

Child and adolescent mental and behavioural disorders

mhGAP Training of Health-care Providers
Training manual
Supporting material



World Health
Organization

CMH supporting material

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- Video links

Activity 4: mhGAP CMH module – assessment (developmental disorders)

<https://www.youtube.com/watch?v=GKSTkyv3wAM&index=8&list=PLU4ieskOli8GicaEnDweSQ6-yaGxhes5v>

Activity 4: mhGAP CMH module – assessment (behavioural disorders)

<https://www.youtube.com/watch?v=H6Nte7lxGlc&index=9&list=PLU4ieskOli8GicaEnDweSQ6-yaGxhes5v>

CMH person stories

These are a collection of personal stories describing what it feels like to live with child and adolescent mental and behavioural disorders. Each story should last between three to five minutes. The stories can be adapted as required to fit the context and setting of the training.

You can choose to read out the stories in a creative and engaging manner. Or, where available, you can show videos of the person's story by downloading the videos attached to this document.

If suitable, seek permission to use a person's story from the local area. If there are carers of children/adolescents with mental and behavioural disorders that you know well and would like to share their experiences then ask them to share their story with you. Ask them to describe to you how it feels to be the carer to a child/adolescent with mental and behavioural disorders and how it has impacted on their life. You can write this down and use their story, with their consent, to teach other participants.

Person story 1: Developmental disorder

I am the mother of three wonderful children: Jacob, Faith and Abigail. Jacob is my oldest. I remember the day I first realized that there was something different about Jacob. He was three years old and playing in the park with some other children but unlike the other children, he still could not talk. I assumed it was my fault and told myself that I must be doing something wrong but I did not understand what I was doing wrong.

I would dread waking Jacob up in the mornings as he would throw huge tantrums and it was almost impossible to get him dressed. Watching Jacob throw a tantrum was very stressful he would cry for hours and hours. I was always worried that the neighbours would hear him and would think that I was hurting him. Some of the neighbours and people in the community believed that children who cannot speak or act strangely are possessed or evil. I knew that others blamed me and believed that I must be cursed or have done something wrong to have a child with a problem.

I had no one to talk to as I was so ashamed. I would speak to my husband but we would often disagree and fight as we were both tired and stressed. I found it difficult to sleep or eat and would often just cry. My husband really did not want to accept that there might be something wrong with his first-born son. I felt like he blamed me as well. As time went on Jacob would get more and more stressed as he could not express himself and I did not understand him.

When I had my daughter, and watched her grow I could see the difference between her and Jacob and it broke my heart. I spent many years thinking so much about Jacob and what his problems would mean for him and our family.

By the time my third child arrived I had spent time with a very caring nurse who helped me learn that the most important thing I could do for Jacob was to love him, accept him for who he is and try my best to encourage and help him; I did not need to fix him.

Jacob was always a very affectionate child and would often love to give and receive cuddles, in between tantrums. He always loved to watch me cook in the kitchen. It was hard for him to stop and watch me for long as he would get distracted and need to start moving but when that happened I would get him to help me pour water into the pots. He really enjoyed doing that.

Jacob is now seven years old, he is still very active and struggles to concentrate but things are improving. I have been encouraging Jacob to use gestures and words by responding whenever I notice him communicating. We started with basic words and gestures but have moved on. I have been supporting him so that he can do more to help me in the kitchen. I learned how to break activities down into very small steps to help him understand what he needs to do. Then I would teach him the skill one small step at a time and provide him with lots of encouragement. I think learning to do small steps on his own makes him feel very proud of himself.

We still have a long way to go but things are so much better than they were in the early days. Jacob and his sisters love to play together and I have learned not to blame myself but to be proud of my loving and caring son.

Adapted from: Caregiver stories from WHO Parent Skills Training package for caregivers of children with developmental delay/disorders (available on request).

Person story 2: Living with intellectual disability

I was six years old. It was September and the long, hot summer had come to an end. When I got to school, I knew something was not quite right. I was returning to the same classroom and the same teacher but there were none of the same students. I was in kindergarten again. My parents told me that my birth date was in the wrong month which meant I could not go into primary school and would have to repeat kindergarten. At the time, I accepted this explanation.

It was not until the following year in grade one that I had any idea that the excuse my parents used for repeating kindergarten was a white lie. I did not know that the real reason was because I could only count to ten while my classmates were counting to 100; I could not tie my shoes while classmate were tying them for me and I could not write my first name.

I have vivid memories of my parents meeting my primary school teacher to discuss my school difficulties. After being sent out of the room fully aware of the topic of conversation, I was mad! How dare you, I thought, have a conversation about me without including me! My attempts to eavesdrop failed, but I did not need to hear what they were saying. I knew exactly what they were talking about – me and my unfinished maths book! I had tried to hide the fact that I could not cope with maths and had hidden the maths book in my desk.

Soon I was faced with one of the most traumatic experiences of my childhood. I found myself with my mother at an interview with a scary doctor who seemed to have no rapport with children. I was commanded to answer her questions. She frightened me and I instantly took a dislike to her. I shut up like a clam and was totally uncooperative. I remember my mother arguing with her so evidently things did not go well. Many years later, I discovered this scary doctor was a very eminent child psychiatrist at a major children's hospital!

The next thing that happened to me was that I was moved into a special education class. I wondered what was so special about me? I was just a normal kid who wanted to fit in, do well in school, and make my parents proud of me, but somehow my inability to do maths seemed to make me "special". So, the "special" kid went into a "special" class with seven other "special" kids, with other "special" problems. I felt different and abnormal.

I remained in the special education class for two years. During this time, I was slowly reintegrated back into the mainstream class. My academic reintegration went fairly smoothly, but my social re-integration was a disaster. On my first day, I went to class wanting to make friends, but I really did not know how. My poor social skills made it difficult for me to relate to people. I had trouble understanding humour, keeping up with conversations, and using and understanding body language. As a result, children did not want to play with me. The memories I have of my early school years are of isolation, loneliness and of the many recesses where I sat alone on the school steps. When I set out to find a friend the kids ran away from me. One well meaning, but misguided, teacher took pity on me sitting by myself and decided to assign me a "friend". News of this assigned friend got around the school and I was told, "You're such a loser, you had to be assigned a friend." Throughout my primary school years, I experienced this kind of social rejection, over and over again. This was the part of my intellectual disability nobody understood.

(continued)

Person story 2: Living with intellectual disability (continued)

The story moves forward ... to secondary school

To help with my intellectual disabilities in maths, science and French, I would spend one period a day in the school learning centre, often called the “romper room”! Maths and French were compulsory in grade nine and I had a lot of difficulty with these credits, but coping socially weighed much more heavily on my mind. I dreaded group work because I was always the last one to be picked to join a group. I was really very unhappy in high school. I felt totally isolated, and soon became depressed. I was labelled as being mentally ill and passed from one psychiatrist to another. Many interpretations were made to explain my problem. I was told I had a depressive mental illness and was put on medication. I was told I was too dependent on my parents which I have since learned is very common with intellectual disabilities.

With hindsight, I know all my pain could have been prevented. To know the cause of my problem would have enabled me to cope with it. It was the not knowing that left me in the dark.

I am not sure quite when I discovered I had an intellectual disability. I think I always knew, but could not put a label to it. One day I found myself at an intellectual disability association. Here I read some of the literature on the topic and here I found a revelation. As I filled out an intellectual disabilities checklist, I was amazed to find how much of the list applied to me. I was also amazed to learn that many of the symptoms had to do with social skills.

To be able to label my problem as an intellectual disability was the beginning of my recovery. I had a reason for being as I am. I was not mentally sick, retarded or stupid. As I continued to explore this subject, I found out how many famous people have intellectual disabilities, and as I was able to speak to others on this topic. Finally, I decided to come out of the closet altogether! I decided that much more was to be gained by shouting out my intellectual disability to make others aware of it, though it takes us longer to learn and learning is more difficult, those of us with intellectual disabilities get there in the end and can be successful, productive members of society.

Adapted from: <http://www.ldpride.net/yourhost.htm>

Person story 3: Living with conduct disorder

A nine-year-old girl named Sybil has been in five different grade schools because of antisocial behaviour. Since the age of six, she has frequently initiated physical fights using broken bottles and bricks. In the past year, to the horror of her neighbours, Sybil stole several of their cats, doused them in gasoline and set them on fire. When asked why, she stated that she thought it was “funny” and that she likes “watching what they (the cats) do when they are on fire.” Most recently, she threatened to kill her second-grade teacher for preventing her from attending recess. Her family is no longer able to control her violent outbursts and has brought her to a psychiatric inpatient facility, Prentiss Hospital, in a major urban area. This is Sybil’s third such hospitalization.

When Sybil is first admitted to Prentiss, Timothy, a fourth-year medical student planning to pursue a psychiatry residency, is asked to interview her family. Sybil was brought to the hospital by her paternal grandmother and her father, who is wheelchair-bound. He has been in and out of jail for drug-related offenses since Sybil’s birth and is agitated throughout the interview. Sybil’s grandmother tells the story of Sybil’s life. At three months of age, she was removed from her mother’s custody because of neglect and has only seen her mother twice since then. She seemed to be doing OK until the age of six (records show she has a normal IQ and was doing well in school), but between the ages of six and seven she became increasingly aggressive and exhibited sexually inappropriate behaviour. Sybil’s performance in school deteriorated rapidly, and she currently has domestic violence charges pending against her in court for hitting her cousin in the face with a brick. Her family appeared relieved but also concerned when they left Sybil at Prentiss Hospital that day, no longer able to cope with a problem they did not fully understand.

During her weeks-long stay at Prentiss, Sybil exhausts the staff with her violent outbursts and obsessive need for attention. Day after day, Tim sits down to talk with her and feels that he is getting nowhere. She won’t look him in the eye. Her answers to his questions are one-word responses, non sequiturs or deliberate provocation. “When I get out of here I am going to buy me some weed and some new jeans and go with my boyfriend.” Or “I like to be mean more than I like to be nice.” Weeks pass without stable emotional contacts; Sybil is no longer in touch with her family because phone calls home produced more volatility than calm or reassurance. Sybil herself has lost interest in her family. Early in her hospitalization, Sybil’s psychiatrist prescribed a mood stabilizer and an antipsychotic medication, which are mildly effective in controlling her behaviour. The drugs cause a blunted affect and are sedating.

Tim begins to worry that they are losing Sybil and that Sybil is becoming lost to herself. Her tenuous ability to hold on to relationships is being pushed to the brink, and he wonders if the staff shouldn’t be more insistent on family connections; isn’t some family connection, however difficult, better than none?

Adapted from: <http://journalofethics.ama-assn.org/2006/10/ccas3-0610.html>

Person story 4: Living with depression in adolescence

My son is 16. He is a beautiful, empathic, popular, funny, smart, athletic young man. However, his depression and anxiety is less than beautiful. In fact, it is ugly, and mean, and at times relentless. Some months ago, my beautiful son, decided that he had had enough of the silent, constant emotional pain that came with feeling less than he felt he should be. Ironically his suicidal thoughts snuck up after a football match where he had scored three goals – and led his team to victory.

I guess I can forgive myself now for assuming that he might have been feeling positive, feeling that for once he was enough. How wrong we were. After the match, my son went into his room, and shut the door. He missed dinner, which was not unusual, however his increasing level of agitation was something I had never witnessed before. My child was restless, angry, and sullen. The pain and desperation in his eyes was something that I will never forget. It was vastly distressing to watch at the time, and even now, as I write, I feel immense sadness.

As the behaviours escalated, we began to realise that our child needed immediate assistance from a health professional. As I sat with our beautiful boy, talking calmly and quietly, my husband went into another room and called a psychiatrist. Our son spoke also with the psychiatrist, who confirmed with us that his depression had really “kicked in”.

Will had recently been prescribed medication, and his psychiatrist told us that for this particular crisis, we should increase it to a level where he might feel sedation or calm. We thought about the logistics of driving our son to the hospital, but we were not sure that one of us alone could get him there safely, we have other younger children that we couldn't leave at home, nor did we want to bring them and expose them to the distressing behaviour of their brother. We removed all his electronic devices with internet access, and hid anything that we thought he could use to harm himself.

That night as I continued to talk quietly to him; I reassured him that if the pain got too bad we always have options, we could take him to hospital, or we could organize an emergency “at home assessment”. I told him the story of how we had loved him even before he was born, and that we loved him now, more than he could ever imagine. Fortunately, he fell asleep as we talked, and I lay on the floor at the end of his bed until sunrise.

Will continues to see a therapist, and although he still has some rough patches, he is getting better each day. I think as parents, we are forever altered by the experience; we practise self-care, and are learning to be kind on ourselves, and our parenting limitations and abilities.

Adapted from: <https://www.beyondblue.org.au/connect-with-others/personal-stories/story/caroline>

Developmental milestones

By the age of one month the child should be able to ...

By the age of six months the child should be able to ...

By the age of 12 months the child should be able to ...

By the age of 18 months the child should be able to ...

By the age of 24 months the child should be able to ...

By the age of ONE MONTH a child should be able to:

- Bring both hands towards her or his mouth
- Turn towards familiar voices and sounds
- Suckle the breast

By the age of SIX MONTHS a child should be able to:

- Reach for dangling objects
- Sit with support
- Smile

By the age of 12 MONTHS a child should be able to:

- Crawl on hands and knees and pull up to stand
- Try to imitate words and sounds and respond to simple requests
- Enjoy playing and clapping
- Pick things up with thumb and one finger

By the age of TWO YEARS a child should be able to:

- Walk, climb and run
- Point to objects or pictures when they are named (e.g. nose, eyes)
- Scribble if given a pencil or crayon
- Imitate the behaviour of others
- Make sentences of two or three words
- Learn to defecate in an appropriate place (18 months)

By the age of THREE YEARS a child should be able to:

- Walk, run, climb, kick and jump easily
- Say own name and age
- Use make-believe objects in play
- Feed herself or himself

By the age of FIVE YEARS a child should be able to:

- Speak in sentences and use many different words
- Play with other children
- Dress without help
- Answer simple questions
- Count five to 10 objects

CMH role plays

Note: Role plays 1, 3 and 4 are additional to those supplied for the activities – for those wanting to extend training.

Role play 1: Assessment

Purpose: To assess a child and their carer for a child and adolescent mental and behavioural disorder.

Duration: 30 minutes.

Situation: **PERSON SEEKING HELP**

- You are Aziz, a six-year-old boy.
- Your mother has taken you to the health-care provider after your teacher said something to her.
- You are always getting into trouble at school, but it is not your fault.
- You cannot sit still, you are always distracted and you like to keep moving.
- You often have a “sore tummy” or your “head hurts”, particularly when it is the morning and you have to go to school.
- You often refuse to go to school and spend a lot of time alone.

Instructions:

- You do not say anything unless asked specifically by the health-care provider.
- You fidget and keep moving around in your chair, sometimes you want to get up to look at something, or play with things in the room. This is quite disruptive.
- If the health-care provider does a physical examination you should respond normally, i.e. you do not have any trouble hearing or seeing.

Role play 1: Assessment

Purpose: To assess a child and their carer for a child and adolescent mental and behavioural disorder.

Duration: 30 minutes.

Situation: **CARER SEEKING HELP**

- You are Fatima, mother to Aziz (six years old).
- You have decided to bring him to the health centre because he often complains about a headache and stomach ache in the morning and refuses to go to school. He is failing to make expected weight gains.
- His teacher also expressed some concerns about Aziz's behaviour and suggested that you take him to the doctor. Aziz is constantly moving, and not able to sit calmly for more than a few minutes.
- In class, he keeps changing his position or playing with objects on his desk.
- He is not able to focus on an assignment for more than a few minutes and often forgets to do the homework.
- He spends a lot of time alone.
- You are very worried about him and very stressed.
- You have five other children who are all well-behaved and you get frustrated with Aziz that he is like this.
- Your husband sometimes gives Aziz a smack when he cannot sit still and is disruptive at home.
- As far as you know, Aziz's health is otherwise ok.

Instructions:

Let the health-care provider start the conversation.

Role play 1: Assessment

Purpose: To assess a child and their carer for a child and adolescent mental and behavioural disorder.

Duration: 30 minutes.

Situation: **HEALTH-CARE PROVIDER**

- You are meeting with Fatima and her son Aziz, who is six years old.
- Fatima is very worried about Aziz because he is complaining of feeling unwell and refusing to go to school.
- The teacher also has some concerns, which Fatima will tell you about.

Instructions:

- You are to start the conversation.
- Perform an assessment for a child and adolescent mental and behavioural disorder, starting on page 72 of your mhGAP-IG.
- Make sure you do a full assessment and assess for all disorders, as there may be more than one.
- At the end, make sure you tell Fatima what you think is going on with Aziz.

Role play 1: Assessment

Purpose: To assess a child and their carer for a child and adolescent mental and behavioural disorder.

Duration: 30 minutes.

Situation: **OBSERVER**

- Aziz is six years old. His mother, Fatima, has brought him to the health centre because he often complains about a headache and stomach ache in the morning and refuses to go to school. He is losing weight.
- The mother reports that Aziz's teacher has also expressed some concerns about Aziz's behaviour and suggested that she take him to see a health-care provider.
- Aziz is constantly moving, and not able to sit calmly for more than a few minutes. In class, he keeps changing position or playing with objects on his desk. He is not able to focus on an assignment for more than a few minutes and often forgets to do the homework. He spends a lot of time alone.

Instructions:

- The health-care provider will perform an assessment for a child and adolescent mental and behavioural disorder, starting on page 72 of your mhGAP-IG.
- They will need to do a full assessment and assess for all disorders, as there may be more than one.
- If they perform a physical examination, you can report that all the findings they ask for are normal.

Please keep to time:

- 3 minutes reading
- 15–20 minutes' consultation
- 5–10 minutes for feedback and small group discussion..

Please assess the following competencies:

4. Uses effective communication skills
5. Performs assessment

And grade the level of competency the health-care provider achieves.

Role play 2: Psychosocial intervention

Purpose: To provide psychosocial interventions for a child and their carer for a child and adolescent mental and behavioural disorder.

Duration: 30 minutes.

Situation: **PERSON SEEKING HELP**

- You are Aziz, a six-year-old boy.
- Your mother has taken you to the health-care provider after your teacher said something to her.
- You are always getting into trouble at school, but it is not your fault.
- You cannot sit still, you are always distracted and you like to keep moving.
- You often have a “sore tummy” or your “head hurts”, particularly when it is the morning and you have to go to school.
- You often refuse to go to school and spend a lot of time alone.
- The health-care provider has just told your mother that you have “ADHD and maybe an emotional disorder”.
- You do not know what this means but you listen to what the health-care provider says.

Instructions:

- You do not say anything unless asked specifically by the health-care provider.
- You fidget and keep moving around in your chair, sometimes you want to get up to look at something, or play with things in the room.

Role play 2: Psychosocial intervention

Purpose: To provide psychosocial interventions for a child and their carer for a child and adolescent mental and behavioural disorder.

Duration: 30 minutes.

Situation: **CARER SEEKING HELP**

- You are Fatima, mother to Aziz (six years old).
- You have decided to bring him to the health centre because he often complains about a headache and stomach ache in the morning and refuses to go to school. He is failing to make expected weight gains.
- His teacher also expressed some concerns about Aziz's behaviour and suggested that you take him to the doctor. Aziz is constantly moving, and not able to sit calmly for more than a few minutes.
- In class, he keeps changing his position or playing with objects on his desk.
- He is not able to focus on an assignment for more than a few minutes and often forgets to do the homework.
- He spends a lot of time alone.
- You are very worried about him and very stressed.
- You have five other children who are all well-behaved and you get frustrated with Aziz that he is like this.
- Your husband sometimes gives Aziz a smack when he cannot sit still and is disruptive at home.
- As far as you know, Aziz's health is otherwise ok.
- The health-care provider has just told you Aziz has "ADHD and maybe an emotional disorder". You do not know what this means so you are keen to hear what the management is.

Instructions:

You are concerned that your son has been diagnosed with a mental and behavioural disorder so you ask lots of questions, including whether he should still go to school or if he will get married.

Role play 2: Psychosocial intervention

Purpose: To provide psychosocial interventions for a child and their carer for a child and adolescent mental and behavioural disorder.

Duration: 30 minutes.

Situation: HEALTH-CARE PROVIDER

- You are meeting with Fatima and her son Aziz, who is six years old.
- Fatima is very worried about Aziz because he is complaining of feeling unwell and refusing to go to school.
- The teacher also has some concerns, including that he is constantly moving, not able to sit calmly, and plays with objects on his desk. He is not able to focus on his assignments and often forgets to do the homework.
- He spends a lot of time alone.
- You have just diagnosed Aziz with ADHD, and think he may have an emotional disorder as well.

Instructions:

- You do not need to perform an assessment for Aziz.
- Please proceed to page 85 of your mhGAP-IG to begin providing psychosocial management for Aziz and his mother Fatima.
- Make sure you give general and specific recommendations for both conditions.

Role play 2: Psychosocial intervention

Purpose: To provide psychosocial interventions for a child and their carer for a child and adolescent mental and behavioural disorder.

Duration: 30 minutes.

Situation: OBSERVER

- Aziz is six years old. His mother, Fatima, has brought him to the health centre because he often complains about a headache and stomach ache in the morning and refuses to go to school. He is failing to make expected weight gains.
- The mother reports that Aziz's teacher has also expressed some concerns, that Aziz is constantly moving, and not able to sit calmly for more than a few minutes. In class, he keeps changing position or playing with objects on his desk. He is not able to focus on an assignment for more than a few minutes and often forgets to do the homework. He spends a lot of time alone.
- The health-care provider has just identified him as having ADHD, and suspects a likely emotional disorder as well. They will now provide psychosocial management.

Instructions:

- The health-care provider does not need to perform an assessment for Aziz.
- They should proceed to page 85 of mhGAP-IG to begin providing psychosocial management for Aziz and his mother Fatima.
- They should give general and specific recommendations for both conditions.
- If they perform a physical examination, you can report that all the findings they ask for are normal.

Please keep to time:

- 3 minutes reading
- 15–20 minutes' consultation
- 5–10 minutes for feedback and small group discussion..

Please assess the following competencies:

- 4. Uses effective communication skills
- 7. Provides psychosocial interventions

And grade the level of competency the health-care provider achieves.

Role play 3: Assessment and management

Purpose: To practise assessment of a child, and provide management for a child and adolescent mental and behavioural disorder.

Duration: 40 minutes.

Situation: PERSON SEEKING HELP

- You are Nisha, a four-year-old girl.
- You have a developmental disorder.
- You do not talk, but grunt occasionally.
- You just look around the room but do not make specific eye contact.
- You grunt if there is a loud noise.
- You do not really react to what is happening in the room.
- You have a limp in your walk, you need your mother's help to walk properly.
- You do not misbehave.

Instructions:

Let the health-care provider start the conversation and examine you as needed.

Role play 3: Assessment and management

Purpose: To practise assessment of a child, and provide management for a child and adolescent mental and behavioural disorder.

Duration: 40 minutes.

Situation: CARER SEEKING HELP

- You are Daria, mother to Nisha, a four-year-old girl.
- You are worried about Nisha as she does not seem to be making the same progress as her older brothers.
- She only started to sit up at one year old, and could only walk from three years old. She still walks with a limp and needs your support.
- She still does not talk or communicate, but grunts occasionally if she is uncomfortable.
- She does not make proper eye contact but often just stares around the room.
- She is meant to start school soon but you cannot see how she will manage.
- She does not dress or toilet herself without help.
- She does smile occasionally and likes to be hugged or sung to, but you only volunteer this information if asked specifically.
- She is not a lot of trouble, but because she does not interact you often just leave her in a cot all day so you can get on with the housework.
- You do not like to leave the house with her as you do not want people to talk about her. For the same reason, you do not want to send her to school either.
- You have heard that sometimes children like this are put in care homes and your husband has asked you to ask about this.

Instructions:

- Let the health-care provider start the conversation.
- However, you should ask a lot of conversations and get quite upset when talking about Nisha.

Role play 3: Assessment and management

Purpose: To practise assessment of a child, and provide management for a child and adolescent mental and behavioural disorder.

Duration: 40 minutes.

Situation: **HEALTH-CARE PROVIDER**

- You are a health-care provider, and Daria is a mother who has just brought in her daughter, Nisha.
- You can see that Nisha appears to not be talking or making eye contact.
- You know that Daria is worried that Nisha has not walked and talked at the same time that her brothers did.

Instructions:

- You are to start the conversation.
- Turn to page 72 of your mhGAP-IG and perform an assessment of Nisha and her mother. Ensure you include a physical examination.
- After this, tell Daria what you think is going on and provide a psychosocial intervention.

Role play 3: Assessment and management

Purpose: To practise assessment of a child, and provide management for a child and adolescent mental and behavioural disorder.

Duration: 40 minutes.

Situation: **OBSERVER**

- Nisha is a four-year-old girl who has been brought in by her mother.
- She is not talking.
- She sat up and walked at a later age than other children.
- She cannot care for herself.
- She is often left in a cot for long periods of the day.
- She does not misbehave or cause trouble, and smiles occasionally.

Instructions:

- The health-care provider will need to perform an assessment and then provide psychosocial interventions.
- You will need to provide the following extra information to the health-care provider as they proceed through the examination:
 - Does not follow moving object with eyes.
 - Hearing is fine.
 - Nisha is showing signs of malnutrition – very thin, signs of anaemia (pale conjunctiva), dehydrated with dry mucosa.

Please keep to time:

- 3 minutes reading
- 20–25 minutes' consultation
- 10 minutes for feedback and small group discussion..

Please assess the following competencies:

4. Uses effective communication skills
5. Performs assessment
7. Provides psychosocial interventions

And grade the level of competency the health-care provider achieves.

Role play 4: Assessment and management

Purpose: To assess and manage an adolescent presenting with a behavioural disorder.

Duration: 40 minutes.

Situation: PERSON SEEKING HELP

- You are John, a 13-year-old boy.
- Your father has made you see the health-care provider and you are angry about this.
- You do not think there is anything wrong with you.
- You do get in trouble a lot at school but you do not care, you hate school.
- You think your classmates are idiots and often get into fights with them.
- You were recently in trouble for harming a cat.
- You now do not bother going to school if you can avoid it.
- This has caused lots of arguments at home, it was made worse when your parents found out you stole money from them. You think they are unfair.

Instructions:

- You do not care about this interview, you act angry and do not really give helpful answers.
- You sit with your arms crossed and stare at the floor the whole time.

Role play 4: Assessment and management

Purpose: To assess and manage an adolescent presenting with a behavioural disorder.

Duration: 40 minutes.

Situation: CARER SEEKING HELP

- You are father to John, a 13-year-old boy who you have taken to see the health-care provider due to your concerns about his behaviour.
- John has been skipping lessons over the past few months and has stolen quite a large amount of money from home.
- The teachers have recently punished him for maltreating a cat, and for aggressive behaviour towards classmates. They also report that he is very impulsive and difficult to manage.
- You are getting fed up with his behaviour. You are not afraid to tell the health-care provider that you “give him a good whack” whenever he gets him trouble.
- You do not spend much time with him anymore because you are angry with his behaviour.
- You are thinking of “kicking him out of home” if this continues.

Instructions:

Let the health-care provider start the conversation.

Role play 4: Assessment and management

Purpose: To assess and manage an adolescent presenting with a behavioural disorder.

Duration: 40 minutes.

Situation: **HEALTH-CARE PROVIDER**

- You are about to interview John and his father.
- John's father has brought him in as he is concerned about his behaviour, and there have been some issues at school as well.

Instructions:

- Perform an assessment of John and his father, starting on page 72 of the mhGAP-IG.
- Once the assessment is complete, tell John and his father what you think is going on.
- Then, starting at page 85 of your mhGAP-IG, provide a psychosocial intervention to John and his father.

Role play 4: Assessment and management

Purpose: To assess and manage an adolescent presenting with a behavioural disorder.

Duration: 40 minutes.

Situation: **OBSERVER**

- John, is a 13-year-old boy who has been taken to see the health-care provider by his father due to concerns about his behaviour.
- John has been skipping lessons over the past few months and has stolen quite a large amount of money from home.
- The teachers have recently punished him for maltreating a cat, and for aggressive behaviour towards classmates. They also report that he is very impulsive and difficult to manage.

Instructions:

- The health-care provider will need to perform both an assessment and provide a psychosocial intervention for John and his father.
- If they perform a physical examination, you can report that all the findings they ask for are normal.

Please keep to time:

- 3 minutes reading
- 20–25 minutes' consultation
- 10 minutes for feedback and small group discussion..

Please assess the following competencies:

4. Uses effective communication skills
5. Performs assessment
7. Provides psychosocial interventions

And grade the level of competency the health-care provider achieves.

Role play 5: Follow-up

Purpose: To give participants the opportunity to practise developing the skills necessary to deliver a follow-up assessment to an adolescent with depression.

Duration: 30 minutes.

Situation: **PERSON SEEKING HELP**

- You were identified as having depression three months ago.
- You have not been seen by the health-care provider for three months as you do not want to attend. They have been calling you for six weeks to come in for a follow-up visit to which you finally agree.
- Since your last meeting with the health-care provider things have been getting more difficult.
- You are continuing to fight with your family, especially your father. You are finding it harder and harder to talk to your mother as you feel she is not listening to you.
- You are feeling very sad and you cry almost every day.
- You are not attending school as you do not have the energy and you worry that you will be in trouble with your teachers for not having completed your study.
- You have not had any thoughts of self-harm/suicide but you have felt hopeless about your future.

Instructions:

- You are very quiet and withdrawn.
- Let the health-care provider start the conversation.

Role play 5: Follow-up

Purpose: To give participants the opportunity to practise developing the skills necessary to deliver a follow-up assessment to an adolescent with depression.

Duration: 30 minutes.

Situation: **HEALTH-CARE PROVIDER**

- An adolescent was identified as having depression three months ago.
- After trying to get the young person to come for a visit for over six weeks they finally agree.
- They have not been seen by a health-care provider for three months.

Instructions:

- You are to start the conversation.
- Carry out a routine follow-up assessment on the adolescent to see if their symptoms have improved or not.
- Assess if the adolescent is experiencing any new problems or symptoms related to their depression.
- Be particularly aware of assessing the adolescent for suicidal thoughts.
- Possible questions to ask:
 - *“Have you ever felt so bad that you have had thoughts of being dead or killing yourself?”*
 - *“Some people hurt themselves by hitting, cutting, burning or other ways to try to cope with uncomfortable or painful feelings. Is this something you have done?”*
- **Remember that asking about self-harm/suicide does NOT provoke acts of self-harm/suicide. It often reduces anxiety associated with these thoughts or acts and helps the person feel understood.**
- Explore the psychosocial stressors at home, in their relationships, at school and for any exposure to maltreatment.
- Explore with the adolescent whether medication would be beneficial.

Role play 5: Follow-up

Purpose: To give participants the opportunity to practise developing the skills necessary to deliver a follow-up assessment to an adolescent with depression.

Duration: 30 minutes.

Situation: OBSERVER

- The adolescent was identified as having depression three months ago.
- After chasing the young person for over six weeks they finally agree to come for a follow-up visit.
- They have not been seen by a health-care provider for six weeks.
- Things have been more difficult for the adolescent since the last appointment they are not getting any better.

Instructions:

- The health-care provider will carry out a routine follow-up assessment on the adolescent to see if their symptoms have improved or not.
- They should:
 - Carry out a routine follow-up assessment on the adolescent to see if their symptoms have improved or not
 - Assess if the adolescent is experiencing any new problems or symptoms related to their depression.
 - Be particularly aware of assessing the adolescent for suicidal thoughts.
 - Explore the psychosocial stressors at home, in their relationships, at school and for any exposure to maltreatment.
 - Explore with the adolescent whether medication would be beneficial.

Please keep to time:

- 3 minutes reading
- 15–20 minutes' consultation
- 5–10 minutes for feedback and small group discussion..

Please assess the following competencies:

4. Uses effective communication skills
5. Plans and performs follow-up

And grade the level of competency the health-care provider achieves.

Demonstration role play: Conduct disorder

Perform the case demonstration (with other two facilitators) in plenary according to the script. It will take about 10 minutes.

SETTING: HEALTH CENTER

NURSE RUTH, a middle-aged woman wearing a white gown welcomes SENAIT, a young married woman that she already knows, and greets SENAIT's 13-year-old son, JOHN. She invites SENAIT and JOHN into the room and asks them to take a seat.

NURSE RUTH

So, please tell me why you are here today.

SENAIT

Well, his teachers told me that John has been fighting a lot with the other children at school and skipping his lessons.

JOHN (sitting quietly looking away from Nurse RUTH and his mother)

SENAIT (visibly upset)

He does not listen to me anymore, and when I talk to him, he is angry very easily. My mother and father-in-law have told me that he is being disrespectful. I thought that this was only at home, but his teachers told me that he does not listen to them either.

NURSE RUTH (to John)

John, what do you think about your mother is saying?

JOHN (still looking away)

I don't know.

SENAIT

He also has new possessions (to John). John, where did you get the money for those things?

JOHN

I already told you, my friends gave it to me.

SENAIT

He always blames things on his friends.

NURSE RUTH

How often does he get into fights at school and how long has this been going on for?

SENAIT

His teacher told me that recently, the fights are almost every week and it seems like it has been getting worse over the past year. He was doing very well in school and now he barely makes passing marks. He is very smart but he has become careless and lazy.

NURSE RUTH

It is good that you recognize that he is smart. But right now, you both seem very frustrated with what is happening. Is there anything that happened at home or at school when all of these things started happening?

SENAIT

No, not that I can think of.

NURSE RUTH

And overall, John has been healthy? Does he have any medical problems?

SENAIT

No, he is very healthy.

NURSE RUTH

I can see that you both are frustrated, and I would like to be able to help you. Would it be possible for you to wait a few moments outside the room so that I may speak with John alone?

SENAIT

Yes, that would be fine. (Senait steps outside the room)

NURSE RUTH

John, your mother has told me some things but I would like to hear your side of the story. I want to let you know that I have asked your mother to step outside so that we may talk in confidence.

JOHN (now looking at Nurse RUTH)

Things are not as bad as she said. I just don't like the people in my school, so I started spending time with some older kids.

NURSE RUTH (looking at the John)

Tell me more about your new friends. What do you enjoy about spending time with them?

JOHN

Are you going to tell my mother?

NURSE RUTH

Like I said before, I will not share what you tell me now with anybody else.

JOHN

Well, my new friends are more fun. We play pranks on other people, sometimes they steal things, but it doesn't hurt anyone.

NURSE RUTH

I see. And what do you think would happen if you did get caught?

JOHN

My mother has asked me but I just deny it or walk away from her. I know it makes her upset but like I said it doesn't hurt anyone.

NURSE RUTH

It seems that your mother is hurt then. Does your father ask you about it as well?

JOHN

No, he spends most of his time at work and did not notice it.

NURSE RUTH

I see. Tell me, what other things do you do for recreation?

JOHN

I play football and listen to music.

NURSE RUTH

That's great, do you still enjoy those things?

JOHN (smiling)

I still play football every weekend and my whole family has always enjoyed music.

NURSE RUTH

That sounds like something that you can still enjoy together. Can you tell me a little more about how school is going?

JOHN

I used to be a good student, I'm smart, you know? But I've been skipping lessons to be with friends, and so my marks are not so good anymore.

NURSE RUTH

I can tell you are a smart person. You have a lot to say and I appreciate that you are being honest with me. It seems that your friends are very important to you but they sometimes get you into trouble.

JOHN

I guess that is true.

NURSE RUTH

Do any of your friends use drugs or alcohol?

John

Some of them steal beer from the store or their house but I've never seen any of them using any drugs.

NURSE RUTH

And how about you, have you ever tried alcohol or drugs?

JOHN

No way! I've seen my friends drunk and I don't want to look like that. Whenever they start drinking I just leave.

NURSE RUTH

You are very smart to get away from that situation. Drugs and alcohol can really cause a lot of problems and lead you to make poor choices.

JOHN

I know, that's why I don't do those things.

NURSE RUTH

So, John, what would you like to have happen after this visit? Your mother expressed some of her concerns and it seems that you don't share the same concerns.

JOHN

I don't think things are that bad and I don't think that I really need to come back here. I know that I need to just go to school. My grades will improve.

NURSE RUTH

I see that you know what things need to change, and attending school is one thing that would help. Another thing that would help is to stop fighting at school, do you agree?

JOHN

Yes. I will try.

NURSE RUTH

Even though you don't feel like you need to come back, I think it is important, so how about I give you some options and then we can have your mom come in and all come to an agreement about what happens next?

JOHN

Okay, fine.

NURSE RUTH

Let us start with those two goals and plan to meet again in one month. If you miss school again, then I will see you again in two weeks.

JOHN

Okay, but I'm not going to miss school anymore.

NURSE RUTH

Very good then. John, I really appreciate your honesty and will also be honest with you. You are a very smart person and am proud of you that you have managed to stay away from drugs and alcohol. Is there anything else that you would like to tell me before we ask your mother to come back into the room?

JOHN

No.

NURSE RUTH

Okay, can you ask your mother to come back in?

JOHN (stands up to get his mother)

SENAIT (sits down)

NURSE RUTH (to Senait)

Thank you for waiting outside. (to John) John, would you like to tell your mother what the plan will be?

JOHN

Okay. I'm not planning to skip lessons anymore. And, I won't get into fights anymore either.

SENAIT

Really? I don't believe it. And what am I supposed to do if he does miss school or if the teachers notify me that he has been in another fight?

NURSE RUTH

Well, John was the one who came up with these goals and so we should give him a chance to meet them. Let us plan to meet again in one month. If things are not going well and John is missing school or is in another fight, please come back in two weeks. With your permission, may I speak with John's teacher? I would like to make sure that John has an opportunity to improve his grades and also understand what concerns the school may have. The school can also offer support and may have resources so that John can meet his goals.

SENAIT and JOHN

That's fine.

NURSE RUTH

Do you have any other questions or concerns? We know that things may not change immediately but we can all work together improve the situation.

SENAIT and JOHN

No.

NURSE RUTH

Then that's it for today. Just to summarize for all of us, we all agree that attending school and avoiding fighting is the goal right now. We each have a task to do. Senait, you will encourage John to meet his goals and be positive about the behaviours he wants to change. John, your goal is to attend school and avoiding fighting. We will meet again in one month to see how things are going and during that time I will contact the school to see if there are any other areas that need to be addressed. If things are not going as planned, then we will meet in two weeks instead.

JOHN

Ok, I can do that.

SENAIT

Thanks very much for your help.

NURSE RUTH

You're welcome. See you soon.

CMH multiple choice questions

1. Which of the following is the best description of a child developmental disorder? Choose only one answer:
- A Child developmental disorders have a relapsing and remitting course.
 - B Child developmental disorders are always associated with abuse and neglect.
 - C Child developmental disorders category includes attention deficit hyperactivity disorder and conduct disorder.
 - D Child developmental disorders involve impaired or delayed functions related to central nervous system maturation.
-
2. Which of the following is the best description of a child and adolescent behavioural disorder? Choose only one answer:
- A Behavioural disorders involve impaired or delayed functions related to central nervous system maturation.
 - B Behavioural disorders category includes attention deficit hyperactivity disorder and conduct disorder.
 - C Behavioural disorders are characterized by increased levels of somatic symptoms.
 - D Behavioural disorders can include extreme shyness and clinging to a carer.
-
3. Which of the following is the best description of a child and adolescent emotional disorder? Choose only one answer:
- A Child and adolescent emotional disorders are very uncommon.
 - B Child and adolescent emotional disorders category includes autism spectrum disorder and intellectual disability.
 - C Child and adolescent emotional disorders often overlap with other developmental and behavioural disorders.
 - D Child and adolescent emotional disorders category includes attention deficit hyperactivity disorder and conduct disorder.
-
4. Which of the following cluster of symptoms is most likely to represent a child and adolescent mental and behavioural disorder? Choose the best answer:
- A Chronic HIV infection, but otherwise well-cared for.
 - B Failure to thrive, delay in reading and writing, poor school performance.
 - C Untreated thyroid condition in a child.
 - D Fever and convulsions in a child with infection.
-
5. Which of the following cluster of symptoms is most likely to represent a child and adolescent mental and behavioural disorder? Choose the best answer:
- A Excessive running around, absent-mindedness, repeated behaviour that disturbs others.
 - B Uncontrolled pain from an ear infection.
 - C Untreated malnutrition due to famine.
 - D A very active toddler, but no different to his older brother and not causing the family any distress.

-
6. Which of the following cluster of symptoms is most likely to represent a child and adolescent mental and behavioural disorder? Choose the best answer:
- A Visual and hearing impairment.
 - B Decline in memory and loss of orientation.
 - C Excessive crying and clinging, refusal to go to school, problems with mood.
 - D Convulsive seizure due to metabolic abnormality.
-
7. Which of the following statements regarding child and adolescent mental and behavioural disorders is correct? Choose the best answer:
- A Child and adolescent mental and behavioural disorders rarely overlap with each other.
 - B Child and adolescent mental and behavioural disorders often have a relapsing and remitting course.
 - C Child and adolescent mental and behavioural disorders should be assessed independently of the home and school environments.
 - D Child and adolescent mental and behavioural disorders often present with concerns from the carer, teacher or community health worker.
-
8. Which of the following statements regarding assessment for child and adolescent mental and behavioural disorders is correct? Choose the best answer:
- A You only need to assess the child or adolescent in the domain (i.e. motor, cognitive, social, communication and adaptive) which seems most relevant.
 - B You only need to assess for symptoms of one disorder as the conditions rarely overlap.
 - C You do not need to assess for other priority MNS conditions as the child or adolescent is too young.
 - D You should always assess the home and school environment of the child or adolescent.
-
9. Which of the following situations with a child or adolescent would require urgent action? Choose the best answer:
- A A child discloses to you that they are being sexually abused.
 - B A parent discloses to you that their child was born with HIV and is currently receiving treatment.
 - C A child has considerable difficulty with daily functioning.
 - D A child shows disobedient or defiant behaviour.
-
10. Which of the following is good advice for any child and adolescent mental and behavioural disorder? Choose the best answer:
- A The carer can use threats or physical punishment if a child has problematic behaviour.
 - B The carer should remove the child from mainstream school as soon as possible.
 - C The carer can use other aids such as television or computer games instead of spending time with the child.
 - D The carer should give loving attention to the child every day and look for opportunities to spend time with them.

11. Which of the following is the best first-line treatment for child and adolescent developmental disorder? Choose only one answer:

- A Psychosocial intervention.
- B Pharmacological treatment.
- C Referral to specialist.
- D Referral to outside agency.

12. Which of the following actions can help protect the rights of the child and adolescent with a mental or behavioural disorder? Choose the best answer:

- A Encouraging institutionalization where it is available for the child.
- B Encouraging the child to leave school early and remain in the house, as they are unlikely to learn anything.
- C Encouraging the child to participate in family and community life.
- D Encouraging criticism and punishment for any inappropriate behaviour.

13. Which of the following should be given as advice to an adolescent with a mental or behavioural disorder? Choose the best answer:

- A They should avoid community and other social activities as much as possible.
- B They should avoid the use of drugs, alcohol and nicotine.
- C They should avoid school if it makes them anxious.
- D They should avoid being physically active for more than 30 minutes each day.

CMH multiple choice answers

- | | | |
|--------|---------|---------|
| 1. = D | 6. = C | 11. = A |
| 2. = B | 7. = D | 12. = C |
| 3. = C | 8. = D | 13. = B |
| 4. = B | 9. = A | |
| 5. = A | 10. = D | |