

## **Mental Health**

### **13.1. Introduction to Mental Health**

The World Health Organization (WHO) defines health as a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. Thus the definition of health includes mental health as an integral part of health.

Mental health implies more than simply absence from mental illness. It is defined as a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.

The present state mental health services provide care mainly for people with mental disorders. Though certain non-governmental organizations carry out some mental health promotion activities, they are beyond the reach of the great majority of people having psychosocial problems. Hence, promotion of psychosocial well being and prevention of mental disorders should appear high in the agenda of the mental health programme.

### **Mental Disorders**

Of the 10 leading causes of disability worldwide, fifth is mental disorder. Many do not recognize that they are ill, while others do not seek help because of misconceptions about these diseases. Learning about mental illness would be most important before embarking on initial identification of various mental illnesses during house/field visit

Of all discharges with a Psychiatric illness in all hospitals in Sri Lanka including the Mental hospital, majority (34%) are having some type of a Psychotic illness (Schizophrenia and Schizotypal and delusional disorders). This illness category is closely followed by mental and behavioural disorders due to alcohol/substance use (24%) and mood disorders (20%).

### **13.2 Mental Health Policy**

A national mental health policy was approved by the cabinet of Ministers in October 2005. The vision of the Mental Health Policy of the Ministry of Healthcare and Nutrition, is the establishment of an affordable, accessible, comprehensive, community based service that will promote the mental wellbeing of the community.

Emphasis is on the prevention and promotion activities based on the principles, that services will be available at primary, secondary, and tertiary levels; services of good quality provided where and when they are needed; services will be organized at community level with community, family and consumer participation; mental health services will be linked to other sectors; mental health services will be culturally appropriate and evidence based; and the human rights and dignity of people with mental illness will be protected.

### **13.3. Mental Health services**

The Directorate of Mental Health which functions under the Deputy Director General of Medical Services (1) of the Ministry of Healthcare and Nutrition is the focal point for organization of Mental health Services in the country who is directly responsible for policy development, advocacy, human resources, training and coordination, nine provincial health administrative structures oversee implementation, monitoring and evaluation.

There is one Mental Hospital which is situated at Angoda, the Colombo district, and 18 community-based psychiatric in-patients units, 78 out-patient clinics, in other hospitals and 200 out-reach (Extension) clinics and 13 community residential facilities in island wide to provide patient care.

The process of integrating evidence based psycho- social support mechanisms into the well-established primary health care system in the country has been initiated. The Provincial Director of Health Services/ Regional Director of Health Services (PDHS/ RDHS) are the Programme Managers for development of Mental Health Services in their respective areas.

Provincial structures include Provincial Directors and Regional Directors, District Mental Health teams. Each district has a Medical Officer as the focal point under the Regional Director of Health Services, assisting planning, implementing, monitoring and evaluating Mental Health Services. The District Mental Health Team is a multi-sectoral group consisting of the Consultant Psychiatrist, Medical Officers trained in Mental Health and Psychiatry with their staff, and representatives from other related sectors such as education, Social Services Department. Representatives from Non-Governmental Organizations and community-based organizations are too members of the team. Field staff, headed by the Medical Officers of Health (MOH) supports community-based activities of the Mental Health Team.

The establishment of a Community Support Centre (CSC) in every Medical Officer of Health (MOH) area, for coordinating all the activities in the community for the promotion of mental well-being by providing support to those in need, is an initiative that has already been undertaken by the several RDHS with the support of the other Government and Non Governmental agencies in the area. MOH is administratively in charge of the CSC and is responsible for providing support services in the community. All primary care level workers including the public health staff, volunteers and other community leaders are involved in providing support services and referring clients in need, to the CSC. By helping individuals to practice life skills, especially in times of distress, by organizing community activities and by providing information and knowledge, support services can improve the mental well-being of the individual and thereby the well-being of the entire community and society at large.

Medical Officers (Mental Health), i.e., MO/MH supervised by the District Psychiatrist provide the technical guidance to those providing community support services. They provide treatment to those referred with mental disorders to the Mental Health Clinic in a hospital of the area, on an out patient basis as far as possible. The early identification and treatment of common mental disorders hitherto undetected or undiagnosed, can increase the wellbeing of all individuals.

Addressing the social determinants of health by networking with external agencies helps in the attainment of total wellbeing by every individual. Multi-sectoral collaboration for mental health development is organized at various levels with the leadership of the respective health authority. At divisional level the Medical Officer of Health is the leader of the Divisional Mental Health Development Committee. This enables provision of practical help from non-health sectors as well, to clients according to their specific needs.

Promotion of mental health and prevention of mental disorders are two significant components of mental health services. These are two key responsibilities of health workers in the community.

### **13.4 Mental health promotion**

Mental health promotion includes actions to empower the community to enhance the mental wellbeing of individuals, families, organizations or communities. Mental health promotion contributes to enhancing the quality of life. While increasing happiness and wellbeing, there is also evidence to show that mental health promotion can contribute to the prevention of certain disorders, for example anxiety, depression and substance abuse. Improving mental health also enhance physical health and productivity.

Over the last two decades, numerous studies in mental health promotion and mental disorder prevention have proven that a wide range of well designed interventions can be effective and lead to improved health, social, and economic development. These have been found to reduce risk factors, strengthen protective factors, decrease psychiatric symptoms and disability and the onset of some mental disorders.

Promoting mental health in an individual will enhance:

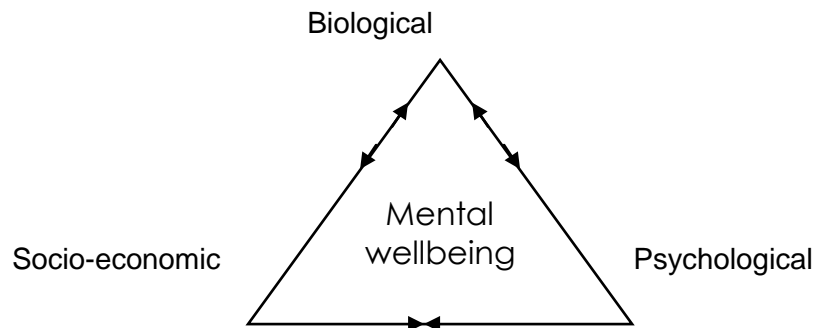
- Happiness
- Independence
- Enthusiasm
- Life skills
- Ability to enjoy life
- Emotional resilience
- Self-esteem
- Capacity to learn
- Productivity
- Ability to control ones life
- Ability to form loving, supportive relationships
- A sense of belonging to the community
- Physical, social and spiritual wellbeing

The attainment of the above status by the individuals could bring about improvements in the overall health status of the population. A happy individual with good life skills and the capacity to learn and work productively will look after him; will not harm him; will learn and practice good life skills. Individuals of a family in a loving, supportive relationship can reduce incidents of domestic violence, child abuse and neglect. Ability to control ones life, good self esteem and emotional resilience can reduce alcohol related harm, gender base discrimination and suicides. These in turn contribute to happy, enthusiastic individuals in the family, in the current generation and also in the next generation in a virtuous cycle.

### 13.5 Factors affecting mental wellbeing

Mental health and mental disorders are determined by multiple and interacting biological, social, economical and psychological factors. (Fig.1)

**Fig.1 Factors affecting mental wellbeing**



Some of the common psycho-social factors leading people into mental distress situations are:

- Not having enough money / time / an employment
- Failure in job or school
- Relationship problems with:
  - Spouse (marital discord)
  - Parents, teachers
  - Friends
  - Siblings
  - Workmates, peers
- Domestic violence
- Child abuse and neglect
- Alcohol and substance use
- Wars, conflicts and disasters
- Thoughts of self-harm
- Medically unexplained symptoms
- Living in fear
- Limited education
- Stressful work conditions
- Gender discrimination
- Unhealthy lifestyle
- Human rights violations

### **13.6 What can be done to promote mental health and wellbeing?**

The types of interventions, which are useful in promoting mental health and preventing mental illness, are many. Interventions can be grouped into individual, family and community interventions.

#### **Strategy 1 - Individual interventions (High risk approach)**

People with unmet needs may seek help from community support centres, clinics and at home visits. Some may have encountered problems in their lives, which they cannot solve on their own. Others may need to express emotions and feelings and expect a sympathetic hearing. People will also seek help with practical problems such as securing a job or seek treatment for illness.

It is necessary to build good interpersonal and therapeutic relationships with the client. It is the responsibility of the PHI to provide practical information to the client and to recognize when protection for the client is called for. Situations may arise where PHI / Community Worker may have to act on behalf of a person being abused or exploited, with the person's consent.

#### **Strategy 2 - Family interventions**

Family interventions are necessary in the care and support of individuals in distress. The role and responsibility of each member of the family, who cares for the wellbeing of another member in distress, should be recognized and supported.

#### **Strategy 3 - Community interventions**

It is also important to consider the social context in which the client lives and involves the social support mechanisms.

#### **Strategy 4- Develop partnerships**

Promoting mental health involves not only working with people in the health sector. The development of partnerships between a range of agencies in the public, private, and non-government sectors is essential. It is necessary to network with them to design and implement interventions that will promote mental health and prevent mental disorders.

### **13.7 Role of the PHI towards the promotion of mental health in the community**

- Mental disorders can be controlled by early identification and proper management.
- This would prevent complications and life long disability

PHI should be aware of the features of common mental disorders. It is important to watch for warning signs of mental illness and refer those having such signs to medical advice as soon as possible.

These symptoms would include:-

**SYMPTOMS OF MENTAL DISORDERS**

- Marked personality changes
- Inability to cope with problems and daily activities
- Strange ideas of delusions
- Excessive anxiety
- Prolonged feelings of sadness
- Marked changes in eating or sleeping patterns
- Thinking or talking about suicide
- Extreme highs and lows
- Abuse of alcohol, drugs
- Excessive anger, hostility
- Violent behaviours
- Irrational fears

### **13.7.1 Promoting Mental Health in the Workplace**

Mental health of individuals can be improved through simple workplace interventions. Workplaces include a wide variety of places such as the hospitals, schools, government offices, industries, hotels, prisons, police stations, and army camps. Many such places have not only the workplace employees and their managers but also others who seek services. For example, in a hospital, apart from the hospital staff, there are others such as patients and visitors who come to the hospital for services. The hospital therefore, is a workplace which offers many opportunities to implement promotive and preventive activities, which will improve the wellbeing of all the categories of people concerned.

Many workplaces are keen to carry out programmes to increase productivity. Promotion of wellbeing could be incorporated into such programmes. Promoting mental health in the workplace will improve productivity of the organization through:

- improving physical wellbeing
- improving social relationships through better co-worker and supervisor support
- reducing absenteeism
- reducing workplace conflicts

Employees, students in schools, and patients who develop better mental health, can act as change agents in their families and in their communities.

The Public Health Inspector is already involved in monitoring standard of cleanliness in workplaces and in ensuring workplace safety. Under the guidance of the MOH, PHI is expected to promote mental wellbeing at the workplaces. Other sectors in the community and other agencies also could be involved in such activities.

### **Common problems in the workplace**

These may be related to the individual, to the organization and to the job. Some of the examples are:-

- alcohol and tobacco use
- stress
- lack of job satisfaction
- staff getting divided into disruptive groups / cliques
- violence and harassment
- maladaptive behaviour
- some members of the staff not receiving respect
- conflict among co-workers and management
- absenteeism
- discriminating practices
- accidents
- unpredictable working hours
- intense and repetitive type of work
- lack of personal safety measures for workers
- lack of adequate welfare facilities
- unhealthy working environment

Several strategies can be implemented to promote the mental health of people in a workplace.

#### **Strategy 1 – Assessment of wellbeing and identification of factors affecting the well being of different categories of people in a workplace**

Staff in the workplace should identify the indicators, which measure their own mental wellbeing and, in addition, the wellbeing of others who seek services. They should also list the criteria they could use to measure their own wellbeing and that of the others

The next step would be to identify the factors in the workplace that influence the wellbeing of staff and the others.

#### **Strategy 2 – Behaviour change interventions for wellbeing**

- Creating awareness among workers can change their behaviour positively. Mental health awareness programmes can be implemented in several ways such as by lectures, by the provision of educational material, etc.
- Discussions/workshops focusing on common problems in a workplace, observational visits
- Create space for behaviour change activities such as facilities for meditation and exercise

### **Strategy 3 – Helping individuals in distress**

- The appropriate interventions can be carried out to help people in distress, after making a proper assessment

Interventions may be in the following areas:-

- Anger management
  - Stress management
  - Relaxation techniques
  - Management of people
  - Time management
  - Life skills
- Organize a help-desk by networking with resource groups to provide individual help

### **Strategy 4 - Engage workplace staff in implementing the activities**

- Groups of people with common needs may decide to get together to support each other, i.e., self-help groups
- Implementing rules and regulations within the workplace by the staff, on a volunteer basis

The staff could be encouraged to take steps to change certain factors they have identified as having a negative impact on their wellbeing. Promotion of wellbeing can be carried out as a formal activity or incorporated into the routine work, based on the decisions arrived through employer-employee dialogue.

Follow-up is the best way to ensure success of an activity. Identify ways of determining if a change in the culture has occurred after a period of time, as a result of their interventions. At follow-up sessions, see if staff has attempted such changes. If not, you could discuss the factors that have impeded the necessary change in the workplace. It may be that only a few staff members participated initially in discussions with you, and that the majority of staff is unaware of the activities. If so, the staff that was initially involved in the activity could discuss about the process of promoting wellbeing, with all staff.

## **13.7.2 Promote Mental Health among Children**

The factors that promote wellbeing in children are also the basic needs necessary for growth and development. These needs change with age, maturity and circumstances of the child. While providing the physical health needs such as good nutrition, and prevention and treatment of illness, parents should also provide the psychosocial needs of children.

Parents or other caregivers should try to use every opportunity to help the child to appreciate and enjoy the world. They also need to give the relevant inputs to help the child to understand and make sense of the world. They have to provide opportunities to help the child to learn by doing things and by offering guidance. Appropriate things to be provided depend on the child's age and maturity.



Development of parenting skills and engaging the parents and the community in activities, which promote the wellbeing of children, can greatly enhance the mental health of children.

Groups made up of mothers, fathers and care givers, in each, could be encouraged to discuss the basic needs a child should be provided with, e.g., healthy parenting practices. This can be done from pre-pregnant stage or even from adolescence. Parents and caregivers need to understand that it is not only knowledge that should be provided, but that there is a range of activities that children can learn from. They could be encouraged to discuss how opportunities to learn through experience and doing, could be enhanced in children.

Public Health Inspectors and Public Health Midwives meet mothers, in many settings. Promotion of child wellbeing could be discussed at the antenatal clinics, postnatal clinics, family planning clinics, mother support groups, community support centers and during home visits.

Parents and caregivers could be encouraged to expand the range of learning opportunities provided for their children. At subsequent visits they could discuss what new opportunities they have been providing for their children. Mothers could also learn the sharing experiences of each other.

While engaging in the School Medical Examinations, PHI can lead a discussion with students and assure that there is always provisions for seek help if and when they need. Also, it should be explained to children about the Community Support Centers, MOH Offices, and Youth Friendly Services available in the country.

Children can present with behavioural problems such as enuresis (bed wetting), encopresis (faecal soiling), fears and phobias and school refusal. If these disorders are suspected by the primary care workers during home visits or in a clinic setting, it is important to refer them to the closest Community Support Center or to the Medical Officer/ Mental Health, for assessment, diagnosis and appropriate care.

### **13.7.3 Developing Life Competencies for Psychosocial Wellbeing**

Life competencies are the abilities of an individual to meet the needs and demands of day-to-day life in a productive manner; they are the positive behaviours necessary for psychosocial wellbeing.

Developing life competencies can help in preventing many psychosocial problems such as alcohol and drug use; risky sexual behaviour; poor academic performance; uncontrollable anger and social adjustment problems.

**Life skills can be categorized into:**

<b>Social skills</b>	<b>Cognitive skills</b>	<b>Emotional skills</b>
<ul style="list-style-type: none"><li>• <b>Effective communication</b></li><li>• <b>Interpersonal relationships</b></li><li>• <b>Empathy</b></li></ul>	<ul style="list-style-type: none"><li>• <b>Self awareness</b></li><li>• <b>Decision making</b></li><li>• <b>Problem solving</b></li><li>• <b>Creative thinking</b></li><li>• <b>Critical thinking</b></li></ul>	<ul style="list-style-type: none"><li>• <b>Coping with stress</b></li><li>• <b>Coping with emotions</b></li></ul>

Although these life skills have been categorized into three groups they are used together in many situations, and they reinforce each other. For example, a programme aimed at anger management would teach ways to communicate feelings (a social skill), understanding the consequences of action (critical thinking - a cognitive skill), and to manage reactions to conflict (coping with stress - an emotional skill).

Theories about the way children and adolescents grow, learn and behave, provide the foundation of the life skills approach. These theories find these specific skills to be essential components of healthy development, and the skills that define a resilient child.

### **Decision making**

Decision-making is a complex process. Management of difficult choices, especially under stress, involves other skills. Cognitive skills, which are important in decision-making, are identifying issues or problems, determining goals, generating alternative solutions and envisioning possible consequences. Emotional skills for calming oneself under stress, listening carefully and accurately, and determining the best choice, are also important for good decision-making. Social skills like empathy are necessary for understanding others.

### **Problem solving**

This process requires that the decision maker be able to identify possible courses of action or solutions to a problem and to determine which the best alternative solution is. It involves taking into account accurate facts and not depending on past experience alone, being able to change one's position when adequate reasons are given, being able to find a joint solution when a group is facing a problem and evaluating whether the solution has worked in the expected manner.

### **Creative thinking**

Creative thinking enables greater ability to understand connections between events, to apply thinking skills, which are appropriate to the situation and the ability to use creative solutions in challenging situations. It also develops the ability to think broadly, to pay more attention to the wider environment and to view events from different perspectives.

### **Critical thinking**

Critical thinking promotes the ability to analyse differences, the ability to look critically at events, situations or media and analyse one's perceptions of social norms and

beliefs, to understand the consequences of actions and to analyse peer and media influences.

**Effective communication**

Effective communication involves listening to the views of others, expressing one's views without hurting the feelings of others and the ability to converse in a cordial manner and understanding the non-verbal communications of others. Ability to negotiate, refuse by saying no and assertiveness are necessary for effective communication.

**Good interpersonal relationships**

Good interpersonal relationships increase the number of close friends, the number of people you associate with, and increase co-operation with people in the class, workplace and other places.

**Self-awareness**

It includes understanding one's strengths, abilities, likes and dislikes. Also includes being sincerely proud of one's abilities and skills, readiness to accept mistakes while acting in a responsible manner, and belief in one's self to do what is right. Self-esteem can be achieved through self-awareness, self-evaluation, value clarification and self-maturity.

**Empathy**

The ability to empathise with others, allows the person to recognize and understand the feelings of others. This enables one to reach out to those with difficulties and to take decisions about oneself.

**Coping with emotions**

Skills for coping with emotions through self-management and controlling stress (often incorporating social problem solving skills) are an important aspect of day-to-day living. Relaxation techniques, managing anxiety, strengthening one's belief in personal control and responsibility for one's life, are skills to be learnt, to enable coping with emotions. Skills for improving the control of emotions, self-management and anger management, improve with the ability to cope with emotions.

**Coping with stress**

Understanding the reasons and solutions for our stresses, accepting what cannot be changed, and looking for alternatives, taking part in sports and aesthetic activities, hobbies, increasing one's focus of control, self-management, self-monitoring and engaging in creative pursuits are all, ways of dealing with stress.

**13.7.4 Preventing Alcohol Related Problems**

Indulgence in alcohol is one of the main factors affecting the mental health and wellbeing of the individual, family, and the community.

When discussing negative effects of alcohol, harm to the individual user is nearly always the focus of discussion. However, the negative effects can also harm even non-users. A significant number of victims who are abused by people, who are under intoxication, do not get counted. Most victims of the habit of alcoholism are probably children, and in many cultures, women. Alcoholism has a major impact on the poorest of the community.

Alcoholism results in higher death rates from injuries, self harm, violence, poisoning, cirrhosis, haemorrhagic strokes, pancreatitis, and cancers of the oral cavity, pharynx,

larynx, oesophagus, liver and breast. Many of these deaths towards which alcohol have contributed are not added to the official statistics covering alcohol related deaths. Psychological consequences of alcoholism lead to depression and suicides.

Consuming liquor is promoted by the liquor trade as an enjoyable activity. Consequently individuals begin to rely on alcohol for purposes of relaxation or to enjoy socializing. Thereafter the person's life slowly begins to revolve around alcohol, and his range of sources of happiness, enjoyment and fun become limited.

The use of a sizable proportion of the family income on alcohol has many negative social consequences. It results in malnutrition, inability to spend on children's education, and on borrowing money, often at very high interest rates.

Reduction of alcohol use, or abstaining from it, can prevent mental health problems and promote mental health in the community. Strategies such as promoting awareness about harm caused by alcohol, making the alcohol habit less attractive, encouraging quitting of the habit, and counteracting the forces that promote increased consumption, together with restricting its availability, all contribute towards discouraging alcohol habit in the community.

PHI is one of the three categories of Authorized Officers for Act No. 27 of 2006; National Authority on Tobacco and Alcohol (NATA). PHII are expected to implement law under this Act and to send a summary report of prosecutions done quarterly, to the respective RDHS.

### **13.7.5 Preventing Domestic Violence**

Domestic violence refers to all acts of violence, threatening, or intimidation committed within the home against members of a household, usually by another family member. It is often children, women and elderly, who are subjected to domestic violence. In most cases of domestic violence, it is the men who commit acts of violence against their spouses. When acts of violence are committed against children or the elderly, women too may be responsible for such acts.

Domestic violence may present itself in many different ways, as follows:-

- Suicide or acts of attempted suicide
- Depression
- Unexplained medical symptoms
- Behavioural problems in children

As victims of trauma; domestic violence should be considered as a possibility, when it is observed;

- That the injuries are inconsistent with the patient's explanation
- That injuries have been sustained during pregnancy
- That there has been repeated reporting with injuries
- That there is a substantial delay between the occurrence of injury and the patient seeking the treatment

### **Strategies to reduce domestic violence**

- Shifting community attitude towards non-acceptance of aggression
- Reducing alcohol use
- Teaching life skills

- Creating social disapproval of domestic violence especially related to alcohol use, or gender and community mobilization
- The role of the health worker should be to support and help those affected, help minimize the harm and if possible, look for ways of helping the perpetrator to stop his behaviour
- Health workers who meet people in the community need to be sensitive to the possibility of domestic violence in vulnerable groups, especially during home visits
- The subject of violence/abuse needs to be discussed with care. Indirect questions as given below can be used to start a discussion:
  - Do you feel that your spouse treats you well?
  - Is there anything that goes on at home that makes you feel frightened?
  - Does he throw or break objects in the home during arguments?
  - Does he act possessively? for example, always calling you at work

It is important to listen to the client in a caring manner, providing an opportunity to discuss the subject of violence, and to ventilate the client's emotions.

It is helpful if you are aware of resources available in the community to help victims and refer them. There could be organizations, which support victims of violence, or organizations that help training the persons so that they could support themselves financially.

During the course of your work you may be able to meet with community leaders, especially women who can offer help to women who are experiencing violence in their own community. They could:

- (i) form a support group for women experiencing violence and those who have successfully dealt with violence. All those participating in such groups need to understand that participation is voluntary, and confidentiality needs to be maintained about issues discussed at such meetings
- (ii) provide a safe space for women and children experiencing violence. One or more families may offer their house as a safe house
- (iii) provide urgent medical treatment for those experiencing violence
- (iv) form self-help groups

Before planning and implementing community interventions it is useful to make a community assessment which should take into consideration the following:

- Do people think that violence is a problem in their community?
- You may ask people to list reasons that they think contributing to increased violence in their community.
- Who are the victims of violence?
- What are the possible causes of domestic violence? e.g., poverty, frustration, stress, lack of life skills, anxiety, worry
- What role does alcohol play?

### **13.7.6 Preventing Suicide and Self-Harm**

At the community level, the suicide rate, alcohol and other psychoactive substance dependence and violence, are indicative of poor mental wellbeing. Many of these factors are intertwined. Alcohol use is associated with domestic violence, and both these factors are being implicated in suicide. Most men who have engaged in self-

harm arrive at the hospital intoxicated. Many women and children who engage in self-harm give, as the trigger event, a violent incident, that involves an intoxicated male family member.

The commonest reason attributed for self-harm in Sri Lanka is inter-personal conflicts. For example, young women may carry out an act of self-harm as a result of parents objecting to a love affair, being falsely accused of having a romantic / sexual relationship or after experiencing continuous violence from family members/ marriage partners. The resulting emotional responses may be anger, sadness, shame, humiliation, frustration and the desire to retaliate against others who have harmed the person in some way. A person for these reasons may contemplate to commit suicide over a period of time. However, the final act of self harm may be impulsive or triggered off by a specific incident.

Although interpersonal conflicts have been identified as one of the main triggers for people to attempt self-harm in Sri Lanka, there may be other types of situations that elicit similar emotions leading to self-harm. Therefore, for each individual, the reasons for engaging in self-harm may be different. It is important to understand the situation from the point of view of the person concerned.

Situations of extreme poverty, disasters and conflict situations tend to increase the rates of suicide and self-harm in a community. In these situations, people may become highly distressed as a result of deprivations, losses or displacement that they experience.

Men may harm themselves following an economic crisis such as crop failure or loan defaults or an event where they have been publicly accused of wrong doing. Women during pregnancy and post-partum period can be in distress due to the sudden demands being thrust upon her.

Sensitizing communities to support people in distress is an important strategy to reduce the incidence of self-harm. Health workers are in a position to offer support to distressed persons.

**In conclusion;**

You are expected to refer the Manual of Health workers at community Level, "Towards Better Mental Health" published by the Directorate of Mental Health. This manual is a guide for Primary Health Care Worker, for effective contribution towards mental health. You may request for a personal copy from the Medical Officer/Focal Point for Mental Health in your respective RDHS area.