13 Integrating mental health into community platforms

Many of the principles of integration of mental health in community platforms are similar to those for health care platforms, for example, the need to work in partnership with other people and organisations, as well as the barriers related to stigma. However, there are some important differences.

1. The people involved: The types of people and organisations concerned with working in community platforms can include a much wider range of people, from political leaders to grass-roots advocacy groups.

2. The scope of work: The scope typically goes well beyond the care of those with mental health problems, and includes promotion of mental health and prevention of mental disorders and disability. Even the care of people with mental health problems takes on a very different form: for example, the focus is often on enabling the person to integrate with routine activities in society and to advocate for their rights to a life with dignity and free of discrimination.

Here we consider some of the key activities for integration of mental health in community platforms. However, it is important to remember that mental health is integral to virtually all community development activities.

13.1 Humanitarian settings

Humanitarian settings refer to situations where there is an emergency affecting large populations, forcing them to leave their homes or devastating their livelihoods. Armed conflicts and natural disasters are the most common types of humanitarian crises and are associated with grave mental health consequences. Thousands of people are displaced from their homes as they attempt to flee conflict, persecution or natural disasters each year. We call them displaced persons or refugees. The crimes committed in warfare include the rape of women, the torture and murder of civilians, the kidnapping of children to convert them into soldiers and the genocide of specific ethnic communities. Recent times have also seen an increase in random attacks in populations not affected by war, such as bombings and massacres perpetrated by terrorist groups around the world. Disasters, on the other hand, are unpredictable events, most often due to natural calamities such as hurricanes, earthquakes and landslides.

The impact of humanitarian crises is greatest on communities in low- and middle-income countries, because they generally have few reserves and resources to begin with and no planned strategies for dealing with disasters. As a rule, the most vulnerable populations suffer the most as a consequence of these humanitarian crises: women and children (☞13.1.2), elderly people, people with disabilities, and those who are disadvantaged for other reasons (e.g. poverty).

13.1.1 The mental health of refugees

In both conflicts and disasters, there are common factors which are responsible for mental health problems.

- **Loss.** The loss of loved ones and personal belongings, including the family home and identity, is a terrible blow. Grief is made worse by the senselessness of the events.

- **Being exposed to horrific violence.** Many refugees will have witnessed or themselves suffered terrible violent events, which has profound effects on their mental health.

- **Physical injury, disability and illness.**

- **Living in an environment with no community networks.** Refugee camps are often grim places, with overcrowding and poor sanitation.

Most refugees will learn to cope with these hardships as long as they have support for their basic needs (☞13.1.3). They will find ways of seeking support from others and keeping themselves occupied. However, mental health problems can be expected in some people. So, while you should not assume that everyone needs mental health care, equally you should be watchful for those who do.

The most common mental disorders are depression and post-traumatic stress disorder (☞10.1). Less often, some people may develop psychosis as a reaction to their experiences. A particularly vulnerable group are people who had been affected by mental disorders even before the humanitarian crisis: these individuals are not only likely to experience relapse because of the lack of health care, but are also more likely to be forgotten and abandoned by the rest of the community escaping the crisis.

13.1.2 Child soldiers
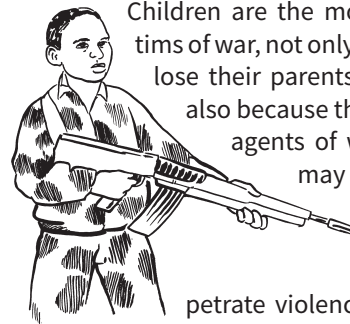
Children are the most vulnerable victims of war, not only because they may lose their parents and families, but also because they may be used as agents of war. Child soldiers may face severe physical injuries and death, and be forced to perpetrate violence on others. Such experiences may make them violent people when they grow up. Children brutalised in this way can develop emotional problems such as becoming withdrawn and complaining of nightmares, or behavioural problems such as aggression and drug use problems (☞Chapter 11).

13.1.3 Integrating mental health in humanitarian settings

The guiding principle is integrating mental health with all other activities associated with humanitarian relief, rather than setting up a separate, stand-alone mental health programme.

The key elements of an integrated approach are summarised in a figure (pyramid) on the next page. Moving from the base to the tip of the pyramid, the interventions become more specialised and needed by a smaller proportion of people.

- **Ensure basic services and security.** The most important basic needs are those of safety, water and food, shelter, and treatment of life-threatening injuries.
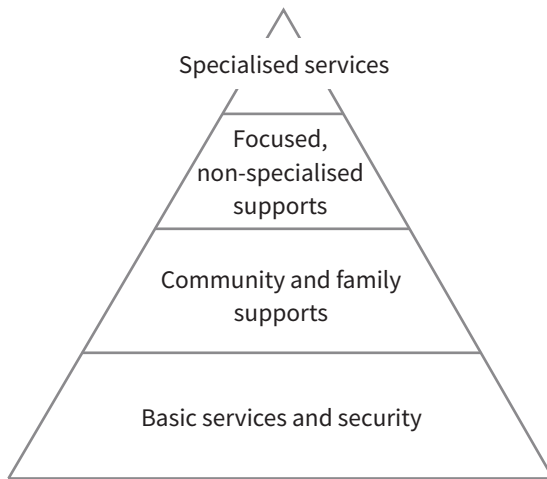
Integrated approach to mental health care in humanitarian relief. Source: IASC (2007).

- **Empower the community and mobilise family supports.** One of the most disturbing experiences of being a refugee is the loss of control over one's life. From being responsible people and able to make decisions, refugees find themselves entirely dependent on relief workers. It is important to hand back responsibilities. This requires involving community members in making decisions on what actions need to be taken to address problems, and assigning specific tasks to individuals based on their strengths. Be sensitive to, and incorporate, culturally appropriate beliefs and practices, in particular those which could promote mental health. Refugees can work in a variety of group activities, such as helping

to prepare food and caring for sick people. Support groups can help identify and solve shared problems (☞5.26). Children should be given an opportunity to restore some semblance of normal life by going to classes and being provided with opportunities and safe spaces to play.

- **Address the needs of all sections of the community.** Not all sections of the community are equally affected by the crisis or equally benefited by humanitarian relief; for example, women and men, or members of certain ethnic groups, may be disadvantaged for one reason or another. Violence and discrimination can occur at any time, and you should take steps to build trust (e.g. when empowering the community, ensuring participation of all its sections) and fairness in the distribution of resources and care to all sections of the community.

- **Coordinate with other agencies.** Many different agencies may be working in areas affected by crises. It is important for you to be aware of the different services being offered by them to avoid duplication. You may find that there are specific services being organised for mental health care. If this is the case, then you should discuss coordinating the care of persons with mental disorders with this agency.

- **Counsel the individual.** Some refugees may need specific help, for example, a woman who has lost her children or was raped. Counselling individuals should include:

  ○ finding out about where other members of the family are – often, families are separated and putting families together can be a very important task;

  ○ asking about what the person needs – practical help, for example, information on how to rebuild a home, may be the most important thing;

  ○ providing psychological first aid and problem-solving counselling strategies – the person may feel overwhelmed by the scale of problems he or she is facing (☞5.11);

  ○ do not insist on the person retelling their experiences of trauma; however, if they want to share their experiences, listen patiently

and do not offer false promises or reassurances (e.g. that their lost family member will be found).

- **Provide medications.** Sometimes, a person may be very depressed or anxious. Using antidepressant medications may be helpful in these situations. People with existing severe mental disorders or epilepsy need the medication they were taking before the crisis to be restarted as soon as possible.
- **Look after yourself.** Working in humanitarian settings can itself be stressful; look after your own mental health as well (☞2.2.3).

13.2 Traditional and faith healing

Traditional and faith healers provide a significant amount of care for people with mental health problems in some low- and middle-income countries. We know little about the effectiveness of traditional and religious approaches. In the same way that human rights abuses have been documented in psychiatric asylums, abusive practices have been identified in some traditional and faith healing sites. But we can also assume that a culturally relevant approach to the challenges posed by the effects of mental health problems will be of value to the community and affected individuals and families. Traditional and faith healers are well-placed to be 'in tune' with community values and belief systems. When attempting to expand access to evidence-based medical care, traditional and faith healers need to be recognised as important partners. The following actions can help to establish a respectful alliance.

- Develop local knowledge about the types of traditional and faith healers active in the area where you work: there is immense diversity both between and within countries, so it is difficult to generalise across healers.
- Find out which healers are involved in mental health care and what they do.
- Don't just consider healers as a block to timely treatment. Be open to the idea that they can do things that health practitioners can't do.
- On the other hand, do not assume that healers are harmless. Some practices are abusive and

some individual practitioners may abuse the trust placed in them.

- Try to find a 'broker' – a healer who also sees the value of medical care and can help you to find areas of collaboration.
- Try to engage with healers as part of community awareness-raising about what mental health care can (and cannot) provide.
- Assume that many people will continue to go to healers, even while they attend for medical care. Try to understand the potential benefits (e.g. providing family support) and pitfalls (e.g. contradictory advice) of such combined care.
- Understand that traditional and faith healers may feel threatened by medical treatments being introduced into their community: find ways for healers to develop new skills (e.g. in counselling) in addition to their existing areas of expertise.
- Consider collaboration in specific areas such as early case detection, tackling abuses of human rights, providing holistic care which attends to spiritual needs, and promoting social inclusion and recovery.

13.3 Early child development

We increasingly know that the first thousand days of life after conception are crucial to the overall health and development of a child. It is also a critical period when care around pregnancy and delivery can potentially prevent some forms of developmental disabilities. The most important promotive and preventive actions include providing comprehensive care through pregnancy,

childbirth and the early years of life. This includes empowering mothers and families with information and support on positive behaviours they should adopt around these periods.

13.3.1 Before the child is born

The key message when the woman is pregnant is to 'support the mother and know when to refer'. Supporting the mother includes the following.

- Equipping the woman to delay pregnancy until she is at least 18 years old, and being aware of increased risks if a woman is younger.
- Ensuring family or community support for a pregnant woman so that she is able to get enough to eat and adequate rest, especially around daily work which may mean carrying heavy loads and working long hours.
- Prescribing iron and folate to all women in the first trimester of pregnancy.
- Monitoring the progress of the pregnancy regularly; if there is evidence of poor growth of the baby (by less-than-expected increase in weight or abdominal size in the mother), refer her to the gynaecologist.
- If the woman is over 40 years of age or if parents are related to each other, refering to a gynaecologist who can conduct further tests to rule out detectable causes of intellectual disabilities and other inherited conditions.
- If the mother is drinking alcohol, educating her about the potential harm of any alcohol drinking in pregnancy, and advising that while any reduction is worthwhile, stopping altogether is the preferred goal.
- Treating high blood pressure or seizures in pregnant women urgently. Refer any pregnant woman who is semi-conscious, confused or has vaginal bleeding for specialist care.
- Avoiding prescription medications and unnecessary investigations involving X-rays unless absolutely necessary.
- Encouraging the pregnant woman that she should not work with toxic substances (e.g. pesticides).
- Immunising pregnant women against measles and tetanus. Inform them that they should avoid contact with people with measles, mumps or chicken pox while pregnant.
- Advising pregnant women to plan to give birth in a health facility with a skilled attendant.
- Supporting the mother to carry her pregnancy to term, which may include giving up heavy labour, taking adequate bed rest and being alert to bleeding.
- Motivating the mother that she should breast-feed her baby in the 'golden hour' after delivery. Information should be around the importance of giving the first milk or colostrum, which acts as the baby's first vaccination against infections. The mother should also be encouraged to continue to nurse her child exclusively for 6 months.
- Enquiring about who will support the mother during the delivery and making sure that they too will help support the baby being immediately put to the breast.

13.3.2 At the time of childbirth

Childbirth is a crucial time to promote a healthy entry into the world and minimise the risks of brain damage. These are some of the strategies which can ensure a safe childbirth.

- Only skilled persons should conduct deliveries, ideally in a setting which can support problems if they occur.

- Try to create a positive enabling environment for the birth; give clear and simple instructions to the mother without shouting at her.
- As a health worker, familiarise yourself with all the emergency measures of childbirth. For example, what to do if the baby is born blue

and limp and does not breathe right away. If the birth cry is delayed, give oxygen and seek help.

- In case of abnormal position of the baby (e.g. breech presentation), refer to a specialist.

13.3.3 After childbirth

- Urge family members to support the mother to breastfeed her baby in the 'golden hour' after delivery. Mothers are often exhausted and need nourishment, gentle encouragement and support.
- 'Kangaroo care' allows a child to make skin-to-skin contact with their mother. This is facilitated by putting the unclothed newborn immediately between her mother's breasts and covering both the mother and child. The warmth of the mother helps keep the child warm naturally (particularly if the infant is small for age), stimulates the breastfeeding reflexes and promotes emotional attachment of the baby to the mother.
- Encourage all women to exclusively breast-feed their babies for the first 6 months of life; this includes avoiding water, sugar water and all unnecessary medications. Exclusive breast-feeding provides the right nutrition for a child and prevents infections.
- Encourage the mother to be responsive to her child's needs. This means feeding on demand, which will again require family support.
- Ensure timely and complete immunisations for diphtheria, polio, tetanus, tuberculosis, measles and whooping cough.
- Inform the mother and family that young babies get sick very quickly. If they suspect the child is irritable, not feeding as usual or has fever, they should seek help immediately.

- Ensure early control of any high fever by unclothing the baby or using a light cover, administering the correct dose of paracetamol and increasing the frequency of breastfeeding.
- In case of an unwell child, look for signs of jaundice, seizures, difficulty in breathing and irritability. Consider appropriate treatments for the specific conditions and refer to specialists.
- General advice on parenting (Box 13.1). Many parents are unaware that the healthy development of the brain requires more than just food and good physical health: spending quality time with the baby, for example, at least an hour a day playing with children in a manner which is age appropriate is critically important.

13.3.4 Stimulating the child: a parenting practice to promote brain development

The first 5 years of life are critical to the way the child develops and whether they will reach their full potential. There are three key strategies to achieve this: protecting the child from infections; healthy feeding practices, such as exclusive breastfeeding for the first 6 months and responsive feeding; and child stimulation. The brain needs stimulation to develop properly. Child stimulation involves encouraging the parents to make time every day to talk and play with their child. These games should start from the child's first day of life when the mother can talk, sing and stroke

the baby's head while nursing. As the child grows, the parents can use simple rattles, bunches of keys or coloured cloth to attract the child's attention and make them watch and follow objects in

their environment. As the child grows, introduce language for the world around the child, encourage them to explore this world and provide opportunities for the child to be exposed to the world outside the home.

Child stimulation is particularly valuable for promoting the development of babies who are also experiencing delays in their development or are at risk for delayed development, for example, babies born with very low birth weight, convulsions, jaundice and meningitis, lack of oxygen at birth and genetic disorders such as Down syndrome ☞11.1. The aims of stimulation are to promote the healthy development of the child, to help the child to function as independently as possible, and to improve family functioning.

BOX 13.1 GENERAL PARENTING ADVICE

Although parenting may seem to be a 'natural' skill, many families would benefit from simple advice on what to expect and the best ways to respond. Here is some guidance on positive parenting techniques.

For very young children
○ Respond to the child's needs quickly and appropriately – children at this age need to understand that their adults are dependable, whether they need food or comfort.
○ Integrate simple play and songs into everyday activities such as feeding and bath time. This enriches the learning environment for the child.
○ Make the play more challenging as the child grows; for example, once they are able to find one hidden object, increase it to two.
○ Start reading to your child as early as possible.

For children in school
○ Make rules which are simple enough for your child to follow.

○ Be consistent in your responses to your child's behaviour, whether good or challenging. Make sure that all adults understand and follow the same rules.
○ Use language which is positive and encouraging. Praise behaviour that you want to see.
○ Make time to have fun with your child and enjoy the new skills and knowledge that they learn in these years.

For adolescents
○ Be a good role model for your adolescent – use the language you want to hear and drop the habits you don't want them to adopt.
○ Negotiate rules and follow up with agreed consequences.
○ Prioritise the rules, so that you are not saying 'no' to everything your adolescent wants to do.
○ Be approachable, so that your adolescent can talk to you about difficulties they may be having.

13.4 Schools

Schools provide unique opportunities to promote the mental health of children and adolescents. Being in school is often itself a major factor influencing good health. In addition to education, there are opportunities to make friends, play sports, participate in group activities, and learn how to regulate emotions in response to happy or sad events.

A school mental health programme aims to promote the mental health of all people in a school (including teachers) and to identify and help those children who are having difficulties coping with school life, whether this is with studies or other social activities in school. The well-described model for integrating mental health in schools is the health-promoting school.

13.4.1 The health-promoting school

The principles of a health-promoting school cover all aspects of health and well-being of children and adolescents and include the following.

- The active participation of all school community members, including teachers, management, parents and, of course, students, in efforts to make the school a healthy place.
- Enabling a healthy environment in the school (☞13.4.2).
- Providing access to knowledge and skills related to health promotion, including reproductive and sexual health, nutrition and mental health. This is sometimes called 'life skills training' and is typically provided through a classroom-delivered curriculum (☞13.4.5).
- Conducting health-promotion programmes for all school community members, for example, screening camps (e.g. dental checks, vision and hearing checks), meditation classes and physical exercise.
- Providing first aid for physical and mental health problems, including counselling.
- Connecting the school with the community through activities in which school members contribute to the health of the community, for example, by participation in cleanliness programmes.

## 13.4.2 Improving the school environment

Changes to the school environment can be very important to promote mental health. Key activities to enhance the school environment include the following.

- Establishing a group which takes responsibility for ensuring a healthy school environment, with participation of school management, teachers, students and parents.

- Creating an inclusive learning environment which takes into account individual learning differences; for example, using multiple teaching strategies within a classroom or establishing resource rooms for youth with developmental disabilities.
- Implementing healthy school policies, in particular regarding bullying ☞13.4.3.
- Implementing 'circle time' activities in the class ☞13.4.4.
- Creating a 'buddy' or a peer-pairing system for students who are having problems. For example, a 'buddy' could help a peer with academic problems, partner with a younger student to encourage social skills, help a student with disability manage physical obstacles on campus, or help a youth who is being isolated by peers (e.g. someone who is bullied).
- Creating awareness about what triggers mental health problems (e.g. bullying and substance abuse) through the use of poster competitions, plays, assemblies, lectures or debates. In addition, information about issues such as reproductive and sexual health, self-harm and drug/alcohol use brings taboo subjects out into the open so that students can seek additional information and help from the counsellor.
- Encouraging the school to celebrate internationally recognised days which promote mental health issues (e.g. World Autism Awareness Day on 2 April, World Mental Health Day on 10 October, International Day for Persons with Disabilities on 3 December).

13.4.3 Bullying

Bullying is very common and can range from teasing to physical violence. Often, older students are the main culprits and younger students are the victims. Those who are shy and less likely to fight back are often targeted by bullies. Children who are perceived as being 'different' or have some type of disability, for example, stammering, are also picked on. Children who are bullied may become quiet, lack confidence and have few friends. Some children may even try to end their lives or drop out of school. A school where bullying is a problem often has other problems too. Tackling bullying will help both individual children and the entire school system.
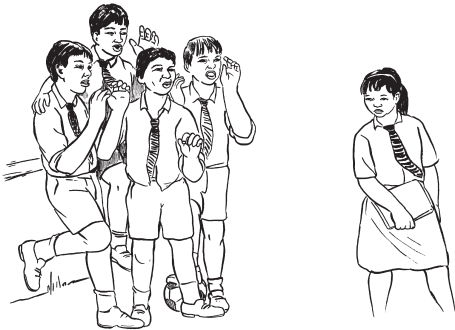
The key in tackling bullying is to encourage the school to have a policy on the issue. Students should be encouraged to share experiences of being bullied, and firm and consistent action must be taken against those who continue to bully despite warnings. Any child who is complaining of being bullied must be taken seriously; dismissing them as 'weak' is wrong. Supporting the child who is the bully is also important since they themselves may be the target of bullying in a different setting (e.g. at home by an elder sibling) or may have a mental health problem (☞Chapter 11).

13.4.4 Circle time in the school setting[†]

Circle time (sometimes called 'group thinking time') is an active strategy which allows the facilitator (either the teacher or the counsellor) to

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[†]Adapted from *A School Counsellor Casebook* (☞Chapter 18).

explore issues which are of concern to a group of young people. It provides a structured approach to problem-solving in a group regarding issues that concern the majority of students (e.g. discipline in the classroom, bullying in school). The students and facilitator sit together, ideally in a circle, with a view to creating a safe and equal environment for the participants to share their thoughts and feelings. With young children, the facilitator may wish to sit in a smaller chair or on the ground to symbolise the equal nature of the engagement.

Circle time should be conducted with a small group, ideally not more than 25 students. However, if these circumstances cannot be arranged, it is possible for circle time to be conducted in a classroom with students at their desks. Rules of behaviour for this activity are: respecting each person's opinion, allowing each person the opportunity to speak, allowing individuals the freedom not to share (that is, not forcing anyone to share something they do not want to) and respecting each other's right to confidentiality (that is, not sharing outside the circle what has been communicated during circle time).

The facilitator and students set the agenda for each session with a clear focus on the issue to be discussed (initially, agenda may be set by the facilitator, and the students may contribute once they become familiar with the process). For younger children, circle time can deal with issues of managing emotions and building self-esteem (e.g. exploring what makes a child angry, how to know when one is feeling angry, how to deal with anger); for older youth, circle time can include topics such as substance use, bullying and decision-making. The facilitator's role is to actively listen in a non-judgemental way and allow the group to come up with their own solutions. Often, circle

time discussions do not arrive at a conclusion, but pave the way for further classroom discussions and debates.

13.4.5 Elements of a life skills education programme

Life skills help young people deal effectively with the demands and challenges of everyday life and translate knowledge and values into positive actions. Although acquiring life skills is a lifelong process, a school-based life skills education programme allows young people to acquire knowledge and positive values in an age-appropriate manner in a safe setting and through a participatory approach.

There are five pairs of related skills which are generally included in a comprehensive life skills education programme.

- **Critical and creative thinking:** critical thinking skills allow a young person to objectively analyse information and experiences. Creative thinking skills, on the other hand, help young people think 'outside the box' so that they can flexibly and creatively meet challenges.
- **Decision-making and problem-solving:** decision-making skills allow a young person to review all the information pertinent to a problem and to evaluate the various outcomes that accompany possible decisions. Problem-solving skills involve acting on these decisions and anticipating and managing possible obstacles that may be encountered.
- **Relationships and effective communication:** these two skills help the young person build and consolidate important relationships in their daily life by employing non-aggressive and effective ways of expressing opinions, desires and anxieties.
- **Coping with emotions and with stress:** these skills are closely linked and enable a young person to handle positive and negative emotions in a socially acceptable way, and to recognise sources of stress and respond to them in a healthy way.

- **Self-awareness and empathy:** self-awareness is the skill of recognising one's temperament and character in order to anticipate and modify one's reactions to fit a situation. The skill of empathy (or the ability to appreciate another person's point of view) increases a young person's ability to form and maintain relationships.

13.4.6 Mental health problems in schools

Most children and adolescents cope with school life very well. However, some children struggle from the start, while others who seemed to be doing well start failing in later years. Young people who are experiencing serious difficulties in studies or settling down in school should be assessed for a mental health problem. There are several important mental health issues which are associated with school-age children (☞Chapter 11 for clinical management):

- **Becoming anxious or depressed.** Common reasons for anxiety or depression include fights within the family, difficulties in coping with studies, being bullied or isolated in school, and problems in relationships with friends (☞11.8).
- **Being unable to cope with learning or social expectations.** Certain developmental disabilities, such as autism or intellectual disabilities, may create considerable difficulties in coping with academic demands or making friends.
- **Being disruptive in the classroom.** Some mental disorders, such as attention-deficit hyperactivity disorder (ADHD) or conduct disorders, can lead to the youth causing disruptions in the classroom or getting into fights

a.   b.   c.

Some mental health problems faced by adolescents: a. depression, b. drug abuse, c. schizophrenia.

with other students or breaking school disciplinary rules.

Adolescence is a period when children begin to feel grown up, and when they begin to see themselves as unique and special individuals. Their major influences are their friends, rather than families. Social networks on the internet also become important. They face academic pressures as a result of the major examinations which will lead them into college or university. Most important, adolescence is that exciting period when people first begin to feel sexually attracted to others. Some adolescents may find all these changes difficult to cope with and develop mental health problems. In addition to the problems discussed above, some others can occur in adolescence.

- **Harming oneself.** Self-harm and suicide are leading causes of death in adolescents. This problem is most common in those young people who have faced violence or academic failure and who do not have a supportive family or peer group.

- **Problems with use of drugs and alcohol.** Many young people try smoking, drinking alcohol and taking drugs such as cannabis (hashish, marijuana). The danger is that what may have begun as an experiment can turn into a habit or lead to more dangerous types of drugs (☞9.2).

- **Developing a severe mental disorder (psychosis).** This is much less common than the other problems. However, it is important to keep in mind because psychosis, a severe mental disorder, often begins in adolescence, especially in boys. If teachers tell you that a student has gradually become more withdrawn from his friends and family, behaves in an odd manner and says odd things, think of psychosis (☞7.3).

13.4.7 Providing counselling for young people in schools

As a health worker, you may have access to a few neighbourhood schools, from which you get referrals. Ideally, the school should have its own counsellor who is based in the school or who visits the school on a regular basis, at a minimum once a month on a particular day. The teachers can then refer children they are concerned about to the counsellor for an assessment. The most common problems noticed by teachers are disruptive behaviours in the classroom and poor performance in studies. Emotional problems, such as feeling depressed or withdrawing from peers, are less often noticed by teachers. As a health worker, it is important that you create a partnership with the school counsellor or directly engage with the student community in case the schools do not have such a service. The key goals of building this relationship are to:

- establish how you or a counsellor can help the young people who may be experiencing concerns

- clarify the kinds of problems and concerns you will be able to address

- emphasise the confidential nature of the counselling relationship

- inform the students how to make contact with you, either directly or through the school systems

- inform parents that you may be able to support their needs with respect to their child (Box 13.1).

Counselling young people should follow the same principles as any other type of counselling session (☞5.9).

13.4.8 When a young person drops out of school
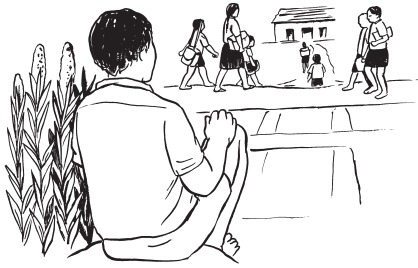
There are many reasons that a young person may drop out of school, such as the need to work to support one's family, poor school facilities or the quality of teaching. Mental health problems, such as developmental disabilities, are also a reason for dropping out, as these young people struggle to cope with academic demands. Not completing school could have a negative influence on physical and mental health. Thus, making efforts to keep youth in school is a key mental health goal. Tackling school drop-out requires cooperation between school authorities, counsellors and social workers based in the community. Ideally, a child surveillance team should be formed which includes these people. The health worker's role in that team is to identify and manage any mental health problems.

Reducing school drop-out could involve some of these activities.

- Development of a warning system, whereby children who are at risk of drop-out, such as those who have been missing school, are referred to the child surveillance team.
- Identifying why a child has dropped out by home visits to speak to the child and the family. Family-based issues which can cause drop-out include lack of proper parental guidance and lack of interest in a child's education, for example, the education of girls in some communities. The teacher would provide information on the child's behaviour and learning abilities. Some mental health problems, in particular, developmental disabilities (☞11.1, 11.2 and 11.3), ADHD (☞11.4) and child abuse (☞11.5) can also lead to children struggling with studies and leaving school.

- Interventions to get children back to school could include:
  - raising parental awareness about the importance of the child's education
  - improving communication between parents and school authorities
  - providing educational interventions for children with learning problems
  - dealing with school-related factors which may have led to drop-out, such as bullying
  - providing individual counselling to youth who have mental health reasons for avoiding school.
- Following up the young person to ensure that they have returned to school and their problems are being adequately addressed.

13.5 Mental health in the workplace

We spend a great deal of our adult lives at work. Naturally, our mental health is affected by the type of work we do and the relationships we have with our colleagues, bosses and customers, as well as the environment within which we work. A happy and healthy workforce spend fewer days off sick and are more motivated in their work. Employers and managers who put in place workplace initiatives to promote mental health and to support employees who have mental health problems see gains not only in the health of their employees but also in their productivity at work.

13.5.1 Why do workers develop mental health problems?

Some work environments pose a threat to mental health, for example, owing to:

- unsafe working conditions and inadequate protection (e.g. being exposed to high levels of noise or to hazardous materials in a factory)
- unrealistic expectations by the employer (e.g. about deadlines)
- low levels of control or predictability (e.g. in the case of the weather affecting agricultural produce for farmers)

- long hours, with not enough breaks
- an unhealthy workplace culture (e.g. bullying, harassment)
- lack of a sense of belonging or ownership for the work done (e.g. due to lack of acknowledgment for one's efforts)
- lack of mentoring and opportunities for career growth
- lack of support for employees who face problems or have family needs (e.g. mothers of young children)
- exposure to trauma and violence as a result of the work (e.g. as a police officer or soldier).

Some jobs may put greater strain on a person's mental health than others (☞2.2.3 on how a health worker can look after their own mental health). Workers who are exposed to threats to their own safety or are exposed to the suffering of others are also vulnerable (e.g. fire fighters, police officers, ambulance workers and soldiers). Farmers have to cope with unpredictable agricultural outputs, for example, due to weather conditions and pests. People who work in boring and unfulfilling jobs may become demoralised. Those working in the informal sector live with uncertain income and a high level of environmental hazards, and may be treated as slaves with few protections for their well-being.

The most common mental health problems in the workplace are depression, anxiety and alcohol and drug problems. In some jobs (such as law enforcement or the army), trauma-related mental health problems can also develop (e.g. post-traumatic stress disorder).

Improving mental health in the workplace requires two major steps: promoting mental health awareness and supporting workers with mental health problems.

13.5.2 Promoting mental health

The key is to change the environment of the workplace to promote everyone's mental health (and, ultimately, the productivity of the work). These are some steps you could take (and remember to start with your own workplace!).

- Give talks on promoting mental health with the goal of enabling a culture of openness where people feel comfortable to talk about mental health.
- Develop a workplace mental health policy – having a concrete policy reassures employees that their company cares about their well-being.
- Involve all employees, both senior and junior, to collectively make suggestions on how to improve workplace mental health, and to be part of the process of change.
- Encourage social interactions among staff, for example, by organising sports matches or staff picnics.
- Recognise and appreciate good work performance.
- Put in place workplace policies on health and safety, and on zero tolerance for bullying or harassment.
- Provide workplace crèches to enable parents of young children to return to work when they wish, without worry about the welfare of their child (which, in turn, improves the mental health of their children).
- Allow flexibility for staff to work from home where possible.
- Introduce stress management sessions, for example, on relaxation training.
- Encourage staff to take regular breaks away from their desks and to get out of the office to reduce stress.
- Create a peer-to-peer support system so people can talk with colleagues about their concerns.
- Provide clear information on how and where to seek help for mental health problems, and make it clear that this would not have an adverse effect on the person's occupational records.

13.5.3 Supporting workers with mental health problems

Stigma and discrimination can both be potent barriers to people seeking help in the workplace.

Employees may feel compelled to hide mental health problems (in particular, alcohol or drug use) for fear of losing their job or the respect of their co-workers. Organisations need to work hard to provide an environment where mental health problems are accepted in the same way as any other type of health problem, deserving of support, treatment and a gradual return to work if sick leave is needed. Providing a confidential referral pathway for mental health problems and an on-site counselling service are both useful ways to promote help-seeking.

Work is not only a possible source of stress, but it can also be a tremendous source of fulfilment and be beneficial to recovery from mental disorders. You should sensitise employers in your community not to discriminate against people with mental disorders and celebrate those who openly support and are willing to give jobs to people with mental disorders and disabilities (☞5.21).

13.6 Homeless people

Some sections of the population may have a higher risk of mental health problems because they are more likely to experience discrimination, violence, lack of security and poverty. Some examples of such vulnerable groups are the homeless, both adults and children, women who have been trafficked, sex workers and sexual minorities. The principle of integrating mental health care with services targeting these groups is similar, although the focus of this section is on homeless people.

13.6.1 Homelessness and mental health

Homelessness can be an extremely difficult experience. Typical stressors associated with homelessness include lack of security, no protection from bad weather and poor nutrition. When homelessness occurs in the midst of great wealth, as in many cities, anger and resentment can arise. As a result, homeless people can suffer mental health problems, in particular, depression and problems with drug use (alcohol, tobacco, sniffing glue).

Mental health problems can also be the cause of homelessness. The most important cause in adults is a severe mental disorder. People with psychosis may be discharged from hospital without any planning, or may not be able to continue living with overwhelmed families. The stress of being homeless is much worse for people with a severe mental disorder, since their abilities to deal with the stresses are already much reduced because of the disorder. These people may end up in prison because they are found wandering about in a manner which the police find threatening.

A good opportunity to integrate mental health care is in shelters for homeless people. Visit these as part of your regular work routine and get to know the residents individually. The people who run the shelter will often guide you to those who they think may have a mental disorder. You should look out for people with alcohol use problems and severe mental disorders (psychosis and bipolar disorder); providing treatment to these individuals can produce dramatic improvements in their sense of well-being. To provide individual counselling, it is very important to spend time building a trusting relationship.

However, many homeless people live rough, on the streets. Those with severe mental disorders are often easily identified owing to their untidy appearance (e.g. long, matted hair and torn clothing). In addition to medical care, providing for basic needs, in particular, food and shelter, will have a positive effect on their mental health.

The main counselling strategy is practical problem-solving (☞5.11): finding solutions to problems such as lack of secure employment, separation from family members, poor physical health and drug use problems. In addition to providing specific medication or counselling strategies for mental disorders, establish links with resources in the community (☞Chapter 15) who can provide outreach services for those who need

specialist care, for example, people with chronic diseases or severe mental disorders.

13.6.2 Street children

Children live on the streets of cities mainly because of the poverty in their own homes. Violence and abuse also lead children to run away from home. However, street life can be cruel. Street children have to work, often in dangerous conditions, as

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BOX 13.2 WORKING WITH STREET CHILDREN

When working with street children, you must be aware of certain issues.

- Some children may resent attention and reject offers of help. They may be suspicious of adults because of their unpleasant experiences with adults in the past. Provide whatever practical help the child needs and concentrate on building a trusting relationship.
- The opposite may also occur: some street children become so attached to you that they relate to you as if you were a parent. You should not encourage an unhealthy dependency.
- Be on guard for any relationship with a child which begins to acquire a sexual character. The best way of dealing with this is to be sensitive to any feelings of sexual attraction to the child, or to any evidence of sexual approaches in the child's behaviour. You should explain to the child that there is a need to reduce the close relationship because the nature of the relationship has become too intimate. You could entrust the care of the child to another colleague but must try to do so in a way that does not make the child feel betrayed. Remember that the child may already have been abused and neglected in the past.

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labourers, servants and sex workers. They may become members of criminal gangs and end up in prison. Street children suffer from a variety of physical health problems caused by poor hygiene and malnutrition (e.g. skin infections, diarrhoea). These often go untreated because there is no one to take the child to a health centre. Children living on the streets miss out on the two most important parts of childhood: growing up in a safe and loving family environment, and being able to go to school and get an education.

Street children are more vulnerable to experiencing mental health problems because of the stresses they faced that led them to leave their own homes, and because of the stresses they face living on the streets. Street children often come from homes where they may not have had adequate food or attention to their emotional development. Parents or other adult guardians may have a mental disorder, or may have abused the children, or been in conflict with each other. Some children may become loners and isolated, engaging in antisocial activities such as crime and drug use, particularly inhaling solvents such as glue. Others become unhappy and miserable, and sometimes suicidal.

The most important way to help street children is to give them what all children need for healthy emotional development: love and attention (Box 13.2). This is best done by providing an educational opportunity. Informal schools can provide children with an hour or two a day of rediscovering their lost childhood. As with homeless adults, a good opportunity to integrate mental health care is in shelters and informal schools for homeless children. Visit these as part of your regular work routine and get to know the residents individually. People who run the shelter will often guide you to those children who they think may have a mental health problem.

13.7 Prisons

The mental health of prisoners is important for two reasons.

1. Some people with mental health problems break the law and end up in prison.
2. Being in prison can be a stressful experience.

The isolation, loss of freedom and uncertainty can, in some people, lead to mental disorders. Drug use and violence may occur in some prisons. Thus, being in a prison can cause mental health problems.

Certain kinds of mental disorders may affect behaviour in such a way that the person does things that break the law. These are typical examples.

- Violent behaviour can occur in people who are suffering from severe mental disorders. For example, during a psychotic phase, they may wander in public places, shouting at people. Rarely, the person may threaten or attack someone.

- Stealing is a crime associated with people who have problems with drug or alcohol use. The reason is simple: these people are stealing in order to get money to pay for their drug habit. In adolescents, stealing may be the result of conduct disorder (☞11.6).

- Dangerous driving is associated with drinking too much alcohol and severe mental disorders.

However, if we look at the issue of mental health problems and crime by asking the question 'Do most people who commit crimes suffer from a mental disorder?', the answer is a definite no. Thus, it is important that you do not treat people with mental health problems as if they are all potentially violent or likely to break the law. The vast majority of people with mental health problems are not violent. Instead, people with mental health problems are more likely to experience violence themselves, due to discrimination, abuse and human rights violations (☞13.9).

The types of mental health problems which are relatively common in prisons are:

- psychotic disorders

- withdrawal reactions in people with drink or drug problems, very soon after being put in prison

- depression and anxiety, which are likely to be the result of imprisonment

- suicide and self-harm (suicides can occur even though prisons are a highly guarded environment).

13.7.1 Integrating mental health care in prisons

In general, prisons are harsh places, where discipline and routine are the essence of daily life. After all, they are places to which people are sent as punishment. It may be difficult to be sympathetic to someone who, for example, may have hurt another person very badly. Health workers, however, must be careful to avoid making judgements such as whether the person is guilty or not guilty, good or bad. One useful skill is that of 'empathy' (☞2.1.1), which means the ability to put yourself in the other person's situation and try to feel the way they do. You will find that many crimes are committed by people who feel they have no options left in their lives – perhaps they have been pushed into a corner by poverty, or symptoms of their mental disorder, such as hearing angry voices or severe drug withdrawal, made

them feel they had to carry out an unlawful act. This, of course, does not justify the crime, but it can help you understand the prisoner as a vulnerable human being.

You can help improve the mental health of prisoners in the following ways.

- **Advocating for zero tolerance for bullying and violence in the prison.** Violence is a common experience in prisons and, as with violence in any setting, leads to poorer mental health. Advocate with prison authorities and prisoner groups (☞13.7.2) to put into place a zero-tolerance policy for violence.

- **Individual counselling.** The key elements are:
  ○ listen: allow the prisoner to share feelings and use this discussion to assess the nature of the mental health problem;
  ○ discuss practical needs: for example, a prisoner may be desperate to meet his family and this may be making him very unhappy – simply arranging a family visit may do wonders for his mental health;
  ○ problem-solving strategies (☞5.11).

- **Peer support.** Prison health workers often get to know which prisoners are compassionate and have the skills needed to help others. You can use such people to act as counsellors or friends to support other prisoners in need of help.

- **Groups.** Suggest to the prison authorities the need for group meetings of prisoners where common concerns can be discussed (☞5.26).

- **Treatment for specific mental disorders.** Specific symptoms are likely to include:
  ○ withdrawal reactions from alcohol or drugs (☞Chapter 9)
  ○ violent, agitated or confused behaviour (☞7.1, 7.2 and 7.8)
  ○ suicidal thoughts or behaviour (☞7.6).

13.7.2 Improving the system

It is often difficult to work with prisoners because the prison system can be unsympathetic towards their mental health needs. Working in prisons can also be stressful, leading to mental health problems in prison staff. Improving the quality of life within prisons will ultimately benefit the mental health of all those who live or work there. Activities which enable frank discussion of concerns, without fear of punitive actions, between prisoners and the prison staff can help reduce suspicions. Regular group meetings and the involvement of organisations which are concerned about mental health issues or the rights of prisoners can be beneficial. Efforts to help both prisoners and staff to deal with stress through meditation or relaxation training (☞5.12) and to be involved in recreational activities (such as sport competitions) can also help create an environment which promotes mental health.

13.8 Preventing alcohol, drug and tobacco abuse

Alcohol and tobacco abuse together account for a large proportion of deaths and disability in the world. It is important to distinguish between alcohol on the one hand, and drugs and tobacco on the other. If consumed within limits and with common sense, alcohol does no damage to health; on the other hand, tobacco and drug use are dangerous irrespective of the amount which is used (although, of course, the more one uses these substances, the greater the risk of harm). Thus, prevention of alcohol use problems may focus on strategies to educate people on 'sensible' drinking behaviour. On the other hand, strategies for combating tobacco or drug abuse should focus on complete abstinence. 'Just Say No' is the slogan of choice for these substances.

13.8.1 Prevention in the clinic

The simplest strategy is to ask every person attending the clinic two simple questions.

- Do you drink alcohol? If yes, have you been concerned about the amount you drink?

- Do you smoke/chew tobacco?

In young adults you could also ask a similar question about specific drugs (e.g. opium) based on your knowledge of how common this is in the community you serve.

If use of any of these substances is reported, educate the person about the dangers of use, and the benefits of reducing drinking and completely giving up tobacco. There is no better prevention technique than this (☞9.4).

13.8.2 Prevention in the community

It is important that health workers are familiar with the law in their country regarding alcohol and tobacco. For example, in most countries, bars and shops selling alcohol are not allowed to stay open beyond a certain time, children are not allowed to purchase tobacco or alcohol, and smoking is banned in schools or enclosed spaces. If the health worker knows of potential offenders, they can approach either the community leaders or police to ensure the law is enforced. Health workers can try to educate bar owners to insist that customers do not drink and drive home, or teach them ways of politely, but firmly, refusing to serve alcohol to someone who is clearly drunk. Encouraging the formation of self-help groups such as Alcoholics Anonymous in the community can help those who have drinking problems, as can campaigning against heavy drinking.

13.8.3 Prevention in schools and colleges

Adolescence is the time when many people first try smoking, drinking or using drugs. This is the most important time to provide education on how to avoid substance abuse (Box 13.3).

13.9 Promoting the rights of people with mental health problems

Stigma literally means a physical mark on the body. This is what was done to people with mental health problems in some societies, as a way of marking them as being different. Stigma

> **BOX 13.3 MESSAGES THAT CAN BE USED IN SCHOOLS AND COLLEGES**
>
> - It is not 'cool' to drink alcohol or smoke cigarettes. Do you think smelling of stale smoke and having a blotchy face is 'sexy'?
> - Advertisements which show beautiful and athletic people smoking and drinking are selling a lie. In fact, those who smoke or drink are much sicker than others and look much worse.
> - You can have fun and party without drugs or alcohol. Having a good time means enjoying friendships and activities without the need for any substances.
> - If you know someone who is smoking or drinking, be a friend and suggest to them they should stop.
> - You will use up all your money on alcohol or tobacco; imagine what you could do with that money if you stopped.
> - Why do you need a drug to 'be yourself'? Stop, and you will really be yourself.
>
>

refers to the attitudes which people have about mental health problems; discrimination refers to their behaviour in response to these attitudes. For example, believing that people with mental health problems are dangerous is stigma; banning them from getting married is discrimination.

Stigma and discrimination are commonly experienced by people with mental health problems, and those associated with such people (such as carers and even health workers), in all societies. Some mental health problems, such as the psychoses and intellectual disability, are more often associated with stigma, and these are the conditions which most people associate with

Do you know, he's a mental case.
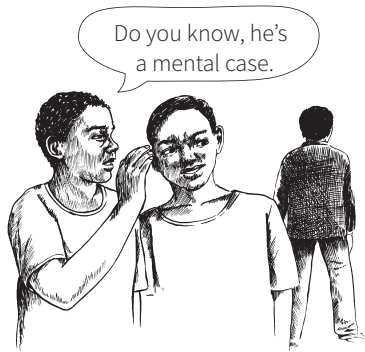
'madness'. This is also a reason that people with other types of mental health problems do not like to be labelled as having a mental disorder.

Today, people with mental health problems are discriminated against and excluded from society in a number of other ways. These include:

- not allowing people with mental health problems to live in the community
- not allowing them to vote in elections or to get married
- not providing assistance in schools so that children with problems have no choice but to leave

- not employing people with mental health problems
- not providing time off from work when ill, or dismissing people from their work
- not providing health insurance for treatment of mental health problems
- not providing adequate resources for mental health care.

It is useful to remember that society has stigmatised many types of illnesses, from leprosy to HIV/AIDS. Just as health workers have sought to challenge stigma associated with these illnesses, so too must they strive to challenge discrimination against people with mental health problems.

The key to challenging discrimination is understanding why it occurs. Of course, sometimes people with mental health problems do behave differently; a depressed person may appear withdrawn, while a psychotic person may be aggressive. However, the main reason for discrimination is ignorance. Some common questions about mental disorders are presented in Box 13.4.

Challenging stigma requires that the health worker is clear in their mind about the facts.

BOX 13.4 MENTAL HEALTH PROBLEMS: FACTS AND MYTHS

Are mental health problems hereditary?
Some mental disorders can run in families. However, this is rare. Most children of a parent who has a mental disorder will not have a mental health problem. Most mental disorders are the result of a combination of social, lifestyle and biological factors.

Can a person with a mental health problem hold a job or marry?
Absolutely yes. If treated, most people with mental health problems can work and have family responsibilities. Of course, just as with physical illnesses, the kind of job may need to be adapted to suit the person's needs.

Isn't mental disorder the result of curses, black magic or evil spirits?
Not at all. Mental disorders are the result of changes in the way the brain works interacting with stressors such as family problems.

Do people with mental health problems have to take medications for the rest of their lives?
Many people with mental health problems do not need medications at all. Those who do may need it for a year or more depending on the kind of illness.

Extending a hand of friendship, support and understanding to people with mental health problems establishes a role model for others in the community. Never use slang words to describe people with mental health problems (such as 'psycho', 'loony' or similar words). Such words are disrespectful and worsen discrimination.

Health workers need to combat stigma at several levels of the community (Box 13.5, Box 13.6).

13.9.1 Human rights of people with mental health problems

Many people with mental disorders are denied their basic rights to freedom and appropriate health care. Many people continue to be locked up, in prisons, traditional healing sites, mental hospitals or in the community. They are often denied access to medical care, which is what is most needed during the acute phases of their illness. Many spend years in mental hospitals because their families have abandoned them. Mental hospitals are often run as prisons where the aim is not to treat and rehabilitate the sick, but to keep them locked away from society. Cruel practices, such as beating, tying up the person or giving shock therapy without anaesthetics continue to be in use. The human rights of people with mental health problems can also be violated in their own homes, for example, if they are locked or tied up, or in places of traditional or religious healing (e.g. from beating to chase out spirits).

Addressing human rights violations is an important task of the health worker. The aim is to identify individuals whose rights are being abused (e.g. they are locked up at home or are chained in a traditional healing shrine) and to intervene as early as possible to reverse these abuses. This
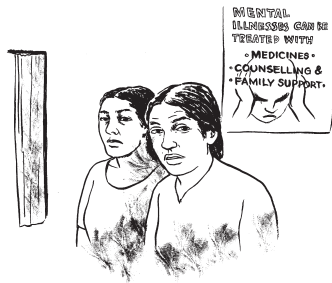
requires building trust with the relevant people involved (e.g. family member or traditional healer), education that such practices are very damaging, and proposing a humane alternative (which should include appropriate health care). The goal is to stop the human rights abuses. If efforts to change the behaviour through education fail, the health worker may need to take stronger action by informing the police or lawyers about the human rights abuse. Making links with non-governmental organisations (NGOs) concerned with human rights is an important aspect of community mental health care (☞Chapter 15).

13.10 Relationships in distress

Humans are social by nature. Those who have relationships which are affectionate and supportive enjoy better mental health. The most important relationships in our lives are the ones we have with our spouses or partners, with our parents and our children, and with our close friends. For most of us, these close relationships provide us with joy and pleasure. When we feel worried, these relationships provide us with support and hope. However, relationships can also become unhappy. When they run into trouble, we can become sad and angry. This is why helping to resolve relationship difficulties is an important way of promoting mental health. If the health worker can advise people to boil drinking water to avoid diarrhoeal diseases, then, in the same way, helping resolve relationship difficulties can help prevent mental health problems in those affected.

13.10.1 The reasons relationships break down

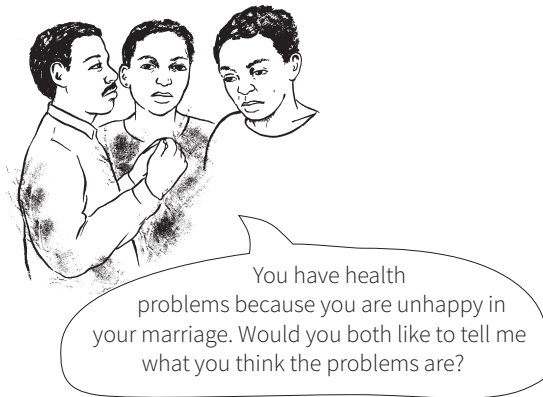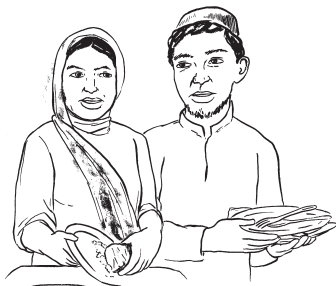There are many common reasons why relationships run into difficulties.

- **Major life events.** Both happy and unpleasant events can cause relationship difficulties. For example, when a baby is born, the child can bring pleasure and joy to parents and families. However, babies can also lead to a mother and father becoming less affectionate towards one another. Babies mean hard work too, and resentment may build up if the mother feels she is not getting enough support. On the other hand, the husband may feel he is not getting enough time with his wife. Unpleasant events such as losing one's job can place great stress on the person, which then causes distress to their relationships with others. The unemployed person's self-esteem is affected, which makes them feel sad and irritable. The partner may resent the fact that they are having to support the entire family.

- **Money problems.** This is a common cause of relationship difficulties. Shortage of money means that many of the things families would like to do may not be possible. Resentment about who spends money and who earns the money can lead to conflicts and arguments between family members.

- **Violence.** Violence is a very difficult situation to deal with. The most common victims of violence in relationships are wives. Children can also be abused by their parents, and elders by their children. Emotional violence, such as threats and verbal abuses, can hurt a relationship just as much as physical violence. Sexual violence, such as forcing your wife to have sex, can do terrible damage to the relationship (☞10.2).

- **Falling in love with someone else.** When we marry, we believe our relationship is for life. Unfortunately, this is not always the case. Having a love affair with someone outside the

marriage can be the result of an unhappy marital relationship, and often makes the relationship unhappier.

- **Sexual difficulties.** This is a sensitive and important aspect of marital relationships. Relationships where both partners are sexually satisfied tend to be happy relationships. Sexual satisfaction does not mean that the level of sexual activity is high; it simply means that both partners enjoy having sex as often as they do. The problem arises when one partner is less keen on sex than the other, or when one partner finds sex less satisfying. The real difficulty about sexual problems is that it is an area which is so private that most people cannot share it with anyone else.

- **Health problems.** Health problems, both physical and mental, can affect any relationship, especially when present for a long time. Being ill may mean that the person is not able to work or participate in the activities that make a relationship satisfying. Caring for a sick person can lead to resentment and anger ☞12.6.

- **Alcohol problems.** Alcohol use can cause relationship problems in many ways, for example, through health problems, because the person becomes abusive and violent when drunk, and also owing to money problems.

13.10.2 Helping relationships rebuild

The health worker can play an important part in helping rebuild relationships. The key is to remember that an unhappy relationship can cause a health problem or make it worse. Recognising relationship difficulties is the first step to helping

You have health problems because you are unhappy in your marriage. Would you both like to tell me what you think the problems are?

rebuild the relationship. In a small community, it may be common knowledge who has relationship difficulties. More often, however, the health worker would need to ask about relationships those people who are at risk of facing problems. This includes:

- people with mental health problems, in particular, depression and drinking problems
- people with a long-term sickness in their family
- families who have faced a major life event, such as loss of a job or arrival of a baby.

In people with mental health problems, use the counselling strategy of improving relationships (☞5.15). For other types of relationship difficulty, there are three steps in helping rebuild relationships.

- **Step I: Understanding the problem.** Talk to both partners together about their difficulties. If this is not possible, speak to both separately. Make it clear that if they are interested in stopping the relationship from getting worse, they will need to see the health worker together. Often, a frank discussion about what is bothering each partner can itself lead to suggestions on how to improve the relationship. Simply sharing feelings can be very helpful in rebuilding trust and hope. The health worker may also suggest specific actions, for example, if there is sickness in one partner or they need advice on getting a job.

- **Step II: Establishing ground rules.** The basic ground rule is that no partner must abuse or be violent towards the other. Then, each

person could suggest some other rules they wish their partner to follow. By discussion with the health worker, both partners agree on a set of rules which will govern the way their relationship is to be rebuilt. For example, the wife may suggest that her husband should reduce his drinking so that he only drinks once a week. In return, the husband may say that his wife should not get angry with him when he spends time with his friends. These rules are then monitored regularly to see how the couple is progressing. If things are going well, the rules may gradually become part of their daily lives.

- **Step III: Improving communication.** This is the key to sustaining healthy relationships. Communication can be improved by asking partners to spend some time, say half an hour, each day talking to each other about their day. Here are some simple ways to improve communication between partners:

   - talking about what made them happy and what made them sad that day

   - sharing in each other's activities; for example, sharing household chores and looking after children can build emotional bonds

   - finding common and trusted people to talk to, such as another family member or friend

   - setting aside time to enjoy activities, such as going to see a movie, which the partners shared during happier times

   - exploring, when you have built trust, whether there are any sexual problems ☞8.5.

13.10.3 Knowing when to separate

Sometimes, a relationship is so unhappy that separating may be the best solution. An unhappy relationship can be much worse for the entire family than a separated one. The kinds of situations where separating is probably best include:

- when violence in the relationship is not reducing or is getting worse

- when one partner is having another relationship or affair and has no intention of changing this behaviour

- when both partners want to separate

- when, despite help, the relationship remains deeply unhappy.

The health worker should not tell a couple what to do, but if the couple decide to separate then they can help by supporting both individuals in making the right decisions about how to part (e.g. sharing parenting responsibilities for children) and the need to avoid costly and stressful legal fights. After separating, the health worker could play a part in counselling the person in coming to terms with their new lives and instilling hope for a happier future. Mental health problems are always a risk during and after the process of separation.

13.11 Advocating for social change to promote mental health

Many social problems which affect entire communities, nations and the world are linked to poor mental health. The major ones are poverty and gender inequality. Several other issues are also important, such as environmental degradation, climate change and hatred against sections of the community. It is beyond the reach of a single health worker, or any one person, to make a change in these 'big' issues which are influenced by policies and ideologies of the government and of the global community. However, it is important for the health worker to support actions which address these social problems. Here, we will consider examples of such actions at the local level in response to poverty and gender inequality.

13.11.1 Poverty and mental health

Let us consider some of the factors which may increase the risk of mental health problems in a person living in poverty.

- **Urban migration and disintegration of rural communities.** People who have migrated to urban areas often live in slums, in squalid living conditions, with few social networks and exposure to crime and violence. For those left behind, usually women, children and the elderly, the loss of a productive member of the household may lead to loneliness and fear due to vulnerability.

- **Material stressors.** Poor people have fewer material resources and are more likely to suffer the physical hardships associated with poverty. Thus, access to basic utilities, food and banking credit are more restricted.

- **Crowded and unhygienic living conditions.** Living in such environments leads to stress and unhappiness, which predisposes the individual to experience mental disorder.

- **Lack of education/employment opportunities.** Poor people have less access to affordable quality education and, subsequently, to employment. The lack of education limits the ability of the person to find ways out of poverty, leading to a loss of hope and despair for the future.

- **Higher burden of physical ill health.** Poor people experience a greater burden of physical disease and disability. Mental health problems occur more often in those who have a physical disease or disability.

- **Inadequate access to good health care.** Poor people have less access to appropriate health care. Thus, people with mental or physical health problems are less likely to receive the right treatment.

Mental health problems, in turn, can worsen economic circumstances in a number of ways.

- Mental disorders may be associated with severe disability. This affects the ability of the person to function at work and at home, and leads to a greater number of sick days.

- Owing to the inappropriate treatment of mental disorders, many patients seek multiple sources of health care and, consequently, spend more money on their health.
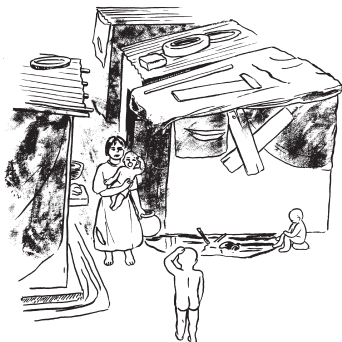
- Family members may need to take time off work in order to care for the person or take them to the clinic, thus losing earnings.

- Increased expenditure on sustaining a habit such as alcohol or drug dependence can impoverish the addicted person and their family.

- The stigma associated with mental disorder limits opportunities for employment.

- Some mental disorders, such as substance abuse, developmental disabilities and psychosis, affect the ability of the person to complete their education, and therefore limit the economic opportunities available to them in the future.

Thus, people living in poverty are more likely to suffer from mental health problems, and mental health problems worsen poverty. Across the world, especially in poor countries, globalisation and economic developments are leading to enormous changes in day-to-day life. These policies are influencing the health prospects of every citizen in a number of different ways. In some countries, the cost of health care is getting higher, as government subsidies are withdrawn. User fees mean that public health care is no longer free and private health care is getting more expensive all the time. Medications can be very expensive. But perhaps the greatest risk to health posed by current economic policies is that it is worsening inequalities in most countries. The richest few in every society are getting much richer, while the poor majority get poorer. This inequality poses a grave challenge for the future harmony of our societies and the health of entire populations.

13.11.2 Promoting mental health in poor communities

When faced with the problems of poverty, we think of mental health problems as being irrelevant. Sometimes, we assume that depression and other mental health problems are the result of 'materialism' and 'excess' and that mental ill health is a 'luxury' for poor individuals. On the other hand, some people think that mental health problems are the natural consequence of poverty. Both these kinds of beliefs are wrong. Mental

health problems are not only more common in poor people, but they also have a greater impact on their health and ability to work.

In much the same way as health workers would give antibiotics for the treatment of tuberculosis, a disease associated with poverty, we should be able to provide treatment for depression and other mental disorders associated with poverty.

Promoting mental health in poor people can focus on the following actions, many of which can also address the factors which contribute to environmental degradation and hatred against sections of the community.

- **The provision of basic services in the community.** Individuals who live in a community which is clean and has safe drinking water are more likely to be in better health. If, for example, a health worker is playing an active part in improving sanitation in the community to reduce diarrhoeal diseases, this action will also help promote mental health.
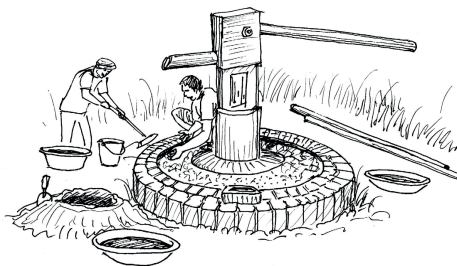
- **Promoting community networks and harmony.** Health workers may be especially well placed to support social networks at an individual level. For example, you may know of an elderly person who is living alone and is very unhappy. Nearby is a family of a single mother and two young children; she is finding it hard

to cope with work and caring for the children. The health worker could suggest to these different people the possibility of supporting each other. For example, the elderly person may mind the children in the day, and the single mother may provide friendship and shared meals.

- **Reducing levels of violence.** Crime and violence are more common when there is greater inequality or when a community is divided along religious or ethnic lines. The health worker must collaborate closely with other community leaders and opinion-makers on the need to build social cohesion. This may involve:

  ○ boycotting all forms of political action which seek to divide people into groups;

  ○ advocating for equal treatment of all members of the community to the police, health and legal systems;

  ○ identifying those politicians who are committed to reduction in violence as the favoured candidates in local elections;

  ○ sensitising police on dealing with complaints of violence in the community or in specific families.

- **Improving economic opportunities in the community.** A health worker may not have much scope to directly influence the provision of new jobs or economic opportunities. However, keeping yourself well informed on employment or livelihood schemes or opportunities is one way of providing information to those who might need it. For example, debt may be tackled by providing greater access to small loans through micro-credit schemes. You could encourage local councillors or women's groups to set up similar schemes.

- **Providing effective care in the health centre.** Be competent in detecting and treating common mental health problems. Never dismiss these as inevitable consequence of poverty. Instead, treating mental health problems will not only make the person feel better, but will also provide them with the necessary strengths in thinking and feeling to come up with solutions for their problems.

13.12 Gender and mental health

Gender inequality is a term used to describe the different ways in which men's and women's positions, roles, rights and powers in a community are observed. In other sections of this manual, you will have read about some of the more serious consequences of the weaker position of women in our society, such as the fact that they may be victims of domestic violence and rape. These are examples of how gender inequality influences the personal relationship between a man and a woman. This chapter considers the influence of gender inequality on the way society and the health system interact with mental health issues in women.

13.12.1 Gender and women's mental health

There are three issues to consider when we think about women and mental health.

- *Are women more likely to experience mental health problems?* It depends on the kind of mental health problem one is referring to. Women are more likely to suffer depression and anxiety. However, severe mental disorders are equally common in both genders (or more common in men), and drug and alcohol abuse are much more common in men.

- *Why do women experience mental health problems?* Stresses in life are known to make a person more likely to become depressed. Gender inequality leads to considerable stresses in women's lives. Thus, a woman may work as hard as a man, but her work is less likely to be rewarded financially. She may not be entitled to 'relaxation' time or time for herself because her work is not valued. She may face pressure to have children.

- *What happens to women who have mental health problems?* Women with mental health problems may not receive the same quality of health care as men. Women's complaints are taken less seriously by family members and health workers. Girls with intellectual disability are less likely to be sent to special schools, and women with mental disorders are less likely to get married and more likely to be abandoned by their families than men are.

13.12.2 Promoting mental health for women

Promoting gender equality by empowering women to take decisions which influence their lives and educating men about the need for equal rights is the most important way of promoting women's mental health. To achieve this goal, the health worker needs to be an activist and advocate for women's rights.

Some people argue that by saying that women are more likely to experience depression, there is a danger that real social problems are being perceived as health problems. They argue that if a woman is being beaten by her husband and becomes depressed, then the real problem is the violence in her home which is directly responsible for her depression. While this is true, the health worker must also be concerned about the woman's current health. Thus, if a woman's arm was broken owing to the violence, the health worker would first try to help treat the fracture. In the same way, treating the depression can help by improving the woman's concentration, sleep, feelings of self-esteem and energy levels. This, in turn, can help in trying to find a solution for the problems at home which are causing stress.

There are many ways in which the health worker can help reduce the impact of gender inequality on women's mental health.

- Promote healthy attitudes regarding gender in schools and colleges, through integrating this topic in life skills programmes (☞13.4.5).

- Whenever a woman consults for any reason, spare some time to find out about her domestic situation and other stresses.

- If you have obtained the woman's permission, speak to the husband or other family members about the difficulties the woman is facing and how they are affecting her health. You can provide specific suggestions to improve relationships (☞13.10).
- Sensitise your colleagues in the clinic about gender inequality in the way health care is provided. Be sure that you, and your colleagues, treat health complaints in men and women with equal concern.
- When you know that a particular woman has a severe mental disorder, pay special attention to her personal needs by ensuring she sees you regularly and is able to access all health services, including cervical cancer screening and family planning. If she is not brought to the health centre, arrange to see her at her home. Counsel her family members to remove doubts they might have about the illness, for example, that the illness is a sign of bad luck for the family.
- When you know that a woman is living in a home where she is suffering a great deal of stress or being exposed to violence, make an effort to ask her how this is affecting her health. If you find she is suffering from a mental health problem, counsel her appropriately to help her address her problems.
- If women's groups are active in your community, take the initiative to participate in their meetings and discuss mental health problems as an area of concern for women. Facilitate the formation of self-help or support groups for women with mental health problems.

13.12.3 Gender and men's mental health

Although most discussions about gender and health focus on women because women are disadvantaged in so many ways, it is also true that gendered attitudes can affect men in ways which are relevant to mental health. Three important examples are:

- because people associate masculinity with getting intoxicated, this increases the risk of young men drinking and taking drugs;
- because men are supposed to take care of their family's needs, unemployment and financial difficulties can greatly damage a man's self-esteem. In extreme cases, this can lead to suicide (indeed, men are much more likely to die by suicide than women);
- because men are supposed to be 'strong', they are less likely to consult health workers for mental disorder, in particular, common mental disorders in response to life stressors such as marital conflict or problems at work.

Many of the actions described above on how to address gendered attitudes in promoting the mental health of women would apply equally to men.

CHAPTER 13 SUMMARY BOX
THINGS TO REMEMBER ABOUT INTEGRATING MENTAL HEALTH INTO COMMUNITY PLATFORMS

- Health workers can link up with a wide range of people and organisations to improve the mental health of the community, ranging from the police to schools to traditional and religious healers.
- Community integration has a strong focus on promoting mental health and preventing mental health problems.
- Prevention activities for the whole community include advocating for social changes that reduce poverty, gender equality and substance use.
- High-risk groups for mental health problems, such as prisoners, homeless people and street children, need targeted approaches to prevent mental health problems.
- Promotion activities include ensuring optimal early child development, developing 'health-promoting' schools and supporting couples to rebuild relationships in distress.

NOTES