

Assessing someone with a mental illness

This chapter is about how you can carry out an interview to diagnose a mental illness. It covers the main symptoms of mental illness and gives tips on how to manage difficult interviews, such as those in crowded primary care clinics or with people who refuse to talk. It describes the questions you can ask to confirm the presence of a mental illness.

2.1 Can you examine a mentally ill person?

The assessment of mental health need not be done by a specialist. It requires nothing more than compassion, good listening skills and some basic knowledge, as described in this manual.

Some health workers have mixed feelings about assessing a mentally ill person. They may experience:

- fear that the person may attack them;
- disgust with the person's lack of personal hygiene;
- frustration that the interview may take longer than a regular examination;
- amusement at the odd behaviour shown;
- anger that the person is wasting their time with 'no real illness'.

Such feelings will usually make it harder for you to provide help for mental illness. These attitudes will also make the person less comfortable and less likely to share feelings with you. A person with a mental illness should be treated with the same respect and compassion as anyone else. Working with the mentally ill is a challenge that will be both fulfilling and rewarding. The most important aspect of assessing mental illness is to give the person enough *time*.



2.2 Will you have the time to talk to someone who may have a mental illness?

The first thing to remember is that time spent finding out why someone has come to see you may actually save you time later on. We know that many mental illnesses, especially common mental disorders and alcohol problems, are rarely recognised by health workers. Health workers in a busy clinic will often simply accept

Don't be in a hurry! Time spent now can save you more time later!

someone's complaints and give medicines for them. Thus, painkillers are prescribed for aches and pains, vitamins for fatigue and sleeping pills for sleep problems. However, this may mean that the real problem, the mental illness, has not been treated. Many of these people will keep returning to the clinic and will take up more time. Thus, time spent finding the true problem may actually be a saving of time in the long run! Besides, you will get the reward of seeing the person improve rather than keep coming back for more pills. The second important thing to remember is that it does not take a long time to ask about mental illness. The key to using time sensibly is to be well informed about how to ask about mental illness, and this is described below.

2.3 Who will have a mental illness?

The commonest image of a mentally ill person is someone who is talking nonsense and behaving bizarrely. In reality, the vast majority of people with a mental illness look, behave and talk no differently from those with a physical illness. Mentally ill people are no more dangerous than physically ill people, and you should never feel that you are at risk of being harmed simply because you are talking to a person who is suffering from a mental illness.

You should consider using some kind of screening procedure to identify people who may be suffering from a mental illness. Then you can spend more time with such people to find out what the problem is and start treatment. There are two approaches to screening people in a busy clinic. First, there are some kinds of clinical presentations that are typical of mental illness. If anyone presents with these, you should suspect a mental illness (Box 2.1). Second, you can ask a set of 'golden questions' to help detect the two commonest types of mental health problems in general health care, namely the common mental disorders and alcohol dependence (Box 2.2) (Section 9.1). If the answer to any of these questions is positive, you should then ask more questions about these conditions.

Box 2.1. Clinical presentations that suggest a mental illness

- When the person or relatives complain directly of mental illness, such as depression or alcohol problems.
- When the person or relatives suspect supernatural causes.
- When a specific cause of mental illness, such as alcohol misuse and family violence, is obvious.
- When you know that the person has relationship problems, such as marital and sexual problems.
- When you know that the person has life problems, such as unemployment or the death of a close friend.
- When there are many physical complaints (especially more than three) that do not fit into a pattern of any known physical illness.
- When there is a personal or family history of mental illness.

Box 2.2. Golden questions to detect mental illness in general health care settings

- Do you have any problems sleeping at night?
- Have you been feeling as if you have lost interest in your usual activities?
- Have you been feeling sad or unhappy recently?
- Have you been feeling scared or frightened of anything?
- Have you been worried about drinking too much alcohol recently?
- How much money and time have you been spending on alcohol recently?

If any of the answers are 'yes'. Ask more detailed questions to confirm the diagnosis.



2.4 What to ask a person with a probable mental illness

A standard form of interview can be used for people who, as a result of the screening process, you suspect have a mental illness (Box 2.3). There are three types of information you will need to understand the problem. This information should also suggest ways in which the person can be helped.

- Basic information on age, address, family details and employment should be collected for anyone who consults you.
- Information about the illness itself should begin with finding out about the symptoms, for example how long they have been present and how they affect the person's life.
- Then you should ask about the person's social situation. This should include who the person is living with and who are the main sources of social support. Questions about recent life events such as a death in the family may help explain why the person is suffering from a mental illness.

2.5 Symptom checklists to diagnose mental disorders

The following symptom checklists may be used for the diagnosis of three major types of mental disorders described in Chapter 1.

2.5.1 To diagnose a common mental disorder (depression or anxiety)

The person must have had at least one of the following symptoms for at least two weeks:

- feeling sad;
- loss of interest in daily activities;
- feeling tense or nervous or worrying a lot.

Other symptoms that are frequently present and should be asked about include:

- disturbed sleep;
- tiredness;
- loss of appetite;
- poor concentration;
- suicidal thoughts;
- palpitations (heart beating fast), trembling, dizziness;
- aches and pains all over the body.

Box 2.3. Information to collect from people with a probable mental illness

General information

- Sex
- Age
- Occupation
- Marital status

History of current complaint

- When and how did it start?
- Is it getting worse?
- Are medicines (or other treatments) being taken?
- The person's beliefs about the illness - what the person feels the illness is and why it has happened. You may ask questions about beliefs regarding stress and supernatural factors causing the illness.

Other information

- Is there any history of mental illness (if so, ask for old prescriptions or old clinic notes)?
- Relevant medical history, such as recent head injury.
- Recent major life events, such as separation, death in the family, unemployment.
- Social support - specifically, who does the person live with, who cares for the person, and is there any form of support from outside the home, such as religious or spiritual support and friends?

2.5.2 to diagnose a severe mental disorder

The person must have at least two of these symptoms:

- believing things that are untrue, for example that his thoughts are being controlled by outside forces or that people are trying to poison him (delusions);
- hearing or seeing things that no one else can (hallucinations); often these are frightening;
- agitation and restlessness or withdrawal and lack of interest.

If these symptoms have been present for less than a month, the diagnosis may be of an acute psychosis. If they have been present for more than a month, schizophrenia is possible. If there is a history of episodes in which the person seems to recover completely, bipolar disorder may be the diagnosis. The 'high' or manic episode can be diagnosed on the basis of:

- increased speed of talking;
- restlessness;
- irritable mood (getting angry easily);
- grand ideas (out of keeping with reality).

2.5.3 to diagnose alcohol (or drug) dependence

The person must have at least two of the following symptoms for at least one month:

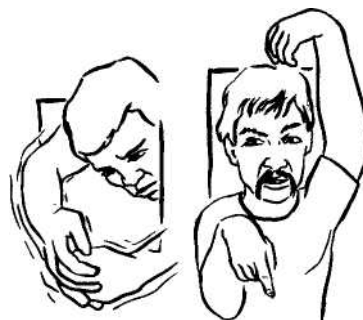
- drinking (or drug use), which has led to personal problems such as losing his job or health problems such as accidents or jaundice;
- difficulty in controlling the use of alcohol (or the drug) even though there are problems being caused by the use;
- alcohol (or the drug) is used throughout the day;
- feeling sick or unwell unless he drinks alcohol (or takes the drug);
- using gradually increasing amounts of alcohol (or the drug).

Section 6.1 gives more details on how to diagnose alcohol dependence; for the diagnosis of other types of mental illnesses such as confusion, dementias and child mental health problems, refer to specific chapters in the manual.

2.6 What to look for during the interview

During the interview, you should note any of the following:

- facial expressions of sadness or fear (with schizophrenia and depression);
- restlessness, i.e. unable to sit relaxed (with psychoses, depression, drug and alcohol dependence and as a side-effect of some psychiatric medicines);
- strange movements (associated with schizophrenia and as a side-effect of some psychiatric medicines);



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- irrelevant answers to questions (associated with all the psychoses);
- a very fast rate of talking (associated with the psychoses, especially mania);
- a very slow rate of talking (associated with depression, drug dependence and schizophrenia);
- the person's general hygiene and self-care (poor in depression, drug and alcohol dependence, and schizophrenia).



2.7 How to conduct interviews

Here are some hints on how to help people feel comfortable discussing their feelings and symptoms:

- You should introduce yourself to the person. Some people may be confused or suspicious. You should clearly state your professional role and say that you wish to talk about the person's recent health.
- To establish rapport, you can begin the interview with a general subject such as a recent news event. Many people feel more comfortable discussing personal issues when they can identify with the health worker, for example speak the same language and live in the same area.
- Empathy simply means imagining what it must feel like to be in another person's place. Understanding a person's symptoms and the social and family situation will help you be more sensitive in dealing with illness and will help the person feel more comfortable in talking to you. The golden questions should be asked of anyone who consults you. Any positive responses should lead to a more thorough assessment, using the checklists in section 2.5.
- It is helpful always to keep in mind the main types of mental illnesses and their symptoms (section 1.3). This is especially important because many sufferers may not openly discuss emotional complaints unless specifically asked about them.
- You must not appear pressured for time, for example by constantly checking a wristwatch! Remember that just ten minutes is often all that is needed to understand a person's problem and guide treatment choices. Of course, it is better if you can spare more time.
- Give the person a chance to talk without the relatives present. Never consider people 'unreliable' simply because they suffer from a mental illness.

Try to speak to the relatives as well. Some people with a mental illness may deny they have a problem. Some may not be fully aware of the nature of their behaviour. Relatives and friends can often give information that is valuable in making a clinical decision.

Look at the person during the interview. Eye contact can help make people feel confident that a health worker is interested in what they are saying.

Try to ensure privacy; this may be impossible in crowded clinics, but even here you can speak softly so that discussions of personal problems are not overheard by others in the room. Alternatively, ask the person to wait till the clinic is less crowded and then talk in private.

And how long have you been hearing voices, Mr Rao?



Try to ensure privacy – discussions of personal problems should not be overheard.

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- Record key information for future reference, especially the main symptoms, current diagnosis and important information, such as the presence of any marital problems.

2.8 How to reach a diagnosis

There are only a few types of diagnosis that need to be made in a general health care setting. Part II will describe how you can diagnose various mental illnesses based on the problems people complain of to health workers. Be familiar with the types of mental disorders (V section 1.3) and the questions to assess mental health as discussed in this chapter. Practice the questions first with colleagues. Remember that diagnoses are important for two reasons:

- to help guide you in selecting the right treatments;
- to help explain to people the cause of their complaints.

2.9 Special situations in assessment

There are some special situations in assessing mental illness. These include:

- assessing someone who refuses to talk;
- assessing physical complaints in a person with a mental illness;
- assessing someone on the telephone;
- assessing someone with the family present;
- assessing the violent person (section 4.1);
- assessing the confused person (section 4.2);
- assessing the suicidal person (section 4.4);
- assessing children with mental health problems (Chapter 8).

The first four situations are discussed below. The remaining four situations are discussed in the other parts of this manual.

2.9.1 Assessing someone who refuses to talk

Sometimes you may be faced with people who refuse to talk. This could be for many reasons. They may be angry for having been brought to the clinic. They may be scared that talking to a health worker might mean they will be labelled a 'mental case'. They may be suspicious of your motives.

The general advice in such situations is to allow more time. Interview the person in a private room if possible. If this is not possible, at least ask any relatives to stand far away so that the conversation cannot be heard by them. This may help the person feel more confident about sharing personal problems. Do not threaten the person, for example by saying that you do not have time to waste. Instead, reassure someone who refuses to talk that you are interested in their problems. If the person refuses to talk and you have other work to attend to, say you need to go to complete the work and that you will return later when you have more time. This will allow the person some more time to think. It will also demonstrate your concern.

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Do not threaten the person (left) by saying that you do not have time to waste. Instead, reassure someone who refuses to talk that you are interested in their problems (right).

2.9.2 Assessing physical complaints in a person with a mental illness

Imagine that someone whom a health worker knows has a mental illness comes to the clinic with a new complaint of a headache. Often health workers will assume that the complaint is just another symptom of the mental illness. However, this attitude may lead to a serious physical illness being missed. It is important that the physical health of a mentally ill person is given due attention. Do not dismiss new physical complaints without properly assessing them and, if required, carrying out necessary tests. Remember that mentally ill people may neglect their physical health. Some kinds of mental health problems are closely associated with physical health problems. The most important examples are:

- alcohol and drug dependence, which can seriously damage physical health (Chapter 6);
- women who have been subject to violence or rape (sections 7.2, 7.3);
- confusion and agitation, which can often be caused by physical health problems (section 4.2);
- disturbed behaviour in elderly people (section 4.7).

2.9.3. Assessing someone on the telephone

Where telephones are available, people may call you for advice. In fact, this can save time for both you and the caller by avoiding unnecessary visits to the clinic. Sometimes, a person may call you with a problem that is related to mental health. Examples of such calls could be:

- a person who wishes to die;
- a child who is in need of help;
- a person who is drunk and confused;
- a person who is angry and abusive.

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Avoid giving vague advice or reassurance on the telephone. You should approach callers as follows:

Why are you so distressed?
(Can you come to the clinic to talk to me?)

- Find out their name, age, address and which telephone number they are calling from.
- Ask them to tell you exactly what the problem is, how it started, what has happened recently. Get an idea of the situation they are facing.
- Find out about any close friends or relatives to whom they can talk. Encourage callers to share their distress with them now.
- If they are abusive or confused, explain that you would like to help but cannot if they do not change their attitude. If callers remain difficult, hang up the telephone.
- Ask them to come to the clinic if you feel they are in need of a face-to-face assessment.
- With children in distress, immediately inform a local child welfare team or the local police. Ask children to stay where they are and say that someone will come to help them.



2.9.4 Assessing someone with the family present

Families are an important factor in assessing and treating people with mental illnesses. You must balance the need to involve the family in the assessment with the need to ensure the person's privacy. As a rule, it is important that you have a chance to speak to the person alone on at least one occasion. During this interview, you will have a chance to find out about family relationships and stresses. Later on you may discuss the problem with other family members. However, care must be taken not to discuss matters that the person has said should remain confidential.



There are some situations when the family can be a key to providing information about the person. For example, some people with severe mental disorders or dependence problems cannot give a clear or accurate account. In such cases, talking to relatives can provide you with the information needed to reach a diagnosis. Relatives can play an important role in monitoring the health of the person and encouraging the taking of prescribed treatment.

Box 2.4. Things to remember when assessing someone with a mental illness

- The most important factors in assessing mental illness are to give enough time to talk to the person and to be able to listen patiently to the person.
- Most mentally ill people can give a clear and complete history of their problem. Relatives can also provide useful information.
- A systematic assessment interview can be the first (and a very important) step in the treatment of the person with a mental illness.
- Most common mental health problems can be easily diagnosed by asking questions about specific complaints.
- Mentally ill people may also suffer from a physical illness; never dismiss a physical complaint just because a person also has a mental illness.

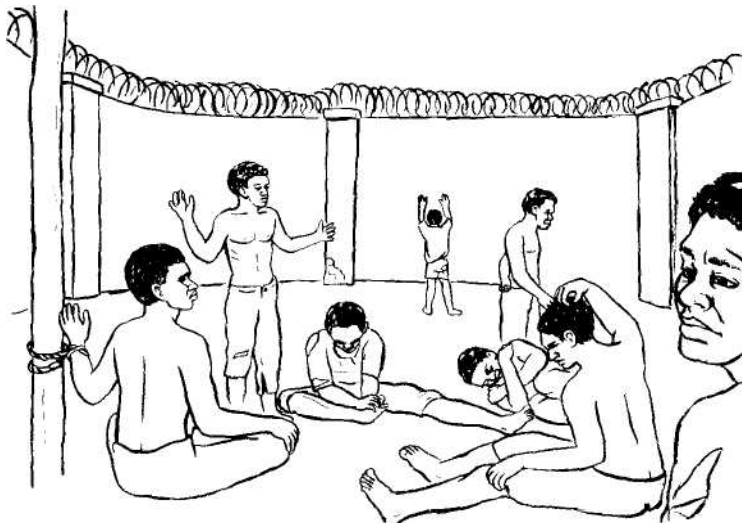
The treatment of mental illness

There was a time when many people with mental disorders were locked up in asylums and treated in a degrading manner. People blamed mentally ill people for the way they behaved and would abuse them. Even today, many mentally ill people suffer human rights abuses in their homes and in some mental hospitals. Many people think that mental illnesses are untreatable. Some people cannot understand how 'talking' to someone can be considered a 'medical' treatment.

The truth is very different. Most mental disorders can be effectively treated. The real problem is that many people with mental disorders rarely see health workers. Even when they do, they tend to receive treatments that are not effective or may even be harmful. Like medicines for physical illnesses, medicines for mental illness work only when taken in the right doses for the right period of time. 'Talking' can be as effective a treatment as a pill, depending on how the talking treatment is carried out and for what reason.

There are two important points for you to remember while reading this chapter.

- The treatment of the vast majority of mental illnesses can be done with confidence by any general health worker armed with the basic knowledge described in this manual. Thus, the diagnosis of a mental illness does not mean that the person needs specialist care. It only means that you now know what type of treatment is needed.
- There are many effective ways of treating mental illnesses. The usual approach to mental illness, of treating only the different physical symptoms - for example sleeping pills for sleep problems, tonics and vitamins for tiredness, and painkillers for aches and pains - is often the least helpful in the long run. Diagnosis of the type of disorder and providing specific treatments are just as important for mental disorders as they are for physical disorders.



Even today, mentally ill persons are treated inhumanely in many places.

3.1 Drug treatments

3.1.1 When to use medicines

First, you must decide whether to use a medicine. Sometimes, medicines are prescribed even when a health worker feels they are not needed. Do not use a medicine only because the person expects a medicine. If some people expect medicines, it is often because they are used to getting medicines every time they consult a health worker. They may believe that the only way to help a sickness is by drugs and injections. They may not be aware of the important roles played by knowledge, lifestyle changes and emotional support. If you do not take this chance to educate them and, instead, use unnecessary medicines, the person's problem may take much longer to improve. In the long run the person may come to see you more often and for much longer and take up more of your time.



On the other hand, some people are very reluctant to take medicines at all! They will offer many reasons and excuses. The most common reason for refusing medicines, though, is ignorance.

Some health workers may feel that medicines for mental illnesses are too dangerous. There are different types of drug treatments available for different mental illnesses. There are some general rules that you should follow (Box 3.1). If these are followed properly, then medicines for mental illness are as safe as any other medicines. Do not make the error of avoiding medicines when there is clear evidence that the person suffers from an illness that would benefit from them.

As a rule of thumb, the following mental illnesses will benefit from medicines:

- severe mental disorders, including schizophrenia, manic-depressive illness and acute psychoses (Chapter 4);
- common mental disorders, particularly when these have lasted more than a month and are seriously affecting the person's day-to-day life (Chapter 5);
- acute stress situations, such as excitement and restlessness following a death of a close relative (Chapter 7).

Box 3.1. The steps in using medicines for mental illness

- Try to identify the *type* of mental illness. Knowing the diagnosis can help make the choice of treatment much simpler.
- Depending on the type of mental illness, decide whether a drug treatment is required.
- Use the guidelines in section 3.1.2 to choose a specific medicine.
- Explain to the patient how to take the medicine and for how long.
- To limit side-effects, some medicines may need to be started in a small dose which is increased in steps until the recommended average dose is reached. • Always keep a close watch for side-effects (although most psychiatric medicines are quite safe).
- Never exceed the maximum dose.
- Avoid using some drugs for too short a period (e.g. antidepressants) and some for too long a period (e.g. sleeping pills).
- Resist the temptation to continue medicines 'as before' in follow-up clinics. If you see someone taking a medicine for years, review the person's health.
- Be aware of the common trade names and costs of medicines in your area. Space is provided for this information in Part IV.

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3.1.2 which medicines to use

The next step is deciding which medicine to use. There are four major groups of medicines for mental illness:

- drugs to treat depression (antidepressants);
- drugs to treat anxiety (anti-anxiety medications, including beta-blockers);
- drugs to treat severe mental disorders (antipsychotic medications);
- drugs to control manic-depressive illness.

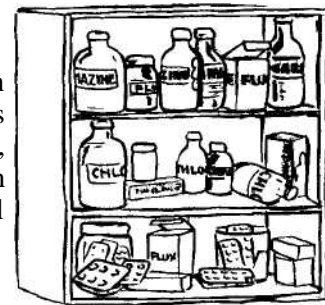
Sometimes the medicine used will depend on the diagnosis of the type of mental illness. Thus, antidepressants may be used to treat common mental disorders. Sometimes medicines are used to treat symptoms. Thus, sleeping pills may be used to help someone sleep irrespective of the diagnosis. Similarly, antipsychotic drugs may be used to treat disturbed behaviour, which may occur in severe mental disorders or mental retardation. Below are the general guidelines on which drugs to use for specific types of mental illnesses. Details of trade names, costs, doses and side-effects can be found in Part IV.

Antidepressants

These medicines are used for depression and anxiety. These disorders often present as medically unexplained physical complaints, such as tiredness and sleep problems. In addition, they are useful for panic disorder, obsessive-compulsive disorder and phobias. They can also be used when depression occurs along with other mental illnesses such as alcohol misuse or schizophrenia.

There are three main types of antidepressants that you can use:

- tricyclic antidepressants, such as imipramine, amitriptyline, norimipramine, nortriptyline, dothiepin and desipramine;
- serotonin 'boosters', such as fluoxetine, sertraline and fluvoxamine;
- new drugs, such as venlafaxine, paroxetine, bupropion and citalopram.



There are some points you should remember when prescribing antidepressants:

- Antidepressants take three to four weeks to act.
- Treatment must be continued for at least six months to avoid relapse.
- They act only if given in the right dose.
- Tricyclic antidepressants can cause drowsiness; tell patients to avoid alcohol.
- Side-effects are often short lived. Encourage patients to continue medicines if they do experience side-effects.
- Avoid tricyclics in people with prostate enlargement or glaucoma.
- 'Serotonin boosters' cause fewer side-effects but may be more expensive.

Anti-anxiety medicines

These medicines are also called 'sleeping pills'. They include diazepam, nitrazepam, lorazepam, donazepam, alprazolam and oxazepam. They are used to treat sleep problems and anxiety. When you prescribe these drugs, there are some points you should remember:

- the patient should avoid alcohol;
- avoid giving them to a woman in the last stage of pregnancy;
- as a general rule, do not give them for more than four weeks because they can produce a dependence problem (section 6.3).

Beta-blockers

These medicines are usually used to treat high blood pressure and cardiac disorders. Of them, propranolol has also been found to be helpful to control the physical symptoms of severe anxiety (e.g. trembling hands and palpitations).

There are two points to remember when prescribing them:

- avoid giving them to people with breathing problems and heart failure;
- avoid giving them to a woman in the last stage of pregnancy.

Antipsychotic medicines

There are many types of antipsychotic medicines. A simple way of grouping them is:

- older antipsychotics, such as chlorpromazine, thioradazine, trifluoperazine and haloperidol;
- newer antipsychotics, such as olanzapine, clozapine and risperidone.

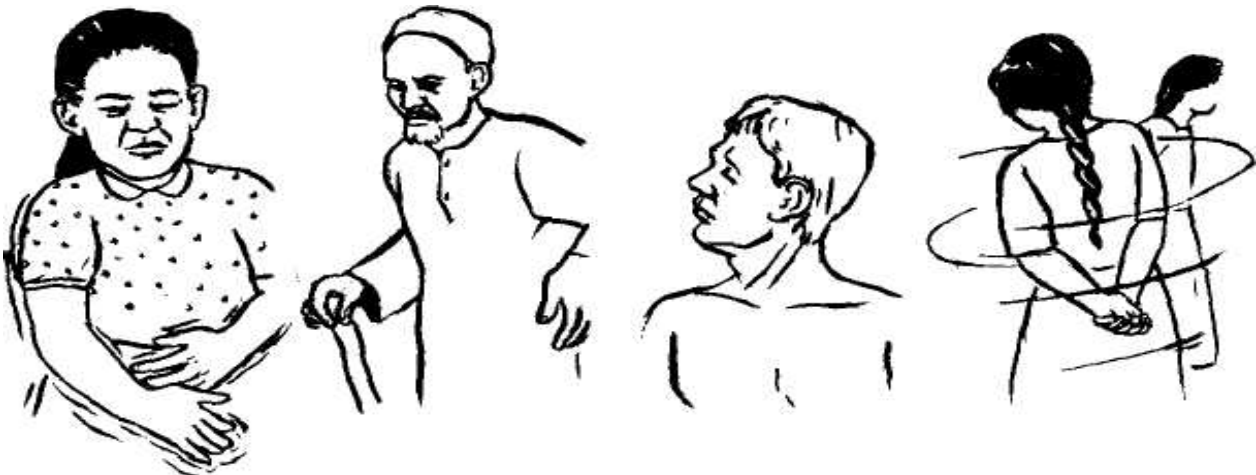
As a general rule, the older drugs produce more side-effects but are much cheaper than the newer drugs.

Antipsychotic drugs are used to treat the severe mental disorders and to help calm people who are aggressive or confused. Thus, they can also be given to people with mental retardation or dementia who have disturbed behaviour.

You should note the following points when prescribing these drugs:

- They can take several weeks to reach full effect.
- In brief psychoses, treatment may be reduced gradually after as little as two weeks. If symptoms recur, return to the original dose, continue for three months and then try to withdraw them again.
- Treat schizophrenia for at least one year (many patients will need treatment for much longer).
- Treat mania until symptoms subside and for three months thereafter. During this period, start a different medicine to *prevent* further episodes (see below).
- Side-effects are common but are mild for most people.
- Small reductions in dose can help reduce side-effects.
- Use procyclidine or benzhexol to reduce the side-effects of tremor and stiffness. Some mental health specialists advise giving these medicines to all patients to make sure that there are fewer side-effects. This may help improve compliance.
- For severe muscle spasms (e.g. neck spasms), use procyclidine or benzhexol by injection.

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Tremors are trembling movements, especially in the hands.

The person may feel stiff all over which can affect movements such as walking.

Dystonias are sudden movements of parts of the body, such as the head.

Akathisia is when a person feels very restless and cannot sit still.

The side-effects of antipsychotic drugs (above) and the steps to take to stop or reduce them (below).



Reduce the amount of medicine.

Or try a medicine to reduce the side-effects.

Or change to another medicine for the mental illness.

Medicines for the prevention of manic-depressive or bipolar disorders

Manic-depressive disorder is the only mental disorder for which there are specific medicines that can be used to prevent the illness from recurring. One of three medicines may be used:

- lithium carbonate;
- sodium valproate;
- carbamazepine.

Each of these medicines needs to be taken for a long period (usually a minimum of two years) and those taking them will require monitoring of the levels of medicine in the blood. Ideally, the decision to start using them should be made by a specialist. Lithium must not be used if there are

no facilities for testing blood levels of the drug. If no specialist facilities are available, carbamazepine or valproate are safer to use than lithium. None of these medicines should be given to pregnant women.

3.1.3 What if the person does not improve?

If the person's condition does not improve, consider the following possible reasons for this:

- *Poor compliance.* Make sure the person has understood the dosage and reason for the prescription. Poor compliance with medicines may occur because the person feels better and decides that there is no more need for medicines. Another reason may be that the person is worried about becoming addicted to the medicines. Side-effects can also make a person stop taking a medication (see below).



Some people refuse medicines.

- *Not enough medicine.* This is especially important with antidepressants, which are often prescribed in too small a dose.

- *Medicines not taken for long enough.* Again, this problem applies mainly to antidepressants. These medicines take at least two weeks at the recommended dose before a positive response is obtained.

- *Wrong diagnosis.* People may be withdrawn and tired because they are depressed or, in some cases, because they are psychotic. An antidepressant may not help in the latter case. Reconsider your diagnosis only if you are sure that the patient has been taking the full recommended dose for at least one month.



Medicines must be taken in the right

If, despite the above considerations, your patient still fails to improve, you may need to consider a referral to the nearest specialist centre.



Medicines must be taken for the right amount of time.



Review the diagnosis if there is no improvement.



Consider referring to a mental health specialist.

3.1.4 What if there are side effects?

First, make sure that the complaints really are side-effects. For example, someone may say that she has felt tired since starting the medicine, but sympathetic questioning may show that the symptoms were present even before the medicine was started and are therefore likely to be a result of the illness. In such cases, reassure the person by pointing this out. Remember the common side-effects of psychiatric medicines; if a complaint does not match one of these side-effects, consider other reasons for it. Once you are sure that the person does have side-effects, you have the following options:

- Are the side-effects intolerable? Most medicines produce some side-effects, but most side-effects are minor and temporary. Ask the person how much distress the side-effect causes. Often they will say that they can tolerate the symptoms, provided the benefit of the medicines will also be evident in a short time.
- Can the dose be reduced? Sometimes, a small reduction in the dose may be tried and could lead to a reduction of side-effects without causing a worsening of the illness.
- Can the person be switched to another medicine? Many types of medicine can be used to treat the same mental illness. If intolerable side-effects occur with one type of medicine, try switching to another.
- Is the medicine necessary? In some people the need for medicine may be less evident on follow-up. You may consider stopping the medicine and seeing them again after a week to ensure they are still feeling better.

3.1.5 when are injections needed in the treatment of mental illness?

Injections have a very limited role in the treatment of mental illness (Box 3.2). Besides these situations, it is advisable not to use injections in the treatment of mental illness. Avoid using unnecessary injections such as vitamins for complaints of tiredness and weakness, which are often the result of a common mental disorder rather than a vitamin deficiency. The diagrams on the next page give some guidance on how to give injections.

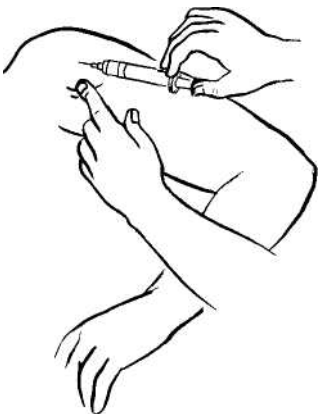
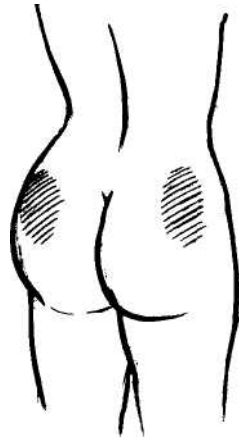
Box 3.2. Injection treatments in mental illness

In violent or agitated people who refuse to take oral medicine Any of the following:

- diazepam, 5-10 mg as an intramuscular or slow intravenous injection
- haloperidol, 5-10 mg intramuscular injection
- chlorpromazine, 25-100 mg intramuscular injection

In people with schizophrenia who are poorly compliant with oral medicines and fall ill frequently (ideally, refer any such person to a specialist) Any of the following:

- fluphenazine decanoate, 25-75 mg every four weeks
- flupenthixol decanoate, 25-200 mg every four weeks
- haloperidol decanoate, 25-100 mg every four weeks
- zuclopenthixol decanoate, 100-400 mg every four weeks



Give the injection in the upper arm or buttocks, into the muscle.

If this is the first time the patient is receiving this medicine, always give a test dose of a quarter of the full dose you want to give.

Clean the injection site.

If there is no allergic reaction after one hour, give the rest of the dose.

3.1.6 Cost of medicines

Many new psychiatric medicines have some advantages over older ones, namely fewer side-effects and better clinical effects. However, a major limitation (as with new medicines for other health problems) is their cost. This should always be considered when deciding which medicine to use, since the difference in side-effects may be less important to the person who needs the drug than the difference in costs between medicines. In Chapter 11 there is space for you to note down the costs of different medicines in your region so that you can choose the right medicines for the people who come to consult you.

3.1.7 How to make sure people take medicines

The most important thing you can do is to educate people about their illness and the medicine. Some important points are:

- Explain how the symptoms are caused by an illness and, just as with physical disorders, how medicines can be of help.
- Involve the family (with the patient's permission) in encouraging the patient to take the medicines.
- Take steps to minimise the risk of side-effects by starting with a small dose and gradually increasing it to the required level.
- Explain that many medicines for mental illnesses take some time to act (for example, antidepressants usually require at least two weeks to begin to take effect).
- See patients at least once a week until they show signs of recovery.
- If side-effects occur, follow the steps outlined earlier (3.1.4).
- Stick to simple dosage schedules; many psychiatric medicines can be given once a day (most antipsychotics and antidepressants, for example).
- If you know how many days have passed since the last appointment, you can check on whether the expected number of pills have been taken by counting those left over in the medication bottle/strip.

3.2 Talking treatments and counselling

Some health workers feel that 'proper' health care should involve something more than 'just talking'. Many doubt that talking can even be considered a treatment at all. This is why many health workers give medicines to just about anyone who comes to the clinic, and many people expect to be given medicines when they visit the clinic. Some may even tell you that they need an injection! It is important to clear up a few doubts and myths about talking treatments in health. Talking treatments are more commonly called 'counselling'. The term 'counselling' is used in different ways and can mean different things to different people. Thus, a caring person with no formal training could 'counsel' friends who are distressed. In this kind of counselling, counsellors often simply follow their own instincts and knowledge. While this approach has its own strengths, it is so particular to each individual that it may not be useful as a 'treatment' for others to learn and use. Counselling as a treatment is, in fact, more than 'just' talking to a friend. This is for two main reasons:

- There is a method to counselling. All counselling methods are based on a theory that explains why a person has mental illness and seeks solutions to problems.

- Counselling is given by health workers to whom people have turned for help. When advice and reassurance are given in this situation, it has a healing potential in itself. Counselling is a skill that can be learned by any health worker who has an interest and an open mind.

There is evidence that counselling does help people with mental illness. However, counselling is not a 'competitor' to medication. If you consider educating and giving proper reassurance as key components of counselling, then you counsel everyone you work with. After all, everyone should understand something about their sickness. The process of education can make all the difference between a person feeling satisfied with your help or being unhappy and seeking help from some other health worker.

Some other types of psychological treatment, such as problem-solving (see below), are simple, useful strategies that may be applied to a wide variety of clinical situations. Thus, as a general rule, the basic elements of counselling should be used for all the people who see you, regardless of their health problem. In some, you may also choose to use medicines on top of that.

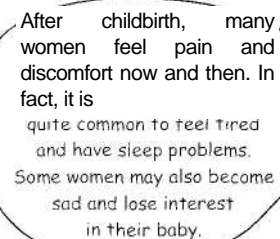
There are some mental illnesses where more specific psychological treatments may be used with great effectiveness. In particular, these illnesses are the common mental disorders and alcohol and drug dependence. The specific steps of a counselling treatment are as follows:

- give reassurance;
- provide an explanation;
- give relaxation and breathing exercises;
- give advice regarding specific symptoms;
- teach problem-solving skills.

While the discussion below deals mainly with common mental disorders, many of the principles will have more general use.

3.2.1 Give reassurance

Often, people suffering from depression and anxiety are dismissed by health workers as being 'mental' or 'neurotic'. These remarks suggest that they do not have a 'real' medical problem. It is important for you to avoid the mistake of saying "There is nothing wrong with you". Most people will be upset with this sort of remark. After all, there *is* something wrong with them. Many are worried that they are suffering from a serious physical illness. This makes them even more tense and unhappy. Thus, you should reassure them that you do understand that they are suffering from a number of distressing symptoms, but that these symptoms will *not* result in a life-threatening or dangerous illness. You should reassure them that the illness is very common and that you will explain the cause and treatment of the problem.



After childbirth, many women feel pain and discomfort now and then. In fact, it is quite common to feel tired and have sleep problems. Some women may also become sad and lose interest in their baby.

3.2.2 Provide an explanation

Explaining the nature of the problem helps to make the person aware of the reasons for the symptoms and to clear any doubts. First, explain in *general terms* that everyone experiences symptoms of bodily discomfort at some time or other. Take the example of Lucy in case 1.1, shown right:



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You can then move on to focusing on the specific symptoms the person has told you about. You can also give some further meaning to the nature of the symptoms if you know how they started. For example, you could say to Rita, from case 1.2:

"When a person is feeling stressed or upset or unhappy about things, she will often experience sleep problems, aches and pains and worries. You have been feeling tired and unhappy in the past month. This is because you have been under stress ever since your husband died and your children left the village. You have become depressed. This is not because you are lazy or are a mental case. This is a common problem which affects many people in our community. All the problems you described are because of this emotional illness."

Or, taking the example of Ravi in case 1.3:

"Your symptoms of difficulty breathing, dizziness, heart beating fast and fear are because of attacks of anxiety. These are quite common problems and are not signs of a dangerous illness. In fact, they occur because you are tense *or* worried about something. When you are tense, you breathe faster than normal. When you breathe faster, this produces changes in your body which make your heart beat fast and make you feel scared that something terrible may happen. Actually, if you had controlled your breathing, you could have stopped the attack quickly. You are probably suffering these attacks of anxiety because of the shock of the accident in which your friend died. This can happen to anyone and is not a sign that you are going crazy."

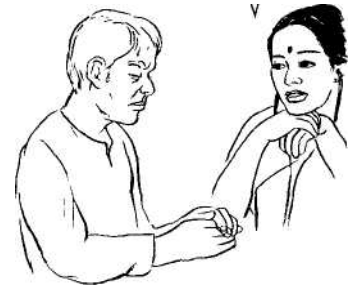
Or, consider the case of Michael in case 1.4:

"Your complaints of sleep problems, sickness in the mornings and burning pain in the stomach are all related to your drinking too much. Alcohol is highly addictive so that now you are feeling like drinking all the time. This is why you wake up feeling sick: it is part of the withdrawal from alcohol that makes you sick. This is why you feel better when you have a drink in the morning. You have become depressed and unhappy because you feel you have lost control of your drinking and because you are feeling sick and unwell. If you were to stop drinking, these problems would go away and you would feel much better."

It is important that you also ask the person what he feels has caused the illness and what treatment he thinks might help. Understanding his views can help you plan treatment much better. Consider the example of someone who feels that her illness was caused by bad spirits. You could suggest that she consult her priest for spiritual guidance, but that her symptoms were also caused by stress and, for this, she should take treatment as directed by you. Do not dismiss the person's views even if they appear non-scientific. By listening to and understanding the person's models of illness, you will achieve a better outcome. After your explanation, always give the person a chance to clarify doubts or concerns.

When you are tense, you breathe faster than normal.

When you breathe faster, this produces changes in your body which make your heart beat fast and make you feel scared that something terrible may happen.



Have you understood why you are suffering these symptoms? Do you have any questions or doubts?



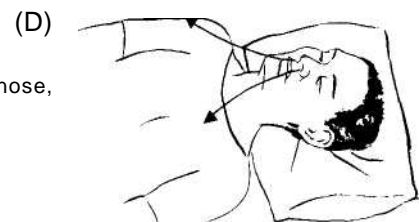
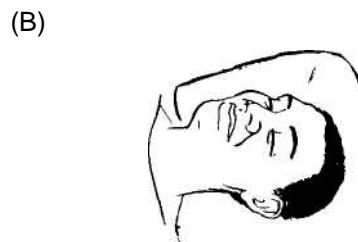
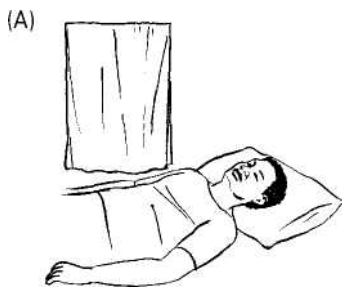
3.2.3 Relaxation and breathing exercises

Relaxation is a very useful way of reducing the effects of stress on the human mind. It is used in traditional types of meditation as well as in modern psychology. Most methods of relaxation use some form of breathing exercise. It is these exercises that are of most value in helping people with emotional problems.

Before you teach the exercise below, try it yourself. You will feel relaxed and calm. It is one treatment that you can take without having to feel you have a sickness!

The exercise can be done at any time of the day. The person should devote at least 10 minutes a day to the exercise. It is best done in a room that is quiet and where the person will not be disturbed. The steps are as follows:

- Begin the exercise by lying down or sitting in a comfortable position. There is no special position; any position which the person finds comfortable is the right one.
- The person should close his eyes.
- After about 10 seconds, he should start concentrating his mind on his breathing rhythm.
- Then he should concentrate on breathing slow, regular, steady breaths through the nose.
- If he asks how slow the rhythm should be, you can suggest that he should breathe in until he can count slowly to three, then breathe out to the count of three and then pause for the count of three, until he breathes in again.
- You can suggest that each time he breathes out, he could say in his mind the word 'relax' or an equivalent in the local language. People who are religious can use a word that has some importance to their faith. For example, a Hindu could say 'Ora', while a Christian might say 'Praise the Lord'.
- Demonstrate to the person how to breathe steady, deep breaths.
- Explain to him that if he practises daily, he will begin to feel the benefits of relaxation within two weeks. With adequate experience, he may even be able to relax in a variety of situations, for example while sitting on a bus.



- (A) Lie down in a room that is quiet and where you will not be disturbed.
 (B) Close your eyes and concentrate your mind on your breathing rhythm.
 (C) Now, concentrate on breathing slow, regular, steady breaths through the nose, taking a deep breath in.
 (D) Then let go of the breath slowly.
 Try to spend at least 10 minutes a day doing this exercise.

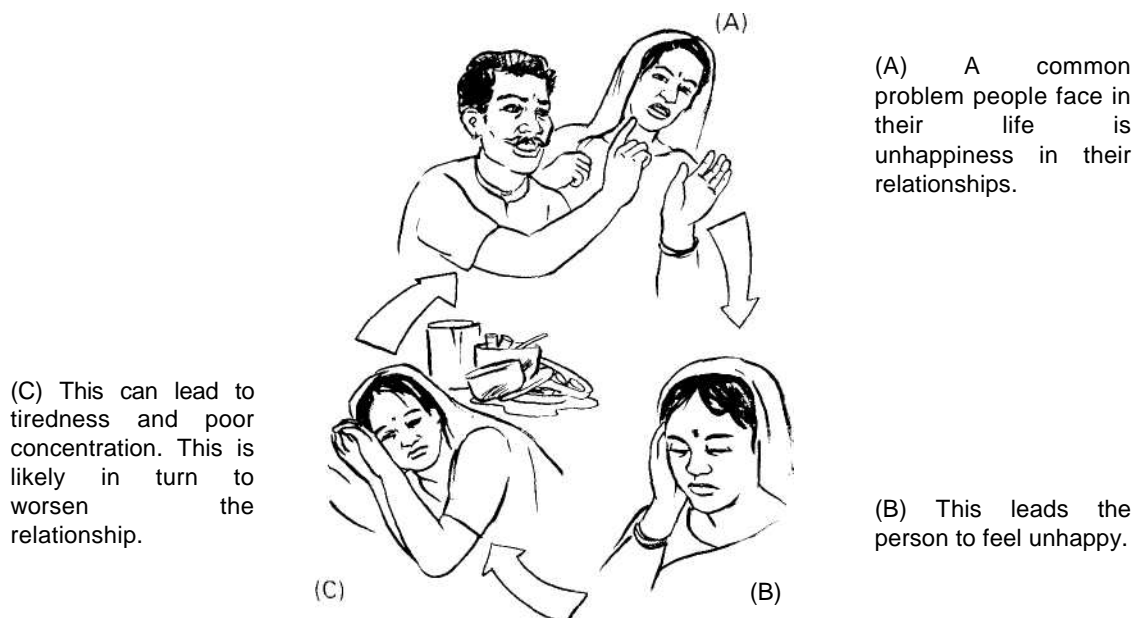
3.2.4 Advice for specific symptoms

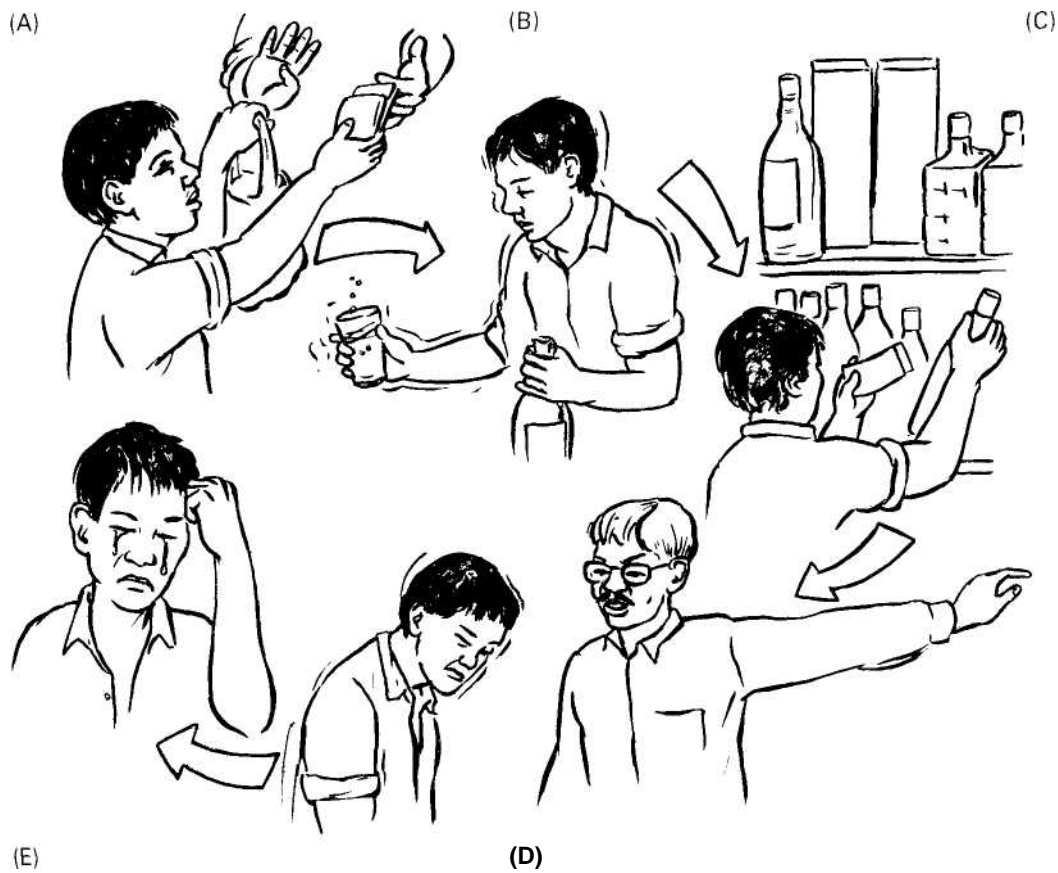
Counselling will be more effective if it is sensitive to the person's symptoms. The following are examples on how to manage specific symptoms, which are described in more detail later in the manual:

- *Panic attacks* (section 5.2). Panic attacks result from rapid breathing. Breathing exercises are a helpful way of controlling these attacks.
- *Phobias*. A phobia is when a person experiences fear, often panic attacks, in specific situations and begins to avoid them. The best way of dealing with phobias is to face up to the fearful situation and not run away (section 5.2).
- *Tiredness and fatigue*. Depressed people often feel tired and weak. This leads to withdrawal from activities and worsens the feeling of tiredness and low mood. To break this vicious cycle, a depressed person can be encouraged gradually to increase the amount of physical activity she is doing (section 5.4).
- *Sleep problems*. These are very common. Simple advice on proper sleep routines can help many people recover their normal sleep patterns (section 5.3).
- *Worry about physical health* (section 5.1). This is also common, especially when a person has many physical symptoms, such as aches and pains.
- *Irritability*. Some people complain that they have difficulty in controlling their temper. Tips on how to manage their anger may help (section 7.2, Box 7.6).

3.2.5 Problem-solving

Problem-solving is a method that teaches how problems in a person's life can make him feel anxious or depressed and how these emotions can then make it harder to solve the problems. The aim is not that you should try to solve a particular problem. Instead, you should teach the person these skills so that he can effectively overcome the problems himself.





- (A) A common problem is not having enough money to meet daily needs.
(B) This could make someone turn to alcohol.
(C) The person becomes even poorer because he spends precious money on alcohol.
(D) His work suffers and he loses his job.
(E) This makes him sad and desperate and worsens the drinking and financial problems.

The steps in problem-solving are as follows:

- explain the treatment;
- define the problems (what are the different problems faced by the person?);
- summarise the problems (how are these problems related to the person's symptoms?);
- select one problem and choose the goals (why should the person overcome the problem?);
- define solutions (the action to be taken to overcome the problem);
- review the outcome of the action taken (did it make the problem less, or did it help improve the person's mood?).

Box 3.3. The kinds of problems people face in life

- Relationship problems with a spouse, such as lack of communication, arguments, violence in the family and poor sex life
- Relationship problems with others, such as in-laws, children, relatives or friends
- Employment problems, such as not having a job or feeling overworked
- Financial problems, such as not having enough money, being in debt
- Housing problems, such as living in a noisy neighbourhood
- Social isolation, such as being alone in a new place or not having friends
- Physical health problems, especially when painful and long-standing
- Sexual problems, such as loss of interest in sex
- Bereavement or losing a loved one
- Legal problems

Explain the treatment

The first step in this technique is to explain the treatment by pointing out the links between problems a person faces in life and emotional symptoms, which in turn affect the ability of the person to solve problems. You could explain how the technique works like this:

"People with complaints like yours can be helped by looking at the way in which they handle stress and deal with problems. I would like to discuss some of your problems and think of ways in which you can try to deal with them."

Define the problems

Ask the person a question about which problems she has been experiencing in her life. Ask about family life as a way of probing on problems. It is a good general principle to start with a relatively 'safe' area (such as work) before tackling more personal areas (such as sex). Remember, though, to ask questions about personal problems - they are often the most upsetting and important. A useful method of asking personal questions is to say something like:

"Sometimes when people feel unhappy they have less interest in sex: has this happened at all to you?"

Or

"It is quite common for people who are worried to drink more alcohol than usual: how much are you drinking?"

This method of introducing a personal subject demonstrates that you are not going to be shocked if the person says 'yes'. Some common areas of difficulty for people presenting to health workers with mental health problems are listed in Box 3.3.

Summarise the problems

Once you have collected information on problems, summarise the key problems for the person by saying something like this:

"You have told me that your baby's arrival has changed a lot of things in your life. You are not working now, you're up half the night and you see less of your friends. All this has also affected your relationship with your husband."

Doing this serves several functions. It confirms to the person that you have been listening. It shows that there is some structure to the problems. It is also a useful means of getting more personal information.

Select a problem and choose a goal

The next step involves selecting a specific problem worth tackling and choosing the goals the person would like to set. Here are some hints on how to select an appropriate problem:

- Ask the person to make a list of all his problems. Identify those that are of most concern to him.
- Target a problem that has a potential solution in the short term. For example, if the problem is related to a long-standing difficulty in the relationship with the spouse, it is not a good problem to tackle first. On the other hand, a recent problem in coping at work or feeling socially isolated may be a useful one to start with.
- Remember that the aim of the treatment is to teach the person problem-solving skills, not to try to solve all his problems.
- Once a problem area is selected, confirm with the person that this is indeed the problem he wishes to tackle during therapy.

Define solutions

This consists of the following steps:

- generate solutions - think up various solutions with the person;
- reduce the number of solutions - if many options are available, focus on those that are most practical given the person's social situation;
- identify consequences - consider what might happen as a result of carrying out the solutions;
- choose the best solution;
- plan how to carry out the solution;
- set specific targets that are achievable before the next meeting with you;
- consider what might happen in the worst-case scenario, for example if the solution fails completely.

Encourage the person to come up with the solutions to his problems. In this way, you will help improve his self-confidence. For example, if he has said that being lonely is a major problem, do not say "I think you should sort this out by visiting some friends" - even if this is a perfectly logical and sensible solution to the problem. Instead say "Now we've identified an area you want to tackle, how do you want to go about it?"

Often, it is difficult to identify solutions and you may need to assist the person either through more questions or with more direct advice, as follows:

- Identify key social supports so that he can be made aware of the people who care about him.
- Identify individual strengths, such as examples from his past that illustrate his coping skills.
- It is important that you are familiar with all the helping agencies in the area so that practical advice for specific problems may be given. A list of all helping agencies in your area can be entered in the resources section in Part IV.
- You may need to take a more direct role with some people, for example by writing letters to other agencies on behalf of those who are illiterate.

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I get aches and pains all over...

Your physical complaints are because you *are* upset... What problems are making you upset?

Ever since my husband died and my children left home I have felt very lonely and miserable.

Can you think of ways in which you can make this loneliness less?



Maybe I could visit friends Or make contact with My sisters in the village... who live in the next *village*.

Well, shall we agree that in the next two weeks you will make at least *one* visit to your sister and call at least one friend from the village to your home?

I feel so much better my sister has invited me to spend a weekend with her next month



...AFTER WEEKS... TWO



- You may need to be providing ideas for solutions to the person's problems, especially at the beginning of the treatment. However, efforts should be made to make him take a leading role in problem-solving at some stage.

Solutions to some common problem areas are suggested in other parts of the manual:

- violence in the family (section 7.2);
- loneliness and isolation (section 4.4.8)
- bereavement (section 7.4);
- relationship problems (section 10.7);
- alcohol and drug misuse (sections 6.1 and 6.2);
- caring for a sick relative (section 9.10, also 4.7).

The treatment of mental illness

Review

Briefly review all that has been covered during the meeting with the person. In particular, review the target and plan for problem-solving.

Subsequent sessions

The main aims of the subsequent sessions are:

- to evaluate how well the person managed in completing tasks;
- if progress has been made, to apply new solutions to the same problem or look at solutions to a new problem;
- if progress has not been made, to identify what went wrong and set new goals.

When assessing progress, be specific. It is no use asking "How did you get on?" and accepting a shrug of the shoulder and a vague answer like "OK". You should ask for details of exactly how the person did, as follows:

- What did she do towards achieving the target?
- Was it easy or difficult?
- How did it affect her feelings and emotions?
- Do you and the person agree that the task was satisfactorily done and want to move on to another goal?
- What went wrong if it was not done?

3.2.6 Counselling in a crisis

A crisis is a situation when a person feels completely overwhelmed or defeated by the problems he is facing. What one person may see as a crisis would not necessarily be regarded as a crisis by someone else. Thus, the definition of a crisis is based on the person's view of his situation, and on how the situation has affected his ability to cope with the problems.

Crisis counselling should help such people cope better during this period of extreme distress. The key steps in crisis counselling are:

- *Get more information.* What has happened? Why did she come to the clinic? Who are the people who can support her at this time? Get information from the family or others who have come with her.
- *Establish rapport.* Allow her to tell her story at her own pace. Do not appear to be in a rush. See her in private.
- *Assess the person's mental health.* By talking to and observing her, see if she is behaving in an odd or unusual way. Is she saying things that are irrelevant? Is there any sign that she is drunk?
- *Assess what is the main problem that has caused the crisis.* Usually, there is a single major problem that causes the crisis. Most often, the problem is a relationship breakdown, bereavement or the result of violence.
- *Try to suggest solutions.* These could include sharing the problem with others, reassuring her that she is not going mad, making contact with the police or other helping agencies, and referring to a hospital for a short admission in severe situations.

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- *Give medication if appropriate.* For example, if she is very agitated and has not slept well, you can prescribe a few days' supply of sleeping medication.
- *Always ask to see the person again for review in a day or two.* Many people will be much calmer on review and more in control of the situation. A more thorough mental health assessment should then be made.

3.2.7 Rehabilitation for the mentally ill

Mental illnesses can interfere with the ability of a person to function at home, at work and in social situations. Severe mental disorders can disable the person for a number of reasons:

- 'feeling' symptoms can make the person feel there is no point in working or meeting up with friends;
- 'thinking' symptoms can make it harder for a person to concentrate, make decisions properly or carry on conversations with others;
- abnormal behaviour can make the person isolated from others;
- stigma and discrimination make it harder for people with a mental illness to get jobs or marry.

Rehabilitation is the process of helping people find ways of returning to the normal life they led before the illness started. There are a number of things you can do to help a person achieve this goal:

- ensure that the illness is being correctly treated;
- plan the rehabilitation with him and his family;
- suggest activities that he would be able to do and find pleasurable (as he succeeds in these activities, suggest new and more challenging activities);
- always keep in mind his actual abilities before he fell ill when planning rehabilitation.
- counsel the family regarding treating him as a responsible adult (this means allowing him to make decisions for himself);
- encourage social contact with others, such as friends, neighbours, relatives;
- if he is religious, encourage contact with spiritual activities as long as they do not interfere with his medical treatment;
- refer him to local employers who you know are sensitive to giving jobs to people with a disability;
- refer him for vocational training, such as carpentry or some other skill;
- monitor his progress regularly, and use these meetings to counsel him regarding mental health problems and life difficulties that are bothering him.



3.2.8 The importance of follow-up in the treatment of mental illness

Proper diagnosis and treatment will cure some health problems. Examples of such curable problems are bacterial infections. However, this is not the case for most mental illnesses. Seeing a

person with a mental illness on many occasions is often the key to ensuring recovery. When you see a person on many occasions you have an opportunity:

- to establish a good relationship with her;
- to make contact with family members who can help support her;
- to give her a feeling that her problem is being taken seriously and that you are concerned about her well-being;
- to monitor the progress of the illness;
- to monitor whether treatment is being taken – many treatments take time to work, and once they work they need to be continued for some time; stopping medicines early is often a problem and this can be prevented if you keep in touch.



3.3 Other treatments

There are some other treatments that are used to help people with a mental illness. Even though these treatments are unlikely to be used by the general health worker, it is helpful to know a little bit about them.

• *Electroconvulsive therapy (ECT)*. This is the technical name for the much-feared 'shock' therapy. There is no doubt that ECT is often given to people who do not need it. It may also sometimes be given without anaesthesia, which is unacceptable, unethical practice. Despite these incidents of bad practice, the fact remains that that ECT is one of the most dramatic and effective treatments in medicine, when used for the disorders for which it is indicated, namely severe depressive illness and acute manic episodes. It is also remarkably safe: if properly given under anaesthesia, side-effects are rare.



• *Psychotherapy*. Especially in developed countries and in urban, upper-class areas of developing countries, a number of specialised psychotherapy clinics are now available. Psychotherapy is a more complex type of counselling. The real drawback of this treatment is that it is not accessible to the majority of people because very few professionals practise it, and it can be expensive and time-consuming.

• *Spiritual 'therapy'*. In many cultures the mind and spirit are considered to be the same and the treatment of emotional problems often involves priests and healers. Even if biomedical treatments are easily available, many people often choose spiritual help for depression, anxiety, family problems and so on. You should try to build bridges with spiritual healers. You may not agree



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with the way they diagnose or treat health problems, but they are still your partners in health care. Some spiritual healers, however, insist that medical treatments be stopped. Warn anyone against visiting such healers.

3.4 Referring to a mental health specialist

There are various types of mental health specialist:

- Psychiatrists are medical doctors who, after completing basic medical training, have specialised in the treatment of mental disorders. In many countries, the majority of psychiatrists are almost entirely based in hospitals. These may be general hospitals with a psychiatric ward or a hospital specialising in mental health problems. Psychiatrists' main skills are in the diagnosis and treatment of severe mental disorders. They mainly use medicines and ECT and a variable amount of 'talking' treatments.
- Psychologists are trained in treating mental health problems using theories based on how human beings learn about life, feel emotions and behave towards others. Psychologists use only 'talking' treatments.
- Psychiatric nurses are nurses who have specialised in psychiatry. They may work either in hospitals or in the community. Their main roles are in providing talking treatments and the treatment and rehabilitation of people with severe mental disorders.
- Psychiatric social workers tend to work either in hospitals or in the community and deal with social problems and life difficulties faced by people with a mental illness. Both social workers and nurses can provide talking treatments.

In most developing countries, there are few mental health professionals. Thus, the majority of people with a mental illness will need to be treated by general health workers. Of course, the majority of them do not need to see a specialist mental health professional at all. Most mental illnesses can be recognised and treated by general health workers. However, there are some situations in which you may need to refer someone to a specialist. Specific situations are discussed throughout this manual. As a general rule, refer to a mental health specialist in the following circumstances:

- people with abnormal behaviour and evidence of a physical illness such as head injury or high fever;
- people who are so disturbed that they can no longer be managed at home;
- any child whom you suspect is suffering from mental retardation or other brain problems;

Box 3.4. Example of a referral letter, for Raman in case 1.10

Dear Doctor,

Please advise Raman, a 70-year-old retired man living with his son and daughter-in-law. He has been complaining of memory problems for the past few years. Recently he has started behaving oddly, for example wandering out of his house and not being able to find his way back home. At present, his memory is very poor and he does become angry without any reason. I gave him sleeping pills and vitamins but this has not made any difference. Raman is living with his family who are very concerned but also very supportive

Box 3.5. Things to remember about the treatment of mental illness

- Most people with a mental illness can be treated just as well by the general health worker as by the mental health specialist.
- People need at least a basic explanation of their illness; other counselling methods such as breathing exercises can be easily taught in general health settings.
- Medicines for mental illnesses are effective and safe if used properly.
- The commonest reasons to use medicines are for the treatment of psychoses and depression and anxiety disorders.

- people who are taking large amounts of alcohol or drugs, so that stopping suddenly may lead to a severe withdrawal reaction;

- people whose illness is continuing to have a serious effect on their personal life or work, despite your efforts to provide treatment.

In addition, people who have made a serious suicide attempt must be referred to an emergency medical unit to make sure their life is not in danger. Once this is done, and if they still have suicidal feelings, refer to a mental health specialist.

People with a convulsion should, ideally, be assessed by a specialist doctor (a neurologist or psychiatrist) before they start to take regular anticonvulsant medication.

Remember that when you refer someone it can be very helpful if you write a short note explaining a little bit about the background to the problem and what treatments you have already tried. An example referral letter is given in Box 3.4. You can also ask the specialist to write to you, advising on how someone should be cared for in the community.