Manual: Training of Community Health Volunteers on mental health case detecting and reporting

Ghana Somubi Dwumadie

(Ghana Participation Programme)

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Consortium managed by: Options Consultancy Services Ltd
3rd Floor, MSI Reproductive Choices Building | 1 Conway Street, Fitzroy Square | London | W1T 6LP | UK | options.co.uk | +44 (0)20 7430 1900

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1. Introduction to community health volunteers on mental health case detection and reporting training manual

1.1. Overview of the training manual

The Community Health Volunteers' Training on mental health case detection and reporting manual has been designed to help Community Health Volunteers attain basic level of competencies in detecting and reporting mental, neurological and substance use (MNS) conditions.

1.2. Training learning objectives

The training of trainers for the training of Community Health Volunteers aims to ensure these cadres of health workers attain core competencies in detecting and reporting MNS conditions.

1.2.1. Training guidelines

It is important that trainers make participants feel comfortable before and during training. The following steps will help participants feel comfortable early in the training:

1. Explain expectations early, including how long the training will take and expectations from participants.
2. Agree on common ground rules how they will treat everyone in the group.
3. Prepare the participants to give and receive feedback to help with their development.

1.2.2. Understand the local health-care system

Trainers should familiarise themselves with local systems, help with problem-solving and know local specialised services available.

1.2.3. Be organised and professional

Trainers set the tone for the training, and should understand the plan, keep to time, be prepared and organised, and show passion and enthusiasm for the content. Trainers should model supportive teamwork and good communication with each other.

1.2.4. Manage your time well

There is a large amount of content to cover, and good time management is crucial. Trainers should set a clear agenda, discuss timing with the participants, and even appoint a participant as a timekeeper.

1.2.5. Model the skills and attitude you want to see

The training manual is designed for the trainers to model the correct skills and attitude. Trainers should use effective communication skills, pay attention to their body language, speak clearly, using non-judgemental body language, use open-ended questions, and model respect and dignity to all persons with MNS conditions.

1.2.6. Embrace experiential learning

Adults learn best by observing, doing and interacting, rather than more traditional instructive lectures. Trainers should not spend too much time on the PowerPoint slides – more of training time should be spent practising skills and participating in activities.

1.2.7. Be encouraging and positive as participants practise new skills

Trainers should use praise, and, where appropriate, humour, to put the participants at ease and build their confidence.

1.2.8. Encourage participants to come up with their own case examples

Participants should draw on their own experiences and relate the material to their own work.

1.2.9. Allow enough time for feedback

After every activity there should be time for peer and trainer feedback, to help with participant development.

1.3. Training formats

1.3.1. Lecturing

Purpose: Trainers will use PowerPoint to teach Community Health Volunteers (CHVs) and introduce them to the concept of mental health and mental health conditions, screening for mental health conditions and the roles of CHVs.

1.3.2. Group work

Purpose: Small or large groups discussions encourage participants to share their knowledge and experience, explore and express their ideas and opinions, and to debate topics and problem-solve.

Objectives: Group discussions will allow participants to:

- Improve their communication and listening skills
- Collectively debate and answer questions

1.3.3. Instructions:

- **Lead and direct the discussion:** Ensure discussions are planned and have a clear purpose at the start
- **Keep focused and within time:** Do not be distracted by other topics. Where a topic not relevant to the discussion is raised, it should be 'parked' until the end of the module or day, when it can be addressed. Ensure the discussion stays within time by wrapping up 5 minutes before allocated time is finished
- **Keep the discussion accurate:** Trainers should correct any inaccurate information immediately, without embarrassing or deterring participants
- **Ensure closure:** Trainers should summarise, reflect and repeat the key points of the discussion, and at the end connect it with the learning objectives of the module

1.3.4. Role plays

Purpose: Role plays provide an opportunity to practise skills which will be used in future and help consolidate didactic teaching. They should not be seen as an optional or disposable part of training.

Objectives: Role plays will allow participants to build their skills in detecting, screening and refer people with MNS conditions.

Instructions: The general process is:

Introduction: Explain how the role plays work. As the training progresses, this will require less time. In each role play, there is a person experiencing a priority MNS condition who is seeking help. Some role plays also have a career seeking help. There is a health-care provider who will need to assess and detect, screen and refer depending on the instructions. Finally, there is an observer who will monitor the interaction and provide feedback.

Break into groups: Participants should be broken into groups of three or four, depending on the number of participants. Allocate the roles of the person seeking help, the carer seeking help (where applicable), the health-care provider, and the observer. If there is not an even split in numbers, some groups can have two

observers. Over the course of the training, it is important that every participant has equal turns in playing the health-care provider.

Allow reading time: Each participant should read their instructions. The person seeking help can use information from the person's story to inform their character. Participants can clarify anything of which they are unsure.

Perform role play: As per instructions, the role play should begin. The trainer should move between groups to ensure participants understand the instructions and to monitor progress.

2. Module 1: Introduction to Mental Health

2.1. Overview

2.1.1. Learning objectives

- Understand mental health
- Know the common presentations of mental health conditions
- Prepare group training ground rules

1.1. Section 1: Welcome

Icebreaker

Duration: 5 minutes for CHVs introduction.

Purpose: To begin the process of becoming familiar with individuals completing this training course. Discuss ground rules and appoint a class overseer.

Instructions:

Have each person introduce themselves. Find out the following from participants:

- Name
- Current posting
- Interest and experience in mental health

Ground rules

To set the ground rules, ask participants: How would they like to be treated during this training? What are some dos and dents that should be highlighted?

- Make a list of their responses

- Once the list has been made and agreed upon by all participants make sure that it is hung somewhere visible on the wall throughout the training so that people can see it and remember to abide by the training ground rules

2.2. Section 2: Definition of mental health

Exercise: Sample the views of some selected participants on their understanding of mental health. Translation of mental health conditions in the local dialect.

Teaching: Introduce participants to the concept of mental health.

2.2.1. Provide definition of mental health

Using the WHO (World Health Organization) definition of mental health, explain that mental health is the state of well-being in which the individual realises their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community.

A mental health condition involves significant changes in emotion, thinking or behaviour (or a combination of these).

Mental health conditions can have a significant impact not only on the health and well-being of those affected but also of their families, friends and the communities they live in.

Mental health conditions are very common, with over 970 million people having a mental health condition according to Global Burden of Disease estimates in 2017.

2.2.2. Key facts about mental health conditions

Explain the following facts about mental health to participants:

- Mental health conditions are common all around the world
- Adverse events in the community (such as war, disasters or other humanitarian crises) or to the individual (violence, abuse or other adverse events) can have an impact on a person's mental health and sense of well-being
- Mental health conditions are major contributors to the global burden of disease accounting for 13% disability adjusted life years and rising, especially in low- and middle-income countries (LMIC)
- Physical health conditions can increase the risk of mental health conditions, and mental health conditions can increase the risk of physical health conditions
- Stigma and discrimination make it harder for people with mental health conditions to seek and have access to high-quality care
- Human rights violations of people with mental health conditions are reported all around the world

- Currently between 90%-98% of people with MNS conditions do not receive treatment. This represents the **mental health treatment gap**
- In all countries, there is significant gap between the prevalence of mental disorders on one hand, and the number of people receiving treatment and care, on the other

2.2.3. Common misconceptions about mental health conditions

Discuss common misconception about mental health with participants. Spend five minutes to solicit participants about their misconceptions about mental health. Display the common misconceptions about mental health listed below after discussion:

- People with mental health conditions are violent or have no self-control
- Having a mental health condition is somehow the person's fault
- People with mental health conditions are difficult or incapable of making decisions
- Mental health conditions are untreatable
- Mental health conditions are caused by supernatural powers or a curse
- You should not talk to a person with depression because it will make you depressed
- You should not ask a person if they are suicidal as this may trigger self-harm

2.3. Section 3: Rationale/objectives of the CHV training

In this section, trainers should discuss with participants the importance of prioritising mental health and showing interest in mental health, the importance of getting trained on mental health and objectives of training. Ask participants about the role of CHVs in management of mental health.

2.3.1. Why we should be interested in mental health

- Because mental health conditions are common. One in every four people will develop a mental health condition at some point
- Four of the top ten most disabling condition in the world is mental health conditions. Depression for instance causes more disability than malaria
- Mental health conditions are a great burden on every country. They create a substantial personal burden for affected individuals and their families, and they produce significant economic and social hardships that affect society

- Most people with mental health conditions can be treated in simple and cheap ways
- People who know someone with mental health conditions are often frightened or ashamed
- Nothing stops people with mental health conditions from having a good life or supporting their family

2.3.2. Why get trained in mental health

It is important to identify mental health conditions within the community because:

- Many people may not have access to mental health services
- Even where such services exist, people with mental health conditions may not feel comfortable using them
- Mental health is everyone's responsibility!
- Everyone needs mental health literacy
- Accurate information helps to understand mental health
- The more we understand, the more we can provide facts and help destigmatise mental health conditions and get support for people

2.3.3. What you will be trained to do so to make a difference

Everyone has a role to play and the more we empower ourselves to know what to do, when to do and how to do, the better the care will be for people with mental health conditions and their families. This training will help you think about how mental health affects people and how you will support people with mental health conditions to get healthcare. Below are some of the roles typically described for non-specialist community level workers (including CHVs).

Screen for probable mental health conditions

Identify people with probable mental health conditions

Refer people with probable mental health for assessment and care

Provide a warm and supportive contact for people with mental health

Liaison between healthcare workers and the person with a mental health condition

2.3.4. Training Objectives

- Reiterate the training objectives and what's expected of trainees at the end of the training. By the end of the training, the CHVs should be equipped to:

- **Identify** people with probable mental health conditions
- **Refer** people with probable mental health conditions
- Provide a **supportive contact** for people with mental health conditions
- Be a **liaison** between healthcare workers and the person with a mental health condition

2.4. Module 2: Mental Health Conditions

2.4.1. Learning objectives

By the end of this section, participants should be able to recognise common symptoms of mental health conditions and steps to identify someone with mental health conditions.

2.4.2. Session 1: Introduction to Depression

Activity:

- Group discussion about local terms and descriptions used to describe depression
- Introduce the case vignette to participants (suggest one participant to volunteer to read)

Case Vignette (depression)

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

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

After reading ask participants:

- What are the symptoms observed?
- Have you come across such symptoms before?

Explain that depression refers to a negative emotional state, ranging from unhappiness to extreme feeling of sadness, pessimism, and despondency that interferes with daily life. explain that people who have gone through adverse life events (unemployment, bereavement, psychological trauma) are likely to develop depression. Their depression can, in turn, lead to the person experiencing more stress and dysfunction (such as social isolation, indecisiveness, fatigue, irritability, aches and pains), thus worsening the person's life situation and the depression itself. Biological factors may contribute to a person developing depression, such as a person with a family history of depression.

Identifying depression

Explain that various physical, cognitive, and social changes tend to co-occur, including altered eating or sleeping habits, difficulty concentrating or making decisions, and withdrawal from social activities.

Explain that differentiating between depression and low mood is an important skill. Low mood is normal and transient; many people can experience **low mood from time to time**. Depression **lasts longer** and has a profound impact on a person's ability to function in everyday life.

Explain that It's a severe medical condition in a person experiences extreme sadness, loss of interest and enjoyment in pleasurable activities and reduced energy leading to diminished activity for at least 2 weeks.

Explain that symptoms of depression could be found amongst women who have given birth. This is called post-partum depression.

Explain that to identify depression, symptoms must be present for at **least 2 weeks.**

Figure 1: Features of a person suffering from depression

THINK	**Difficulty concentrating** **Thinks about harming or killing themselves** **Has negative thoughts about themselves, life and the future**
FEEL	Feels sad a lot of the time Has low mood for most of the day almost every day Has low energy and gets tired easily Feels very guilty for things that they should not feel guilty about Feels hopeless about the future Does not like themselves and has a low self-esteem
BEHAVE	Has difficulty making decisions Loses interest in doing things they would normally have enjoyed Has difficulty sleeping; sleeps too little or too much Appetite is affected: eats too much or too little Stops doing the things he or she usually enjoys Has difficulty doing everyday tasks Has difficulty working, doing well at school or socialising

2.4.3. Session 2: bipolar disorders

Activity:

Introduce the case vignette to participants (Suggest one participant to volunteer to read)

Case Vignette (bipolar disorder)

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

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

After reading ask participants:

- What are the symptoms observed?
- Have you come across such symptoms before?

After discussing the observed symptoms in the vignette, explain that bipolar disorder refers to any of a group of mood disorders in which symptoms of mania and depression alternate. The significant features are depressive lows and manic highs.

Below are features of a manic episode:

Figure 2: Features of a manic episode

Patients who are suffering from a manic episode generally have some of the following features:	
THINK	Find it difficult to focus Experience fast thoughts and struggle to keep up with them Have difficulty making correct decisions because they can't really judge a situation
FEEL	Experience very high energy levels (hyperactive) Swing between feeling extremely happy or feeling very irritable or angry for no real reason Feel more important than they really are and may believe that they are very wealthy, famous or powerful
BEHAVE	Talk a lot and very fast Take part in risky or dangerous behaviour such as reckless with money, drugs, alcohol or unsafe sexual practices Non-adherent to treatment, such as medication for HIV Sleep difficulties because of high energy Find that they are unable to work, study or maintain relationships

Activity:

Role Play (depression and bipolar)

Two participants to act out:

- CHV
- Person with probable depression or bipolar disorder
- The person with probable depression or bipolar will present some symptoms
- The CHV will assess the symptoms

Encourage participants to monitor the interaction and provide feedback. Trainers should provide final feedback.

2.4.4. Session 3: Anxiety disorders

Activity:

Introduce the case vignette to participants (Suggest one participant to volunteer to read).

Case vignette (anxiety disorder)

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

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

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

After reading ask participants:

- What are the symptoms observed?
- Have you come across such symptoms before?

After discussing the observed symptoms in the vignette, explain that anxiety disorder is a group of mental disorders characterised by extreme fear.

- Fear of the unknown
- Specific fear
- Sweaty palms
- Complains of physical illness but not proved by test

Anxiety is a normal part of life and it is something we all experience at some time in our lives. For example, we can be anxious about writing an exam, when we must go for a job interview or when learning a new skill. When anxiety becomes too intense, it can last for a longer period and one experiences persistent worry and fear about everyday situations that disrupts daily functioning, this becomes an anxiety disorder. Anxiety disorders are more severe, last longer and does not simply go away when compared to everyday anxiety.

Below are common features of anxiety disorder:

Figure 3: Features of anxiety disorder

THINK	**Has a lot of self-doubt and may question themselves** **Worries excessively about the future and/or past experiences or events** **Too afraid of various things a lot of the time** **Very self-conscious**
FEEL	Physically tense e.g. muscle tension Panicky or shaky at times Overwhelmed and fearful
BEHAVE	Do some things over and over again without being able to stop Unable to do what is expected of them Be afraid to be in front of other people Have stomach problems like indigestion or runny tummy Have trouble sleeping Restless

2.4.5. Session 4: Psychosis

Activity:

Group discussion about local terms and descriptions used to describe psychosis.

Introduce the case vignette to participants (suggest one participant to volunteer to read).

Case vignette (psychosis)

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

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

After reading ask participants:

- What are the symptoms observed?
- Have you come across such symptoms before?
- How are individuals with psychosis treated in their communities?

Identification of psychosis

After discussing the observed symptoms in the vignette, explain that psychosis refers to an abnormal mental state, which impairs the way we think about ourselves, other people and things around us.

Symptoms that suggest a psychotic disorder are:

- Delusions (provide examples), hallucinations (provide examples), poor personal hygiene, increased libido, and clearly disorganised speech, thought, or behaviour.

Patients may have little or no insight or self-awareness into their symptoms. Perception means the things we see, hear or feel on our skin and in our bodies. It's based on our ability to use our senses. This explains why people with psychosis hear voices in their heads or see things others may not see. People with psychosis are at high risk of exposure to human rights violations.

Below are common features of psychosis:

Figure 4: features of psychosis

THINK	**Experience delusions or hallucinations or both: Delusion is when a person believes something that is not true or does not exist even though there is proof that it is not true or real.** **Hallucinations are when a person sees, hears, feels, or smells something that is not really there** **Difficulty in making decisions** **Poor concentration and ability to take in information**
FEEL	Experience disturbed emotions Intense fear and anxiety because of the delusions and hallucinations
BEHAVE	Speak or behave in a way that does not make sense Keep to themselves for long periods at a time due to not trusting others or their environment Restless and/or agitated and unable to sit still Unusual appearance and poor self-care Lack motivation and do not do the things they are expected to do at work, school, home or with friends

Activity:

Role Play (psychosis)

Two participants to act out:

- CHV
- Person with probable psychosis
- The person with probable psychosis will present some symptoms
- The CHV will assess the symptoms

Encourage participants to monitor the interaction and provide feedback. Trainers should provide final feedback.

2.4.6. Session 5: Suicide Self-harm

Activity: Use the vignette to introduce self-harm and suicide

Case vignette (suicide and self-harm)

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

- Ask participants to list the risk factors in the story
- Discuss local perceptions and understanding of self-harm and suicide

Identifying a person who is suicidal

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

People who are more at risk of committing suicide

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

Warning signs

- Threatens to hurt themself
- Suicidal ideation
- Talks or writes about death, dying or suicide

Below are features of a person who is suicidal:

Figure 5: Features of a person who is suicidal

If any of these are present and the person has any of the following features, take urgent action.	
THINK	Thinks about ending his or her life Thinks about ways to end his or her life Contemplates about 'not existing' and/or 'not wanting to be around anymore'
FEEL	Hopelessness (Feeling like there are no solutions for their problems) Anxious and restless Unstable mood Feeling there is no reason or purpose for living Angry or seek revenge
BEHAVE	Having problems sleeping Isolating him or herself Uses more and more alcohol or drugs Reckless behaviours, for example, taking excessive risks in sexual encounters, driving or gambling

2.4.7. Session 6: substance use disorders (SUDs)

Activity: Group discussion

- Ask participants to brainstorm the most common substances used in their setting
- Make a list of their contributions, including local types of alcohol and the most commonly used drugs

Use the vignette to introduce substance use disorders:

Meet Kwame, a 42-year-old male nurse. 9 months ago, he was diagnosed with HIV and Drug Resistant Tuberculosis (TB), a type of TB that doesn't get better with the usual medication. He was married for 10 years but it didn't work out and he is now recently divorced. They have three children aged 4, 6, and 9 years old. He has started skipping his TB and HIV clinic appointments and his health has started deteriorating. He has dropped a pants size (5 KG) in the last month alone, is struggling to get out of bed most days, he has lost his appetite, is easily frustrated and short tempered with the children and he often just wants to be left alone.

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

Recently he has been feeling down and has thus started drinking by himself in the week. He does not see his children often as he is drinking more and more on

weekends and forgets to fetch them. Despite all of this, Thando is finding it hard to stop drinking and getting his health and life back on track.

Ask participants to summarise what they think are the most common presentations of people with substance use disorders.

Explain that substance use is when someone uses alcohol or drugs. People can use substances either on their own or when socialising with others to help them to relax and cope with normal life stresses. The recreational or casual use of substances is not always harmful and does not always lead to a substance use disorder.

For some people, using substances can cause harm and potentially lead to a substance use disorder which carries the risk of overdose and/or serious health and mental health complications.

Common signs of substance use disorders

Behavioural changes

- Taking alcohol and/or drugs, leading to problems in carrying out usual work, school, domestic or social activities
- Increased need and use of money
- Quitting or getting fired from jobs
- Attendance problems at work or school
- Drop in performance at work or school
- Accidents at work or school
- Mood swings – angry outbursts, sadness, depression or elated mood
- Verbal and/or physical abuse of family members
- Spending more time alone
- Quitting hobbies or extracurricular activities
- Theft and missing valuables, alcohol or medication

Physical changes

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

How to identify people who use alcohol

- Smell of alcohol on the breath
- Slurred speech
- Uninhibited behaviour
- Sweating, vomiting
- Tremor in hands, agitation
- A strong desire or compulsion to drink alcohol
- Difficulty in controlling alcohol use
- Progressive neglect of alternative pleasures
- Alcohol use despite overt evidence of harmful consequences

Role Play (suicide and SUDs)

Two participants to act out

- CHV
- Person with probable suicidal thoughts or SUD
- The person with probable suicidal thoughts or SUDs will present some symptoms
- The person with probable suicidal thoughts or SUDs will present some symptoms
- The CHV will assess the symptoms

Encourage participants to monitor the interaction and provide feedback. Trainers should provide final feedback.

2.4.8. Session 7: Epilepsy

Introduce the epilepsy vignette to participants.

Epilepsy (case vignette)

One day when **Rose** was helping her mother in the kitchen, she suddenly got fits and fell off on the floor. Her whole body started to tremble. Since then this happens once in a while. In the same way, her body/limbs starts making jerky movements and her mouth gets frothy and sometimes small blood drops starts coming out from her mouth. In few minutes, everything stops and she opens her eyes and feels tired so she sleeps for a very long time.

After she wakes up, her mother asks her what had happened to her but in reply she says that she is completely unaware of what happened. She had this same problem three times last year. Once when she had fits, she urinated in her clothes. Because of her problem **Rose** finds it very difficult to go outside of her home.

Activity:

- Ask participants if they have in the past come across someone with epilepsy? How did the person with epilepsy behave, how did their family and carers cope?
- Write a list of local terms and descriptions for epilepsy

Signs and symptoms of epilepsy

Explain the signs and symptoms of epilepsy.

- It is a chronic condition characterised by recurrent unprovoked seizures
- Seizures are caused by abnormal discharges in the brain
- Two major forms of seizure: convulsive and non-convulsive
- Briefest lapses of attention or muscle jerks, to severe and prolonged convulsions
- Disturbances of movement, sensation (including vision, hearing and taste)
- Disturbance in mood or mental function

In order to receive a diagnosis of epilepsy, there needs to have been two or more recurrent unprovoked seizures (in the past 12 months).

How to identify a person with epilepsy

- Convulsive movements, fits or recurrent seizures (sudden, usually brief)
- During the convulsion: loss of consciousness or impaired consciousness, stiffness, rigidity, tongue-biting, other physical injury, loss of control of urine or faeces
- After the convulsion, feeling tired, sleepy, confused, abnormal behaviour; may report headaches, muscle aches and weakness.

Some risks factors for epilepsy

- Trauma
- Brain damage from prenatal or perinatal injuries
- Toxins
- Infection (meningitis, encephalitis, neurocysticercosis)
- Febrile convulsions lasting more than 10 minutes
- Tumours
- Cerebral degenerative disorders
- Cerebrovascular disorder

2.4.9. Session 8: Dementia

Activity:

Present dementia vignette to participants and ask if they have come across such a case before.

Explain these points on the slide.

We all tend to become forgetful when we are stressed or under pressure. We can't remember a word, a place, a name of someone we know, or, we can't remember things that we did or places we went to recently. That's normal! However, memory problems and confusion can become problematic in older people when they are progressive and usually happen over a period of time.

For many older people this becomes a way of life and they tend to not worry about them, but family members and close relatives and neighbours become worried because the person is not 'what they used to be'. Sometimes features can simply be part of a normal aging process or can be due to new or old medical and psychiatric problems. The different conditions that can cause these mental health problems that need attention in older people are described below.

Emphasise that dementia is **not** a normal part of ageing. Although it generally affects people over 65, people as young as 30, 40 or 50 can have dementia.

Figure 6: Common features of dementia

THINK	**Loss of memory and confusion is common, and an older person may experience or show the following features:** ▪ **Difficulty in remembering things** ▪ **Struggle to learn new things** ▪ **Forget how to do some things that they could do before** ▪ **Forget what things are called or what they are used for** ▪ **Difficulty in counting** ▪ **Become distracted and struggle to focus or pay attention to a conversation, or to something he or she is busy doing** ▪ **Find it challenging to plan their day** ▪ **Hallucinations or delusions** ▪ **The person may speak in a way that doesn't make sense**
FEEL	Depressed [refer to the features under Depression] Feel isolated, abandoned, don't care anymore about anything - hopeless Sad about all the losses of loved ones or things not achieved in their life
BEHAVE	Short temper & keeping to h/herself May display strange behaviour, such as wandering away from home Become abusive or aggressive Problems with activities of daily life for example incontinent, disturbed sleep, refuse to wash or dress, leaving on electrical appliances Socially inappropriate behaviours such as screaming, scratching in other people's belongings, sexually inappropriate behaviours

Role Play (Epilepsy and Dementia)

Two participants to act out

- CHV
- Person with probable dementia
- The person with probable suicidal thoughts or SUD will present some symptoms
- The CHV will assess the symptoms

- Encourage participants to monitor the interaction and provide feedback. Trainers should provide final feedback

2.4.10. Session 9: Child and adolescent mental and behavioural conditions

Activity: Introduce to participants vignette on child and adolescent mental and behavioural conditions. Ask participants their perception and understanding of such cases

Causes of Child and adolescent mental and behavioural conditions

Using slides, explain to participants causes. Explain that:

These problems can be caused by a number of factors including:

- The quality of relationships with family and caregivers
- Exposure to traumatic events, grief of a significant figure
- Genetic factors

Children often display mental health features differently than adults. Sometimes children struggle with emotions all by themselves or act out their emotions in an impulsive, and sometimes, destructive manner. It is important to remember that children's mental health issues **always** has a social context.

Developmental Disorders:

Developmental delay includes Intellectual Disability (ID) and autism spectrum disorder (ASD). It happens when the brain does not mature and develop in the same way as most children. It is usually recognised by children learning to do things more slowly than others of the same age.

Children with a developmental delay display

1. Delays in learning to read and write
2. Problems with self-care
3. Poor school performance
4. Difficulty understanding and following instructions
5. Difficulty in social interaction and communication
6. Difficulty adjusting to change

Figure 7: Common features of children with a developmental problem

THINK	Mandla thinks that he is stupid He thinks he is not as good as other children
FEEL	He wants to make friends when he tries to play or understand the games of other children and sad and angry when he is called names He feels anxious and frustrated when the teacher asks him to do things that he can't do He feels helpless when his mother is drunk
BEHAVE	He fights with other children He often misses school He forgets things easily

2.4.11. Children with emotional problems

The person directs the behaviour and emotion towards themself. Emotional problems can be seen in disorders including depression, anxiety, and substance use. Internalising problems can cause the problems to grow into larger burdens such as social withdrawal, suicidal behaviours or thoughts, and other harmful physical symptoms.

Children with emotional problems commonly present with:

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

2.4.12. Children with Behavioural problems

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

Children with behavioural problems commonly present with:

- Overactive
- Impulsive behaviour
- Difficulty paying attention and are often easily distracted

- Aggressive, defiant or disobedient behaviour
- Bullying other children
- Dishonest about their behaviour in order to get out of trouble

Role play (Emotional, behavioural or developmental problems)

Three participants to act out

- CHV
- **Child** with probable emotional, emotional or developmental problem and **parent**
- The person with Emotional, behavioural or developmental problems will present some symptoms
- The CHV will assess the symptoms
- Ask trainees to provide feedback

2.5. Module 3: Identifying mental health condition in the community

2.5.1. Steps in identifying someone with probable mental health condition

Step 1: Does anyone in your community match the symptoms described? Y/N

Step 2: Does the condition affect their work or role in the family or school? Y/N

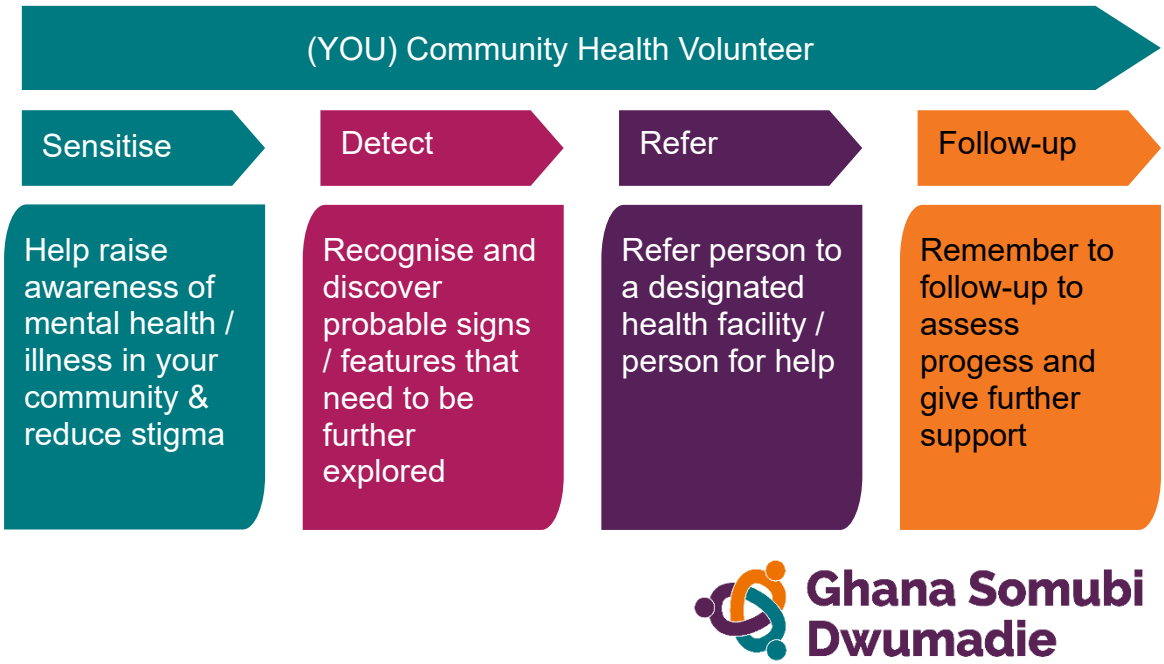
Step 3: Does the person want to receive help for this problem? Y/N

Step 4: If yes to steps 1 – 3, refer or encourage the person to visit the clinic for help

NB: the person should **willingly** want to seek help for the condition before a referral is made.

2.6. Module 4: Role of CHVs

Figure 8: CHV role in getting help for people with probable mental health conditions



2.6.1. Identifying mental health conditions in the community

- Identify early signs and symptoms of mental health conditions
- Identify signs of relapse of mental health conditions
- Identify and appropriately refer/direct a person or family in distress to an appropriate service or resource person in the community

Involve family members (primary carers) where necessary.

2.6.2. Referral protocol

- The CHV should refer a person showing symptoms of a mental health condition to an identified community mental officer (or to the nearest healthcare facility)
- Every CHV should have the contact number of the Mental Health Officer covering their community
- A referral may involve, making a call or writing a short note (if you can) to the health facility and healthcare worker
- Include adequate information about the features of specific conditions
- Information to include; person name, their contact details (including where they live) and the features that you observed when seeing the person

Always remember that it is **not your role to diagnose a patient** with a mental health condition! It is important to always work within your scope of practice.

2.6.3. Role Play

- Two CHVs to act out
- Ask trainees to provide feedback

2.6.4. Keep records Confidential

- Keep all matters relating to people with probable mental health conditions confidential
- Respect the person views always
- Keep a register or record of all cases confidentially

2.6.5. Principles in dealing with the person

- Ensure that communication is clear, empathetic and sensitive to age, gender, culture and language
- Be friendly and respectful in dealing with the person
- Be non-judgemental at all times
- Ask the person for their own understanding of the condition
- Be sensitive to social challenges the person may face
- Encourage involvement in Self-Help Groups

2.6.6. Other roles of CHVs

- Serves as liaison between the community and health workers
- Help initiate or mobilise community members for meetings about mental health
- Assist community members to seek treatment
- Educate community members to prevent and reduce stigma, discrimination, marginalisation and abuse of persons with mental health conditions

2.6.7. Roles of the community mental health coordinators

- All communities should be allocated a dedicated community health worker or Community Psychiatric Nurse (CPN)
- The community mental health worker or CPN will be in-charge of screening persons identified by the CHV for referral

- The community mental health worker or CPN will conduct detail assessment using the screening tools
- The mental health coordinator will be the main contact person for all mental health services
- The mental health coordinator will ensure cases referred from the communities get the needed help

2.6.8. Don’ts in managing people with mental health disorders

- Use of chains, logs or cage to restrain
- Flogging
- Disrespect
- Being judgemental
- Insulting language
- Non dignified treatment

DO: The CHV should always contact the nearest mental health worker to report these practices. Remember that these practices are outlawed by the 2012 Mental Health Act 846.

2.6.9. Post-training support

- Maintain contact with the Trainers
- Through the establish Ghana Health Service (GHS) and Mental Health Authority (MHA) structure
- Training manual
- District mental health coordinators

Appendix 1: List of abbreviations

Acronym	Description
CHV	Community Health Volunteers
CPN	Community Psychiatric Nurse
GHS	Ghana Health Service
LMIC	Low- and middle-income countries
MHA	Mental Health Authority
MNS	Mental, neurological and substance use
SUD	Substance use disorders
TB	Tuberculosis
WHO	World Health Organization