

1 An introduction to mental health problems

1.1 Mental health, distress, disorders and disabilities

There is more to good health than just a physically healthy body. Most of us would agree that a healthy person should also have a healthy mind. This can mean a number of different things. The person should be able to think clearly. They should be able to solve the various problems they may face in life. They should feel satisfied with the quality of their life and enjoy good relations with friends, colleagues at work and family. They should feel spiritually at ease. It is these aspects of health which can be considered as mental health.

Even though we talk about the mind and body as if they were separate, in reality they are like two sides of the same coin. They share a great deal with each other, but present a different face to the world around us. If one of the two is affected in any way, then the other will almost certainly also be affected. Just because we think about the mind and body separately, it does not mean that they are independent of each other.



Mental health problems are common: at least two of those people are likely to suffer from a mental health problem at some point in their life.

In the same way that the physical body can fall ill, so too can the mind. This is when a mental health problem is present, defined as:

a problem experienced by a person which affects their emotions, thoughts or behaviour, which is out of keeping with their cultural beliefs and personality, and [which] is producing a negative effect on their lives or the lives of their families.

This definition hides a very important fact about mental health problems, which is that they differ greatly in terms of their severity. This, in turn, influences what kind of help the person may need and the long-term outcome of the problem. In this manual, we broadly categorise mental health problems into three types.

- **Distress** is the most common type of mental health problem. Distress is characterised by a mixture of different complaints (such as feeling sad, worried, tense or angry), often of short duration, and in response to difficulties in one's life (such as the loss of a loved one).
- **Disorder** is a more severe, but less common, type of mental health problem. Disorders are characterised by more clearly defined groups of complaints which can be classified using a medical diagnosis, typically of a longer duration than distress, and not necessarily associated with, or explained by, difficulties in one's life.
- **Disability** is the most severe, and least common, type of mental health problem. Disabilities are characterised by enduring impairments in a person's daily functioning (e.g. the ability to communicate with others) and may be present from birth or very early childhood, or appear later in life as a consequence of a mental disorder.

In many cases, mental health problems can be suspected when the person's symptoms cannot be attributed to a clear physical disease. As our knowledge advances, we are discovering that some mental health problems, especially disorders and disabilities, have physical causes in the brain. In this manual, we also cover the conditions of epilepsy (where a person has seizures), developmental disabilities (when a person has difficulties in learning from birth or early childhood) and dementia (where a person, typically over the age of 60 years, gradually loses their memory); all are neurological conditions with clear signs of brain dysfunction, but they are often associated with mental health problems.

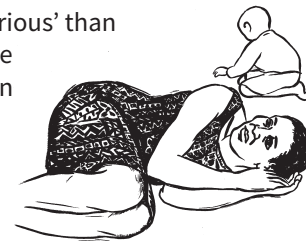
There are four important points which form the basis of the material in this manual.

1. Mental health problems cover a broad range of severity. For most, they take the form of a distress state, but for some the problem becomes a disorder. For a small number of people, they lead to disability, which can last a lifetime.
2. For most people, mental health problems are thought of as a disorder associated with disruptive behaviour, such as violence, agitation or being sexually inappropriate. However, the vast majority of people with mental health problems look no different from any other person. The common mental health problems often present as physical complaints – aches and pains or tiredness without any obvious physical cause, sexual problems and excessive alcohol drinking.
3. Mental health problems can affect a person at any time in their life, from early childhood to old age. Most mental health problems begin before the age of 25. The earlier a person receives help, the better the chances that they will recover.
4. There have been tremendous advances in our understanding of the causes and treatment of mental health problems. Most of these treatments can be provided effectively by the general or community health worker, but ideally all should be provided by a team which involves the person and their family, a doctor or nurse, and a mental health professional where available.

1.2 Why are mental health problems of concern to health workers?

There are many reasons why health workers need to be concerned about mental health problems.

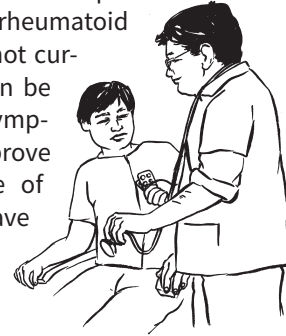
- **Because mental health problems affect us all.** If we put together all types of mental disorder and disability, at least 1 in 5 of all adults will experience one of these problems in their lifetime. At least 1 in 10 people at any moment in time are experiencing a mental disorder or disability. Thus, in a community of 1000 people, at least 100 will have a mental disorder or disability. Even more will have mental distress. Put simply, any person in the community can suffer from a mental health problem.
- **Because mental health problems can be very disabling.** Even though the popular belief is that problems with mental health are less 'serious' than physical illness, we know that they can lead to severe disability. Indeed, more than a quarter of the total amount of disability due to health problems in the world is caused by mental disorders and disability.
- **Because mental health problems can kill.** People who suffer from a mental disorder or disability die younger than those who don't have a mental health problem. For example, in some places, people with severe mental disorders live 20 to 30 years less than those without these disorders. Mental health problems cause death in a number of ways: through suicide, through accidents (e.g. in people with drinking problems), through unhealthy lifestyles (e.g. smoking to cope with symptoms) and because people with mental health problems tend to get poorer quality medical care when they have a medical problem.



Mental health problems can affect a person's ability to do things at home and at work.

- **Because mental health affects other health problems.** Many people suffer from a mental health problem and a physical illness at the same time. In such people, the mental health problem can make the outcome of the physical illness worse, for example, by increasing the risk of death in a person after a heart attack or in a person with HIV. Mental health problems can affect those who live with the ill person (e.g. the babies of mothers who are depressed have poorer health, growth and development).
- **Because mental health services are inadequate.** There is a severe shortage of psychiatrists, psychologists and other mental health professionals in most countries. These specialists spend most of their time caring for people who suffer from severe mental disorders (or ‘psychosis’) and do so in big hospitals in cities. On the other hand, most people with more common types of mental health problems would not consult a mental health specialist. General health workers are ideally placed to treat these mental health problems.
- **Because our societies are rapidly changing.** Many societies around the world are facing dramatic economic and social changes. The social fabric of the community is changing as a result of rapid development and growth of cities, the massive migration of peoples for economic reasons, widening income inequality, and the brutal conflicts affecting our world. These are all the very factors which are linked to poor mental health.
- **Because mental health problems lead to stigma.** Mental health problems are the most feared of all health conditions. Most people with a mental health problem would never admit to it. This is one of the major reasons why so few seek help from health workers and, when they do, they rarely mention their mental health as the reason for seeking help. People with mental health problems are often discriminated against by the community and their families and they are not treated sympathetically by health workers, which is one reason they get poorer quality of care and die early.

- **Because mental health problems can be treated with simple, relatively inexpensive methods.** It is true that many mental disorders and disabilities cannot be ‘cured’. However, many physical illnesses (HIV, cancers, diabetes, high blood pressure, asthma, rheumatoid arthritis) are also not curable. Yet, much can be done to reduce symptoms and to improve the quality of life of people who have these conditions. The same applies to people affected by mental health problems and those who live with them.



Most mental health problems can be treated.

1.3 The features of mental health problems

The health worker has to depend almost entirely on what the affected person and their family tell them in order to detect and diagnose a mental health problem. The main tool in diagnosis is a detailed interview with the affected person. Mental health problems produce symptoms which the person or others close to them notice. There are five major types of symptoms.

- **‘Physical’ or somatic symptoms:** these are symptoms affecting the body or physical functions, such as aches, tiredness and sleep disturbance. It is important to remember that physical symptoms may be the most important or even the only feature of the mental health problem.
- **‘Feeling’ or emotional symptoms:** these are symptoms related to one’s feelings. Typical examples are feeling sad, worried, irritable or scared. Most often, the person may not talk openly about their feelings and the health worker needs to ask specifically about them. It is also helpful to observe the person’s facial expressions and body language.



a.

b.

c.



d.

e.

f.

- a. A person can be worried about the future: a *thinking* complaint...
- b. which can make her feel scared: a *feeling* complaint...
- c. which can make it difficult for her to sleep: a *physical* complaint.

- d. A person can hear people talking about him: a complaint of *imagination*...
- e. which makes him think that his life is in danger: a *thinking* complaint...
- f. which makes him attack others to protect himself: a '*doing*' complaint.

- **'Thinking' or cognitive symptoms:** typical examples are thinking that life is not worth living, thinking that someone is going to harm the person, or difficulty in thinking clearly and forgetfulness. As with feelings, the health worker may need to ask about these symptoms, but they can also be detected using good observational skills.
- **'Doing' or behavioural symptoms:** these are symptoms related to what a person is doing. Examples include behaving in an aggressive manner, becoming less communicative with others or being very restless and fidgety. These symptoms can be almost always picked up on careful observation.
- **'Imagining' or perceptual symptoms:** these are symptoms arising from one of the sensory organs, such as hearing voices or seeing things which others cannot hear or see (hallucinations). Their presence is most often identified by asking questions about such experiences or from the observations of family members.

In reality, these different types of symptoms are closely linked to one another. For example, a woman may be worried about the future (*thinking*), which makes her feel anxious (*feeling*), as a result of which she experiences headaches (*physical*). Taking another example, a man can hear people talking about him (*imagining*) and experience thoughts that they are going to harm him

(*thinking*). This makes him feel frightened of people (*feeling*) and leads to aggression (*doing*). We will now use these types of symptoms to describe the various types of mental health problems.

1.4 The types of mental health problems

The World Health Organization uses a classification of mental health problems which has more than 100 types of disorder (ICD-10). However, in this manual, we use far fewer categories by combining mental health problems into those which look similar and which have similar treatments. Some of these problems can range from relatively short-lived states of distress to long-term states of disability, while some are always long-term states of disability.

The categories we are going to use are:

1. 'common' mental disorders such as depression and anxiety
2. habits that cause problems, such as dependence on alcohol or drugs
3. 'severe' mental disorders or the psychoses
4. states of confusion
5. mental health problems in children and adolescents
6. other conditions such as epilepsy and suicidal behaviours.

☞ Chapter 16 for a table of psychiatric diagnoses and where discussion about these diagnoses can be found in the manual.

1.4.1 'Common' mental disorders

Common mental disorders are, as their name suggests, the most common of all mental health problems. They account for more than half the total number of mental health problems in a community.

CASE 1.1

Lucy was 23 when she had her first baby. During the first few days after the baby was born, Lucy had been feeling tearful and mixed up. The

midwife reassured her that she was only passing through a brief phase of emotional distress common in many mothers. She suggested that Lucy and her husband should spend a lot of time together and care for the baby, and that her mood would improve. As expected, Lucy felt better within a couple of days and was discharged to go home.

Everything seemed fine for the next month or so. Then, quite gradually, Lucy began to feel tired and weak. Her sleep became disturbed. She would wake very early in the mornings even though she felt tired. Her mind was filled with negative thoughts about herself, and, to her fright, about her baby. She began to lose interest in her home responsibilities. Lucy's husband was becoming irritated with what he saw as being lazy and uncaring. It was only when the community nurse visited for a routine baby check that Lucy's depression was correctly diagnosed.

WHAT'S THE PROBLEM? At first, Lucy has 'distress', which gets better with explanation and support from the midwife, but she then develops a kind of depression (a 'disorder') which sometimes occurs in mothers after childbirth. This is called **postnatal depression**.

Even though I should be so happy with my baby, I just feel tired all the time.



CASE 1.2

Rita is a 58-year-old woman whose husband suddenly died the previous year. Her children have all grown up and left their home in a village for better employment opportunities in a big city. Rita started experiencing poor sleep and loss of appetite soon after her husband died. The symptoms worsened once her children left the village after the funeral.

She started experiencing headaches, backaches, stomach aches and other physical discomforts, which led her to consult the local clinic. There she was told she was all right but was prescribed sleeping pills and vitamins. She immediately felt better, particularly because her sleep improved. However, within 2 weeks, her sleep got worse again and she went back to the clinic. There, she was given more sleeping pills and vitamin injections. This went on for months, until she could no longer sleep without the sleeping pills.

WHAT'S THE PROBLEM? Rita has a 'physical' presentation of depression (a 'disorder') resulting from the death of her husband and loneliness because her children are no longer living with her. The clinic doctor has not asked about her emotions but prescribed Rita sleeping pills. This has led to Rita becoming dependent on sleeping pills (**drug dependence**, another type of 'disorder').

I feel pain all over my body and I cannot sleep at night.



CASE 1.3

Ravi was 25 when he had a serious road accident. He was riding his motorcycle with a close friend on the pillion seat. The motorcycle was hit from behind by a bus, and Ravi and his friend were thrown off it. Ravi's friend fell under the wheels of the bus and died instantly. After a few days of deep sadness and

Sometimes my heart beats so fast, I feel like I am going to die.



shock, Ravi began to experience spells of fear. The spells started when he had been shopping in the market. Ravi suddenly experienced a choking sensation and felt his heart beating hard. His father had a heart complaint and so Ravi became worried that he too had a heart problem. This made him fearful. The doctor sent him for tests, which showed that he had a healthy heart. Ravi also started getting nightmares, in which he would see the whole accident played out. Sometimes, even when he was awake, he would get images of the accident in his mind and would feel scared and tense. His sleep began to suffer and soon he began to have thoughts about ending his own life.

WHAT'S THE PROBLEM? Ravi is suffering from an anxiety disorder, which may occur after a person has been involved in a traumatic event. This is sometimes called **post-traumatic stress disorder (PTSD)**.

1.4.1.1 Depression

Depression literally means feeling low, sad, fed up or miserable. It is an emotion which almost everyone experiences at some time in their life in response to loss, disappointment or hurt. For most people, these feelings are short-lived and can be considered a 'distress' state in reaction to life difficulties. But there are times when the depression lasts for a long period of time, typically more than 2 weeks, and starts to interfere with life. For example, it may lead to tiredness and difficulty concentrating, a loss of interest in one's work or social life and, sometimes, feelings that life is not worth living anymore. In these situations, the depression has become a disorder (Box 1.1).

1.4.1.2 Anxiety

Anxiety is the experience of feeling fearful and nervous. Like depression, this is a normal experience, or at most a short-lived distress state for most people. For example, an actor before going on stage or a student before an examination will both feel that their heart is pounding. Some people seem to 'live on their nerves' – meaning they are always anxious, but still seem to cope. Others

BOX 1.1 THE KEY FEATURES OF DEPRESSION

Feeling:

- sad and miserable
- a loss of interest in life, relationships, work or other activities
- guilty
- irritable and short-tempered.

Physical:

- tiredness and a feeling of fatigue and weakness
- aches and pains all over the body.

Thinking:

- 'thinking too much'
- difficulty in concentrating
- hopelessness about the future
- difficulty making decisions
- thinking that one is not as good as other people
- thinking that it would be better if one was not alive
- having suicidal ideas and plans.

Behaving:

- disturbed sleep (usually worse, but occasionally too much sleep)
- poor appetite (sometimes increased appetite)
- reduced sex drive
- preferring to be alone and not socialise with others
- problems with work or stopping work altogether.

are anxious when they have had a frightening experience such as being in an accident. Just like depression, anxiety becomes a disorder if it persists (generally for more than 2 weeks), is interfering with the person's daily life or is causing severe symptoms (Box 1.2).

Most people with common mental disorders have a mixture of symptoms of depression and anxiety. The main challenge is that these are typically invisible to the health worker because they are very frequently associated with physical symptoms which become the focus of attention for both the person and the health worker. Thus, most people who come to the health facility never complain of the 'feeling' or 'thinking' symptoms as their main problem, but instead talk about the

BOX 1.2 THE KEY FEATURES OF ANXIETY

Feeling:

- feeling as if something terrible is going to happen
- feeling scared.

Physical:

- heart beating fast (palpitations)
- can't breathe properly
- dizziness
- trembling, shaking all over
- headaches
- 'pins and needles' (like the sensation of ants crawling) on limbs or face.

Thinking:

- worrying too much about one's problems or one's health
- thoughts that one is going to die, lose control or 'go mad'; these thoughts are often associated with severe physical symptoms and extreme fear.

Behaving:

- avoiding situations which one is scared of, such as market places or public transport
- asking for reassurance again and again, but still being worried
- experiencing poor sleep.

physical and behavioural symptoms they experience (as in the case of Rita). This could be for many reasons, for example, they may feel that 'feeling' or 'thinking' symptoms may lead them to being labelled as being 'mad'. However, with a bit of time for sensitive questioning, it is usually easy to identify these symptoms of depression and anxiety.

Apart from depression and anxiety, there are four varieties of common mental disorders which may present with specific or unusual complaints.

- **Panic attacks** are when anxiety occurs in severe attacks, usually lasting only a few minutes. Panic attacks typically start suddenly. They are associated with severe physical symptoms of anxiety and make the person feel terrified that something terrible is going to happen or that they are going to die. Panic attacks occur because the person who is fearful

breathes much faster than usual. This leads to changes in the blood chemistry, which causes physical symptoms.

- **Phobias** are when a person feels scared (and often has panic attacks) only in specific situations. Common situations are crowded places such as markets and buses (as in the case of Ravi), closed spaces like small rooms or lifts, and social situations such as meeting people. The person with a phobia often begins to avoid the situation which causes the anxiety so that, in severe cases, they may even stop going out of the house altogether.
- **PTSD** is a disorder which may develop after a terrifying experience, for example, when a person's community is attacked in a conflict, or when a person is a victim of a crime or has had a terrible accident. It is characterised by symptoms of anxiety, phobia and panic. People may relive the terrifying experience again and again in their mind.
- **Physical symptoms with no medical cause.** Although all common mental disorders are strongly associated with physical symptoms, some may present only with such symptoms, making these conditions very difficult to distinguish from other medical disorders. Important examples are long-standing fatigue or headaches.

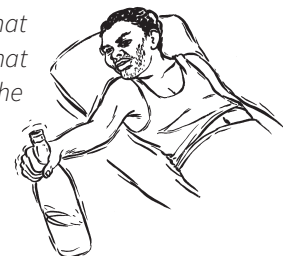
The ways depression and anxiety present in health care settings and how to manage these problems are discussed in Chapters 7 and 8.

1.4.2 Habits that cause problems

1.4.2.1 Alcohol abuse

CASE 1.4

Michael is a 44-year-old man who has been attending the clinic for several months with various physical complaints. His main complaints are that his sleep is not good, that he often feels sick (like he is about to vomit) in the mornings and that he is generally not feeling well. One day,



he comes to the clinic with severe burning pain in the stomach area. The regular antacids have not been as much help as before. Michael is seen by the doctor, who prescribes more medicines to reduce the pain and to help stomach ulcers heal. When Michael is about to leave the clinic, the doctor notices that he is sweating profusely and his hands appear to be shaking. The doctor asks Michael if he has any other problems. Michael sits down and starts crying. He admits that his main problem is that he has been drinking increasing amounts of alcohol in the previous few months as a way of coping with stress at work. However, now the drinking itself has become a problem. He cannot pass even a few hours without having to have a drink.

WHAT'S THE PROBLEM? Michael is dependent on alcohol (a 'disorder'). Many of his complaints are due to the direct effects of alcohol on his body. Some symptoms are caused by the distress he feels because of withdrawal symptoms (when he is not drinking).

Alcohol drinking is a common habit that can cause problems for some people (Box 1.3). Most people who drink alcohol do so without harming their health. However, for some, as in the case of Michael, the drinking becomes harmful because of the amount that is consumed and its impact

on the person's social, mental and physical well-being. A person is said to be dependent on alcohol (or drugs) when it becomes difficult for them to stop using it because they develop physical discomfort and an extreme desire to consume the substance ('withdrawal syndrome'). Dependence problems cause great damage to individuals, their families and, ultimately, the community. Alcohol, for example, not only harms the drinker owing to its physical effects, but is also associated with marriage problems and domestic violence, fights, road traffic accidents, increased poverty and high suicide rates. For most people, problems with alcohol are rarely mentioned as the main reason for seeking health care. Instead, the health worker has to be alert to ask people about their drinking habits, particularly when the clinical presentation suggests that the person's problem may be related to drinking.

1.4.2.2 Drug use

CASE 1.5

Farai is an 18-year-old high-school student. He has always been an average student, hard-working and honest. Recently, however, his mother has noticed that Farai has been staying out until late at night, his school grades have been falling, and he is spending more money. Last week, the mother noticed that some money

BOX 1.3 THE KEY FEATURES OF ALCOHOL DEPENDENCE

Physical:

- stomach problems such as ulcers
- liver disease and jaundice
- vomiting blood
- vomiting or sickness, especially in the mornings
- tremors, especially in the mornings
- accidents and injuries
- withdrawal reactions: seizures, sweating, confusion.

Behaving:

- alcohol taking priority over everything else
- drinking stronger types of alcohol
- needing to drink more alcohol to get the same effect
- sleep difficulties

- getting into fights and becoming violent when drunk
- driving dangerously
- drinking in the mornings to relieve physical discomfort
- skipping work or school.

Thinking:

- strong desire for alcohol
- continuously thinking about the next drink
- thoughts of suicide.

Feeling:

- feeling helpless and out of control
- feeling guilty about drinking behaviour
- feeling angry when people ask them about their drinking.

was missing from her purse. She was worried that Farai may have stolen it. She had also noticed that Farai was spending less time with his old friends and family and seemed to be moving around with a new group of friends whom he did not introduce to his parents. His mother had suggested to him that he should see a counsellor, but he refused. She spoke to a health worker about Farai, and the health worker decided to visit Farai at home. Farai was very reluctant to discuss anything at first. However, as he became more trusting of the health worker, he admitted that he had been smoking heroin regularly for several months, and now he was 'hooked'. He had tried to stop on many occasions, but each time he felt so sick that he just went back to the drug. He said he wanted help but did not know where to turn.



WHAT'S THE PROBLEM? Farai has become dependent on heroin (a 'disorder'). Because of his dependence, his school performance had suffered and he had been moving with new friends who also used drugs. He had been stealing things to pay for the drug.

Problems with drug use can take many different forms, depending on which drug is being used (Box 1.4). The most common drugs to cause problems are: cannabis, opium and related drugs such as heroin, cocaine and amphetamine ('speed') pills, and sleeping medicines. Cannabis is mostly harmful because of its effects on physical health (due to smoking). However, young people who smoke very strong varieties of cannabis also have an increased risk of psychoses. Opium and related drugs are dangerous because they lead to dependence very quickly and, as they are often injected, they are associated with serious physical health problems such as HIV/AIDS. Sleeping medicines are important because they are widely used in health care, often for the wrong reasons (e.g. to treat common mental health problems) or for too long, leading to dependence (as happened for Rita, case 1.2).

BOX 1.4 THE KEY FEATURES OF DRUG DEPENDENCE

Physical:

- breathing problems such as asthma
- skin infections and HIV/AIDS in persons injecting drugs
- withdrawal reactions if the drug is not taken (nausea, anxiety, tremors, diarrhoea, stomach cramps, sweating).

Behaving:

- sleep difficulties
- irritability (i.e. becoming short-tempered)
- stealing money to buy drugs
- getting in trouble with the police
- not fulfilling usual duties and responsibilities.

Thinking:

- strong desire to take the drug
- continuously thinking about the next drug use
- thoughts of suicide.

Feeling:

- feeling helpless and out of control
- feeling guilty about drug-taking
- feeling sad and depressed.

The most common habit that causes problems is **tobacco use**. This is a major cause of physical health problems in all communities. Any tobacco use, even just one cigarette a day or chewing tobacco, is potentially harmful to health.

The final type of problem habit is **gambling**; even though this is not a 'substance' like tobacco or drugs, the symptoms of gambling 'dependence' are very similar.

For advice on how to identify and help people with habit problems ↗ Chapter 9.

1.4.3 'Severe' mental disorders

Severe mental disorders are the most serious type of mental health problem, although they are rare and affect about 1 in 100 people. They typically begin in youth, between the ages of 18 and 25, and are characterised by marked behavioural and thinking symptoms. People with these disorders are often identified by others as being 'bizarre' or 'strange', and these disorders are the ones most typically associated with the idea of a 'mental

health problem' in the eyes of the community. The majority of people in psychiatric hospitals suffer from psychoses.

This group consists of two main types of disorders: psychosis (when chronic (long-term), this is also called schizophrenia) and bipolar disorder (also called manic depression).

1.4.3.1 Psychosis

CASE 1.6

Ismail is a 21-year-old college student who was brought by his parents to the clinic because he had become withdrawn and had started locking himself in his room. Ismail used to be a good student but failed his last exams. His mother said that Ismail would often spend hours just staring into space. Sometimes he muttered to himself as if he was talking to an imaginary person. Ismail had to be forced to come to the clinic. At first, he refused to talk to the nurse. After some time he began to admit that he believed that his parents and neighbours were plotting to kill him and that evil spirits were interfering with his mind. He said he could hear his neighbours talk about him and say nasty things outside his door. He said he felt as if he had been possessed and did not see why he should come to the clinic as he was not ill.

WHAT'S THE PROBLEM? Ismail is suffering from psychosis which is likely to become chronic. This makes him hear voices and imagine things which are not true.

In **psychosis** the person may become aggressive or withdrawn (Box 1.5). The person may talk in an irrelevant manner and talk to themselves. They may feel suspicious of others and believe unusual things, such as that their thoughts are being interfered with. They may experience hallucinations such as hearing voices which others do not hear. Unfortunately, some people do not recognise that they are suffering from a disorder and refuse to seek treatment voluntarily. Psychosis may last several months or years and may require long-term treatment. Because the disorder is associated with bizarre behaviour, it causes concern to family and community members, and leads to the

BOX 1.5 THE KEY FEATURES OF PSYCHOSIS

Behaving:

- withdrawal from usual activities
- restlessness, pacing about
- aggressive behaviour
- bizarre behaviour, such as hoarding rubbish
- poor self-care and hygiene
- answering questions with irrelevant answers
- talking to self
- speech not making sense
- unusual movements (e.g. standing in one position for a long time, ritualistic movements).

Feeling:

- losing interest and motivation in daily activities
- feeling scared of being harmed
- feeling angry and irritable.

Thinking:

- difficulty thinking clearly
- strange thoughts such as believing that others are trying to harm the person or that their mind is being controlled by external forces; such thoughts are also called delusions.

Imagining (hallucinations):

- hearing voices that talk about the person, particularly unpleasant voices
- seeing things that others cannot.



person being shunned or discriminated against. Some people may even be chained or tied up to control their difficult behaviours. Chronic psychosis is associated with severe disability and negative effects on family members.

1.4.3.2 Bipolar disorder

CASE 1.7

Maria is a 31-year-old woman brought to the clinic by her husband, because she has been behaving in an unusual manner for the past 2 weeks. She is sleeping much less than usual and is constantly on the move. Maria has stopped looking after the house and the children as efficiently as before. She is talking much more than normal and often says things which are



unreal and grand. For example, she has been saying that she can heal other people and that she comes from a very wealthy family (even though her husband is a factory worker). She has also been spending more money on clothes and cosmetics, which is not normal for her. When her husband tried to bring Maria to the clinic, she became very angry and tried to hit him. Finally, he had to take the help of his neighbours to force her to come.

WHAT'S THE PROBLEM? Maria is suffering from a severe mental disorder called mania, which is a problem associated with bipolar disorder. This makes her believe grand things about herself and makes her irritable when her husband tries to bring her to the clinic.

Bipolar disorder is a mental disorder which is associated with two poles (or extremes) of mood, i.e. 'high' mood or mania, and 'low' mood or depression. The disorder often begins in young adulthood and mostly comes to the notice of the health worker because of an episode of mania (Box

BOX 1.6 THE KEY FEATURES OF MANIA

Feeling:

- feeling on top of the world
- feeling happy without any reason
- irritability.

Behaving:

- talking loudly and fast
- reckless behaviour (e.g. being sexually over-active, overspending)
- unable to relax or sit still
- reduced sleep
- trying to do many things but not managing to complete anything.

Thinking:

- thinking that one has special powers or is a special person
- thinking that others are trying to harm one
- denying that there is any problem at all.

Imagining:

- hearing voices that others cannot. Often, these voices tell the person that they are great and can do great things.

1.6). The depressed phase is similar to depression (☞1.4.1) except that it is usually severe. A typical feature of this disorder is that it is episodic. This means that there are periods during which the person is completely well, even if they are not taking treatment. This is in contrast to chronic psychosis where, in the absence of medication, many people will become ill or remain disabled.

1.4.3.3 Obsessive–compulsive disorder

Another mental disorder that can be severe is **obsessive-compulsive disorder (OCD)**. A person gets repeated thoughts (obsessions) or does things repeatedly (compulsions) even though they know these are unnecessary or stupid and they try to stop them. The obsessions and compulsions can become so frequent that they can consume a great deal of the person's time, affect their concentration and make them depressed.

For advice on how to deal with problems due to severe mental disorders ☞Chapter 7.

1.4.4 States of confusion

States of confusion are disorders in which a key feature is that the affected person is confused, for example, they have reduced awareness about their surroundings or cannot remember simple things.

1.4.4.1 Delirium

Delirium can have symptoms similar to psychosis, mania or dementia (Box 1.7). The difference is that delirium usually starts suddenly or develops over a short time period and has a medical cause.

CASE 1.8

Li is a 48-year-old man who suddenly started behaving in a bizarre manner. Three days ago he became very restless, started talking nonsense and behaved in a shameless manner, taking his clothes off in public. He had no previous mental health problems. The only medical history was that he had been suffering from fever and headaches for a few days before the abnormal behaviour began. When he was



BOX 1.7 KEY FEATURES OF DELIRIUM

- Confusion: not knowing the time or day, where they are or who other people are
- Fever, excess sweating, raised pulse rate and other physical signs of illness
- Symptoms vary from hour to hour, with periods of apparent recovery alternating with periods of severe symptoms
- Becoming withdrawn and apathetic
- Worse at night time
- Restlessness and aggression
- Seeing things others cannot
- Hearing voices others cannot
- Irrational talk
- Fearful emotional state or rapidly changing emotions (from tears to laughter)
- Disturbances in sleep rhythm, for example, repeatedly waking up at night

brought to the clinic, he appeared confused and did not know where he was or what day it was. He was seeing things that others could not, and could not answer the health worker's questions sensibly. He also had high fever.

WHAT'S THE PROBLEM? Li is suffering from delirium. This is due to some kind of medical problem, in this case an infection of his brain (malaria).

1.4.4.2 Dementia

Dementia is typically a disorder of older people, but it can also affect younger people, for example, if they have been infected with HIV for many years. It is associated with very severe disability and negative impact on family members, who may have to stay at home to look after the person with dementia (Box 1.8).

CASE 1.9

Raman is a 70-year-old retired postman who is living with his son and daughter-in-law. His wife died some 10 years ago. Over the past few years, Raman had become increasingly forgetful, something his family passed off as 'growing old'. However, the forgetfulness kept getting worse, until one day Raman lost his way around his own home. He started forgetting the names of his family members, including his grandchildren. His behaviour became unpredictable. On some days, he would be irritable and easily lose his

BOX 1.8 KEY FEATURES OF DEMENTIA

- Typically occurring after the age of 60
- Forgetting things like names of friends or whether the person has had breakfast
- Wandering away from home
- Losing one's way in familiar areas such as in the village or home
- Becoming irritable or losing one's temper easily
- Having difficulty following conversations
- Not knowing what day it is or where one is
- Talking inappropriately or irrationally
- Losing one's ability to complete routine daily activities like dressing or eating

I can't seem to remember things. I even forget what day it is or what I had for breakfast.



temper, while on others he would sit for hours without saying a thing. Raman's physical health began to deteriorate and one day he had a seizure. His son brought him to the hospital where a computed tomography (CT) scan of the brain was done. It was discovered that Raman's brain had shrunk in size.

WHAT'S THE PROBLEM? Raman is suffering from a kind of brain disease typically found in older people, called dementia. This disorder begins with making him forgetful. It gets progressively worse as time passes and leads to behaviour problems.

Problems associated with dementia are discussed in 7.1 and integrating mental health in health care in Part 4.

1.4.5 Mental health problems in children

There are two broad categories of mental health problems in children. The first category is the developmental disabilities, a group of conditions which can sometimes be lifelong. While there are a wide range of developmental disabilities, only a few are particularly relevant for this manual.



Intellectual disability, which was called mental retardation in the past, is a condition in which the brain development (and thus the mental abilities) of the child are slower or delayed compared with other children (Box 1.9). It is usually present from very early life, even from birth. **Autism** is a condition which is usually evident from age 3, and is associated with problems

BOX 1.9 TYPICAL FEATURES OF INTELLECTUAL DISABILITY

- Delays in achieving milestones in the child's development, such as sitting up, walking and speaking
- Difficulties in school, especially coping with studies and repeated failures
- Difficulties in relating to others, especially other children of the same age
- In adolescents, inappropriate sexual behaviour
- In adults, problems in everyday activities such as cooking, managing money, finding and keeping a job

in communication, for example, how the child talks or relates to others in the family. Many children with autism also have intellectual disability. **Specific learning disabilities** are usually spotted only when the child is in school, and problems associated with learning or performing in particular academic subjects, such as reading or mathematics, become obvious.

The degree to which the intellectual disability affects the daily life of the child can vary greatly according to its severity. For example, children with mild intellectual disability might only experience some difficulties with educational performance; at the other extreme, a child with severe intellectual disability may need help even with simple activities such as feeding. Whereas those in the mild category may be able to live alone and work in certain types of jobs, those in the severe category will almost always need close supervision and care. Children with developmental disabilities are typically brought to the attention of health workers or teachers by concerned family members for reasons such as poor self-care, difficulties at school and behavioural problems such as aggression. (Advice on how to help children with intellectual disability 11.1; information on how to prevent some causes of intellectual disability Part 4.)

The second group of mental health problems in childhood are **distress** and **disorders**, which are frequently short lived, either because there are effective treatments or because the child ultimately 'grows out' of them. However, without

treatment, disorders can last for much longer and cause great harm to the child's life. These disorders include:

- **hyperactivity**, which makes children overactive (☞ 11.4)
- **conduct disorders**, when children behave in a disruptive way (☞ 11.6)
- **bed-wetting**, when children bed-wet at an age when they should not (☞ 11.7)
- **depression**, when adolescents become sad and unhappy (☞ 11.8).

The final important area affecting children's mental health is when a child is abused. Such children are not only more likely to suffer mental health problems, even in adult life, but may also be at grave danger for their physical well-being (☞ 11.5).

Finally, it is important to remember that many children with a developmental disability can also have a mental disorder and can benefit from the same treatments as children without a disability. (For more information ☞ Chapter 11.)

1.4.6 Other mental health problems

In this manual, we will also address two other conditions: epilepsy and self-harming behaviours. **Epilepsy** is a brain disorder which is characterised by 'seizures' of different types. Many people with epilepsy also have a mental disorder, experience discrimination and are brought to mental health care facilities (☞ 7.10). **Self-harming behaviours**, in which a person harms themselves, are not 'disorders' but the result of a range of mental health problems (in particular distress due to severe life difficulties and disorders such as depression, harmful use of alcohol and psychosis). Suicide is a major cause of death in people with mental health problems (☞ 7.6).

Finally, we wish to stress that the mental health problems included in this manual cover over 90% of people who have a mental health problem in a community, but not all. There are some types of mental health problems which are beyond the scope of this manual, either because they are rare in many parts of the world or because their treatments need mental health professionals.

1.5 The causes of mental health problems

In many cultures, both medical and traditional explanations are used to understand the causes of ill health. Traditional models are often related to spiritual or supernatural causes such as bad spirits and witchcraft. As health workers, you should be aware of the beliefs in your culture. However, you should also be aware of the medical theories and use these to explain mental health problems to people who come to you for help. It is useful to keep in mind the following main factors which can lead to mental health problems.

- **Stressful events.** Life is full of experiences and events. Some of these events make a person feel worried and stressed, even when they are positive events, such as marriage. Most people will learn how to deal with the event and carry on with life. However, sometimes these events can lead to mental distress and, in some people, mental disorder. Events which cause great stress include sudden or long-term unemployment, death or separation from a loved person, financial difficulties such as being in debt, loneliness, infertility, marital conflict, and exposure to violence.

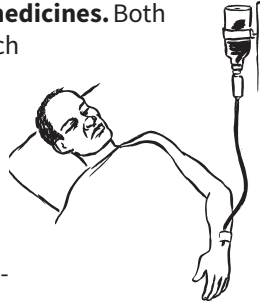
- **Difficult childhood.** People who have had an unhappy childhood because of violence or emotional neglect are more likely to suffer mental health problems in childhood and later in life.



- **Brain diseases.** Diseases such as brain infections, AIDS, head injuries and strokes can lead to epilepsy, dementia and mental health problems. No definite brain pathology has yet been identified for most mental health problems, but there is evidence to show that many mental health problems are associated with changes in the way the brain functions.
- **Heredity or genes.** This is an important factor for some mental disorders and disabilities. However, even if one parent has a mental disorder or disability, there is a very small risk

that the children will have the same condition. This is because, similarly to illnesses such as diabetes and heart disease, these disorders are also strongly influenced by environmental factors.

- **Medical problems or medicines.** Both medical illnesses (such as kidney and liver failure) and certain medicines (such as some which are used to treat high blood pressure) can sometimes cause mental health problems.



All the causes described explain why individuals experience mental health problems. However, they do not explain why certain groups of individuals are more likely to suffer mental health problems. For example, women, refugees from conflict or disasters, people who are marginalised because of their race, ethnicity, religion or sexual orientation, and people who live on the fringes of society are all more likely to suffer mental health problems. These larger social issues are discussed later in Part 4. However, it is important for the health worker to keep in mind that the reason that certain mental health problems are more common in people who belong to these groups is because of social factors. For example, women are much more likely to experience domestic violence, which helps us understand why they are more likely to develop a common mental health problem.

1.6 Culture and mental health problems

There is a close relationship between cultural factors and health problems. There are many ways in which culture can influence mental health problems.

- **What is a mental health problem?** The concepts about what a mental health problem (distress, disorder or disability) is differ from one culture to another. The group of disorders most often recognised as abnormal are the

severe mental disorders, such as psychosis and mania, although they may be considered to be due to spiritual problems rather than a mental health problem. However, the common mental disorders and problems associated with alcohol and drug dependence are rarely viewed as being mental health problems by people attending the health facility or health workers. Although the health worker should be aware of these mental health problems, he need not add to the person's problems by using labels with shame or stigma attached to them. Instead, one can use locally appropriate words to describe these conditions as a way of communicating the diagnosis in a way which is culturally appropriate. (For more on the main mental health problems in a primary care clinic ⇨ Part 4).

- **Words used to describe emotional distress.** The description of human emotions and illness varies in different languages. Consider the word 'depression'. This word means sadness and is used to describe both a feeling ('I feel sad') and a mental health problem ('The person has depression'). In many languages, however, while there are words to describe the feeling of sadness, there are no words which describe depression as a health problem. Thus, it is important to try to understand the words in the local language which best describe depression as a feeling and as a health problem. For example, in some cultures, the term 'thinking too much' is understood to explain the experiences which medical classifications refer to as depression or anxiety. Sometimes, a phrase or series of words will need to be used to convey the meaning of depression as a disorder. The glossary at the end of this manual (⇨ Chapter 17) provides the words in English to describe various mental health problems and symptoms. Space is provided next to each word and its meaning. The reader should write down the term which means the same thing in their local language.
- **Beliefs about witchcraft and evil spirits.** People in many societies feel that their mental health problem has been caused by witchcraft, evil spirits or some other supernatural cause. There is little to gain from challenging

the person's views (which are often shared by the person's community). Such an approach will only make the person feel uncomfortable. Instead, it would be better to understand these beliefs and explain the medical theory in simple language.

- **Priests, prophets and psychiatrists: what do people do when they are in distress?** Sick people seek help from a variety of alternative, religious and traditional health care providers. Examples include: homeopathy, Ayurveda, traditional Chinese medicine, spiritual healers, shamans, priests, pastors, prophets and others. This is for several reasons. First, medical care does not have the complete answers for all health problems, and this is especially true for mental health problems. Second, as many symptoms are associated with spiritual or social factors, people tend to first seek help in these sectors. Traditional treatment may help some people get better more quickly than medical treatment. At the same time, though, some traditional treatments can make people worse, delay appropriate health care, and be associated with human rights abuses.
- **Counselling people with mental health problems.** In many Western societies, counselling to help people with mental health problems is based on psychological theories which have evolved from within their cultures. While these theories may appear foreign to the cultural beliefs in many non-Western communities, this does not mean that the counselling approaches which have been developed will not be useful. Indeed, there is now a large body of evidence showing that, even after sensitive cultural adaptation, the basic nature of counselling remains the same across settings

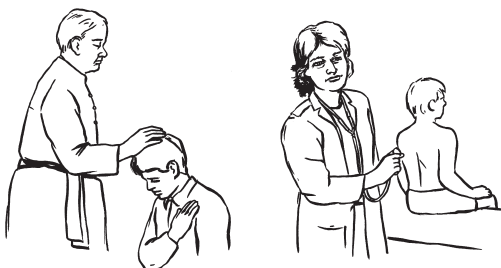
and is just as effective. The main adaptation is the need to include coping strategies and resources which have evolved in one's own culture. This manual describes several specific counselling strategies, which can be applied for a range of mental health problems (⇒ Chapter 5).

1.7 Experiences of people with mental health problems

CASE 1.10

A 24-year-old woman with panic attacks and phobia

'It was so frightening when it first happened. I was sitting on a bus, when all of a sudden my heart started beating so fast that I felt I was having a heart attack. I had difficulty breathing, and then, I started feeling as if ants were crawling on my hands and feet. My heart started pounding even faster, my body felt hot and I was trembling all over. I just had to get off the bus, but it was moving fast and I began to choke. My biggest fear was that I might collapse or go mad. Then, the bus came to a stop and I rushed to get off even though I was still far from home. Since then, I have never been able to get on a bus ... just the thought of using a bus makes me feel sick. For the past 2 years, I have stopped going out of the house because of this fear, and now I have few friends and almost no social life ... I didn't know what to do and I was too scared to see a psychiatrist ... after all, I am not mad.'



People with mental disorder seek help from different sources.

CASE 1.11**A 23-year-old man with chronic psychosis**

'I was only 17 when I first started hearing the voices. At first, I wasn't sure whether they were in my mind or real. But later, I used to hear strangers talking about me, saying nasty things. Once I heard a voice telling me to jump into a well and for days I would stand near the well feeling that I should obey the voice. I used to feel that my thoughts were being controlled by the radio and sometimes, I was sure that my food was being poisoned and that gangsters were out to kill me. I used to get angry, and it was when I lost my temper so badly that I hit my neighbour that I was taken to the hospital.'



schemes and plans, but never really managed to finish any of them properly. I would lose my temper if anyone tried to stop me. Once, I got into a big fight with my business partners over one of my crazy schemes. But when I was high, I never realised how wrong I was. I even felt sometimes that I had special powers to heal others. The worst thing about my illness was how I would spend so much money that I almost bankrupted the family.'

**CASE 1.12****A 43-year-old woman with depression**

'It started quite gradually, but before I knew it, I had lost all interest in life. Even my children and family didn't make me feel happy. I was tired all the time. I could not sleep. I used to wake up at 2 or 3 in the morning and then just toss and turn. I lost the taste for food which I used to love and I lost weight. I even lost interest in reading because I just could not concentrate. My head ached. I felt so lousy about myself, that I was a burden on the family and so on. The worst thing was that I felt embarrassed about the way I felt and could not tell anyone ... my mother-in-law complained that I had become lazy. Once I felt like ending my life and it was then that I got so scared that I told my husband ... that was 2 months after I started feeling ill.'

CASE 1.13**A 38-year-old man with mania**

'I used to feel as if I had so much energy that I did not need to sleep at all. In fact, I hardly slept in those days. I would rush about with all my

CASE 1.14**A 68-year-old man with dementia**

'I don't know what's happening ... I seem to forget things so easily. The other day, my wife came to give me my morning tea and, for a moment, I did not know who she was. And then, I was walking home from the market and, even though I was in my village, I suddenly found I had no idea where I was. I always thought I was getting absent minded as I grew older, but this is too much ... and then I remember my father who died after years of losing his memory and now I am scared that I may have the same problem...'

**CASE 1.15****A 44-year-old man with a drinking problem**

'My problems started at work when I started taking too much sick leave. I kept getting stomach upsets and, recently, I had jaundice. It was then that I started worrying about my drinking. What frightens me is that I wake up feeling terrible. It's like I must have a drink to get myself going in the day. These days I am starting to drink even before lunch. I don't know exactly how much I am drinking but it never seems to be enough...'



