Module: Essential care and practice

Overview

Learning objectives

• Name the general principles of essential care and practice.
• Name management principles of priority MNS conditions.
• Use effective communication skills in interactions with people with MNS conditions.
• Perform assessments for priority MNS conditions.
• Assess and manage physical health in MNS conditions.
• Know the impact of violence and gender-based violence on mental health.
• Provide psychosocial interventions to a person with a priority MNS condition and their carer.
• Deliver pharmacological interventions as needed and appropriate in priority MNS conditions considering special populations.
• Plan and perform follow-up for MNS conditions.
• Refer to specialists and links with outside agencies for MNS conditions as appropriate and available.
• Promote respect and dignity for people with priority MNS conditions.

Key messages

• Effective communication skills should be used for everyone seeking health care, including people with MNS conditions and their carers.
• Effective communication skills enable health-care providers to build rapport and trust with people as well as enabling health-care providers to understand the health and social needs of people with MNS conditions.
• Health-care providers have a responsibility to promote the rights and dignity of people with MNS conditions.
• To conduct an assessment of people with suspected MNS conditions, you must assess the physical, psychological and social needs of the person.
• Gender-based violence is a global public health concern that causes great distress to the victims and perpetrators.
• Health-care providers must understand how important it is to assess individuals for the impact of gender-based violence on mental health.
• The management of MNS conditions includes psychosocial as well as pharmacological interventions.
• Follow-up is an essential part of the care and management of MNS conditions.
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**Total duration (without breaks) = 5 hours 50 minutes**
Session 1.
General principles

2 hours 20 minutes

Begin the session by briefly listing the topics that will be covered.

Facilitate a group discussion (maximum 10 minutes) on what participants consider to be the general principles and core skills used in providing clinical care.

Write down the answers on a flip chart.

Highlight any answers which emphasize using effective communication skills, listening to people, treating people with respect, being empathetic and non-judgemental etc.
General principles

1. Use effective communication skills.
2. Promote respect and dignity.

These principles aim to promote respect for the privacy of people seeking care for MNS conditions, foster good relationships between health-care providers, service users and their carers and ensure that care is provided in a non-judgemental, non-stigmatizing and supportive environment.

Discussion

What constitutes effective communication?

What are the barriers to providing effective communication?

Ask participants to think about what effective communication really means (maximum five minutes) and make a list of the skills needed for it.

Note: If participants do not consider the role of body language in communication then prompt them to think about how body language affects communication.

List their answers on a flip chart or black/white board.

Ask participants what they perceive as barriers to providing effective communication.

Note: If participants struggle, encourage them to think of gender roles, stigma, power imbalance, etc.
Activity 1: Facilitator demonstration: Good vs poor communication skills

Duration: 15 minutes.

Purpose: To show examples of good and poor communication and stimulate discussion.

Instructions:
- Explain that participants are going to watch two demonstrations of two different clinical interactions.
- After each demonstration, they will discuss the effectiveness of the communication skills they observed.
- Show the demonstration of poor communication first.
- The facilitator will play the role of a health-care provider, and a co-facilitator (or volunteer) will play the role of a person seeking help.
- The co-facilitator will be attending the health-care clinic for help with persistent headaches.
- The facilitator will start the interaction by asking “What do you want?” and then will not listen to the person, speak over them, pay more attention to his or her phone or to others, turn away from the person half way through the interaction and start doing something else. The facilitator is judgemental and does not believe that the person has any problems at all, and instead believes that the person is just seeking medicines.
- After the demonstration of poor communication, ask:
  - What did the health-care provider do that made this communication a poor one?
  - What could the health-care provider have done to improve their communication?
- Do the second facilitator demonstration of good communication.
- In this interaction, the facilitator will continue to play the health-care provider and the co-facilitator will play a person seeking help for persistent headaches.
- The facilitator will start the interaction by introducing themselves and their role in the clinic, ensuring the person is safe, using active listening to understand what is happening to the person, using positive body language to ensure the person is comfortable etc.
- After watching the demonstration, ask participants to compare the behaviours they observed during the two demonstrations. Ask participants to think of what made the second demonstration more effective?
- Add anything pertinent to the list of good communication skills.
Possible adaptations:
• This activity can be conducted by showing video demonstrations of good and poor communication.
• Participants can also work in pairs and play their roles accordingly to experience good and bad communication skills.

Explain that one of the main goals of effective communication is to build trust and rapport between the health-care provider, the individual and carers.

This trusting relationship between the health-care provider and the individual is essential, as it creates a comfortable environment where the person can share intimate or troubling thoughts, beliefs and emotions that underpin their symptoms.

Direct participants to page 6 of mhGAP-IG Version 2.0.

Give time to read through the different communication tips and add to the list of good communication skills.

Emphasize the importance of using good communication skills for everyone visiting a primary health-care clinic. Stress that it is particularly important when assessing and caring for people with MNS conditions, as it is the only way to truly understand what is happening to the person.
Activity 2: Active listening: Hearing what is being said

Activity 2: Active Listening

Listen to the person you are working with and then answer these questions:
• While you were listening, how many times were you distracted?
• While listening, were you thinking other thoughts, or thinking about your “to do” list?
• That is normal and that is why active listening is a real skill.

Duration: 20 minutes.

Purpose: Enable participants to reflect on how they listen, consider what skills they use when they listen and whether or not they become distracted when listening. Introduce them to the concept of active listening.

Instructions:
• Divide participants into pairs.
• Spread the pairs around the room and ensure they face each other.
• Assign one as person A and the other as person B.
• Person A will have five minutes to talk about something important to them. This should be a topic they are passionate about and/or that they find interesting and care about.
• Person B will listen.
• After five minutes, they swap roles.
• Bring the whole group together and ask participants playing person A to briefly reflect on what they heard.
• Check with their pairs that the information is correct.
• Swap and ask participants playing person B to briefly describe what A told them, also checking that the information is correct.
• After the feedback, facilitate a quick discussion about the experience of listening. Ask participants to be honest and state how many times they were distracted when they were listening, and if they had other thoughts in mind while listening. Explain that it is normal to get distracted whilst listening to another person, but it can lead to missing out on a lot of information.
• Ask participants to reflect on how it felt to have someone listen to them.
Explain that as a starting point for effective communication skills we will look at **active listening**.

Explain that active listening requires attention and focus on what is being said, while trying to understand the true meaning behind what is being said.

People often express their feelings through their actions, facial expressions and body language, but struggle to name or express those emotions.

Therefore, concentrating, listening, asking questions and taking time to really hear and clarify what people are telling you are core skills.

Give people time, don’t rush them and don’t be afraid of silences. Although 60 seconds of silence can feel like a long time to you, it can give the person enough time and space to begin talking about their experience.

It also requires a high level of **empathy**. Give participants two minutes to think about what empathy means.

Ask the group to share their thoughts and definitions and note their answers.

Look for answers similar to, “the ability to understand and share the feelings of another person”.

**Active listening**

- Listening without being distracted.
- Listening and paying attention:
  - Verbal messages (what is being said).
  - Non-verbal messages (what is being said with body language, pauses, facial expressions etc.).
- Allowing time:
  - Don’t rush.
  - Allow for silences.

**Empathy**

How would you like it if the mouse did that to you?
Explain why empathy is important by discussing the points on the slide.

Explain that:
- It enables you to recognize the feelings of another person and communicate understanding in verbal or non-verbal ways.
- Empathy enables you to understand the individual’s perspective, thus ensuring that any clinical care they receive meets their needs and priorities.
- It also shows respect and provides emotional support to the person by letting them know that you really understand their feelings and therefore they are not alone.
- It builds rapport, encourages dialogue, and builds good relationships.

Show participants the different quotes and ask them to give examples of how they could respond with empathy.

Following participants’ answers, reveal the next slide.

Emphasize that this is just one example of an empathetic response, as there are lots of different ways to express empathy. With practice, they will develop their own way to express empathy.
Ask the participants to give examples of how they could respond with empathy to this quote.

Give participants a few attempts before revealing a response on the next slide.

Emphasize again that this is just one example of how empathy can be expressed. There are many different ways and with practice they will develop their own ways to show empathy.

Read the response out loud. This response recognizes that this is a difficult time and situation for the person. It gives emotional support by acknowledging that seeking help is good, while it also starts to build rapport with the person by inviting them to talk more.

In both examples, the person has been invited to talk more and explain more. This is a key point and the best way to do this is to use open-ended questions.

Explain that being able to actively listen is easier when using good verbal communication skills, including asking questions and summarizing.

Ask if participants know the difference between open and closed questions. Talk through the explanations on the slide.

Go on to explain that open questions and closed questions can work well together.

Open questions can provide:
- The basic structure for the first interview.
- A broad perspective on a person’s life.
Closed questions can then be used to get more specific follow-up information:
- Closed questions can also be used when people are evasive, or become too detailed in their answers.

Talk through the examples of open and closed questions on the slide.

Ask participants to briefly reflect on which types of questions they usually use in their clinical practice.

Do they use open questions or closed questions? (Explain that there is no right or wrong answer to this, it is just useful to reflect on how they communicate with the people they see).

Read each question out loud and ask if it is open or closed.

**Summarizing**

- Re-state the main (content) points of the person’s problems.
- Don’t just repeat – put into your own words how you have understood the person’s situation.
- Don’t state as fact – use words that show you are checking whether you have understood correctly.
- Summaries offered during the course of the session help us to keep our focus on the important areas and also to make transitions to other relevant topics.

Describe these examples of how people can start to summarize and clarify what a person says.
Summarizing

“Last night my husband came home really late. He was drunk again. We started arguing but it is no use. I am so angry at him. He will never change.”

**Response:** “You sound like you are feeling very frustrated by your husband’s drinking which often leads to arguments. You also sound unsure of how to support him to change this situation which leaves you feeling hopeless.”

Summarizing

“My husband passed away last month. He was sick for some time but he refused to be taken to the hospital. Now I have just found out that I am HIV+. So, now I feel so confused. I realize my husband had AIDS and he didn’t tell me, and I must have got HIV from him.”

**Response:** “You sound like you are feeling very confused and upset about your husband’s death and your own HIV status. It must be a very difficult time for you.”

Ask participants how they could summarize what the lady feels and tells them.

Show the response on the slide as an example once participants have attempted to give a summary.

In this summary, the response identifies that the lady is “frustrated” about her husband’s use of alcohol and is frustrated that it leads to arguments. It also recognizes that she feels unable to change this situation, which makes her feel hopeless about their future.

Ask participants how they could summarize what the lady is feeling and telling them. Show the response on the slide as an example, once participants have tried to give a summary.
Explain that in this summary the person has listened and heard that not only is the person suffering a major loss – that of her husband. But she has found that she is HIV+ and that it must have been her husband who infected her. This news has left her feeling betrayed – because he did not tell her – and confused as she did not know that her husband had AIDS.

Activity 3: Using good verbal communication skills

**Activity 3: Using good verbal communication skills**

- Mary is a married woman with three children. She has been really struggling at home. She feels sad all the time and never leaves the house, despite the fact that she is usually an active member of her community.
- How would you talk to Mary about her problem?

**Duration:** 20 minutes.

**Purpose:** Enable participants to practise using and developing their communication skills.

**Situation:** Mary is a married woman with three children. She has been really struggling at home. She feels sad all the time and never leaves the house, despite the fact that she is usually an active member of her community. How would you talk to Mary about her problem?

**Instructions:**
- Divide the participants into groups of three.
- Instruct one person to play Mary; one person to play the role of a health-care provider aiming to find out more about Mary’s problems; and one person to play the role of the observer.
- Explain that the person playing the role of the health-care provider should start the conversation.
- Explain that the person playing the role of the health-care provider should spend time welcoming Mary and trying to make her feel comfortable. They should use effective communication skills, such as open and closed questions, active listening, empathy and summarizing to find out more about Mary’s current situation.
• Once the role play has finished, the observer can facilitate a brief discussion in small groups about the interaction using the effective communication skills on page 6 of mhGAP-IG Version 2.0 to guide the discussion.
• Participants should have:
  – two to three minutes’ discussion on who is playing what part
  – around 10 minutes of role playing
  – five minutes’ feedback and discussion with the observer.

Ask participants to reflect on experiences in the past when they have come into contact with agitated and/or aggressive behaviour in their clinics.

Take five minutes to facilitate a brief discussion in plenary about why participants think that people may become agitated and aggressive?

Explain that it is normal to get angry and anger is not always a negative feeling – it is often a response to a perceived negative situation.

We all get angry at times and sometimes this can lead to positive outcomes, while in other cases outcomes may be negative.

Anger can dissipate or escalate and the progression of the anger may be determined by the actions and responses of the health-care provider.

Direct participants to page 45 of mhGAP-IG Version 2.0.

Explain that these are the steps for the management of agitated and/or aggressive behaviour.

Explain that in all cases effective communication is important and should be used in order to de-escalate the situation.

The next task is to look at ways one can de-escalate anger using effective communication skills.
Activity 4: Facilitator demonstration: Using effective communication to de-escalate a person with aggressive/agitated behaviour

Duration: 20 minutes.

Purpose: To show participants examples of good practice in the management of people with agitated and/or aggressive behaviour.

Situation:
• The facilitator will play the role of the health-care provider in a clinic.
• A participant or co-facilitator will play the role of a person coming to seek help in the clinic for aches, pains and tiredness (lack of sleep).
• The person becomes increasingly angry and impatient in the waiting room because they have been waiting for hours to see the health-care provider and believe that everyone else has been seen before them on purpose. The person feels discriminated against and uncared for, and they are very angry – not wanting to listen to any “excuses” from anyone. The person refuses to leave the waiting room and they begin to upset the other people and children in the clinic.

Instructions:
• You, the health-care provider, will use the tips given in the mhGAP-IG, including: remaining calm and keeping a calm and steady voice; asking the person to come and talk to you in a quiet and private space because you cannot hear them in this waiting room (e.g. “I really want to listen to what you are saying but I cannot hear you at the moment, perhaps if we go somewhere more quiet and private I can help you better”). Listen to the person. Devote time to the person. Try to find out the reason why they are feeling so angry. Rule out any other medical/physical reasons that may underlie anger. Rule out substance use/psychosis.
• Ask participants to reflect on the example. What worked well?
• Use the slides and the facilitator notes below to explain how to manage agitated and/or aggressive behaviour. Remember to use the facilitator demonstration you have just done to illustrate these management options. When explaining how to rule out other causes of aggression, remind them how you did so in the facilitator demonstration. When you instructed them to remain calm instead of getting angry and aggressive, remind them how you did this.
Managing persons with agitated and/or aggressive behaviour

Assess the person for the underlying causes of the agitation and/or aggression.

Assess for agitated and/or aggressive behaviour

- A common cause of anger is an unmet need – for control, information, to be listened to, to feel safe.
- It may also have psychological antecedents or be triggered by fear.
- It may have physical antecedents – blood glucose levels, vital signs, delirium, drug and alcohol use.
- Mental health condition, such as psychosis or bipolar episode.

Briefly talk through the following slides and give details on how to manage agitated and/or aggressive behaviour.

Use the facilitator demonstration as an example of how to do this.

Explain that the first step of the management of aggression and agitation is:

1. Assessing the person for the underlying causes of agitation and/or aggression.

Explain that on this slide there are some possible causes of agitated and/or aggressive behaviour:

- Unmet needs, feeling like you are not being listened to or not understood, feeling unsafe or uncomfortable, not having enough information.
- Fear.
- A symptom of a mental health condition such as psychosis and bipolar disorder.
- Physical health conditions may also cause agitation and aggression, e.g. check blood glucose (if low, give glucose).

Then work through the following steps.

2. Check vital signs (including temperature and blood pressure).
3. Rule out delirium and medical causes (including poisoning).
4. Rule out drug and alcohol use (specifically consider stimulant intoxication and/or alcohol/sedative withdrawal).
5. Rule out agitation due to psychosis or a manic episode in bipolar disorder.
Read through the effective communication skills needed to manage agitated and/or aggressive behaviour.

When discussing the skills use the facilitator demonstration as an example of how you employed these skills.

Explain that safety first refers to safety of the person, the staff in the health clinic and any other people in the area.

Remain calm and encourage the person to talk about their concerns. For example, take a deep breath before speaking to keep yourself calm. If the person is shouting, you could calmly say, “I want to help you but I cannot understand you when you shout at me, maybe we could go somewhere quiet and you can tell me what is troubling you.”

Encourage the person to talk about their problems, let them express their anger as long as it is safe.

Use a calm voice and try to address the concerns if possible. Use a calm, soft and gentle tone. Use sensitive language and, if relevant and appropriate, use humour. Be aware of your body language, your posture, movements etc.

Listen attentively and actively. Focus on the person and do not get distracted by other issues/people. Use active listening skills to listen to the person, be empathetic with the person and try to understand why the person is agitated and/or aggressive. Use active listening skills to let the person know that they are being listened to.

Never laugh at the person – be non-judgemental.

Do not be aggressive. Remaining calm is key to de-escalating agitation and aggression. By remaining calm, you can make the person feel safe. Focus on their anger and aggression rather than your own feelings.

Try to find the source of the problem and solutions for the person. By using active listening skills and remaining calm you can help the person manage their own aggression, understand the source of the problems and work with them to find some alternative solutions (solutions that do not involve aggression).

Involve carers and other staff members. Involve staff but be aware that involving too many people could be interpreted as a “show of force” and make the person feel more unsafe, thus escalating the anger.

Remove anyone from the situation who may be a trigger for the aggression. Try and take the person into a quiet room, separated from people who may trigger more aggression and make the situation worse.

In case none of the above-mentioned strategies work and the person is still aggressive, medication may be necessary.
Ask participants if they have ever used medication in the past to sedate an agitated or aggressive person.

Talk through different considerations for using medication in the mhGAP-IG.

Explain that both children and adults with priority MNS conditions are at a much higher risk of aggression and violence than the general population.

This can include aggression and violence by:
- family members
- community members
- health-care providers.

Explain that factors which place people with priority MNS conditions at higher risk of violence include stigma, discrimination, and ignorance about the condition as well as a lack of social support for the individual and those who care for them.

Placement of people with priority MNS conditions in institutions also increases their vulnerability to violence. In these settings, and elsewhere, people with communication impairments are unable to disclose their abuse and often are not believed if they do.
Facilitate a brief discussion in plenary: What can you do if you see a health-care provider being aggressive/violent towards a person with a priority MNS condition?

Have participants reflect on what steps they could take to manage this situation.

**Note:** Emphasize that the safety of the person with MNS conditions is paramount, therefore the first step is to ensure that the person is safe.

- Discuss if there are any reporting lines within their health-care systems they could use to ensure that the health-care provider is reported and stopped. Where appropriate, report the abuse to the police.
- Talk to the health-care provider and explain how vulnerable people with MNS conditions are.
- Spend time training the staff in the non-specialized health setting in how to effectively communicate with people with MNS conditions.
- Address any stigma and misunderstandings health-care providers may have about people with MNS conditions.

Explain that the next activity will focus on how to promote respect and dignity for people with MNS conditions.
Activity 5: Promoting respect and dignity

Duration: 40 minutes.

Purpose: Give participants a better understanding of the stigma and discrimination that people with priority MNS conditions face.

Instructions:
• Split participants into small groups.
• Ask each group to answer the following questions:
  1. How are people with MNS treated in your community?
  2. Break this discussion down to distinguish between disorders – for example, how are people with epilepsy perceived versus how people with psychoses or depression are treated? How are children with developmental disorders treated? How are people with substance use disorders treated?
• Allow 10 minutes for discussion and then ask each group to nominate a spokesperson to share their lists with the rest of the group.
• The facilitator should make a list of the participants’ responses.
• Explain briefly that negative name calling, labelling and marginalization are all forms of stigma.
• Ask the groups to discuss:
  1. What impact does stigma have on the individual?
  2. What impact does it have on the family?
  3. What impact does it have on the community?
• Allow 10 minutes for discussion and then ask each group to briefly feedback to the rest of the group.

Use these questions to stimulate a discussion and ensure participants think about all the ways people with different MNS conditions are treated.

Note: In some societies, it may be necessary to mention that people hearing voices are revered and respected. So, their treatment may not always be negative.
Keep the participants in the same groups as they were for the previous discussion and ask them to discuss the following three questions.
1. What impact does stigma have on the individual?
2. What impact does it have on the family?
3. What impact does it have on the community?

Summarize the key discussion points highlighted by the participants and explain that stigma can bring a sense of shame, blame, hopelessness, distress, reluctance to seek and/or accept help, and fear.

Explain that stigma can impact on your emotional state by affecting your sense of self and self-confidence.

It can affect symptoms of the MNS condition – it can shorten life expectancy and slow down recovery.

It means that people cannot access the health care and treatment that they need and deserve.

It can lead to an abuse of human rights.

It can lead to disruptions in family life.
Group discussions

Return to your groups and discuss what health-care providers can do to address stigma and stop discrimination.

After five minutes’ discussion, ask the spokesperson to give feedback to the rest of the group with ideas on what they could do.

As health providers we can

- Change our own perception and attitude towards people with MNS disorders.
- Respect and advocate for the implementation of relevant international conventions, such as the United Nations Convention on the Rights of Persons with Disabilities.
- Reaffirm that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms.
- Play a large part in fulfilling these rights.

Explain the points on the slide. Ask participants if they think they could implement these changes.

Inform participants that the full convention is available if they wish to see it.

Consider reading aloud the following three examples of articles from the convention:

1. The right to good quality, affordable and accessible mental health services in the community (Art. 25).
2. The right to rehabilitation services in the community (Art. 26).
3. The right to live in the community and participate in community life (Art. 19).

Background knowledge:
- The convention has already been ratified by 110 countries.

Note:
- On the following website, you can see which countries have ratified the convention: http://www.un.org/disabilities/countries.asp?navid=17&pid=166
- If the country in which you are training has ratified it, then you should mention this in the training.

Direct participants to page 7 of mhGAP-IG Version 2.0 and compare the list of do’s and don’ts with those created by the groups.

Promote Respect and Dignity

**DOs**
- Treat people with MNS disorders with respect and dignity.
- Protect the confidentiality of people with MNS disorders.
- Enjoy privacy in the clinical setting.
- Always provide access to information and explain the prescribed treatment rates and benefits in writing, if possible.
- Value the person’s autonomy and consent for treatment.
- Promote autonomy and independence living in the community.
- Provide persons with MNS disorders with access to supported decision making systems.

**DON’Ts**
- Do not discriminate against people with MNS disorders.
- Do not ignore the presence or needs of people with MNS disorders.
- Do not make assumptions for, on behalf of, or instead of the person with MNS disorders.
- Do not use any technical language or explaining proposals to them.
Session 2.
Essentials of mental health care and clinical practice: Assessments

⏰ 1 hours 10 minutes

Activity 6: Group discussion: General principles of MNS assessments

Duration: 30 minutes.

Purpose: Give participants time to reflect on how they conduct a routine assessment.

Instructions:
• Split the participants into groups.
• Ask each group to create a list explaining how they conduct a routine assessment in their clinic.
• Ask them to think about what type of questions and communication skills they use to conduct an assessment.
• What topics do they discuss with the person seeking help? Why do they discuss those topics? What do they learn?
Ask the groups to make the lists as comprehensive as possible to ensure it covers all aspects of their clinical assessment.

Ask each group to present their lists.

Facilitate a discussion and seek group consensus to create one list of agreed topics covered in a primary health-care assessment.

Direct participants to page 8 mhGAP-IG Version 2.0.

Compare the descriptions on page 8 with the lists created by the participants.

Explain that people with severe MNS conditions are two or three times more likely to die from preventable diseases, such as infections and cardiovascular disorders, than the normal population. This may be because people with MNS conditions and their carers are hesitant to seek help due to high levels of stigma and discrimination experienced, even from health-care providers.

It may be that there is a lack of focus on physical health during assessment and treatment and/or the symptoms of the MNS condition contribute to them neglecting their physical health care (e.g. people with severe depression do not take the medication prescribed for their physical health condition).

Therefore, when assessing a person with possible MNS conditions, always assess for physical health as well.
II. Conduct a MNS Assessment

Activity 7: Small group work: Conducting an MNS assessment

Explain that the principles of conducting an MNS assessment are going to be discussed.

Direct the participants to page 9 of mhGAP-IG Version 2.0.

Emphasize that conducting an MNS assessment is not an extra burden but should be an extension of their routine assessments.

Activity 7: Conducting an MNS assessment

Divide into three groups.

Each group takes different elements of an MNS assessment and answers the questions:
1. What information do you want to find out and why is it important information to learn?
2. What questions can you ask to find this out?

Duration: 30 minutes.

Purpose: Give participants the opportunity to learn the steps required to conduct an MNS assessment.

Instructions:
- Divide participants into three groups.
- Give Group 1 the heading Presenting complaint and Family history of MNS conditions.
- Give Group 2 the heading General health history and past MNS history.
- Give Group 3 the heading Psychosocial history.
- Give each group pieces of flip chart paper and pens.
- Ask each group to create two lists:
  1. What information do you want to find out? Why do you want to find out this piece of information?
  2. What questions can you ask to find this out?
- Give each group 20 minutes to discuss and create the lists, hang the lists on the wall, bring the groups back together and ask the plenary group to discuss the lists of questions.
- Use the explanations and suggested questions in the slides below to provide any clarification.
- Add any of the questions discussed below to the lists created by the participants.

Note: Keep the lists of questions visible throughout the rest of the training so participants can use them in upcoming activities.
Explain what **presenting complaint** means (as described below).

Presenting complaints are the issues or issue that the person is presenting with, and these are the primary reasons for the visit. Try to understand them in the person’s own words.

You may find that the person’s presenting complaint is minor compared with what you discover in the rest of the assessment, but clearly it is important to them.

Then talk through the questions and points on the slide.

Explain what we want to learn in the **past MNS history** (as described below).

Past MNS history means the past history of these complaints or other complaints which happened to the person before – any hospitalizations, any history of alcohol or drug use (they may not see that as an MNS history).

Then talk through the questions on the slide.

Explain what we mean by **general health history** (as described below).

Asking the person about their beliefs about their own health and any medication they are on can give a useful insight to learning what they think the problem is.

Then talk through the points and questions on the slide.

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**Presenting complaint**

Start with open questions and focus in on areas with more specific closed questions as necessary.

Ask:

- Why have you come to see me today?
- When did this start?
- How long has this been happening – how many years, months, weeks, days?
- How did this start?
- What do you think is happening to you?

**Past MNS history**

- Has anything like this happened to you before?
- Have you ever felt this way before?
- When you felt this way in the past did you seek help? What happened? (Explore if they went to hospital etc.)
- When you felt like this in the past how did you cope? What did you do? (Explore alcohol, drugs and tobacco usage.)
- When you felt like this in the past did you ever try to harm yourself or kill yourself?

**General health history**

Find out if they have had any other health concerns or been taking any medication over the past few years.

- Find out if they have any allergies to medications.
- If they have been taking medication, do they know what it is for?
Explain what we mean by **family history of MNS conditions** (as described below).

This is an opportunity for health-care providers to start to explore relationships within the family. To whom is the person close, with whom do they not interact and are those relationships strained? They may also reveal if there have been major stressful life events in the family, such as bereavement and divorce etc.

This is also a good opportunity for discovering any genetic risk factors making the person prone to developing an MNS condition.

Then talk through the points and questions on the slide.

Define what we mean by **psychosocial history** (as described below).

It gives you an opportunity to learn about the person’s social, environmental, psychological and occupational life:

1. Understand how the person’s symptoms have an impact on their ability to function in everyday life.
2. Understand how the person’s social, environmental and psychological states have an impact on the person’s symptoms, e.g. in the case of violence, abusive relationships (gender-based violence), war, distressing events and psychosocial stressors.
3. Try to understand who their social network includes and if they feel supported.

You can continue to explore any stressors that the person is currently experiencing and that were discussed when exploring the presenting complaint.

This should give you a holistic understanding of the person’s life and current situation.

Explain that individuals (adults and children) cannot be isolated from their environment and environmental pressures. To truly understand a person, you need to understand what is happening around them.
It is also an opportunity to ask about positive events in the person’s life, i.e. how they have been dealing with this situation so far. Who supports them and how?

Then talk through the points and questions on the slide.

Ask participants to brainstorm questions they could use to explore psychosocial stressors that people might be facing.

Explain that violence and abuse is a reality for many people and many families.

It is a significant psychosocial stressor for all the people involved and can have significant impacts on an individual’s mental health.

This includes impacting the mental health of:
  • the survivor of the violence,
  • observers of the violence
  • and perpetrators of the violence.

Gender-based violence is now widely recognized as a global public health and human rights concern.

Explain that 1 in 3 women (that represents 35% of women) worldwide have experienced either physical and/or sexual intimate partner violence or violence outside of their relationship in their life.

This statistic denotes the global prevalence of violence against women and highlights the fact that it is an urgent public health concern.

However, during any MNS assessment it is important to learn about all different types of violence that a person may experience and this can also be violence by women against men, violence between men, child abuse and violence against women by other family members such as mothers in law or fathers.
Impact of Violence on Mental Health

- Many people who survive acts of violence and abuse will have severe emotional reactions such as feeling fear, stress, sadness, shame and guilt. It is normal.
- In many of these emotions will pass once the violent situation passes.
- However others will need more help therefore it is important to use the mhGAP-IG to assess for possible priority MNS conditions.

Common Presentations

- You may suspect a person has been subjected to violence if they have:
  - Stress, anxiety, depression
  - Substance use disorders
  - Thoughts, plans or acts of self-harm/suicide
  - Injuries that are repeated and unexplained
  - Repeated sexually transmitted infections
  - Unwanted pregnancies
  - Unexplained chronic pain or conditions (Pelvic pain, gastrointestinal problems, kidney or bladder infections etc)
  - Other unexplained mental health complaints

Explain the points on the slide stating that violence and abuse can lead to depression, post traumatic stress and anxiety disorders, sleep problems, self-harm/suicide attempts.

Sexual violence, particularly in childhood, can lead to increased substance use and risky sexual behaviours later in life.

Males experiencing sexual abuse in childhood are more likely to perpetrate violence against others when they grow up.

Sexual violence in females during childhood is associated with an increased likelihood of being victims of violence as adults.

Talk about the first point on the slide and emphasize that most people who are subjected to violence will have an emotional reaction of some sort. This can include fear, sadness, shame, guilt, stress, etc.

Emphasize that this is normal and that these reactions will pass once the violent situation has passed and they feel safe again.

However, for some people these feelings remain and they need more help. In those cases, it is important to use the mhGAP-IG to assess for possible priority MNS conditions.

Explain the points on the slide describing common presentations of people who have experienced violence and state that:

You may also suspect a problem of violence if:

- a woman’s partner or husband (or father or mother in law) is intrusive in consultations, if she often misses her own or her children’s appointments, or if her own children have emotional or behavioural disorders.
• a child’s caregiver or parent is intrusive in consultations, dismissive of the child’s problems and injuries, talks for them and does not allow the child to speak, the child appears scared of them or uncomfortable with them.

Stress that:
WHO does NOT recommend universal screening for violence of women attending health care. WHO does encourage health-care providers to raise the topic with women who have injuries or conditions that they suspect are related to violence.

Give participants a few minutes to brainstorm some answers and then explain the points on the slide

Emphasize that it is important to ensure the persons safety at all time, your safety and the safety of your colleagues.

Explain that if a person does disclose that they are experiencing violence and abuse then the first line support that you offer can be the most important care you can provide.

First line support provides practical care and responds to a person’s emotional, physical, safety and support needs without intruding on privacy.

First line support provides practical care and responds to a person’s emotional, physical, safety and support needs without intruding on their privacy.
Introduce participants to LIVES intervention (from the WHO Healthcare for women subjected to intimate partner violence and sexual violence A Clinical Handbook; 2014).

First line support involves 5 simple tasks.
(This document refers to offering first line support to women but the same principles applies for men and children).

It responds to both emotional and practical needs.

Explain the 5 simple tasks as described on the slide.

- **Listen**
  - Listen to the woman closely, with empathy, and without judging.

- **Inquire about needs and concerns**
  - Assess and respond to her various needs and concerns—emotional, physical, social and practical (e.g. childcare)

- **Validate**
  - Show her that you understand and believe her. Assure her that she is not to blame.

- **Enhance safety**
  - Discuss a plan to protect herself from further harm if violence occurs again.

- **Support**
  - Support her by helping her connect to information, services and social support.

Explain the points on the slide stressing what health-care providers can do to support someone who discloses violence and abuse.

Explain that these actions are similar to the principles of Psychological First Aid (PFA).

Do

- Identify needs and concerns
- Listen and validate those concerns and experiences (be empathic)
- Connect the person with other people, groups, organisations
- Empower the person to feel safe
- Explore what options are available to the person
- Respect their wishes
- Help connect them to social, physical and emotional support
- Enhance their safety

Do Not

- Try to solve the person’s problems
- Convince them/force them to leave a violent partner/family
- Convince/force them to go to the police
- Ask detailed questions that force them to relive painful events
- Ask them to analyze what has happened and why
- Pressure them to talk to you

Highlight that if you try and solve the person’s problems and force them to take certain actions then you are taking away their control and potentially putting them in more danger.

You may never know all of the details and you do not want to do anything that would put the person, yourself, colleagues or anyone else in more danger.
Talk through the points on the slide

Engage participants in a brief discussion about confidentiality and how they would explain confidentiality to a person who has just disclosed abuse.

Explain that during the rest of the training and in other modules we will continue to discuss the impact of violence and abuse on an individual’s mental health and how to manage it.

Tips for offering first line support

- Choose a private place to talk, where no one can overhear (but not a place that indicates to others why you are there)
- Assure confidentiality but explain what would happen if you had to break confidentiality
- Use the principles of active listening
- Encourage the person to talk but do not force them
- Allow for silences. Allow the person to cry, give them the time that they need
Session 3.
Essentials of mental health care and clinical practice: Management

1 hours 45 minutes

Each module has its own management steps and interventions for specific MNS conditions, which we will learn about throughout the training. Therefore, this session aims to introduce the general guidelines and steps that can be taken to manage priority MNS conditions.

Explain the first step:
1. Develop a written treatment plan in collaboration with the person and their carer.
2. Always offer psychosocial interventions.
3. Use pharmacological interventions when indicated.
4. Refer to specialists and hospitals when indicated.
5. Ensure appropriate follow-up.
6. Work together with carers and families.
7. Foster strong links with employment, education and social services.
8. Modify treatment plans for special populations.

Ask the group what they understand by the term treatment plan.

Before moving on to the next slide, let participants answer.
Begin the treatment plan with a brief explanation of the **presenting problem** (i.e. the person has been feeling sad for two months, they have lost contact with family and friends and feel very lonely and isolated. This makes the person feel even more sad. Their friends are important to them and they want to reconnect but feel sad and tired all the time).

**What interventions** will you use and why? Briefly explain what the treatment plan aims to achieve (i.e. to improve their mood by increasing their social activities and strengthening their relationships with friends and family).

Make an **action plan** – list the steps, goals, actions behaviours needed to happen to achieve the goal (i.e. the person is going to meet friends who make them feel supported and cared for twice this week for at least 30 minutes each time).

Whenever you agree that an action should be taken, you should also decide **who** will take action and agree on **when** the action is going to happen.

The final section of the treatment plan should have clear decisions made about what a person can do in a **crisis**. For example, if a person feels overwhelmed by negative emotion or thoughts of self-harm/suicide, where should they go? Who can they talk to? What can they do? Ensure there are clear instructions, which the person can use in times of crisis.

This has to be collaborative as it must meet the needs, goals and priorities identified by the individual. If the person is not involved in treatment planning then they are less likely to adhere to the treatment plan.

It is good practice to involve carers in a treatment plan but it should always be with the consent of the individual.
Explain that treatment plans for managing priority MNS conditions can include:

1. Psychosocial Interventions:
   - psychoeducation
   - reduce stress and strengthen social supports
   - promote functioning in daily activities.

2. Psychological interventions.

3. Pharmacological interventions.

Explain again that in each priority MNS training module there will be time to practise delivering interventions relevant to the given condition.

For now, we will look at the general principles behind different types of interventions.

Explain that these interventions can create the basis of any written treatment plan.

Raise your open hand to the participants.

Explain that you can list the five interventions on your fingers to ensure that you always remember them.
By placing referral in the palm of your hand you know that you always have the option to make a referral where a mental health specialist is available.
Explain that this treatment plan only becomes collaborative when you develop it together with the person living with the MNS condition and explain it to the person, their family and carers.

Use these slides to explain the general principles behind why these five different interventions are commonly used.

**Psychoeducation**

Explain that many individuals who have a mental health condition know little or nothing about the condition they have, what they might expect from psychosocial interventions or the positive and negative effects of pharmacological interventions.

Moreover, literature on these topics may be confusing or otherwise difficult to comprehend.

Therefore, the first role of the healthcare provider is to explain to the person, and (with consent) to their carer or family members, what the condition means and what they can expect to happen.

This can alleviate the anxiety of the person and that of their carer.

It can empower the person to take control of the condition.

It can keep the person safe and enable them to make a choice about different treatment options.

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**What do we communicate in psychoeducation?**

1. **Empowerment**
   - Focus on what the person and family can do now to improve their situation.
   - Emphasize the importance of involving the person with the disorder in all decisions.

2. **Facts**
   - Take time to explain the prognosis. Be realistic but emphasize that with proper management, many people improve.

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**What do we communicate in psychoeducation?**

3. **Coping strategies**
   - Recognize and encourage things people are doing well.
   - Discuss actions that have helped in the past.
   - Discuss local options for community resources.

4. **Advice on overall well-being**
   - Encourage a healthy lifestyle including a good diet, regular physical exercise and routine health checks at the doctor.
   - Advise the person and the carers to seek help when needed.
Reduce stress and strengthen social supports. Explain that there are different ways of reducing stress. For example, breathing exercises and relaxation techniques are common and effective but exercising, singing, cooking, doing something enjoyable are also good ways to reduce stress. The chosen technique depends on the individual’s interests, situation and personality.

Similarly, there are different ways to strengthen social supports. Some people may have a social network they can reconnect to, while others may be seeking new people and new social supports. Explain that during the training there will be a chance for participants to practise/discuss all these strategies. However, the best way to learn them and feel comfortable with them is to start using them. Practise different techniques on yourself as part of your own self-care.

Working in health-care is a stressful job and at times everyone can feel overwhelmed and unable to cope.

The best way to learn about the influence of psychosocial interventions is to try them on yourself as part of your own self-care.

Psychosocial interventions designed to reduce stress and strengthen social supports and positive coping methods can be beneficial.

Familiarize yourself with these interventions by practising them at home yourself or with your family and friends.
Activity 8: Self-care activity

Explain that this is a technique for reducing psychosocial stressors.

Explain that it cannot solve all problems instantly, especially if the psychosocial stressors are ongoing and/or complicated. It can help to alleviate and reduce some of the stress that a person is feeling.

Six steps to problem-solving:
1. Identify and define the problem.
2. Analyze the problem.
3. Identify possible solutions.
4. Select the best solution and plan for action.
5. Implement the solution.
6. Evaluate the solution.

Note: The following are two examples of psychosocial interventions for reducing stress and strengthening social support. These are interventions, recommended in the mhGAP-IG Version 2.0, for health-care providers to use as part of a treatment plan for people living with different MNS conditions. However, so that health-care providers feel confident using and understanding the benefits of these psychosocial interventions, this is an opportunity to practise using them as part of their own self-care.

Depending on time, either allow participants to practise both interventions during the ECP module or choose one and encourage them to practise the other one at home.
Activity 8a: Self-care – problem solving

**Duration:** 15 minutes.

**Purpose:** Enable participants to practise using a brief problem-solving strategy, thus increasing their confidence and understanding of how to use this technique to help other people.

**Instructions:**
- Instruct participants to think of a current stressor in their life.
- This should not be the most stressful thing that they are facing, nor the biggest problem they are struggling with at the moment, as those will need more than 15 minutes.
- It should, rather, be a problem that causes them some stress.
- Ensure that all participants have a piece of paper in front of them.
- Ask them to write down the chosen problem.
- Ask them to analyze the problem: what is it about, why is it causing them stress?
- Write down as many solutions as possible to that problem.
- The solutions can be as creative as they wish but the aim is to write down as many as possible.
- Once they have a list of solutions, ask them to identify the solution that is the most realistic.
- Ask them to break the solution down into small steps and write them down, including how the different steps could be implemented.
- Then they will need to implement that solution and once implemented evaluate how effective the solution was or was not.
- Explain that this is something that they can do with people very quickly and easily in their sessions and follow-up sessions. It can be a very useful way of supporting people to address some of the problems in their lives that are causing them harm and suffering.

Activity 8b: Strengthening social supports

**Duration:** 20 minutes.

**Purpose:** Enable participants to practise using a strategy to strengthen social supports in their own lives, thus increasing their confidence and understanding of how to use this technique to help other people.

**Situation:**
- It is normal for people to sometimes feel very alone and/or isolated especially when stressed, anxious, overwhelmed and low in mood.
- Strengthening social support networks is a quick activity that aims to identify all the important people/friendships/support activities the person has in their life.
- Variations in the length of this activity mean that people can explore social supports from the past that have been lost and identify future goals through an in-depth conversation between the person and the health-care provider.
Instructions:
• Give each participant a piece of paper and a pen.
• Instruct the participants to draw themselves or write their name down in the centre of the paper.
• Ask participants to think about:
  – Who are the people in my life?
  – What social activities do I do?
• Write down each person and activity on the concentric map (example below), showing closeness, i.e. put those people that are closest to you in the circles closest to you. Put those that you are more distant from you in the circles further away.
• Put the social activities that you do most often closest to you and put those activities that you do less frequently further away.

![Strengthening social supports](image)

• Once drawn, ask the participants to think about:
  – Are you happy with your social network?
  – Does this social network give you strength?
  – Is there anybody you could move closer to you who could offer you more support?
  – Is there anyone you want to make a closer connection with?
  – Is there anyone who is close to you who is causing you stress?
  – How could you move those people further away?
• Ask them to reflect on the social activities that they have identified:
  – Are there any activities that give you joy and strength? Could you do those activities more often?
  – Are there social activities that cause you stress/problems? Could you engage with those activities any less? How could you change those activities to give you more strength?
• If participants can re-imagine a way to strengthen their social networks in the ways described above, give them another clean sheet of paper and have them re-write their ideal social network.
• Ask them to think about:
  – What changes in my life do I need to make to strengthen my social network?
• Ask them to make a list of those actions required and think how they could implement them.
• Encourage participants to implement these actions in order to strengthen their social support network especially if they feel this is a useful way to manage their stress.
• Explain that social network mapping is a useful way of helping a person understand their social network and find ways to strengthen it.
• It contributes to reducing stress and building a support network for people living with MNS conditions.
• It can also help people develop a social routine in their day-to-day life which can promote functioning in their daily activities.
When using this with a person who has a priority MNS condition it can be useful to create a detailed list of manageable actions to improve a person’s social support network in their treatment plan.

Possible adaptations
There are different ways of mapping an individual’s social network (see below).

Other variations can include a more freehand approach whereby the person places themselves in the centre of a piece of paper (writes names or draws a picture). They then draw or write their social network (people and activities) with arrows connecting them to the person or activity. The arrows can be different colours to demonstrate how positive, neutral or negative the person’s or activity’s influence is on the person’s life. Together the health-care provider and individual can then discuss ways that to improve their social support network.

Promote functioning in daily activities
Carrying out daily activities and tasks is very important for a person with a priority MNS condition.

Routines may help people improve their mental well-being because they structure everyday life and give a sense of purpose. They ensure that a person eats and sleeps on a regular basis – important to maintaining well-being. Routines do not need to be complicated; even simple habits are useful. It could be cooking and eating at a certain time every day and shopping once a week. Or it can be more involved and include more activities during the day or week, depending on the person.
Money, debt and housing options can cause high levels of stress. Therefore, it is important that people with priority MNS conditions are involved in occupational and economic activities. This is important to ensure that they do not have financial difficulties and they can afford to take care of themselves.

Supporting people in developing routines and engaging in educational and occupational activities can be done effectively by linking them with other organizations working in this field.

Discuss the ideas on the slide and ask participants to think what is available in their local area.

**Psychological treatment**

Instruct participants to go to the glossary in the mhGAP-IG Version 2.0, find and read the descriptions for the different psychological treatments.

Answer any questions/concerns they may have.

Psychological interventions must be delivered by appropriately trained and supervised health-care providers.

Trained health-care providers may not be available in each and every area, however, supervised health-care workers could effectively administer some psychological interventions through guided self-help and/or e-mental health programmes.
Pharmacological interventions

Explain that there are detailed guidelines on pharmacological interventions for specific MNS conditions in the corresponding modules, however, for now, describe the general principles of pharmacological interventions.

Stress that the risks of medications often increase with polypharmacy, which should be avoided as far as possible.


Read through the points on the slides.

Prescribing principles

Medication treatment depends on the condition:
- Worldwide more than 50% of all medicines are prescribed, dispensed or sold inappropriately, while 50% of patients fail to take them correctly (WHO, 2002).

Safe prescribing:
- Follow the guidelines on psychopharmacology in each module.
- Select appropriate essential medication – consider the:
  - Population (special populations), consult a specialist when necessary.
  - Side-effect profile (short and long term).
  - Efficacy of past treatment.
  - Drug-drug interactions.
  - Drug-disease interactions.

Stress the importance of educating the person and their carer on medication adherence: what to expect, how to take medication and for how long, what the side-effects may be.

Emphasize the importance of choosing medication according to the condition and taking the needs of special populations into account.
Session 4.
Essentials of mental health care and clinical practice: Follow-up

⏰ 20 minutes

Describe the principles of follow-up outlined in the mhGAP-IG Version 2.0.

Emphasize the importance of follow-up. Explain that MNS conditions do not appear suddenly and therefore they will not disappear suddenly. Instead it takes time, flexibility and commitment from the individual to try different treatment options until they find one that works and enables them to manage their own condition.

This can be a long journey for some and one that requires frequent support and follow-up.

Activity 9: Follow-up

- What are the barriers to providing follow-up?
- What are possible solutions to those barriers?
- What can you do if you cannot provide follow up? How can you still help the person?

Duration: 20 minutes.

Purpose: Enable participants to discuss the barriers and identify solutions to providing follow-up in their clinical settings.
**Instructions:**
- Divide the participants into small groups.
- Give each group flip chart, paper and pens.
- Ask each group to identify and discuss any barriers or obstacles they may have when providing follow-up care for persons with MNS conditions.
- Ask them to write down the barriers.
- Give them 10 minutes.
- After 10 minutes, ask them to identify and write down possible solutions to those barriers.
- Once the groups have identified some solutions, ask each group to present their barriers and solutions to the larger group.
- Seek group consensus on possible solutions and try to agree with the groups on a plan of action for providing follow-up.
- Finally, as a large group, discuss briefly what you can do if follow-up is not possible. What can you do if there is no medication? What can you do if the person refuses to return for follow-up sessions?
- Explain that if the person cannot commit to follow-up, medication should not be prescribed.
Session 5. Review

⏱ 15 minutes

**Duration:** Minimum 15 minutes (depending on participants’ questions)

**Purpose:** Review the knowledge and skills gained during this training session by delivering MCQs and facilitating a discussion.

**Instructions:**
- Administer the ECP Multiple Choice Questionnaires (MCQs) (See ECP Supporting Materials) to participants
- Discuss the answers as a group
- Facilitate a brief discussion answering any queries or concerns the participants may have
ECP PowerPoint slide presentation

PowerPoint slide presentation available online at:
http://www.who.int/mental_health/mhgap/ecp_slides.pdf

ECP supporting material

- Treatment plan
- ECP Multiple choice questions

Supporting material available online at:
www.who.int/mental_health/mhgap/ecp_supporting_material.pdf