

# Preface

There is no health without mental health! Even though mental health and physical health go hand in hand, in reality the focus for most health workers is mainly on physical health. In recent years, there has been growing awareness about the burden of mental health problems, from relatively mild and short-lived states of distress, to more severe clinical disorders and disabilities which can last for long periods. Mental health problems are common, occurring in all societies and in all social classes, and across the life course. They are particularly common in certain groups of people, for example, those attending primary health care facilities, people with chronic physical health problems (e.g. HIV, diabetes), pregnant and post-natal women, and people who have been exposed to conflict or violence. All can benefit from interventions which can be delivered by general health workers equipped with the necessary knowledge and skills and, where possible, supported by mental health specialists.

Mental health is a basic aspect of care for all health workers. It is essential that, just as with physical illnesses, the health worker is well informed about how to detect mental health problems and how to help people recover. It is with this goal in mind that this manual has been written.

## Who is the manual for?

This manual has been written to meet the needs of the general health worker. This broad term includes anyone who works in a health care or community setting, and is not specially trained to work with persons with mental health problems. Thus, the manual can be used by the community health worker, the primary care nurse, the midwife, the social worker and the family doctor. This diverse group will have different levels of training and skills. However, they all often have in

common a low level of awareness about mental health problems and their treatments.

## Where will this manual be most useful?

Given that all societies face similar mental health problems, the manual should be of use anywhere in the world. But the manual has been designed specifically to meet the needs of health workers in low- and middle-income countries and in low-resourced settings of high-income countries. Even though this scope includes nations and societies which are very diverse, there are many features that they share which make this manual applicable to them all. These settings are characterised by relatively few mental health workers and higher levels of social disadvantage. The few mental health specialists who are available are mostly based in cities and spend most of their time caring for those with severe mental disorders in psychiatric institutions or private practices.

The vast majority of common mental health and substance use problems are not seen in specialist settings. Further, most care is restricted to the clinics, with no continuing care in the community, and psychosocial interventions are rarely available. It is obvious that mental health specialists cannot even remotely achieve the goal of providing mental health care for all (and this is true for all settings globally). On the other hand, many countries have large numbers of general health workers and medical practitioners who are at the actual frontline of mental health care.

We have also sought to make this manual applicable in different social and cultural contexts. The theories that underlie psychiatry and other mental health disciplines are deeply rooted in European and North American cultures and in the experiences of mental health specialists working in hospitals. This has had a profound effect

on what mental health problems are called and how they are recognised and managed in the routine care settings in diverse cultural and social contexts. Rather than take a top-down, medical diagnosis-based approach, in this manual we have taken a person-centred, symptom-based approach to mental health care.

## The approach taken in this manual

In order to make training on mental health problems practical and useful, there is a need to adopt a more clinically relevant, problem-based approach. The current ICD-10 classification devised by the World Health Organization (which will soon be replaced by ICD-11) is an example of how complicated we have made the diagnosis of mental health problems. Even the primary care version has 24 categories of psychiatric disorder, which are often very difficult to diagnose and distinguish in routine health care. The problem-oriented approach that we have taken in this manual is to begin with clinical presentations which have a mental health component and then to describe how to deal with these problems. The problem-solving-based approach emphasises the experiences of the person with a mental health problem rather than a medical diagnosis. Another approach taken in the manual is to describe the relevant mental health problems as they arise in specific health care contexts. Health workers may often find themselves working in a specialist setting, such as a reproductive health clinic. What are the mental health problems relevant to this setting? These problem- and setting-oriented approaches are two key deviations from the traditional approach to writing manuals on mental health for general health workers.

## How does this edition build on the first edition?

The first edition of this manual was written more than 15 years ago. There have been tremendous advances in our knowledge of how mental health problems can be detected and cared for

by general health workers since then. This second edition has been significantly revised in a number of key ways.

- Treatment recommendations have been aligned with the World Health Organization mental health Gap Action Programme (mhGAP) evidence-based guidelines.
- A new section covers core skills for mental health care which are relevant to all health care encounters.
- Expanded chapters provide step-by-step advice on brief counselling and social interventions that general health workers can provide for a range of mental health problems.
- A strengthened focus on the person-centred approach: how to support recovery of the whole person and promote social inclusion.
- Elven flow charts for emergency management of mental health crises.
- Updated and expanded coverage of clinical problems, with new sections on eating disorders, internet addiction, bipolar disorder and autism spectrum disorders.
- The topic of integrating mental health is aligned with the concept of ‘platforms of care’, i.e. the different settings (e.g. health care, schools) for the delivery of mental health interventions.
- An expanded team of experts to ensure that the manual is providing the most relevant and effective advice across more conditions and settings.

## How to use this manual

The manual is divided into five parts. It is important that readers familiarise themselves with Part 1 before reading the other parts. This is because much of the rest of the manual requires an understanding of the basic concepts presented in Part 1. Part 5 contains a guide on medications, a glossary of terms for mental health problems and symptoms, and information on local resources. Throughout the manual, use is made of crossreferencing with other sections. External resources used in writing the manual are listed in Part 5.

## A final word

We have tried to communicate complex issues in everyday language, with the goal of being able to demonstrate the diversity of mental health problems and their prevention and management in routine care settings in an accessible style. Inevitably, some readers may find the manual too simple, while others may find it too complex.

We only hope that most find it easy to use in their day-to-day work. We welcome comments on how to improve the manual and ensure that future editions can reach out to more users around the world.

*Vikram Patel and Charlotte Hanlon  
New Delhi and Addis Ababa, 2017*