

4 General approach to treatment of mental health problems

There was a time when many people with mental health problems were locked up in asylums and treated in a degrading manner. People blamed the person for the way they behaved and would abuse them. Even today, people with mental health problems may suffer human rights abuses in traditional healing centres and mental hospitals. Many never get effective treatment at all and are restrained at home for the lack of an alternative.

There are many myths about the treatment of mental health problems. For example, some people think that mental health problems cannot be treated. Some people cannot understand how ‘talking’ to someone (or ‘counselling’) can be considered a ‘medical’ treatment. The truth is very different.

Most mental health problems can be effectively treated. The real problem is that many people with mental health problems rarely see health workers. Even when they do, they tend to receive treatments which are not effective or may even be harmful. Like medications for physical illnesses, medications for mental health problems only work when taken in the right dose and for

the right period of time. Counselling can be as effective a treatment as medication, depending on how the counselling is carried out and for what reason. Tackling a person’s social difficulties can also help to alleviate mental distress.

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

- **General health workers can treat mental health problems.** The vast majority of mental health problems can be treated with confidence by any general health worker equipped with the basic knowledge described in this manual. Thus, the diagnosis of a mental health problem does not mean that the person needs specialist care. It means that you now know what type of treatment is needed.
- **There are many effective ways of treating mental health problems.** The usual approach of using different treatments for different physical symptoms of mental health problems (e.g. 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. Understanding the type of mental health problem and providing specific treatments is just as important for mental health problems as it is for physical illnesses.

The general principles of planning treatment for a person with mental health problems will now be covered. (⇒ Chapter 5 for details about how to deliver specific treatment.)



Even today, people with mental disorders are treated inhumanely in many places.

4.1 Treat the whole person

When you plan treatment for mental health problems, you need to consider the person in their entirety, including their physical, mental and social needs. Treatments for mental health problems can usefully be divided into **medications**, **counselling** and **social interventions**. For most people with mental health problems, a combination of these treatment approaches is needed. Deciding on which treatments to give depends on the particular type of mental health problem, but also on the person's unique circumstances that may have contributed to the development of the problem in the first place or that may be helping or hindering recovery. An example of this approach is given in Box 4.1.

'Treat the whole person' also means considering the physical health of people with mental health problems. Often their physical health is worse than that of people who don't have mental

health problems. This happens for a variety of reasons: difficulty being taken seriously (by family or health workers), being less likely to receive health promotion or illness prevention interventions, difficulty communicating to people what is wrong, the effects of the illness interfering with looking after themselves properly, side-effects of medications and lifestyle (e.g. smoking, poor diet). The reproductive health needs of women with mental health problems are easily overlooked, for example, with regard to family planning. People with mental health problems have a greater need for physical health care than the general population (Box 4.2), but tend to receive less care and care of lower quality. The general health worker is ideally placed to help manage both a person's physical and mental health problems. Therefore, be careful not to forget about the body while you are treating the mind.

BOX 4.1 PLANNING CARE TO TREAT THE WHOLE PERSON

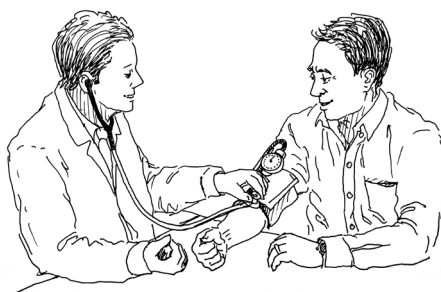
Selam is a 35-year-old woman with moderate depression. Her mother died 2 years ago and, since then, domestic violence from her husband has increased. She no longer meets up to talk with family or friends because she feels that nobody would be interested in hearing about her problems. She is struggling to care for her children (aged 2 and 5 years) because of low motivation and a feeling that she is not good enough. She is tearful most of the time and feels like giving up on life.

An approach to helping Selam might combine the following interventions:

- counselling – giving hope (↗ 5.9.2), problem-solving (↗ 5.11), getting active (↗ 5.13), thinking healthy (↗ 5.14)
- medication – antidepressant medication (↗ Box 5.1 and Table 14.1)
- social intervention – improving contact with her social networks (↗ 5.18), community-level interventions for domestic violence (↗ 13.10).

BOX 4.2 PHYSICAL HEALTH PROBLEMS IN PEOPLE WITH SEVERE MENTAL HEALTH PROBLEMS

- Increased risk of some infectious diseases, such as HIV and sexually transmitted diseases (STDs), tuberculosis (TB)
- Heart disease
- Diabetes
- Poor dental health
- Late presentation of cancer
- Unplanned pregnancies and gynaecological diseases
- Obesity or undernutrition



4.2 Put the person at the centre of care

The treatment of mental health problems needs to be tailored to the particular needs of a particular individual. Put the person at the centre of your treatment plan in the following ways.

- **Always involve the person in decisions about their treatment.** The majority of people with mental health problems are able to take an active role in their own treatment and should be involved in decisions about their care. In rare circumstances, the person may be too unwell to make decisions, but the health worker may feel that they need treatment in their best interests; in such a situation, you should follow the laws in your country which regulate whether, when and how treatments can be given for mental health problems without the person's consent. If treatment in such circumstances is permitted, then this should only happen if the following conditions are met: it is an emergency; you are convinced that without treatment there is a significant risk of harm to the person's well-being; your best efforts to support the person to make their own decision have not been successful; and you have sought the opinion of a third party, such as the person's family members or other health care or social workers, and they agree with you.
- **Try to make sure that the treatment addresses the problem that concerns the person the most.** For example, a person with psychosis may be more concerned about sleep problems or not having friends than hearing voices. In this case, choose a medication that also helps sleep or focus on social interventions so that the person's main concern is addressed.
- **Work with traditional and religious healers.** Even while attending a health facility, many people will continue to consult with religious or traditional healers. It is important for you to understand how the treatment you are proposing for the person will fit in with their other sources of help and healing. Do not be dismissive of other approaches to healing. Try

to understand where the two approaches may complement one another to maximise the benefit for the person. If the traditional healer is giving advice that directly contradicts the message that you are giving the person, then try to meet with the healer or find a way to reconcile the treatment perspectives.



Understand and respect the person's perspective on traditional healing.

4.3 Think beyond the individual

Mental health problems can be the result of difficulties within a family (e.g. domestic violence) or within a community (e.g. poverty, inequality, child abuse, political unrest). Although it is important to focus on the treatment needs of the individual with a mental health problem, it is vital not to forget the wider social factors that contribute to mental health problems (⇨ 13.11). For individual cases, there may be clear family-level interventions that are needed, for example, addressing domestic violence, so that the person can recover. When such family or community-level interventions are beyond the scope of a health care worker, at the very least you could refer the person to other sources of help for the particular problem.

4.4 Take a long-term perspective

Mental health problems can start suddenly and resolve in a short period of time (e.g. in a person who has been exposed to a very stressful event). However, it is also common for mental health problems to start gradually and for the symptoms

to persist over a period of months, and in some cases years. Even if a person recovers from an episode of mental disorder, there can be a relapse in the future. If we approach the treatment of mental health problems in the same way that we approach the treatment of acute infections like malaria or diarrhoea, our treatment may not be as effective as we might expect. For example, the person may stop taking medication as soon as they feel better, even though it is needed to keep them well and prevent relapse. Therefore, for all long-term (also called ‘chronic’) health conditions, which include many mental health problems, we need to pay greater attention to the following approach to care:

- engage the person
- set goals and track progress
- support the person in self-care
- involve people who are close to the person
- coordinate care with other health care workers, including specialists
- actively follow up.

We have already discussed how to approach engaging the person and their family members (⇨ Chapter 2). The other aspects of longer-term care will now be considered and are also discussed in Part 4 (⇨ 12.4).

4.5 Set goals and track progress

If you don’t know what you are aiming for then it is difficult to achieve it! Each time you meet with the person you should review progress towards the goal you had both agreed on. Usually, health workers think in terms of ‘cure’ or symptom control as the goal of treatment. These are certainly important goals but they are not the only, or the most important, goals of treatment. Particularly when a person is affected by a long-term severe mental disorder, their treatment goals may have a different focus. For example, the focus might be on getting a job, entering into a relationship or achieving spiritual peace. They may even decide that they prefer to live with some symptoms of mental disorder and take a lower dose of medication than be affected by medication side-effects (e.g. side-effects that affect their sexual

functioning or that make them so drowsy that they are unable to work). Always try to base treatment goals first and foremost on the person’s priorities and values.

Family members also have an important role in goal-setting. If the person is affected by a mental disability (e.g. dementia or developmental disorder) which affects their ability to understand and decide on treatment goals, speak to the family so that you can understand the goals that would most improve the person’s quality of life. Family members sometimes have competing priorities for treatment, for example, preferring symptom control even when side-effects may be burdensome for the person. Again, always prioritise the person’s well-being and preferences but, at the same time, be sympathetic to the family member and try to find ways to help reduce the burden on the family that comes from challenging behaviour, for example, aggression or incontinence.

Although it is not always possible to achieve a selected goal fully, it is important to have a shared understanding of what you are aiming for. When discussing treatment goals with the person, try to agree on a treatment goal that is **SMART**, by which we mean:

- **Specific:** the goal should be clearly defined. For example, in a person disabled by psychosis, ‘improved self-care’ could be specified as being able to wash themselves once a day.
- **Measureable:** there should be a way of knowing whether the goal has been achieved, for instance, number of days in the week when the person was able to bathe themselves.



| Agree on when the goal can be achieved.

- **Achievable:** by breaking down goals into smaller steps, the goal can be made achievable. For example, although ‘able to look after their personal hygiene’ may be an ultimate goal, washing with support is a more realistic goal as a first step.
- **Relevant:** the goal should be valued and prioritised by the person affected by mental disorder.
- **Time-bound:** always decide on a time frame for achieving the goal, for example, ‘by the end of the week’.

More detail about how to work on achieving recovery goals is given in Chapter 5 (⇨5.20). When you next see the person, don’t forget to ask them about progress towards the treatment goal. Use problem-solving strategies (⇨5.11) to understand why things have not gone to plan. Develop a revised goal if necessary. Keep reviewing and setting goals to help the person work towards achieving their full potential.

4.6 Support the person for self-care

In addition to the treatment that is given by health workers, there are many things that the person can do for themselves to stay mentally healthy. The health worker can help the person to help themselves in a number of ways.

- **Clear and accurate information is key to helping the person play an active part in managing their illness.** People with mental health problems, and their family members, need to be informed about the nature of the illness, the various treatments available and how they work best, and how they can help themselves to improve their health. It is important that this information is given in a language that the person is comfortable with and using words which are easy to understand. Where a local word is available to describe a particular mental health problem, and is not hurtful or associated with shame, use it. Always ask the person whether they have understood your explanation and whether they have any questions. Make time to clarify any issues which they might find difficult.
- **Actions for mental health.** Ask the person what helps them to relieve their mental health problems. Many people find their own ways of managing their symptoms. Encourage the person to stick with actions that are ‘mentally healthy’ (help to improve their mental health) and to try to stop any ‘mentally unhealthy’ behaviours (that make mental health problems worse).
 - Mentally healthy behaviours might include: talking with a trusted person, praying or other forms of religious observance, getting enough rest, taking a walk, listening to music, getting some exercise, and eating and sleeping regularly.
 - Mentally unhealthy behaviours might include: alcohol or substance use, sleeping all day, working all the time, avoiding people or situations which make them anxious, neglecting personal hygiene, and getting angry with other people. These activities are likely to make mental health problems worse and to prevent treatments working properly.
- **Strategies to deal with stress.** Stress is part and parcel of life. It is not always bad. For example, a reasonable amount of work stress can help to motivate us and get things done. But too much stress can trigger mental health problems or make recovery harder to achieve. Each person will have their own way of dealing with stress, and you can advise the person on which approaches are most helpful for achieving and maintaining good mental health.
 - Advise the person to avoid too much stress in the first place, for example, not taking on too much work and trying not to get drawn into conflicts.
 - Explain that the person needs to recognise when stress is affecting them before it gets





I Taking a walk can help to reduce stress.

too much. Some people don't notice when they are stressed. Tell-tale signs are feeling tense, getting upset easily, shouting at people, getting headaches and sleep problems.

- Advise the person to work out what is causing the stress and do something about it. Ignoring stress or keeping the stress inside just makes things worse. Talk to someone or use problem-solving (⇨5.11) or relaxation techniques (⇨5.12).
- **Increase physical activity.** If a person does not do much physical activity, then their mental health will benefit from doing some physical exercise. Of course, their physical health will also improve, which is an added bonus, especially to prevent weight gain that can be a result of an unhealthy lifestyle or a side-effect of medications. Motivation for physical activity can be a serious challenge. Approach this by:
 - giving people a clear explanation for how exercise will benefit them (improve their mental and physical health and reduce the risk of illness relapse), and
 - trying to make the exercise plan as simple as possible and integrated into the person's current lifestyle.

Walking for 20 min every day instead of taking a bus to work is one way of making exercise become part of a person's routine and not seem like extra work. Counselling strategies for improving motivation are described later (⇨5.17).

- **Support the person to get the best out of treatment.** Regardless of the type of treatment, people usually only get the maximum benefit from treatment if they take it as intended. In the case of medications, it means taking the medication as prescribed (right dose, right frequency, right duration). In the case of counselling treatments, it means being an active partner in the treatment: not just expecting advice and for someone else to solve their problems, but also working to change their way of doing things or seeing the world. Counselling treatments also need the right frequency and duration. The key approach is to build up a trusting relationship with the person, ensure that they are properly informed about the treatment, listen to their concerns about the treatment and adapt or change where necessary, and support the person to continue the treatment.

More specific information is given in the individual sections on medications (⇨5.1–5.8) and counselling (⇨5.9–5.17).

4.7 Work with families

Most often it is the family who provides the lion's share of care when a person develops mental health problems. Here we use the term 'family' for convenience, but everything we discuss would also apply to carers other than the family (such as a friend or a paid carer). Even though we are treating the individual person for their problems, we also need to take the family into account. This is a good idea for several reasons. First, it is important that everybody involved in the person's care has a clear understanding of the problem and the proposed treatment. Second, the person is likely to need support and encouragement on a daily basis for an extended period of time, and we need to work with the people who are providing such support. Third, sometimes families get frustrated or overwhelmed and act in a way that worsens the person's mental health problems. In such cases we need to support families to learn how to behave more constructively. Fourth, family

members commonly experience a number of difficulties and stresses because of the person's illness and may need their own care and support. The approach needed for all people caring for a person with long-term illness, whether physical, mental or both, is described in Part 4 (5.12.4). Some particular issues which families of a person with a mental health problem may face include: stigma and discrimination from the community, fear of violence and the emotional burden of caring for someone with a mental health problem (5.23, 5.24).

4.8 Work as a team

Because people with mental health problems may have many different treatment needs, for example, for physical health problems, medications, counselling, spiritual recovery and livelihood support, they may end up consulting with lots of different people, including specialists, healers and community workers. The result can be confusion and chaos! Try to identify all of the people who are involved in the person's care and what they are doing. Then ensure that there is clear communication between each of the care providers. For example, after reviewing the person's medication you could send a brief note to the general physician to explain the current treatment plan. Mental health care, by its very nature, is a team effort. (Part 4 for further details on developing a service that is collaborative and coordinated across health sectors.)

4.9 Follow up actively

Follow-up is an essential part of treatment for people with mental health problems. One of the most important reasons to follow up actively is to review progress and to check whether the person is responding to treatment. You can then change the treatment if needed. Box 4.3 contains a checklist for reviewing people at follow-up appointments.

For people with long-term mental disorders, try to establish a mechanism for detecting whether they have missed their appointment and then

BOX 4.3 FOLLOW-UP CHECKLIST

1. Screen for symptoms of the mental health problem and note whether these are improving or getting worse.
2. Review functioning and progress towards goals.
3. Check for risk: to self or to others. Consider whether the person is at risk of abuse from others.
4. Review whether treatment is being taken.
5. Screen for medication side-effects and physical health concerns (e.g. check weight if they are taking medications for psychosis).
6. Take the opportunity to make sure the person is included in health promotion and illness prevention activities (e.g. cervical screening in women who are sexually active).
7. Assess the coping and mental health of family members.

making contact with them. If you have colleagues who work in the community, you may be able to ask them to carry out a home visit to check that all is well and encourage the person to attend. People who receive treatment as planned will generally have better symptom control and quality of life than those who stop and start treatment.

4.10 Refer when needed

Even though most mental health care can be delivered by general health workers, there are still times when referral to a specialist is needed. The types of specialist that can support you with mental health care are described in Table 4.1.



| Getting lots of different advice can be confusing.

TABLE 4.1 SPECIALISTS WHO HAVE A ROLE IN MENTAL HEALTH CARE

Psychiatrist	Psychiatrists are medical doctors who, after completing general medical training, have specialised in the treatment of people with mental disorders. In many countries, the majority of psychiatrists are almost completely based in hospitals. These may be general hospitals with a psychiatric ward or a hospital specialising only in mental health problems. Their roles include: (1) assessment and treatment of people with severe mental disorders (e.g. psychosis, bipolar disorder), complex presentations (e.g. due to comorbid drug abuse and mental disorders) or risky or challenging behaviours; (2) giving advice on treatment for people who have not responded to first-line treatments; and (3) providing in-patient care or specialist interventions. Psychiatrists mainly use medications, but some are also trained to provide counselling. Psychiatrists may also have subspecialist expertise, for example, in child and adolescent psychiatry.
Psychiatric nurse or psychiatric clinical officer	Psychiatric nurses are nurses who have specialised in psychiatry. They may work either in hospitals or in the community. While all psychiatric nurses are trained to provide care for people who are admitted to hospital, if there are no psychiatrists available, they may take on some of the roles of psychiatrists. Many psychiatric nurses have developed expertise in counselling and supporting people with long-term disability. Increasingly, psychiatric nurses play an important part in providing supervision and consultation services to primary care and general health workers.
Clinical psychologist or counsellor	Clinical psychologists and counsellors are trained in treating mental health problems using counselling strategies.
Social worker	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 mental health problems. They also have a role in protecting people with mental health problems from abuse and helping them to exercise their rights. Social workers may also be trained as counsellors.
Neurologist	A neurologist is a medical doctor who has specialised in the treatment of people with neurological disorders (e.g. those affecting the brain or nerves). Neurologists have expertise in the treatment of some conditions which are also treated by psychiatrists, for instance, epilepsy, dementia, headache, or loss of function in a limb.
Paediatrician	A paediatrician is a medical doctor who has specialised in the treatment of children with illness. They have expertise in assessing children with developmental disorders and epilepsy.
Speech and language therapist	Speech and language therapists can support children and adults with developmental disabilities to learn more comprehensible speech and other communication strategies.
Other therapists	There are a number of other types of therapists, for example, occupational and play therapists, who can provide psychosocial interventions, in particular, for severe mental disorders and child mental health problems.

4.10.1 Urgent referral

As a general rule, it is best to refer urgently to specialists in the following circumstances.

Urgent referral to a general hospital

- A person has made a serious suicide attempt and needs urgent medical care (e.g. for organophosphate poisoning, overdose of tricyclic antidepressants).
- A person who is confused or who has abnormal behaviour and evidence of a physical illness such as head injury or high fever.
- A person with uncontrolled seizures.
- A person who is taking large amounts of alcohol or drugs so that stopping it suddenly may lead to a severe withdrawal reaction.

Urgent referral to in-patient mental health services

- A person who is so disturbed that they can no longer be managed at home.
- A person who is at imminent risk of suicide.

4.10.2 Referral for out-patient mental health assessment

Referral or consultation with a mental health specialist is preferred in the following circumstances, if available, but should not be a barrier to the provision of care in primary or general health care settings.

- Before starting a person with psychosis, bipolar disorder or epilepsy on regular medication. Sometimes this is not possible, in which case try to obtain specialist review as soon as possible in the future.
- To conduct a review of medical causes for a child with developmental disability or a person presenting with dementia.
- When you are starting medications in a person with mental disorder who is pregnant or breastfeeding, who has a medical condition or who is very young or old.

- Any person who is continuing to be seriously disabled with respect to personal life or work, despite your efforts to provide treatment.
- Any person who needs a treatment that requires specialist oversight, such as:
 - children with hyperactivity who need medication
 - people with psychosis who are not responding to regular antipsychotic drugs and need clozapine
 - people with opioid dependence who need substitution therapy
 - people with alcohol dependence who might benefit from medications to reduce the risk of relapse
 - people with epilepsy who may need two anti-epileptic medications in combination
 - people with early dementia who might benefit from an anticholinesterase.

When you refer someone, it can be very helpful if you write a short note explaining a little about the background to the problem and what treatments you have already tried. You can also ask the specialist to write to you advising on how the person should be cared for in the community.

We have created a chart showing the important information that should be provided by the referring health care worker; one chart has been filled in as an example (⇨ p. 46), and a clean chart is provided for you to use (⇨ p. 47).



EXAMPLE REFERRAL CHART

Date:	22/09/2016
Referrer details:	Tirunesh Tessema (Clinical nurse)
Name of health facility:	Sodo health centre
Patient's name:	Yohannes Alemu
Patient's age:	74
Patient's gender:	Male
Main problems:	Forgetful, wandering away from home, getting angry
Possible diagnosis:	Dementia?
Risk issues:	Gets lost for extended periods of time
Treatment given:	Vitamins and diazepam
Response to treatment:	None
Specific reason for referral:	Please help with diagnosis and management plan

REFERRAL CHART

Date:	___ / ___ / _____
Referrer details:	
Name of health facility:	
Patient's name:	
Patient's age:	
Patient's gender:	
Main problems:	
Possible diagnosis:	
Risk issues:	
Treatment given:	
Response to treatment:	
Specific reason for referral:	

