

APPENDIX 8: MENTAL HEALTH ASSESSMENT

As mental health disorders can impact adherence negatively, it is recommended that screening is provided for mental health disorders while treating HIV, TB and NCDs.

Basic screening should assess:

1) What is the patient's appearance?

- Is he/she clean and looking after him/herself
- Does the person look worried or sad?
- Does the person seem agitated?
- Does he/she seem suspicious, nervous or hostile?

2) Assess the patient's mood, asking:

- How have you been feeling over the last week?
- Have you been feeling mostly normal, or sad or happy, or worried?
- How do you feel today?
- What are your feelings about the future?

3) Assess the patient's thoughts:

- Are you having negative thoughts?
- Are you having strange thoughts?
- Any unusual fears (e.g. being followed, spied on)?
- Have you had any strange experiences (e.g. hearing voices/seeing visions other people cannot hear or see) or special abilities?

Negative thoughts can suggest depression, other strange thoughts or experiences could raise suspicion of psychosis.

4) Assess patient's cognition:

- Does thinking seem slow?
- Is the person able to concentrate?
- Does the memory seem impaired?

If you suspect a mental health disorder while asking the previous questions, try to answer the following questions:

- What is the main problem?

- How long has it been present?
- Does it affect the patient's daily functioning?
- Can this be managed at this clinic?

If further assessment and treatment cannot be provided at the clinic, refer to a psychiatric nurse or service. Tools such as SRQ 20 recommended by the WHO can help to identify mental health disorder.

Provide the patient with education on mental health and provide them with advice that can help them overcome symptoms.

Explain to the patient that the following signs could mean that they may need support to improve their mental health condition:

If they feel:

- Constantly angry or very worried.
- Very sad for a very long time.
- They are losing interest in things they use to enjoy doing.
- They can not cope with work or daily activities.
- Their mind is controlled (e.g. by voices) or out of control.
- They need to use alcohol or drugs.
- Obsessively do things such as repeat washing hands, non-stop sport activity, eating too much, obsessive diet or other obsessive behaviours.
- Hurt themselves or other people or destroy things.
- Do irresponsible things that could harm them or others.
- Having problems sleeping or feeling tired and not having energy.
- Feeling anxious, looking or feeling 'jumpy' or upset, having panic attacks.
- Not wanting to spend time with people; spending too much time in bed.
- Hearing and seeing things that others do not see.
- Other differences in the way the person sees what is happening around them, for example believing that someone is trying to harm you, or laughing at you.

If the patients show signs of intense sadness, risk to harm themselves or others or hear or see things that other do not see they should directly be referred for psychiatric support.

If the patients experience some of the other symptoms, explain to them that they can identify some ways to help them cope with their situation by telling them that it might help to:

- Share your feelings and spend time with other people you trust.
- Get back to daily routine as much as possible (e.g., work, school, housework).

- Participate in religious or spiritual activities.
- Play sports or get regular exercise.
- Eat regular meals.
- Get adequate rest.
- Take a break and relax.
- Participate in enjoyable activities (singing, dancing, reading), even if at the moment it may be hard for you to enjoy them.
- Help other people talk about how they feel, but also respect if they choose not to talk about it.

Recommend that they avoid:

- Using alcohol or drugs to cope with the symptoms.
- Withdrawing from family and friends.
- Withdrawing from daily activities.
- Overworking.
- Blaming yourself or others.
- Neglecting your health/self-care (e.g., sleep, hygiene, diet).

You may need to seek help from a psychiatric nurse or a counsellor if you want to talk with someone outside of your family or circle of friends or if your symptoms do not improve with the coping strategies.