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Assessing someone with a mental health problem

This chapter is about how a health worker can carry out an interview to diagnose the type of mental health problem. It will cover the common symptoms of mental health problems and specific tips on difficult interview situations, such as crowded primary care clinics or people who refuse to talk. It will also describe the questions which may be asked of the person or their family to confirm the existence of a mental health problem.

3.1 Am I capable of examining a person with a mental health problem?

You do not need to be a specialist to assess mental health. The assessment of mental health primarily requires 'core skills' (these were covered in Chapter 2), as well as the knowledge described in this manual.

Some health workers have mixed feelings about assessing a person with mental health problems, for example:

- frustration that the interview may take longer than a regular examination
- amusement at the odd behaviour shown by the person
- anger that the person is wasting the health worker's time with 'no real illness'
- fear that the person may attack them
- disgust that the person is unclean
- worry that they may not be sufficiently skilled to carry out a competent assessment.

Such feelings usually make it harder for the health worker to provide help for a person affected by a mental health problem. Such

attitudes will also make the person less comfortable and less likely to share their feelings with the health worker. Treat a person with a mental health problem with the same respect and compassion as any other person. Then will you find that working with a person who has mental health problems is a challenge which will be both fulfilling and rewarding. **The single most important aspect of assessing mental health problems is to give the person enough time.**

3.2 Do I have the time to talk to the person?

The most important thing to remember is that time spent finding out why a person has come to see you may actually save you time later on. We know that many mental health problems, especially common mental disorders and alcohol problems, are rarely recognised by the health worker. The health worker in the busy clinic simply accepts the person's complaints and gives medications for them. Thus, painkillers are prescribed for aches and pains, vitamins for fatigue and sleeping pills for sleep problems. However, the person's real problem, the mental health



Don't be in a hurry – time spent now can save you more time later.

problem, has not been treated. As a result, many people will keep returning to the clinic and will take up more of your time. Thus, time spent finding out about the problem may actually save you 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 health problems. The key to using your time sensibly is to be well informed about the right questions to ask, as described in [3.4](#).

3.3 Who may have a mental health problem?

The most common image of a person who has a mental health problem is of someone who is talking nonsense and behaving bizarrely. In reality, the vast majority of people with mental health problems look, behave and talk no differently from people with a physical illness.

BOX 3.1 PRESENTATIONS THAT SUGGEST A MENTAL HEALTH PROBLEM IN ADULTS

- When the person or a family member complains directly of a mental health problem, such as depression or an alcohol problem
- When the person or family members suspect supernatural causes for the health problem
- When a specific cause of a mental health problem, such as problems with alcohol or 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 death of a close friend
- When there are many physical complaints which do not fit into a pattern of any known physical illness
- When there is a personal or family history of mental health problems
- When the person is unusually quiet or behaving strangely

It can be helpful to use a ‘screening’ procedure to identify mental health problems in adults. Then, you can spend more time with such people to find out what the problem is and start treatment. In this section we will cover screening for common mental disorders, alcohol and drug use disorders, and severe mental disorders in adults. For other types of mental health problems, such as confusion, dementias and child mental health problems, refer to specific chapters in this manual.

There are two approaches to screening adults in a busy clinic. First, there are some kinds of clinical presentations which are typical of mental health problems. If anyone comes with these presentations, you should suspect a mental health problem (Box 3.1). Second, you can ask a set of ‘golden questions’ (Box 3.2) which could help detect the two most common types of

BOX 3.2 ‘GOLDEN QUESTIONS’ TO DETECT MENTAL HEALTH PROBLEMS IN GENERAL HEALTH CARE SETTINGS

1. Do you have any problems sleeping at night?
2. Have you been feeling as if you have lost interest in your usual activities?
3. Have you been feeling sad, unhappy or irritable recently?
4. Have you been tired a lot?
5. Have you been worrying too much about things, feeling stressed or tense?
6. Have you been feeling scared or frightened of anything?
7. Have you been worried about drinking too much alcohol recently/using _____ drug (depending on local context)?

If any of the answers are ‘yes’, ask more detailed questions to confirm the diagnosis.



mental health problems in general health care, common mental disorders and alcohol problems. If any of the answers to the questions are positive, you could then ask more questions about these conditions.

3.4 What to ask when you suspect a mental health problem

If, as a result of the screening process, you suspect that a mental health problem could be present,

BOX 3.3 INFORMATION TO COLLECT FROM A PERSON WHEN YOU SUSPECT A MENTAL HEALTH PROBLEM

General information

- Gender
- Age
- Occupation
- Marital status

History of current problem

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

Other information

- Is there any history of mental health problems? (If so, ask for old prescriptions or old clinical notes.)
- Relevant medical history, such as recent head injury.
- Relevant history of substance use, including alcohol and tobacco.
- Recent major stressful 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?

you can then use a standard form of interview (Box 3.3). There are three types of information you 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;
- information about the problem itself, which should begin with finding out about the symptoms, for example, how long they have been present and how they affect the person's life;
- the person's social situation and what they think is the cause of the problem. This should include who they are living with and who their main sources of social support are. Questions about recent stressful events, such as a death in the family, may help explain why the person is suffering from a mental health problem.

3.5 How do I conduct the interview?

Here are some hints on how to go about an interview with someone who may have a mental health problem.

- **Introduce yourself to the person.** Some people may be confused or suspicious. Clearly state that you are a health worker and that you wish to talk about the person's recent health.
- **Establish rapport.** To this end, you can begin the interview with a general subject such as a recent news event.
- **Use good communication skills** (↪ Chapter 2).
- **Try to ensure privacy;** this may be impossible in crowded clinics, but even here you can speak softly so that the discussions of personal problems are not heard by others in the room. Alternatively, ask the person to wait until the clinic is less crowded and then talk in private.
- **Keep safety in mind** (↪ 2.2) but remember that most people with mental health problems are not dangerous.
- **Ask everyone the 'golden questions'** (Box 3.2). If any of the answers are positive, do a more thorough assessment using the checklists.



- **Keep in mind the main types of mental disorders and their symptoms** (⇨ 1.4). This is especially important because many people may not openly come out with emotional complaints unless you specifically ask about them.
- **Try not to appear pressured for time**, for example, by constantly checking a wristwatch! Remember that just 10 min is often all that is needed to understand the 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 to you without family members present.** Never consider people 'unreliable' simply because they suffer from a mental health problem.
- **Try to speak to the family members** as well, but always make an attempt to ask permission from the person before you do so. Some people with mental health problems may deny they have a problem. Some may not be fully aware of the nature of their behaviour. Family members and friends can often give you information which is valuable in making a clinical decision.
- **Use the right amount of eye contact** for your culture to help make the person feel confident that you are interested in what they are saying.
- **Record key information for future reference**, especially the main symptoms, current diagnosis, and important information such as the presence of any marital problems.

3.6 What to look for

- **Facial expressions** of sadness or fear (with psychosis and depression).
- **Restlessness**, i.e. unable to sit relaxed (with psychosis, depression, drug and alcohol dependence, and as a side-effect of some psychiatric medications).
- **Strange movements** (associated with psychosis and as a side-effect of some psychiatric medications).
- **Irrelevant answers** to your questions (associated with psychosis and delirium).
- **Very fast rate of talking** (associated with mania).
- **Very slow rate of talking** (associated with depression, drug dependence and psychosis).
- **General hygiene** and self-care (poor in depression, drug and alcohol dependence, delirium and psychosis).



3.7 How do I reach a diagnosis?

Diagnoses are important for two reasons:

1. to help explain to the person the cause of their complaints
2. to help guide you in selecting the right treatment.

There are only a few diagnoses of special interest in a general health care setting. In Part 3 we will describe how you can diagnose different types of mental health problems. The key is to be familiar with the types of mental disorders (⇨ 1.4)



! Take note of the person's facial expression.

and the questions to assess mental health as discussed in this chapter. Practise the questions with your colleagues.

3.8 Special situations in assessment

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

- assessing someone who refuses to talk
- assessing physical complaints in a person with a mental health problem
- assessing someone on the telephone
- assessing someone with the family present (⇨ p. 24)
- assessing someone who is violent (⇨ flow chart 6.1 and 7.2)
- assessing someone who is confused (⇨ 7.1)
- assessing someone who is suicidal (⇨ 7.6)
- assessing children with mental health problems (⇨ Chapter 11).

3.8.1 Assessing someone who refuses to talk

Sometimes you may be faced with someone who refuses to talk. This could be for many reasons.



If a person refuses to talk, do not (a) threaten them by saying that you do not have time to waste. Instead, (b) reassure them that you are interested in their problems.

They may be angry for having been brought to the clinic. They may be scared that talking to you 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 family members to stand far away so that your conversation cannot be heard by them. This may help the person feel more confident to share personal problems. Do not threaten the person, for example, by saying that you do not have time to waste. Instead, reassure the person 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. Of course, you must always remember to return to the patient as promised, and within a reasonable period of time.

3.8.2 Assessing physical complaints in a person with a mental health problem

Imagine that someone who is known to have a mental health problem 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 health problem. However, this attitude may lead to a serious physical illness being missed. It is important that the physical health of a person with mental health problems is given due attention. Do not dismiss new physical complaints without properly assessing them and, if required, carrying out tests. Remember that people with mental health problems 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 (⇨9.1 and 9.2)
- women who have been hurt by violence or raped (⇨10.3)
- confusion and agitation, which can often be caused by physical health problems (⇨7.1)
- people receiving antipsychotic medication, typically for severe mental disorders (⇨7.3)
- disturbed behaviour in elderly people (⇨7.1 and 7.8).

3.8.3 Assessing a person on the telephone

Mobile phones are available in most places, and you may encourage people to call you to report on their progress or for advice if you feel comfortable about this. In fact, this can save time for both you and the caller by avoiding unnecessary visits to the clinic. However, always use a separate phone number for such professional work.

Sometimes, a person may call you with a problem that is related to a mental health crisis. 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.

Avoid giving vague advice or reassurance on the phone. You should approach the caller in this way.

- Find out the person's 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 family members to whom they can talk. Encourage the person to share their distress with them now.
- If a person is abusive, explain that you would like to help but cannot if they do not change their attitude. If the caller remains difficult, then hang up the telephone.
- If a person is confused, explain that it is difficult for you to understand the problem properly and ask them to come to the clinic straight away.



- Ask any person 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 police. Ask the child to stay where they are and say that someone will come to help them.

3.9 Symptom checklists to diagnose mental disorders†

Common mental disorders	Severe mental disorders (psychoses) ¶7.3
Depression ¶7.4	At least two of these symptoms:
At least one symptom affecting the person's daily life activities for at least 2 weeks:	Believing things that are untrue (delusions, e.g. that their thoughts are being controlled by outside forces, that people are trying to poison them) <input type="checkbox"/>
Feeling sad or irritable <input type="checkbox"/>	Hearing or seeing things that no one else can (hallucinations); often these are frightening <input type="checkbox"/>
Loss of interest in daily activities <input type="checkbox"/>	Agitation and restlessness, or withdrawal and lack of interest <input type="checkbox"/>
Tired all the time or lacking energy <input type="checkbox"/>	
Other symptoms which are frequently present and should be asked for:	If the symptoms have been present for less than a month and the person is confused (doesn't know where they are, who people are or the day or time) the diagnosis may be delirium (¶flow chart 6.2 and 7.1). If the person appears confused and is older than 60, then the diagnosis may be dementia (¶7.8).
Disturbed sleep <input type="checkbox"/>	
Tiredness <input type="checkbox"/>	If there is a history of episodes in between which the person seems to recover completely, the diagnosis may be bipolar disorder (¶7.5). The 'high' or manic episode can be diagnosed on the basis of:
Loss of appetite <input type="checkbox"/>	Increased speed of talking <input type="checkbox"/>
Poor concentration <input type="checkbox"/>	Not needing to sleep <input type="checkbox"/>
Feeling worthless or guilty <input type="checkbox"/>	Restlessness <input type="checkbox"/>
Hopelessness or suicidal thoughts <input type="checkbox"/>	Irritable mood (getting angry easily) <input type="checkbox"/>
Aches and pains all over the body <input type="checkbox"/>	Grand ideas about oneself <input type="checkbox"/>
Anxiety ¶8.2	Alcohol (or drug) dependence ¶9.1, 9.2
Feeling tense/nervous/worrying a lot for at least 2 weeks (affecting daily life activities) <input type="checkbox"/>	At least two of these symptoms:
Other symptoms which are frequently present and should be asked about:	Drinking (or drug use) has led to personal problems (loss of job) or health problems (accidents, jaundice) <input type="checkbox"/>
Disturbed sleep <input type="checkbox"/>	Difficulty in controlling the use of alcohol (or drug) even though it causes problems <input type="checkbox"/>
Tiredness <input type="checkbox"/>	Using alcohol (or drug) throughout the day <input type="checkbox"/>
Loss of appetite <input type="checkbox"/>	Feeling sick or unwell unless the person drinks alcohol (or takes the drug) <input type="checkbox"/>
Poor concentration <input type="checkbox"/>	Using gradually increasing amounts of alcohol (or drug) <input type="checkbox"/>
Palpitations (heart beating fast)/trembling/dizziness <input type="checkbox"/>	
Persistent nausea, vomiting or diarrhoea <input type="checkbox"/>	
Aches and pains all over the body <input type="checkbox"/>	
For anxiety symptoms that come on very suddenly and severely and last up to 30 min ¶8.2.1 (panic attack). For situation-specific anxiety symptoms ¶8.2.2 (phobia).	

†These checklists refer to major mental disorders in adults. For children ¶Chapter 11.

CHAPTER 3 SUMMARY BOX

THINGS TO REMEMBER WHEN ASSESSING SOMEONE WITH MENTAL HEALTH PROBLEMS

- Privacy, the ability to listen without becoming fidgety and adequate time are the key elements in assessing a person with a mental health problem.
- Most people with mental health problems can give a clear and complete history of their problem. Family members can also provide useful additional information.
- A systematic assessment interview is the first (and a very important) step in the treatment of the person.
- Most common mental health problems can be easily diagnosed by asking questions about specific complaints.
- People with mental health problems may also suffer from a physical illness; never dismiss a physical complaint just because a person also has a mental health problem.

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