



Training Manual for Psychologists

**For Mental Health Service Delivery under
National Mental Health Programme**

(in collaboration with Directorate General of Health Services, Ministry of Health and
Family Welfare)



आरोग्यम् सुखसम्पदा

The National Institute of Health and Family Welfare
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MESSAGE

Mental disorders constitute one of the greatest public health challenges as measured by prevalence, burden of disease and disability. These are the main causes of disability and early retirement in many countries. They inflict a major burden to economics, demanding policy action. In fact, mental health is fundamental to the future of the countries of the world as it underpins the social and intellectual skills that will be needed to meet the new challenges of the 21st century.

For the large majority of people with mental health problems, primary care remains the first point of access. Brief interventions can be delivered efficiently, particularly for common mental health problems such as anxiety and depression. Primary care staff requires adequate training to identify, diagnose, treat and prescribe appropriately, and when required, to refer people with mental health problems to specialist care.

I congratulate the program division for bringing out a training module for Psychologists on diagnosis, treatment and care of common Mental, Neurological and Substance Use disorders. The module shall facilitate in imparting standardized short-term training to Psychologists working at district and sub-district levels.


(C.K. Mishra)

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MESSAGE

Mental health is more than a health issue. It influences and is influenced by a wide range of social and economic factors. Positive mental health or well-being contributes to healthier lifestyles, better physical health, improved recovery from illness, fewer limitations in daily life, higher educational attainment, greater productivity, employment and earnings, better relationships, more social cohesion and improved quality of life.

The promotion of mental health and the prevention and treatment of mental disorders are fundamental to safeguarding and enhancing the quality of life, well-being and productivity of individuals, families, workers and communities, thus increasing the strength and resilience of society as a whole. Much is now known about what works in mental health promotion, prevention, care and treatment. The challenge is now to implement this knowledge. However, good mental health service delivery requires sufficient competent staff.

I am glad that the program division is bringing out a training module for Psychologists on diagnosis, treatment and care of common Mental, Neurological and Substance Use disorders. The module is formulated with the aim of imparting standardized short-term training to Psychologists working at peripheral levels.

I wish the team a great success in this endeavour.

(Dr. Jagdish Prasad)

Preface

Psychological problems have various short- and long-term negative effects on an individual. Apart from the sufferings caused by the direct effects of the symptoms of a psychological illness, the indirect effects are numerous. For example, the indirect costs of an illness due to the impaired functionality of individual can be many times higher than the direct costs resulting from investment of resources on seeking treatment, buying medications and so on.

Timely preventive and interventional strategies are crux to decrease the impact of psychological problems. However, there is huge gap between availability of mental health services and the number of people requiring these services. Though this is true about most of the countries in the world, the scenario is deplorable in Low and Middle Income Countries (LAMIC). One of the important reasons for this enormous gap is the scarcity of mental health professionals. In India, there are very few trained mental health professionals and most of them are centred in urban areas.

Government of India, under the National Mental Health program, has started District Mental Health program (DMHP) in which each district of the country is supposed to have a mental health centre. This program, to a large extent, can solve the problem of non-availability of basic mental health services to people, especially in the rural areas. However, this program faces difficulty due to scarcity of specialist mental health professionals. Clinical Psychologists are one such professional who are very few in number. Therefore, it has been decided to train Psychologists, who do not replace Clinical Psychologist but provide basic psychological services under DMHP. A Clinical Psychologist receives intensive training for two years and then gets equipped to do intensive psychological work (e.g., assessment and intervention). On the other hand, due to limited training, the Psychologist, under DMHP, will be involved in basic psychological services such as gross identification of problems, some basic support work, and promotion of mental health in community and so on. Keeping this in view, this manual has been developed for master trainers who will impart training to Psychologists.

The manual has five chapters. Chapter one introduces the need for training of Psychologists under DMHP, objectives of the training and the roles and responsibilities of the Psychologists working under DMHP. Chapter two outlines major psychiatric illnesses and their symptoms. Though inclusion of various diseases in this chapter is primarily according to the priority areas identified under mhGAP Action plan for LAMIC by the World Health Organization (the conditions have been prioritized based on the large burden in terms of mortality, morbidity or disability and economic costs caused in LAMIC), the master trainers should sensitize the Psychologist about other mental health conditions also. In this chapter, a brief orientation about how to conduct interview with patient has also been given. Further, description of a few rating scales have been given which the Psychologists can use after training. Chapter three is about psychological interventions. This chapter is divided into three parts. First part is about the basics of counselling skills, the second part is about some basic components of counselling/psychological interventions that Psychologist can use while working with patients and their family members. The third part enumerates some of the interventions to be applied to specific conditions. Chapter four orients the trainees to basics of community rehabilitation and a few steps that Psychologists can take that assist in rehabilitation process of a patient with mental illness. Fifth chapter is about promotion of mental health. It describes the need for promotion of mental health and a few things that Psychologists can do to promote mental health in community.

The manual is written in simple language and the trainer should ensure that the trainees understand the concepts as well as their roles and responsibilities properly. The manual should be comprehensively used for didactics, discussions, role play etc.

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CHAPTER-I

INTRODUCTION

This section highlights the background information regarding development of the training manual. Moreover, under this section, the objectives of training the psychologists and roles and responsibilities of the trained psychologists in delivering mental health services across the country under National Mental Health Program are delineated.

BACKGROUND

Mental health, according to the World Health Organization (WHO), is the state of well-being in which every individual realizes his or her own potentials, can cope with normal stressors of life, can work productively & fruitfully, and is able to make a contribution to his or her community. Mental illnesses are emerging as a major cause of morbidity in the country. These illnesses include depression, bipolar mood disorders, anxiety disorders, personality disorders, delusional disorders, substance use disorders, psychosexual disorders and sleep disorders, among others. It is estimated that at any point in time, 6% to 7% population in India suffers from some form of mental illness. WHO estimates that one in four persons will be affected by a mental illness at least once in their life time.

Addressing mental illnesses by way of prevention, treatment and rehabilitation is necessary for achieving our health objectives. This will simultaneously have a salutary impact on increasing productivity resulting in higher income levels for the economy. Sound mental health will also improve the quality of life. However, the management of mental health problems in such a large number of people is a challenge. The delivery of mental health services is still very limited in our country; there are places where there is virtually no service available to the people in need of mental health intervention.

The Government of India has been implementing the National Mental Health Program (NMHP) consisting of various district level and tertiary/central level activities in the country. For improving the coverage and accessibility of mental healthcare, district level activities under District Mental Health Program (DMHP), a component of NMHP, have been supported at present in 339 districts across all 36 States and UTs. Moreover, with the objective to address the shortage of mental health professionals in the country and for improving the tertiary care treatment facility, support has been provided under the program to various mental health institutions/medical colleges of the country.

Mental health service delivery is not only treatment of individuals with mental disorders but also to prevent mental disorders and to promote mental health of

the general population. Such larger goals of mental health service delivery require even more number of trained professionals including Clinical Psychologists in the country. Since the existing number of Clinical Psychologists is too small to cater to all the goals of mental health service delivery, there is a need to train Psychologists, through short-term trainings under the program, who can provide basic mental health services to the needy and are available all-over the country. Such trained Psychologists will be able to identify people early with mental disorders, motivate them and the families to seek treatment, create awareness on mental health in the community and suggest method for mental health promotion. The present training manual endeavours to train the Psychologists for delivering basic mental health services to the needy where no services by Clinical Psychologists are available. These trained Psychologists will be able to work as mental health team members under District Mental Health Program in various districts across the country.

OBJECTIVES

The objectives for developing this training manual is to impart training to Psychologists, with post graduate degree in Psychology, to

1. Identify gross behavioural and psychological symptoms of common mental health problems as well as recognize features of developmental problems and developmental disabilities in children and assess severity of symptoms of mental disorders with the help of appropriate instruments, i.e. rating scales, questionnaires, checklists etc.;
2. Administer, score, interpret and report simple psychological tests used for clinical purposes (GHQ, MPQ, Stress Questionnaires etc.). Carryout assessment of psychosocial or mental disabilities;
3. Increase awareness regarding mental health problems in the community through various community interaction programmes and motivate individuals and their families to seek mental health services in need;
4. Recognize the need for and refer to the specialist mental health professionals and counsel the individuals and families to continue treatment as advised by the professionals and motivate them for compliance to treatment;

5. Carry out basic counselling with individuals with mental health problems and their families as well as to apply simple behavioural management techniques. Also help individuals with mental health problems develop better coping with stressors of everyday living;
6. Assess rehabilitation needs and plan rehabilitative strategies for individuals with severe mental disorders; and
7. Carryout mental health promotion related activities in the community by involving community resources.

ROLES AND RESPONSIBILITIES

The Psychologist, after the training, will be able to function as a member of multi-disciplinary mental health team and to provide basic and essential psychological help to the individual with mental health problems and his/her family members. As a responsible member of mental health team, the trained Psychologist will be actively involved in creating community awareness on mental health, conducting preventive and promotive mental health activities, psychological assessment and therapeutic and rehabilitative counselling.

The roles and responsibilities of the trained Psychologists under this programme would be as described below:

1. A member of mental health team working at community level;
2. Identify, assess, and report psychological problems in the community;
3. Educate the community about mental health and its problems and the available solutions in consultation with mental health team leader;
4. Listen to the problems of the person having mental health problem and his/her family members and allow them to ventilate their distress;
5. Use simple techniques of psychological assessment and provide proper guidance to the affected individuals and family members with regard to treatment and rehabilitation needs and services;
6. Recognize the need for referrals to the mental health specialists and make the referrals with adequate preparation of individuals and family members to avail the services of specialists; and

7. Recognize their own competencies for carrying out psychological assessments and interventions based on their learning during training. They should use only those skills for which specific training has been given under the program.

Things to remember:

- This training manual is part of initiatives for manpower development in the area of mental health by Govt of India. The trained psychologists will be able to provide basic psychological services to the needy population through District Mental Health Program across the country in absence of clinical psychologists.
- Timely identification of mental health problems, preliminary assessment, and basic counselling services are expected from trained psychologists.
- Psychologists are required to maintain the ethics of psychological practices.

CHAPTER-II

IDENTIFICATION OF MENTAL HEALTH PROBLEMS

This section describes mental health and various types of mental health problems. Behavioural manifestations of common mental health problems are explained so as to identify such problems in individuals. Methods of identifying mental health problems and other factors related to such problems are also described. A brief outline of psychological assessment is also given and description of selected psychological tests/scales has been provided which can be used by the psychoanalysts after training.

Mental Health

Mental health is more than the absence of mental disorders. Mental health is an integral part of health; indeed, there is no health without mental health. The World Health Organization (WHO) has included mental health component in the definition of health by stating, "Health is a state of complete physical, mental and social well-being, and not merely the absence of disease".

Thus, mental health is **a state of well-being** in which:

- every individual **realizes his or her own potentials**,
- can cope with the **normal stresses of life**,
- can **work productively and fruitfully**, and
- can make a **contribution to her or his community**.

Broadly, activities directly or indirectly **related to the mental health are:**

- promotion of well-being,
- the prevention of mental disorders, and
- the treatment and rehabilitation of people affected by mental disorders.

Mental Health Problem

It is a disturbance in the state of well-being of an individual. A person is having mental health problem when he/she is:

- not able to realize his or her own potential,
- not able to cope with the normal stresses of life,
- not able to work productively and fruitfully, and
- not able to make a contribution to community.

Recognizing mental health problems

Persons having mental health problems may show disturbances in the domains of thinking, emotion, physiology and behaviour. Thus, they may have disturbances in any of these:

- sleep
- mood
- thinking

- perception
- social and intellectual functions
- communication and language
- attention, concentration, memory and other cognitive functions
- behaviour

Any person reporting with these symptoms need to be assessed for the different conditions of mental disorders.

Mental Disorders

Mental disorders are diagnosed on the basis of presence of a set of symptoms (e.g., the ones mentioned above). Depending on the preponderance of a symptom (or a set of symptoms), various mental disorders are classified. For example, when the disturbance is primarily in the domain of mood, the related disorders are called 'mood disorders.' Likewise, thought and perceptual disturbances are hallmarks of a mental disorder known as 'schizophrenia.' However, it is worth mentioning here that though preponderance of a symptom (or set of symptoms) can be the guiding point for the diagnosis of a mental disorder, a patient can manifest disturbances in other domains as well.

Mental disorders negatively affect an individual's life from various perspectives. For example, it is not only the burden of treatment (in terms of cost) but also other effects such as problem in continuing employment and disturbance in interpersonal relationships, have debilitating impacts.

Therefore, a timely identification of disorder and providing help to the individual can make significant difference in his or her life.

Major Mental Disorders

The major mental health problems/disorders can be categorized under following headings:

- Anxiety
- Stress related conditions
- Depression
- Bipolar affective disorder

- Schizophrenia and other psychoses
- Epilepsy/seizure
- Dementia
- Developmental disorders, including autism
- Tobacco/Alcohol/drug abuse problems
- Deliberate self harm/suicide
- Developmental problems
- Behavioural problems

How to recognize different mental health problems/mental disorders?

Common presentations of persons with different conditions are provided below:

ANXIETY

Overview

To be anxious sometimes is natural. Likewise, some situations make most of us anxious. However, if someone is anxious most of the times, it is considered manifestation of anxiety as a mental health problem.

Anxiety manifests in various ways. For example, one can have bouts of extreme anxiety in which he can have sudden onset of some physiological symptoms such as palpitations and dizziness accompanied by various fears such as he may die, lose control (on himself and surrounding) and so on. These attacks are known as '**panic attacks**.' Often people having panic attacks avoid crowd, social gatherings and public places *where they can be alone*. The condition can be quite disabling as due to the fear of panic attack, people may start avoiding their day-to-day activities.

On the other hand, some individuals have persistent anxiety. The anxieties are so persistent (and non-specific to any given situation) that they are called 'free-floating anxieties.' This condition is known as '**Generalized Anxiety**

Disorder.' People having Generalized Anxiety Disorder remain apprehensive as some misfortune is going to occur, feel nervous, may have muscular tension and find difficulty in relaxing.

Another commonly seen anxiety disorder is '**Social Anxiety Disorder.**' Situations that involve likelihood of being evaluated by others, such as a job interview or public speech, generate some anxiety in most of us; however, if the anxiety becomes highly incapacitating and the individual tries to escape from or avoid the situation by any means, it amounts to 'Social Anxiety Disorder.' Individuals having this problem experience extreme nervousness in social situations and exhibit physiological symptoms such as dry mouth, trembling and so on.

Identifying anxiety disorders

- Extreme anxiety (without any specific reason or disproportionately high in comparison to the demands of situation)
- Feeling of nervousness
- Somatic symptoms such as increased palpitation, dry mouth, muscular pains, headache etc.

STRESS REACTIONS

Overview

Human beings are accustomed to face stresses once in a while. However, sometimes an exceptionally stressful event can lead to mental health problems known as stress reactions. The reactions can be acute following the occurrence of an extremely stressful event such as natural calamity, accident, criminal assault etc. Though different individuals may exhibit different patterns of reactions, a few symptom patterns such as being disoriented in and reduced awareness of the environment and presence of symptoms of anxiety (such as nervousness) are common. Acute stress reactions start within minutes of the occurrence of the event and, usually, subside within hours to a few days.

Sometimes, there can be delayed response to an extremely catastrophic or threatening event (e.g., after surviving a life-threatening accident or natural disaster, witnessing a violent crime and so on). This type of delayed response is called '**Post-traumatic stress reactions.**' A major symptom of this condition is repeated recollection of trauma related memories. These memories can be intrusive in nature; thus even if the individual does not want to recall the event, the memories keep coming. They are commonly known as 'flashbacks.' Apart from 'flashbacks' various symptoms seen in anxiety disorders such as apprehension, feeling numb, increased palpitations etc. are also seen. It is typical for people having this problem to avoid those activities and situations that serve as reminders of the trauma. The gap between occurrence of the traumatic event and the post-trauma stress reactions can vary from a few weeks to a few months.

Identifying stress reactions

- Feeling of daze, numbness etc. either immediately after occurrence of an extremely threatening or catastrophic event or after some time.
- Other anxiety related symptoms such as hyper-arousal, feeling of nervousness etc.
- Intrusive memory about the traumatic event.

SOAMATIZATION DISORDERS

Overview

In 'general health care' settings, one of the most frequently seen conditions is somatization disorder. The core feature of this disorder is repeated reporting of multiple physical complaints (often non-specific and vague). These patients persistently ask for detailed medical investigations even if the findings are negative and they have been told by doctors that no physical basis is evident for their complaints. Though the onset (or continuation) of the physical complaints can have relationship with occurrence of any undesirable life-event

or persistence of any negative situation, the patient does not acknowledge the likelihood of these events to have any bearing on his physical complaints.

Identifying Psychosomatic condition

- Multiple physical complaints for which no physical explanation has been found
- Patient refutes any explanation that hints that there is no physical basis for their problem
- Repeated requests for detailed investigations and going for multiple consultations

DEPRESSION

Overview

Depression is a mental health condition that is primarily characterised by persistent low mood. All of us experience sadness or low mood at some point or the other but, the sadness or low mood seen in individuals with depression is different from the sadness one experiences once in a while. The sadness in depressed individuals is pervasive and persistent in nature. In other words, they feel sad almost throughout the day, nearly every day. At times this low mood may also be manifested in the form of excessive irritability or anger. There are also other symptoms that are seen along with low mood. An individual suffering from depression may lose interest in activities that they used to previously find pleasurable and hence may not pursue their hobbies or interests like before. They may also either be persistently low in energy levels or may get tired very easily. As a result of this, their activity level may come down and they may even reduce engaging in basic daily activities such as brushing, bathing etc. Certain other features of depression include crying easily or frequently, becoming very sensitive, reduction in the confidence levels, reduced social interactions, reduced sexual desire, feeling helpless and

difficulty in being able to concentrate on tasks/work as before. Owing to difficulties in concentration some individuals with depression also have memory difficulties and become forgetful. Sleep and appetite may also be disturbed. In some individuals with depression their sleep and/or appetite decreases, while it is not unusual to see an increase in sleep and/or appetite also. Certain individuals with depression may also start feeling hopeless with respect to the future, their desire to live may reduce and hence they may want to die or make suicide plans and/or attempts.

Various psychological, biological and social factors and their interactions can lead to depression. People who have gone through or are undergoing adverse life events (such as loss of job, death of a loved one and any other psychological trauma) are more likely to develop depression. On the other hand, depression can cause more stress and dysfunction and worsen the affected person's life situation. There are interrelationships between depression and physical health.

Identifying Depression

- Persistent low mood
- Inability to enjoy previously enjoyable activities
- Low energy levels and/or increased fatigability
- Reduced confidence levels
- Reduced attention and concentration
- Sleep and appetite difficulties
- Feeling hopeless
- Reduced desire to live
- Multiple symptoms with no clear physical cause (e.g. aches and pains, palpitations, numbness)
- Difficulties in carrying out usual work, school, domestic or social activities

BIPOLAR AFFECTIVE DISORDER (BPAD)

Overview

BPAD is another kind of mood disorder characterized by episodes of mania and episodes of depression. Depressive episodes, as already discussed, are characterized by extreme sadness and are similar to depressive episodes seen in individuals with depression. Mania, on the other hand, is characterized by elevated mood that manifests as extreme happiness and elation or excessive irritability. This elevated mood is persistent and is mostly without anything to be really so happy or irritable about. Some individuals may also become aggressive during manic episode. Other features of mania include making grand, unrealistic plans; over talkativeness, over familiarity that is manifested as being excessively friendly. Individuals in a manic episode may also become socially disinhibited, such as removing clothes in public, touching others in an inappropriate way, singing loudly in public etc. An increase in sexual desire may be noticed in them which may be manifested in the form of dressing in a promiscuous manner, excessive inclination towards people of opposite sex and other sexual behaviours/gestures. Certain other features of mania include over-spending and/or impulsivity, such as suddenly deciding to buy a car and engaging in risky behaviours. Extra-ordinarily high energy levels and doing an extra-ordinarily large amount of work without getting tired may also be seen. Their need for sleep also reduces and even with less sleep they feel fresh and energetic. Some individuals may also show wandering behaviours and may wander off from the house. Grand beliefs about oneself, such as considering oneself as a superhero, or God, or an incarnation of a deity, or considering that one has extra-ordinary powers may also be present.

Effective treatments are available for the treatment of bipolar disorder and the prevention of relapse. There are medicines that help in stabilizing the mood. Further, psychosocial support is an important component of treatment.

Identifying BPAD

- Manic symptoms (several days of being abnormally happy, too energetic, too talkative, very irritable, not sleeping, reckless behaviour)

- Elevated, expansive or irritable mood
- Increased activity, restlessness, excitement
- Increased talkativeness
- Loss of normal social inhibitions
- Decreased need for sleep
- Inflated self-esteem
- Distractibility
- Over-familiar behaviour
- Over-spending
- Elevated sexual energy or sexual indiscretion

SCHIZOPHRENIA AND OTHER PSYCHOSES

Overview

Psychosis is a mental health condition where an individual's reality testing is grossly impaired. When we say impaired reality testing we mean their contact with reality is diminished. They may start having hallucinations (perceiving things which are not actually there), such as hearing voices which others cannot hear. However, for them these voices are real and may be as clear as other voices that actually exist. They may also start having delusions which are false, firm, unshakable beliefs and may be bizarre in nature, such as believing that the people from Mars are sending him messages or that a gadget has been installed in his/her body and so on. Some of the delusions may not seem bizarre but are not based on enough evidence, e.g., one may believe that people are plotting against him/her, or that his/her spouse is not faithful towards him/her. Some individuals with psychosis also experience certain strange phenomenon, such as believing that others are able to hear what he/she is thinking, others are able to insert thoughts into his/her head, his/her thoughts are being broadcasted on the television or radio, others are able to control and manipulate their thoughts, feelings and/or actions.

Some individuals with psychosis may also have emotional difficulties such as not being able to experience and/or express emotions (also called affective blunting). For some their basic daily activities such as brushing, bathing, combing etc may also be grossly impaired and they may not do these activities for days on end.

Speech may also be grossly affected for some leading to incomprehensible speech. Psychosis may take its toll on an individual's social skills and cognitive abilities (e.g., attention, memory etc) as well. It is a grossly disabling condition that makes an individual quite dysfunctional.

Identifying Psychosis

- Disorganized behaviour (e.g. unusual appearance, self-neglect, unkempt appearance),
- Delusions (a false firmly held belief or suspicion),
- Hallucinations
- Incoherent or irrelevant speech,
- Neglecting usual responsibilities related to work, school, domestic or social activities.

DEMENTIA

Overview

Dementia is a mental health condition that is both psychiatric and neurological in nature and mostly has its onset after 60 years of age. The main features include gross impairment in memory, decreased ability to think and reason and decreased ability to comprehend what is being said. It is a progressive condition and may be initially seen as some minor deficits in memory, such as forgetting where one kept his glasses. These minor memory deficits gradually start becoming more and more pervasive, such as forgetting whether or not one had his lunch and forgetting the way to one's house. Other cognitive difficulties, such as difficulty in attention and concentration are also seen, and hence they have difficulty in conversations wherein they seem lost. Slowly the cognitive deficits start progressing to the extent that they may even forget the names of family members, be unable to recognise them, unable to do cognitive tasks which they were previously able to do effortlessly, such as reading and writing. Slowly their self-care also starts getting affected to the extent that they may start losing bowel and bladder control.

The core difficulties in dementia may be summarised as follows:

- Progressive memory deficits
- Difficulty in attention and concentration
- Problem in thinking, reasoning and understanding things
- Difficulty in comprehending conversations
- Losing previously mastered skills, such as reading and writing

These symptoms occur in various stages of illness and depending on many factors, there can be variations in manifestations.

Early Stage: In early stage the symptoms are mild and, therefore, can be overlooked. The symptoms are:

- forgetfulness
- losing track of the time
- becoming lost in familiar places.

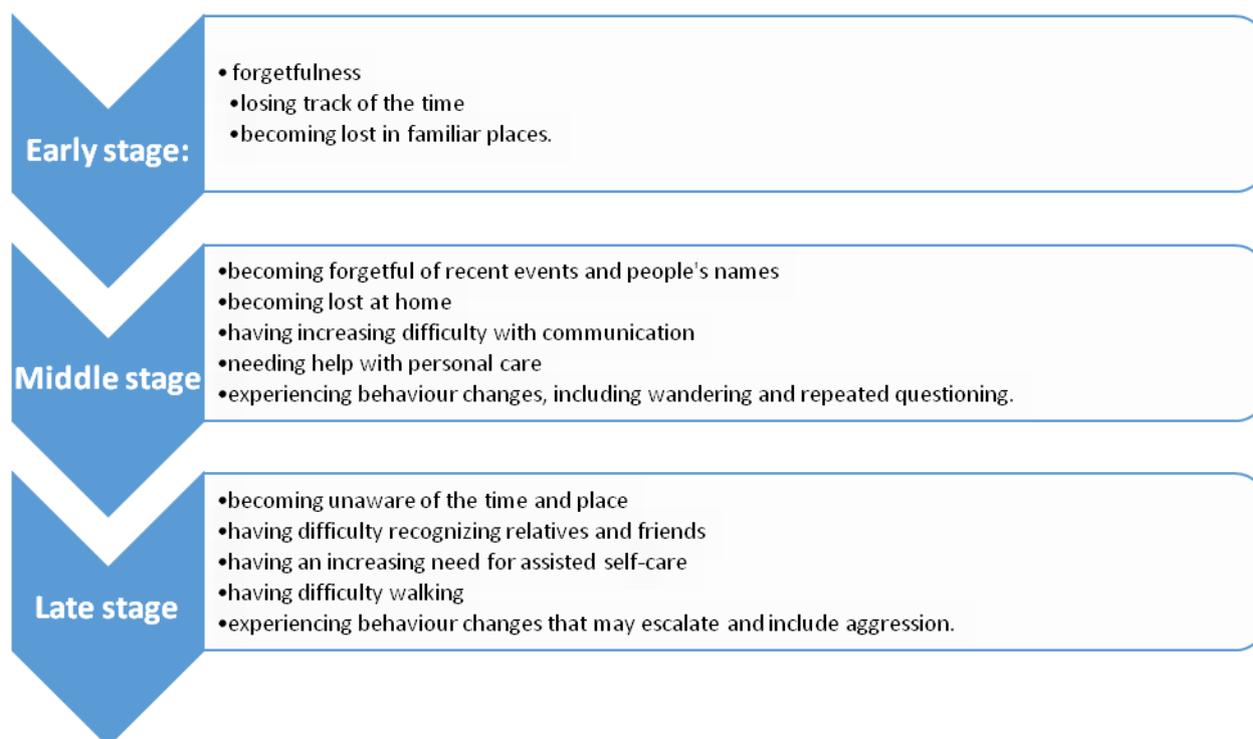
Middle Stage: In the middle stage, the symptoms are clearer. These include:

- becoming forgetful of recent events and people's names
- becoming lost at home
- having increasing difficulty with communication
- needing help with personal care
- experiencing behaviour changes, including wandering and repeated questioning.

Late Stage: In the last stage the symptoms are quite severe and disabling. Symptoms include:

- becoming unaware of the time and place
- having difficulty recognizing relatives and friends
- having an increasing need for assisted self-care
- having difficulty walking
- experiencing behaviour changes that may escalate and include aggression.

Table 1: Stages of Dementia



Identifying Dementia

- Forgetfulness and impairment in orientation (awareness of time, place and person)
- Irritability
- Loss of emotional control – easily upset, irritable or tearful
- Difficulties in carrying out usual work, domestic or social activities

DEVELOPMENTAL DISORDERS, INCLUDING AUTISM

Overview

Certain disorders start in first years of life and tend to persist. An umbrella term 'Developmental disorder' is used for such conditions which include specific developmental disorders related to speech and language, reading, arithmetic etc. Also pervasive developmental disorders like autism come under this rubric. Developmental disorders generally follow a steady rather than waxing and waning course observed in most other mental disorders.

Children having any specific developmental disorder (such as 'Specific Spelling Disorder') manifest that skill at substantially lower level in terms of their age, intellectual capacity and education. On the other hand, children having

pervasive developmental disorders, such as autism, manifest impairment in social behavior, communication and language. They also have a very narrow range of interests and activities which they carry out repetitively. Children with pervasive developmental disorder may have intellectual disability also.

Identifying Specific Developmental Disorders

- Onset in infancy or childhood
- A steady course
- A given skill (depending on the type of disorder) is substantially below the expected level in terms of age, intellectual ability and education.

Identifying Pervasive Developmental Disorders

- Onset in infancy or childhood
- A steady course
- Impairment in social behaviour, communication and language
- Restricted, repetitive behaviour

MENTAL RETARDATION

Mental retardation (commonly known as Intellectual disability) is characterized by impairment of skills across multiple developmental areas such as cognitive function, language, motor skills and adaptive behavior. As these skills contribute to overall intelligence, impairment in these domains manifest as lower intelligence. Mental retardation is categorized into four categories on the basis of Intelligence Quotient (IQ) of individual. These are mild, moderate, severe and profound mental retardation. As the severity of mental retardation increases, the impairment in the cognitive abilities and adaptive functioning increases. The IQ is decided on the basis of score obtained on standardized IQ tests. Apart from IQ, assessments of developmental milestones, social maturity and level of adaptive functioning are also warranted. A few commonly used tests and scales in India are – Binet-Kamat Scale of Intelligence, Vineland Social Maturity Scale, Wechsler Adult Performance Intelligence Scale (WAPIS

- Indian Adaptation) and Behavioural Assessment Scales for Indian Children with Mental Retardation (BASIC-MR).

Mental Retardation severity	IQ range
Mild	50 - 69
Moderate	35 - 49
Severe	20 - 34
Profound	Below 20

Identifying Mental Retardation

- Delayed development milestones: Much slower attainment (in comparison to other children of same age) of various developmental milestones such as smiling, sitting, standing, walking, talking/communicating and other areas of development, such as reading and writing.
- IQ score falling in the range of mental retardation

BEHAVIOURAL PROBLEMS IN CHILDREN INCLUDING ADHD

- Excessive inattention and absent-mindedness, repeatedly stopping tasks before completion and switching to other activities
- Excessive over-activity: excessive running around, extreme difficulties remaining seated, excessive talking or fidgeting
- Excessive impulsivity: frequently doing things without forethought
- Repeated and continued behaviour that disturbs others (e.g. unusually frequent and severe temper tantrums, cruel behaviour, persistent and severe disobedience, stealing)
- Sudden changes in behaviour or peer relations, including withdrawal and anger

EPILEPSY/SEIZURES

Overview

Epilepsy is a neurological condition that is characterized primarily by seizures, commonly referred to as fits. The seizures are generally characterized by severe, uncontrollable, jerky movement of limbs. Along with this, rolling of eyeballs, falling down, accidental biting of the tongue, clenching of teeth, frothing from the mouth, losing bladder and/or bowel control at the time of seizure may also be present. Since the seizure mostly happens so suddenly and the movements are so vigorous, individuals may experience severe injuries, such as cuts or even fractures because of that. Even though the seizure lasts only for a very brief duration (ranging from a few seconds to about 1-2 minutes), after the attack is over, the individual goes into a state of confusion, where s/he may appear lost, may have difficulty orienting himself/herself to the place and may not understand where s/he is. This state of confusion after the seizure is called post-ictal confusion and during this state they may also be unable to recognize familiar people, however this state of post-ictal confusion resolves by itself in a few hours.

To summarize, during seizure an individual may have:

- severe, uncontrollable, jerky movement of limbs
- rolling of eyeballs
- falling down
- accidental biting of the tongue and/or clenching of teeth
- frothing from the mouth
- losing bladder and/or bowel control
- Post-ictal confusion
- After the convulsion: fatigue, drowsiness, sleepiness, confusion, abnormal behaviour, headache, muscle aches, or weakness on one side of the body

SUBSTANCE ABUSE

Overview

Substance dependence, commonly referred to as addiction, is a condition wherein one becomes so dependent or addicted to the substance that it completely becomes the core of their life and dominates all aspects of life. Substance use is different from substance dependence. One may abuse a substance, but may still not be dependent on it. Dependence is a psychiatric condition wherein one experiences tolerance (the same amount of the substance ceases to give the same effect that it used and hence one needs greater quantity to have the same effect) and/or withdrawal symptoms (severe physical discomfort in the form of palpitation, uneasiness, watering of eyes, nausea, tremors in hands etc, when the substance is not consumed for a prolonged period which remit once the substance is taken). Other features of Substance dependence disorder include spending almost all the time consuming the substance and/or procuring it, giving up ones routine tasks so that one can consume the substance, taking it in very large quantities and continuing to take it despite knowing its hazards.

Substance dependence disorder can lead to significant difficulties in one's interpersonal relationships (e.g., separation, divorce), occupational functioning (being removed from the job) and social functioning (reduced interaction with friends). However, despite all these difficulties, one is unable to give up the substance. The person, at times, may actually very strongly want to leave the substance; however, due to the severe withdrawal symptoms they may be unable to do so. Blaming the person, belittling him/her, becoming verbally or physically punitive towards them actually worsens the scenario. Psychiatric and psychotherapeutic interventions are very important here just like in any other psychiatric condition.

Substances are taken in various forms such as tobacco, alcohol, cannabis, opioids etc. We discuss here some of these substances and their effects.

Tobacco

Tobacco use is harmful to the individual of all ages and gender. It contains more than 5000 chemical out of which nearly 70 chemicals are carcinogenic. Hence, tobacco usage results in both acute and chronic changes in body which slowly leads to disease. It not only affects physical health (e.g. Dental, Respiratory, and Cardiovascular etc.) but also psychological well-being, self-esteem and mental health. Tobacco is used in different forms like- Cigarette, Bidi, Hukka, Khaini, Gutkha, Zarda and several others. Tobacco is considered to be gateway drug which leads to addiction to other drugs like cannabis, alcohol, heroin etc. Passive smoking (Smoke of tobacco) is as harmful as tobacco use and sometimes it is more harmful than smoking itself.

Alcohol

Alcohol is another psychoactive substance. Though, traditionally Indian culture is considered a culture in which alcohol intake is not seen favorably and, thus, encourages abstinence, surveys show that a sizeable chunk of population is alcohol dependent (though it varies from state to state). Alcohol has significant psychological, social and health related negative effects. For example, driving under the influence of alcohol is considered one of the major reasons of fatal road traffic injuries. Likewise, involvement in high-risk sexual behavior increases when an individual is intoxicated. It also causes economic burden on individual and the family members. Further, alcohol consumption by a pregnant woman can affect the fetus.

Cannabis

Cannabis is a psychoactive substance which is used in various forms and with various names in different cultures. In India the commonly used terms for cannabis is Ganja and Bhang. People use cannabis for its short-term euphoric effects. However, cannabis has significant negative effects. For example, it can cause mood disturbance, lead to psychotic experiences and can adversely affect cognitive abilities.

Identifying Substance Dependence

- A strong desire to take the substance
- Difficulty in controlling substance taking behaviour
- Physiological and psychological withdrawal symptoms (depending on the type of substance) if the substance is not taken
- Development of tolerance (the person needs higher quantity to achieve the effect that he used to get with lower quantity earlier)
- Neglecting other pleasurable activities

SUICIDE

Overview

Suicide is a major public health concern as every year millions of people around the world attempt suicide and many of them are, unfortunately, successful in their attempt. An individual can attempt suicide for many reasons; for example, an immediate negative event (such as failure in examination, intense shame or guilt for any happening) or due to hopelessness caused by prolonged stressors (such as a chronic disease). Also, there is link between mental disorders and suicide. For example, people having mental disorders like depression and substance dependence are more vulnerable to attempt suicide.

Suicide is considered to be an attempt to get relief from psychological trauma caused by an immediate or prolonged stressor or negative event. An individual's contemplation or decision to attempt suicide manifests in his thought processes, mood and behavior. These manifestations can be taken as 'warning signs' and a timely identification of these signs with appropriate interventions can save numerous lives.

Identifying Self-harm/Suicide

- Talking, writing (or other modes of expression, such as drawing) about hopelessness and meaninglessness in life and/or plans to attempt suicide.
- Preparation for suicide.
- History of thoughts, plan or act of self-harm or suicide

Assessing an individual with psychological problem

Interview Skills

Effective interviewing is important for gathering information from an individual who may have psychological problems. Therefore, conducting interview properly is crucial for having an understanding of various aspects of a psychological problem that the individual might have. In interview a formal interaction takes place between two individuals and if done scientifically it helps in significant ways in gathering information. There are a few interviewing essentials that an interviewer should keep in mind:

- Interview must happen at a calm place.
- The physical arrangement of the interview set-up should be such that it ensures privacy for the patient
- The interviewer should reflect an attitude of acceptance and respect for the patient. For example, adding title (such as Mr., Ms.) before name or other culturally appropriate things gives a sense of respect to the patient.
- One should not be in haste to ask about problems. It is important that the interviewer reflects the attitude that he is interacting with an individual who may have some problems but the problem itself is not his or her identity. Thus, beginning the interview with some brief neutral or casual conversation (e.g., whether or not the patient had to face traffic jam of the city while driving or the weather of the city) relaxes the environment and the patient feels more comfortable in interaction.
- Listening carefully is important. The interviewer should not get tempted to obstruct a conversation in order to ask any other question or giving suggestions to the patient half-way when he is talking about something else.
- The interviewer should behaviourally exhibit that he is involved in the interaction with the patient. Keeping eye contact with the patient, not showing any signs of disinterest (such as yawning, getting involved in other activities; for example, making phone calls), slightly leaning towards the patient (but maintain physical distance) are some of the behaviours that give a sense to the interviewee that the interviewer is involved in the process.

- The interviewer should not get tempted to reach to conclusions (or draw inferences) based on little information. It is important that in the interview the interviewee should be given enough time to express his thoughts and feelings.

Model of initial interview

- Welcome the person
- Tell your name
- Address person by name (if file available), else ask name. To show respect, use any title (Mr. Ms.) or add 'ji' after name or any other culturally appropriate tag.
- Let the person feel comfortable in the interview situation.
- Ask what brings him/her to the clinic.
- Ask open ended questions initially; for example, 'when you are not able to work, how do you feel?' Do not ask 'when you are not able to work, do you feel sad?' Ask close ended questions later, if information is not clear (e.g., 'so, do you feel sad?'). Do not ask multiple options at a time. Thus, instead of asking 'Do you feel sad or angry?', ask them separately - 'Do you feel sad?' wait for answer and then ask 'Do you feel angry?'
- Listen carefully and let them speak. Summarize in your own words what they have said to reflect what you have understood.

The interview should focus on gathering information related to:

- What complaints the individual is reporting
- When did the problem start, how did it start etc.
- If there is any past history of similar or any other psychological problem
- Does he/she have any significant medical illness?
- Is there anyone in the family who has/had similar or different psychological problems?
- Brief personal history such as any childhood problem, schooling, work history and so on.

Also, the Psychologist should have brief assessment of current mental status of the individual. For example:

- *Appearance:* Whether he is kempt and tidy or unkempt, un-groomed and dishevelled? Is he overdressed or appropriately dressed?
- *Speech production:* Does he speak spontaneously or is hesitant? Whether the speech is loud or normal?
- *Emotion:* Does he look happy/sad/angry/anxious? Does he report feelings of sadness/happiness/anxiety?
- *Thought process:* When he speaks, do the ideas/thoughts look logically associated? Does he report about intrusion of any thought repeatedly, does he have fixed and firm beliefs even in the presence of contradictory evidences?
- *Perception:* Does he report any perceptual abnormality such as seeing or hearing things in the absence of any related stimulus (hallucination)?
- Is he alert and oriented to time, place and person?
- Does he feel that he may have some psychological problem?

Psychological Assessment in Mental Health Service Delivery

Psychological assessment is an important part of mental health service delivery which is carried out by trained Clinical Psychologists for the following purposes:

- To help in reaching diagnosis of mental disorders
- To identify deficits and strength of the concerned individuals
- To identify psychological impact of mental disorders
- To identify and estimate intensity of emotional, cognitive, behavioural problems in individual
- To understand psychological factors contributing in development and maintenance of mental disorders
- To plan and implement appropriate and effective intervention strategy and rehabilitation programs
- To monitor the effect of intervention or treatment

The important psychological attributes which are commonly assessed in mental health service delivery are;

- Cognitive abilities such as intelligence, attention, memory, problem solving, abstraction, comprehension, executive function, planning, learning etc.
- Personality, temperament, adjustment, coping, ego functions, interpersonal relationship, frustration and stress tolerance etc.
- Stress, fear, anxiety, conflicts, reality testing, psychopathology, frustration, emotions, insecurity, anger, hostility etc.

Commonly used Psychological Tests in Community Settings

Although Psychological Assessments are carried out in very specific and structured settings by trained Clinical Psychologists; some of the simple self administered test/scales or short questionnaires can be used in community settings by Psychologists. However, the use of such test is only recommended once the Psychologists are adequately trained for their uses. Psychologists can be trained to use the following tests in community with justified needs to use them;

1. General Health Questionnaire (GHQ) - 12 Item

General Health Questionnaire (GHQ-12) is 12 item screening instrument to screen out common mental disorder like anxiety and depression. Each item/question has 4 options and the most appropriate one is selected as answer. Those who score more than 3 on GHQ-12 are likely to have emotional disorder. GHQ-12 is widely used questionnaire in community settings. With training the psychologists would be able to use the questionnaire and screen out individuals having the likelihood of presence of psychological problems.

2. Multi-Phasic Questionnaire (MPQ)

MPQ is a 100 item questionnaire with true and false response option. The psychologists can ask the person to say whether the given question is true for him/her or false. The responses are scored manually to create a profile on seven clinical sub-scales. MPQ helps in identifying possibilities of different clinical conditions/mental disorders in the individual. MPQ can be used by the psychologist with ease after the training.

3. Mental Health Screening Scale for Children

A simple 15 item instrument helps in assessing possible emotional and behavioural disturbances in children. The scale can be completed with the help of the child and the care giver/ family member. The scale is provided in Annexure 2 with this manual.

4. Stress Questionnaire/Test

Stress Questionnaire helps in assessing level of stress in individuals

These psychological tests can be procured from the publishers/ suppliers by the departments implementing DMHP for the use by the psychologists.

Things to remember

- Mental health is important for all of us and it is not merely absence of disorders.
- There are common mental disorders, which can be easily identified by identifying their signs and symptoms.
- The skill of interviewing is needed to explore symptoms of mental disorders.
- Psychological assessment helps in clinical mental health services. A few simple psychological tests/scales can be used by the psychologists with minimal training.

CHAPTER-III

PSYCHOLOGICAL INTERVENTION

This section describes objectives, scope, techniques of psychological intervention which can be carried out by the trained psychologists. A brief description of psychological intervention in different mental disorders is also provided under this section. The skills acquired will help the psychologists in providing psychological interventions to the affected person and the family members.

COUNSELLING

Counselling involves a formal professional relationship between a counsellor and a patient with the purpose to help the patient in dealing with any psychological problems or concerns. Through counselling, a counsellor can help an individual in various ways; for example,

- In recognizing his potentials
- Understanding his thought and behavioural patterns
- Utilizing his resources more effectively
- Dealing with negative emotions

Counselling provides an opportunity to an individual to express his concerns to a counsellor who maintains an empathic relationship and tries to help without being judgmental.

BASIC COUNSELLING SKILLS

Anything or any behaviour the Psychologist exhibits within a counselling session has impact (positive or negative) on patients and their family members. An important aspect of counselling is establishment of proper rapport with the patient which depends on many factors such as the way the counsellor interacts with the patient, the environment in which counselling takes place and so on. Hence, the Psychologist should know the behaviours (verbal or non-verbal) that can be facilitator or detrimental to the process of counselling. Here we describe a few important verbal and non-verbal behaviours/skills that play significant role in the success of counselling.

Non-verbal Skills

Through gestures and body language one shows that he/she is interested in understanding a patient's problem. A few non-verbal skills are helpful in effective counselling; for example:

- Face the patient squarely or adopt a posture that indicates involvement. For example, leaning slightly forward may indicate that the counsellor is involved in discussion.

- In general, it is considered that adopting an open posture gives an impression that an individual is involved in and open to discussions that are happening between him and another individual.
- Always try to maintain good eye contact as it indicates attention and interest.
- Listening carefully/attentively show that you are interested in patient.
- Behaviours such as yawning, doing some other work while talking to the patient and similar other behaviours exhibit lack of involvement in discussions and, therefore, must be avoided.

Verbal Skills:

- Showing concern- Start your conversation/interaction with the patient in such a manner that shows your concern about him/her. You can start with asking various introductory but neutral questions such as - where the patient came from, was there any problem in reaching to the clinic etc.
- Empathy- Showing empathy is an important aspect of counselling. It can be shown by using paraphrasing, having unconditional regards and showing non-judgmental attitude.
- Use of minimal encouragers- These are short phrases that simply show acknowledgement or understanding. It is used to encourage the patient to continue talking. Since it also gives an impression that you are approving or agreeing with the patient's contents of the talk hence, should be used minimally and just as encouragers. Some of the examples are- Hmmm, Next, Carry on etc.
- Communication skills- Ensure whatever you are speaking should be clear, easily understandable, empathic and supportive. You should ensure that whatever you speak to your patients or their family members gives an impression that you are trying to help them out.
- Support and Reassurance- The patient and his/her family members can be reassured about the availability of the treatment and can be offered guidance, advice, directions and suggestions.
- Open ended questions- Wherever possible, seeking Information through open questions (where the patient has to answer in detail) is better than asking closed questions (where the patient generally answers in Yes or No).

- Paraphrase- It is done by using restatements, reflections and summarizing patients' communications. Generally the psychologist does not add his/her opinion to the communication rather just restates or reflects back to the patients what he or she has expressed.

Some DOs and DON'Ts in counselling

DOs

- Talk politely
- Listen carefully
- Show concern
- Start the discussion with self-introduction mentioning your name and job etc.
- Try to interview patient first and then his/her relatives
- Ask about patient's problem
- Assess patient's willingness and motivation to discuss about his/her problems. Initially, a patient may have some reluctance in discussing about his/her problems. Do not be too insistent that he/she should reveal everything in the first interaction. With proper rapport and a sense of trust, the patients usually start talking about their problems gradually.
- Ask open ended questions whenever possible
- Assess patient's understanding about his/her problem
- Assess family members/care givers' understanding about patient's problem
- Assess Family members/care givers' burden, distress etc.
- Explain the importance of treatment (medications & counselling)
- Ensure safety of patients (as well as your own safety; for example, in case of violent patients)
- Protect human rights of patients and care givers
- Maintain ethics of counselling

DON'Ts

- Do not try to convince
- Don't argue

- Don't force patients to talk
- Don't provide personal information other than your name, brief description of your job etc.
- Don't get distracted by outside noise, phone etc.

TECHNIQUES OF INTERVENTION:

- **Psycho-education**

Psycho-education is a process to offer education to individuals suffering from mental illness and their families to help them to deal with their condition in a better way. The basic goal of psycho-education is to make the patients and their family members understand the illness (including nature of illness and availability of treatment) and support their capability to deal with the illness. Their own capabilities, resources and coping skills are strengthened so that they can better contribute to their own health and well-being on a long-term basis. Appropriate psycho-education also helps in development of insight about illness by removing myths and stigma associated with various mental illnesses. Hence, the process is helpful in enhancement of patients and their family members' understanding about illnesses in a scientific way.

- **Listening:**

Active listening and responding appropriately are two of the key skills a Psychologist must apply during interaction with a patient or family members. Being able to communicate effectively is an important requirement in any type of interaction. Listening skills show that you are trying to understand the patient and it also helps in establishing rapport. When patient is narrating his/her symptoms, listening skills of the Psychologist gives reliving effect. Listening makes the person (who is talking) feel worthy, appreciated and respected. When we give someone all of our attention, the person responds positively by interacting on a deeper level. When a Psychologist pays attention to what the patient is saying, it encourages the patient to continue talking and ventilate his/her emotions. Thus, showing active involvement in a conversation is an important quality of a Psychologist.

- **Reassurance:**

Giving reassurance to the patients and family members reduces their anxiety or worry and helps in treatment process. It removes the fears of or doubts about illness/problems. Patients and family members can be reassured about the treatment availability and possibility of recovery.

- **Problem Solving:**

Problem-solving is an important component of counselling which involves offering direct and practical support to the patient. The therapist and person work together to identify key problem areas that might be contributing to the person's mental health problems, to break these down into specific, manageable tasks, and to problem-solve and develop coping strategies for particular problems. A popular approach is to describe it in four steps - i) Define the problem, ii) Find different solutions of the problem, iii) Select the best suitable solution and apply, and iv) Review the solution in case earlier one doesn't work. Problem solving can be an adjunct treatment option for various problems (such as depression, Substance use disorders/drug use disorders, self-harm, other significant emotional or somatic symptoms, children and adolescents with behavioural disorders) where assessment reveals that poor problem solving might have been playing important role in the genesis and/or maintenance of the problem.

- **Coping Enhancement:**

There are two types of coping mechanism generally used during a crisis - healthy/adaptive (which helps in resolving the crisis or managing the situation correctly) and unhealthy/maladaptive (which does not help in resolving the situation or do it temporarily). During the crisis if unhealthy coping is used, it aggravates the situation, for example - taking alcohol to reduce the tension or cope with crisis. A Psychologist tries to enhance healthy coping (like- sharing problems with family members or friends etc.) of the patients and their family members.

- **Activity Scheduling:**

Activity scheduling refers to structuring patients' daily activities to bring a routine in their life as well as engaging them in productive and rewarding tasks. It is an important intervention for those patients who have erratic daily activity patterns (e.g., lack of routine in activities of daily living such as bathing, brushing) or are passive (e.g., escaping activities of daily living). Patients of depression, schizophrenia and other such problems often require activity scheduling.

Activity scheduling can be used both for enhancing the level of activities and dealing with low levels of motivation. While doing activity scheduling it is important that tasks are added in a graded manner so that it does not become too taxing for the patient. Sometimes patients may have difficulty in performing even the very basic tasks (e.g., severely depressed patients); therefore, breaking a task in smaller parts makes it appear simpler and more attainable.

- **Helping an individual to understand cognition and behaviour:**

Though there are specific therapies for helping individuals to change their problematic cognition and behaviour (such as Cognitive Behaviour Therapy, Rationale Emotive Therapy etc.) and should be done by professionals trained in these therapies, a few things, in general, help people to understand their cognition and behaviour. For example:

- To a large extent, our perception (or interpretation) of a situation or event decides how stressful or non-stressful the situation or event will be for us. Thus, having a wider perspective about the event or situation and understanding its various aspects helps us in dealing with the situation more effectively.
- Remaining behaviourally active, avoiding procrastinations, proper time-management and so on help not only in dealing with issues of our life more effectively but also have positive effect on our thought process and mood. One should remember that as positive thinking leads to

positive behaviour and mood, it is also true that positive behaviour has positive effect on thinking and mood.

- **Parent Skills Training:**

For parents of children with behavioural disorders 'parent skills training' involves training focused on positive parent-child interactions and effective communication. It emphasizes the importance of consistency in parenting, discourages harsh punishments and requires parents to practice new skills with their children during the training. Effective parenting training encourages the use of culturally appropriate training material to assist in healthy development of a child as well as to improve functioning and participation of the child within families and communities. It involves techniques that teach specific social, communication and behavioural skills using behavioural principles (e.g., making children learn new behaviours by rewarding those behaviours, or avoiding paying attention to or ignoring problem behaviours). Parents need to be supported in the application of the training. Parents of children with different levels of intellectual disability and specific problem behaviours need to develop additional skills adapted to the needs of their children.

PSYCHOLOGICAL INTERVENTIONS IN DIFFERENT CONDITIONS:

Anxiety Disorders

- Explain the patients and his/her family members about the nature, symptoms and treatment of the illness.
- Let the individual explain about his anxieties. See if it is related to any specific situation/stressor or is just 'free floating' (the individual feels anxious all the time without any specific reason)
- Explain in simple words how sometimes extreme negative evaluation of a situation (e.g., imagining the extreme negative consequences of an event without any foreseeable reason) can make us anxious and, thus, a realistic evaluation is necessary.

- Teaching some relaxation exercises, such as breathing exercises/ progressive muscular relaxation can be helpful
- Life-style changes such as regular exercise, healthy food etc. will also be helpful.
- Structured psychotherapy such as Cognitive Behaviour Therapy for Anxiety is very effective in anxiety disorders. Thus, if the individual has severe anxiety and/or he is not responding to above mentioned simple counselling techniques, he/she should be referred to specialist in this area.

Stress reactions

- Identify the source of stress. For example, are there chronic stressors (e.g., persistent daily hassles) or if any significant negative life-event has taken place in recent past.
- Assess individual's unique ways of reacting to the stressor; for example, irritability, withdrawing from the situation etc.).
- Discuss about problem solving strategies and other stress inoculation techniques and encourage the individual to use them.
- In case of acute distress after recent traumatic events, offer basic psychological support such as listening without pressing the person to talk; assessing needs and concerns; mobilizing social support and similar other steps.

Depressive Disorders

- Explain the patients and his/her family members about the nature, symptoms and treatment of the illness.
- Let the person talk about issues that make him/her depressed and his/her coping patterns.
- Try to find out environmental stressors and help the patient to understand and manage it with the help of realistic evaluation of the stressor and use of techniques such as problem-solving.

- Ask for the person's subjective understanding of the causes of his or her symptoms.
- Identify supportive family members and involve them as much as possible and appropriate.
- Try to structure physical activity (Activity Scheduling) of the patient.
- Advise physical activity of moderate duration (e.g., one hour almost every day with appropriate breaks in between). Explore with the patient what kind of physical activity is more appealing, and support him/her to gradually increase the amount of physical activity (starting for example with 5 minutes of physical activity).
- Structured psychotherapy such as Cognitive Behaviour Therapy for Depression is very effective in treating depressed individuals. Thus, if the individual has severe depression and/or he is not responding to above mentioned simple counselling techniques, he/she should be referred to specialist in this area.

Bipolar Affective Disorder

The family members should be psycho-educated about episodic nature of the illness and Manic-Depressive aspects of this illness. In this illness mood is found to be on extremes which may go from extreme sadness to elation or excitement. Symptoms generally subside after medications and sometimes by itself, but long-term treatment is required to prevent relapse or recurrence of the illness.

Apart from this, psycho-education should cover the importance of taking medications regularly, having proper sleep (also a routine in sleep-wake cycle and not awakening till late hours in night), reducing stresses, having healthy life-style and so on.

Psychosis/Schizophrenia

Schizophrenia is a severe mental illness and apart from pharmacological interventions some basic psychological interventions can be very helpful in improving the outcome. However, while working with a patient one should keep in mind that if the patient is aggressive, abusive or violent then instead of an attempt to interact with the patient, let him be calmed (e.g., by a medical staff by using some medications).

Psycho-education to Family Members

- Explain the family members about the nature of the illness, its symptoms, medications and treatment available. It should be explained to them in simpler words that the patient will exhibit disturbances in thought and perception besides several other symptoms. Due to this patients' contact with reality gets broken (patients do not understand difference between real world and imaginative world). A patient may hear certain voices in forms of filthy/abusive language, may develop certain false beliefs (e.g., suspects family members as enemies etc).
- Most of the patients recover from many of the symptoms and live their life normally with minimal support or supervision. Only very few patients need constant supervision or hospitalization.
- Psychologist reassures the family members that violent behaviours are temporary and episodic in nature and can be prevented by medications and supportive & non-hostile environment.
- Family members must be given adequate information about importance of medications and should be told that supervision of medication by a family member is important to ensure compliance to treatment.
- After recovering from the agitated state the person with psychosis should be given following information along with his/her family members;
 - The person's ability to recover
 - The importance of continuing regular social, educational and occupational activities, as far as possible
 - The problems can be reduced with treatment.
 - The importance of taking medication regularly and long-term medications
 - The right of the person to be involved in every decision that concerns his or her treatment
 - The importance of staying healthy (e.g. healthy diet, staying physically active, maintaining personal hygiene)

Substance Use Disorders (SUD)

- Psycho-education, Motivation Enhancement Therapy and Relapse Prevention are main therapies used for managing substance Use Disorders.
- Patients and family members must be explained that SUD is an illness as any other illness and needs intervention. Just blaming or criticizing the person (e.g., not having strong will power) does not help. Since it is a chronic relapsing illness (like other physical illnesses e.g. hypertension/ diabetes etc) hence it requires long-term treatment.
- To enhance the motivation of the patients, personalized feedback is given.
- Psychologist helps the patient in making the list of benefits of using substances and cost paid for that. Patients have to weigh the benefits and loss in staying in the same stage or moving towards abstinence. The patient should be encouraged to weigh both short-term and long-term gains and losses to understand that the gains are short-term and the losses are mostly long-term.
- Also, it is important that the Psychologist encourages a balanced evaluation of the positive and negative effects of substances as the patient may overstate benefits (e.g., it helps in getting rid of tiredness caused due to long driving hours) and undermine negative aspects (e.g., the increased chances of accident).
- Avoid arguing with the person and try to phrase something in a different way if it meets resistance.
- Encourage the person to decide for themselves if they want to change their pattern of tobacco/cannabis/alcohol/drug use, particularly after there has been a balanced discussion of the pros and cons of the current pattern of use.
- Once patient prepares himself/herself for quitting or remains abstinent, the psychologist discusses different high risk situations with the patients and helps him to cope with or manage these situations.
- Faulty coping strategies (e.g. smoking/drinking for getting relaxed) are elicited and discussed. Healthy coping strategies are taught and misconceptions are corrected. Some practical tips are also provided to patients. For example the use of tobacco/alcohol can be reduced by not having tobacco/alcohol at home; not going to pubs or other locations where people use tobacco/alcohol; asking support from family or friends; asking the person to

come back with family or friends in case of lapse and to discuss a way forward together at the health centre.

Intellectual Disability or Mental Retardation and Other Disabilities

- Parents and family members of the person with intellectual disability (earlier known as Mental Retardation or MR) should be given factual information in such a manner that it doesn't cause anxiety/panic in them. The issues between parents or among family members related to the disabled child or disability of the child must be dealt with caution and blame game in family (if any) should be addressed and taken care of.
- Parents' misconceptions negatively affect care of the child hence must be discussed.
- Parents must be involved in the care and taught certain behavioural principles or reinforcement techniques to manage deviant, stubborn or aggressive behaviours. All such training to be given to parents/care-givers using actual demonstration (using one technique at a time with the child and parents observe) or through role play.
- Special schooling is required for the child to learn basic developmental skills.
- Behaviour modification using reinforcements, rewards, shaping etc. with the child for modifying behaviour improves child's behaviour positively.

Behaviour Problems in Children and Adolescents

- Family psycho-education
- Accept and care for the child with a behavioural disorder.
- Be consistent about what the child is allowed and not allowed to do.
- Praise or reward the child after you observe good behaviour.
- Start behavioural change by focusing on a few clearly observable behaviours (and easy to attain) that you think the child can do.
- Give clear, simple and short commands that emphasize what the child should do rather than not do.
- Never physically or emotionally abuse the child.

- Avoid punishing the child. If problem behaviour persists, sometimes, 'time-out' can be used. In "time out" a child is temporarily separated from a rewarding environment, to modify an undesirable behaviour. However, time-out should not become mainstay of intervention. Emphasize to parents that the most effective reinforcement is positive reinforcement (such as praise, reward etc.). Positive reinforcement to a desirable behaviour encourages that behaviour and discourages those undesirable behaviours that are not rewarded.

Advice to Teachers

- Make a plan on how to address the child's special educational needs. Simple tips include:
 - Ask the child to sit at the front of the class.
 - Give the child extra time to understand assignments.
 - Break long assignments into smaller pieces.
 - Look for bullying and take appropriate action to stop it.

Support for Carers

- Identify psychosocial impact on carers.
- Assess the carer's needs and promote necessary support and resources for their family life, employment, social activities and health.
- Arrange for respite care, which means a break now and then when other trustable caregivers take over temporarily.

Epilepsy/ Seizure Disorders

- Family members must be given information about how to manage a patient at the time if seizures-
 - Lay the person down, on their side, with their head turned to the side to help with the breathing and prevent aspirating secretions and vomit.
 - Make sure that the person is breathing properly.
 - Do not try to restrain or put anything in the person's mouth.
 - Stay with the person until the seizure stops and they wake up.

- Sometimes people with epilepsy know or feel that the seizures are coming. In that case they should lie down somewhere safe to protect themselves from falling.
- Epilepsy is not contagious, so no one will catch seizures by helping.
- Emphasize the importance and role of medication (long-term) in the treatment. Prepare a family member to ensure compliance with the treatment.
- Correct family members' misconception related to Epilepsy.
- Parents should never remove children with epilepsy from school.
- People with epilepsy can lead normal lives.
- They can marry and have children.
- People with epilepsy can work in most jobs. However they should avoid certain jobs such as working with or near heavy machinery.
- People with epilepsy should avoid cooking on open fires, driving motor vehicle and swimming alone.
- People with epilepsy should avoid using alcohol and any recreational substances, sleeping much less than usual or going to places where there are flashing lights.

Dementia

- Psychological interventions for cognitive symptoms and functioning are required to perform activities of daily living.
- Psychologist must provide regular orientation information (e.g. day, date, weather, time and names of people) to people with dementia to help them to remain oriented to time, place and person. Use materials such as newspapers, radio or TV programs, family albums and household items to promote communication, to orient them to current events, to stimulate memories and to enable people to share and value their experiences.
- Family members should be advised to use simple and short sentences to make verbal communication clear.
- Family members should be advised that people having dementia feel more comfortable and settled in simple and structured environments. Thus, clear marking of places (such as toilet), avoidance of competing noises (e.g., many

people talking and the TV is on) and similar other things are helpful. Also, it is better not to change the routine of an individual with dementia.

- Facilitate rehabilitation in the community involving people and their carer in planning and implementation of these interventions. Assist in liaison with available social resources.

Specifically consider the following:

- Independent toilet skills may become a major problem with a person having dementia (especially in advanced stages); therefore, proper help in this domain including prompting and regulation of fluid intake (if incontinence occurs), marking of the toilet and its way etc. should be done.
- Recommend making adaptations in the person's home. It can be helpful to add hand-rails. Signs for key locations (e.g. toilet, bath, and bedroom) can help to ensure that the person does not get lost or lose orientation while at home.
- Recommend physical activity and exercise to maintain mobility and to reduce the risk of falls.
- Advice recreational activities (tailored to the stage of dementia).

Intervention for care-givers:

- Identify psychological distress and psychosocial impact on care-givers.
- Assess the care giver's needs to ensure necessary support and resources for their family life, employment, social activities and health.
- Acknowledge that it can be extremely frustrating and stressful to care for people with dementia. It is important that care-givers continue to take care of people with dementia, avoiding hostility towards, or neglect of, the person.
- Care-givers need to be encouraged to respect the dignity of the person with dementia, involving them in decisions on their life as far as possible.
- Provide information to people with dementia, as well as family and other informal care-givers, from the time of diagnosis. This must be done sensitively and bearing in mind the wishes of the person and care-givers.

- Provide training and support in specific skills (like managing difficult behaviour) if necessary. To make these interventions most effective, elicit the active participation of the care-giver (for example through role-play).
- Consider providing practical support, e.g. where feasible, home-based respite care. Another family member or suitable person can supervise and care for the person with dementia (preferably in the usual home setting). This can relieve the main caregiver who can then rest or carry out other activities.
- Explore whether the person qualifies for any disability benefits or other social or financial support. This may be from government or non-governmental source or social networks.
- If feasible, try to address the care-givers psychological strain with support, problem-solving counselling, or refer to higher centre in case of need.

Suicide Attempts

- Care for the person with self-harm.
- Place the person in a secure and supportive environment and **do not leave them alone**.
- Offer an environment that minimizes distress, if possible in a separate, quiet room with supervision and regular contact with a staff member or a family member to ensure safety.
- Remove the means of self-harm.
- Consult a specialist (mental health) and other team members as soon as possible.
- Treat people who have self-harmed with the same care, respect and privacy given to other people, and be sensitive to likely emotional distress associated with self-harm.
- Include the carer(s) if the person wants their support during assessment.
- Ensure continuity of care.

Offer psychosocial support

- Explore reasons and ways to stay alive.
- Focus on the person's positive strengths by getting them to talk of how earlier problems have been resolved.

Activate psychosocial support

- Mobilize family, friends, concerned individuals and other available resources to ensure close monitoring of the individual as long as the risk persists.
- Advise the person and carer(s) to restrict access to the means of self-harm (e.g. pesticides and other toxic substances, medication, firearms) while the individual has thoughts, plans or acts of self-harm.
- Inform carers and other family members that asking about suicide will often reduce the anxiety surrounding the feeling; the person may feel relieved and better understood.
- Carers of people at risk of self-harm often experience severe stress. Provide emotional support to relatives/carers if they need it.
- Inform carers that even though they may feel frustrated with the person, it is suggested to avoid hostility or severe criticism towards the person at risk of self-harm.

Somatisation Disorder

- Ask for the person's explanations of somatic symptoms.
- Assess if there are psychosocial stressors and address those stressors.
- Counsel the person that they should not take medications without doctor's advice.
- Never refute the physical complaints that the person is reporting. Remember, it's a real problem for them. Explaining the psychosomatic model that there is relationship between mind and body and, sometimes, bodily sensations can be related to emotional distresses can be helpful.
- If required relaxation exercises can be taught. Likewise, encourage the individual to have problem-solving approach for his/her problems.
- Encourage continuation of (or gradual return to) normal activities.

CHAPTER-IV

REHABILITATION OF PERSONS WITH MENTAL HEALTH PROBLEMS

The primary objective of this section is to make the Psychologists understand the importance of rehabilitation of a psychiatrically ill individual. Though with limited training they cannot work as independent rehabilitation professionals, they will learn some of the basic steps that they can take to assist in the rehabilitation process of patients. Also, they will learn when and where to make referrals for patients with rehabilitation needs.

Psychiatric illnesses, especially severe mental illnesses such as Schizophrenia, can cause significant disabilities. Psychiatric disability refers to reduction or decrement in the ability to perform certain activities due to the functional limitations caused by psychiatric impairments (Anthony & Liberman, 1988). A supportive environment and rehabilitation efforts help patients in living their life more effectively by assisting in learning/relearning skills required to function in a better way. It also provides psychosocial support for optimum utilization of their potentials.

Let us briefly understand the reasons for disability caused by mental illnesses and their larger impact on individual and the society.

Impairments caused by symptoms:

In the previous sections you learnt about core symptoms of different psychiatric disorders. Some of these symptoms can cause substantial impairments in the functionality of an individual. For example, individuals with schizophrenia can have a set of symptoms known as 'negative symptoms.' Some of the negative symptoms are apathy (e.g., decreased interest in grooming and hygiene, apathetic attitude towards work), poor social interactions, poor attentiveness, decreased emotional reactions and so on. As you can see, all these symptoms, if they are severe, can negatively influence the functionality of an individual in various ways. For example,

- apathy can lead to disinterest in work,
- poor grooming can make a person dishevelled and not presentable at a formal place,
- decreased interest in social interactions can lead to poor relationship with friends and fellow professionals at work place,
- decreased emotional reactions can make social interactions ineffective and
- poor attention can lead to increase in errors in tasks.

Impairments caused by cognitive deficits:

Patients with severe mental illnesses, particularly schizophrenia, manifest substantial cognitive deficits such as

- impaired memory,
- poor attention and concentration,
- decreased ability to plan, solve a problem or take a decision and so on.

It is still not clear whether these cognitive deficits are caused by the disease process or are present along with onset of illness; however, we know that as the disease becomes severe and chronic the severity of these deficits increases. Again, similar to negative symptoms, presence of cognitive deficits can have direct bearing on the functionality of an individual. For example, due to poor memory the individual can have difficulty in keeping a track of their activities or executing the required steps to finish a job which will result in poor performance.

Other factors:

There can be many other factors that affect the functionality of a psychiatrically ill individual adversely. For example, long-term side effects of some of the medications, poor family environment and limited social support can have significant effect on the functionality of the individual.

These factors, apart from their direct negative effects, can also have indirect effects due to interactions among them. For example, cognitive impairments can lead to poor job performance which can lead to job loss. On the other hand, due to job loss and inactivity further cognitive impairments can occur. Likewise, decreased interest in social interactions can lead to poor interpersonal relationships and the resultant aloofness and inactivity can compound the problems of remaining involved in a job.

Therefore, it is important that timely intervention is done so that a patient is optimally helped. Though there are specialized centres for psychiatric rehabilitation services with specialist professionals, many assistive steps can be taken in routine care of patients. For example, Psychologists at the District

Mental Health Centres can do many things to assist in the rehabilitation of patients with rehabilitation needs. Some of these steps are listed below:

- *Carrying out basic rehabilitation assessment:*

Successful rehabilitation depends on proper rehabilitation assessment which includes estimating various things such as:

- needs of the patient
- strengths of the patient,
- available resources in family and the community

- *Carrying out the sensitization programs:*

It is imperative that the family members and the larger society are sensitized to the impairments caused by psychiatric illnesses and their effects on the functionality of a patient. Also, they should be sensitized about the role family and community can play in decreasing the effects of some of the impairments and help in rehabilitation process. For example, the family members can be sensitized that why gentle efforts for motivating a patient for interactions with others are important.

- *Conducting caregivers programs:*

Psychologists can conduct caregivers programs to facilitate advocacy, provide a platform for the caregivers to share their experiences and so on.

- *Doing simple intervention programs:*

Psychologists can conduct some group activities for patients having poor social interactions and other social skills deficits.

- *Imparting awareness about Government schemes:*

Government of India is running several welfare schemes for persons with disability including disability arising from mental illnesses and mental retardation. Psychologists can impart awareness about these schemes.

- *Referral:*

As people with rehabilitation needs require a comprehensive multi-layered approach, Psychologists can make referral to specialized centres for specific rehabilitation services such as centres for training in vocational skills, organizations that assist in employment of individuals with disability and so on.

While working with psychiatrically ill patients one should remember that only symptom resolution is not the measure of improvement. An individual can become relatively asymptomatic after treatment but may remain dysfunctional. Rehabilitation helps in functional improvement and, thus, should be an integral part of the intervention. Further, one should work with the notion that even severely psychiatrically disabled individuals respond to rehabilitation efforts if the efforts are tailored according to their likings, current level of functioning and so on. Also, it is important to keep in mind that mobilizing family and community resources can make significant changes.

CHAPTER-V

PROMOTION OF MENTAL HEALTH

The objective of this section of the manual is to impart awareness among the trainees about the role of positive mental health in the overall well-being of an individual and the steps that they can take towards promotion of mental health in society.

The World Health Organization states that health is not just absence of illness. It defines health as, "... a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Thus, mental health is an integral part of overall well-being of an individual and any effort to enhance the well-being is not possible without promoting mental health.

Let us understand what is mental health? According to the World Health Organization, mental health is "... a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." It is clear from this definition that the term 'mental health' has wider connotations and encompasses an individual's abilities, aspirations, coping and connectedness to the society. It pertains to our emotional well-being, spiritual well-being, life goals and optimum utilization of our potentials. In general, factors like resilience, self-esteem, optimism, life satisfaction, sense of meaning in life, social connectedness and similar other factors are considered elements of mental health. A few major components have been described here:

- *Resilience*: Life poses various short- and long-term challenges. Dealing with them effectively and not getting overwhelmed by them is crucial for mental health. Various life skills such as critical thinking, problem solving and stress tolerance can help us in this.
- *Self-esteem*: Self-esteem refers to our perception towards ourselves; for example, in our own evaluation how valuable we are to others and how confident we are in our own abilities. Positive self-esteem helps us in realization of our potentials and having a sense of control.
- *Emotional Well-being*: Regulations of emotions in constructive manner and dealing with emotional upheavals so that they do not affect us negatively are important for our emotional well-being.
- *Spiritual well-being*: It refers to having sense of purpose in life and our connectedness with others. Spirituality does not mean religiosity but religious beliefs can be one of the means for our spiritual well-being. Apart from this, sharing, helping etc. boosts our spiritual well-being.

- *Social connectedness*: Last but not least, having a wider perspective towards society, respect for others and acceptance of others' beliefs and values are important for positive mental health.

Thus, it is imperative for any mental health professional to work towards mental health promotion. It does not only help in preventing mental illnesses but also proactively ensures overall growth of an individual and the society he or she lives in.

As mental health encompasses various aspects of our life, mental health promotion needs to be in all spheres of our life. Thus, mental health promotion needs to be a part of:

- Parenting skills
- School education
- Workplace management
- Community care and so on

The question arises what steps a mental health professional working in community can take towards promotion of mental health. Sensitizing people about the concept and components of mental health, imparting awareness about life-style changes and their role in positive mental health, informing people about activities that boost individual's coping capacities and similar other activities can be important steps. Also, acceptance of the fact that every individual is endowed with the capacity to grow and take care of his/her wellbeing is crucial for helping them to utilize these potentials. A few things that boost mental and physical health are given below and the Psychologists can work as a facilitator of these activities:

- *Life-style changes*: Healthy life style is good for both our physical and psychological well-being. For example, regular physical exercise not only boosts our energy level and protects against physical illnesses but also reduces stress and makes us feel better. One can choose activities (such as jogging, swimming) according to his or her liking and do it regularly. Also regular practice of **Yoga and meditation** boosts our physical and

mental health. Apart from regular physical exercises, it is also important to bring other life-style changes such as healthy eating, avoiding consumption of alcohol and other substances (such as nicotine and cannabis) and managing time for relaxing.

- *Life skills:* The World Health Organization has prescribed a set of life skills such as self-awareness, critical and creative thinking, problem solving, coping with emotions and stress etc. that every individual needs in order to live a meaningful and contained life. Imparting life skills education is an important step towards promotion of mental health. Psychologists can regularly be involved in life-skills training programs in schools, colleges and work places.
- *Getting involved in spiritual activities:* Activities that boost our spiritual self such as sharing and caring, doing community activities, helping people in distress etc. boost our mental health.
- *Boosting emotional well-being:* Enhancing stress tolerance through learning of stress inoculation techniques, having awareness about our strengths and weaknesses, seeking help when required and similar things help in boosting our emotional wellbeing. Psychologists should work as facilitators of stress management programs in schools, colleges and work places.

Conclusion

Promotion of mental health is indispensable for improving the well-being of an individual and the larger society in which he or she lives. A few simple steps such as imparting awareness about positive mental health, conducting programs (such as workshops) related to activities that boost mental health (such as Life-skills education, stress management, healthy parenting etc.) should be part of regular activities of Psychologists working in community.

CASE VIGNETTES

Case Study 1

Mr. Sharma is a 46 year old who has low mood for last few weeks. He feels that he does not enjoy the works that he used to enjoy earlier. Also, his sleep and appetite are disturbed. He keeps ruminating about loss in business and feels that nothing can improve his financial situation.

Case Study 2

Mr. Ramesh is a 28 year-old married male. He is truck driver and has a demanding job in which he has to drive for long hours constantly. He feels very fatigued. Since last two years he has started drinking alcohol. Initially, he used to drink occasionally, but since last six months he has started consuming it regularly. It has gone to the extent that he is not able to drive without drinking and recently had a minor accident due to this. Yet he is not able to control himself. In fact, his alcohol consumption is constantly increasing as he does not feel satisfaction with the amount that he used to take earlier. Of late, he is finding it difficult to drive as there are tremors in his hand and also he remains highly intoxicated.

Case Study 3

Ms. Ritika is a 22 years old female. She is single child of her parents. She is introvert and very sincere in studies. Of late, her parents have noticed that she behaves in bit eccentric manner. For example, she does not want to go outside her home and while inside home she ensures that all the doors are locked properly. She was initially reluctant to tell the reason for this behaviour to her parents; however, when they insisted, she reported that one of her neighbours is trying to kill her and steal her project plan of a ground-breaking scientific experiment. She hears his voice talking to some unknown people about plans to kill her. Further, Ritika shows less interest in her activities of daily living and looks quite dishevelled.

Annexure - 2

CHILDREN'S MENTAL HEALTH SCREENING QUESTIONNAIRE Uday K Sinha, IHBAS, Delhi (2009)

Name: _____ Age: _____ Gender: M / F

Regn No: _____

Instruction:

Here some questions are given regarding the behaviour and feelings of the child. Kindly think of the child's behaviour in last few months or weeks and provide answer either in 'Yes' or in 'No' to all the questions. Remember this will help in the detection of possible emotional and behavioural problems in the child. Thanks for your co-operation.

- | | |
|--|----------|
| 1. Has there been any problem in his/her behaviour? | Yes / No |
| 2. Does he/she remain confused or lost? | Yes / No |
| 3. Does he/she appear sad or gloomy? | Yes / No |
| 4. Does he/she get angry easily? | Yes / No |
| 5. Does he/she have many complaints against other children? | Yes / No |
| 6. Does he/she have difficulty in concentrating in studies? | Yes / No |
| 7. Is he/she stubborn? | Yes / No |
| 8. Does he/she have various aches and pain? | Yes / No |
| 9. Does he/she have sleep problem? | Yes / No |
| 10. Does he/she have difficulty in sitting still at one place? | Yes / No |
| 11. Does he/she become violent or aggressive? | Yes / No |
| 12. Does he/she break rules frequently? | Yes / No |
| 13. Is he/she excessive fearful? | Yes / No |
| 14. Does he/she smoke or chew tobacco? | Yes / No |
| 15. Does he/she have difficulty in understanding? | Yes / No |

Total Score (No. of Yes)	
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Examiner's Signature