

# 2

## Core skills for mental health care

There are some core skills that you need in order to make a proper assessment of a person with a mental health problem, and to be able to deliver treatment in the most effective way. These skills are not new for most health workers and they will help you when dealing with people who have all kinds of health problems. However, these core skills are at the heart of mental health care. Not every health worker has these skills naturally, but they can all be learned with a bit of practice and supervision.

### 2.1 Core skills for working with people with mental health problems

#### 2.1.1 Communication skills

We cannot detect mental health problems using a stethoscope or with laboratory investigations. Instead, we rely on our skills at communication and observation. Different people may need a different approach, and so there is a need for flexibility and tailoring of the way that you interact with people. That said, there are some core



communication skills that are relevant for every clinical encounter.

#### Communicating respect and preserving dignity

It is crucial that you convey respect to each and every person. Even people who have very severe behavioural disturbance and seem to have limited awareness of their surroundings will detect whether you are being respectful towards them. Always make an effort to address the person directly. Introduce yourself and explain what you are doing and what is going to happen. If you need to ask questions from family members or other accompanying people, first explain to the person that you are going to do this.

Because there is often stigma against people with mental health problems, they are often not taken seriously and may not be treated with respect and dignity in the community. It is important that you clearly show the person that you do not share this view and that you value them the same as any other person.

#### Being warm, encouraging and empathic

It can be difficult for a person to feel comfortable to speak about their mental health problems and the difficulties that they are facing. An encouraging smile and a friendly attitude can give a person the confidence to open up about their problems. 'Empathy' is when you put yourself in the person's position and imagine how they must be feeling.

#### Not judging the person

Sometimes a person might tell you about something that you do not approve of or something that is against your values. For example, they may tell you about use of illegal substances or marital

infidelity, or of a relationship with a person of the same sex. You might want to tell them that they are wrong and instruct them on how they should behave. But it is critical that you remember that your role as a health care worker is to help and not to judge. Try to focus on the difficulty that the person is coming with, for example, suicidal ideas, and recognise that they are coming to you for support and guidance. Our professional duty is to provide care and support for the person's mental health problems.

### Listening 'actively'

In the middle of a hectic clinic it is not always easy to focus on what the person is saying. We may be distracted by other concerns, focused on completing paperwork, tired or hungry. People will find it hard to talk to you about mental health problems if you are looking down at the clinical notes and writing, or glancing at your watch, gazing out of the window or fidgeting around in your chair. One tip is to take a deep breath before each new person enters your clinic room



and prepare yourself to focus on what they are saying. Try not to interrupt them. Resist the temptation to start giving advice before you have even had a chance

to understand the problem properly. Show the person that you are listening by keeping still and focused, looking at them and making encouraging noises (e.g. 'uhuh'), and summarising the main points of what they have been telling you.

### Asking questions in the right way

The way you ask questions will affect what the person tells you. Here is an example. If you say 'You are not suicidal, are you?' then most people will say 'no' even if they are actually experiencing suicidal thoughts. That is because the way the question is asked suggests that the health worker does not expect the person to be suicidal (or that they don't want to hear about it!). It would be better to ask: 'Have things ever got so bad that you thought about ending your life?' (If yes:) 'Tell me about that'. Health workers are used to asking lots of yes/no questions, such as: Have you got a headache? Have you got shortness of breath? To gain more information about mental health problems, 'open-ended' questions, that is, questions for which any answer is possible, are often better, especially at the beginning of the assessment. Some examples are given in Table 2.1. You will find more details on the types of questions to ask in Chapter 3.

### Keeping calm

Mental health problems can make people angry or hostile (e.g. if they believe somebody is trying to kill them) or seem rude (e.g. if they are manic and disinhibited) or behave in ways that irritate the health worker (e.g. if they want repeated reassurance because of worries about their health). It is important to keep calm and have a professional manner at all times. If you shout, show your irritation or get into conflict with the person then the problem will get worse and could even escalate to the point of violence. Obviously, you will not be able to help the person effectively (2.2.1).

**TABLE 2.1 EXAMPLE OPEN-ENDED AND CLOSED QUESTIONS THAT HEALTH WORKERS MAY ASK PATIENTS**

Open-ended questions	Yes/no questions
'How have you been feeling recently?'	'Have you been feeling sad?'
'What problems do you face when you are with people?'	'Do you think people are talking about you?'
'How do you feel people treat you?'	'Do you think you are more important than other people?'



### Being observant

While we rely a lot upon what the person says in our assessment, we can also learn important things from careful observation. The types of things that are important to observe are covered in Chapter 3. Learning how to observe is a skill in itself. A systematic approach is needed. As with all health conditions, we need to observe the physical appearance of the person. In addition, we can also observe whether there is a mismatch between what the person is saying and their emotional state and behaviour (e.g. they describe feeling happy but look miserable), and how the person makes us feel (e.g. frightened).

This information will help us to fully assess the mental health problem and how to help the person.

### Being respectful of religion

As described in Chapter 1, people may conceptualise mental health problems in religious terms,

for example, as possession by an evil spirit or punishment for sinful behaviour. Sometimes, symptoms of mental health problems are religious in nature, for example, if a person with mania claims to be appointed by God to save the world. The important thing to remember is that any care delivered by a health worker should be the kind of care that the worker has been trained to deliver as part of their job. The care you give should be consistent with the kind of care a person with a physical health problem receives. This means that, while you should be respectful of the person's religious beliefs, you should not allow them (or your own beliefs) to influence the care you will offer. If people are looking for spiritual care then they can be guided to the appropriate religious or spiritual professional, but delivering spiritual care is not the role or expertise of the health worker.

### Respecting confidentiality

As with all health care, any information given by the person to the health worker should be kept confidential. The sensitive nature of mental health problems and the risk of discrimination against the person make this especially important for mental health care. Never discuss a person's story with anyone who is not a colleague and, even in this case, only do so if it is relevant to the care of the person. Explain that what the person tells you will be kept confidential and will only be shared with your colleagues if you wanted to consult them for advice. An example of when breaking confidentiality could be necessary would be the rare situation when the person tells you that they are planning to kill themselves and refuses all care, or if the person expresses a clear threat to harm a specific person.



Do not gossip about patients.



Always store patient clinical notes in a secure location.

## Engaging the person

Most people would like a quick fix for their problems. They may expect that one consultation with a health worker will be enough to make them feel better. Unfortunately, many mental health problems require more than a one-off consultation. Even with appropriate treatment, the symptoms may not disappear straight away and there may be a need for ongoing care for months or even years. Added to this challenge, some people with a mental health problem do not believe that anything is wrong with them. Effective mental health care requires the health worker to make an effort to engage and motivate the person to continue with the treatment to derive the maximum benefits. Some ways to engage the person in care are:

- good communication skills, so the person feels understood (as described in this chapter);
- focusing on the person's priorities (e.g. if they come to the clinic because of sleep problems, start with a discussion about this problem, and make sure you explain how the treatment will help with that problem);
- making sure the person understands about the mental health problem and treatment;
- saying encouraging things like: 'It is good that you came to the health centre and spoke to me about these problems. I am sure that if you continue with the treatment we discussed you will feel much better soon';
- giving the person a reason to come to the follow-up appointment: 'It is important that you come to see me after one week so that I can hear about how you are getting on and review your treatment'.

## Keeping a professional distance

The relationship between a person and their health care worker depends on trust and respect. People with mental disorder can easily be exploited within this relationship as their problems are often associated with difficulties in their personal lives. Keeping a professional relationship at all times can be especially difficult if you live together in the same community and if you know the person in an informal way. However, there are some clear boundaries which you must

not cross while being a health worker for the person. These include:

- accepting gifts
- asking the person to carry out work for you without proper remuneration
- developing an intimate or romantic relationship
- any form of sexual contact.

## Communicating with families

People often come to the clinic with members of their family or, less commonly, a friend or unrelated carer. It is vital to try to speak to the person's carers as well as to the person to help you to carry out your assessment. By speaking to the family you can find out whether there is a difference between how the person sees the problem and how the problem is seen by others. Sometimes this can give you important clues about the nature and impact of the mental health problem. Building a connection with the family is also important when it comes to treatment (⇨ Chapter 4). Family members can play an important part in monitoring the health of the person and encouraging the person to take prescribed treatment.

When speaking with families, there are a few things to bear in mind.

- The health worker must balance the need to communicate with the family with the need to ensure the person's privacy.
- Wherever possible, ask the person about their difficulties (without the family present) before asking the family. Your primary responsibility is to the person with the mental health problem.



- Ask permission from the person before you speak to the family alone. Check with the person whether there are things that they do not want you to discuss with their family, for example, about substance use.
  - The person may not want you to talk to their family. In some cases this is because the mental health problem is affecting their judgement (e.g. if they believe their wife is poisoning their food), but whatever the reason, you should try to respect their wishes. First try to reassure them that your primary motivation to speak to the family is with their best interests in mind. If the person continues to object to your proposal, then explain to the family that you are not able to discuss details but that you can give them guidance on what they can try to do to help the person, as well as listen to any concerns that they have. The only exception is if the person tells you that they have a plan to harm themselves or someone else. In such a situation, explain to the person that you are going to inform the family because you are concerned about their immediate safety.
  - Although families usually play an important part in caring for people with a mental health problem, there are times when they can be the cause of the problem or even abusive towards the person. Keep this in mind and be alert to the way that the person interacts with the family. If the person appears fearful then make sure you have an opportunity to speak to them alone and consider their safety.
- **Assessment:** current status of the person (e.g. ‘Partially improved with antidepressants (after 3 weeks) but still feels sad (mood improved by 50% since the last appointment) and hopeless on a daily basis. Ongoing difficulties in marital relationship’).
  - **Plan:** advice given, the focus of any counselling, goals set, medication dosage, prescription given, date of next planned review (e.g. ‘Discussed crisis plan if hopelessness worsened, continue on fluoxetine 20 mg once daily (given 2-week supply), to bring partner to next appointment, next review in 2 weeks’ time’).

## 2.2 Core skills for yourself

### 2.2.1 Staying safe

Mental health problems are rarely a cause of violence. However, when a person is acutely mentally unwell, there is a need for caution to minimise the possibility of a health worker being harmed. This can be done in a number of ways.

- **Make your space safe.** Remove any objects that might be used as a weapon and make sure that the room is arranged so that you can easily access the door.
- **Be alert to warning signs for violence.** For example, if the person is highly agitated, pacing, shouting or hostile, intoxicated, very suspicious and believes that they are under threat, invading your personal space, for example trying to touch you, or making you feel frightened.
- **Take proper safety steps if there are warning signs.** Do not see the person on your own, inform colleagues and make sure you have sedative medication (oral and injectable) available in case the need arises (see flow chart 6.1). If you feel under threat, abandon the consultation immediately.

### Clear and relevant documentation

Clear and focused clinical notes will allow you to easily monitor progress over time, reduce the risks of prescribing mistakes and communicate your assessment to your colleagues. Always write the date, put the name of the person on each clinical sheet and sign each entry (with your name in capital letters underneath). A simple approach to documentation is SOAP.

- **Subjective:** the main problems reported by the person (e.g. headache, sleep problems).
- **Objective:** the main problem identified by the health worker (e.g. depression).

### 2.2.2 Keeping on learning

We get more satisfaction from our job if we feel that we are doing good work of a high quality. When health workers first start delivering mental health care, they may not feel confident that they

are doing it correctly. Even when you get more experience, there is always something new to learn. There are two ways to make sure that we are delivering good-quality mental health care.

First, it is good to get into the habit of reviewing and reflecting on your own work. Try to keep a note of things that you are not sure about. Then make sure you read about those areas, for instance, by consulting with this manual.

Second, always try to keep up with new developments in mental health care, for example, by checking reliable websites on the internet (⇨ Chapter 18).

Third, you need to take active part in regular supervision sessions, at least once a month, with your colleagues or with a mental health specialist. During that time you can review case notes and find support for the difficulties or uncertainties that you faced when delivering mental health care.

To get the most out of this approach:

- schedule a regular time for discussion
- be punctual; take these sessions seriously and participate in them actively
- keep the discussion confidential
- take turns to talk about people that you have seen
- start with feedback on the positive aspects of care
- always be constructive in your criticism of others by focusing on the quality of the treatment delivered rather than the person whose work is being reviewed
- do not take criticism of your work personally. it is your work which is being assessed, not you



Keep up with new developments in mental health care by reading and browsing the internet.

- refer to treatment guidelines (e.g. this manual) to identify whether treatment was adequate
- where there is need for improvement, focus on problem-solving and setting realistic goals.

Perhaps the most important thing to keep in mind is to know your limits and consult with a mental health specialist or someone with more mental health experience than you when you are stuck with a person whose problem is complicated or not improving despite your best efforts. Discussing cases will help you to improve your technical skills and the quality of care that you deliver, but it can also be an important source of support.

### 2.2.3 Looking after your own mental health

Just as health workers can suffer colds and infections, they may also suffer mental health problems. There are many reasons for this. One, of course, is that health workers are human beings themselves, with worries and concerns like any other person. In addition, while spending most of their time caring for other people, health workers may ignore their own problems or feelings.

The kind of work which a health worker does or the setting in which he or she works may pose special stresses. These are some examples of such situations:

- when the health worker is also a victim, for example, in a disaster or war situation – despite being a victim, the health worker may be required to ignore her own needs in order to counsel other people who have been affected;
- when the health worker is faced with very sick people, for example, persons in terminal care, or where many people are sick (for example, because of HIV/AIDS) – each time a person dies, the health worker may feel sadness;
- when the health worker faces a history of trauma – health workers who deal with victims, or perpetrators, of violence (e.g. in prisons, or working with rape victims) can develop strong emotional reactions to their clients.

If your mental health is not good, this will affect not only your own well-being but also your

ability to work properly. Therefore, it is important for you to be aware of your own mental health and seek help from someone else if you are concerned. Sometimes, you may feel that admitting to feeling under stress at work is a sign of weakness or lack of commitment to work. This is not true. If a health worker approaches you for help, it is extremely important to observe the rules of confidentiality, just as you should with anyone else.

## 2.2.4 Managing stress

Stress isn't always bad, but it can cause problems. Some clues that stress might be affecting you are listed in Box 2.1.

It is useful to plan how you might look after yourself when working in a situation which is known to be stressful. This can be seen as a kind of immunisation to prevent mental health problems later on. The kinds of activities you may do to look after your mental health can be practised by any health worker.

- **Relaxation and meditation.** Relaxation exercises (⇨5.12) can be very helpful in dealing with stress when practised daily. These exercises are very similar to meditation techniques such as yoga and prayer.
- **Creative and fun activities.** Set aside some time each day for activities which you find interesting or fun, but which are not related to work. Spending 'fun' time with family or

friends, reading a book, gardening, sewing or taking a walk are examples of simple activities you might enjoy. Creative activities may include writing a poem or story, or drawing.



- **Improving your surroundings.** If your work surroundings are dirty, this is bound to have an effect on your mental health. Tidying up, fixing broken windows or chairs, putting colourful drawings or posters on the walls, trying to cut down on noise and allowing as much natural light into the rooms as possible can help improve your work environment and your mental health. This is best achieved by working together with all the other people who share your work setting.
- **Sharing and socialising.** There is no substitute for sharing and talking to others to improve your mental health. Take time to talk to your spouse or friend about your day at work. Listen to your colleagues' experiences, so you might support them in their difficult moments and learn from them.
- **Forming a support group.** This is a very useful way of helping yourself and your colleagues. A support group consists of people who share something in common, in this case, the fact that they are all health workers. The group should meet regularly to discuss shared concerns and problems (⇨Chapter 5).

### BOX 2.1 SIGNS OF STRESS IN A HEALTH WORKER

- Worrying all the time
- Sleeping badly
- Being irritable
- Drinking too much alcohol or using other drugs (including prescription medications)
- Not wanting to be with people
- Feeling mentally or physically fatigued
- Physical health problems (high blood pressure, peptic ulcer disease)
- Getting into conflicts over small things (e.g. with your work colleagues, family or spouse)
- Developing depression or an anxiety disorder

## 2.3 Seeking professional help

There are some situations in which it is essential for you to seek professional help.

- **Suicidal feelings.** We can all experience feelings of hopelessness or wishing to end our lives at some time. It is very helpful to talk about these feelings, however embarrassing it may feel, to someone you trust. If you find that you are making plans on how to end your life or that the suicidal feelings are present all the time, then you should seek professional help from another health worker.

