Module: Child and adolescent mental and behavioural disorders

Overview

Learning objectives

- Promote respect and dignity for children and adolescents with mental and behavioural disorders.
- Know common presentations of children and adolescents with mental and behavioural disorders.
- Know assessment principles of child and adolescents with mental and behavioural disorders.
- Know management principles of child and adolescents with mental and behavioural disorders.
- Use effective communication skills in interactions with children and adolescents with mental and behavioural disorders.
- Perform an assessment for children and adolescents with mental and behavioural disorders.
- Assess and manage physical conditions of children with mental and behavioural disorders.
- Provide psychosocial interventions to children and adolescents with mental and behavioural disorders and their carers.
- Deliver pharmacological interventions as needed and appropriate to children and adolescents with mental and behavioural disorders.
- Plan and perform follow-up for children and adolescents with mental and behavioural disorders.
- Refer to specialists and link children and adolescents with mental and behavioural disorders with outside agencies where available.

Key messages

- When assessing children and adolescents, always keep in mind the child's age (developmental stage) and the impact the problem is having on their ability to function in daily life.
- Developmental disorders present as the child showing delayed development in at least one domain of development.
- Behavioural disorders present as excessive over-activity, excessive inattention, disobedient, defiant and/or disturbed behaviours.
- Emotional disorders present as excessive sadness, fear, anxiety and/or irritability.
- In any assessment always assess the home environment and school environment to explore any stressors at home or in school that could be contributing to the child or adolescent's difficulties. Also, to assess if there are any external factors that may be causing the child's behaviour.
- Pay attention to the needs and the resources of the carer. Ensure that carers are supported enough so that they can help the child/adolescent.
- Link and coordinate with community resources and organizations including schools during the assessment and management of children and adolescents.
- Use psychosocial interventions to manage children and adolescents with mental and behavioural disorders.
- Follow-up with the children and their carers regularly as life can change quickly for a child.
- Remember that what happens in early childhood and adolescence can impact on that person for the rest of their lives.

Session	Learning objectives	Duration	Training activities
1. Introduction to child and adolescent mental and behavioural disorders	Promote respect and dignity for children and adolescents with mental and behavioural disorders Know common presentations of children and adolescents with mental and behavioural disorders	30 minutes 30 minutes 50 minutes 15 minutes	**Activity 1: Person's story** Use a person's story to introduce common presentations of child and adolescent mental and behavioural disorders **Activity 2: Group work: Common presentations of developmental, behavioural and emotional disorders** How do they impact on the individual, family and society? Presentation on developmental, behavioural and emotional disorders **Activity 3: Group work: Developmental milestones**
2. Assessment of child and adolescent mental and behavioural disorders	Know assessment principles for children and adolescents with mental and behavioural disorders Use effective communication skills in interactions with children and adolescents with mental and behavioural disorders Perform an assessment for children and adolescents with mental and behavioural disorders Assess and manage physical conditions of children with mental and behavioural disorders	40 minutes 40 minutes 30 minutes	**Understanding the assessment algorithm** Use the mhGAP-IG and PowerPoint presentation to explain the CMH assessment algorithm **Activity 4: Video demonstrations: Assessment** Use videos/demonstration role play to show an assessment and allow participants to follow it according to: mhGAP-IG assessment algorithm **Activity 5: Demonstration role play: Assessment (conduct disorder)** Assessing a child/adolescent for mental and behavioural disorders
3. Management of child and adolescent mental and behavioural disorders	Know management principles of child and adolescents with mental and behavioural disorders Provide psychosocial interventions to children and adolescents with mental and behavioural disorders and their carer Deliver pharmacological interventions as needed and appropriate to children and adolescents with mental and behavioural disorders Refer to specialists and link children and adolescents with mental and behavioural disorders with outside agencies as appropriate and where available	15 minutes 45 minutes	**Management interventions for child and adolescent mental and behavioural disorders** **Activity 6: Role play: Psychosocial interventions** Skills, feedback and reflection
4. Follow-up	Plan and perform follow-up for children and adolescents with mental and behavioural disorder	40 minutes	Follow-up algorithm and brief discussion **Role play: Follow-up** Following up with an adolescent with depression
5. Review		15 minutes	**Quiz**
Total duration (without breaks) = 5 hours 50 minutes			

Step-by-step facilitator's guide

Session 1: Introduction to child and adolescent mental and behavioural disorders

2 hours 5 minutes

Session outline

- Introduction to child and adolescent mental and behavioural disorders
- Assessment of child and adolescent mental and behavioural disorders
- Management of child and adolescent mental and behavioural disorders
- Follow-up
- Review

2

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

Activity 1: Person's story

Activity 1: Person's story

- Present the person's story of what it feels like to live with child and adolescent mental and behavioural disorders
- First thoughts

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Choose just one story for this activity.
- Introduce the activity and ensure participants have access to pens and paper.
- Tell the story – be creative in how you tell the story to ensure the participants are engaged.
- First thoughts – give participants time to give their immediate reflections on the accounts they heard.

Local perspectives

- How do the community perceive and understand children and adolescents with mental and behavioural disorders?
- What treatment and care do the children/adolescents receive? How does it impact on them?
- How are the families treated? How does it impact on them?

4

Ask participants to explain how the community perceives and understands children and adolescents with mental and behavioural disorders.

Ask participants to reflect on the sort of treatment and care children and adolescents with mental and behavioural disorders receive.

Note: Ensure that through this discussion you emphasize that children and adolescents with mental and behavioural disorders will often have difficulties with:
- development
- sense of well-being
- education
- social activities
- employment
- exposure to abuse, neglect and violence.

The families and carers will often experience overwhelming amounts of stress and financial strain.

Child and adolescent mental health: A public health concern

- Mental health problems affect 10–20% of children and adolescents worldwide.
- Depression is the number one cause of illness and disability in young people aged 10–19 years old and suicide ranks number three among causes of death.

Explain that children and adolescents constitute almost a third (2.2 billion individuals) of the world's population and almost 90% live in low- and middle-income countries.

Currently 10–20% of children and adolescents worldwide live with mental and behavioural disorders.

If participants challenge this statistic, recognize that childhood and adolescence are developmental phases and it is difficult to draw clear boundaries between phenomena that are part of normal development and others that are not.

Some studies have identified much higher rates of MNS disorders.

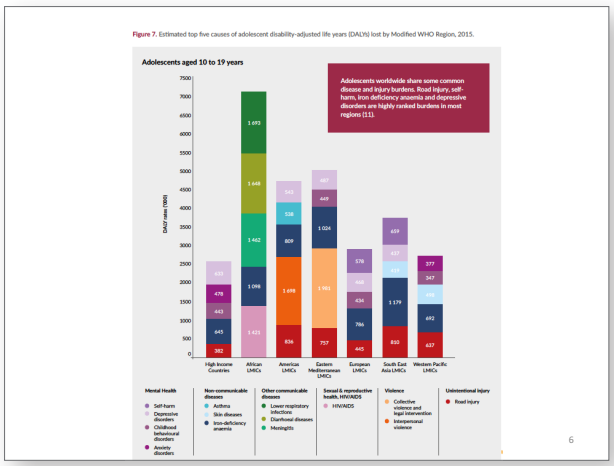


Figure 7 from the Global Accelerated Action for the Health of Adolescents (AA-HA!) shows the top five estimated causes of disability-adjusted life years (DALYs) lost for each modified WHO region, 2015.

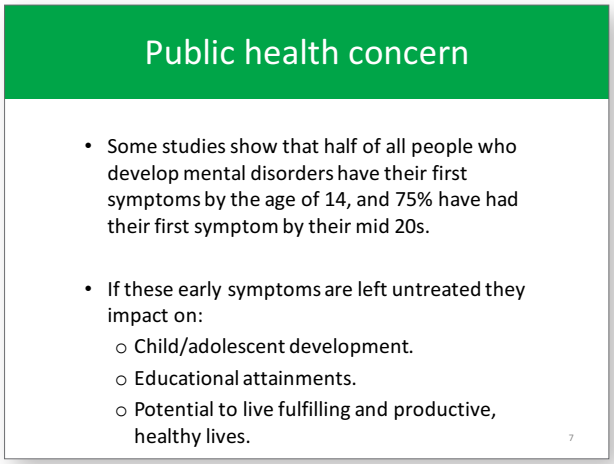
As you can see, adolescents worldwide share some common disease and injury burdens. Road injury, self-harm/suicide, iron deficiency anaemia and depressive disorders are highly-ranked burdens in most regions.

Adolescence is also a period when many risky or protective behaviours start or are consolidated. Examples include diet and physical activity, substance use and sexual risk behaviours. These will have major effects on future adult health and well-being.

For 10–14 year olds, unsafe water, unsafe sanitation and inadequate hand-washing are major health risks for both boys and girls.

For 15–19 years olds, health risk factors such as alcohol and tobacco use, unsafe sex and drug use also become very important, along with intimate partner violence and occupational hazards.

Not enough attention has been paid to health in children and adolescents, to the detriment of the development of nations.



Explain that some studies have shown that 50% of all people who develop mental disorders have their first symptoms by the age of 14, and 75% have had their first symptoms by their mid 20s.

Explain that if these first symptoms at age 14 and above are left untreated or are missed it will seriously influence the child/adolescent's development, their educational attainments, and their potential to live fulfilling, productive and healthy lives.

Early identification

- Early identification and early treatment can literally change the course of a person's entire life.
- Healthy early child development strongly influences well-being, obesity/stunting, mental health, heart disease, competence in literacy and numeracy, criminality and economic participation through out life.

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Emphasize that with early identification and treatment, the prognosis for a child/adolescent with mental and behavioural disorders can improve drastically and change the course of a person's entire life.

Healthy early child development, which includes physical motor skills, social/emotional and language/cognitive domains of development – all equally important – strongly influences well-being, obesity/stunting, mental health, heart disease, competence in literacy and numeracy, criminality and economic participation throughout life.

What happens to the child in the early years is critical for the child's development trajectory and life course.

Stigma and discrimination

- Children/adolescents with mental and behavioural disorders face major challenges with stigma, isolation and discrimination.
- They lack access to health care and educational facilities.

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Explain that children/adolescents with mental and behavioural disorders face major challenges with stigma, isolation and discrimination as well as lack of access to health care and educational facilities.

Note: Depending on the discussion of "local perspectives" held at the beginning of the session, you can highlight how children/adolescents with mental and behavioural disorders are discriminated against in the local community.

Forms of stigma and discrimination and abuse

- They may be bullied by siblings or others.
- They may be excluded from schools.
- They may not be brought for vaccination/essential health care.
- They may be tied up, abandoned or left alone in the house.
- They may receive less food in poor families.
- They may be subject to harmful forms of traditional healing (e.g. beating the spirit out).
- They may be harshly beaten by frustrated parents.

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Talk through the points on the slide and add any other examples of stigma, discrimination and abuse that participants think of. For example, are children able to go to school or are they isolated? What names they are called? How are they and their families treated?

Ask participants to reflect on how often they see children and adolescents in their health-care practices.

Do the participants feel that children/adolescents with mental and behavioural disorders have fair access to treatment and care in their local settings?

Facilitate a brief discussion (maximum five minutes).

Social impact of stigma and discrimination

- Poor school performance.
- Reduced community participation.
- Impaired capacity to live independently.
- Limited employment opportunities.
- High carer burden (socially, financially, emotionally).
- Mothers or families may also be stigmatized or become isolated.

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Explain that the impact of this stigma and discrimination is long lasting.

Talk through the points on the slide.

Emphasize that the stigma and discrimination not only impacts on the individual but the family and the wider community as well.

It can limit outcomes for the individual in terms of poor school performance, social isolation, loss of confidence and lack of self-esteem.

It can also limit the outcomes of the family, in terms of parents and siblings being marginalized, loss of job opportunities, financial strain and stress for the carer.

What challenges do you face in assessing and managing mental and behavioural disorders in children and adolescents?

- Carer/adolescent refuses to talk about mental health.
- Carer/adolescent has unrealistic expectations about management outcomes.
- Carers present mental health or substance abuse problems.
- Child/adolescent is being neglected or abused.
- Carers and their children are victims of stigma and isolation.

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Ask the question on the slide and allow participants to answer before revealing the answer.

- Once the answers have been revealed, explain that child/adolescents can present with multiple and overlapping symptoms which can make it difficult to determine what kind of mental health difficulty they may have.
- Now provide feedback to the points on the slide according to the answers under the **note** below.

Note: It can be time-consuming to assess and treat children and adolescents.

Possible tips to overcome the problems include:

If the carer/adolescent refuses to talk about mental health:

- Do not force them to talk.
- Provide generic suggestions for improving children's development and well-being.
- Ensure that you are open and non-judgemental in your communication and encourage them to come back in the future.

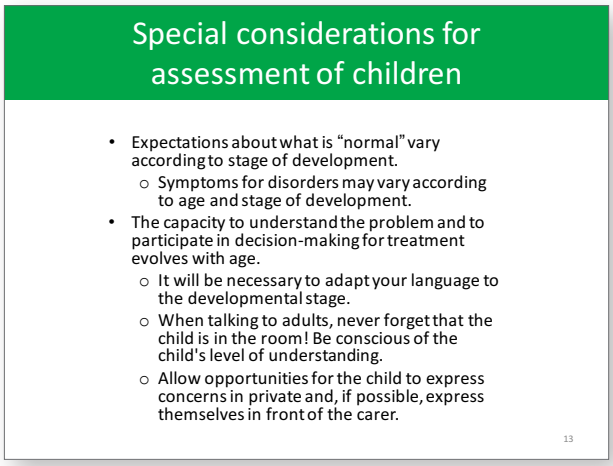
If the carer/adolescent has unrealistic expectations about management outcomes:

- Explain the limitations of what you can do.
- Emphasize that the carer/adolescent needs to be patient as improvements will be seen over a long period of time.

Carers present with mental health or substance abuse problems:
- Assess and manage the carer's MNS problems.
- Ask about any children and adolescents in the family and ensure that they are not at risk.
- Ask about other family members who can help.
- Link with outside agencies if appropriate.

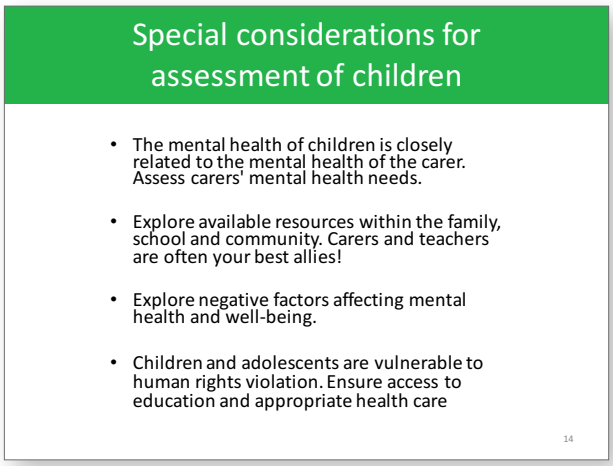
Child/adolescent is being neglected or abused:
- Explain to the carer that good care, adequate education and a positive environment are essential for the child/adolescent to learn, feel happy and behave well.
- Consult a specialist if the situation is severe or does not improve over time.
- Link the family with outside organizations if appropriate, including access to legal services and social services.

Carers and their children are victims of stigma and isolation:
- Listen to carers and children.
- Emphasize that these behaviours are caused by people's ignorance and false beliefs.
- Link them with other people and families with similar problems to create peer support groups.



Talk through the first point on the slide and emphasize that what is a normal behaviour or normal capacity to perform tasks (e.g. moving, speaking, interacting with others) at one age may be not be normal at another point in time.

Then explain the second point and show participants how they can modify their own behaviours when they are assessing children.



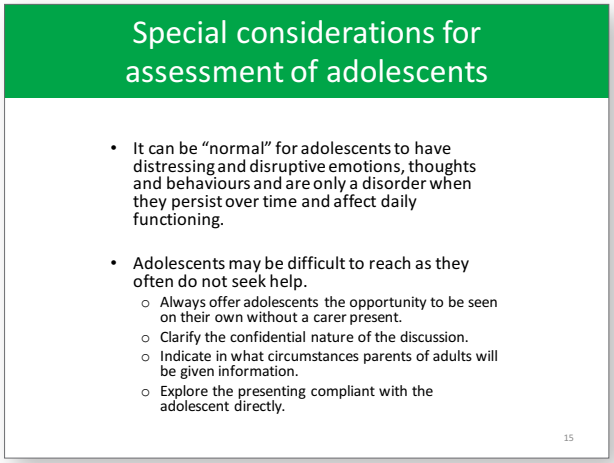
Read through the first point on the slide and explain that whenever we assess children's development and psychological well-being, we also need to assess:
- The carers' capacity to provide a caring environment.
- The availability of other people who can support the child and carers.

Talk through the rest of the slide and emphasize that it is important to assess both resources and negative factors in the child's environment.

Examples of "resources" are: a caring mother/father, a grandmother available to take care of the child or a teacher trained to manage children with special needs.

Examples of "negative factors" are a stressed or depressed mother, a violent family environment, emotional abuse and neglect, bullying at school or a child who spends long hours alone.

Explain that in some cases it may be important to talk with other relatives or one of the child's teachers.

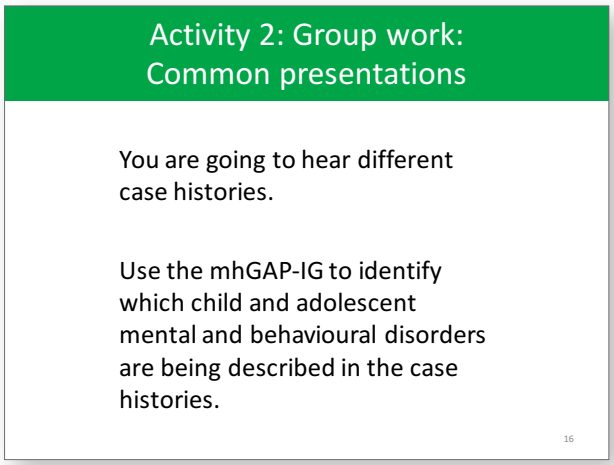


Explain that this slide introduces special considerations for the assessment of adolescents.

Read through the slide.

Emphasize the need to provide care to adolescents in non-stigmatizing and confidential settings.

Activity 2: Group work: Common presentations of developmental, behavioural and emotional disorders



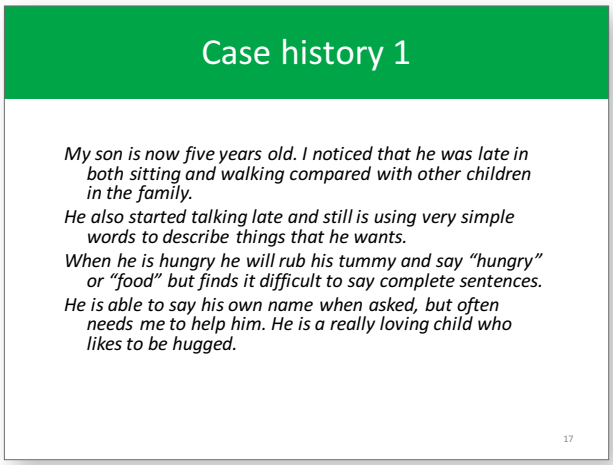
Duration: 30 minutes.

Purpose: Create an interactive discussion between participants whereby participants use the master chart in the mhGAP-IG to learn about the common presentations of children and adolescents with developmental, behavioural and emotional disorders.

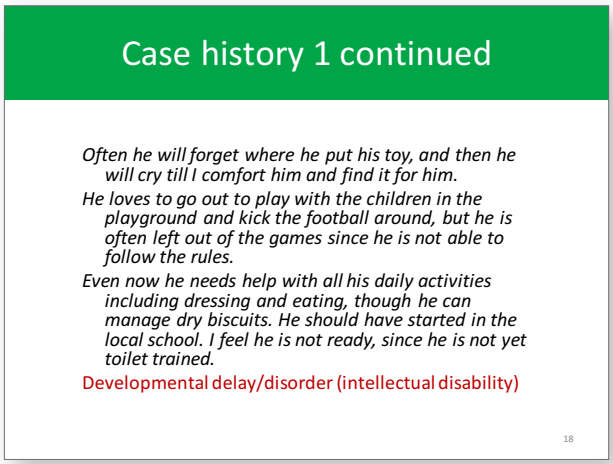
Instructions:

- In plenary discussions, show the participants the following four case histories.
- Show one case history at a time and after reading through the history, and ask the participants to match the descriptions in the case history with those in Table 1: Common presentations of child and adolescent mental and behavioural disorders by age group (page 71 mhGAP-IG).

- The answers are written in red on the slides.
- Do not reveal those answers until the participants have had a chance to identify and discuss the common presentations.



Read the case history out loud or ask a volunteer to read it.



Only reveal the answers (in red) after the participants have had a chance to use the mhGAP-IG to identify what they think the presentation is.

Once you have revealed the disorder described in the case history, explain that this boy is five years old yet it sounds like he has not met the expected developmental stages for a five-year old, e.g. he is still finding it difficult to use complete sentences, he was late to sit and walk compared with other children, he is not toilet trained and still needs help feeding and dressing himself. His learning and play are also delayed, e.g. he cannot follow the rules of football when playing with the other kids. He struggles to play with toys.

This presentation is one of developmental disorder (intellectual disability).

Case history 2

Mother of three-year-old boy:

I am concerned about my son. He is a bit of a slow learner... (pause).

I've been thinking about coming to the clinic for a while but it was really my sister-in-law who told me I should bring him in. It's taken him longer to learn things than his older brothers and sisters. He's three years old now but he's not talking much yet.

His younger sister is two and she can say things like, "More water mama" and "Come here", but he can't really speak. He does make sounds as if he's talking but he's not saying any real words. Sometimes, he will make sounds like "Aah-da-aah-da-aah-da" when he's excited. I can also tell that he's excited because he flaps his hands like this....

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Read the case history out loud or ask a participant to read it out.

Case history 2 continued

He doesn't really like to play with other kids or even with his brother or sisters. He often plays by himself by rolling his toy cars back and forth on the ground. He also really likes to line up his cars in rows – he can do that for hours! Little cars and trucks are his favourite toys. He doesn't really play with any other toys and sometimes he doesn't even want to put them down to eat meals! He really likes toy cars but he doesn't play with them the same way as his brother.

He doesn't really try to get my attention like my other children. He seems not to notice the world around him. It's like he's in his own world.

Developmental disorder (autism spectrum disorder)

20

Only reveal the answers (in red) after the participants have had a chance to identify what they think the presentation is.

Once you have revealed the answers explain that this boy also has delays in reaching developmental milestones, e.g. he is still not talking and has problems communicating including not communicating with his mother. He has difficulties with social interactions and prefers to spend time on his own. He is showing repetitive patterns of behaviour (lining up his cars in a row for hours).

This is a presentation of a developmental disorder (autism spectrum disorder).

Case history 3

My daughter is 12 years old. This last month or so she has been crying about the smallest thing.

If you say anything to her, she is likely to snap back at you. A few times I've heard her being really grumpy with her friends when they call her to play. They don't call her any more.

She used to have many interests, like playing board games, helping with the housework, drawing. But now she's just not interested in any of it.

She just sits alone in the house. She won't wake up for school unless I ask her several times to get out of bed.

21

Read the case history out loud or ask a participant to read it.

Case history 3 continued

She's stopped eating even her favourite meals, and she looks a lot thinner.

I don't know if it's due to being tired or eating less, but she doesn't have her usual energy any more.

Emotional disorder (depression)

22

Only reveal the answers (in red) after the participants have had a chance to identify what they think the presentation is.

Once you have revealed the answer explain that this girl is sad all the time and she is irritable (snapping at her friends). She has lost interest in activities that she used to get enjoyment from. She has lost weight and her appetite.

This presentation is one of an emotional disorder (depression) in an adolescent.

Case history 4

He is all over the place – always on the move. He won't sit still at the table while we are eating – it's fidgeting the whole time. He'd get up between mouthfuls if I let him.

If there is some work that needs doing, he'll start willingly but within a few minutes he's been distracted and begun doing something else instead.

The teachers complain too that he is very naughty and disturbs other children. also, he doesn't do as well as he used to in his studies.

He breaks things in the house.

He has frequent falls and injuries.

Behaviour disorder (attention deficit hyperactivity disorder)

23

Read out the case history out loud or ask a participant to read it

Only reveal the answers (in red) after the participants have had a chance to identify what they think the presentation is.

Once you have revealed the answer explain that this boy shows excess over activity (he is always on the move – all over the place). He has problems remaining seated. He shows excessive inattention – he will start a task but will not finish.

Teachers report that his behaviour disturbs others – a sign that this behaviour is happening in multiple settings because teachers are also noticing.

This presentation is one of attention deficit hyperactivity disorder (ADHD) – behavioural disorders

What is child development?

- The process of growing and acquiring new skills (i.e. walking and grasping objects, communicating, playing, interacting with others).
- It is a complex process, determined by the biological brain development, influenced in part by the quality of interactions with others (i.e. carers).
- Child development is not just about growing, but what happens to the child in the early years is critical for the child's development trajectory and life course.

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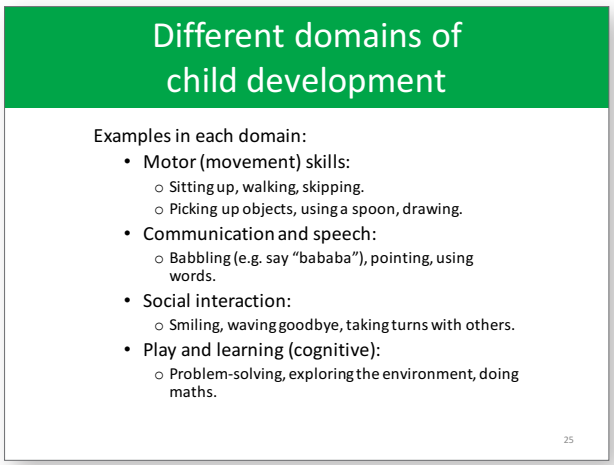
Explain that child development is the process of growing and acquiring new skills.

It is complex and largely determined by biological brain development, but it is also influenced by the quality of the child's interactions with others (their parents and carers), their environment (safe, clean, stimulating), their nutrition etc.

What happens to the child in the early years is critical for the child's development trajectory and life course.



Explain that these are the different domains of child development.

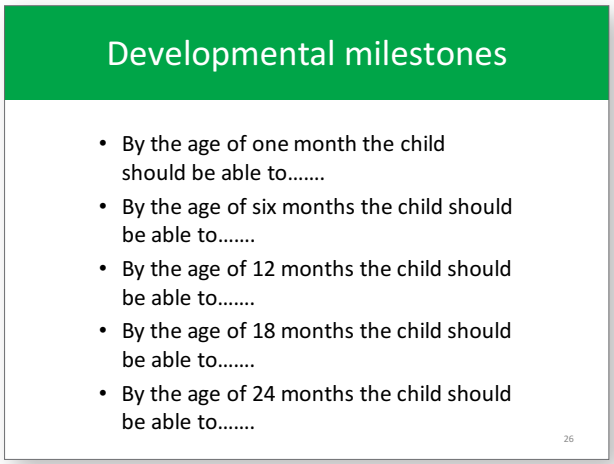
During childhood and adolescence these are the domains in which people grow, develop, acquire new skills and learn. All of which prepare them for adulthood.

Talk through the points of the slide.

Note: The last bullet refers to what is commonly known as *cognition*.

It is not important participants learn the word cognition.

Activity 3: Group work: Developmental milestones



Duration: 15 minutes including discussion.

Purpose: Check and strengthen participants' knowledge about developmental milestones.

Materials: Each group has a blank developmental milestones flip chart on the floor (that looks like this slide) (facilitator may want to prepare this in advance to save time).

Instructions:
- Divide participants into small groups.
- Explain that the exercise will involve finding out how much you know about what children are able to do at different ages.
- Each group will receive an envelope containing cards with developmental milestones written on them (see CMH supporting material).
- Give 10 minutes to sort the cards by the age at which most children should be able to do the task.
- After 10 minutes, stop the exercise. Do not discuss results but move on to next slide, which will address correct answers.

Developmental milestones

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.

27

Not all children develop at the same rate; each child is unique.

It may be that not all aspects of a child's development are at the same stage (e.g. a child's motor development may be more advanced than their language development).

There are cultural differences that may influence development.

Developmental milestones – cont'd

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).

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As a group, summarize the key developmental milestones by age.

Remind the participants about the limitations of milestones described in the previous slide.

Developmental milestones - cont'd

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 5 to 10 objects.

29

What is developmental disorder?

- Not all children develop at the same rate; each child is unique.
- Only when there is a substantial delay in learning skills in more than one domain do we suspect a **developmental disorder.**
- Remember these are the four domains:
  - motor (movement) skills
  - communication and speech
  - social interaction
  - play and learning (cognitive).

30

Talk through the points on the slide and emphasize that developmental disorders are only suspected when there is a substantial delay in learning skills in **more than one domain**.

Additional core signs of developmental disorder

- For older children, school performance or everyday household activities.
- Oddities in communication and behaviour, for example:
  - Use of non-meaningful words.
  - Repetition of words or sentences that someone else has said.
  - Repetitive movements like flapping hands, always playing with the same object.

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Stress that one should also assess a child's overall functioning, and the extent to which delays in specific skills affect the child's daily life and school performance.

Recall from the case histories, that oddities in communication and restricted and repetitive behaviours and interests are common in children with autism and other pervasive developmental disorders.

Developmental disorders

- Substantial delay in development.
- Childhood onset, steady course, often persist into adulthood.
- Children with developmental disorders can learn new skills, but they develop much more slowly than other children.
- Development disorders include:
  - intellectual disability
  - autism and other pervasive developmental disorders.

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Stress that developmental disorders are defined by a **substantial** delay.

Remind participants of the cases they heard at the beginning of the session in order to remember the level of impairment that a person with developmental disorder may feel.

Direct participants to the definition of developmental disorders given in the mhGAP-IG (page 69).

Two common types of developmental disorder are:
- intellectual disability
- autism and other pervasive developmental disorders.

The next slides will look at intellectual disability and autism separately.

Intellectual disability

- Substantial difficulty/delay in skills across most developmental domains:
  - motor (movement) skills
  - communication and speech
  - social interaction
  - play and learning (cognitive).
- There are different degrees of intellectual disability, ranging from mild to profound.

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Talk through the points on the slide and emphasize that an intellectual disability is an impairment of skills across most **developmental domains**.

This is distinct from autism, which is a more specific set of impairments which we will discuss next.

Autism and other pervasive developmental disorders

- Major delays and difficulties in communication, speech and social skills.
- Frequent preoccupation with a single object for long periods.
- Repetitive gestures (e.g. hand or finger flapping or twisting).
- Oddities in communication
  - inappropriate loudness, intonation, and rhythm
  - endless repetition of phrases
  - incomprehensible speech.

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Talk through the points on the slide and emphasize (in the first point) that delay is a feature of all developmental disorders, including autism.

Children with autism are often preoccupied with a single object for long periods of time.

They can use repetitive gestures (i.e. hand flapping or twisting).

They also have problems with communication.

Main risk factors for developmental delay

Biological factors:

- Nutritional deficiencies (malnutrition, iron deficiency, iodine deficiency)
- Hearing and visual impairment
- Recurrent/chronic illness (HIV/AIDS)
- Alcohol use during pregnancy
- Certain complications during delivery
- Consanguinous parents (parents who are related to each by blood)

Psychosocial factors:

- Depression in mothers
- Insufficient child care/poorly stimulating environment
- Harmful traditional beliefs (e.g. not talking to small children)

35

Talk through the main risk factors as listed on the slide and emphasize that carers and the family environment play an important role for children's development.

Stress that this is not only after the baby has been born but during pregnancy as well.

Emphasize that the main risk factors that can be managed in non-specialist health settings are:

- nutritional deficiencies and chronic illnesses
- hearing and visual deficits
- carer depression and poorly stimulating environment
- maternal mental health.

Person's story

Hear what it is like to live with developmental disorders.

36

Note: Choose to read a person's story on living with developmental disorder and/or living with intellectual disability (see CMH supporting material – person stories 1 and/or 2).

This will consolidate learning by giving participants a real life experience of what it feels like to live with developmental disorders.

Problem behaviours and behavioural disorders

- Problems related to over-activity, inattention or dissocial behaviour are common among children and adolescents.
- Only when these behaviours are very severe and influence children's ability to perform daily activities (e.g. learning, playing and interacting with peers) they may be defined as "behavioural disorders".

37

Emphasize that there is a difference between problem behaviours and behavioural disorders. Having some degree of problem behaviour is normal for most children and adolescents. It can be a normal part of growing.

Behavioural disorders are an umbrella term that includes specific disorders such as ADHD and conduct disorders.

Only children and adolescents with a moderate to severe degree of psychological, social, educational or occupational impairment in multiple settings should be identified as having behavioural disorders.

These problem behaviours can be defined as:

- **Excessive over-activity:**
  Excessive running around, extreme difficulties remaining seated, excessive talking or making continuous movements with fingers or feet.
- **Excessive inattention:**
  The child is often unable to complete one task and is frequently switching to others.

38

Explain that problem behaviours can be defined as:
- excessive over-activity
- excessive inattention
- excessive impulsivity
- repeated and continued behaviour that disturbs others
- sudden changes in behaviour or peer relations.

It is important to stress that excessive means that it is **not age-appropriate** behaviour (e.g. excessive activity in a toddler compared with a school-aged child or adolescent is different).

Behavioural disorder related to attention deficit and hyperactivity (attention deficit hyperactivity disorder – ADHD)

- The main features are impaired attention and over-activity that affect a child's functioning in daily life and learning.
- It is common: 5–8 %, especially in boys.
- What is the cause?
  ADHD may have a genetic component, but it is not clear exactly what causes it.

39

Explain that the behavioural disorder characterized by impaired attention and over activity is also called **attention deficit hyperactivity disorder** (or ADHD).

Talk through the points on the slide.

What you need to know about ADHD?

- When children with ADHD are not recognized, they may be mislabelled naughty and irresponsible and be blamed and punished for their behaviours.
- Punishment can worsen their behaviour.
- When children with ADHD do not receive care and support, they may drop out from school.

40

Talk through the points on the slide

At the end, emphasize that early identification and interventions to support the parents and carers can and will help the child.

Behavioural disorder related to dissocial, aggressive and disobedient behaviour (conduct disorder)

- Main features are repetitive and persistent dissocial, aggressive or defiant conduct.
- Is conduct disorder common?
  4–10%, especially in boys.
- Caused by both genetic vulnerability and difficult psychosocial environments (exposure to violence, neglect, parents' mental or substance use disorder).

41

Explain that the behavioural disorder characterized by dissocial, aggressive and disobedient behaviour is also called "conduct disorder".

Talk through the points on the slide.

Why do you need to know about conduct disorder?

- When children/adolescents with conduct disorder do not receive appropriate care and support, they may drop out of school.
- They are at increased risk for depression.
- They are also at increased risk of having alcohol, drug use and criminal problems.

42

Emphasize again that early identification and support can change the course of a child/adolescent's entire life.

Why is treatment for behavioural disorders in young people important?

Early intervention is important to:

- Reduce suffering and disability.
- Improve educational and health outcomes.
- Improve the child's relationship with their family, teachers and peers, thus improving their outcomes.
- Help parents and teachers to better understand the behaviour of the child/adolescent with a behavioural disorder.

43

Discuss with participants why they think treatment for behavioural disorders is important. Then talk through the point on the slide.

Person's story

Living with behavioural disorders.

44

Choose to read person story 1 – living with ADHD or conduct disorder (see CMH supporting material).

This will consolidate learning by giving participants a real life experience of what it feels like to live with behavioural disorders.

Emotions and emotional disorders

- Feelings of fear, anxiety, sadness and or irritability in children and adolescents is normal and healthy as they grow and develop.
- Only when these emotions are felt for prolonged periods of time, cause disabling distress and impact on the child or adolescents ability to function in everyday life should it be considered a disorder.

45

Emphasize that emotional disorders are characterized by increased levels of anxiety, depression, fear and somatic symptoms (such as aches and pains felt in the body) that impact on the child/adolescent's ability to function and cause severe levels of distress.

Emotional disorders

Main features of emotional disorders are:

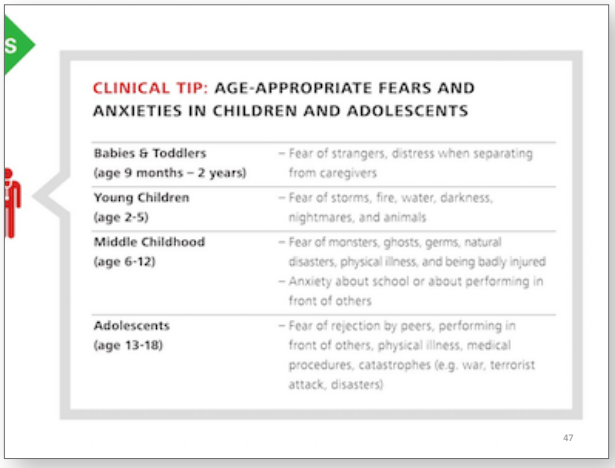
- Prolonged (intense emotions felt for prolonged period of time).
- Disabling: impedes the child/adolescents ability to function in everyday life.
- Distress: intensely feeling emotions such as sadness, fearfulness, anxiety and irritability.

46

Direct participants to page 71 mhGAP-IG for a description of common presentations of children and adolescents with emotional disorders and talk through the points on the slide.

Emphasize that it is normal for children and adolescents to experience all of these emotions.

There are age-appropriate fears and anxieties in children and adolescents.



47

Explain that learning how to manage emotions is an important part of any child development.

Here are a list of age-appropriate emotions, fears, and anxieties.

(Ask participants to find this box in the Module: Child and adolescent mental and behavioural disorders.)

Have participants read through the box.

Explain that if a child or adolescent experiences these emotions at an inappropriate stage in their development and/or experiences them to a point that they are unable to function in their daily life, then they may have an emotional disorder.

Early identification and intervention

- Globally depression is the number one cause of illness and disability in young people aged 10–19 years.
- Suicide ranks as the third leading cause of death among young people aged 10–19 years.
- Half of people who will develop MNS conditions will experience their first symptoms by age 14.
- If young people get the care they need early then it can prevent death and avoid suffering throughout adult life.

48

Explain that depression among young people aged 10–19 is the leading cause of illness and disability.

Suicide is the third biggest killer of young people.

Half of all adults with priority MNS conditions had their first symptoms when they were adolescents (14 years old).

Explain that if those 14 year olds had been identified and cared for at that age, the prognosis for their MNS conditions may have changed and they may have been saved from a lifetime of suffering and/or their life may have been saved.

Depression in adolescence

- Core features of depression:
  - Feeling sad, irritable or down.
  - Lost interest or enjoyment in activities.
- Additional symptoms include:
  - Disturbed sleep, change in appetite, feeling worthless and excessive guilt, loss of energy, reduced concentration, problems making decisions, irritability, hopelessness, suicidal thoughts and acts.
  - These symptoms must be present **most of the day for at least two weeks.**

49

Describe the core features of depression as stated in the slide.

Emphasize that the symptoms must be felt **most of the day for at least two weeks**.

Emotional disorders in adolescents

Omar is a 14-year-old boy who lives with his parents and his two brothers and sisters. He has always been an active boy, doing well at school and interested in sports. His mother fell ill three months ago and has had to have an operation. She is unable to do much since she needs to rest for long hours. Omar has been helping his elder sister with household tasks.

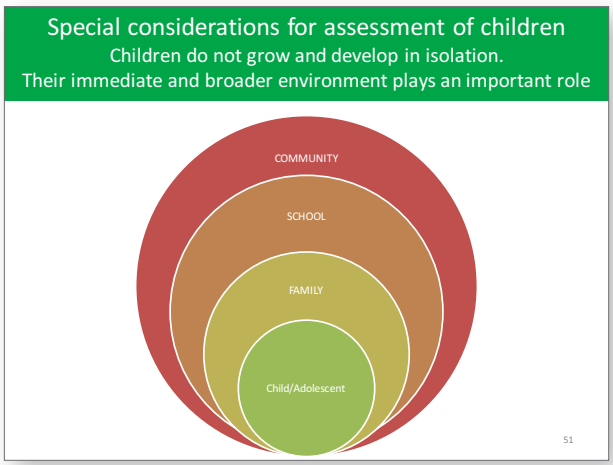
Since one month ago, his father reports that Omar has become withdrawn, preferring to stay at home rather than playing sports or visiting his friends, he has become irritable and quarrelsome with his siblings and cannot concentrate on his studies. He is worried about his forthcoming exams and does not think he will be able to do well, fearing failure. He cannot fall asleep at night and remains awake until late, making him very tired during the day. He blames himself for his mother's ill health and thinks he should have helped her more in the past.

50

Have a participant volunteer to read this case study out loud.

Facilitate a brief discussion with the group about whether Omar has emotional problems and/or should he be identified as having an emotional disorder?

Remind participants to consider the severity of the emotions, the impact they are having on Omar's ability to function and any physical condition that could be creating these emotional reactions.



Emphasize that:
- Children/adolescents cannot be assessed and treated in isolation.
- The well-being of children/adolescents is closely related to their environment (physical and social).
- Carers, families, teachers, and health-care workers play an important role.

Note: Use the diagram on the slide to show how it is impossible to understand a child/adolescent in isolation – their environment must always be considered.

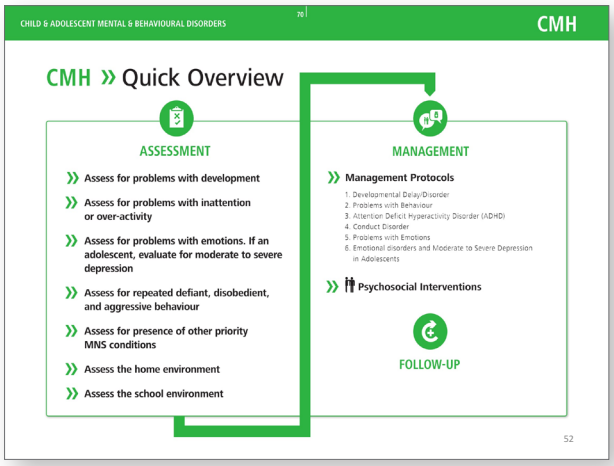
Explain that once a thorough assessment has been carried out and **if** a disorder has been identified, then some of the symptoms of developmental, behavioural and emotional disorders can be managed in non-specialized health settings.

As part of that management, it is essential to activate other support structures such as:
- parents/families/caregivers/grandparents
- schools – teachers
- community workers
- peers.

Once again, the management of a child/adolescent cannot be done in isolation – it must consider support networks, social environment etc.

Session 2: Assessment of child and adolescent mental and behavioural disorders

1 hour 50 minutes

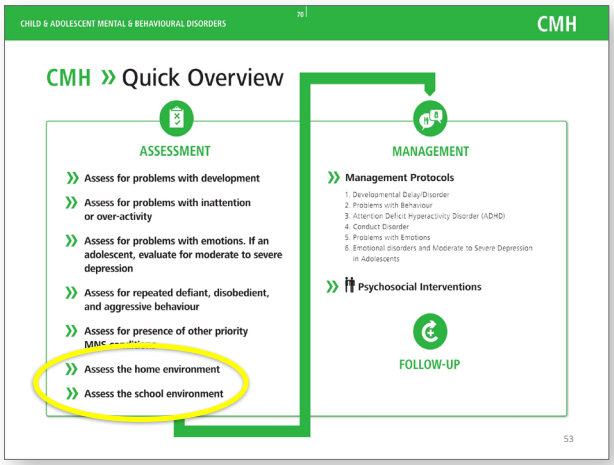


Instruct participants to open their mhGAP-IG to page 70, the beginning of the assessment algorithm for child and adolescent mental and behavioural disorders

Read through the assessment principles:

Explain that we are going to look at the assessments individually and try and understand what core pieces of information we want to learn from each assessment.

Although we will look at the assessments individually, for now it is important to understand that many children or adolescents who present may have multiple and overlapping symptoms, therefore it is important to carry out a thorough assessment that looks at all areas of the child/adolescent's behaviour and environment.

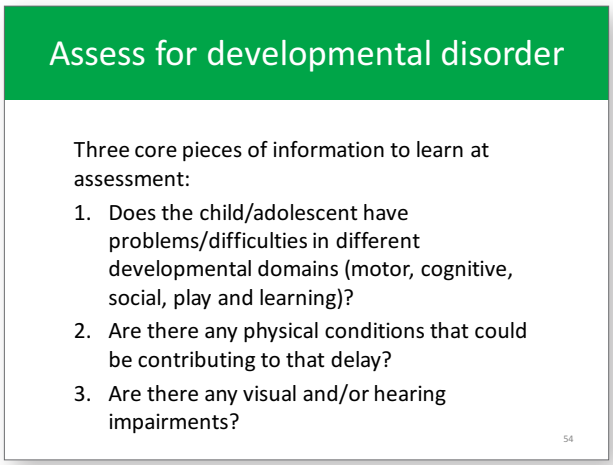


Explain to participants that this is particularly true for the assessment of the home environment and school environment.

When caring for children and adolescents with mental and behavioural disorders it is important to assess the role that the home and family environment may be having on the child/adolescent.

Explain that we will look at these assessments in more detail later on, but it is important that participants understand that when working with children and adolescents they must always consider the child/adolescent **and** their home/familial/social and school environments, because mental health problems can be precipitated and perpetuated by stressors in the home/school/community environment. For example, a teenager with behavioural issues (such as theft or truancy) may well have a depressed mother and father with substance use disorders who punishes them harshly and routinely does not give them enough food to eat at home.

Learning about the home/school/community environment helps to understand the child/adolescent.



Explain to participants that there are three core pieces of information that should be understood when assessing a child/adolescent for developmental disorders.

As you reveal the three core pieces of information, ensure participants are also looking at page 73 of mhGAP-IG to see how these pieces of information are being described in the mhGAP-IG.

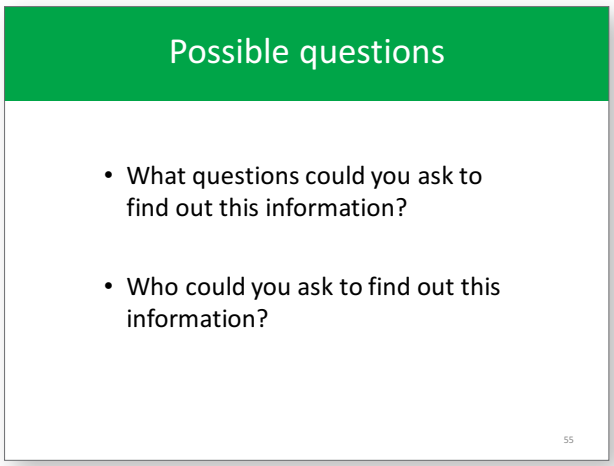
1. Does the child/adolescent have problems/difficulties in developmental domains? Remind participants what the developmental domains are (from the discussions at the beginning of the session).

If there are problems/difficulties across developmental domains then they should suspect developmental delay/disorder and assess for:

2. Any physical conditions that could explain these problems/difficulties in developmental domains.
3. Any visual and/or hearing impairments.

If the findings for **points 2 and 3** are **yes** then those conditions should be treated, and the person should be referred to a specialist as appropriate.

If the answers to **point 1** is **yes** then there are signs of developmental disorder and the participants should manage the disorder using the principles described in Protocol 1 (page 85).



Facilitate a five-minute brainstorming session with the whole group. Ask participants to suggest possible questions they could use to find out if a child has problems reaching developmental milestones?

Create a list of the possible questions.

Hang those questions up on the wall in full view so that participants can use them when they are doing role plays.

Here is a list of possible questions you could ask.

Add these questions to the list created by participants, or, if participants struggled to think of questions, show them these. Note that assessing developmental skills will result in a profile of children's strengths and weaknesses.

Emphasize that developmental milestones are used as indicators (targets) of development.

Developmental milestones refer to age ranges by which most children have learned specific skills (sitting up, standing up alone, walking, understanding instructions, using words, etc.).

Note for preparing the training:
If there is any simple, locally validated questionnaire or monitoring chart being used to monitor child development, then adapt the training session to include these materials.

Source of the four questions: Modified from Ertem et al, 2008.

Assess for problems with behaviours: Inattention and hyperactivity

1. Does the child/adolescent have problems with inattention or hyperactivity?
2. Do these problems remain in different settings, e.g. home, school, social etc?
   a. Have they lasted for at least six months?
   b. Are they appropriate for the child/adolescents level of development?
   c. Do they severely impact on the child/adolescent's ability to function in daily life (at school in the family etc.)?
3. Are there physical conditions that could resemble these symptoms?

57

As you reveal the core pieces of information that need to be understood in order to assess for problems with behaviours, ensure that participants are looking at page 74 mhGAP-IG (Step 2) and following the algorithm.

1. Explain that to assess for problems with inattention and hyperactivity the participants need to understand if the child is overactive, unable to sit still for long, easily distracted, has difficulties completing tasks, moves restlessly?
2. Do those problems remain in all settings or do they only happen at home? Or at school?
3. Are there physical conditions that could resemble these symptoms?

If the answer to **point 3** is **yes** then the physical condition needs to be treated.

If the majority of the answers to these questions are yes then ADHD should be suspected and participants should go to Protocol 3 (page 85).

If the majority of the answers to these questions are **no** then ADHD is unlikely but there remains a problem with behaviours, so participants should go to Protocol 2 (page 85).

Possible questions

- What questions could you ask to find out this information?
- Who could you ask to find out this information?

58

Facilitate a five-minute brainstorming session with the whole group. Ask participants to suggest possible questions they could use to find out the information they need.

Create a list of the possible questions.

Hang those questions up on the wall in full view so that participants can use them when they are doing role plays.

Assess for behavioural problems: Conduct disorder

1. Does the child/adolescent show repeated aggressive, disobedient or defiant behaviour?
2. Are those behaviours persistent, severe, and inappropriate:
   a. Present across multiple settings (home, school, social groups etc.)?
   b. Present for at least six months?
   c. Age appropriate (more severe than childishness or rebelliousness)?
   d. Severely impact on the child/adolescent's ability to function?

59

As you reveal the points of the slide, ensure that participants are following the assessment algorithm on page 76 mhGAP-IG Step 3.

1. Explain that to assess for conduct disorder the participants need to learn if the child shows repeated aggressive, disobedient or defiant behaviour?
2. Are these behaviours persistent, severe and inappropriate?

If the majority of the answers to these questions are **yes** then conduct disorder is suspected and participants should go to Protocol 4 (page 86).

If the majority of the answers to these questions are **no** then conduct disorder is unlikely, but there remains a problem with behaviours and participants should go to Protocol 2 (page 85).

Possible questions

- What questions could you ask to find out this information?
- Who could you ask to find out this information?

60

Facilitate a five-minute brainstorming session with the whole group. Ask participants to suggest possible questions they could use to find out the information they need, especially questions they could ask to find out about the different behaviours.

Create a list of the possible questions. Hang those questions up on the wall in full view so that participants can use them when they are doing role plays.

How to ask the child about conduct disorder

- Do you find yourself arguing with your parents?
- Do you get irritated if your parents ask you to do something?
- Have you been feeling extremely angry and irritable recently?
- Are you having difficulties getting on with other people?

61

Briefly talk through these examples of questions to the child and add them to the list produced by the participants.

How to ask a carer about conduct disorder

- Do they have severe temper tantrums?
- Do they repeatedly defy reasonable requests?
- Do they show provocative behaviour?
- Do they show excess bullying or excess levels of fighting?
- Do they show cruelty to other people and animals?
- Have they shown destructiveness to property?
- Have they been repeatedly truanting?

62

Briefly talk through these examples of questions for the carer. Add them to the list produced by the participants.

Assess for emotional disorders

1. Is the child/adolescent experiencing prolonged, disabling distress involving sadness, fearfulness, anxiety and irritability?
2. Do these symptoms severely impact on the child/adolescent's ability to function in daily life?
3. Are there physical conditions that can resemble or exacerbate these emotional symptoms?

63

As you reveal the points of the slide, ensure that participants are following the assessment algorithm on page 78 mhGAP-IG (Step 4).

If the answer to **point 3** is **yes** then the physical condition should be treated.

If the majority of the answers to **points 1 or 2** are **yes** then the participants should go to Protocol 6 for the management of emotional disorders (page 86).

If you suspect depression then go to the Module: Depression in the mhGAP-IG.

If the child/adolescent has problems with emotions but they are not severely impacting on the child/adolescent's ability to function then they should go to Protocol 5 (page 86).

Possible questions

- What questions could you ask to find out this information?
- Who could you ask to find out this information?

64

Facilitate a five-minute brainstorming session with the whole group. Ask participants to suggest possible questions they could use to find out the information they need. Create a list of the possible questions

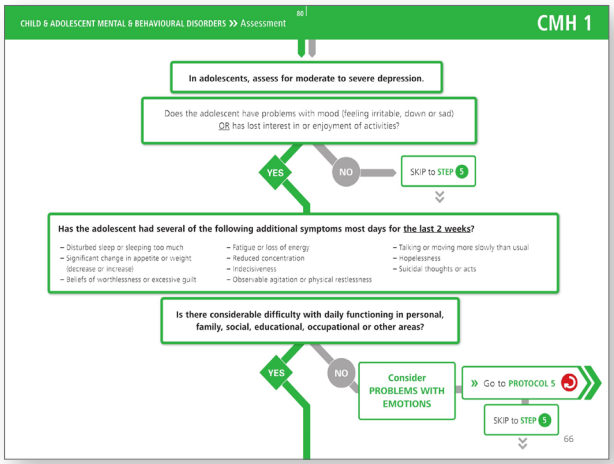
Hang those questions up on the wall in full view so that participants can use them when they are doing role plays.

Asking adolescents/carers about emotions

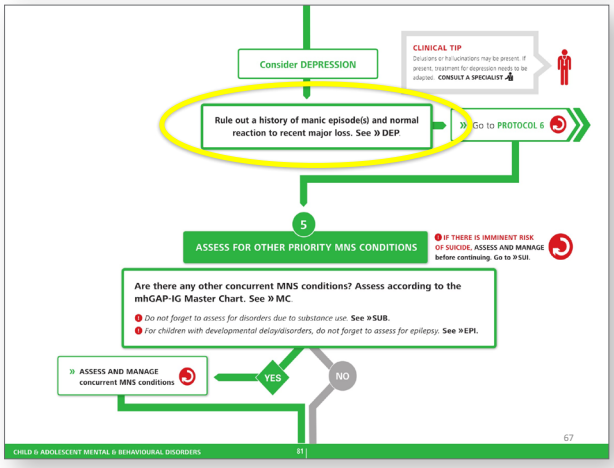
- Do they often feel irritable, sad, annoyed, down?
- Have they lost interest in activities they used to get enjoyment from?
- Do they have many worries or often seem worried?
- Do they have many fears and are they easily scared?
- Do they complain of headaches, stomach aches or sickness?
- Are they often tearful or down-hearted?
- Do they avoid or strongly dislike certain situations?

65

Read through the list of possible questions and add them to the list produced by the participants.



Talk the participants through the assessment algorithm questions for assessing depression. (mhGAP-IG page 80).

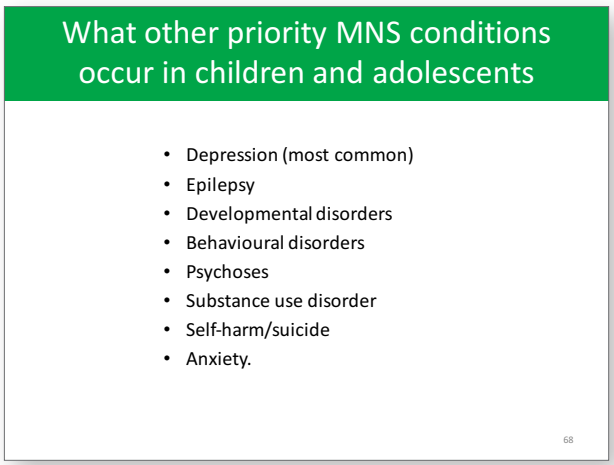


Highlight again that participants should always rule out a history of mania or manic episodes when assessing for depression. They should also explore if there has been a major loss in the past six months.

Although depression is common amongst adolescents it is important to also assess for other MNS conditions as well.

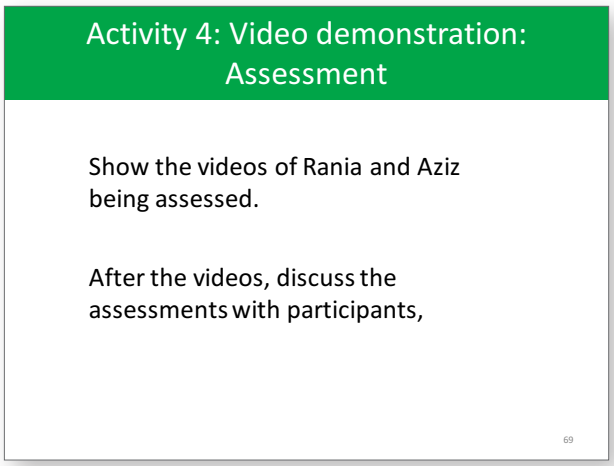
Ask participants what other priority MNS conditions they believe children and adolescents can experience?

Give them two or three minutes to answer before revealing the answers in the next slide.



Emphasize that most mhGAP priority disorders also occur in children and/or adolescents.

Activity 4: Video demonstration: Assessment

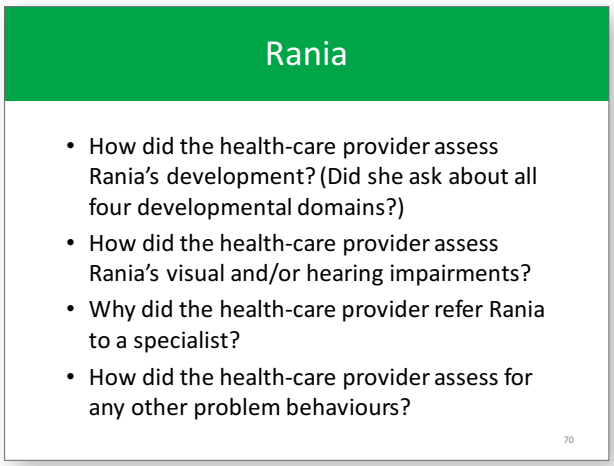


Duration: 20 minutes.

Purpose: Having discussed the assessment algorithms, to give participants the opportunity to watch a demonstration of an assessment.

Instructions:

- Ensure the participants can see and hear the videos.
  - Watch the assessment of Rania (https://www.youtube.com/watch?v=GKSTkyv3wAM&index=8&list=PLU4ieskOli8GicaEnDweSQ6-yaGxhes5v),
  - Watch the assessment of Aziz (https://www.youtube.com/watch?v=H6Nte7lxGlc&index=9&list=PLU4ieskOli8GicaEnDweSQ6-yaGxhes5v) being assessed by a health-care provider.
- The videos last for approximately 10 minutes.
- At the end of the video ask participants to reflect on the assessment they have watched.



After the video of Rania, ask the following questions:

1. How did the health-care provider assess Rania's development? Did she ask about all domains – motor, cognitive, social, communication skills?

Explain that she asked about:

Motor skills: *Have you noticed any difficulties in Rania's capacity to move around and use her hands?*

Play and social interaction: *Is she playing with her brother or friends?*

Communication: *Is Rania using any words? You told me that Rania doesn't seem to be listening to you. Is she turning her head when you call her name?*

She asked about developmental milestones: *Is Rania eating by herself?*

How did the health-care provider ask about any signs/symptoms suggesting: nutritional deficiency, anaemia, malnutrition, acute chronic infections?

2. How did the health-care provider assess Rania for visual and/or hearing impairments?

3. Why did the health-care provider refer Rania to a specialist?

4. How did the health-care provider assess for any other problem behaviours?

Do you have any other concerns about her behaviour? For example, repetitive behaviours, spinning her body around, moving her fingers repeatedly or any repetitive behaviours?

Aziz

- How did the health-care provider assess Aziz for problems with inattention or hyperactivity?
- How did the health-care provider establish if Aziz's symptoms were present across multiple settings?
- How did the health-care provider rule out other physical conditions that resemble ADHD?

71

After the video of Aziz, ask the following questions:

1. How did the health-care provider assess Aziz for problems with inattention or hyperactivity?

Explain that she was able to observe his behaviour from their interaction. She set him a small task so that she could observe further. She asked questions and listened to the mother.

2. How did the health-care provider establish if Aziz's symptoms were present across multiple settings?

Explain that the health-care provider asked about Aziz's performance at school, any recent changes at home, family relationships, developmental milestones, social interactions. She was also able to observe the behaviours in the clinic.

3. How did the health-care provider rule out other physical conditions that resemble ADHD?

Assess the home environment

Aim of the home environment assessment is to understand:

Are the emotional, behavioural or developmental problems a reaction to, or aggravated by, a distressing or frightening situation at home?

How can you assess this?

72

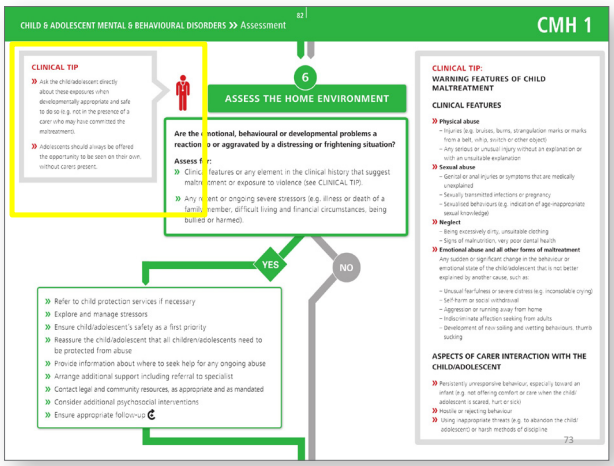
Talk through the points on the slide and explain that no matter whether you suspect developmental disorders, behavioural disorders or emotional disorders in a child/adolescent you should **always** conduct an assessment of the home and school environment.

Children/adolescents do not grow up in isolation – they have so many competing influences on their environment at home, in school and in the community and these influences need to be understood and included when assessing the child/adolescent.

Explain the first aim of the home environment assessment.

Ask participants how they could assess for this? What questions could they ask? Who could they ask? How could they find this out?

Give them a few minutes to answer and then direct them to the clinical tips on page 82 mhGAP-IG.



The clinical tip suggests that you ask the child/adolescent directly about their home environment.

Ask who they live with? What are the family relationships like? Does it feel like a safe environment?

Ask them to describe a typical day at home, what do they do, who are they with etc. That is a useful way to establish what happens in the home environment.

Establish as well if there have been any recent losses and recent stressors that have happened in the family.

Example questions for the child/adolescent

- How are things at home?
- Has anything stressful or difficult been happening recently?
- Has anyone at home or outside the home hurt or upset you in anyway?
- What happens when you do something your parent/carer doesn't like?
- What happens in your home when people get angry?

74

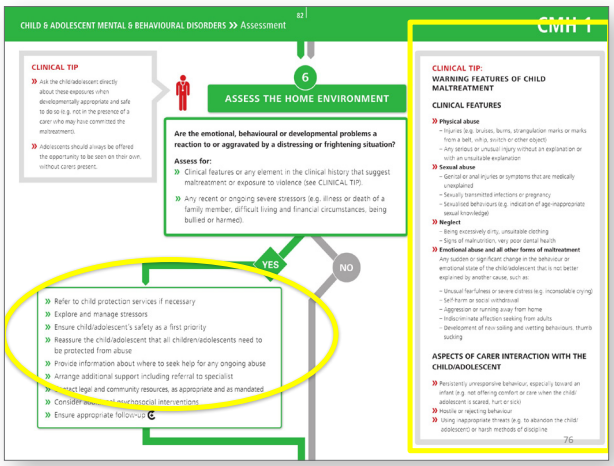
Talk through the different examples of questions that participants could use to ask the child/adolescent about their home environment.

Example questions for carers

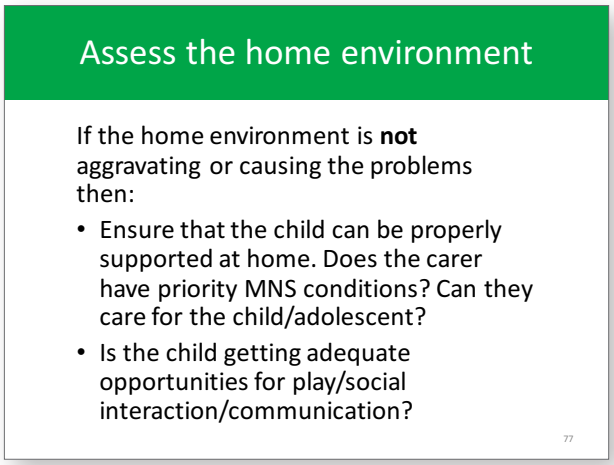
- Are there any difficult or painful situations at home that may be affecting how your child/adolescent feels or behaves? These could be situations happening now or that have happened in the past.
- Has anyone at home been hurt or upset by anything recently?
- Did the child/adolescent's difficulties begin after a new or stressful event?
- How do you discipline your child?
- How do other family members discipline your child?

75

Talk through the examples of questions that participants could use to ask carers about the home environment.



Give the participants time to read through the clinical tip and what can be done if they identify maltreatment (mhGAP-IG page 82).

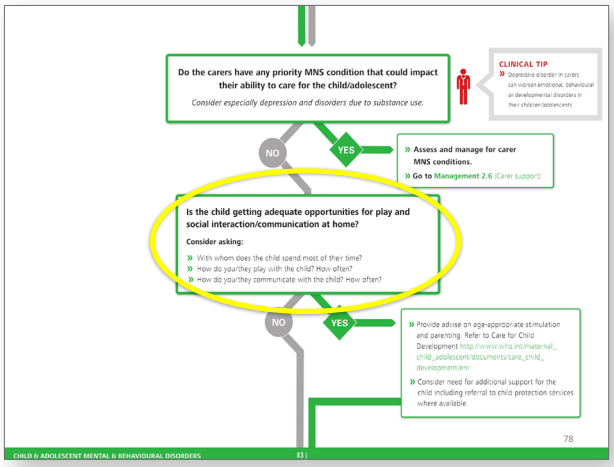


Talk through the points on the slide and emphasize that if the home environment is not distressing and there is no evidence of maltreatment then try and understand if the carer is capable of offering care and support to a child/adolescent with mental and behavioural disorders?

Does the carer have an MNS condition?

Does the carer need further support?

If the carer is able to offer care then is the home environment set up well? Does the child have opportunities to play, socialize, communicate, learn etc.



Ask the questions:

With whom does the child spend most of their time?

How did you/they play with the child? How often?

How do you/they communicate with the child?

WHO has released training on parenting skills – would that be of use to the carer (where the training is available)?

Assess the school environment

- Establish if the child/adolescent is attending school? **If not why not?**
- Is the child/adolescent being bullied, not able to participate in learning, refusing to attend?

If the answer to these is **yes** then (with consent) talk to the teachers. Find out what is happening. Support the staff to help manage the child/adolescent.

79

Direct participants to page 84 mhGAP-IG.

Talk through the points on the slide as the participants follow the assessment algorithm.

Answer any questions or concerns they may have.

Assess the school environment

- How practical would it be to carry out an assessment of school environment in your setting?
- How would the school and teachers respond?
- What could they do to strengthen those links?

80

Facilitate a brief discussion around these questions.

Have the participants think of practical steps they could take to create stronger links with schools and teachers in their areas.

Activity 5: Demonstration role play (conduct disorder)

Activity 5: Demonstration role play (conduct disorder)

- Does John have a conduct disorder? If so, why?
- How the health-care provider assessed for any repeated aggressive, disobedient or defiant behaviours?
- How did the health-care provider assess for those symptoms across multiple settings?
- Were the symptoms present for at least six months?
- Was there considerable difficulty in daily functioning in personal, family, social, educational and occupational life? If so, what was that?

81

Duration: 30 minutes.

Purpose: To give participants an opportunity to observe and reflect on an assessment of a child with a conduct disorder.

Instructions:

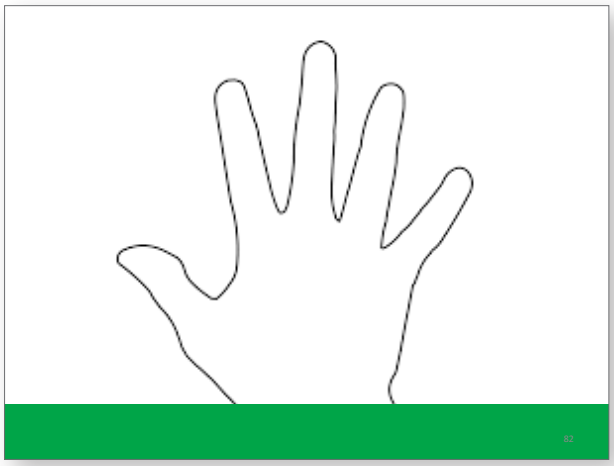
- The facilitator will play the role of the health-care provider.
- The co-facilitator (if there is no co-facilitator use a volunteer) will play the role of the mother.
- A volunteer participant will play the role of 13-year-old John.

- Each person reads has two minutes to read through their scripts (see CMH supporting materials – demonstration role play).
- Then the other participants watch the demonstration role play.
- At the end of the role play ask the participants to reflect on:
  - Does John have a conduct disorder? If so, why?
  - How the health-care provider assessed for any repeated aggressive, disobedient or defiant behaviours?
  - How did the health-care provider assess for those symptoms across multiple settings?
  - Were the symptoms present for at least six months?
  - Was there considerable difficulty in daily functioning in personal, family, social, educational and occupational life? If so, what was that?

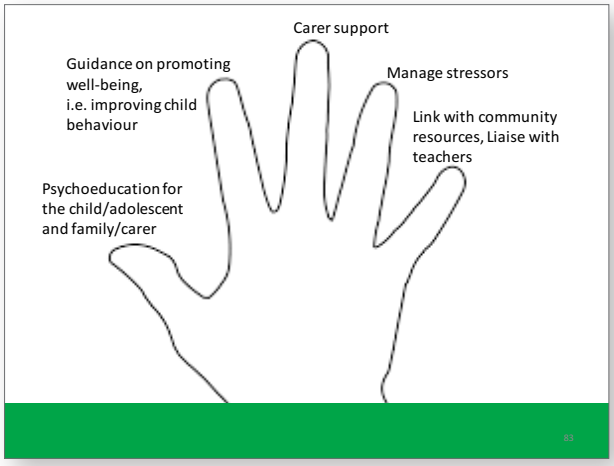
Note: Instead of a demonstration role play, you can use role play 4 (CMH supporting material) and allow them to practise assessing and managing an adolescent with conduct disorder.

Session 3: Management of child and adolescent mental and behavioural disorders

1 hour



Ask participants to briefly brainstorm what management interventions they think they could use to manage child and adolescent mental and behavioural disorders.



Explain that there are different protocols for specific disorders in the mhGAP-IG which they will look at next.

However, the protocols have a few interventions in common:

- Psychoeducation to the child/adolescent and psychoeducation to the carer/family.
- Promote well-being (including strategies to improve child behaviour).
- Carer support.
- Manage stressors.
- Link with community resources/liaise with teachers.

mhGAP recommendations

Psychosocial interventions for treatment of behavioural disorders	Behavioural interventions for children and adolescents, and caregiver skills training.
Psychosocial interventions, treatment of emotional disorders	Psychological interventions, such as CBT, IPT for children and adolescents with emotional disorders, and caregiver skills training focused on their caregivers
Caregiver skills training for the management of developmental disorders	Caregiver skills training should be provided for management of children and adolescents with developmental disorders, including intellectual disabilities and pervasive developmental disorders
Antidepressants among adolescents with moderate-severe depressive disorder for whom psychosocial interventions have proven ineffective	Fluoxetine (but not other Selective Serotonin Reuptake Inhibitors or Tricyclic Antidepressants) may be offered. The intervention should only be offered under supervision of a specialist.

84

Explain each recommendation individually and answer queries.

Explain that first-line treatment should always be psychosocial interventions.

Only use medication in adolescents with depression if psychosocial interventions have proven ineffective.

Where possible refer to specialist for any pharmacological intervention.

Psychosocial interventions

- Psychoeducation can be given to all carers even if their children/adolescents do not have mental and behavioural disorders.
- Guidance on improving behaviour can be given to all carers.
- The more people that are aware of the importance of healthy childhood development the better the outcomes for children and adolescents.

85

Explain that psychoeducation and support in improving child/adolescent behaviours can be given to all carers irrespective of if their children/adolescents have mental and behavioural disorders.

The more people that are aware of the importance of healthy early childhood development, the better the outcomes for young people in those communities.

Explain that what happens to children/ adolescents in their early years is critical to the kind of adult that they will become.

Psychoeducation messages should emphasize the importance of the child/ adolescent:
- getting enough sleep
- eating healthily
- taking the time to be physically active and play
- the importance of education
- the importance of building friendships with people they trust
- avoiding the use of substances.

Psychoeducation messages to the carer

- Strongly emphasize that the child/adolescent should not be blamed for their disorder and/or behaviour.
- It is not their fault, nor is it because they are cursed or evil.
- Acknowledge how hard and stressful it is for the carer.
- But stress that the child/adolescent needs kindness, patience, love and support.

86

Acknowledge how difficult and stressful it is to care for a child/adolescent with mental and behavioural disorders but state that the child/adolescent is not to blame. They are not evil or cursed or even doing this deliberately.

They need patience, love, kindness and support.

It is vital to ensure that the carers understand how to protect the dignity and human rights of the child/adolescent and know which agencies they can approach if human rights are being breeched.

Explain that we will now do an activity to practice using psychosocial interventions.

Activity 6: Role play: Psychosocial interventions

Activity 6: Role play: Psychosocial interventions

- Read through and familiarize yourself with the psychosocial interventions in the mhGAP-IG (pages 87–89).
- Aziz (six) and his mother Fatima have just heard that Aziz has ADHD.
- The health-care provider will develop a treatment plan and deliver psychosocial interventions to Aziz and his mother, including psychoeducation.

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See role play 2 (CMH supporting material).

Duration: 45 minutes.

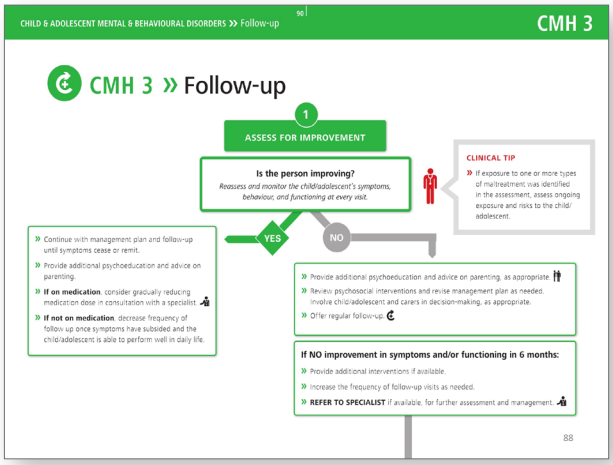
Purpose: To give participants the opportunity to read through, reflect on and practise using psychosocial interventions to care for a child and their carer.

Situation:
- Aziz (six) and his mother Fatima have just heard that Aziz has ADHD.
- The health-care provider will develop a treatment plan and deliver psychosocial interventions to Aziz and his mother including psychoeducation.

Instructions:
- Divide the participants into groups of three.
- Instruct one person to play the role of the health-care provider, one the person seeking help and one the observer.
- Distribute the role play instructions to each person depending on their role.
- Ensure that the participants keep to the allotted time.

Session 4: Follow-up

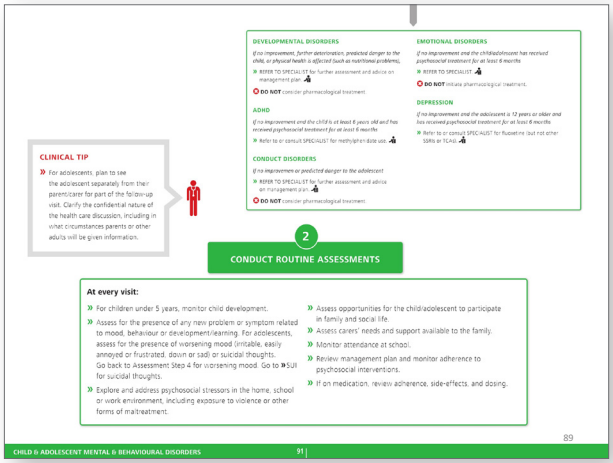
40 minutes



Describe the follow-up algorithm.

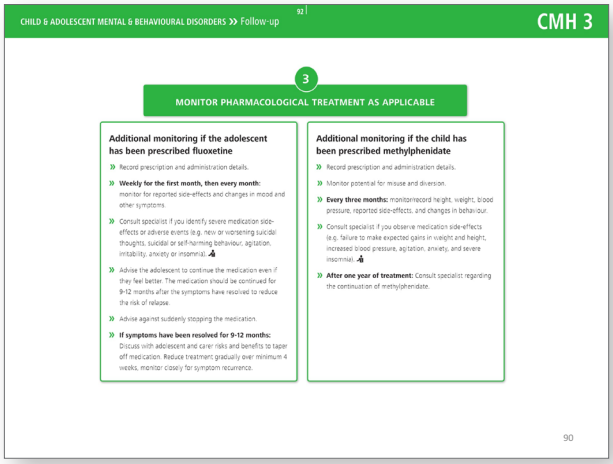
Ask when they think someone should be referred to a specialist?

What could they do if a specialist is not available?



Emphasize the importance of conducting routine assessments at every follow-up visit.

Things can change very quickly in the life of a child/adolescent, so it is important to keep regularly monitoring what is happening to them, in their home life, in their social life, at school, etc.



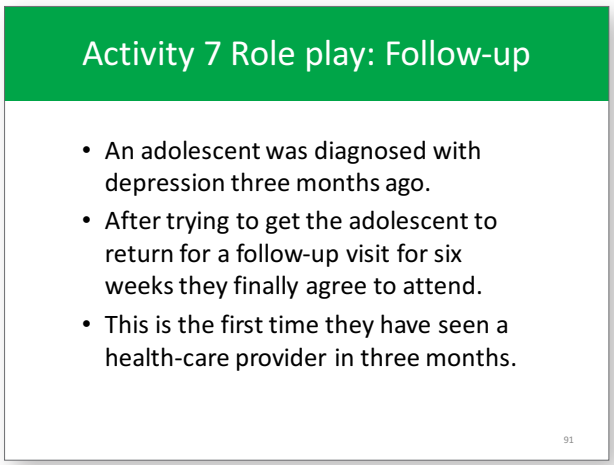
If a child/adolescent has been started on any pharmacological treatments, ensure that they are being monitored closely.

Ensure that parents and carers and teachers know and understand what side-effects to look out for.

Facilitate a brief brainstorming session (maximum five minutes). Can participants identify any barriers to providing follow-up care to children/adolescents?

How could they overcome those barriers?

Activity 7: Role play: Follow-up



See role play 5 (CMH supporting material).

Duration: 30 minutes.

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

Situation:
- 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:
- Divide the participants into groups of three.
- Instruct one person to play the role of the health-care provider, one the person seeking help and one the observer.
- Distribute the role play instructions to each person depending on their role.
- Ensure that the participants keep to the allotted time.

Session 5: Review

15 minutes

Duration: Minimum 15 minutes (depends on participants' questions).

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

Instructions:
- Administer the MCQs (see CMH supporting material) to participants.
- Discuss the answers as a group.
- Facilitate a brief discussion answering any queries or concerns the participants may have.

CMH PowerPoint slide presentation

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

CMH supporting material

- Person stories
- Developmental milestones
- Role plays
- Demonstration role play: Conduct disorder
- Multiple choice questions
- 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=H6Nte7lxGIc&index=9&list=PLU4ieskOli8GicaEnDweSQ6-yaGxhes5v

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