that the family can do to help someone with psychosis

If the person is upset or confused:

- try to calm them in a place where there are no noises and no danger.

Referring a person with possible psychosis

- *Always* refer a person with a possible psychosis! If someone with early psychosis gets specialist treatment quickly, there is a better chance of complete recovery.



REFER URGENTLY if the person:

- has been chained or tied up by the family
- is aggressive, violent towards others or harming themselves
- seems confused

Explain what happens after you refer the person:

- they should have laboratory tests to see if there is a physical cause for the symptoms, e.g. malaria or TB infection in the brain can cause symptoms that look the same as psychosis.
- they will probably come back with medication to take every day.
- If the psychosis is severe, they may stay in hospital for a period.

⁷ The prevalence of different mental health conditions is likely to vary somewhat from country to country, but all the illnesses discussed here, with the exception of khat related problems, are common throughout the world.

Ways you can support a person with psychosis and their family

Advise the family to:

- encourage the patient to take their medicines regularly at the right times
- encourage the patient not to drink alcohol, chew khat or take any other drug (e.g. cannabis) because it will make their condition worse
- always be calm and reassuring, especially if he or she is agitated
- encourage the patient to do normal daily activities as much as possible, and spend some time outside of the house.
- explain to others in the community that the person has a medical illness that can be treated
- be aware of signs of relapse – if the patient's symptoms (e.g. see page 18) come back or get worse, the family should take the person directly to the nearest health facility
- take the person directly to the nearest health facility if they deliberately harm themselves, or talk about suicide.

Ongoing follow-up and adherence support

'Adherence' refers to the patient taking their medication as prescribed and attending all clinic appointments.

People who suffer from psychosis (or epilepsy) – see pages 18 and 19 – may need to continue taking medication for many years. It is also important that they see a health worker on a regular basis.

Supporting medication adherence:

- Explain that it is important to keep taking the medication even if the person now feels well.
- Check regularly for medication side effects (see pages 15 and 24).
- Refer for review at the health facility if side effects are present or the medication doesn't seem to be working.

Supporting clinic attendance:

- Remind the patient and family to attend the appointments regularly.
- If the person stops attending the health centre, the staff will let you know. Make a home visit or ask the health development army representative⁸ to help you to encourage the person to attend.

⁸ The Health Development Army forms part of the Ethiopian Government strategy for delivering distributed health care in rural communities. 'Model' families within each kebele are trained by their HEWs to participate in promoting health practices. These parents learn how to vaccinate their children, and engage with other health practices, including netting the family beds against mosquitos, building a separate latrine and using family planning. They support other households in following the same practices.

Checklist for review of people with long-term mental health problems (including PSYCHOSIS and EPILEPSY)

Each time you review the person, ask about the following:

- Are there any signs of relapse (i.e. symptoms from page 18 or 19 are returning or getting worse)?
- Adherence with medication – are medicines being taken regularly as prescribed?
- Medication side effects ➤ see the side-effects checklist (below)
- Physical health problems (e.g. check for undernutrition)
- Disability (work, relationships, social roles) ➤ (see page 34 on rehabilitation)
- Alcohol and khat use ➤ brief advice (see pages 29 to 31)
- How well the caregivers are coping ➤ (see page 10 on supporting caregivers)
- Stigma, discrimination and abuse ➤ (see below)

Checklist for antipsychotic medication side-effects (e.g. chlorpromazine)

- Stiffness in body
- Tremor
- Abnormal movements
- Sedation
- Sexual difficulties
- Weight gain

➤ Refer a person with these symptoms to the nearest health facility; their symptoms may be due to the side-effects of their medication.

What to do if a person with mental illness is chained up or being abused

Often the families of persons with severe mental illness don't know what to do to help their ill family member. In desperation they may chain the person up. It is essential to find ways to help the family to safely release the person.

Try the following steps:

- Explain that treatment is available in health facilities.
- Tell the family that you have heard (or seen for yourself) that people with severe mental illness can be helped if they get the right treatment.
- Support the family to find ways to safely take the person to the health facility.

If the person is still chained, even after improving with treatment:

- Explain that the patient has the right to be treated in the same way as any other human being, unless it is an emergency situation and the person is likely to harm themselves or another person.
- So, if the person's condition has improved then the family should try to remove their chains.

If you notice (or hear about) a person with mental illness being beaten or shouted at, explain in a calm way that this will only make the problem worse – instead, the family should help the person to get treatment.

If the abuse of the person carries on, you should inform your supervisor in order to make a plan to help – you are the advocate for the person with mental illness.

4.2 Epilepsy

The emergency treatment for a person who is having an epileptic seizure is described earlier (page 14). Typical features of epilepsy are listed on page 19.

What to tell the person and their family about epilepsy

Reassure them that:

- Epilepsy is caused by a physical problem in the brain, not a curse or the work of the devil.
- Seizures are not contagious – you cannot catch epilepsy by touching a person who is having a seizure.
- It is not the person's fault and the family is not to blame.
- Most people with epilepsy get better if they have the right help.
- Epilepsy can be controlled with medication.
- They will probably need to take medicine for several years, sometimes longer.

Referring a person with possible epilepsy

➤ You should always refer a person who you suspect may have developed epilepsy. Early diagnosis is important, because:

- there are some other conditions that can cause seizures and these must be investigated by a doctor
- if the person does have epilepsy, early treatment can help to stop the problem from getting worse
- early treatment can also prevent complications of epilepsy e.g. brain damage or physical injuries

Ways you can support a person with epilepsy and their family

- Encourage the person with epilepsy to take their medicines regularly at the right times.
- Encourage the person not to drink alcohol, chew khat or take any other addictive drug. All these substances can interfere with the treatment.
- Explain to others in the community that the person has a medical illness that can be treated.
- Make sure the family know what to do if the person has a seizure (see page 14 for emergency management of a seizure).
- Advise the person and their family about simple precautions that can reduce the risk of a seizure, e.g.
 - Avoiding exposure to bright flashing lights
 - Trying to avoid worry
 - Having enough sleep and rest
 - Avoiding alcohol and khat.

Ongoing support

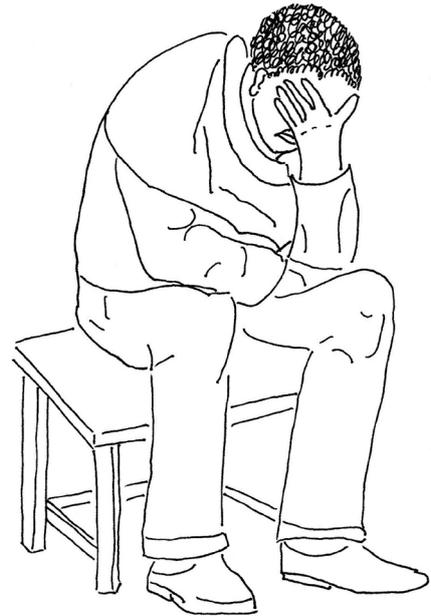
See page 23 for advice on long-term support of persons with epilepsy.

4.3 Depression and anxiety

Some of the signs of depression are listed on page 19.

Questions to ask a person with possible depression or anxiety

When you see a person who you think may have depression or anxiety, talk to the person in a natural way, listening to their problems and difficulties. Here are some simple questions that you can use to see if a person might have depression or anxiety:



- Have you been feeling sad or irritable?
- Have you been worrying a lot about many things?
- Have you given up doing things that you normally like to do?
- Since you started to feel sad or low or anxious:
 - have you been feeling more tired than usual?
 - have you had a problem with your sleep?
 - has your appetite changed?
 - have you lost or gained weight?
 - have you been feeling guilty or regretful about things that you have done or even that you have not done?
- Do you feel hopeless about the future?
- Are there times when you feel so low or worried that you wish you were dead?

If the person answers 'yes' to several of these questions then they may have depression.

What to tell the person and their family about depression or anxiety

Reassure them that:

- depression and anxiety are not a sign of personal weakness - the person and their family should not blame themselves
- upsetting events such as bereavement, divorce, illness, loss of job, or money worries can cause depression and anxiety
- most people with depression or anxiety get better after some time if they have the right help
- a person with depression or anxiety may need to take medicine to help them get better
- there is a lot that the person and their family can do to help them overcome depression or anxiety.

Referring a person with possible depression or anxiety



URGENT referral if the person:

- answers yes to several of the questions listed on page 26
- has suicidal thoughts or plans, or has attempted to harm themselves (See page 11)
- has some features of psychosis as well as depression, e.g. is believing, seeing or hearing things that are not true or real.

Explain what happens after you refer the person: He or she

- will be able to discuss their difficulties with a specialist
- may get laboratory tests
- may sometimes have counselling
- may need to take medication every day, or they may not need medicine
- may stay in hospital for a short time, if the depression or anxiety is very severe.

Ways you can support a person with depression or anxiety and their family

Encourage the person to:

- take their medicines regularly at the right times
- eat regularly and drink plenty of fluids
- do things they enjoyed before
- reduce alcohol and coffee intake
- discuss problems with close family, friends, religious leaders or professionals
- mix with people and visit friends and relatives as much as possible
- explain to others in the community that they can help by visiting the person and having usual conversations about everyday things.

Advise the family to:

- be aware of signs of relapse – take the person directly to the nearest health facility if they self-harm, or talk about suicide, or believe, see or hear things that are not true or real.

Simple ‘talking’ interventions can help. See page 33 for helping a depressed person with:

- identifying and addressing social problems
- reactivating social networks
- getting back into a routine
- problem-solving
- improving sleep practices.

Checking for side effects of antidepressant medication (e.g. amitriptyline)

- Dry mouth
- Sedation
- Sexual difficulties
- Constipation
- Difficulty passing urine
- Dizziness.

➤ Refer a person with these symptoms to the nearest health facility; their symptoms may be due to the side-effects of their medication.

Depression in people who also have physical health problems

The risk of depression is higher in people who have a chronic physical health problem or disability; for example, depression is more common in people with HIV or TB.

It is important to identify depression in people with chronic physical health problems, for several reasons:

- Depression adds to the disability, e.g. it makes people with HIV less able to function normally.
- Depression can make people give up; they may stop looking after their physical health, not eat properly and may not take their medication as prescribed.
- Depression plus physical health problems leads to worse quality of life.
- Untreated depression increases the severity of the physical health problem and can increase the risk of a person dying.

Make it part of your routine when speaking to people with chronic physical health problems in your local community to use the ‘depression questions’ listed on page 26.

Maternal depression

In Ethiopia, 1 in 10 women⁹ experience depression in pregnancy, and 1 in 20 women experience depression after childbirth. Pregnancy and the post-natal time are also high risk times for domestic violence, which can lead to depression in some women.

Maternal depression is very important because depression can affect the mother’s ability to care for her child.

Early treatment and good support can minimise the negative impact of depression on both mother and child.

How can you detect maternal depression?

- Be alert to signs of emotional disturbance in the woman when you carry out ante-natal checks and post-natal visits.
- Take note if the mother doesn’t seem interested in caring for the child.
- If you are concerned, ask the ‘depression questions’ listed on page 26.
- Ask sensitively about difficulties the woman may be facing, including domestic violence.

How can you help?

- Follow the advice for helping people with depression (page 27).
- As the woman may not easily be able to attend the health facility, try to visit her home and check on her progress.
- If the woman is at risk of domestic violence, encourage her to seek help from family, community elders, local administrators or the police to address the problem. Put her in touch with any organisation that provides help for vulnerable women (see page 52).

⁹ Prevalence estimates for ante-natal and post-natal depression vary widely between countries. Rates tend to be higher among low and middle income countries where women may experience particular challenges due to lack of support and the impact of diseases such as HIV/AIDS. These estimates for Ethiopia are lower than those recently suggested for some other Sub-Saharan countries such as South Africa and Zimbabwe.

4.4 Alcohol use disorders

People with an alcohol problem may have the signs listed on page 20.

Identifying someone with an alcohol use disorder

Questions to ask the family or friends:

- Has the person been drinking frequently?
- Are you worried about his or her drinking?
- Has the person been drinking in the mornings?
- Does the person's drinking make them vulnerable to risks such as falls and fights?
- Has he or she stopped taking care of themselves, or had difficulties with their eating, sleeping or ability to work?
- Does the person drink secretly and deny drinking?



If the answer is 'yes' to any of these questions then the person may have an alcohol problem.

Questions to ask someone if you think they might have an alcohol problem

The CAGE questionnaire

- Have you ever felt you should **C**ut your drinking?
- Have people **A**nnoyed you by criticising your drinking?
- Have you ever felt bad or **G**uilty about your drinking?
- Have you ever taken a drink first thing in the morning (**E**ye opener) to steady your nerves or get rid of a hangover?

If they say YES to one or more CAGE questions, this suggests the person has an alcohol use disorder.

Referring a person with a possible alcohol use disorder



URGENTLY REFER the person if he or she:

- has developed a severe withdrawal reaction when alcohol is not available; for example, feeling sick, trembling, headache, confusion, seeing things that aren't really there
- also has a serious medical condition like diabetes, liver disease or a heart condition
- also has a serious mental illness, like psychosis or depression or suicidal behaviour
- is drinking alcohol during pregnancy or breastfeeding.

Non-urgent referral (within a few days) is advised if the person:

- scores 1 or more on the CAGE questionnaire
- is often intoxicated with alcohol
- often gets into fights because of alcohol.

Explain what happens after you refer the person

- Medical tests will be carried out to see if the alcohol has caused damage to organs in the body, especially the liver. Some treatment may be given if this has happened.
- Under medical supervision, the person will be helped to withdraw slowly from consuming alcohol. If they try to stop suddenly by themselves, they may experience unpleasant symptoms (e.g. sweating, shivering, nausea, seeing things that are not really there).
- Counselling will be given to try to overcome the person's desire to drink alcohol; this usually means understanding the reasons why they became addicted to it.

Ways you can support a person with an alcohol use disorder and their family

- Reassure the family and the affected person that an alcohol drinking problem is treatable, and is not due to a bad character.
- However, it is important that the affected person and everyone in the family accept that excessive regular consumption of alcohol is a serious health and social problem.
- Successful treatment depends on the attitude and confidence of the person to stop drinking alcohol and the willingness of family members to help him or her to succeed.
- Explain the benefits of stopping using alcohol, for example, that stopping will save money and reduce the risk of major physical and mental health problems, job loss, sleep disturbance, marriage breakdown, or accidents or criminal acts while under the influence of alcohol.
- Pregnant women must be strongly advised not to drink alcohol because it can harm the baby in their womb.

4.5 Khat and other drug use disorders

Common addictive drugs in Ethiopia are khat and cannabis. Khat can cause decay of the teeth, heart problems, cancer, anxiety, depression and other mental health problems. Khat use can also cause problems within the family and community, for example, the person may steal in order to get money to buy drugs.

Raising awareness in the community about the problems caused by khat and other drugs can help to reduce use and prevent these problems (see Chapter 8).

People who are addicted to drugs can usually stop, but they sometimes need expert help to do it.

Referring a person with a possible khat or other drug use disorder

Refer people who are using khat or another drug if:

- Their drug use is causing problems (as described above)
- They are motivated to stop

Ways you can support a person with a khat or other drug use disorder and their family

- Give counselling and advice rather than calling them bad names or being angry with them
- Encourage the person and their family to provide alternative things for the person to do, such as helping others in the community, so they can spend their time productively rather than abusing drugs.
- Advise them to get medical support and help them to go to the health facility.

4.6 Dementia

People with dementia may have the problems listed on page 29. Dementia most often occurs in older people, but can also occur in those with HIV or severe alcohol use disorder.

Referring a person with possible dementia



REFER URGENTLY if the person:

- is unsafe, e.g. if they wander and get lost, especially at night
- is violent towards others
- has suddenly become more confused (see page 17)
- is young (under 60 years of age).

In these cases, give the person's family or a friend the responsibility to get the person to the next level health facility as soon as possible. Accompany them if possible.

All people with signs of possible dementia should be checked at the health facility to make sure that they don't have a medical problem which is causing their symptoms.

What to tell the person and their family about dementia

Explain that dementia is a disorder of the brain that most often occurs in old age but can sometimes happen in younger people.

Reassure the person and the family that:

- although there is no cure for dementia, certain treatments can reduce the problems experienced in managing daily life
- dementia is not the person's fault and not the fault of family or carers
- punishing a person with dementia for being forgetful or difficult will not help; the person needs patience and care.

Explain what should happen after referral:

- The person and their family/carer will be asked what problems they have noticed with memory and daily living.
- The person may receive tests of memory and intellectual functioning.
- They will also be assessed for depression and physical health problems such as urine infection or vitamin deficiency, which can cause symptoms that resemble dementia.
- There is no medication to cure dementia but sometimes medications can help with some of the problems associated with dementia.

Ways you can support a person with dementia and their family or carers

- Provide information about dementia using simple and clear language.
- Ensure that the family know how to keep the person safe, and to provide help with their daily needs.
- Emphasise that the person should keep active, taking exercise, doing things that they like doing, e.g. seeing friends.
- Explain how the family can help to keep the person in touch with reality, e.g. say what day it is, talk about family news.
- Discuss what help the person needs with washing, dressing and eating, but allow them to still play an active role.
- Listen sympathetically to the concerns of the person and their family/carer: both may have fears about how the illness will affect their lives.
- Discuss with the family how they will cope with caring for the person with dementia (see 'problem solving' on page 34).
- Ask if someone outside the immediate family can take over the caring sometimes, to give them a short time away from the responsibilities of caring.

5. BASIC INTERVENTIONS

There are some simple actions that people with mental health problems can do to help themselves, and also things that families can do to help the affected person get well again. These brief interventions can be helpful at any point in time. They don't replace the need for assessment and treatment from a health facility, but they can help a person to get better more quickly. Practice these techniques whenever you get a chance – you will soon become confident and see how you can help people.

Keep these general guidelines in your mind:

- Be sensitive to social challenges that the person may face, e.g. they may have lost a job and have very little money to pay for their needs; note how these problems may influence their physical and mental health and well-being.
- Encourage people affected by mental health problems and their families to speak to other people who have experienced the same problems, so that they can support one another.
- Identify and mobilize possible sources of social and community support in the local area, including educational and vocational supports. Remember that people with mental health problems must have the same opportunities to benefit from these supports as others in the community (see page 8 on human rights and mental health).

Identifying and addressing social problems

As a HEW working in the community, you have a good understanding of the social problems that families face. Ask the person about any problems that might have made them mentally unwell. Use a 'problem-solving' approach (see page 34) or involve the family (after asking permission from the person) to try to find ways to overcome the problems.

Increasing social support

Support from other people can help a person to get well from mental health problems and stop them getting unwell again in the future.

- Ask the person about people they can trust with their problems.
- Encourage the person to talk to these people.
- Encourage the person to meet up with friends and neighbours, even if they don't feel confident about going out and being with people.

Getting back into a routine

Mental health problems can affect a person's normal routine. The person may sleep late, not wash themselves and eat alone.

- Encourage the person to start following the same routine as everybody else in the house.
- Encourage them to spend some time each day outside in the fresh air and walk around.

Problem-solving

When a person is worrying or thinking about problems, so much that it is making them unwell, you may be able to help them with these simple steps:

- Explain to the person that, even though their problems are important, by worrying all the time it can actually stop them solving the problems.
- Also explain that some mental health problems, e.g. depression and anxiety, can make it difficult for people to solve problems in the way that they would do if they were healthy.
- Sit with the person and help them to make a list of all their worries.
- Focus on just one worry – the main one.
- Help the person to think of step-by-step actions to tackle that single problem.
- Involve a family member if the patient agrees.
- Encourage the person to try the step-by-step actions for trying to solve the main problem. The person may not have much confidence in themselves so it is important that you encourage them not to give up before trying it out.
- Make sure you check on their progress.

Advising people on improving sleep practices

Disturbed sleep or inability to sleep is common in people with mental health problems. Lack of sleep can make their symptoms worse and undermine their ability to help themselves cope with the activities of daily living. Advise a person with sleep problems as follows:

Do

- go to bed and get up at regular times
- make sure you have regular activity
- take time to talk with family and relax before trying to sleep
- if you are worried about something, write it down or tell somebody about it and agree to deal with it in the morning.

Don't

- sleep during the day
- eat a heavy meal just before bed
- drink coffee in the afternoon or evening
- chew khat
- smoke a cigarette
- use alcohol to help you sleep.

Getting back to full participation in life

Mental ill health affects all parts of a person's life and can be very disabling. In order for a person to recover as fully as possible, they may need rehabilitation and help to reintegrate into the community.

How you can help with rehabilitation:

- Make sure the person and the family have realistic expectations of what the person can achieve, and how quickly.
 - Some people expect too much, too soon.
 - Some people have too low expectations – they don't think a mentally ill person will ever do anything useful.
 - The speed of recovery depends on the individual.
- Ask the person and family what disabilities trouble them most.
- Help the person and their family to think of the steps needed to overcome that disability:
 - For example, if poor personal hygiene is a problem, encourage the person to agree a timetable for washing their body, at first with reminders from the family but slowly becoming more independent.
- Encourage the person and family to keep trying more difficult things.

How you can help with reintegration

- Encourage the family to involve the person in social activities.
- Be friendly to the person, greet them when you see them in the community, accept offers to drink coffee together.
- Encourage others to include the person in community activities.

6. CHILD DEVELOPMENTAL & MENTAL HEALTH PROBLEMS

Some children have problems with development – not being able to talk, walk or think as well as other children of their age.

Children can also have mental health problems such as depression, psychosis or epilepsy, just like adults. Mental health and developmental problems often go together in children.

Some signs that a child might have mental health problems or a developmental disorder¹⁰ are listed on page 21.

This section will help you discuss these problems with the child's parents, their carers or other family members, and to provide support.

In this section, we refer to the child's carers as 'parents', but you will know children who are cared for by other relatives or by friends in your local community, when their parents cannot look after them. The guidance is suitable for any carer of a child with problems.

In this section the child is sometimes referred to as 'he' for convenience, but the information also applies to girls.

6.1 How to approach parents if you think their child has a problem

- Find ways to gain the parents' trust, so that they are not frightened to share their concerns.
- Let the parent(s) tell you about their child in their own words.
- Show sympathy and listen with full attention.
- Ask about the child's progress with development (did they walk and talk at the expected time?), their communication skills, and any unusual or difficult behaviour.
- Note and take action to deal with any injuries or physical health problems.
- Ask to see the child yourself. If the parents refuse, reassure them that you are there to help.
- If the parents give permission, speak with the child alone (see next section).
- If necessary arrange a time to return, and emphasise that you will be keen to see the child on your next visit.

¹⁰ The phrase 'developmental disorders' in reference to childhood problems such as autism and intellectual disability reflects formal usage in many international contexts and in the work of the World Health Organization. It is recognised that the alternative phrase 'developmental conditions' is often used in countries such as the UK.

6.2 Talking to the child

When you talk to the parents, explain that you need to talk to the child too, or at least spend time with them, and ask the parents' permission.

- Your aim is to form a clear picture of the problem.



- If the child has difficulty speaking, ask very simple questions in a friendly way. Take note of how they respond.
- The child may have a different view of their problems from the parents' views, and/or they may be keeping information secret. This is particularly likely if the child is being abused or bullied or has done 'something wrong' and fears punishment.
- When you talk to the child, emphasise that you will not share what he or she has said with parents or others if they do not want you to, unless it is an emergency.
- Listen carefully and patiently to the child, giving time to gain their confidence.
- Reassure the child that you are there to help, even if he or she has done 'something wrong'.
- Make clear that you will keep in touch; the child can talk to you again if they want to.

6.3 Mental health first aid for a child with problems



Reasons for urgent referral

Check to see if the child needs immediate medical treatment for:

- seizures (epilepsy; see page 14) occurring for the first time or getting more frequent or severe
- head injury, for example, if the child has injured himself or has been injured by others
- if the child has ingested a poisonous substance
- signs of malnutrition or the child refuses to eat
- visual or hearing problems that have not been detected earlier, especially in infants and toddlers
- risk of suicide (e.g. has the child talked about hurting himself or said that he wishes he didn't wake up, see also page 12)
- if the child is violent or completely unmanageable at home.

When any of these symptoms are present, give the parents the responsibility to get the child to the health centre as soon as possible. Accompany the family if possible.

Additional safety actions:

- If you suspect that a child's problems are caused or made worse because a parent is punishing them (e.g. by chaining or beating) explain to the parents that this will make things worse.
 - Check that the child is protected from abuse by other children or adults, accidents (e.g. burns from the fire) and from wandering off and getting lost.
-

6.4 Advice and support to give parents straightaway if you suspect a childhood developmental or mental health problem

- Praise the parent(s) for telling you about their child's problems.
 - Listen respectfully to explanations the parents give. Find out whether they are using traditional treatments that could be harmful to the child.
 - Explain to parents that medical studies show that these childhood problems are not due to God punishing them for sins, or to curses or bewitchment.
 - Explain to others in the community that this child has a health problem, for which neither the parent(s) nor the child is to blame.
 - If other parents in the local community have a child with a similar problem, it may help for the two families to speak together to give mutual support.
 - Compare the information that the parents have given you about the child to the symptoms described in the charts on pages 38-40.
 - Mention that you are likely to refer them to the health facility for further advice on their child's problem.
-

6.5 Identifying developmental disorders and childhood mental health problems and taking action

- Some childhood mental health and developmental problems start in infancy, others in later childhood or adolescence.
- Problems may carry on into adulthood; there are likely to be adults in the local community whose problems have never been diagnosed, so look out for these problems in adults too.
- The earlier help can be given, the better.

Pages 38-40 summarise the most usual signs of the main childhood disorders and mental health problems. (As in the text, the child is referred to as 'he' in the table for convenience, but the information equally applies to girls.)

Use the table to decide what help you can give and when to refer a child for expert assessment at a higher level health facility.

CHILD DEVELOPMENTAL DISORDERS

Consider developmental disorder if the child shows ANY of the following problems	The problem may be:	Age at which this problem is most likely to start	Action you should take:
Slow motor development, e.g. did not walk when other children typically do	Childhood developmental disorder e.g. Intellectual Disability or autism	Infancy, though problems may only become more obvious at a later ages	1) Important to refer soon for health check and, if possible, a specialist opinion. 2) Use the notes on developmental disorders to help and support parents while they are awaiting referral, and after they have received specialist advice
Continues to wet bed and soil himself beyond the age when should have been 'clean'			
Has not learned to dress or feed himself (when other children do)			
Has not learned to count			
Has little or no speech and does not easily understand what other people say			
Does not interact socially with family or other children			
Prefers to play by himself or seems not to notice whether mother is there			
Makes repeated movements such as rocking, hand flapping or head banging			
Dislikes changes, e.g. new routines, different foods			
Seems distressed by particular sounds, light, tastes and smells			

CHILD BEHAVIOUR PROBLEMS

Consider a behaviour problem if the child shows ANY of the following?	The problem may be:	Age at which this problem is most likely to start	Action you should take:
Screams, hits out at people or injures himself	<p>Mild symptoms can be part of growing up – it will go away on its own</p> <p>BUT, the problem can happen in developmental disorders, depression, abuse or after a traumatic event</p> <p>If symptoms are severe the child may have a behavioural problem.</p>	<p>Behaviour problems can occur at any age.</p> <p>Socially abnormal behaviour is more likely to occur from 10 years onwards</p>	<p>1) Use the advice on behavioural problems to help parents with simple strategies to help their child (see page 44) and monitor progress</p> <p>2) If nothing works and the parents are struggling, refer to specialist.</p>
Is restless or too active			
Has anger outbursts			
Is disobedient and aggressive			
Misses school			
Bullies, hurts or annoys other children			
Tells lies or steals			

CHILD EMOTIONAL PROBLEMS

Consider emotional problems if the child shows ANY of the following	The problem may be:	Age at which this problem is most likely to start	Action you should take:
Seems withdrawn and sad all the time	Child abuse or childhood depression	<p>Child abuse – may occur at any age</p> <p>Childhood depression – most common in adolescence/late adolescence</p>	<p>Gently explore possibility of child abuse. For further advice see page 45</p> <p>For further advice on possible child depression, see page 46</p> <p>Check for risk of suicide (page 12)</p>
Lost interest in friends and play			
Little appetite and losing weight			
Shows signs of bruising or other injury			
Lots of physical symptoms e.g. tummy ache, headache			
Is irritable or angry			
Feels inferior to friends or not likable			
Difficult behaviour			
Disturbed sleep			
Suicidal thoughts			

6.6 Developmental disorders

Intellectual disability (ID) and autism are two different disorders that start in childhood and affect the child's development in many areas.

Some of the symptoms are similar and some children will have both ID and autism.

Diagnosis can only be made by a specialist. This

guide should be used together with the list on page 38 to:

- Decide whether a child has symptoms similar to those for ID or autism. If this is the case the child will need to be referred.
- Give help and support to parents while they are waiting for referral and after their child has received a diagnosis.

What is Intellectual Disability (ID)?

- Children with ID are markedly slow with their development.
- They may be slow in moving, speaking and communicating, or responding emotionally, compared with other children of the same age.
- ID starts to be noticeable in early infancy, unless caused by a head injury or other serious illness (e.g. HIV or TB).
- Because ID is usually lifelong there may well be adults in the local community who have the same problem.
- Down syndrome is a relatively common cause of ID.

Problems that a child with ID may have

Between the ages of 0 and 6 years, a child with ID is likely to have developmental delays in:

- Sitting up, standing and walking
- Feeding himself and toilet training



- Talking, communicating and understanding what others say.

Some of these difficulties will carry on after the age of 6, and others may emerge later, such as difficulty in learning to count, read and write.

What is autism?

- Autism involves delay and difficulty in communicating and relating to people, as well as repeating behaviours and being resistant to change.
- Autism starts to be noticeable in early childhood, although some problems may only become obvious at a later age.

Problems that a child with autism may have:

The following lists typical problems in autism. But autism is highly variable so a child with autism may not have all these problems.

Problems with language and other ways of communicating, e.g.

- little speech and difficulty understanding what is said to them
- difficulty using and understanding gestures such as waving and smiling.

Problems relating to other people and making friends, e.g.

- strange manner with others e.g. not looking directly at them
- playing as if no one else is present or preferring to be alone
- not reacting when other people are happy or sad
- unresponsive to cuddling, and showing little affection.

Repeating movements, needing routine and avoiding change, e.g.

- rocking, flapping the hands or other repetitive actions



- happiest when following strong daily routines; distressed if these change
- becomes unusually strongly attached to particular objects
- over-reaction or aversion to particular sounds, smells, tastes and textures e.g. the feel of clothing.

Children with autism may also have epilepsy, ID or both.

Skills that a child with autism may have:

- good memory for numbers or facts, especially about one topic
- good attention to detail
- ability to concentrate well on one thing

What to tell the family about developmental disorders

- Developmental disorders (ID and autism) are due to the brain working differently. It is not the child's fault and not your fault.
- Neglecting or punishing the child for being slow or having difficult behaviour is likely to make things worse.
- ID and autism are usually lifelong, but some problems will improve.
- Children with ID will learn new things but at a slower rate than other children.

What the family can do to help their child with a developmental disorder

- Make sure the child is stimulated, e.g. sing to him, take him for walks and name trees, flowers and animals.
- Encourage him to repeat words, and to learn simple greetings such as waving or saying 'hello' and 'goodbye'.
- Notice all the child's skills, and make sure he has chances to practice these on his own.
- Introduce new skills, starting at a simple level, and when there is some progress, try for a higher level of the same skill, e.g. if the child has learned to feed himself with his hands, encourage him to eat with a spoon.
- Praise the child for any progress, however small, in tasks such as speaking, using the toilet or latrine, dressing and feeding himself.

Difficult behaviours in developmental disorders

In both ID and autism, children may show a range of difficult behaviours, e.g.

- Screaming, tantrums or self-harming
- Wetting the bed, soiling or playing with poo
- Needing to be fed certain foods or avoiding certain foods
- Hyperactivity, for instance jumping up and down all the time
- Self-harming, e.g. banging head against the wall.

Such behaviours may occur because the child has no other way to express that he is distressed, in pain, frightened or frustrated. Parents should try and identify the reasons why these behaviours occur.

Ways for parents to manage difficult behaviour in their child with a developmental disorder

- Avoid getting angry or punishing the child, even if his behaviour is difficult.
- Instead try to work out what is causing the behaviour, e.g. if particular sounds, sights or situations make the child distressed, try to avoid them.
- Also notice what soothes the child – most will respond to gentle attention and holding; some will prefer not to be touched and like to play by themselves.
- Praise the child when he responds to help and stops his difficult behaviour.
- However, if paying attention usually makes behaviour worse, try ignoring him for a while.

6.8 Child behaviour problems

Difficult behaviour can occur in any child.

What you need to find out:

- Explore whether the child is depressed (see page 46), has experienced a traumatic event or is the victim of abuse (see page 45). If the child has a developmental disorder, follow the advice on page 43.
- Find out whether the child has particular worries or fears at school, e.g. fear of failing or being bullied by other children. Ask the school teacher for help in tackling these problems.
- (For an older child) Explain to the child that bad behaviour can hurt and frighten other children and community members.



Advice for parents if their child has difficult behaviour

Children of all ages:

- Help the child to feel good about himself by praising things he does well.
- Think about the family situation. If the child feels that his brothers and sisters get all the attention, give him time, affection and reassurance.
- If he has been upset by frequent arguments or aggression between parents, avoid raising family problems in front of him.
- If taking notice of the child's bad behaviour makes it worse, try ignoring him until he stops.

Older children:

- Try to remain calm but firm and if necessary ask the community or church leader to help explain to the child what behaviours he should try to control.
- Get the child to think about what makes him angry, and encourage him to distract himself if this is happening, for instance by playing football outside.
- Give the child responsibilities, e.g. for a household task. Praise and reward him if he does the task well.

6.9 Child abuse

What is child abuse?

Child abuse means mistreating a child in ways that damage his or her health and emotional development. Child abuse is quite often carried out by a family friend or by parents themselves, and includes:

- physical abuse, e.g. when a child is frequently hit or beaten
- emotional abuse, e.g. when a child is shouted at or insulted; does not receive proper love or affection
- sexual abuse, when an adult uses a child for sexual pleasure, including touching the child's genitals, making the child touch the adult's genitals, attempted or full intercourse.

Problems an abused child may have

- showing signs of physical injury
- appearing fearful, withdrawn, sad or depressed
- no longer doing well at school
- eating little or nothing
- difficult behaviour (see page 39).

How to help an abused child and their family

General principles:

- it is very important to try and find out who is abusing the child
- try to talk to the child separately from the parents
- parents involved in abuse are likely to deny or try to hide their child's injuries and emotional problems
- the advice you give to parents, and the actions you take will depend on whether you

believe that parents or another family member are involved

- your priority is to protect the child from further harm. Make sure that the child remains in the care of a trusted person.

Working with the child:

- help the child to feel they can safely talk to you
- look for any physical injuries and make sure they are treated
- reassure the child that what has happened is not their fault
- be careful about your next steps – the child may worry that they will be punished for telling you what has happened
- make clear that the child can always talk to you
- involve your supervisor, community leaders and other relevant family members to help to protect the child.

Working with the parents:

- find out if parents are aware of what is happening and if they know who the abuser is
- make a clear plan with the family to stop the abuse, calling on your supervisor, other family members and local community leaders as necessary
- if you think parents are themselves involved in the abuse contact your supervisor for advice and help
- check if there are any community organisations that can provide support (see page 52)
- keep in contact with the child and monitor the family regularly.



URGENT ACTION

If you think child abuse is continuing, inform your supervisor straightaway.

6.10 Childhood depression

What is childhood depression?

- Childhood depression is similar to adult depression (see page 26), but children and adolescents may be more irritable than sad; their symptoms may also include isolation, low self-worth and feeling rejected by peers.
- A child with depression experiences mood problems that last longer or are more severe than normal sadness.
- Depression can occur at any age but is particularly common in adolescents and young adults.
- Childhood depression has many causes; it may be due to the child's brain working differently, but it may also be the child's response to difficult life events such as abuse or bullying.

Ways you can help parents to help their child with depression

- Encourage the child to discuss any worries,

e.g. due to bullying, abuse, trauma or illness in the family.

- Pay careful attention to any signs that the child is being abused or is misusing drugs.
- Make clear that the child has their parents' love and support whatever happens.
- Encourage the child to keep physically active; this may help with appetite and sleep.
- Also encourage the child to have contact with other people and keep up some interests.
- If medication has been prescribed at the health facility, advise the parents to make sure the child takes it.
- At times when the child seems particularly low, tell them to make sure he is not left alone and does not have ways to injure himself
- If there are any signs that the child is suicidal, tell the parents to take them to the health facility straight away.

6.11 Following up on developmental and mental health problems

- Children diagnosed with problems such as ID, autism, behavioural or emotional problems will need long-term help and support. Some difficulties may reduce, but others may increase over time.
- Keep in contact with parents and children and monitor their progress. If the strategies you gave parents earlier are working, help them to build on their progress. If strategies have not been effective, help parents to identify key problems and find new ways to try to solve them.
- Increased interest in sexuality and social interaction poses challenges for all adolescents. Developmentally disabled men and women may not understand the 'social rules' for making friends and touching others. Equally, they may be vulnerable to sexual abuse themselves. Explain to parents why such problems may occur, and help them to deal with them.

6.12 Integrating children with mental health or developmental problems into the community

Integration is important for both the child's and their parents' well-being. Here are some suggestions for solving common problems:



Problem	What can you do?
(1) Parents may feel overwhelmed and isolated.	Help parents to have a rest from caring for their child, e.g. is there a relative or friend who can offer care occasionally?
(2) Gossip and fear in the community may add to the family's sense of isolation and stigma.	Organise a community meeting (see page 48) to explain that isolation and stigma cause sadness and are not helpful. Discuss unfounded fears (e.g. that the child's problem is contagious), and encourage others in the community to offer friendship and help. Ask community or religious leaders to support you.
(3) The child may struggle to make normal friendships.	Organise a friendship scheme whereby a sibling or special friend from the community acts as a playmate, accompanies the child to school and so on. It is healthy for another a child to have a special responsibility like this.
(4) A child with problems may be learning nothing because they are being prevented from attending school or are frequently sent home for 'bad' behaviour.	Meet with the teacher to discuss difficulties and ways of enabling the child to attend.

7. COMMUNITY MOBILISATION & AWARENESS-RAISING

Community mobilisation is about organising the people and resources in your community to help people with mental illnesses and their families. Methods of community mobilisation include small and large group meetings, local celebrations or exhibitions, coffee ceremonies¹¹ and community conversations.

Awareness-raising is an important first step to mobilising the community. You can raise community awareness through the model families and through community conversations, as well as through one-to-one meetings with key people.

Topics for awareness-raising

You may wish to cover these four main topic areas in community conversations and awareness-raising meetings – e.g. with community representatives or members of the health development army:

1. Detecting mental health problems and improving access to care.
2. Supporting people with long-term mental health conditions and their families.
3. Overcoming stigma, discrimination and abuse against people with mental health problems.
4. Raising awareness amongst teachers about mental health of children in schools.

What can the health development army do to help?

The health development army can:

- identify adults and children with possible mental health or developmental problems and people who are chained up at home
- encourage their families to speak with the HEW about getting treatment

- try to include people with mental health problems in community activities and be friendly towards them
- help to mobilise practical support to families who have a member with mental health problems, e.g. food, labour, financial support, transport to appointments.

Some key messages to convey to your community are:

- mental health problems are common and have negative effects on the person, their family and the community
- most mental health conditions can be treated with modern medicine
- the earlier a person receives treatment, the better their response
- if a person is receiving proper treatment and their condition is under control, there should be no need to chain them up
- to recover from mental illness or cope with lifelong conditions the person and their family need the support and encouragement of the community
- families with a member who has mental illness may become poorer and struggle for survival.

¹¹ The coffee ceremony plays a characteristic role in Ethiopian and Eritrean culture. Green coffee beans are roasted, ground and the coffee boiled and served from a special coffee set, following a graceful social ritual.

Community awareness-raising

(1) Detecting mental health conditions and improving access to care

Objective: To improve detection and service uptake of people with mental illness in the community.

Ask the group to tell you what they know about the characteristics of mental health problems.

- Do they know the symptoms of severe mental health problems and epilepsy?
- Do they know about depression?
- Do they know that alcohol problems can be an illness?
- Do they know about mental health and developmental problems in children?

➤ Tell them what different kinds of mental health conditions look like (see pages 19 to 21).

Ask the group about the treatments they know for these conditions.

- Explain that modern medical treatment is available for many of these conditions.
- Explain that some people will get fully well again, and most will improve.

Ask how the community can help to identify people with these conditions.

Ask how the community can support people with mental illness to attend a modern health facility.

Community awareness-raising

(2) Supporting people with long-term mental health conditions

Objective: To mobilise the community to support people with long-term mental health conditions and their families.

Explain that some people with mental illness need the help of the community, because:

- they need rehabilitation as well as medication in order to get fully well
- even with help they may not get fully well
- even with help they may keep getting unwell again.

Ask the community how they might help these three groups of people with mental illness.

You could ask some of the following questions:

- After someone has been ill, they may need some help getting back to work – how can the community help?
- If a person doesn't recover fully from mental ill health or keeps getting unwell, the person and their family may need help, e.g. financial support, support with maintaining the home, support with caring for children. What can the community do to help?
- Parents caring for a child with mental health or developmental problems also need support; the community could help in giving the parents a break from caring for the child with problems.

Community awareness-raising

(3) Overcoming stigma, discrimination and abuse of persons with mental illness

Objective: To reduce levels of stigma, discrimination and abuse against persons with mental illness.

Ask the group how they feel about having contact with people who have had a mental health problem. What fears do they have about:

- talking to them? Being a friend to them or to their parents? Involving them in social activities? Allowing them to take positions of responsibility within the community?

Ask about people's own experiences of people with mental health problems. Remind the group that:

- medication may help people to get well and live a full and active life
- isolating people with mental illness and their families makes their problem worse

- mental health conditions are not infectious – you can't catch it.

Ask the group about abuse towards people with mental illness, e.g. children throwing stones, people beating them up.

- What can be done to reduce this?
 - Remind the group that people with mental health conditions are more likely to be victims of violence than to carry out violence. Getting treatment and care reduces the risk of violence.

Ask the group about chaining up of people with mental illnesses.

- What can be done to reduce this practice?
- How can the community encourage families to take chained up people to the health facility so that they can be treated and have a chance of getting well?

School-based awareness-raising

(4) Children with mental health and developmental problems

Arrange to meet with teachers.

Objective: to improve detection of, and support for, children with mental health and developmental problems.

Ask the teachers what they know about child developmental disorders.

- Are there children in their class who have these kinds of problems?
 - Explain the features of child developmental disorders.
- How do they support children with these problems?
 - Discuss the advice on managing developmental disorders.
 - Note that children with developmental disorders can learn new things, but they need a longer time and more help.
 - Children with developmental disorders benefit from the social environment of school.

Ask the teachers what they know about child behavioural disorders.

- How do they manage children with behaviour problems?
 - Discuss the advice on managing difficult behaviour.
 - For very restless children who have difficulty concentrating on their work, advise the teacher to let them sit at the front of the classroom.

Ask the teachers about child emotional problems and child abuse (see page 45).

- Review the link between bullying, child abuse, family difficulties and emotional problems.
- Ask the teachers what they might do to help.

8. MENTAL HEALTH PROMOTION & ILLNESS PREVENTION

Promoting adult mental health and preventing mental health problems

The main areas to focus on are:

- Reducing exposure to violence, especially violence against women and children.
- Reducing the use of alcohol, khat and cannabis.
- Eating and sleeping regularly and taking exercise.
- Encouraging family and community support in coping with life's problems and stressful events (e.g. death of someone close, job loss, conflict with neighbours, theft, trouble with police, crops failing; note that joyful times can also cause stress, e.g. getting married or having a baby).
- In older people, some ways to prevent dementia are eating a healthy diet, keeping physically active, having interests and keeping in regular contact with family and friends.

To prevent childhood mental health or developmental disorders

Before and during pregnancy:

- Childhood conditions are more common in children born to very young or very old parents – advise parents against pregnancy before age 15 years and after age 40.

- Ante-natal care – visit pregnant mothers regularly to check progress and deal with any problems and illnesses.
- Ante-natal nutrition – advise mothers to eat well and avoid alcohol.
- Ante-natal health – advise mothers to:
 - avoid smoking, taking harmful drugs and medications that have not been prescribed by a health worker
 - take iron and folic acid supplements regularly.

Birth:

- Trauma to the baby's head or lack of oxygen during delivery may cause brain damage and ID – advise mothers to deliver in the presence of a trained health worker, if possible.

Early childhood:

- Illnesses like measles can cause brain damage and ID – so ensure that children are vaccinated and illnesses are detected early.
- Head trauma can cause brain damage – advise parents to keep children safe and report any accidents straightaway.
- Poor nutrition can affect mental development – advise parents to feed their child a good range of foods and ensure they receive their vitamin A drops.

Important advice for preventing behavioural problems:



Punishments such as beating and all forms of child abuse are likely to cause behavioural problems or to make existing problems worse!

9. MENTAL HEALTH RESOURCES FOR MY PATIENTS

Make a note of the mental health resources available for your patients.

The nearest **OUT-PATIENT** psychiatric service is:

The nearest **IN-PATIENT** psychiatric service is:

NGOs and other **community organisations** working to support:

Women who are victims of intimate partner violence	
People with disabilities (of any kind)	
Vulnerable children	

Any other resources