



Mental Health Training

For Community Health Workers

In The Western Cape

Goodman Sibeko





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Background

This manual was developed as part of a PhD by Dr Goodman Sibeko. The initial piloting of the manual took place at two non-profit organizations after ethical approval was obtained from the Human Research Ethics Committee (913/2015) of the University of Cape Town.

Introduction

Mental and substance use disorders contribute significantly to the global burden of disease [1]. In spite of this there is a shortage of skilled human resources for mental illness, with low and middle income countries facing a severe disadvantage compared to higher income countries [2]. Non-adherence to treatment in mental illness is a serious problem resulting in increased morbidity and decreased quality of life, with increased demand on hospital services [3]. Factors contributing to non-adherence may be patient related, clinician-related, medication related or environmental [4]. Interventions aimed at addressing non-adherence need to take into account the likely resultant treatment gap, which is indicated by the absolute difference between the true prevalence of a disorder and the proportion of treated individuals affected by the disorder (Patel, 2009).

Intervention approaches that make use of task shifting, where health care delivery tasks are delegated to less specialized health workers may help to make more efficient use of human resources [5-8]. The use of community health workers (CHW) is one such approach. The roles of CHWs in Cape Town include 1) Home based care, in which CHW's provide assistance with activities of daily living; 2) Support and adherence assistance for patients suffering from hypertension and diabetes ("Chronic disease of lifestyle work"); 3) Antiretroviral and Tuberculosis treatment adherence support; and 4) Health promotion and screening [9].

The care and support mandate of these CHWs is comprehensive and includes mental health support in addition to general medical support [10]. However, there has thus far not been a standard mental health training manual aimed at up skilling CHWs to effectively provide adherence and basic social support pertinent to mental illness. This manual aims to provide an approach to meet this need.

Logistics

Ideally a trainer with local mental health training experience should conduct this training. Excellent facilitation skills are essential to assist the CHW's in navigating a new and potentially anxiety-provoking experience.

This training is presented with the aid of a PowerPoint presentation. All sessions are interactive. While the trainer/facilitator guides the discussion, input and ongoing feedback from the trainees is encouraged. A flipchart is used to record and contributions. The weekly training sessions are three hours in duration, and are divided into a first sitting, a tea break and a second sitting.



The initial pilot training was conducted from 21 June 2016 to 11 August 2016 at two locations in Cape Town: Arisen Women Foundation in Mitchell's Plain and Caring Network Khayelitsha in Khayelitsha. An independent trainer was contracted to conduct the sessions.

Formatting

The manual is presented as a complete guide, to be followed from beginning to end. Clear instructions are provided for each component, along with individual activity timelines. The speech required to cover content is provided, and may be read verbatim. Where the trainer chooses not read the provided speech verbatim, the requirement is to ensure all content in the speech is covered to ensure continuity with subsequent components and activities.

The manual components are colour coded and interpreted as follows.

Blue	Component details.
White	Instruction and information for conduct of a component.
Orange	Active Instruction that must be followed by the trainer/facilitator within a component.
Green	Required speech for a component. The trainer/facilitator must ensure that all content coded green is conveyed accurately to trainees.
Yellow	Additional/Optional extra information that may or may not be provided in a component. The instruction panes provide a guide where this applies.

PowerPoint slides are represented adjacent to the corresponding part of the manual.

Acknowledgements

I extend my thanks to

- The South African Medical Research Council, who provided funding support during the development of this manual.
- Dr. Tracey Naledi, Chief Director of Health Programmes in the Western Cape government and Ms Tobeka Qukula, Director of Home Community-Based Care in the Western Cape, for the mandate and direction in conceptualizing this manual.
- Mrs Lezel Molefe, a social worker in private practice in Cape Town provided consultation and input for the original content outline and subsequently delivered our pilot training.
- Mrs Marinda Roelofse, Deputy director of Mental Health and Substance Abuse, Health Programmes, for ongoing consultation and content feedback; facilitation of



health impact assessment; as well as logistics and planning support for the piloting of this manual.

- The Khayelitsha and Mitchell's Plain sub districts for content review and suggestions for modification and improvement; and facilitation of contact with Non Profit Organizations (NPO) mentioned below.
- The two NPO's who participated in the initial piloting of the manual. The Arisen Women Foundation (<http://www.arisenwomen.org.za>) in Mitchell's Plain and The Caring Network Khayelitsha (www.thecaringnetwork.org.za) in Khayelitsha provide comprehensive community based health services under the Western Cape Department of health.
- The Department of Psychiatry and Mental Health, University of Cape Town for funding the initial pilot training entirely.
- My PhD supervisors: Prof Dan J Stein; Prof Crick Lund and Dr Peter Milligan for their ongoing supervision and guidance.

Contact

Please contact me for any queries or discussion.

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Session 1

Introduction and Culture

Session objectives:

Welcome participants to the training and introduce them to the trainer and to each other.

An outline of the planned training is provided the research component is explained.

Session duration: 3 hours

Session directions

Introduce session.

Good morning everyone. Welcome to our mental health-training program for community health workers.

We will begin with an icebreaker session to get us all relaxed and comfortable. I will then give you an overview of what we will be doing today and over the next 7 sessions.



Mental Health Training for Community Health Workers

Session 1: Introduction and culture





1.1	Activity 1	Ice Breaker and Introduction	09h00
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Activity Objective

Ice breaker and introduction.

Duration:

45 Minutes.



Materials

Roll of toilet paper.
PowerPoint.

Directions

Instructions to trainer	Speech Guidance	PowerPoint Display
Participants may do this either standing or seated as they individually wish.		



<p>Allow some engagement and sharing around members' contributions, while ensuring the comfort of the "speaker".</p>		<p>Ice-Breaker Session 1 Activity 1</p>  
<p>Introduce and Explain Icebreaker</p>	<p>This ice breaker is to help us all (<i>trainees and trainer</i>) get comfortable with each other to make it easy to talk to each other and learn from each other.</p>	
	<ol style="list-style-type: none"> 1. Have the group sit in a circle. 2. Hold up a roll of toilet paper. Tell the community health worker's: <div data-bbox="788 1114 1370 1273" style="background-color: #d9ead3; padding: 5px; border: 1px solid #ccc;"> <p>"You're going to pass this roll of toilet paper around the circle, and you may take off as many or as few sheets each, as you like."</p> </div> 3. After the roll has gone all the way around the circle, 	



	<p>share with them the “twist” to the game:</p> <p>“For each sheet that you have taken, you have to tell the group something about yourself.</p> <p>No one has to share anything they don’t want to share.”</p> <p>4. EXAMPLE: If Isabel took five sheets, then: 1) I like to dance 2) My favorite color is purple 3) I have a dog named Sammy 4) This summer I went to Hawaii 5) I’m really afraid of snakes.</p> <p>5. Not only will the group learn from the information each student shares, but the trainer will also gain some insight into the personalities in the group.</p> <p>6. OPTION: Afterwards, have everyone throw their sheet into the center. This represents all the new information we now know about each other.</p>	
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Trainer should volunteer to be the first to pull from the roll.		
Close Icebreaker session After all have had a chance to participate.	Thank you everyone for sharing. I hope this has helped us all to get to know each other better and feel more comfortable to share our thoughts and views as we move forward.	

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1.2 Activity 2 Completion of pre-training evaluation form 09h45

Activity Objective

Completion of pre-training evaluation questionnaires and case vignettes.

Duration:



45 Minutes.

Materials:



Pre-training evaluation forms.
 Case Vignette answer sheets.
 Case vignettes either on answer sheet or on PowerPoint.
 PowerPoint.

Directions

Instruction to trainer	Speech Guidance	PowerPoint Display
<p>Introduce the</p> <p>Pre-training Questionnaires/ Case Vignette</p>	<p>These questionnaires will help us get an idea of everyone’s understanding of and feelings about mental illness before training.</p> <p>On one of the questionnaires you will find five case scenarios. Please read through the case and answer the questions that follow for each, in the psace provided.</p> <p>Ater the 5 cases there are four short questions. Please answer these in the space provided as well.</p> <p>We will compare this with information collected at the end of the training.</p>	<p>Forms Session 1 Activity 2</p>  



	<p>There are no right or wrong answers. We simply need an honest response for each question.</p>	
<p>Explain purpose of Trainee's number on questionnaire.</p>	<p>We need the training number you have been assigned by your supervisor on the questionnaire to help us with our comparison at the end of the training.</p> <p>This training number on the form is strictly confidential.</p> <p>We will not be able to tell which number belongs to which person.</p> <p>We will only be using it to compare pre and post training forms.</p> <p>This information will not be shared with the employer or your supervisor.</p>	
<p>Provision for inability</p>		



to read and or write.	If anyone needs any help completing this form please let me know and I will come to you and assist.	
Option of reading the questions with PowerPoint assistance.	I will read each question out loud and you can follow on your form and complete it as we go along.	(Pre-evaluation/case vignette form on projector)
Hand out questionnaire and case vignette answer sheet for completion; allow 40 minutes for completion and collect.		
File completed questionnaires securely.		

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1.3	Activity 3	Ground rules	10h30
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Activity Objective



Establishing of ground rules for the duration of the training program.



Duration:

10 Minutes.

Materials

Flip chart and marker.
PowerPoint.

Directions

Instructions to trainer	Speech Guidance	PowerPoint Display
<p>Introduce</p> <p>Ground rules session.</p> <p>These can be suggested by any member of the group and must be agreed to by most of the members as a ground rule before being adopted.</p>	<p>Let us now talk about some ground rules for our training sessions.</p> <p>These are important to make sure that everyone is respected and heard.</p>	<p>Ground Rules</p> <p>Session 1 Activity 3</p>  



<p>The trainer, as part of the group is allowed to suggest rules. Perhaps suggest the first couple of rules based on list below and seek further input from the group.</p>		
<p>Record rules-contributions in brief bullet-form on the flipchart as they are suggested.</p>	<p>What would you suggest should be some (other) rules for this training group?</p>	
<p>Examples of rules</p> <ul style="list-style-type: none"> • No cellphones or cellphones on silent during training. • We are committed to attending all the sessions and arriving on time. • We will listen to everybody when they are speaking. • We will try to contribute to the session. • We will respect each other’s opinions even when they are different from our own. • We will maintain people’s confidentiality when reflecting on our own experiences of mental health and mental disorders. 		



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1.4	Activity 4	Tea Break	10h40
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Activity Objective

Tea break.

Duration:

20 Minutes.



Materials

Tea, coffee, finger food.

Directions

Instructions to trainer	Speech Guidance	PowerPoint Display
Introduce Tea break and Next activity.	We will now take a tea break. Please find the tea and coffee provided in the tearoom. When we return in 20 minutes we will discuss culture.	



<p>Allow trainees to mingle and chat. This may facilitate some engagement around some of the information presented by individuals in the icebreaker session.</p>		 <p>Tea Break Session 1 Activity 4</p> 

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1.5	Activity 5	Discussion of culture	11h00
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Activity Objective

Exploration of the concept of culture.

Duration:

45 Minutes.





Materials

Flip chart and marker,
PowerPoint,
Voice recorder where necessary, if trainees consent to recording.

Directions

Instructions to trainer	Speech Guidance	PowerPoint Display
<p>Introduce</p> <p>Discussion of Culture.</p>	<p>We will now discuss culture.</p> <p>In the next training session we will talk some more about how culture can affect diagnosis and treatment of mental illness.</p>	
<p>Present</p> <p>A definition of Culture</p>	<p>Culture is defined as:</p> <ul style="list-style-type: none"> The set of knowledge, ideas, rules, and practices that are learned and shared down generations through stories and teaching. 	



	<ul style="list-style-type: none"> • It includes language, religion and spirituality, family structures, life stages, ceremonial rituals, and customs, as well as morals and laws. • Culture may change as a result of experiences and things we are exposure to. 	
<p>Stimulate conversation around participants' individual cultures.</p>	<p><i>EXAMPLE (IF NOT TRAINER'S CULTURE, TRAINER MAY USE ANOTHER EXAMPLE)</i></p>	
<p>The trainer may volunteer some information regarding their own culture to stimulate conversation.</p>	<p><i>From my own experience I know how much culture can influence our day-to-day lives and how we interact with other people,</i></p> <p><i>for example,</i></p> <p><i>in my culture it is considered rude to look an adult in the eye when talking with them.</i></p> <p><i>This can be very confusing to someone with a different</i></p>	<p>Culture Session 1 Activity 5</p>  



	<i>cultural belief system to mine.</i>	
	Can you tell me a little bit about your own culture, (including religion and beliefs) (and how it can affect day-to-day life?)	
	(How much of your own cultural practices do you observe?) (How do friends and family feel about this?)	

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1.6	Activity 6	Daily Evaluation Form and Closure	11h45
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Activity Objective

Completion of daily evaluation form.

Duration:





10 Minutes.

Materials

Daily evaluation forms.

Directions

Instructions to trainer	Speech Guidance	PowerPoint Display
Hand out the daily evaluation form.		<div data-bbox="1422 659 1756 694"> <p>Daily Evaluation Form</p> <p>Session 1 Activity 6</p> </div>  <div data-bbox="1688 954 1933 1002"> <p>Next Session: Culture and Mental Illness</p> </div> 
Introduce and describe the daily evaluation form.	<p>We are now passing out the daily evaluation form.</p> <p>The purpose of this very short form is to help us get a sense of how you experienced the day's training.</p> <p>Please complete it as fully as you can and remember to write your trainee number at the top of the form.</p> <p>There is no right or wrong answer. We are interested in knowing what you think.</p>	
Ask participants to complete the daily evaluation form.		



<p>Closure and preamble to next session.</p>	<p>Thanks everyone for your participation. I look forward to seeing you for our next session, in which we will discuss how culture impacts on mental illness.</p>	
<p>Collect daily evaluation forms and file.</p>		

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Session 2

Culture and mental illness

Session objectives:


Broad discussion of mental illness.

Gaining an understanding of the level of mental health knowledge amongst the trainees.

Exploration of impact of cultural beliefs on presentation of symptoms in mental illness and where people go for medical assistance.


Session duration: 3 hours

Session directions	
<p>Introduce session.</p>	<p>In the first session we discussed culture and what it means to us.</p> <p>Today we will be discussing how culture relates to mental illness.</p>



Mental Health Training for Community Health Workers

Session 2: Culture and Mental Illness





2.1 Activity 1 What Does Mental Illness Look Like? (Video) 09h00

Activity Objective

Introduction and discussion of the concept of mental illness.

Duration:

40 Minutes.

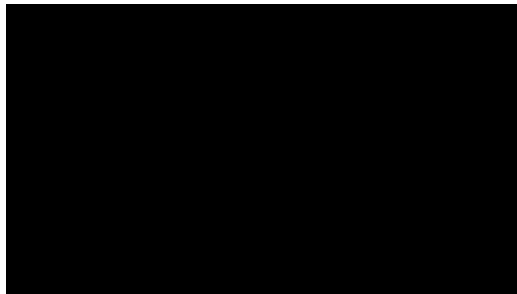

Materials

Flip chart.
Voice recorder where necessary, if trainees consent to recording.
Video on PowerPoint with MP4 backup.

Directions

Instructions to trainer	Speech Guidance	PowerPoint Display
<p><u>If video available proceed to next block below and do not ask these questions.</u></p>	<p>30-40 min discussion Has anyone here ever come across a mentally ill person?</p>	



<p>If video not available: Ask these questions, skip the next block and proceed to Activity 2</p>	<p>Was this at home?</p> <p>Was it in the community?</p> <p>Was it during your work?</p> <p>Please tell us what you saw and how it made you feel.</p> <p>(Encourage contributions)</p>	
<p>If video available: Introduce video playback session.</p>	<p>We will now watch a brief video and have a discussion about it.</p>	<p>What does Mental Illness Look Like?</p> <p><small>Session 2 Activity 1 (Video)</small></p>  
<p>Switch on and play video.</p>		



<p>Discuss Video.</p>	<p>What do you think about what you have seen in this video?</p> <p>(What are your views of the patient’s experience?)</p> <p>(Have any of you come across someone with a similar experience in your work or home?)</p> <p>(What do you think about the family’s experience and how they have responded?)</p> <p>(How would you respond or how have you seen others respond to similar situations?)</p>	
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2.2	Activity 2	What is Mental Illness?	09h40
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Activity Objective

Definition of mental illness, contextualized to the community health workers' own experience.

Duration:

40 Minutes.

Materials

Flipchart and marker.
PowerPoint.

Directions

Instructions to trainer	Speech Guidance	PowerPoint Display
<p>Present</p> <p>A definition of Mental illness.</p>	<p>Many people experience mental difficulties.</p> <p>When the symptoms begin to make life very difficult, there is a chance the person may have mental illness.</p> <hr/> <p>There are many different types of mental illness. Mental illness may affect</p>	<p>The PowerPoint slide is titled "What is Mental Illness?" and is labeled "Session 2 Activity 2". It features a collage of four images representing the five senses: an ear, an eye, a tongue sticking out, and a nose. Below the images is the text "Five Senses". To the right is a circular diagram illustrating the cycle: "Thoughts create feelings" (top), "Feelings create behaviors" (right), and "Behaviors reinforce thoughts" (left). Arrows connect these three nodes in a clockwise cycle. The SAMRC logo is in the bottom right corner.</p>



	<ul style="list-style-type: none"> • The way a person feels, • The way a person thinks • The way a person behaves. • A person’s ability to work and • The way they live with other people. 	
<p>Incorporate discussion about personal experiences with mental illness.</p>	<p>Thinking about (the video we have just watched and) what we have just discussed,</p>	
<p>Notes on flipchart as features and impact are described.</p>	<p>...can you think of a client that you have seen where you have identified that this was happening? (May revisit examples from Activity 2.1)</p> <p>(Can you describe to us what you saw?)</p> <p>(Did you feel comfortable in that situation? Why/why not?)</p> <p>Do you feel comfortable helping people with mental illness as part of your care worker duties at the</p>	



	moment?	
	In your view how does mental illness affect a person's daily life?	

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2.3	Activity 3	Tea Break	10h20
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Activity Objective

Tea break.

Duration:


30 Minutes.

Materials

Tea, coffee, finger food.

Directions



Instructions to trainer	Speech Guidance	PowerPoint Display
<p>Introduce</p> <p>Tea break and</p> <p>Next activity.</p>	<p>We will now take a tea break. Please find the tea and coffee provided in the tearoom.</p> <p>When we return in half an hour we will discuss culture and mental illness.</p>	

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2.4	Activity 4	Culture and mental illness	10h50
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Activity Objective

Discussion of some known cultural idioms and exploration of their relationship to mental illness.

Duration:

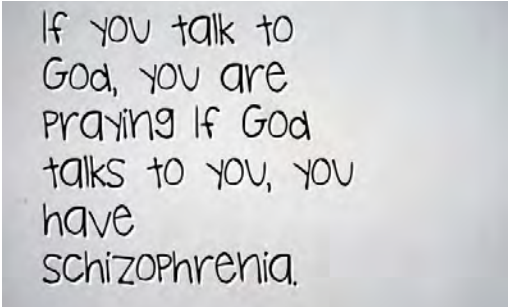

50 Minutes.

Materials

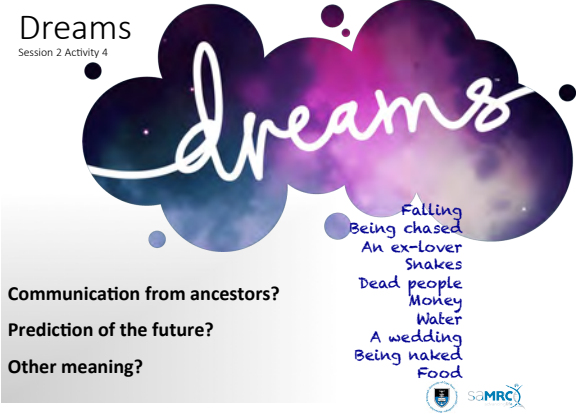


Flip chart and marker.
PowerPoint.





Directions

Instructions to trainer	Speech Guidance	PowerPoint Display
Introduce Discussion of Cultural idioms.	Sometimes there are behaviors or events that are described in a particular way depending on which culture a person belongs to. We will now discuss a few of these.	<p>Culture and Mental Illness</p> <p><small>Session 2 Activity 4</small></p>  
Allow discussion and interaction during this activity	Please feel free to comment and ask questions as we discuss.	
For each below, present the information and encourage questions and discussion within the group.		



<p>Present</p> <p>Discussion of Dreams.</p>	<p>We all dream. Some people don't pay much attention to their dreams. Some believe that dreams can have a deeper meaning.</p> <p>Some cultures believe that dreams are a communication from the ancestors, while others view them as a warning or prediction of the future.</p> <p>Some commonly mentioned dreams are</p> <ul style="list-style-type: none"> • Falling • Being chased • An ex-lover • Snakes • Dead people • Money • Water • A wedding • Being naked • Food <p>What do these types of dreams mean to you?</p>	 <p>The poster features the word 'dreams' in a white cursive font inside a purple and blue nebula cloud. Below it, there are three categories of dream meanings with a list of items: 'Communication from ancestors?' (Dead people, Money, Water), 'Prediction of the future?' (A wedding, Being naked), and 'Other meaning?' (Food). The SAMRC logo is at the bottom right.</p>
<p>Present</p>		










<p>Discussion on</p> <p>Ukuphaphazela.</p>	<p>Ukuphaphazela is seen mainly in children. People with this may be nervous and restless at night. They may also see things, which are not seen by others; and run away from home.</p> <p>Some believe that seeing evil spirits and witches who want the child dead frightens the child.</p>	<p>Ukuphaphazela Session 2 Activity 4</p>  <p>Seen in Children</p> <p>Nervous and restless</p> <p>Visions</p> <p>Run away from home</p> <p>Evil spirits wanting to kill the child?</p> 
<p>Discuss</p> <p>Ukuphambana.</p>	<p>In the Xhosa and Zulu traditions, ukuphambana refers to madness.</p> <p>The person may be aggressive and restlessness, see or hear things not seen or heard by others, have an unstable mood, problems with sleep and speak in ways that do not make sense. The person may also not be eating and have other strange behavior.</p>	<p>Ukuphambana Session 2 Activity 4</p>  <p>"Madness"</p> <p>Aggressive</p> <p>Restless</p> <p>Visions and voices</p> <p>Unstable mood</p> <p>Speak nonsense and strange behaviour</p> <p>Problems sleeping and change in eating patterns</p> 
<p>Discuss</p> <p>Amafufunyana.</p>	<p>Amafufunyana is common among the Xhosa and Zulu people.</p>	



	<p>It is believed to be caused by evil spirits taking over the body.</p> <p>It is usually contracted when soil and ants from graves are mixed together and then eaten or when the victim is contaminated by a 'track' laid down with this mixture. (ibekelo/umeqo).</p> <p>Presents slowly with lack of interest, not wanting to be with other people, and loss of appetite.</p> <p>It can often begin with grunting. The person then falls down and the spirits speak in one or more foreign languages.</p> <p>The sufferer gets confused and usually does not remember the event.</p>	<h3>Amafufunyana</h3> <p>Session 2 Activity 4</p>  <p>Evil spirits taking over the body.</p> <p>Soil and ants from graves mixed together and eaten or</p> <p>The victim is contaminated by a 'track' laid down with this mixture. (ibekelo/umeqo)</p> <p>Lack of interest, Not wanting to be with other people Loss of appetite.</p> <p>Begins with grunting. The person then falls down and Spirits speak in one or more foreign languages.</p> <p>The sufferer gets confused and usually does not remember the event.</p> 
<p>Discuss</p> <p>Ukuthwasa.</p>	<p>Ukuthwasa represents a calling by the ancestors to become a healer and occurs mainly among females.</p>	



	<p>The person experiences clear dreams, cries a lot, often does not want to be with other people, and may appear nervous or anxious.</p>	<h3>Ukuthwasa</h3> <p>Session 2 Activity 4</p>  <p>A calling by the ancestors to become a healer Commonly occurs in females.</p> <p>Clear dreams, Crying Keeping to self May appear nervous or anxious.</p> 
<p>Prompt for any additional suggestions from the group.</p>	<p>Are there any other cultural beliefs and practices that anyone would like to suggest that may relate to mental illness?</p>	<h3>Cultural idioms</h3> <p>Session 2 Activity 4</p> <p>Dreams</p>  <p>Ukuphazela</p>  <p>Ukuphambana</p>  <p>Ukuthwasa</p>  <p>Amafufunyana</p> 

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2.5	Activity 5	Daily Evaluation Form	11h45
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Activity Objective

Completion of daily evaluation form.

Duration:

10 Minutes



Materials

Copies of the daily evaluation forms

Directions

Instructions to trainer	Speech Guidance	PowerPoint Display
Hand out the daily evaluation form		
Introduce and describe the daily evaluation form.	<p>We are now passing out the daily evaluation form.</p> <p>The purpose of this very short form is to help us get a sense of how you experienced the day's training.</p> <p>Please complete it as fully as you can and remember to write your trainee number at the top of the form.</p>	
Ask participants to complete the daily evaluation form.		



	<p>There is no right or wrong answer. We are interested in knowing what you think.</p>	<p>Daily Evaluation Form Session 2 Activity 5</p>  <p>Next Session: Mood and Anxiety Disorders</p> 
<p>Closure and preamble to next session.</p>	<p>Thanks everyone for your participation. I look forward to seeing you for our next session, in which we will be discussing some specific types of mental illness.</p>	
<p>Collect daily evaluation forms and file.</p>		

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Session 3

Mood and Anxiety Disorders


Session objectives:

Discussion of mood and anxiety disorders.

Session duration: 3 hours


Session directions

<p>Introduce session.</p>	<p>Today we will talk about some of the types of mental illnesses you may come across in your work.</p> <p>We hope to give you enough information to help you pick up whether an individual has a mood disorder, anxiety disorder or psychotic disorder.</p>
<p>Encourage reflection and participation.</p>	<p>In a previous training we found that some of the trainees had some personal experience with some of</p>



Mental Health Training for Community Health Workers

Session 3: Mood and Anxiety Disorders





	<p>the things we will be discussing in this session.</p> <p>If anything we discuss today refers to you in any way we are happy to discuss in more detail so please feel free to share if you wish.</p>	
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3.1	Activity 1	Mood Disorders: Depression	09h00
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Activity Objective

Introduction to depression.

Duration:

45 Minutes



Materials

PowerPoint.
Flip chart and marker.

Directions

Instructions to trainer	Speech Guidance	PowerPoint display



<p>Introduce discussion on</p> <p>Mood disorders.</p>	<p>Many of us can experience moments of sadness, irritability or happiness from time to time.</p> <p>Mood disorders are more severe versions of these and are due to a chemical imbalance in the brain.</p> <p>They affect the way a person performs at home and at work.</p> <p>Sometimes stress can cause a mood disorder to start or make it worse.</p> <p>Stress is the body's way to prepare us to either fight or escape in a situation.</p> <p>It can often make us work better to solve whatever difficult situation we are in, but when it is too much and we cannot cope with it, it can cause us to develop mood or anxiety disorders.</p> <p>It can also affect our ability to think clearly.</p> <p>The most common mood disorders are depression and bipolar mood disorder.</p>	<p>Mood disorders</p> <p>Session 3 Activity 1</p>  
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	<p>We will discuss two case studies to help us understand these.</p>	
<p>Introduce first case study.</p>	<p>Here is the first case study.</p> <p>We will discuss as we go, so feel free to raise any comments or points you may pick up or find interesting.</p>	<div data-bbox="1422 443 1503 475"> <p>Janet</p> </div> <div data-bbox="1422 475 1579 491"> <p>Session 3 Activity 1 (Case Study 1)</p> </div> <div data-bbox="1444 512 1724 798"> <p>28 year old married nurse Feelings of worthlessness and shame. Has been tired and lazy. Finding it difficult to concentrate. Has been short tempered. Keeping to herself. Not doing well at work. Calling in sick a lot. Sits at home and just watches TV. Not sleeping well. Crying a lot. Has been feeling hopeless and wishing she was dead.</p> </div> <div data-bbox="1727 432 1935 799"> </div> <div data-bbox="1809 802 1906 834"> </div>
<p>Present case study illustrating Depression.</p>	<p>Janet is a 28 year-old married female.</p> <p>She achieved excellent marks at school as well as at nursing college and now has a very busy and stressful job as a senior nurse at Groote Schuur Hospital.</p> <p>She has always performed very well at work.</p> <p>She has very high standards and can be very hard on</p>	



	<p>herself when she fails to meet them.</p> <p>Lately, she has been feeling worthless and ashamed as she has been unable to perform as well as she always has in the past.</p> <p>For the past few weeks Janet has been feeling unusually tired and lazy and has found it very hard to concentrate at work.</p> <p>Others she works with have noticed that she is often irritable and withdrawn (keeping to herself).</p> <p>She is normally happy and friendly.</p> <p>She has called in sick quite a lot, which is very unlike her.</p> <p>On those days she stays in bed all day, watching TV or sleeping.</p> <p>At home, Janet's husband has also noticed that she is</p>	
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<p>not the same.</p> <p>She's shown little interest in sex and has struggled to fall asleep at night.</p> <p>Her tossing and turning has been keeping him awake as it goes on for an hour or two after they go to bed.</p> <p>He's overheard her crying in the bathroom when she doesn't know he can hear her and this has him worried.</p> <p>When he asks her if everything is ok she responds that everything's fine.</p> <p>Janet has become so unhappy with her life that she has had thoughts of wishing she were dead.</p> <p>She feels hopeless about her future now and doesn't feel she deserves any good things.</p>	



<p>Allow personal anecdotes, reflection and elicit input suggesting symptoms from the trainees, tie this in with the summary in next block.</p>		
<p>Summarize the features of the case above making sure to cover these features of depression.</p>	<p>A person with depression may:</p> <ul style="list-style-type: none"> • Have a low mood for most of the day almost every day. • Lose interest in doing things they would normally have enjoyed, • Have low energy and find they get tired easily. • Have difficulty concentrating or making decisions • Not like him- or herself (Low self-esteem). • Feel very guilty for things that shouldn't feel guilty about. • Feel hopeless about their future. • Have thoughts of harming or killing themselves. • Have difficulty sleeping; they may sleep too little or too much. • Not want to eat or eat too much. 	<p>The infographic illustrates various symptoms of depression. At the top, it says 'Depression' with a sad face icon. Below this, several images and text labels represent different symptoms: 'Sad' (sad face), 'Low energy' (person slumped at a desk), 'Negative thoughts' (person in shadow), 'Loss of interest' (person looking away), 'Suicidal thoughts' (bleeding tree), 'Difficulty concentrating' (person at desk with hand on head), 'Hopelessness' (word 'Hopeless' on a blackboard), 'Sleep problems' (person in bed with birds flying), 'Feelings of guilt' (word 'guilt' in large letters), 'Keeping to him or herself' (person sitting alone), and 'Loss of appetite' (plate of food).</p>



	<p>These symptoms make it difficult to work or do well at school.</p> <p>The person also finds it hard to be around friends and family and may not want to do the things he or she usually enjoys, with other people.</p>	
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3.2 Activity 2 Mood Disorders: Bipolar Mood Disorder 09h45

Activity Objective

Introduction to bipolar mood disorder.

Duration:

45 Minutes.

Materials

PowerPoint.
Flip chart and marker.

Directions



Instructions to trainer	Speech Guidance	PowerPoint Display
<p>Introduce second case study.</p>	<p>Now we will take a look at the second case study.</p> <p>We will discuss as we go, so feel free to raise any comments of points you may pick up or find interesting.</p>	<div data-bbox="1429 469 1541 497"> <h3>Jeandre</h3> </div> <div data-bbox="1429 501 1581 515"> <p>Session 3 Activity 2 (Case Study 2)</p> </div> <div data-bbox="1429 539 1666 799"> <ul style="list-style-type: none"> 17 years old in high school. Difficulty falling asleep. Thoughts going very fast. Short tempered and talkative. Used to be very sad and used to keep to himself a lot at that time in the past. Has made claims of being famous and feared. Claimed he had amazing new ideas to save the poor. Used a lot of dagga. Had been arrested for bad behaviour while high </div> <div data-bbox="1671 451 1933 813"> </div> <div data-bbox="1812 818 1906 850"> </div>
<p>Present case study illustrating</p> <p>Bipolar mood disorder.</p>	<p>High school was a difficult time for 17-year-old Jeandre, with increasing schoolwork pressure and new friends to try and fit in with.</p> <p>He began to have trouble falling asleep and would report just lying in bed wide-awake, unable to fall asleep for hours at a time.</p> <p>When he did eventually fall asleep, he would have trouble waking up in the morning to be ready for</p>	



	<p>school on time.</p> <p>He reported that he felt like his thoughts were going very fast and he couldn't keep up with them.</p> <p>He was quite irritable and talks a lot most of the time.</p> <p>There had even been a time when he had been very sad and kept to himself the year before and his family had been worried he may try to harm himself.</p> <p>Jeandre had claimed to be the well-known leader of the biggest and most feared gang in the area.</p> <p>He often told of his "genius ideas" about solving unemployment and making all the poor people in the country rich.</p> <p>His family suspected he had started using more dagga, which they had previously asked him to cut down.</p> <p>His use of dagga and the kind of friends he kept in the</p>	
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	<p>neighborhood had caused problems between him and his parents.</p> <p>He had already been held by the police once before for bad behavior with his friends due to drug use.</p>	
<p>Allow personal anecdotes, reflection and elicit input suggesting symptoms from the trainees, tie this in with the summary in next block.</p>		
<p>Summarize the features of the case above making sure to cover these features bipolar mood disorder.</p>	<p>People with bipolar mood disorder are people who have had one or more manic episodes.</p> <p>There may also be a history of depression.</p> <p>If someone is having a manic episode, they may</p> <ul style="list-style-type: none"> Feel unusually happy or extremely irritable for no 	



<p>reason.</p> <ul style="list-style-type: none"> • Be hyperactive and be very talkative. • Find it difficult to focus and feel like their thoughts are going very fast. • Find that they have so much energy that they don't need much sleep at all. • Feel more important than they really are and may believe they are very wealthy, famous or powerful. • Take part in risky or dangerous behavior. This may include unsafe sexual practices. • Find that they are unable to work, study or maintain relationships. • Need to be hospitalized. 	
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3.3	Activity 3	Tea Break	10h30
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Activity Objective

Tea break.

Duration:




30 Minutes.

Materials

Tea, coffee, finger food.

Directions

Instructions to trainer	Speech Guidance	PowerPoint Display
<p>Introduce</p> <p>Tea break and</p> <p>Next activity.</p>	<p>We will now take a tea break. Please find the tea and coffee provided in the tearoom.</p> <p>When we return in half an hour we will discuss Anxiety Disorders.</p>	

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3.4	Activity 4	Anxiety disorders	11h00
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Activity Objective

Introduction to anxiety disorders.



Duration:

40 Minutes.

Materials

PowerPoint.
Flip chart and marker.

Directions

Instructions to trainer	Speech Guidance	PowerPoint Display
<p>Introduce the activity.</p>	<p>We all experience some anxiety from time to time.</p> <p>It may be brought on by a stressful situation at work, such as having a frightening boss; or at school, such as before a test; in your home; or in everyday life when faced with challenging decisions.</p>	<p>Anxiety Disorders</p> <p>Session 3 Activity 4</p>  



<p>Introduce third case study.</p>	<p>We will consider another case to discuss as we have done previously, so feel free to raise any comments of points you may pick up or find interesting.</p>	<div data-bbox="1400 295 1590 335"> <h3>Emmanuel</h3> </div> <div data-bbox="1400 335 1523 351"> <p>Session 3 Activity 4</p> </div> <div data-bbox="1411 359 1713 694"> <p>..is 45 Years old and works for the city of Cape Town. Used to deliver newspapers then was a driver for the City. Worried a lot since childhood. Worried about money, health, schoolwork, appearance, and his friends. He would feel tense with a knotted stomach and sweat. The driving job reduced his worrying. Made new friends. Got a promotion to a management position. All the worries started again. Worried about not being good at his job, about getting fired, about getting sick. Would get tummy upset, neck and shoulder pain and headaches.</p> </div> <div data-bbox="1713 303 2004 694"> </div> <div data-bbox="1836 702 1960 742"> </div>
<p>Present case study illustrating</p> <p>Anxiety disorders.</p>	<p>Emmanuel is a 45 years old man.</p> <p>He had previously worked as a casual newspaper delivery van driver, but until recently had been working as a driver for the City of Cape Town.</p> <p>He had always worried a lot, ever since he was a boy.</p> <p>He would worry about his family; and his mom and dad because they used to fight so much.</p> <p>He worried about whether they would have enough money for food every month.</p> <p>He worried about his health – every time he had an ache or pain he was sure he was going to die.</p>	



	<p>He worried about schoolwork, how he looked, and friends. He worried about everything.</p> <p>And when he worried he would get tense, his stomach would feel knotted, and sometimes he would even break out in a sweat.</p> <p>The driving job with the City was good for him.</p> <p>He found that he had started to worry less – maybe because he had full benefits, including medical aid, and his work plan was always given to him fully laid out a week in advance.</p> <p>He made new friends at work and performed well, so his confidence lifted.</p> <p>He still got worried and anxious at times, but never as bad as before.</p> <p>Last year he decided to try and take on more</p>	
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	<p>responsibility and applied for the supervisor position.</p> <p>He couldn't believe his luck when he got the job.</p> <p>But as he had to start making decisions and manage the staff and roster, the worries came back as bad as they ever were.</p> <p>What if he was actually just messing up all the time?</p> <p>What if he was actually no good at this job after all?</p> <p>What if he gets fired and can't support the wife and kids?</p> <p>What if he gets sick? What if he runs out of money?</p> <p>It got to the point where he felt physically sick most of the time: tummy upsets like a runny tummy, pains in his neck and shoulders, and headaches.</p>	



<p>Allow personal anecdotes, reflection and elicit input suggesting symptoms from the trainees, tie this in with the summary in next block.</p>		
<p>Provide definition of anxiety disorders and summarize the features of the case above making sure to cover these features.</p>	<p>As we've seen in Emmanuel's case, anxiety disorders are a more severe and last longer than "normal" anxiety.</p> <p>The anxiety here does not simply go away and may make the individual's daily life very difficult.</p>	<div data-bbox="1377 566 2016 1037"> <h3>Anxiety Disorders</h3> <p>Session 3 Activity 4</p> </div>
<p>Someone with an anxiety disorder may:</p> <ul style="list-style-type: none"> • Worry too much • Have trouble sleeping • Be too afraid of a lot of things a lot of the time • Have muscle tension • Have stomach problems like indigestion 		



	<ul style="list-style-type: none"> • Be very self-conscious • Be afraid to be in front of other people • Panic, which we will discuss in a moment • Experience flashbacks of traumatic experiences • Have a lot of self-doubt • Be a perfectionist • Do some things over and over again without being able to stop. 	
	<p>Some of the things that make it more likely that someone will develop an anxiety disorder are</p> <ul style="list-style-type: none"> • Being female • Being shy or keeping to yourself as a child, • Having financial difficulties, • Being widowed or divorced, • Experiencing a stressful life event, • A family history of anxiety disorders 	<h3>Anxiety Disorders: Who is at Risk?</h3> <p>Session 3 Activity 4</p> <p>The infographic illustrates various risk factors for anxiety disorders. It includes a silhouette of a female labeled 'Female', a photo of a shy child labeled 'Shy', a photo of a fire labeled 'Traumatic life event', a cartoon of a man holding a bill labeled 'Financial stress', a broken red heart labeled 'Divorce or death of spouse', and a photo of a family labeled 'Family history'. The SAMRC logo is at the bottom right.</p>
Describe		



<p>Panic attack.</p>	<p>There are a few different types of anxiety disorders.</p> <p>Something that can happen in many different types of anxiety disorders is a panic attack.</p> <p>A panic attack may not necessarily be happening while you are with the patient.</p> <p>It may have happened in the past.</p> <p>The patient may remember it and be able to describe it well.</p> <p>A panic attack may consist of a combination of the following features, which can happen suddenly and last from about 10 minutes to an hour.</p> <ul style="list-style-type: none"> • A fast heavy pounding heartbeat. • Sweating a lot. • Trembling or shaking. • Shortness of breath or struggling to catch a breath. 	<p>Panic Attack Session 3 Activity 4</p> <p>Heavy pounding heartbeat</p> <p>Choking</p> <p>Chest pain</p> <p>Abdominal discomfort</p> <p>Flushing or chills</p> <p>Numbness or tingling</p> <p>Shaking</p> <p>Sweating</p> <p>Intense fear</p> <p>Dizziness</p> <p>Feeling light-headed or faint</p> <p>Feeling like life is not real</p> <p> saMRC advancing life</p>
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	<ul style="list-style-type: none"> • Feelings of choking. • Chest pain or discomfort. • Nausea or abdominal discomfort. • Feeling dizzy, wobbly on your feet, light-headed, or faint. • Feeling chills or heat waves in the body. • Numbness or tingling in the body. • Feeling like life isn't real and (Derealization) or feeling like you are separated from oneself (Depersonalization). • Fear of losing control or "going crazy." • Fear of dying. 	
Some common types of anxiety disorders.	See Appendix A	

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3.5	Activity 5	Daily Evaluation Form and Closure	11h45
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Activity Objective

Completion of daily evaluation form.



Duration:

10 Minutes

Materials

Copies of the daily evaluation forms.

Directions

Instructions to trainer	Speech Guidance	PowerPoint Display
Hand out the daily evaluation form.		<div data-bbox="1400 893 1758 949"> <p>Daily Evaluation Form</p> <p>Session 3 Activity 5</p> </div>  <div data-bbox="1467 1220 1960 1324"> <p>Next Session: Psychotic Disorders, Older People, Intellectual Disability, Suicide, Aggression</p>  </div>
Introduce and describe the daily evaluation form.	<p>We are now passing out the daily evaluation form.</p> <p>The purpose of this very short form is to help us get a sense of how you experienced the day's training.</p> <p>Please complete it as fully as you can and remember</p>	
Ask participants to complete the daily evaluation form.		



	<p>to write your trainee number at the top of the form.</p> <p>There is no right or wrong answer. We are interested in knowing what you think.</p>	
<p>Thanks and closure</p>	<p>Thanks everyone for your participation.</p> <p>I look forward to seeing you for our next session, in which we will discuss substance use disorders.</p>	
<p>Collect daily evaluation forms and file.</p>		

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Session 4



Psychotic Disorders, Older People, Suicide, Aggression, Intellectual Disabilities

Session objectives:

Discussion of psychotic disorders issues affecting older people; suicide; aggression and issues affected people with intellectual disabilities.

Session duration: 3 hours

Session directions

<p>Introduce session.</p>	<p>We have discussed mood and anxiety disorders.</p> <p>Today we will discuss a few topics. We will discuss</p> <ul style="list-style-type: none"> psychotic disorders; issues affecting older people; suicide; aggression and issues affected people with intellectual disabilities. 	 <p>Mental Health Training for Community Health Workers</p> <p>Session 4: Psychotic Disorders, Older People, Suicide, Aggression and Intellectual Disability</p> 
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4.1	Activity 1	Psychotic disorders	09h00
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Activity Objective

Introduction and discussion of psychotic disorders.

Duration:

40 Minutes



Materials

PowerPoint.
Flip chart and marker.

Directions

Instructions to trainer	Speech Guidance	PowerPoint Display
Introduce the activity on psychotic disorders.	We will begin by discussing psychotic disorders.	
Explore the group's familiarity with psychosis.	Have you ever heard of psychosis? Has anyone come across anyone with psychosis?	



	<p><i>If someone says yes:</i></p> <p>Can you tell us more about that? How did the person behave?</p>	<p>Psychotic Disorders Session 4 Activity 1</p>  
	<p><i>If the group say no....</i></p> <p>Have you ever seen someone acting out, smashing windows, talking to him or herself or not making sense?</p>	
	<p><i>If someone raises substance use</i></p> <p>Yes, it can be related to substance use. We will talk about that in more detail in the next session.</p>	
<p>Introduce final case</p>		



<p>study.</p>	<p>This case will help us to understand how psychosis can present. Take a listen and we can discuss as we go along.</p>	<div data-bbox="1442 236 1568 271"> <h3>Melissa</h3> </div> <div data-bbox="1442 271 1545 287"> <p>Session 4 Activity 1</p> </div> <div data-bbox="1590 311 1713 327"> <p>...is 21 years old.</p> </div> <div data-bbox="1523 331 1713 351"> <p>Works as a teller at Woolies.</p> </div> <div data-bbox="1442 355 1713 375"> <p>Behaviour getting more and more bizarre.</p> </div> <div data-bbox="1512 379 1713 399"> <p>Whispering to unseen people.</p> </div> <div data-bbox="1456 403 1713 438"> <p>Believes evil spirits will enter her brain through her phone and control her.</p> </div> <div data-bbox="1545 443 1713 462"> <p>Refuses to see a doctor.</p> </div> <div data-bbox="1456 467 1713 502"> <p>Believes parents want her killed so they can steal her brain.</p> </div> <div data-bbox="1523 507 1713 526"> <p>Has stopped going to work.</p> </div> <div data-bbox="1545 531 1713 550"> <p>Keeps to herself mostly.</p> </div> <div data-bbox="1534 555 1713 574"> <p>Aunt has a mental illness.</p> </div> <div data-bbox="1702 239 1993 582"> </div> <div data-bbox="1836 590 1948 630"> </div>
<p>Present case study illustrating</p> <p>Psychotic disorders.</p>	<p>Melissa is a 21 year-old teller at Woolworths.</p> <p>Over the past few weeks her family and friends have noticed increasingly bizarre behavior.</p> <p>A few times they've overheard her whispering as if frightened, even though there is no one nearby.</p> <p>Lately, she has refused to answer or make phone calls on her cell phone, claiming that if she did, evil spirits would come through the phone into her head and control her.</p> <p>Her parents have tried to get her to go with them to a doctor for an assessment, but she refuses.</p> <p>She has accused them on several occasions of conspiring with the evil spirits to have her killed so they can remove her brain and put it inside one of their own.</p>	



	<p>She has stopped going to work altogether.</p> <p>If she doesn't return to work soon she will likely lose her job.</p> <p>Although Mellissa occasionally visits one or two of her old high school friends she generally does not trust people and keeps to herself.</p> <p>She does not drink alcohol or use drugs.</p> <p>Her father's sister has been in and out of psychiatric hospitals over the years due to unpredictable and strange behavior.</p>	
<p>Allow personal anecdotes, reflection and elicit input suggesting symptoms from the trainees, tie this in with the summary in next block.</p>		



<p>Define psychosis.</p>	<p>So what is psychosis?</p> <p>Someone with psychosis may:</p> <ul style="list-style-type: none"> • Have delusions or hallucinations or both <ul style="list-style-type: none"> ○ Someone with a delusion holds on to something they believe even though it's not true or doesn't exist. ○ A hallucination is where a person sees, hears, feels, or smells something that does not exist. • Speak or behave in way that does not make sense. • Keep to themselves a lot, or • Be unable to sit still (restless/agitated) • Display poor self-care and not do things they are expected to do at work, school, and home or with friends. 	
<p>Present a brief note on presentations of psychosis.</p>	<p>You may find that people talk mostly about schizophrenia when someone has psychosis.</p>	



	<p>We do not yet fully understand what causes some types of psychosis, like schizophrenia.</p> <p>Research has shown that it is likely to run in families.</p> <p>Drugs or a medical illness may sometimes be the cause of psychosis.</p> <p>A person with a severe mood disorder may have features of psychosis.</p>	
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4.2	Activity 2	Older People	09h40
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Activity Objective

Mental illness and related issues in older people.

Activity Duration:

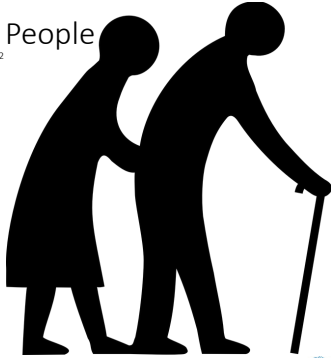

40 Minutes



Materials

PowerPoint.
Flip chart and marker.

Directions

Instructions to trainer	Speech Guidance	PowerPoint Display
<p>Introduce the topic of mental illness in older people.</p>	<p>We will now talk about some of the mental problems that affect older people.</p> <p>What has been your experience with the elderly in your work and in your personal life?</p>	<p>Older People Session 4 Activity 2</p>  
<p>Discuss</p> <p>Confusion.</p> <p>(15 minutes)</p>	<p>Has anyone come across an older person who was confused?</p> <p>Describe what you saw...</p> <p>PROD group for:</p> <p>(Displayed problems focusing)</p>	



	<p>(Speech didn't make sense)</p> <p>(Forgetful)</p> <p>(Zoning out)</p> <p>(Sleep problems)</p> <p>(Scared and fearful)</p> <p>(Short temper)</p> <p>(Keeping to him or herself)</p>	
	<p>So, to summarize, confusion can cause the following things:</p> <ul style="list-style-type: none"> • The person may be distracted and struggle to focus or pay attention to a conversation; or to something he or she is busy doing. • The person may speak in a way that doesn't make sense. • While confused the person may forget things. • The person may have problems with their sleep. • The person may be very nervous and scared or have a very short temper and get angry easily. • The person may also appear to have no interest in 	<p>The infographic 'Confusion' illustrates various symptoms of confusion. It includes icons for 'Confusion' (Session 4 Activity 2), 'Keeping to him or herself' (a person on a bench), 'Forgetfulness' (a person with a thought bubble), 'Scared and fearful' (a person with a wide-eyed expression), 'Sleep problems' (a person in bed), 'Short temper' (an angry face), 'Distracted, unable to focus' (a person looking away), and 'Speech that does not make sense' (a person speaking with nonsensical words). The SAMRC logo is also present.</p>





	doing anything or being around other people.	
Discuss	<p>We all get forgetful every now and then.</p> <p>Has anyone ever noticed that older people can be more forgetful sometimes?</p> <p>Can you share some examples?</p> <p>What have you seen?</p>	
<p>Loss of memory.</p> <p style="background-color: orange;">(15 minutes)</p> <p style="background-color: orange;">(09h55)</p>	<p style="background-color: orange;">PROD group for:</p> <p>(Problems remembering information)</p> <p>(Problems with learning new things)</p> <p>(Problems remembering what things are called or what they are used for)</p> <p>(Not being able to remember how to do things)</p> <p>(Difficulty staying focused and planning)</p> <p>(Seeing things and hearing voices)</p>	
	In summary,	



	<p>Older people with loss of memory</p> <ul style="list-style-type: none"> • May have a problem remembering things. • May struggle to learn new things. • May forget how to do some things. • May forget what things are called or what they are used for. • May find it difficult to count and focus. • May find it difficult to plan their day. • Sometimes may have some of the hallucinations or delusions we have just discussed. • May display strange behaviour, such as wandering away from home. 	<p>Loss of memory </p> <p>Session 4 Activity 2</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%; text-align: center;">  <p>Not being able to remember how to do things</p> </div> <div style="width: 33%; text-align: center;">  <p>Problems remembering information</p> </div> <div style="width: 33%; text-align: center;">  <p>Problems with learning new things</p> </div> <div style="width: 33%; text-align: center;">  <p>Difficulty staying focused and planning</p> </div> <div style="width: 33%; text-align: center;">  <p>Not being able to remember how to do things</p> </div> <div style="width: 33%; text-align: center;">  <p>Seeing things and hearing voices)</p> </div> <div style="width: 33%; text-align: center;">  <p>Wandering away from home</p> </div> </div> <p style="text-align: right;"></p>
<p>A brief note on</p> <p>Dementia</p> <p>Alzheimer's.</p> <p>(5 minutes)</p> <p>(10h10)</p>	<p>Has anyone ever heard of dementia?</p> <p>What do you think it means?</p> <p>Dementia is a mental disorder caused by disease in the brain.</p>	



	<p>It causes changes in personality, memory and ability to reason well.</p> <p>Have you ever heard of Alzheimer's?</p> <p>Alzheimer's is one type of dementia. There are a few others. (Appendix x: Types of dementias)</p> <p>In older people loss of memory is often because of dementia.</p>	<p>Older People </p> <p>Session 4 Activity 2</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="1442 284 1621 459"> <p>Depression due to</p> <ul style="list-style-type: none"> Losing friends Feeling lonely and isolated Memory loss Financial issues Being dependent on others Feeling like they haven't achieved what they wanted to achieve in life. </div> <div data-bbox="1648 217 1877 411"> <p>Suspiciousness</p> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div data-bbox="1626 421 1787 555"> <p>Alzheimers</p> </div> <div data-bbox="1792 421 1904 555"> <p>Sleep Problems</p> </div> </div> <p style="text-align: right;"></p>
<p>Discuss</p> <p>Sleep problems.</p> <p>(7 Minutes) (10h15)</p>	<p>Older people need just as much sleep as young adults.</p> <p>We talked about sleep problems when we spoke about</p> <ul style="list-style-type: none"> Mood disorders; Anxiety; And psychosis. <p>Older people can have all of these disorders and have the same sleep problems.</p> <p>As people get older they tend to have a harder time falling asleep and more trouble staying asleep than when they were younger.</p>	



<p>Discuss:</p> <p>Suspicion and Agitation.</p> <p>(3 minutes) (10h22)</p>	<p>Older people can have some of the psychotic symptoms we spoke about earlier.</p> <p>This can cause them to not trust the people around them. They may become suspicious and restless.</p>	
<p>Discuss:</p> <p>Depression</p> <p>(5-10 minutes) (10h25)</p>	<p>Depression</p> <p>Depression is very common in older people.</p> <p>Can you think of some the reasons why someone might get very depressed later on in their life?</p> <p>PROD group for:</p> <ul style="list-style-type: none"> (General stressors) (Loss of friends) (Isolated) (Memory Loss) (Feeling like haven't achieved) 	



	(Financial issues) (Loss of abilities/freedoms) (Feeling dependent)	

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4.3	Activity 3	Tea Break	10h35
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Activity Objective

Tea break.

Duration:

25 Minutes



Materials

Tea, coffee, finger foods.

Directions

Instructions to trainer	Speech Guidance	PowerPoint Display
Introduce	We will now take a tea break.	



<p>Tea break and Next activity.</p>	<p>Please find the tea and coffee provided in the tearoom.</p> <p>When we return in half an hour we will discuss suicide, aggression and intellectual disability.</p>	 <p>Tea Break Session 4 Activity 3</p> <p></p>
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4.4	Activity 4	Suicide, Aggression, Intellectual Disability	11h00
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Activity Objective

Discussion of suicide and aggression and an approach to these.
Discussion of considerations for intellectual disability.

Duration:



50 Minutes

Materials



PowerPoint.
Flip chart and marker.

Directions

Instructions to trainer	Speech Guidance	PowerPoint Display
Introduce activity.	We will now discuss suicide, aggression and intellectual disability.	
<p>Discuss</p> <p>Suicide.</p> <p>(20 minutes)</p>	<p>What can you tell me about suicide? (NOT “What is suicide” or “What does suicide mean to you?”)</p> <p>(Suicide is when someone does something with the intention of taking his or her own life)</p> <p>PROD FOR PERSONAL OR COMMUNITY EXPERIENCES WITH SUICIDE.</p> <p>What are the some of the reasons people commit suicide?</p>	<p>Suicide</p> <p>Session 4 Activity 4</p>  



	<p>PROD FOR AND SUMMARISE AS:</p> <p>(Hopelessness/Feeling overwhelmed)</p> <p>(Difficult life situations)</p> <p>(Depression)</p> <p>(Anxiety)</p> <p>(Substances)</p> <p>(Voices telling someone to kill him or herself in psychosis)</p> <p>(Physical illness)</p>	<p>A collage of images related to mental health and suicide. It includes a tree icon, a sad face emoji, a person covering their mouth in anxiety, a person in a hospital bed, a person in a car, and a person in a hospital bed. Text labels include: Suicide (Session 4 Activity 4), Depression, Anxiety, Substances, Physical illness, and Voices telling someone to kill him or herself.</p>
<p>Discuss</p> <p>Suicide,</p> <p>Warning signs,</p> <p>What to do.</p>	<p>These are some of the things that should alert you that there is a high risk of suicide.</p> <p>This information can come from the person or a family member or friend in a household you are visiting during your work.</p> <p>The person may:</p> <ol style="list-style-type: none"> 1. Threaten to hurt or kill him or herself 2. Mention they have been looking for ways to kill themselves. 3. Talk or write about death, dying or suicide. 	<p>A flowchart titled 'Suicide Session 4 Activity 4'. It starts with a red box labeled 'Warning signs' containing a list of 9 items: <ol style="list-style-type: none"> Hopeless about life and future A lot of anger, or seeking revenge Taking excessive risks Feeling like there are no solutions for their problems Using more and more alcohol or drugs Isolating him or herself Anxious and restless and having problems sleeping Unstable mood Feeling there is no reason or purpose for living Below this is a green box with two checkmarks: <ul style="list-style-type: none"> When you suspect that someone may be suicidal, contact your coordinator immediately. The coordinator must take steps to arrange for the person to be seen by a psychiatrist for further assessment and treatment. </p>





	<p>If any of these are present and the person has any of the following, urgent action is required:</p> <ul style="list-style-type: none"> a. Hopelessness about life and the future. b. A lot of anger, or seeking revenge. c. Taking excessive risks. d. Feeling like there are no solutions for problems. e. Using more and more alcohol or drugs. f. Isolating him or herself. g. Anxious and restless; having problems sleeping, h. Unstable mood. i. Feeling there is no reason or purpose for living. <p>When you suspect that someone may be suicidal, contact your supervisor immediately.</p> <p>The supervisor must then take steps to arrange for the person to be seen by a psychiatrist for further assessment and treatment.</p>	
<p>Discuss</p>	<p>It is important for you to know what kind of situations</p>	





<p>Aggression. (15 minutes)</p>	<p>may be dangerous for you as community health workers so that you can take steps to protect your patients and yourselves.</p> <p>There is an increased risk of aggression in the following</p> <ul style="list-style-type: none"> • Younger age • Previously known to be aggressive • If the person has previously tried to commit suicide in a violent way. • Childhood abuse and neglect • Psychosis • The use and withdrawal of substances • Intellectual Disability • Brain disease 	<p>Aggression Risk: Session 4 Activity 4</p> <p>Brain disease</p> <p>Younger age</p> <p>The use and withdrawal of substances</p> <p>Previously known to be aggressive</p> <p>Psychosis</p> <p>Intellectual Disability</p> <p>If the person has previously tried to commit suicide violently</p> <p>Childhood abuse and neglect</p> <p>saMRC</p>
<p>Discuss</p> <p>Aggression, What to do. (5 minutes)</p>	<p>For yourself as a community health worker, where you feel unsafe or threatened, it is important to immediately contact your supervisor.</p> <p>In the meantime</p> <ul style="list-style-type: none"> • Stay calm 	



	<ul style="list-style-type: none"> • Speak softly at a normal rate • Do not threaten the person with police or similar • Avoid asking too many questions • Allow space between the person and yourself • Leave the scene, without turning your back, and seek help if danger is imminent. <p>The police may be required to apprehend and bring the person to a hospital for assessment.</p> <p>There is medication, which can be used once they reach the hospital to help calm them down so that the cause of the aggression can be assessed and treated.</p>	<p>Aggression Session 4 Activity 4</p>  <p>What to do</p> <ul style="list-style-type: none"> Stay calm Speak softly at a normal rate Do not threaten the person with police or similar Avoid asking too many questions Allow space between the person and yourself Leave the scene and seek help if there is danger Do not turn your back to the person 
<p>Discuss</p> <p>Intellectual Disability.</p>	<p>People with lower intelligence struggle to adjust to daily life situations.</p>	



<p>(10mins)</p>	<p>Intellectual disability affects</p> <ul style="list-style-type: none"> • Thinking ability, • Speech, • Ability to learn, • Control your body • Ability to act appropriately and • Ability to interact socially with others. <p>People with intellectual disability sometimes also..</p> <ul style="list-style-type: none"> • Have a family history of intellectual disability • Have problems with their vision or hearing • Have epilepsy <p>There is an increased risk of</p> <ul style="list-style-type: none"> • Depression (For the parents as well) • Aggression 	<div style="text-align: center;"> <h2>Intellectual Disability</h2> <p>Session 4 Activity 4</p> </div> <div style="display: flex; justify-content: space-between;"> <div style="background-color: #e6f2ff; padding: 5px;"> <p>Affects</p> <ul style="list-style-type: none"> Thinking ability, Speech, Ability to learn, Control your body Ability to act appropriately and Ability to interact socially with others. </div>  </div> <div style="background-color: #e6f2e6; padding: 5px; margin-top: 10px;"> <p>Often</p> <ul style="list-style-type: none"> Have a family history of intellectual disability Have problems with their vision or hearing Have epilepsy </div> <div style="text-align: right; margin-top: 10px;">  </div>
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4.5 Activity 5 Daily Evaluation Form and Closure 11h50

Activity Objective

Completion of daily evaluation form.

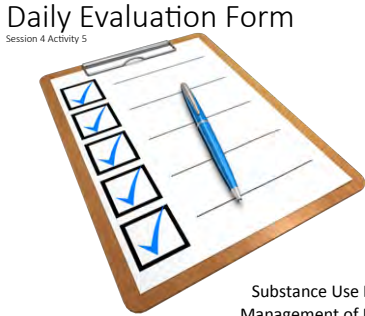

Duration:

10 Minutes.

Materials

Copies of the daily evaluation forms.

Directions

Instructions to trainer	Speech Guidance	PowerPoint Display
Hand out the daily evaluation form		 <p>Daily Evaluation Form Session 4 Activity 5</p> <p>Next Session: Substance Use Disorders and Management of Mental Illness</p> 
Introduce and describe the daily evaluation form	We are now passing out the daily evaluation form.	
Ask participants to complete the daily	The purpose of this very short form is to help us get a sense of how you experienced the day's training.	



<p>evaluation form</p>	<p>Please complete it as fully as you can and remember to write your trainee number at the top of the form.</p> <p>There is no right or wrong answer. We are interested in knowing what you think.</p>	
<p>Thanks and closure</p>	<p>Thanks everyone for your participation.</p> <p>I look forward to seeing you for our next session, in which we will discuss substance use disorders.</p>	
<p>Collect daily evaluation forms and file.</p>		

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Session 5

Substance Use Disorders and Management of Mental Illness

Session objectives:

Introduction to disorders of substance use (abuse and dependence).

Discussion of management approaches for mental illness.

Session duration: 3 hours

Session directions

Introduce session.

Today we will be looking at substance use disorders.

We will also talk about what can be done to help people suffering with mental illness, including substance use problems.



Mental Health Training for Community Health Workers

Session 5: Substance Use Disorders and
Management of Mental Illness



5.1 Activity 1 Substance Use, Abuse and Dependence 09h00



Activity Objective

Discussion of social substance use, substance abuse and substance dependence.
 Discussion of specific commonly used and abused substances.



Duration:

30 Minutes

Materials

PowerPoint.

Directions

Instructions to trainer	Speech Guidance	PowerPoint Display
<p>Get the group's impression of substance use in the communities they live and work in.</p> <p>10 Minutes (09h00)</p>	<p>We will now discuss substances and how their use they affects people.</p> <p>What has your experience been with substances (drug use and abuse)?</p> <p>In your community/family?</p> <p>In your community health work?</p>	<p>Casual Substance Use</p> <p>Session 5 Activity 1</p>  
<p>Engage and discuss, linking to below.</p>		



<p>Introduce</p> <p>Casual Substance Use</p> <p>(May integrate with above).</p>	<p>Drugs are often used casually in our communities.</p> <p>They are used either by individuals or in a group as a way to relax and cope with normal life stress.</p> <p>We will discuss some of the commonly used drugs in a moment.</p> <p>Some of the medications commonly used casually include:</p> <ul style="list-style-type: none"> • Pain killers • Drugs used to reduce anxiety (Benzodiazepines) • Over-counter cough and cold medicines (Codeine) • GHB (gamma hydroxybutyrate) 	<p>Substance Use</p> <p>Session 5 Activity 1</p>  
<p>Lead into</p> <p>Substance Abuse and Dependence.</p>	<p>The casual use of substances may lead to</p> <p>abuse or</p> <p>dependence and</p>	



	<p>...there is always a risk of overdose or serious health complication.</p>	
<p>Introduce</p> <p>Substance abuse.</p> <p>3 Minutes (09h10)</p>	<p>Substance abuse is</p> <p>when the use of the substance causes damage to physical, mental (eg. Psychosis, anxiety, mood disturbances) or emotional health. These effects can occur during intoxication or withdrawal, and sometimes long after.</p> <p>There is also a bad effect on how the person lives in their daily life.</p> <p>The result may include relationship problems, family problems, legal problems or work-related problems.</p>	<p>Abuse and Dependence</p> <p>Session 5 Activity 1</p> <p>Substance Abuse</p> <ul style="list-style-type: none"> Damage to physical, mental or emotional health. Bad effect on person's daily life Relationship/family problems Legal problems Work-related problems. Carries on using in spite of relationship problems <p>Substance dependence</p> <p>All under abuse and...</p> <ul style="list-style-type: none"> Carries on using substances in spite of the health and relationship problem. Uses more of the drug for longer Needs more of the substance to get high than they would have needed before. Withdrawal symptoms Fails to cut down use <p>saMRC</p>
<p>Introduce</p>	<p>Substance dependence is...</p>	



Substance dependence.

5 Minutes (09h13)

when someone carries on using a substance in spite of the problems caused by the use of the substance.

If the person continues to heavily use substances, he or she may end up needing more of the substance to get high than they would have needed before.

Bring up 1st substance withdrawal slide, very briefly.

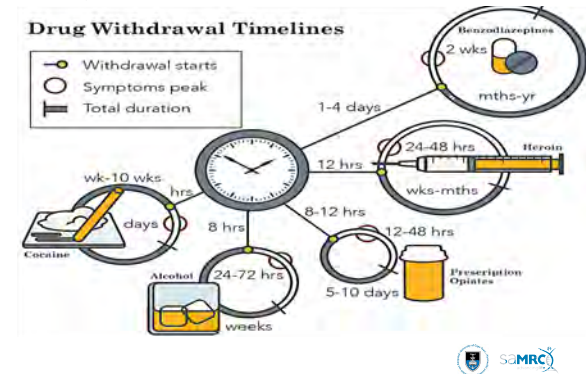
Withdrawal symptoms are the unpleasant physical reaction that may happen when substance use is reduced or stopped. Withdrawal symptoms are different for different drugs.

For example:

1st Substance Withdrawal slide

Substance Withdrawal

Session 5 Activity 1



2nd Substance Withdrawal slide



- Alcohol withdrawal may include shaking with or without fits (seizures) which can last from a few days to a few weeks.
- Benzodiazepines withdrawal can include anxiety with or without fits, sometimes lasting for weeks.
- Cocaine withdrawal can have symptoms of depression and restlessness which can last over a week.

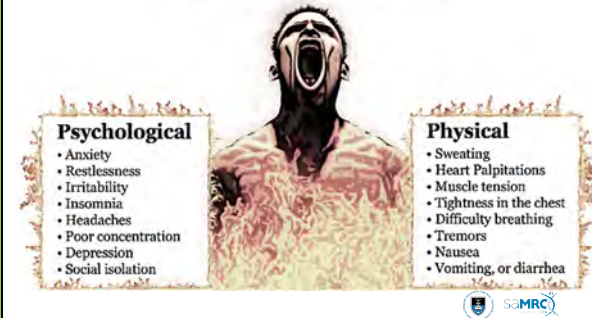
Bring up 2nd substance withdrawal slide, briefly.

Whether withdrawal symptoms happen or not, and the type of symptoms depend on how much of the substance has been used, for how long it has been used, and other things such as family history and other



Substance Withdrawal

Session 5 Activity 1





Withdrawal Symptoms






	medical problems the person may have at the same time.	
Specific substances:		
<p>Mention briefly</p> <p>Tobacco.</p> <p>3 minutes (09h18)</p>	<p>Tobacco comes from the leaves of the tobacco plant.</p> <p>Generally it is found in cigarettes. Cigarettes also contain nicotine, which is addictive.</p> <p>Smoking cigarettes causes relaxation and reduces feelings of hunger.</p> <p>Cigarette smoking can cause heart and lung disease and strokes.</p>	<p>Tobacco Session 5 Activity 1</p>  <p>Cigarettes</p> <p>Nicotine Addictive.</p> <p>Causes relaxation them and reduces feelings of hunger</p> <p>Can cause heart and lung disease and strokes</p> 
<p>Mention briefly</p> <p>Alcohol.</p> <p>3 minutes (09h21)</p>	<p>Alcohol slows down the body's responses.</p> <p>It also reduces anxiety and makes people more confident and less inhibited, so they do things they would normally more easily stop themselves from doing.</p> <p>It makes whatever your current mood is more intense.</p>	





	<p>It can cause high blood pressure, stroke, liver disease and cancers.</p> <p>Accidents that occur as a result of alcohol intoxication also result in other injuries.</p>	<p>Alcohol Session 5 Activity 1</p>  <p>Slows down the body's responses</p> <p>Makes people less inhibited.</p> <p>Can cause high blood pressure, stroke, liver disease and cancers. Can also cause accidents which can result in other injuries</p> 
<p>Mention briefly</p> <p>Cannabis.</p> <p>3 minutes (09h24)</p>	<p>Cannabis comes from cannabis plant.</p> <p>It causes relaxation but can also make people see and hear things that are not really there.</p> <p>Cannabis use can also cause:</p> <ul style="list-style-type: none"> • Anxiety • Paranoia • Poor concentration • Poor memory • Lack of motivation • Lung disease • Mental illness • Problems with the law 	<p>Cannabis Session 5 Activity 1</p>  <p>Relaxation</p> <p>Sometimes hallucinations</p> <p>Can cause Anxiety, Paranoia, Poor concentration, Poor memory, Lack of motivation</p> <p>Also: Lung disease, Mental illness, Legal problems</p> 







<p>Mention briefly</p> <p>Tik/ Methamphetamine</p> <p>3 minutes (09h27)</p>	<p>Tik is also Called Methamphetamine or Crystal Meth. It makes people feel very awake, alert and restless. It can cause people to feel paranoid or confused; and even aggressive. The use of tik can cause brain damage and mental illness. Tik use is associated with a very intense “high” and a very severe “comedown”.</p>	<p>Tik <small>Session 5 Activity 1</small></p> <p>Called Methamphetamine or Crystal Meth</p>  <p>Make people feel very awake and alert and restless.</p> <p>Can cause paranoia, confusion or even aggression.</p> <p>Can also cause brain damage and mental illness.</p> 
<p>Mention briefly</p> <p>Magic Mushrooms.</p> <p>3 minutes (09h30)</p>	<p>Magic mushrooms are mushrooms that cause intoxication. They are picked and eaten raw or dried out, then sometimes used to make tea. During a high, a person feels as though he or she can “see” sound and “hear” color. The person also becomes more emotional and feels more creative. The person can feel like time is speeding up or slowing down, and the person may feel like he or she doesn’t</p>	<p>Magic Mushrooms <small>Session 5 Activity 1</small></p> <p>Eaten raw Sometimes used to make tea</p> <p>“See” sound and “hear” color. Makes the person more emotional and creative. Makes the person feel like time is speeding up or slowing down.</p> <p>Can cause disorientation, tiredness and stomach problems</p>  



	<p>know where they are.</p> <p>There is also sometimes a tiredness and stomach problems.</p>	
<p>Mention briefly</p> <p>Cocaine.</p> <p>3 minutes (09h33)</p>	<p>Cocaine can be snorted (coke), smoked (freebase cocaine and crack) or injected (freebase cocaine and crack).</p> <p>Cocaine makes people feel extremely happy, over-confident and arrogant.</p> <p>They may become aggressive and careless.</p> <p>Cocaine use can cause fever and hepatitis.</p> <p>There tends to be a severe comedown after the intense high.</p>	<p>Cocaine Session 5 Activity 1</p>  <p>Can be snorted, smoked or injected.</p> <p>Cocaine makes people feel extremely happy, over-confident and arrogant, aggressive and careless.</p> <p>Can cause fever and hepatitis.</p> 
<p>Mention briefly</p> <p>Ecstasy.</p> <p>3 minutes (09h36)</p>	<p>Ecstasy is also called MDMA.</p> <p>It gives users high energy, so they feel very awake and alert.</p> <p>Users report feeling very connected to sounds, colors and surroundings, with intense feelings of affection.</p> <p>Use of ecstasy can cause anxiety, confusion and</p>	



	<p>paranoia. It is very dangerous as it is usually sold mixed with other unknown chemicals.</p>	<p>Ecstasy Session 5 Activity 1</p>  <p>Popular on club scene Gives users high energy Users feel very connected to sounds, colors and surroundings, with intense feelings of affection. Use can cause anxiety, confusion and paranoia. Very dangerous as usually sold mixed with other unknown chemicals.</p> 
<p>Mention briefly</p> <p>Mandrax.</p> <p>3 minutes (09h39)</p>	<p>The mandrax tablet is crushed, mixed with cannabis and smoked. It can also be taken as a pill or injected. It makes users feel relaxed and calm. It can cause confusion, aggression, passing out and sleep. It is very addictive. Mandrax use can result in brain and mental problems, as well as breathing problems.</p>	<p>Mandrax Session 5 Activity 1</p>  <p>The tablet is crushed, mixed with cannabis and smoked. Can also be taken as a pill or injected. Makes users feel relaxed and calm. Can cause confusion, aggression, passing out and sleep. Very addictive. Can result in brain and mental problems, as well as breathing problems.</p> 
<p>Mention briefly</p> <p>Heroine.</p>	<p>Heroine is made from morphine from an opium poppy.</p>	



<p>2 minutes (09h42)</p>	<p>Opium can be used to treat pain, sleeplessness and runny tummy.</p> <p>Recreational use can cause a feeling of warmth and well-being; sleepiness and relaxation;</p> <p>It however also causes dizziness and vomiting, and is very addictive.</p> <p>It can cause liver disease and damage to veins.</p>	<h3>Heroin (Smack)</h3> <p>Session 5 Activity 1</p>  <p>Made from morphine from an opium poppy.</p> <p>Opium can be used to treat pain, sleeplessness and runny tummy.</p> <p>Can cause a feeling of warmth and well-being; sleepiness and relaxation; as well as dizziness and vomiting.</p> <p>Very addictive.</p> <p>Can cause liver disease and damage to veins.</p> 
<p>Discuss</p> <p>Drug Use,</p> <p>Assessment for dangerous use.</p> <p>11 Minutes (09h44)</p>	<p>In your community health work, you may come across people who use substances in a way that is dangerous to their health.</p> <p>If someone has any of the following, that person may have a substance use disorder.</p> <ul style="list-style-type: none"> • A very strong desire to take drugs. • Not being able to control when the substance is used. (He or she may use at times when he or she 	<h3>Possible Substance Use Disorders</h3> <p>Session 5 Activity 1</p>  <p>Very strong desire to take drugs.</p> <p>Not being able to control when the substance use.</p> <p>Withdrawal symptoms.</p> <p>Tolerance.</p> <p>Loss of interest in non-drug activities.</p> <p>A lot of time spent finding and using the substance.</p> <p>Continuing to use the substance in spite of bad results.</p> 



	<p>should be doing other important things) and how much of the substance is used.</p> <ul style="list-style-type: none"> • Having withdrawal when he or she reduces the amount or stop using the substance. • Tolerance, which means he or she needs more of the substance in order to achieve get the same high he or she previously experienced with less of the substance. • Loss of interest in other pleasurable and social activities. • More and more time spent finding and using the substance. • Continuing to use the substance in spite of clear bad results. 	
	<p>You may be able to spot that someone who uses</p>	



substances may have a substance use disorder if he or she:

- Has behavior that changes suddenly
- Has mood swings. He or she may be irritable and grumpy and then suddenly happy and bright
- Withdraws from family members and friends
- Becomes careless about taking care of themselves
- Loses of interest in hobbies, sports and other favorite activities
- Has changes in their sleeping pattern, like struggling to sleep at night and sleeping during the day.
- Has red or glassy eyes
- Have a sniffly or runny nose
- Breaks the law in order to get hold of substances or by using substances.

Suspect Substance Use Disorder if..

Session 5 Activity 1



Behavior changes suddenly (unpredictable)



Withdrawn from family and friends.



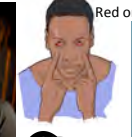
Careless about self-care.



Sniffly or runny nose



Loss of interest in hobbies, sports and other favorite activities.



Red or glassy eyes



Changes in sleeping pattern



Mood swings



Legal problems





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5.2	Activity 2	Management of Mental Illness: Medication	09h55
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Activity Objective

Outline the management approach for mental illness.

Activity Duration:

40 Minutes

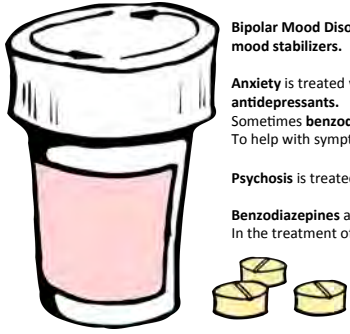

Materials

PowerPoint.
Flip chart and marker.

Directions

Instructions to trainer	Speech Guidance	PowerPoint Display
Introduce	We will now discuss what can be done to improve the	



<p>Management of mental illness.</p>	<p>lives of people with mental illness.</p>	
<p>Introduce Medication for Mental illness.</p>	<p>Medication can be used to improve the symptoms of mental illness so that people may be able to work on rebuilding and improving their lives again.</p> <p>There are different kinds of medication for each different type of mental illness.</p> <p>Sometimes medication used to treat mental illness causes unpleasant changes in the chemicals of the body that result in side effects. Some side effects go away after a while. Some others are more dangerous than others. We will mention a few of these.</p>	<p>Medication <small>Session 5 Activity 2</small></p>  <p>Depression is treated with antidepressants</p> <p>Bipolar Mood Disorder is treated with mood stabilizers.</p> <p>Anxiety is treated with psychotherapy and antidepressants. Sometimes benzodiazepine drugs are given To help with symptoms.</p> <p>Psychosis is treated with antipsychotics.</p> <p>Benzodiazepines are sometimes used to help In the treatment of substance use disorders.</p> 
<p>Discuss Medication for Depression.</p>	<p>Depression is treated with antidepressants.</p> <p>The medication helps the person feel better and cope better with stress.</p>	





<p>8 Minutes (10h00)</p>	<p>Antidepressants may take 4-6 weeks to improve the person's mood. Before the mood gets better, the person may first experience an improvement in energy levels, stomach problems and sleep.</p> <p>Patients should be aware of side effects so they can tell their doctor if these happen.</p> <p>Antidepressants are not addictive but there can be a withdrawal if they are stopped too suddenly.</p> <p>If the person is well for about a year months the doctor may reduce or stop the antidepressants.</p>	<h2>Depression</h2>
		<p>Session 5 Activity 2</p>
		<p>Treated with antidepressants.</p> <p>The medication helps you feel better and cope better with stress.</p> <p>It can take 4-6 weeks to work.</p> <p>At first, before mood gets better:</p> <ul style="list-style-type: none"> Better energy Less stomach problems Sleep better



	<p>Very quickly on this, provide list in handout. The focus is on sensitizing the trainees.</p> <p>Some of the side effects of antidepressants include</p> <ul style="list-style-type: none"> • Nausea • Increased appetite and weight gain • Loss of sexual desire and other sexual problems, such as erectile dysfunction and decreased orgasm • Tiredness and drowsiness • Problems with sleep (Insomnia) • Dry mouth • Blurred vision • Constipation • Dizziness • Restlessness (Agitation) • Irritability • Anxiety <p>There are also withdrawal symptoms that we must be</p>	<h3>Antidepressants: Side effects</h3> <p>Session 5 Activity 2</p>  <ul style="list-style-type: none"> Nausea Increased appetite and weight gain Loss of sexual desire and other sexual problems Tiredness and drowsiness Problems with sleep (insomnia) Dry mouth Blurred vision Constipation Dizziness Restlessness (Agitation) Irritability Anxiety 
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	<p>aware of. These include</p> <ul style="list-style-type: none"> • Dizziness, • Tingling, • Anxiety, • Irritability, • Fatigue, • Headache, • Nausea, • Sleep problems 	
<p>Discuss</p> <p>Medication for</p> <p>Bipolar Mood Disorder.</p> <p>8 Minutes (10h08)</p>	<p>Bipolar mood disorder is treated with Mood Stabilizers</p> <p>These are the same drugs used to treat epilepsy.</p> <p>They can take 4-6 weeks to work.</p> <p>They work by balancing the mood and stabilizing energy levels.</p> <p>They reduce inflated sense of self and grandiose ideas.</p> <p>Sometimes antipsychotics are also used in the treatment of bipolar mood disorder. This is usually to</p>	<p>Bipolar Mood Disorder</p> <p><small>Session 5 Activity 2</small></p>  <p>Treated with Mood Stabilizers These are the same drugs used to treat epilepsy. Can take 4-6 weeks to work.</p> <p>Balance the mood. Reduce energy levels. Reduce inflated sense of self and grandiose ideas.</p> <p>Sometimes treated with antipsychotics To control behaviour when very sick To take away psychotic features which can sometimes be present in bipolar mood disorder</p> 







	<p>control behaviour when the person is very sick and to take away psychotic features, which can sometimes be present in bipolar mood disorder.</p>	
	<p>Very quickly on this, provide list in handout. The focus is on sensitizing the trainees.</p> <p>The more common side effects of mood stabilizers may include:</p> <ul style="list-style-type: none"> • Nausea, vomiting, and a runny tummy. • Drowsiness, • Trembling or shaking • Weight gain • Increased thirst and increased need to urinate. <p>The following more serious side effects need to be reported to a doctor urgently.</p> <ul style="list-style-type: none"> • A rash, fever, or swollen glands. • Signs of Stevens-Johnson syndrome, which causes 	<p>Mood stabilisers: Side effects Session 5 Activity 2</p> <p>Common</p> <ul style="list-style-type: none"> Nausea, vomiting, and runny tummy Drowsiness, Trembling or shaking Weight gain Increased thirst and increased need to urinate. <p>See a doctor!</p> <ul style="list-style-type: none"> A rash, fever, or swollen glands. Dangerous sores all over the body Confusion. Slurred speech. <p>Emergency!</p> <ul style="list-style-type: none"> Trouble breathing. Swelling of your face, lips, tongue, or throat.



	<p>dangerous sores on the mucous membranes of the mouth, nose, genitals, and eyelids.</p> <ul style="list-style-type: none"> • Confusion. • Slurred speech. <p>The following are an emergency and an ambulance must be called immediately!</p> <ul style="list-style-type: none"> • Trouble breathing. • Swelling of your face, lips, tongue, or throat. <p>Mood Stabilizers: Medication specific side effects</p> <p>Appendix C</p>	
<p>Discuss</p> <p>Medication for</p> <p>Anxiety</p>	<p>The best treatment for anxiety is therapy, which focuses on relaxation and breathing techniques.</p>	





<p>Disorders.</p> <p>8 Minutes (10h16)</p>	<p>Sometimes antidepressants and benzodiazepines are used.</p> <p>They calm the brain and reduce anxiety.</p> <p>Benzodiazepines work very quickly.</p> <p>They can also be used in other disorders such as</p> <ul style="list-style-type: none"> • Sleep or • Substance withdrawal • Before surgery <p>They can be addictive and should not be used for more than 2-4 weeks.</p>	<h3>Anxiety</h3> <p>Session 5 Activity 2</p>  <p>The best treatment for anxiety is therapy Relaxation and breathing techniques</p> <p>Sometimes benzodiazepines are used They calm the brain and reduce anxiety They work very quickly</p> <p>Can also be used in other disorders such as</p> <ul style="list-style-type: none"> • Sleep or • Substance withdrawal • Before surgery <p>Can be addictive and should not be used for more than 2-4 weeks</p> 
	<p>Very quickly on this, provide list in handout. The focus is on sensitizing the trainees.</p> <p>The most common side effects associated with benzodiazepines are:</p> <ul style="list-style-type: none"> • Sedation, • Dizziness, 	<h3>Benzodiazepines: Side effects</h3> <p>Session 5 Activity 2</p>  <p>Sedation, Dizziness, Weakness, and Poor balance.</p> <p>Stopped slowly after use to avoid withdrawal symptoms</p> 




	<ul style="list-style-type: none"> • Weakness, and • Poor balance. <p>Other side effects include:</p> <p><u>(Appendix D)</u></p>	
	<p>When benzodiazepines are being stopped, they must be reduced slowly to prevent withdrawal symptoms</p> <p>...such as:</p> <ul style="list-style-type: none"> • Insomnia • Restlessness • Irritability • Anxiety • Weakness • Blurred vision • Panic attacks • Tremors • Sweating • Nausea/vomiting 	



	<ul style="list-style-type: none"> • Headache • Seizures/fits • Psychosis • Hallucinations 	
<p>Discuss</p> <p>Medication for</p> <p>Psychosis.</p> <p>10 Minutes (10h24)</p>	<p>Antipsychotic medication is used to reduce the symptoms of psychosis.</p> <p>Some antipsychotic medication is used to calm down aggressive patients when the aggression is caused by psychosis.</p> <p>Antipsychotic medication is available in the form of pills or in the form of an injection.</p> <p>If the psychosis is caused by a substance or another medication the symptoms usually get better after the substance or medication is stopped.</p> <p>The antipsychotic medication can then be stopped.</p>	<p>Psychosis Session 5 Activity 2</p>  <p>Antipsychotics are used to Reduce the symptoms of psychosis. Calm down aggressive patients when the aggression is caused by psychosis.</p> <p>Some are pills taken orally every day. Some are injections taken every 2 to 4 weeks.</p> <p>Antipsychotics work very quickly but can have very bad side effects.</p> 



	<p>If the psychosis is caused by another medical illness the symptoms usually get better once the medical illness is treated.</p>							
	<p>Very quickly on this, provide list in handout. The focus is on sensitizing the trainees.</p> <p>The side effects some people get when using antipsychotics include</p> <ul style="list-style-type: none"> • Sedation • Weight gain • Difficulty emptying the bladder • Low blood pressure that happens when you stand up from sitting or lying down • Some very uncomfortable side effects (<i>Extrapyramidal side effects</i>), which may cause a person to seek help from the clinic or hospital <p>include:</p>	<div data-bbox="1422 470 2004 853"> <h3>Antipsychotics: Side effects</h3> <p>Session 5 Activity 2</p>  <table border="1"> <tr> <td>General</td> <td> Sedation Weight gain Difficulty emptying the bladder Low blood pressure </td> </tr> <tr> <td>Movement side effects</td> <td> Uncontrollable muscle spasm, Facial spasms Trembling or shaking. Muscle stiffness and rigidity. Involuntary muscular movements of the face, hands and trunk. </td> </tr> <tr> <td>Emergency!</td> <td> Stiff muscles together with fever and high blood pressure. </td> </tr> </table> </div> <div data-bbox="1859 861 1982 901"> </div>	General	Sedation Weight gain Difficulty emptying the bladder Low blood pressure	Movement side effects	Uncontrollable muscle spasm, Facial spasms Trembling or shaking. Muscle stiffness and rigidity. Involuntary muscular movements of the face, hands and trunk.	Emergency!	Stiff muscles together with fever and high blood pressure.
General	Sedation Weight gain Difficulty emptying the bladder Low blood pressure							
Movement side effects	Uncontrollable muscle spasm, Facial spasms Trembling or shaking. Muscle stiffness and rigidity. Involuntary muscular movements of the face, hands and trunk.							
Emergency!	Stiff muscles together with fever and high blood pressure.							





	<ul style="list-style-type: none">○ A person's muscles may sometimes go into an uncontrollable spasm, causing the affected body part to twist painfully (<i>Acute dystonic reactions / Dystonia</i>).○ Muscle spasms, often in the face (<i>Tics</i>)○ Trembling or shaking (<i>Tremor</i>)○ Muscle stiffness that makes it hard to start and stop a body part moving (<i>Cogwheel</i>) and muscular rigidity. <p>Treatment of these</p> <ul style="list-style-type: none">• The dose of the antipsychotic medication can be reduced• The doctor may change to another drug that the patient may tolerate better• There are also medications which can be used for a short period of time to directly reduce the side	
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	<p>effects if they are too sudden and severe or if the above do not help <i>(Anticholinergic medications)</i></p> <p>Other side effects may include</p> <ul style="list-style-type: none"> • Tardive dyskinesia is a long-term side-effect of antipsychotic medications. <p>Patients have involuntary muscular movements, particularly of the face, hands and torso.</p> <ul style="list-style-type: none"> • Neuroleptic malignant syndrome is a rare, life-threatening disorder. <p>The patient experiences stiff muscles, fever and high blood pressure.</p> <p>It is a medical emergency and the person must be rushed to the emergency room immediately.</p>	
<p>Discuss Medication for</p>	<p>Counseling and therapy are the main treatment for</p>	



<p>Substance use disorders.</p> <p>5 Minutes (10h34)</p>	<p>substance use disorders.</p> <p>Medication can be used to help someone to stop substance use.</p> <p>This medication</p> <ul style="list-style-type: none"> • Is used to help make the withdrawal symptoms easier to tolerate and • Needs to be given under the close supervision of a doctor, (usually in a hospital or a rehabilitation facility.) <p>The type of medication used to help the person through withdrawal depends on the substance the person is using and how bad the withdrawal is.</p>	<h3>Substance Use Disorders</h3> <p>Session 5 Activity 2</p>  <p>Medication can be used to help someone to stop substance use.</p> <p>The medication is used to help make the withdrawal symptoms easier to tolerate and Needs to be given under the close supervision of a doctor.</p> <p>The type of medication used to help the person through withdrawal depends on the substance the person is using and how bad the withdrawal is.</p> 
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5.3	Activity 3	Tea Break	10h40
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Activity Objective

Tea break


Duration:

25 Minutes

Materials

Tea, coffee, biscuits

Directions

Instructions to trainer	Speech Guidance	PowerPoint Display
<p>Introduce</p> <p>Tea break and</p> <p>Next activity</p>	<p>We will now take a tea break. Please find the tea and coffee provided in the tea room</p> <p>When we return in 25 minutes we will talk about the other things that are useful in helping people with mental illness.</p>	

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5.4 Activity 4 Management of Mental Illness: Psychoeducation, Lifestyle Advice, Psychosocial Components, Psychotherapy and Follow Up 11h05

Activity Objective

Outline Psychoeducation, Lifestyle Advice, Psychosocial Components, Psychotherapy and Follow Up for mental illness.

Activity Duration:

50 Minutes

Materials

PowerPoint.
Flip chart and marker.



Directions

Instructions to trainer	Speech Guidance	PowerPoint Display
Introduce Psychoeducati	Psychoeducation is very important in the treatment of mental illness.	




<p>on.</p>	<p>It helps the person understand what they are going through and why they need to take treatment.</p> <p>This increases the chances they will take their treatment.</p>	<p>Management: Psychoeducation Session 5 Activity 4</p> <p>Adapt to others, Develop coping skills, Get counseling, Find balance in my life, Manage my feelings</p>
<p>Discuss</p> <p>Psychoeducation for</p> <p>Depression.</p> <p>3 Minutes (11h03)</p>	<p>These are some basic point to mention when psycho-educating someone about depression.</p> <ul style="list-style-type: none"> • Depression is common and can happen to anybody. • Depressed people tend to have very bad opinions about themselves, their life and their future. • Depression can be treated. It tends to take at least a few weeks before the person on treatment starts to feel better. • It is very important to take the treatment as 	<p>Psychoeducation: Depression Session 5 Activity 4</p> <p>Depression is common and can happen to anybody.</p> <p>Depressed people tend to have very bad opinions about themselves, their life and their future.</p> <p>Depression can be treated. It takes a few weeks before the person on treatment starts to feel better.</p> <p>It is very important to take the treatment as instructed.</p>



	instructed.	
<p>Discuss</p> <p>Psychoeducation for</p> <p>Bipolar mood disorder.</p> <p>4 Minutes (11h06)</p>	<p>These are some basic point to mention when psycho-educating someone about bipolar mood disorder</p> <ul style="list-style-type: none"> • People with bipolar mood disorder to tend to experience extreme moods. <p>This means the person may go from feeling very depressed and fatigued to having a lot of energy, feeling irritated and overly excited or happy.</p> <ul style="list-style-type: none"> • When symptoms start to return, it is important to get help quickly to avoid getting very sick again. • It is important to remember that a manic person often does not realize that they are sick. <p>He or she may even enjoy feeling extremely happy and having so much energy.</p>	<p>Psychoeducation: Bipolar Mood Disorder Session 5 Activity 4</p>  <p>People with bipolar mood disorder to tend to experience extreme moods.</p> <p>When symptoms start to return, get help quickly to avoid getting very sick again.</p> <p>Remember that a manic person often does not realize that they are sick.</p> <p>Alcohol and other substances should be avoided.</p> 



	<ul style="list-style-type: none"> Alcohol and other substances should be avoided 	
<p>Discuss</p> <p>Psychoeducation for</p> <p>Anxiety.</p> <p style="background-color: #ff8c00; color: white; padding: 2px;">3 Minutes 11h10</p>	<p>These are some points to mention when psycho-educating someone about anxiety disorder.</p> <ul style="list-style-type: none"> Many people have anxiety. People with anxiety disorders have more fear or worry than other people. This fear or worry makes the person feel unwell. Anxiety disorders make life difficult at home, work, and school and in the person’s social life. 	<p>Psychoeducation: Anxiety</p> <p><small>Session 3 Activity 4</small></p>  <ul style="list-style-type: none"> Many people have anxiety. People with anxiety disorders have more fear or worry than other people. This fear or worry makes the person feel unwell. Anxiety disorders make life difficult at home, work, school and in the person’s social life. 
<p>Discuss</p> <p>Psychoeducation for</p> <p>Psychosis.</p>	<p>These are some basic point to mention when psycho-educating someone about psychosis.</p> <ul style="list-style-type: none"> A person with psychosis may hear voices or may 	



5 Minutes
11h13

firmly believe things that are not true.

- Someone with psychosis often does not agree that he or she is ill and may sometimes be hostile and dangerous.
- It is important to be able to see when symptoms return or start to get worse.
The person should be encouraged to go to the clinic or day hospital for assessment if this happens.
- The person must be included in family and other social activities.
- Family members should avoid criticizing too strongly and too often, a person with psychosis.
- People with psychosis are often discriminated against but should enjoy the same rights as all people.
- A person with psychosis may have difficulties with day-to-day life, including at work, school and in social

Psychoeducation: Psychosis

Session 5 Activity 4



May

hear voices,
see things or
believe things
that are not true.

Must note when symptoms return or start to get worse.

Include the person in family and other social activities.

Avoid criticizing too strongly and too often.

Have the same rights as all people.

May have difficulties with day to day life.



It is best to keep busy and socially active.

The person with psychosis not agree that he or she is ill and may sometimes be hostile.

The person with psychosis not agree that he or she is ill and may sometimes be hostile.





	<p>situations.</p> <ul style="list-style-type: none"> • It is best for the person to have a job or to be otherwise meaningfully occupied. • In general, it is better for the person to live with family or community members in a supportive environment outside the hospital. 	
<p>Discuss</p> <p>Psychoeducation for</p> <p>Substance Use Disorders.</p> <p>5 Minutes (11h18)</p>	<p>In discussing substance use disorders:</p> <ul style="list-style-type: none"> • Talk about the person’s substance use including <ul style="list-style-type: none"> ○ What benefit they get from using ○ What bad result come from using • Discuss the benefits and the bad results above to help the person understand how the substance use is affecting his or her life. • Avoid arguing but try to show the actual impact of 	<p>Psychoeducation: Substance Use Disorders</p> <p><small>Session 5 Activity 4</small></p>  <p>Talk about the person’s substance use including</p> <ul style="list-style-type: none"> What benefit they get from using What bad result come from using <p>Discuss the above to help the person understand the impact of substance use on their lives.</p> <p>Avoid arguing</p> <p>Encourage the person to decide for him or herself if they want to change their substance use habits.</p> <p>If the person is not ready to change their substance use habits, ask them to come back again, maybe with a family member or friend.</p> 



	<p>use on the person’s life.</p> <ul style="list-style-type: none"> • Encourage the person to decide for him or herself if they want to change their substance use habits, based on this discussion. • If the person is not ready to change their substance use habits, try speaking to him or her again at a later time, maybe with a family member or friend. 	
Lifestyle advice		
<p>Discuss</p> <p>Lifestyle advice as for</p> <p>Mental illness.</p> <p style="background-color: #ff8c00; color: white; padding: 2px;">8 Minutes (11h23)</p>	<p>Lifestyle can play an important part in how we deal with mental illness, and how we live can also help us get better. People with mental illness should</p> <ul style="list-style-type: none"> • Be encouraged to continue with activities that were interesting or that previously brought them pleasure. • Try to maintain a regular sleep cycle. • Do their best to have regular physical activity. • Have regular social activity. 	<p>Management: Lifestyle</p> <p><small>Session 5 Activity 4</small></p> <p>The infographic 'Management: Lifestyle' includes the following elements:</p> <ul style="list-style-type: none"> Resume previous enjoyed activities: A person working in a garden. Regular physical activity: A cartoon character flexing muscles. Regular social activity: A group of people at a market. Healthy Diet: A plate of fresh fruits and vegetables. Regular sleep: A close-up of a sleeping orange cat. Awareness of mood: A grid of six different emotion emojis. Awareness of suicidal thoughts and seeking help: Two red figures representing people seeking support. <p> SAMRC</p>



	<ul style="list-style-type: none"> • Eat healthy. • Be aware of changes in mood. • Be aware of any thoughts of self-harm or Suicidality, and present for review and assistance if these occur. 	
<p>Psychosocial management</p>		
<p>Discuss the</p> <p>Psychosocial component of management for</p> <p>Mental Illness.</p> <p>9 Minutes (11h31)</p>	<p>It is important to do something about the social aspects that may affect the person’s thoughts and feelings.</p> <p>These are some of the ways in which we can do this.</p> <ul style="list-style-type: none"> • Allow the person to talk about his or her understanding of the cause of his or her problems, and the things that have added to or improved them. • Help the person think about things that are currently causing stress and discuss them. <p>Try to help with problem solving with the help of your supervisor.</p> <ul style="list-style-type: none"> • If you think there may be abuse or neglect, report this to your supervisor. 	<p>Management: Psychosocial</p> <p>Session 5 Activity 4</p> <p>Talking about problems</p> <p>Support of family and friends</p> <p>Regular follow up</p> <p>Support groups</p> <p>Psychotherapy</p> <p>Counseling</p> <p>Report neglect and abuse</p>



	<p>The supervisor may need to contact police and community resources as appropriate.</p> <ul style="list-style-type: none">• Help the patient to identify supportive family members and friends.• Help the person identify previous social activities and encourage him or her to become more involved again. This can be a source of support. It would include things like family gatherings, outings with friends, visiting neighbors, social activities at work, sports and community activities. <p>There are some organizations in the community that provide support for patients and families of patients.</p> <p>These can range from support groups to occupational therapy groups to rehabilitation groups for patients and support resources for families.</p> <p>These can be accessed via the day hospital or via the</p>	
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	supervisor.	
<p>Introduce</p> <p>Psychotherapy and counseling.</p> <p>4 Minutes 11h40</p>	<p>Psychotherapy is sometimes called "talk therapy".</p> <p>It is a way to treat people with a mental disorder by helping them understand their illness.</p> <p>It can be used to teach people ways to deal with stress and unhealthy thoughts and behaviors.</p> <p>Psychotherapy helps people deal with their symptoms better and function at their best in everyday life.</p> <p>Counseling is part of psychotherapy.</p> <p>It usually means giving advice and guidance to a person to help him or her to find ways of resolving personal, social, or psychological problems and difficulties.</p>	
<p>Explain that there are many types of therapy.</p>	<p>There are a few different types of therapy, which may be</p>	



	used, depending on what the patient needs.	
Importance of Follow up. 3 Minutes (11h44)	<p>Regular follow-up is important.</p> <p>This allows for the patient’s symptoms and side effects to be checked so that the right help can be arranged where required.</p> <p>This is generally via the clinic or day hospital.</p> <p>It can also be by phone or through the community health worker service. We will be discussing this in detail in the next session.</p>	

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5.5 Activity 5 Daily Evaluation Form and Closure 11h55

Activity Objective





Completion of daily evaluation form.

Duration:

5 Minutes

Materials

Copies of the daily evaluation forms

Directions

Instructions to trainer	Speech Guidance	PowerPoint Display
Hand out the daily evaluation form.		<div data-bbox="1308 833 1608 880" data-label="Section-Header"> <p>Daily Evaluation Form</p> </div> <div data-bbox="1308 865 1400 880" data-label="Text"> <p>Session 5 Activity 5</p> </div> <div data-bbox="1344 869 1680 1133" data-label="Image"> </div> <div data-bbox="1478 1098 1771 1161" data-label="Text"> <p>Next Session: Role of the Community Health Worker and Counseling Skills</p> </div> <div data-bbox="1657 1161 1758 1189" data-label="Image"> </div>
Introduce and describe the daily evaluation form.	<p>We are now passing out the daily evaluation form.</p> <p>The purpose of this very short form is to help us get a sense of how you experienced the day's training.</p>	
Ask participants to complete the daily evaluation form.		



	<p>Please complete it as fully as you can and remember to write your trainee number at the top of the form.</p> <p>There is no right or wrong answer. We are interested in knowing what you think.</p>	
<p>Thanks and closure.</p>	<p>Thanks everyone for your participation.</p> <p>I look forward to seeing you for our next session, in which we will discuss your role as a community health worker.</p>	
<p>Collect daily evaluation forms and file.</p>		

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Session 6

The Role Of The Community Health Worker

Session objectives:

Clarification of the roles of the community health worker and reinforcement of areas previously discussed in the training.

Presentation of some core skills that will help the community health worker in carrying out their support task.

Session duration: 3 hours

Session directions

Introduce session.

Today we will be discussing the role of the community health worker.

We will also be presenting a brief reminder of the signs and symptoms of mental illness as we talked about.



Mental Health Training for
Community Health Workers

Session 6: Role of the Community Health Worker
and Counselling Skills





6.1 Activity 1 Role of the community care worker 09h00

Activity Objective

Discussion of the role of the community health worker.



Duration:

30 Minutes.

Materials

Flip chart and marker.
PowerPoint.
Voice recorder where necessary, if trainees consent to recording.

Directions

Instructions to trainer	Speech Guidance	PowerPoint Display
<p>Get trainees' impression of and discuss the community health worker role IN GENERAL first then in mental illness.</p>	<p>The way you see it, what is your role as a community health worker in general?</p> <p>What about the role of the community health worker in mental illness specifically?</p>	<p>Role of Community Health Worker</p> <p>Session 6 Activity 1</p>  
<p>Make notes on flip chart to transfer a sense of recognition of</p>		



<p>contributions, reiterating and reframing as necessary for consensus among the group.</p>		
<p>Review collected list of roles (on the flipchart) and present roles as considered by the employer (on the PowerPoint), with the latter, point out the similarities to validate the group's contributions.</p>		
<p>(Read flip chart list)</p>	<p>So to summarize, these are the roles the group has put forward.</p>	
<p>Match these to the list generated by the group discussion.</p>	<p>In terms of the requirements by the employer, these are the basic roles of the community health worker in terms of mental illness:</p>	



	<ul style="list-style-type: none"> • Screening for mental illness • Identification of mental illness • Referring patients for appropriate assessment and care • Ensuring that patients take their treatment as prescribed. • Encouraging and supporting patients to take responsibility for their own treatment adherence. • To provide a warm and supportive contact for the patient • Strengthen access to help and care. 	<h3>Role of Community Health Worker</h3> <p>Session 6 Activity 1</p> <p>The infographic illustrates the role of a community health worker through several key activities:</p> <ul style="list-style-type: none"> Screening for mental illness: Represented by a sign that says 'HEALTH SCREENING'. Identification of mental illness: Represented by a hand holding a brain. Referrals: Represented by a sign that says 'Referrals'. Helping and supporting patients in taking responsibility for their own treatment adherence: Represented by a person holding a hand. Ensuring that patients take their treatment: Represented by a person taking a pill. Strengthen access to health care: Represented by a sign that says 'ACCESS TO CARE'. To provide a warm and supportive contact for the patient: Represented by a person holding a hand. <p>The infographic also includes the SAMRC logo and the text 'Security Warmth Connection Appreciation'.</p>
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6.2	Activity 2	Signs and Symptoms Review	09h30
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Activity Objective

Reinforcement of the signs and symptoms discussed in previous sessions.
 Allowance for further interactions taking into account how this training has thus far impacted on the work carried out by the community care workers on the ground.

Duration:


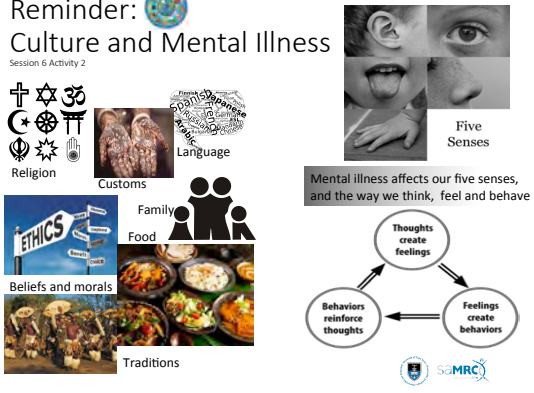



50 Minutes

Materials

PowerPoint

Directions

Instructions to trainer	Speech Guidance	PowerPoint Display
<p>Introduce</p> <p>Reminders of</p> <p>Markers of</p> <p>Mental Illness.</p>	<p>Next we will remind ourselves of the symptoms of mental illness we have spoken about.</p>	
<p>Reminder of</p> <p>Culture,</p> <p>Mental Illness</p>	<p>Culture is defined as:</p> <ul style="list-style-type: none"> • The set of knowledge, ideas, rules, and practices that are learned and shared down generations through stories and teaching. • It includes language, religion and spirituality, family structures, life stages, ceremonial rituals, and 	<p>Reminder: </p> <p>Culture and Mental Illness</p> <p>Session 6 Activity 2</p>  <p>Religion</p> <p>Customs</p> <p>Language</p> <p>Family</p> <p>Food</p> <p>Traditions</p> <p>Behaviors reinforce thoughts</p> <p>Thoughts create feelings</p> <p>Feelings create behaviors</p> <p>Mental illness affects our five senses, and the way we think, feel and behave</p> <p>Five Senses</p> <p></p>



	<p>customs, as well as morals and laws.</p> <ul style="list-style-type: none">• Culture may change as a result of experiences and things we are exposure to. <p>Mental illness may affect</p> <ul style="list-style-type: none">• The way a person feels,• The way a person thinks• The way a person behaves.• A person's ability to work and• The way they live with other people. <p>It is important to remember that there are behaviors or events that are described in a particular way depending on which culture a person belongs to.</p> <p>Different things may be considered normal in some cultures but abnormal in others. It is therefore important to consider a person's background when assessing them for possible mental illness.</p>	
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<p>Reminder of Markers of Depression.</p>	<p>A person with a depression may be:</p> <ul style="list-style-type: none"> • Very sad a lot • Very tired a lot of the time • Unable to concentrate or make a decision • Not interested in things they would normally enjoy • Eating more or less than usual • Having problems with sleep, so they may sleep too much or too little • Feeling worthless or guilty • Having thoughts of death or suicide <p>PAUSE FOR 1-2 MINUTES AND ALLOW TRAINEES TO ABSORB SLIDE</p>	<p>Reminder: Depression</p>
<p>Reminder of Markers of Bipolar Mood Disorder</p>	<p>A person with bipolar mood disorder may:</p> <ul style="list-style-type: none"> • Be irritable and easily angered • Have a lot of energy 	



	<ul style="list-style-type: none"> • Talk very fast • Have very fast thoughts they cannot keep up with • Need less sleep than normal • Feel extremely important or feel they are famous or well known when it is not true • Have difficulty concentrating • Be unable to make the correct decisions (poor judgment) • Be very reckless with money, drugs, alcohol, or sex <p style="background-color: orange; color: black; text-align: center; padding: 5px;">PAUSE FOR 1-2 MINUTES AND ALLOW TRAINEES TO ABSORB SLIDE</p>	<p>Reminder: Bipolar Mood Disorder</p> <p>Session 6 Activity 2</p>
<p>Reminder of</p> <p>Markers of an</p> <p>Anxiety Disorder</p>	<p>Someone with anxiety may:</p> <ul style="list-style-type: none"> • Worry too much • Have trouble sleeping • Be too afraid of a lot of things a lot of the time • Have muscle tension 	



	<ul style="list-style-type: none"> • Have stomach problems like indigestion • Be very self-conscious • Be afraid to be in front of other people • Panic • Experience flashbacks of traumatic experiences • Have a lot of self-doubt • Be a perfectionist • Do some things over and over again without being able to stop. <p style="background-color: orange; color: black; text-align: center; padding: 5px;">PAUSE FOR 1-2 MINUTES AND ALLOW TRAINEES TO ABSORB SLIDE</p>	<p>Reminder: Anxiety Disorders</p>
<p>Reminder of Symptoms of a Panic Attack.</p>	<p>A panic attack may consist of a combination of the following features, which can happen suddenly and last from about 10 minutes to an hour:</p> <ul style="list-style-type: none"> • A fast heavy pounding heartbeat. • Sweating a lot. • Trembling or shaking. • Shortness of breath or struggling to catch a breath. • Feelings of choking. 	<p>Reminder: Panic Attack</p>



	<ul style="list-style-type: none"> • Chest pain or discomfort. • Nausea or abdominal discomfort. • Feeling dizzy, wobbly on your feet, light-headed, or faint. • Feeling chills or heat waves in the body. • Numbness or tingling in the body. • Feeling like life isn't real and (Derealization) or feeling like you are separated from oneself (Depersonalization). • Fear of losing control or "going crazy." • Fear of dying. <p style="background-color: orange; color: black; text-align: center; padding: 5px;">PAUSE FOR 1-2 MINUTES AND ALLOW TRAINEES TO ABSORB SLIDE</p>	
<p>Reminder of</p> <p style="text-align: center;">Markers of a</p> <p style="text-align: center;">Psychotic Disorder</p>	<p>Someone with a psychotic disorder may:</p> <ul style="list-style-type: none"> • Display strange behavior. They may be responding to voices or visions or acting on fixed untrue beliefs • Keep to themselves, away from family and friends • Be odd 	






	<ul style="list-style-type: none"> • Have problems with mood as well • Not take good care of him or herself • Perform poorly at work, school or in social situations with other people. <p style="background-color: orange; color: black; text-align: center; padding: 5px;">PAUSE FOR 1-2 MINUTES AND ALLOW TRAINEES TO ABSORB SLIDE</p>	<p>Reminder: Psychosis Session 6 Activity 2</p> <p>Strange behaviour</p> <p>Delusions</p> <p>Hallucinations</p> <p>Keeping away from other people</p> <p>Poor self care</p> <p>Mood disturbance</p> <p>Restlessness or agitation</p> <p>Perform poorly at work, school or in social situations with others.</p>
<p>Reminder of</p> <p style="text-align: center;">Markers of a Substance Use Disorder</p>	<p>Someone with a substance use disorder may:</p> <ul style="list-style-type: none"> • Have behavior that changes suddenly • Have mood swings. They may be irritable and grumpy and then suddenly happy and bright • Withdraw from family members • Become careless about taking care of themselves • Lose of interest in hobbies, sports and other favorite activities • Have changes in their sleeping pattern, like struggling to sleep at night and sleeping during the day 	<p>Reminder: Suspect Substance Use Disorder if.. Session 6 Activity 2</p> <p>Very strong desire to take drugs.</p> <p>Not being able to control when the substance use.</p> <p>Withdrawal symptoms.</p> <p>Tolerance.</p> <p>Loss of interest in non-drug activities.</p> <p>A lot of time spent finding and using the substance.</p> <p>Continuing to use the substance in spite of bad results.</p> <p>Unpredictable behaviour</p> <p>Withdrawn from family and friends.</p> <p>Careless about self-care</p> <p>Red or glassy eyes</p> <p>Sniffy or runny nose</p> <p>Loss of interest in hobbies, sports and other favorite activities.</p> <p>Changes in sleeping pattern</p> <p>Legal problems</p> <p>Mood swings</p>





	<ul style="list-style-type: none"> • Have red or glassy eyes • Have a sniffly or runny nose • Break the law in order to get hold of substances or by using substances <p>PAUSE FOR 1-2 MINUTES AND ALLOW TRAINEES TO ABSORB SLIDE</p>	
<p>Reminder of Issues affecting Older people.</p>	<p>It is important to remember that older people may have issues of</p> <ul style="list-style-type: none"> • Confusion • Loss of memory which is sometimes caused by dementia <ul style="list-style-type: none"> ○ Alzheimer’s is one of the types of dementia • Sleep problems like struggling to fall asleep and stay asleep • All the psychiatric illnesses that affect younger people can also affect older people. • They can therefore also be suspicious and agitated (restless) • Older people may be depressed due to 	<p>Reminder: Issues affecting Older People</p> <p>Session 6 Activity 2</p> <p>Confusion</p> <p>Psychiatric illnesses</p> <p>Depression</p> <p>Loss of memory which is sometimes caused by dementia Alzheimer’s is one of the types of dementia</p> <p>Suspiciousness and agitation</p> <p>Struggling to fall asleep and stay asleep</p>



	<ul style="list-style-type: none"> ○ Losing friends ○ Feeling lonely and isolated ○ Memory loss ○ Financial issues ○ Being dependent on others ○ Feeling like they haven't achieved what they wanted to achieve in life. <p>All of this may impact on how they live their daily lives.</p> <p>PAUSE FOR UP TO 1 MINUTE AND ALLOW TRAINEES TO ABSORB SLIDE</p>	
<p>Reminder of</p> <p>Issues affecting people with</p> <p>Intellectual Disability.</p>	<p>People with intellectual disability may experience neglect or abuse in the community.</p> <p>The community health worker must remain aware of such mistreatment and report it to the supervisor for further investigation and intervention.</p>	<p>Reminder: Intellectual Disability</p> <p><small>Session 6 Activity 2</small></p> <p>People with intellectual disability may experience neglect or abuse in the community.</p> <p>The community health worker must remain aware of such mistreatment and report it to the coordinator for further investigation and intervention.</p>   



<p>Experience of community health workers in the course of training.</p>	<p>Has anyone picked up any of these symptoms and disorders during this training in your work?</p> <p>Tell us about your experience.</p> <p>Does anyone have any questions or need any clarification on the disorders we have discussed?</p> <p style="background-color: #FF8C00; padding: 5px;">If this requires more time, reduce tea break to 20 minutes. Refer to previous slides are required in responding to questions.</p>	<p>Experiences and Questions <small>Session 6 Activity 2</small></p>  
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6.3	Activity 3	Tea Break	10h20
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Activity Objective

Tea break

Duration:


25 Minutes



Materials

Tea, coffee, finger food.

Directions

Instructions to trainer	Speech Guidance	PowerPoint Display
<p>Introduce</p> <p>Tea break and</p> <p>Next activity.</p>	<p>We will now take a tea break.</p> <p>Please find the tea and coffee provided in the tearoom.</p> <p>When we return in 25 minutes, we will discuss suicide and aggression, and then some of the skills that help in supporting someone suffering with mental illness.</p>	

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6.4 Activity 4 Suicide and aggression 10h45

Activity Objectives

Reinforcement of discussion of suicide and aggression in previous sessions and



Allowance for further interactions taking into account how this training has thus far impacted on the work carried out by the community care workers during the course of training.

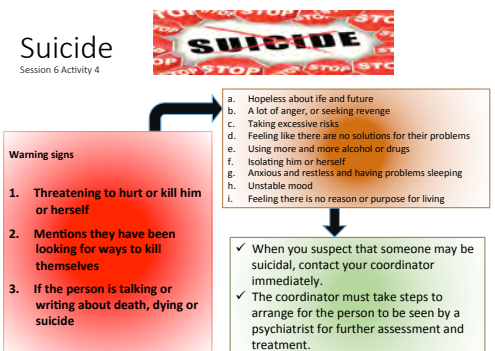
Duration:

15 Minutes

Materials

PowerPoint

Directions

Instructions to trainer	Speech Guidance	PowerPoint Display
<p>Reminder of</p> <p style="text-align: center;">Suicide and Aggression.</p> <p style="background-color: orange;">Encourage reflection and interaction during activity.</p>	<p>We are now going to remind ourselves about the things that we might see that might alert us that someone may be suicidal or may become aggressive.</p> <p>We will then discuss some of the support skills that we will talk about after this.</p>	 <p>The slide titled 'Suicide' (Session 6 Activity 4) features a background of red 'STOP' signs with the word 'SUICIDE' in large white letters. It lists 'Warning signs' in a red box: 1. Threatening to hurt or kill him or herself; 2. Mentions they have been looking for ways to kill themselves; 3. If the person is talking or writing about death, dying or suicide. To the right, a list of signs (a-i) includes: a. Hopeless about life and future; b. A lot of anger, or seeking revenge; c. Taking excessive risks; d. Feeling like there are no solutions for their problems; e. Using more and more alcohol or drugs; f. Isolating him or herself; g. Anxious and restless and having problems sleeping; h. Unstable mood; i. Feeling there is no reason or purpose for living. A green box below contains instructions: 'When you suspect that someone may be suicidal, contact your coordinator immediately. The coordinator must take steps to arrange for the person to be seen by a psychiatrist for further assessment and treatment.' The SAMRC logo is at the bottom right.</p>
<p>Discuss</p> <p style="text-align: center;">Community Health Worker</p>	<p>It is not the role of the community health worker to assess or treat someone who is suicidal.</p> <p>You may however come across people who are</p>	





<p>Role in</p> <p>Suicide.</p>	<p>suicidal, so it is important to know what to look out for.</p> <p>These are the situations in which you should begin to worry about someone possibly being suicidal.</p> <p>Remember that this information can come from the person or a family member or friend in a household you are visiting during your work.</p> <ul style="list-style-type: none"> • If the person is threatening to hurt or kill him or herself • If the person mentions they have been looking for ways to kill themselves; like trying to get pills to overdose on, or trying to get hold of weapons • If the person is talking or writing about death, dying or suicide 	
	<p>When there is a chance that someone is suicidal..</p> <p>It is very important for someone with the following</p>	



	<p>features to get assessed by a mental health professional so that a plan can be made to support and help him or her.</p> <p>If someone</p> <ul style="list-style-type: none"> • Is hopeless about his or her life and future • Has a lot of anger, or is seeking revenge • Is taking excessive risks • Is feeling like there are no solutions for their problems • Uses more and more alcohol or drugs • Isolates him or herself • Is anxious and restless and having problems sleeping (insomnia or hypersomnia) • Has an unstable mood • Feels there is no reason or purpose for living 	
<p>Discuss</p> <p>Community Health Worker Role in</p>	<p>Aggression is common in a few psychiatric disorders.</p> <p>Next week we will discuss how aggression changes how we help and treat someone with mental illness.</p>	



<p>Aggression</p>	<p>Remember there is increased risk of aggression when</p> <ul style="list-style-type: none"> • The person is known to have been aggressive before • The person has previously tried to violently commit suicide • There is a history of childhood abuse and neglect • The person has a psychotic disorder • The person is using substances or experiencing withdrawal from substances • There is Intellectual Disability • There is Brain disease • The person is of younger age 	<div data-bbox="1400 223 1904 590"> <h3>Aggression</h3> <p>Session 6 Activity 4</p>  <p>Higher Risk:</p> <ul style="list-style-type: none"> Previously known to be aggressive If the person has previously tried to commit suicide violently Childhood abuse and neglect Schizophrenia The use and withdrawal of substances Mental Retardation Brain disease Younger age <p>What to do</p> <ul style="list-style-type: none"> Stay calm Speak softly at a normal rate Do not threaten the person with police or similar Avoid asking too many questions Allow space between the person and yourself Leave the scene and seek help if there is danger. Do not turn your back to the person  </div>
	<p>From your perspective remember to</p> <ul style="list-style-type: none"> • Stay calm • Speak softly, at a normal rate • Not threaten the person with police or similar • Avoid asking too many questions 	



<ul style="list-style-type: none"> • Allow space between the person and yourself • Leave the scene and seek help if danger is imminent. <p>Inform your supervisor as soon as possible so that the appropriate intervention can be arranged.</p>	
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6.5	Activity 5	Adherence and general support roles, skills	11h00
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Activity Objective

Discussion of counseling and support skills.

Duration:



55 Minutes

Materials

Flip chart for notes
Voice recorder where necessary, if trainees consent to recording.

Directions



Instructions to trainer	Speech Guidance	PowerPoint Display
<p>Introduce</p> <p>Counseling skills activity.</p>	<p>In this last hour today we will discuss some of the things that may affect your role as a community health worker.</p> <p>These are useful for all your support roles, and not just to mental illness.</p> <p>You are probably doing these things already, so please feel free to give examples from your own experience.</p> <p>We will discuss empathy, sympathy and a few other basic counseling skills.</p>	<p>Support Skills</p> <p>Session 6 Activity 5</p>  
<p>Discuss</p> <p>Empathy.</p>	<p>Empathy is the ability to identify and share someone else’s feelings.</p> <p>It includes trying to understand someone else’s point of view about their situation and sharing their</p>	



	emotions.	<p>Counseling Skills Session 6 Activity 5</p>
Discuss Sympathy.	Sympathy is having care and concern for someone, and wanting to see them better off or happier.	
Discuss Compassion.	Compassion is related to sympathy and is having concern for the suffering of others and wanting to do something to reduce that suffering.	<p>Counseling Skills Session 6 Activity 5</p> <p>Listening</p> <ul style="list-style-type: none"> Good eye contact Nodding Staying focused not being distracted Encouraging the person to speak freely Being aware of the position of your own body.
Discuss Other basic Counseling skills.	<p>Listening involves giving someone your full, undivided attention.</p> <p>Listening well includes</p> <ul style="list-style-type: none"> • Good eye contact • Nods • Staying focused • Not being distracted • Encouraging the person to speak freely 	



	<ul style="list-style-type: none"> • Being aware of the position of your body. 	
	<p>Being genuine means being just being yourself and not pretending.</p> <p>Unconditional positive regard means being warm and accepting, while treating the other person with respect at the same time.</p> <p>Remaining focused means sticking to relevant facts and feelings.</p> <p>Avoid going off the point or talking about yourself rather than your client.</p> <p>Open-ended questions help your patient to freely share their thoughts and feelings.</p> <p>There should however, be a clear reason for asking</p>	<p>Counseling Skills Session 6 Activity 5</p>



	<p>questions.</p> <p>Information Giving and Resource identification means supplying information, opinions, and details of resources or answers to questions.</p> <p>Your supervisor will be the person to decide which resources are appropriate and what to do for the patient.</p>	
<p>Allow reflection and discussion of these throughout while making brief notes on the flip chart to validate contributions. Make attempts to specifically relate contents in reflection to the areas covered in the training.</p>		

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6.6 Activity 6 Daily Evaluation Form and Closure 11h45

Activity Objective

Completion of daily evaluation form.



Duration:

10 Minutes

Materials

Copies of the daily evaluation forms, one for each trainee

Directions

Instructions to trainer	Speech Guidance	PowerPoint Display
Hand out the daily evaluation form.		<div data-bbox="1429 954 1715 991">Daily Evaluation Form</div> <div data-bbox="1429 991 1509 1002"><small>Session 6 Activity 6</small></div>  <div data-bbox="1554 1246 1883 1297">Next Session: Mental Health Care Act and Admission</div> 
Introduce and describe the daily evaluation form	<p>We are now passing out the daily evaluation form.</p> <p>The purpose of this very short form is to help us get a sense of how you experienced the day's training.</p>	
Ask participants to complete the daily evaluation form		



	<p>Please complete it as fully as you can and remember to write your trainee number at the top of the form.</p> <p>There is no right or wrong answer. We are interested in knowing what you think.</p>	
<p>Thanks and closure</p>	<p>Thanks everyone for your participation.</p> <p>I look forward to seeing you for our next session, in which we will discuss the mental health care act and admission of people with mental disorders.</p>	
<p>Collect daily evaluation forms and file.</p>		

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Session 7


The Mental Health Care Act and Admission Pathway

Session objectives:

The objective of this session is to introduce the concepts of the mental health care act and discuss these in the context of the admission pathway for people with mental disorders.


Session duration: 3 hours

Session directions	
Introduce session.	<p>Today we will discuss the mental health care act and the patient admission process.</p> <p>We will also talk about who is involved in an admission process.</p>



Mental Health Training for
Community Health Workers

Session 7: The Mental Health Care Act and Admission Pathway





7.1 Activity 1 Introduction to The Mental Health Care Act 09h00

Activity Objective

Introduction to the mental health care act and the admission pathway.



Duration:

25 Minutes



Materials

PowerPoint.



Directions

Instructions to trainer	Speech Guidance	PowerPoint Display
Establish the group's familiarity with the Mental Health Care Act.	Has anyone heard of the mental health care act? Do you feel like you understand what it's about?	<p>Mental Health Care Act <small>Session 7 Activity 1</small></p>  <p>Designed to Prevent Discrimination & Abuse of mental health patients.</p> 
Discuss and allow engagement.		
Discuss the purpose of mental health care act.	The mental health care act is designed to prevent discrimination and abuse of mental health patients.	



<p><i>The trainer may add this info on the patients' rights charter to enrich the above.</i></p>	<p>The act is in line with the Patients' Rights Charter of 1999, which states that all patients have a right to the following:</p> <ol style="list-style-type: none"> 1. A healthy and safe environment 2. Access to health care 3. Confidentiality and privacy 4. Informed consent 5. Be referred for a second opinion 6. Exercise choice in health care 7. Continuity of care 8. Complain 9. Participate in decision making that affects his/her health 10. Be treated by a named health care provider 11. Refuse treatment 12. Knowledge of their health insurance / medical aid scheme. 	<p>Patients' Rights Charter of 1999 <small>Session 7 Activity 1</small></p> <p>All patients have a right to</p> <ol style="list-style-type: none"> 1. A healthy and safe environment 2. Participate in decision making that affects his/her health 3. Access to health care 4. Knowledge of their health insurance / medical aid scheme. 5. Exercise choice in health care 6. Be treated by a named health care provider 7. Confidentiality and privacy 8. Informed consent 9. Refuse treatment 10. Be referred for a second opinion 11. Continuity of care 12. Complain  
<p>Explain how the mental</p>		



<p>health care act is structured to protect patients.</p>	<p>The mental health care act describes the responsibility of all those involved in the care of people with mental disorders, from the community, to all health care workers, to the South African Police Service.</p>	
<p>Types of mental health care admissions under the act.</p>	<p>A voluntary admission (Section 25) occurs where the person is suffering with a mental illness and wants to be treated.</p> <p>An assisted admission (Section 26/27) occurs when the person is suffering with a mental illness and does not want treatment but can eventually be persuaded or convinced to receive treatment.</p> <p>A person is admitted as an involuntary mental health service user when he or she is suffering with a mental illness and (Section 33) is likely to cause serious harm to him or herself or others and is very ill but refuses treatment.</p>	<p>Mental Health Care Act <small>Session 7 Activity 1</small></p> <ul style="list-style-type: none"> • A voluntary admission <ul style="list-style-type: none"> • patient is ill • wants to be treated. • An assisted admission <ul style="list-style-type: none"> • patient is ill, • does not want treatment but • can eventually be persuaded to receive treatment. • An involuntary admission <ul style="list-style-type: none"> • patient is likely to cause serious harm to him or herself or others and is very ill but • refuses treatment.  



<p>The trainer may go into more detail about the types and processes of admission if asked to by the trainees. The admission pathway discussion in Activity 4 may assist with this understanding.</p>	<p>See appendix C</p>	
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7.2	Activity 2	Admission role players	09h25
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Activity Objective

To introduce the role players who may be involved in the admission process.

Duration:

50 Minutes

Materials

PowerPoint

Directions



Instructions to trainer	Speech Guidance	PowerPoint Display
<p>Introduce</p> <p>Admission</p> <p>Role Players</p>	<p>We will now discuss the roles of the various people involved when someone gets admitted for a mental health assessment.</p>	<p>Admission Roles</p> <p>Session 7 Activity 2</p>
<p>Discuss</p> <p>The role of</p> <p>The patient</p> <p>In the admission process.</p>	<p>The patient who is beginning to have new or worsening symptoms but is able to notice the change may be the one to go and look for help in the first place.</p> <p>What kind of symptoms do you think the patient might notice?</p> <p style="text-align: center;">USE AS REVISION POINT</p> <p style="text-align: center;">Refer to appropriate slides if required.</p>	<p>Admission Roles:</p> <p>The Patient</p> <p>Session 7 Activity 2</p> <ul style="list-style-type: none"> • Take note <ul style="list-style-type: none"> • When symptoms start to return • When symptoms get worse • When there are new Symptoms • Any side effects • Go to health facility for assessment <ul style="list-style-type: none"> • May go alone • May seek a trusted companion to accompany





	<p>PROD for</p> <ul style="list-style-type: none"> • Depressive Symptoms • Bipolar Symptoms • Anxiety symptoms • Psychotic symptoms • Change in self-care • Change in work or school performance <p>This person may ask a trusted friend, colleague or family member to accompany him or her to a day hospital or the nearest district hospital for assessment.</p> <p>If no immediate support network is required or available, the person may present him or herself unaccompanied for assessment.</p>	
<p>Discuss</p> <p>The role of</p> <p>The caregiver / family / friend / colleague</p>	<p>This person may be the one to notice a change in the patient’s behavior or mood, or that they are not taking their treatment as they should be.</p>	





<p>In the admission process.</p>	<p>What kind of symptoms do you think the patient might notice?</p> <p style="text-align: center;">USE AS REVISION POINT Refer to appropriate slides if required.</p> <p>PROD for:</p> <ul style="list-style-type: none"> • Depressive Symptoms • Bipolar Symptoms • Anxiety symptoms • Psychotic symptoms • Change in self-care • Change in work or school performance <p>This person may suggest to the patient that he or she should go in for assessment and help at the local clinic, day hospital or district hospital.</p> <p>The patient may then still go to the health facility alone or someone may accompany the patient.</p>	<p>Admission Roles: The caregiver, family, friend, or colleague</p> <p><small>Session 7 Activity 2</small></p> <ul style="list-style-type: none"> • May be the first to notice a change in the patient <ul style="list-style-type: none"> • Behaviour change • Not taking treatment • Can suggest to the patient that there is a need for an assessment • The patient then goes to the health facility for an assessment <ul style="list-style-type: none"> • May go alone • May seek a trusted companion to accompany • If patient too unwell, <ul style="list-style-type: none"> • May be taken for assessment against his or her will    
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	<p>If the patient is too unwell to understand that he or she needs help, this person may need to make the decision to arrange for the patient to be taken to the health care facility against his or her will.</p> <p>This may sometimes mean calling an ambulance or the police for assistance.</p>	
<p>Discuss</p> <p>The role of</p> <p>The Community Health Worker Supervisor</p> <p>In the admission process.</p>	<p>The community health worker supervisor is responsible for guiding the community health worker in terms of what steps to take at all times.</p> <p>When the community health worker contacts the supervisor with information, the supervisor uses the various resources available to her to advise the community health worker regarding what to do next.</p> <p>The supervisor is responsible for making any management or intervention decisions.</p>	<p>Admission Roles: The CHW Supervisor</p> <p><small>Session 7 Activity 2</small></p> <ul style="list-style-type: none"> • Guidance to Community Health Worker • Accesses the appropriate resources • Responsible for management decisions • Feedback to Community Health Worker on the case  







<p>Discuss</p> <p>The role of</p> <p>The community health worker</p> <p>In the admission process.</p>	<p>The community health worker should be able to pick up that someone is showing signs and symptoms of mental illness.</p> <p>This may happen while the community health worker is visiting a home to provide support for other ailments.</p> <p>These signs and symptoms may be picked up in the patient that the community health worker is there to support (<i>Hypertension, Diabetes, HIV</i>), or in someone else in the home.</p> <p>The community health worker may ask the person they suspect may be ill, questions to clarify their suspicion of mental illness.</p> <p>The community health worker must keep in mind that at that stage, the person may have never before been assessed for a mental disorder.</p> <p>The community health worker may then suggest to a</p>	<p>Admission Roles: The Community Health Worker</p> <p><small>Session 7 Activity 2</small></p>  <ul style="list-style-type: none"> • Pick up signs and symptoms of mental illness. • May happen during support for other ailments. • These signs and symptoms may be picked up in anyone in the home. • May then suggest to the person or a family member that the person may need a mental health assessment. • Safety first! • The community health worker does not need to be involved in the admission of a patient but may be asked for information from their visit. 
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	<p>family member that the person may need a mental health assessment.</p> <p>The community health worker may also suggest this to the patient if he or she is able to receive this advice. Guidance on this can be sort from the supervisor.</p> <p>The community health worker must always ensure their own safety and ask for advice and help from the supervisor where they feel unsafe.</p> <p>The community health worker might be asked to give some supporting information on what they have observed if the person is admitted.</p> <p>The community health worker does not need to be present during the admission of a patient.</p>	
<p>Discuss</p> <p>The role of</p>	<p>The mental health facility is either the clinic/day hospital or the district hospital to which the patient is</p>	



<p>The Mental Health Facility</p> <p>In the admission process.</p>	<p>taken.</p> <p>The role of the facility is to provide a safe place for the patient and medical practitioners so that the patient can be assessed and treated.</p> <p>The local clinic/day hospital provides ongoing care after the patient is discharged from assessment and care within the hospital.</p>	<p>Admission Roles: The Health Facility</p> <p><small>Session 7 Activity 2</small></p> <p>May be Day Hospital or District Hospital</p>  <p>A safe place for the patient and medical team where the patient can be assessed and treated.</p> <p>Day Hospital provides ongoing care and review after discharge from an admission</p> 
<p>Discuss</p> <p>The role of</p> <p>The police</p> <p>In the admission process.</p>	<p>The police may be called to assist where a patient is dangerous and is likely to hurt him or herself or others.</p> <p>The police apprehend and take the patient to an appropriate health care facility for assessment and treatment.</p>	<p>Admission Roles: The Police</p> <p><small>Session 7 Activity 2</small></p> <p>Called by caregiver, family, friend, colleague or health practitioner</p> <p>Apprehend dangerous patient</p> <p>Escort the patient to the health facility</p> <p>Patient gets assessed and treated</p>  

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7.3	Activity 3	Tea Break	10h15
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Activity Objective

Tea break.

Duration:

30 Minutes.



Materials

Tea, coffee, finger food.

Directions

Instructions to trainer	Speech Guidance	PowerPoint Display



<p>Introduce</p> <p>Tea break and</p> <p>Next activity</p>	<p>We will now take a tea break.</p> <p>Please find the tea and coffee provided in the tearoom.</p> <p>When we return in half an hour we will discuss a definition of mental illness and talk about the admission pathway and how the mental health care act fits into it.</p>	 <p>Tea Break Session 7 Activity 3</p> 
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7.4	Activity 4	Admission Pathway	10h45
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Activity Objective

Discussion of the standard patient admission pathway.

Duration:

45 Minutes.

Materials



PowerPoint.

Directions

Instructions to trainer	Speech Guidance	PowerPoint Display
<p>Introduce</p> <p>Admission pathway activity</p>	<p>We will talk about how a mentally ill person gets admitted for assessment and treatment.</p>	<p>The diagram illustrates the admission pathway. It starts with a person (blue silhouette) moving to a Day Hospital (blue building with a red cross). From the Day Hospital, an arrow points to a District Hospital (grey building with 'HOSPITAL' written on it). From the District Hospital, an arrow points to a Psychiatric Hospital (large building with a red roof). There are also smaller icons for a police officer and a nurse. The text 'Admission Pathway' and 'Session 7 Activity 4' is at the top.</p>
<p>Discuss</p> <p>Admission and treatment pathway.</p>	<p>See appendix C for full admission pathway with <u>Mental Health Care Act</u></p> <p>A patient goes to the clinic/day hospital to be seen by a mental health nurse.</p> <p>A family member, next of kin or colleague may accompany him or her.</p> <p>The mental health nurse performs the first assessment</p>	



	<p>to see whether the patient needs admission for further treatment.</p> <p>A very aggressive or dangerous patient may be admitted directly to the district hospital, often with the help of the SAPS.</p> <p>Aggression is sometimes seen in patients with:</p> <ul style="list-style-type: none">• Mood Disorder• Psychosis• Substance use disorder <p>USE AS REVISION POINT Refer to appropriate slides if required.</p> <p>PROD for:</p> <ul style="list-style-type: none">• Aggression Risk Factors• Approach to an aggressive patient <p>If the patient can be treated by the mental health</p>	
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	<p>nurse, he or she is discharged from the clinic/day hospital and given a follow up review appointment at the day hospital.</p> <p>If the patient needs admission for further treatment, he or she is then transferred to the district hospital.</p>	
	<p>Some patients improve while receiving care at the district hospital.</p> <p>These patients are discharged from the district hospital when they get better and continue receiving care and support in the community via the local day hospital and community health workers.</p>	
	<p>If a patient is very sick and needs more time in the hospital to get better, he or she is transferred to a psychiatric hospital for more treatment.</p> <p>When he or she gets better, he or she is discharged to</p>	



<p>receive ongoing care in the community.</p> <p>Ongoing care in the community generally includes being reviewed by the mental health nurse and receiving prescribed medication from the local clinic/day hospital.</p> <p>Some patients who need more regular help may also receive care and support from the community health worker.</p>	
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7.5	Activity 5	Daily Evaluation Form	11h30
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Activity Objective

Completion of daily evaluation form.

Duration:



10 Minutes



Materials

Copies of the daily evaluation forms.

Directions

Instructions to trainer	Speech Guidance	PowerPoint Display
Hand out the daily evaluation form		<div data-bbox="1417 619 1727 667">Daily Evaluation Form</div> <div data-bbox="1417 651 1518 667">Session 7 Activity 5</div>  <div data-bbox="1787 885 1899 938">Next Session: Recap</div> 
Introduce and describe the daily evaluation form.	<p>We are now passing out the daily evaluation form.</p> <p>The purpose of this very short form is to help us get a sense of how you experienced the day's training.</p> <p>Please complete it as fully as you can and remember to write your trainee number at the top of the form.</p> <p>There is no right or wrong answer. We are interested in knowing what you think.</p>	
Ask participants to complete the daily evaluation form.		



Thanks and closure	Thanks everyone for your participation. I look forward to seeing you for our next session, in which we will summarize what we have learnt and bring a close to our training.	
Collect daily evaluation forms and file.		

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Session 8

Community Health Worker Experiences, Checklist and Closure

Session objectives:

In this session we seek to recap training content by reflecting on the experiences of the community health workers during training.

Session duration: 3 hours

Session directions	
<p>Introduce session to trainees</p>	<p>Thank you all for attending this training. Today we will focus on rounding off and recapping what we have learnt over the past 8 weeks.</p> <p>At the end of today’s session we will ask you to complete some evaluation forms so that we may have an idea of how you have experienced this training.</p> <p>We will then hand out certificates to show that you have completed this course.</p>



Mental Health Training for Community Health Workers

Session 8: Experiences, Checklist and Closure





	Any questions about today's session?	
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8.1	Activity 1	Community Health Worker Experiences	09h00
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Activity Objective

Review of training content through discussion of community health worker experiences during training.

Duration:

1 Hour


Materials

PowerPoint.
Voice recorder where necessary, if trainees consent to recording.

Directions

Instructions to trainer	Speech Guidance	PowerPoint Display
Introduce Recap session.	Let's talk about some of your experiences in your work and in the community during training.	



	<p>This will help us look back at some of the signs and symptoms we have talked about.</p>	<p>Experiences Session 8 Activity 1</p> 
<p>Use this opportunity to recap training sessions. The trainer may refer back to the relevant sessions for guidance. This interaction should be fluid and not necessarily bound by the structure below, while covering the required aspects as detailed.</p>		
<p>Discuss</p> <p>Work or community experiences with:</p> <ol style="list-style-type: none"> 1. Depression, 2. Bipolar mood disorder, 	<p>Has anyone come across a patient with _____?</p> <p>Please tell us about that.</p> <p>What symptoms did you notice?</p> <p>Were you comfortable that you understood what was wrong?</p>	



<p>3. Anxiety disorder, 4. Psychotic disorder, 5. Substance use disorder, 6. Issues affecting the elderly, 7. Issues involving intellectual disability, 8. Suicide, 9. Aggression.</p> <p>...during training.</p>	<p>Did you feel comfortable in the situation?</p> <p>What did you do and what happened next?</p> <p>What will you do in future when you meet a patient with bipolar mood disorder?</p>	
<p>Discuss</p> <p>Experiences with</p>	<p>Has anyone been involved with helping someone take his or her treatment?</p> <p>Has anyone found that a patient had not been taking</p>	



<p>Adherence support.</p>	<p>his or her treatment?</p> <p>What happened next?</p> <p>What will you do next time you find that someone is not taking his or her treatment?</p>	
<p>Discuss</p> <p>Experiences with</p> <p>Admission.</p>	<p>Has anyone seen a patient who needed to be seen by a mental health nurse or admitted?</p> <p>Please tell us about it.</p> <p>What symptoms did you notice?</p> <p>Were you comfortable that you understood what was wrong?</p> <p>Did you feel comfortable in the situation?</p> <p>What did you do and what happened next?</p> <p>What will you do in future when you come across a patient who requires admission?</p>	

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8.2	Activity 2	Quick checklist	10h00
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Activity Objective

Presentation of a quick checklist to aid in screening for mental disorders.

Duration:

30 Minutes



Materials

Flip chart and marker.
PowerPoint
Voice recorder where necessary, if trainees consent to recording.

Directions

Instructions to trainer	Speech Guidance	PowerPoint Display
Introduce checklist.	This is a brief checklist that can help you think about	



<p>Allow any clarifying or reflective discussion that reinforces training.</p>	<p>whether a patient you come across might be in need of assessment and treatment.</p> <ul style="list-style-type: none"> Does the patient appear confused? Does he or she talk about any false beliefs? Is he or she seeing, hearing, feeling, smelling and tasting something that is not there? Does he or she appear cut off from the world? Does he or she appear sad? Does he or she appear over excited? Is he or she aggressive? Is he or she irritated? Has the family notice a change in behavior? Has he or she been using drugs? Does the family think that he or she has not been taking his or her medication? 	<div style="text-align: center;"> <h3>Checklist</h3> <p>Session 8 Activity 2</p>  </div> <div style="background-color: #d3d3d3; padding: 5px;"> <p>Does the patient/user appear confused?</p> <p>Does he/she voice any false beliefs?</p> <p>Is he/she seeing, hearing, feeling, smelling and tasting something that is not there?</p> <p>Does he/she appear cut off from the world?</p> <p>Does he/she appear sad?</p> <p>Does he/she appear over excited?</p> <p>Is he/she aggressive?</p> <p>Is he/she irritated?</p> <p>Has the family notice a change in behavior?</p> <p>Has he/she been using drugs?</p> <p>Does the family think that he/she has been compliant to medication?</p> </div> <div style="text-align: right; margin-top: 5px;">  </div>
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8.3	Activity 3	Tea Break	10h30
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Activity Objective

Tea break



Duration:

30 Minutes

Materials

Tea, coffee, finger food.

Directions

Instructions to trainer	Speech Guidance	PowerPoint Display
<p>Introduce</p> <p>Tea break and</p> <p>Next activity.</p>	<p>We will now take a tea break.</p> <p>Please find the tea and coffee provided in the tearoom.</p> <p>When we return in half an hour we will complete the final evaluation forms.</p> <p>We will then ask you to answer a few questions based on the areas we have covered in the training, and</p>	 <p>Tea Break Session 8 Activity 3</p> 



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8.4 Activity 4 Evaluation forms and Case Vignettes 11h00

Activity Objective

Completion of final evaluation forms and case vignettes.

Duration:

30 -45 Minutes



Materials

Post training evaluation forms.



Case Vignette answer sheets.
 Case vignettes either on answer sheet or on PowerPoint.
 PowerPoint.

Directions

Instructions to trainer	Speech Guidance	PowerPoint Display
<p>Place evaluation forms and case vignette answer sheets on trainees' desks during the tea time so that these are ready when the group returns from the break.</p>		<p>Post-Training Evaluation Form <small>Session 8 Activity 4</small></p>  
<p>Introduce post-training evaluation forms.</p>	<p>Please complete these evaluation forms.</p> <p>You will find the first form is exactly the same as the one you completed at the beginning of the training. Please complete this form in accordance with what is true for you now.</p> <p>On one of the questionnaires you will find five case scenarios. Please read through the case and answer</p>	



<p>the questions that follow for each, in the space provided. After the 5 cases there are four short questions. Please answer these in the space provided as well.</p> <p>You do not need to try to remember what you entered at the beginning of the training.</p> <p>There are no right or wrong answers</p>	
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8.5	Activity 5	Closure	11h45
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Activity Objective

Closure of training.

Duration:


10 Minutes.

Materials



PowerPoint.

Directions

Instructions to trainer	Speech Guidance	PowerPoint Display
<p>Express gratitude and close.</p> <p>Allow time for comments and goodbyes and closing comments.</p>	<p>Thank you all very much for your participation.</p> <p>We hope this training has added value and will assist you in the delivery of your tasks going forward.</p> <p>We wish you well.</p>	

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THE END.



Resources

- Health and Welfare Sector Education and Training Authority (HWSETA) National guideline document for community health worker training [11]
- mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings [12]
- National Institute of Mental Health (<https://www.nimh.nih.gov/>)
- A mental health training program for community health workers in India: impact on knowledge and attitudes: Gregory Armstrong et al [13]
- 6 Week Mental Health Training Manual for homebased carers at Koinonia Social Development Centre: Presented by: New Beginnings: Intermediate Pscyhiatric Care Facility. August/September 2015. Prepared by Mrs. Lezel Molefe
- Government Gazette – No 17 of 2002 – Mental health care act [14]
- Use of the Mental Health Care Act and Referral Pathways in Psychiatric Emergencies: Dr Pete Milligan [15]
- Western Cape Government: HEALTHCARE 2030 The Road to Wellness [16]
- Geestesgesondheid in MIV- Handeling vir Primêre Gesondheidsorgwerkers by Dr Kevin Stolof and Prof John Joska.

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[http://apps.who.int/iris/bitstream/10665/178879/1/9789241565011_eng.pdf?ua=1&ua=1]
Accessed 11/7/2015
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10. **Home Community-Based Care** [<https://westerncape.gov.za/service/home-community-based-care>] Accessed 12/1/2015
11. **Health and Welfare Sector Education and Training Authority** [<http://www.hwseta.org.za/>] Accessed 11/4/2015
12. **mhGAP Intervention Guide - Version 2.0** [http://www.who.int/mental_health/mhgap/mhGAP_intervention_guide_02/en/] Accessed 1/12/2013
13. Armstrong G, Kermode M, Raja S, Suja S, Chandra P, Jorm AF: **A mental health training program for community health workers in India: impact on knowledge and attitudes.** Int J Ment Health Syst 2011, **5**(1):17-17.
14. **Mental Health Care Act No 17, 2002** [<http://www.gov.za/sites/www.gov.za/files/a17-02.pdf>] Accessed 11/24/2016
15. **Use of the Mental Health Care Act and Referral Pathways in Psychiatric Emergencies** [http://www.health.uct.ac.za/usr/health/psychiatry/GPRefresher2012/Use_of_the_Mental_Health_Care_Act.pdf] Accessed 11/24/2016
16. **Healthcare 2030, The Road to Wellness** [<https://www.westerncape.gov.za/assets/departments/health/healthcare2030.pdf>] Accessed 11/24/2016

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Appendix A: Types of Anxiety Disorders

There are many different types of anxiety disorders. Here are some of the more commonly encountered types.

- **Specific Phobia:** A person feels very fearful about a specific object or situation. They do everything they can to avoid the object or situation, for example, having an injection or walking near a dog.
- **Social Phobia:** A person is extremely afraid of being criticized, embarrassed or humiliated, even in normal everyday situations, such as speaking in front of people, eating in front of people, and standing up for him- or herself at work or making small talk.
- **Panic Disorder:** A person has panic attacks, which are intense and overwhelming. If a person has many repeated panic attacks or is constantly afraid of having one for more than a month, they're said to have panic disorder.
- **Agoraphobia:** A person is extremely anxious about using public transport, being in open spaces, being in enclosed places, standing in line or being in a crowd or being outside of the home alone.
- **Generalized Anxiety Disorder:** A person feels anxious on most days, worrying about lots of different things, for a period of six months or more.
- **Obsessive compulsive disorder:** A person has ongoing unwanted/intrusive thoughts and fears that cause anxiety. Although the person may acknowledge these thoughts as silly, they often try to relieve their anxiety by carrying out certain behaviors or rituals. For example, a fear of germs and contamination can lead to constant washing of hands and clothes.
- **Posttraumatic stress disorder:** A disorder where someone who has experienced or witnessed a shocking, scary, or dangerous event may continue to feel stressed or frightened even after the danger has subsided.
- Anxiety disorder due to a general medical condition
- Substance Induced Anxiety Disorder

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Appendix B: Medication Examples

Examples of antidepressants

- Fluoxetine (Prozac)
- Citalopram (Celexa)
- Sertraline (Zoloft)
- Amitriptyline (Elavil)
- Mianserin (Norval)
- Venlafaxine (Effexor)
- Paroxetine (Paxil)

Examples of mood stabilizers:

- Lithium (Camcolit)
- Valproate (Epilim)
- Carbamazepine (Tegretol)

Examples of benzodiazepines

- Alprazolam (Xanax)
- Diazepam (Valium)
- Lorazepam (Ativan)
- Midazolam (Versed)
- Clonazepam

Examples of antipsychotics

- Older antipsychotics:
 - Chlorpromazine (Largactil)
 - Haloperidol (Serenace)
 - Perphenazine (Trilafon)
 - Fluphenazine (Prolixin)
- Newer antipsychotics include:
 - Risperidone (Rispredal)
 - Olanzapine (Zyprexa)
 - Quetiapine (Seroquel)
 - Ziprasidone (Geodon)
 - Aripiprazole (Abilify)
- Injectable antipsychotics
 - Haloperidol (Haldol)
 - Flupenthixol (Fluanxol)
 - Zuclopenthixol (Clopixol)
 - Fluphenazine (Modecate)
 - Risperidone (Risperdal Consta)

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Appendix C: Mood Stabilizers: Medication-specific side effects

Lithium:

(<https://medlineplus.gov/druginfo/meds/a681039.html>)

More common

- Restlessness
- Fine hand movements that are difficult to control
- Mild thirst
- Loss of appetite
- Stomach pain
- Gas
- Indigestion
- Weight gain or loss
- Dry mouth
- Excessive saliva in the mouth
- Change in the ability to taste food
- Swollen lips
- Acne
- Hair loss
- Unusual discomfort in cold temperatures
- Constipation
- Depression
- Joint or muscle pain
- Paleness
- Thin, brittle fingernails or hair
- Itching
- Rash

More serious side effects:

- Unusual tiredness or weakness
- Excessive thirst
- Frequent urination
- Slow, jerky movements
- Movements that are unusual or difficult to control
- Blackouts
- Seizures
- Fainting
- Dizziness or lightheadedness
- Fast, slow, irregular, or pounding heartbeat
- Shortness of breath
- Chest tightness
- Confusion
- Hallucinations (seeing things or hearing voices that do not exist)
- Crossed eyes

- Painful, cold, or discolored fingers and toes
- Headache
- Pounding noises inside the head
- Swelling of the feet, ankles, or lower legs

Require urgent attention:

- Drowsiness
- Shaking of a part of your body that you cannot control
- Muscle weakness, stiffness, twitching, or tightness
- Loss of coordination
- Diarrhea
- Vomiting
- Slurred speech
- Giddiness
- Ringing in the ears
- Blurred vision

Overdose:

- Diarrhea
- Vomiting
- Drowsiness
- Muscle weakness
- Loss of coordination
- Giddiness
- Blurred vision
- Ringing in the ears
- Frequent urination

**Valproate:**

(<https://medlineplus.gov/druginfo/meds/a682412.html>)

May be present then go away:

- Drowsiness
- Dizziness
- Headache
- Diarrhea
- Constipation
- Changes in appetite
- Weight changes
- Back pain
- Agitation
- Mood swings
- Abnormal thinking
- Uncontrollable shaking of a part of the body
- Loss of coordination
- Uncontrollable movements of the eyes
- Blurred or double vision
- Ringing in the ears
- Hair loss

More serious side effects:

- Unusual bruising or bleeding
- Tiny purple or red spots on the skin
- Fever
- Blisters or rash
- Bruising
- Hives
- Difficulty breathing or swallowing
- Confusion
- Tiredness
- Vomiting
- Drop in body temperature
- Weakness in the joints

Symptoms of overdose:

- Sleepiness
- Irregular heartbeat
- Coma (loss of consciousness for a period of time)

Carbamazepine:

(<https://medlineplus.gov/druginfo/meds/a682237.html>)

May be present then go away:

- Drowsiness
- Dizziness
- Unsteadiness
- Nausea
- Vomiting
- Headache
- Anxiety
- Memory problems
- Diarrhea
- Constipation
- Heartburn
- Dry mouth
- Back pain

More serious side effects:

- Confusion
- Loss of contact with reality
- Chest pain
- Yellowing of the skin or eyes
- Vision problems

Overdose:

- Unconsciousness
- Seizures
- Restlessness
- Muscle twitching
- Abnormal movements
- Shaking of a part of your body that you cannot control
- Unsteadiness
- Drowsiness
- Dizziness
- Blurred vision
- Irregular or slowed breathing
- Rapid or pounding heartbeat
- Nausea
- Vomiting
- Difficulty urinating

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Appendix D: Benzodiazepines: Side Effects

The most common side effects associated with benzodiazepines are:

- Sedation,
- Dizziness,
- Weakness, and
- Unsteadiness.

Other side effects include:

- Transient drowsiness commonly experienced during the first few days of treatment,
- A feeling of depression,
- Loss of orientation,
- Headache,
- Sleep disturbance,
- Confusion,
- Irritability,
- Aggression,
- Excitement, and
- Memory impairment.
- Physical dependence on benzodiazepines, can occur after prolonged use of therapeutic doses, or even after a short treatment period in some patients.

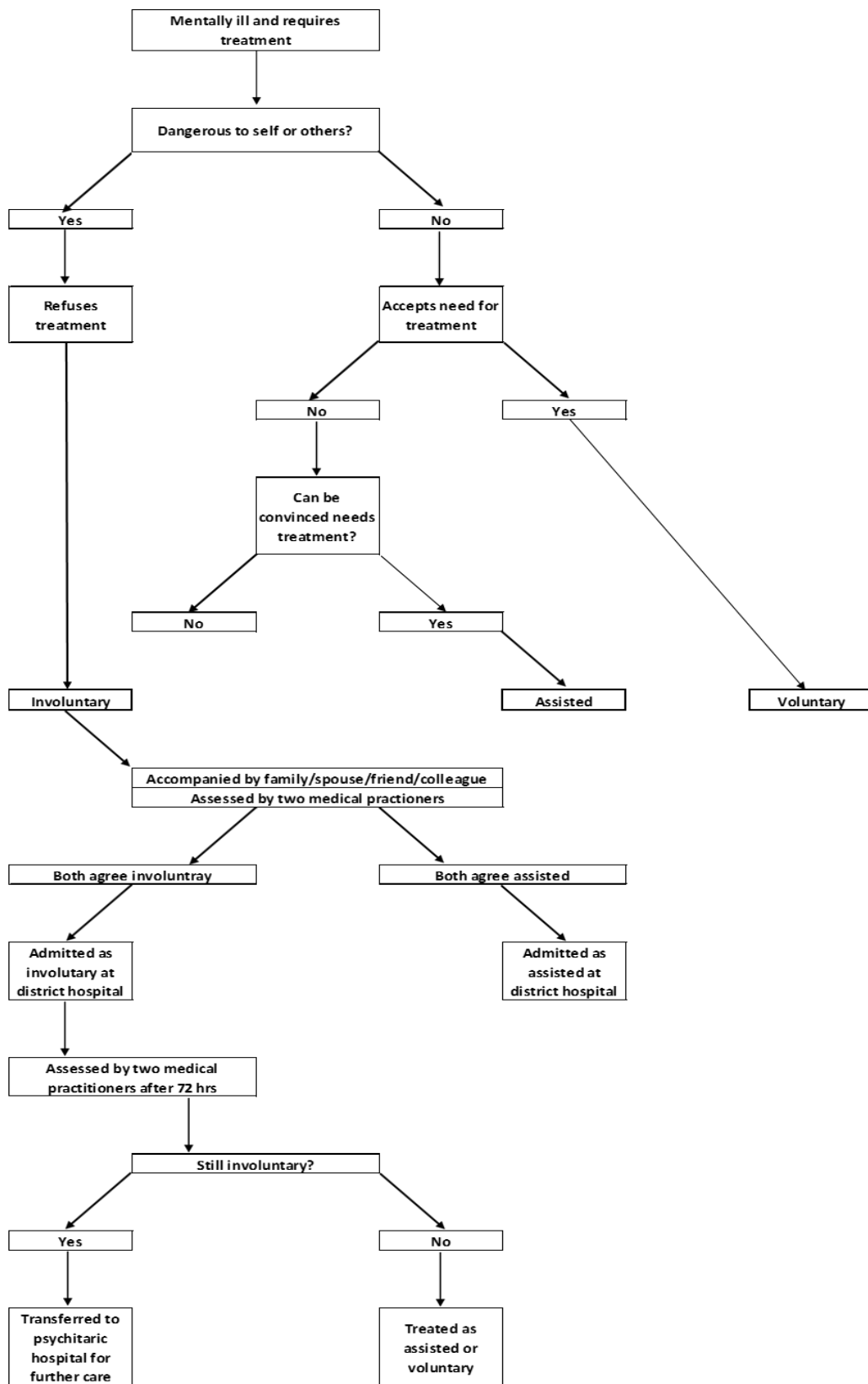
In general, benzodiazepines should be discontinued slowly to minimize symptoms such as:

- Sleep disturbances and rebound insomnia
- Restlessness
- Irritability
- Elevated anxiety
- Weakness
- Blurred vision
- Panic attacks
- Tremors
- Sweating/flushing
- Nausea/vomiting
- Headache
- Seizures
- Psychosis
- Hallucinations

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Appendix E: Admission pathway in terms of mental health care act



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Appendix F: Daily Evaluation Questions

Daily evaluation form

1. What did you enjoy most about today?

2. What did you learn today that you feel will help you in your work?

3. Was there anything you did not understand today'? Please give some examples.

4. What did you learn today that was most important to you?

5. Do you have any other comments about today's session?

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