NPHCDA

MODULE 10: MENTAL HEALTH IN PRIMARY HEALTH CARE

February 2024

Overview of mental health

Sessions	Components
10.1	Introduction to mental health
10.2	Definitions, causes, integration and role of healthworkers
10.3	Developmental mental health disorders
10.4	Behavioral mental health disorders
10.5	Depression
10.6	Alcohol use disorder

Learning Objectives

At the end of this session, Participants will be able to;

1. Develop preliminary understanding of Mental Health
2. Understand Nigeria's statistics on Mental Health
3. Understand the components of Mental Care

Session Overview

The following content will be discussed in this session:

1. Understand the components of Mental Care
2. Situation Analysis
3. Components of Mental Care

Local Government Health Authority Advisory Committee

- Mental health is a positive concept related to the social and emotional wellbeing of people and communities.
- Our mental health directly influences how we think, feel and act: it also affects our physical health.
- Good mental health and well-being is not an on-off experience. We can all have days, weeks or months where we feel resilient, strong and optimistic, regardless of events or situations. Symptoms of mental health conditions at the other
- The concept relates to the enjoyment of life, ability to cope with stress and sadness, the fulfilment of goals and potential, and a sense of connection to others.
- Mental health is about wellness rather than illness and is not merely the absence of a mental health condition.
- Like physical health, mental health is not fixed.
- Mental health exists on a continuum, or range: from positive, healthy functioning at one end through to severe

Situation Analysis

- With a population of over 220million, it is estimated that as much as 30 percent of the population of Nigeria suffers from a mental illness.
- Fewer than 10 percent of those battling mental illness have access to mental healthcare.
- There has not been an update to the laws regarding mental health in Nigeria since 1958.
- Depression is the most common illness that affects mental health.
- Nigeria has Africa's highest caseload of depression, and ranks 15th in the world in the frequency of suicide, according to WHO2.

Main Components of Mental Health care



Main components of Mental Health care
A service seeking to provide health for its people must have mechanisms to enhance or promote mental health & not just to prevent & treat mental illness.


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Key messages

1. Mental health is a positive concept related to the social and emotional wellbeing of people and communities
2. Nigeria has a population of over 220million, it is estimated that 30 percent of the population of Nigeria suffers from a mental illness
3. Fewer than 10 percent of those battling mental illness have access to mental healthcare
4. A service seeking to provide health for its people must have mechanisms to enhance or promote mental health & not just to prevent & treat mental illness

Overview of mental health

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10.2	**Definitions, causes, integration and role of healthworkers**
10.3	Developmental mental health disorders
10.4	Behavioral mental health disorders
10.5	Depression
10.6	Alcohol use disorder

Learning Objectives

At the end of this session, Participants will be able to;

1. Define health and mental health
2. Discuss the concept of mental health and mental health disorders
3. Understand the importance of integrating Mental Health into PHC
4. Identify common mental health disorders
5. Understand the role of PHC workers in caring for people with mental health

Session Overview

The following content will be discussed in this session:

1. Definition of Concepts
2. Importance of integration
3. Causes of Mental Health Disorders
4. Role of HWs in Caring for Mental health Disorders

Definition of Concepts

- Health is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity (WHO)
- Mental Health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO)

Mental health

- Capacity of an individual, or group to interact with one another and the environment in ways that promote the feeling of well-being
- Entails optimal development & use of mental abilities required for normal level of functioning
- Involves satisfactory social relationships



Mental disorders

- Illness with psychological or behavioural manifestations
- Characterised by abnormalities of emotion, thought, cognition, sensory perception, belief and behaviour.

Pictures of people with mental disorders








Brainstorming

How What are the causes of mental health disorder?

Why mental health care in PHC?

Importance of Integrating Mental Health in Primary Health Care

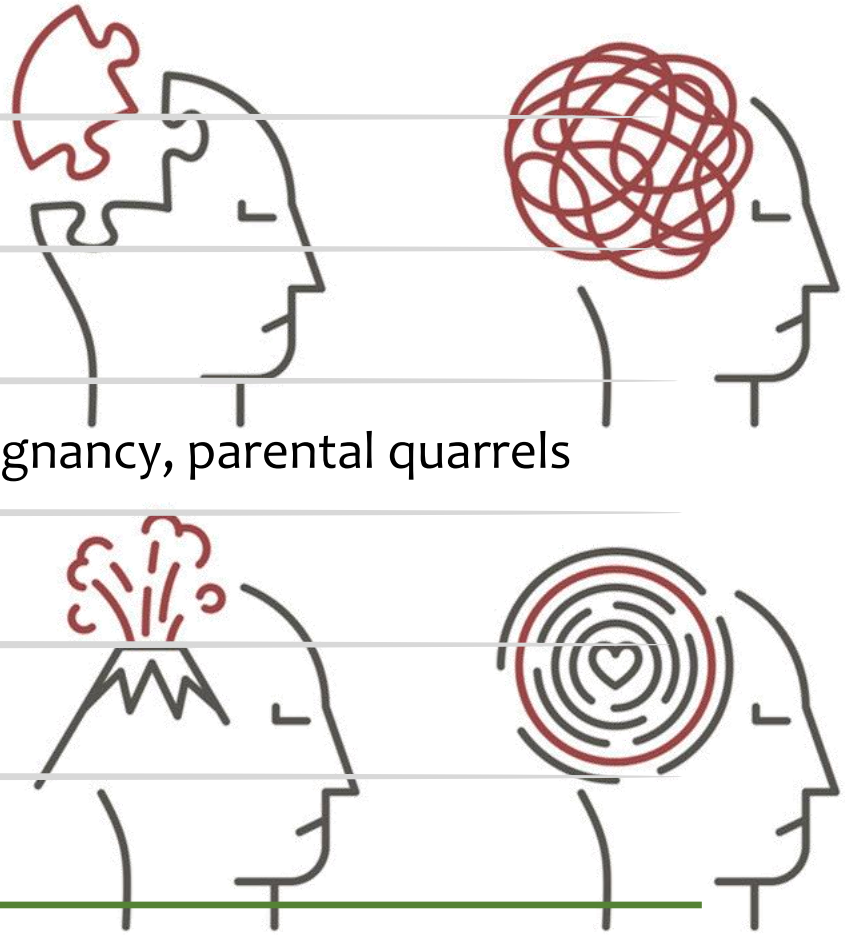
- Many patients will never accept a referral to a mental health facility because of the associated stigma
- Without the mental health component, PHC is really not the comprehensive, one-stop shop that focuses on the whole person, rather than on specific diseases or organ systems, in keeping with the bio-psycho-social model of disease



Causes of Mental Disorders

Mental illness does not come without a warning. There are multiple factors such as:

- Emotional experiences in infancy/childhood
- Broken homes
- Socio-economic problems
- Psychosocial stressors - failure of examination, unwanted pregnancy, parental quarrels
- Brain injuries e.g. At birth, accidents
- Drug abuse e.g. Alcohol, cannabis
- Genetic factors



Risk factors for mental illness

- Family history of alcoholism
- Poverty
- Family conflict
- Models for deviant behavior in the environment
- Low self esteem
- Low perceived life chances
- Risk taking propensity
- Problem with drinking, poor school work



Role of PHC Workers in Caring for Mental Health Disorders

Identify community members at risk of mental health disorders e.g. domestic violence sufferers, drug and alcohol users abuse, families with bereavement and refer as appropriate

Participation in society is a problem for persons with mental illness, because even when they are fully recovered the stigma remains

PHC workers are usually from the communities in which they work they should

In many communities in the developing world, children with epilepsy are excluded from school because of local beliefs. Therefore, PHC workers can intervene by carrying out home visits, educating the parents to ensure compliance with medication and visiting schools to educate teachers.



Key messages

1. Mental Health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community

2. Mental Disorder is an Illness with psychological or behavioural manifestations

3. Due to the stigma associated with Mental health facilities, it is important to provide mental care at PHCs as an alternative and also for an effective Integrated health care service

4. Life difficulties, substance abuse, injuries and genetics are major causes of Mental health disorders. PHC health workers have a role in identifying, supporting and referring those in need.

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10.3	**Developmental mental health disorders**
10.4	Behavioral mental health disorders
10.5	Depression
10.6	Alcohol use disorder

Learning Objectives

At the end of this session, Participants will be able to;

1. Define developmental disorder
2. Understand biological And psychosocial factors predisposing To developmental disorder
3. Understand how to detect common mental health disorders
4. Understand how to prevent common mental health disorders

Session Overview

The following content will be discussed in this session:

1. Common Developmental Mental Health Disorders
2. Detection of Common Developmental Mental Health Issues
3. Prevention & Management of Common Developmental Mental Health disorders

Common Mental Health Issues and the Primary Health Care level…

Developmental Disorder

- **Developmental disorder** refers to a set of mental/intellectual impairment that may be pervasive in nature and has onset in childhood or adolescence.
- It runs a chronic course and may persist till adulthood.
- An example of a Developmental Disorder is **Autism**.
- **Autism** is characterized by impairment of communication skills, language, social behavior (interaction with people), narrow range of interest, and repetitive stereotyped activities (e.g. hand or finger flapping or twisting, shaking of the head). It has an early onset (usually starts before age 3).

Developmental Disorder Affect

- Child's inability to capacity to learn new skills
- Child's inability to be autonomous (being independent), functioning and participation in family and school life
- Child's inability to attain educational and social achievements as well as Future occupational attainments
- Problem identified during sick-child visit (under-5 clinics)

Biological Factors Predisposing To Developmental Disorder

- Malnutrition
- Iron deficiency anaemia
- Iodine deficiency
- Low birth weight
- Perinatal (birth) asphyxia
- Hearing and visual impairment
- Recurrent illness
- Consanguinity



Common Mental Health Issues and the Primary Health Care level… Cont'd

Psychosocial Factors Predisposing To Developmental Disorder

- Depression in the mother
- Low level of mother's education
- Insufficient child care
- Poverty, stress, decreased social support; and
- Harmful traditional beliefs and child rearing practices

Diagnosing Common Mental Health Issues Cont'd

Signs to look for:

- Unusual way of talking (use of words that are not meaningful to others, repetition of words that someone else has said).
- Restricted, repetitive pattern of behavior, interests and activities (e.g. hand or finger flapping or twisting).
- The time problem was noticed, sequence and course of above features.
- Loss of previously acquired skills (e.g. talking, walking).
- Presence of visual/hearing problems.
- Associated epilepsy

Diagnosing Common Mental Health Issues

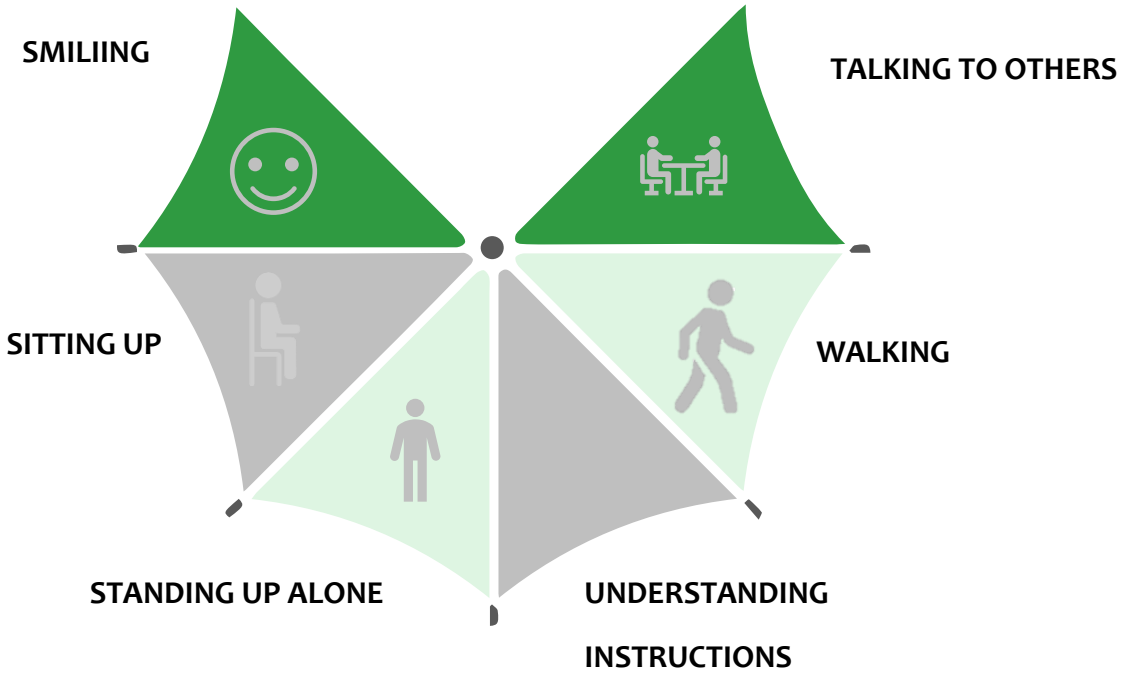
Children/Adolescents with developmental disorder are usually detected through the following:

01	Concerns expressed by caregivers
02	Complaints reported by children/adolescents
03	Concerns expressed by teachers
04	Problems identified during well-child visit

Diagnosing Common Mental Health Issues Cont'd

Assessment of a Child for Developmental Disorder

Find out if the child has a delay in development by determining the age at which the child started:



Diagnosing Common Mental Health Issues Cont'd

Signs to look for:

- Unusual way of talking (use of words that are not meaningful to others, repetition of words that someone else has said).
- Restricted, repetitive pattern of behavior, interests and activities (e.g. hand or finger flapping or twisting).
- The time problem was noticed, sequence and course of above features.
- Loss of previously acquired skills (e.g. talking, walking).
- Presence of visual/hearing problems.
- Associated epilepsy

Assess for Factors Associated With Developmental Delay

1. Presence of visual (seeing) and hearing impairment

2. Are there any nutritional deficiencies including iodine deficiency and/or medical conditions?

3. Is the delay in development due to non-stimulating environment or Depression in the mother?

Assess child for Hearing or visual impairment

If the child is greater than 6 months, **ASK** the mother and **OBSERVE:**

Hearing Impairment

01 **If the child turns his head to see someone behind him when the person speaks**

02 **If the child shows any reaction to strong or loud noise**

03 **If the child makes a lot of different sounds (baba, dada, mama, tata).**

Visual Impairment

01 **If the child looks at your eyes**

02 **If the child follows a moving object with head and eyes**

03 **If the child recognizes familiar people**

04 **If the child is able to grab an object**

Look for evidence of Maternal Depression (Is the mother suffering from Depression?

For at least 2 weeks, has the mother had at least 2 of the following:



Feeling of sadness (most of the day, almost every day)

Loss of interest or pleasure in activities that are normally pleasurable

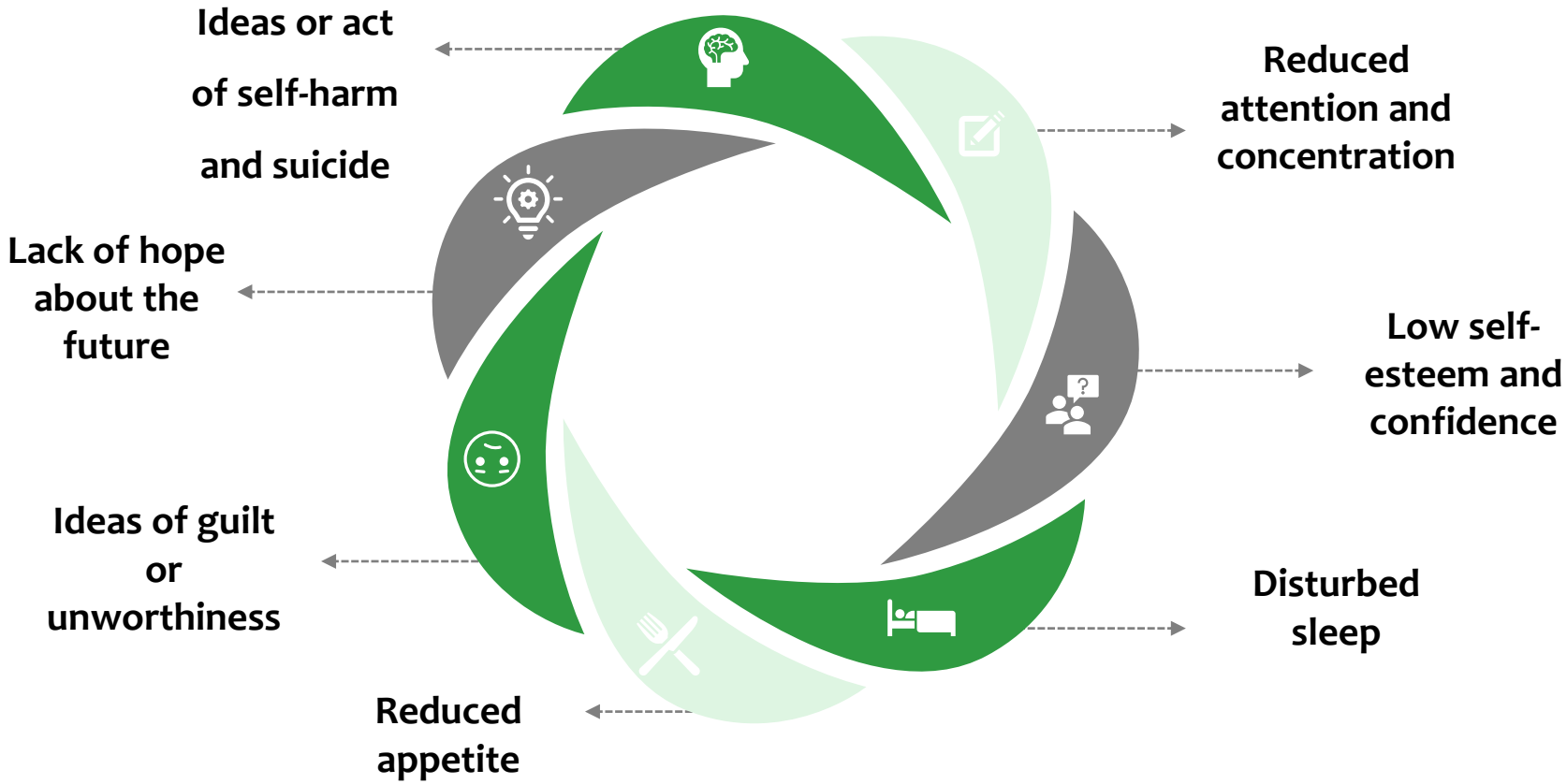




Body weakness, loss of energy or easily fatigue

Look for evidence of Maternal Depression (Is the mother suffering from Depression?) Contd

To confirm maternal depression, look for 3 additional symptoms:



Look for unstimulating environment by asking:



How does the mother play with her child?



How does the mother talk/communicate with her child?

Unstimulating environment include: Mother not playing or talking with the child

NOTE: This should be discussed in relation to culture of the mother, the number of birth – some cultures make it a taboo for a mother to play with first child or in public.

Prevention of developmental disorders

Provide care, prevent and treat malnutrition and infection in pregnant women

Provide safe delivery and care for the newborn after delivery

Prevent head injury, infections affecting the brain and malnutrition in infants and young children

Identify the poorly nourished and frequently ill and other groups of children who are at risk and provide care. Arrange meetings with parents or visit their homes



In case you find that the mother has depression, start treatment of the mother

Offer additional support to mothers with depression or with other mental conditions

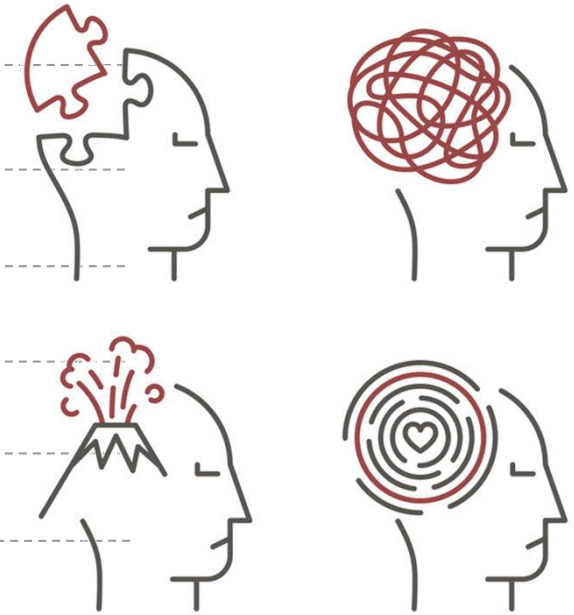
This may include home visiting, psychoeducation, improving mothers' knowledge on child rearing practices

Women who are pregnant should avoid taking alcohol

Management of Developmental Disorders

Start family psycho-education (educating the parents/relations on the illness and how to improve the child's condition) by training parents to:

- Accept and care for the child with developmental disorder
- Schedule the day in terms of regular times of eating, playing, learning and sleeping
- Involve them in everyday life, starting with simple tasks one at a time
- Keep them in school as far as possible; attending regular schools even if it is part time
- Train them on their general hygiene and basic sanitation
- Reward good behavior after the act and give no reward when the behavior is a problem
- Protect them from abuse (e.g. beating, inflicting injury, sexual, verbal insult etc.)
- Talk/communicate and share information with other parents who have children with similar conditions
- Keep the child in safe place where he/she is visible, can feel safe, comfortable and move around



Management of Developmental Disorders Cont'd

Developmental Disorder

- Ask the child to sit at the front of the class
- Give the child extra time to understand assignments
- Break long assignments/homework into smaller pieces
- Look for bullying and take appropriate action to stop it

Refer the child in the following cases:

- If you notice no improvement or further deterioration in development and/or behavior
- If you predict danger to the child or others; and,
- If physical health is affected (such as nutritional problems)

Key messages

1. Developmental disorder refers to a set of mental/intellectual impairment that may be pervasive in nature and has onset in childhood or adolescence
2. Developmental disorders affect child's ability to learn new skills, be independent attain education and make social achievements
3. Diagnosis looks for use of meaningless word, repetitive movements, loss of acquired skills and visual or hearing problems
4. Prevention of developmental disorders is through the prevention of malnutrition, infection, unsafe delivery and head injuries
5. Management is through family psychoeducation (educating the parents/relations on the illness and how to improve the child's condition)

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10.1	Introduction to mental health
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10.3	Developmental mental health disorders
10.4	**Behavioral mental health disorders**
10.5	Depression
10.6	Alcohol use disorder

Learning Objectives

At the end of this session, Participants will be able to;

1. Define behavioral mental health disorders
2. Understand common signs of behavioral disorder
3. Assess and provide management guide for attention deficits/hyperactivity disorder

Session Overview

The following content will be discussed in this session:

1. Common Behavioural Mental health disorders
2. Detection of Common behavioral Mental Health Issues
3. Prevention & Management of Common behavioral Mental Health disorders

Behavioural disorders

- *Behaviour disorder is an umbrella term that includes: Attention deficit/hyperactivity disorder (ADHD) and Conduct disorder*
- *It refers to behavioural symptoms of varying levels of severity which are very common in the population.*
- *It is associated with moderate to severe degrees of psychological, social, educational or occupational impairment.*

Common Signs of Behavioural Disorder

- Excessive inattention and absent-mindedness: forgetfulness, being easily distracted and difficulty focusing attention on tasks
- Repeatedly stopping tasks before completion and switching to other activities.
- Excessive over activity: extreme difficulties remaining seated
- Excessive talking or fidgeting (moving or behaving nervously and continuously, with no rest)
- Excessive impulsivity (Frequently doing things without thinking of the consequences);
- Repeated and continued behaviour that disturbs others (frequent and severe temper tantrums - the child/adolescent may scream, throw objects, lay on the ground.
- Sudden changes in behaviour or peer relations, including anger and not interacting with friends and family.

Attention Deficits/Hyperactivity Disorder

- Has multiple contributing factors: genetic/family vulnerability
- Prevalence: 6-16% (More common in boys than girls)
- When AD/HD is not recognized, the child may be labelled as ‘naughty’ and ‘irresponsible’. This may give him/her a feeling of guilt and unhappiness;
- ADHD may affect learning and general well-being of the child;
- It may lead to difficulty in adjusting to normal life as the child grows;
- Early detection of this disorder can help parents and teachers have a better understanding of the affected child/adolescent

Assessment Guide For Attention Deficits/Hyperactivity Disorder

- Find out if the individual or child has problems of inattention and over-activity?
- Ask the parent or care-giver for history of the following:
  - Inattention;
  - Premature breaking off from tasks;
  - Leaving tasks unfinished
  - Frequent changing from activity to activity;
  - Hyperkinesis (over-activity);
  - Difficulty sitting still;

Assessment Guide For Attention Deficits/Hyperactivity Disorder

- Excessive talking or noisiness;
- Fidgeting or wriggling; and,
- Age of onset (at least before the age of 6 years).

Look for other conditions that could potentially cause behaviour disorder:

- Hyperthyroidism (look for features like fast heart rate, hand tremors, excessive sweating, warm moist skin, swelling of the neck).
- Depression
- Alcohol or drug use

Management Guide For ADHD… family Psycho-education

Counsel the Parents/Caregiver to do the following::

- Accept and care for the child with a behaviour disorder.
- Be consistent about what the child is allowed to do.
- Praise or reward the child after you observe good behaviour and respond only to most important problem behaviour.
- Find ways to avoid severe confrontations or foreseeable difficult situations;
- Give clear, simple and short commands that emphasize what the child should do rather than not do;
- Never physically or emotionally abuse the child (for instance, not talking to the child or ignoring the child when he talks to you)

Family Psycho-education….Cont'd

- As a replacement to punishment, use short and clear-cut 'time-out' after the Child shows problem behaviour. Time out is temporary separation from rewarding environment (play area, watching of TV), as part of a planned and recorded programme to modify behavior;
- Put off discussions with the child until you are calm.

Advice to teachers

- Make a plan on how to address the child's special educational needs. Simple tips include: Ask the child to sit at the front of the class; Give the child extra time to understand assignments/homework; Break long assignment into smaller pieces; Look for evidence of bullying and take appropriate action to stop it.

Management

- Refer for Specialist care

KEY MESSAGES

- Behaviour disorder is an umbrella term which refers to behavioural symptoms of varying levels of severity associated with moderate to severe degrees of psychological, social, educational or occupational impairment.eg Attention deficit/ hyperactivity disorder ADHD
- Signs of behavioural disorder include excessive talking, hyperactivity, inattention and inability to complete task
- Management is through family psychoeducation (educating the parents/relations on the illness and how to improve the child's condition)

Overview of mental health

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10.5	**Depression**
10.6	Alcohol use disorder

Learning Objectives

At the end of this session, Participants will be able to;

1. Define depression
2. Know the symptoms of depression
3. Know who is at risk
4. Know the causes of depression
5. Understand the assessment and management of depression
6. Understand Bi-polar depression

Session Overview

- Depression
- The core symptoms of depression
- Who is at risk?
- Causes of depression
- Guide to Assessment and Management of Depression
- Bipolar Depression

Depression - Definition

- Depression is a disorder of the mood characterized by extreme feeling of sadness, guilt, hopelessness, helplessness, loss of interest in the environment, loss of appetite, and poor concentration.
- Depression is not a transient feeling of sadness and disappointment.
- These are normal life experience and it is important to clearly differentiate clinical depression from normal adaptive responses to stress, frustration, and loss (i.e. bereavement), manifested as sadness.

Depression

The core symptoms of depression include the following:

- Low mood or sadness;
- Loss of interest or pleasure;
- Loss of energy/more tired than usual
- Other symptoms include:
- Disturbance of sleep – difficulty falling asleep, waking early in the morning;
- Disturbance of appetite – either more or less than usual;
- Low mood or sadness;
- Loss of interest or pleasure;
- Loss of energy/more tired than usual

Depression – core symptoms cont'd

Other symptoms include:

- Disturbance of sleep – difficulty falling asleep, waking early in the morning;
- Disturbance of appetite – either more or less than usual;
- Poor concentration;
- Agitation or slowing of movement or speech;
- Loss of interest in sex;
- Loss of self-confidence or self-esteem;
- Thoughts of death or suicide;
- Feelings of guilt

Who is at Risk of Depression?

- Anyone can be affected. However, most at risk are those who have experienced adverse life events and social difficulties, for example:
- Unemployment
- Single parents
- People who have no-one to confide in
- Those who have had depression or another psychiatric illness before, with chronic physical illness or disability, for instance, diabetes, hypertension, etc.;
- Women who have recently given birth.

Causes of Depression

- Genetic factors;
- Environmental factors.
- The phenomenon of gene-environment interplay is strongly suggested in depression. Adverse life events increase the incidence of depression, specifically in people with a genetic liability to develop depression
- Possible reasons why people do not get treatment include:
- Stigma
- Lack of awareness that treatment is available
- Poor knowledge of mental health issues by health providers
- Limited access to health facilities and health care providers

Guide To Assessment and Management of Depression

Look for Features of Moderate to Severe Depression:

- For at least 2 weeks, person had at least 2 of the core symptoms of depression:

- Depressed mood most of the day, almost every day (for children and adolescents either irritability or depressed mood).
- Loss of interest or pleasure in activities that are normally pleasurable
- Decreased energy and increased fatiguability

Guide To Assessment and Management of Depression

Look for Features of Moderate to Severe Depression:

During the last 2 weeks, person had at least 3 other symptoms of depression:

- Feelings of guilt or low self-worth;
- Disturbed sleep or appetite;
- Poor concentration and attention;
- Ideas or acts of self-harm or suicide;
- Bleak and hopeless view of the future

Guide To Assessment and Management of Depression

- **Look for Features of Moderate to Severe Depression:**
- Does the person have difficulty carrying out usual domestic, school, work or social responsibilities?
- If YES to all the 3 questions above, then moderate to severe depression likely → treat depression with psycho education or anti-depressant.
- If NO to some or all of the questions, depression is unlikely. So exit this module and assess for other signs
- Check for recent bereavement or other major losses in the last 2 months.
- In case of recent bereavement or recent major loss, do not consider anti-depressant or psychotherapy as a first line treatment.
- Discuss and support culturally appropriate mourning and adjustment

Bipolar Depression

- ***Bipolar depression typically consists of both manic and depressive episodes separated by periods of normal mood.***

Symptoms of mania

- Extremely elevated, expansive or irritable mood
- Increased activity and extreme talkativeness
- Flight of ideas
- Extreme decreased need for sleep
- Increased activity and extreme talkativeness
- Grandiosity (feeling of self-importance)
- Extreme distractibility or reckless behavior
- Guide to Assessment and Management
- Bipolar depression is likely if the person had:

Bipolar Depression

Symptoms of mania

- 3 or more manic symptoms lasting for at least 1 week; or,
- A previous established diagnosis of bipolar disorder
- Increased activity and extreme talkativeness
- Grandiosity (feeling of self-importance)
- Extreme distractibility or reckless behavior
- Guide to Assessment and Management
- Bipolar depression is likely if the person had:
- 3 or more manic symptoms lasting for at least 1 week; or,
- A previous established diagnosis of bipolar disorder

Bipolar Depression

- Depression is a disorder of the mood characterized by extreme feeling of sadness, guilt, hopelessness, helplessness, loss of interest in the environment, loss of appetite, and poor concentration.
- Core symptoms of depression include loss of pleasure, grief/ sadness, feeling of guilt, low energy, low self-esteem thoughts of suicide and self-harm
- Bipolar depression typically consists of both manic and depressive episodes separated by periods of normal mood
- Symptoms of mania include irritable mood, increased activity and talkativeness, decreased need for sleep and grandiosity.

KEY MESSAGES

- Depression is a disorder of the mood characterized by extreme feeling of sadness, guilt, hopelessness, helplessness, loss of interest in the environment, loss of appetite, and poor concentration.
- Core symptoms of depression include loss of pleasure, grief/ sadness, feeling of guilt, low energy, low self-esteem thoughts of suicide and self-harm
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10.6	**Alcohol use disorder**

Learning Objectives

At the end of this session, Participants will be able to;

1. Describe Alcohol Use Disorder and Spectrum of use
2. Understand contributing factors to Alcohol use
3. Understand Alcohol Use Disorders, Definitions, and Management
4. Understand Alcohol dependence syndrome
5. Understand Diagnosis, management and Domestic violence of Alcohol dependence syndrome

Session Overview

- Alcohol Use Disorder
- Contributing factors to Alcohol use
- Alcohol Use Disorders, Definitions, and Management
- Alcohol Dependence Syndrome
- Diagnosis of Alcohol Dependence
- Management of Alcohol Dependence
- Alcohol Dependence states
- Domestic Violence
- Domestic Violence interventions for PHC

Brainstorming

What is Alcohol? What is Alcohol abuse? What quantity of alcohol gets an Adult drunk? What are the noticeable signs of Alcohol intoxication?

Alcohol Use Disorder

Alcohol is a colorless volatile flammable liquid which is produced by natural fermentation of sugars and it is the intoxicating constituent of wine, beer, and spirits

Alcohol is the most common substance of use in Nigeria

Almost 6 out of every 10 Nigerians have used alcohol in their life

Alcohol use may occur with, and affect some medical conditions like hypertension, diabetes, stroke and patients being prepared for surgery

It may be easily missed, if it is not looked for



Spectrum of Alcohol Use



Social drinkers: This group of individuals drinks once in a while, during ceremonies, and in small quantities. No medical problems or complications. This is not the focus of this text



Problem drinkers: This category of people drink heavily and become drunk (intoxicated), take alcohol in risky situations (hazardous), it damages their health (harmful use) or has reached a stage where they CANNOT do without alcohol (Dependence)

Contributing Factors

Contributing Factors

1. **Physical/biological:** Sons of alcoholics at higher risk than others because of hereditary factors
2. **Psychological**: Low self-esteem etc
3. **Social/Environmental**: Peer pressure, community traditions, availability of alcohol and other substances all increase the risk as well

All of the above combine together to result in the behaviours of individuals who have alcohol and substance use problems

Alcohol Use Disorders, Definitions, and Management

Alcohol Intoxication

A condition which occurs after taking alcohol and which causes the person not to know what is going on around him, to think and behave abnormally; to be drunk

REMEMBER…

Thinking, feeling, behavior, and awareness of the environment, are all functions of the brain.

Alcohol and other drugs/substances can affect these faculties because they act on chemicals in the brain.

Assessment and Management of Alcohol Intoxication

Acute alcohol intoxication

Determine:

- Quantity of alcohol taken
- Frequency of alcohol use
- Type of the alcohol
- State of health of the alcoholic
- State of nutrition

Check for

- Smell of alcohol in the breath;
- Slurred speech;
- Not behaving appropriately – such as singing and dancing on the road, speaking loudly.

Assess:

- Whether the person knows what is going on and at other times does not know again.
- Thinking and/or seeing things which are not there.
  - If YES, and there are problems such as seeing/hearing things which are not there, abnormal thinking, appearance and behaviour, all appearing shortly after drinking alcohol, then ALCOHOL INTOXICATION is likely.

Assessment and Management Of Alcohol Intoxication …Cont'd

What to do after assessment indicates likely intoxication

- Assess airway and breathing
- Put the person on their side to prevent aspiration, in case vomiting occurs.



Harmful Alcohol Use

A pattern of drinking alcohol that causes damage to health – physical (e.g. liver disease) or mental illness (e.g. episodes of depressive disorder)

It is also associated with social consequences (e.g. family problems or problems at work)

Management of Harmful Alcohol Use

1. Be clear in explanations about assessment;
2. Explain links between level of alcohol use and health/social problems;
3. Discuss long-term and short-term risks of current pattern of alcohol use.;
4. Ask about other substances;
5. Discuss the person's reasons for alcohol use;
6. State clearly the recommendations in respect of alcohol use;
7. State your willingness to help him/her cut down or stop.

Management of Harmful Alcohol Use contd

8. If person is willing to try, discuss practical ways of achieving this objective.
9. If the person is not interested in doing anything about his/her alcohol use despite clear evidence of its harmful nature:
10. do not put pressure;
11. avoid confrontation;
12. Affirm that it is his decision to make;
13. Mention that changes are always possible; and,
14. Keep the door open.

Alcohol Dependence Syndrome

This refers to alcohol use disorder in which the individual can no longer do without it. It becomes like the most important thing in life to that person.

Diagnosis of Alcohol Dependence

- Strong desire to take alcohol;
- Development of tolerance; the individual no longer feels the effect of the alcohol unless he increases the quantity above his usual dose;
- Withdrawal symptoms (hands are shaking, headache, sweating etc. when he does not drink);
- Drinks in greater amounts or over a greater length of time than he originally intended;
- Continuing to drink alcohol even when he is having many problems because of it;
- Loss of interest in every other area of life, things that he used to enjoy in the past, but no longer cares about

At least 3 or more features from the above-listed criteria are needed for the diagnosis of Alcohol Dependence

Management of Alcohol Dependence

- State clearly the results of your assessment;
- Explain short and long term risks of the current pattern of alcohol use;
- Discuss about the person's motivation for alcohol use;
- Advise complete cessation of alcohol;
- Encourage good nutrition and vitamins;
- If The Person Is Willing To Stop Alcohol Use, Help Him/Her To Do So By:
- · Determining The Best Setting To Do This;
- · Plan The Cessation;
- · Refer For Hospital Admission If Necessary;
- Treat Withdrawal Symptoms With Diazepam

Management of Alcohol Dependence…Cont'd

- Assess And Treat Co-morbidities (Associated Health Problems), Ideally After 2 – 3 Weeks;
- Consider Referral To A Self-help Group, And To Encourage Formation If None Is Currently Available.
- Address housing and employment needs. This may be in form of advice on occupational rehabilitation;
- Provide information and support to person, caregivers and family members;
- Follow up at least monthly, either in clinic or through home visits.
- Refer to a doctor or specialist as may be needed

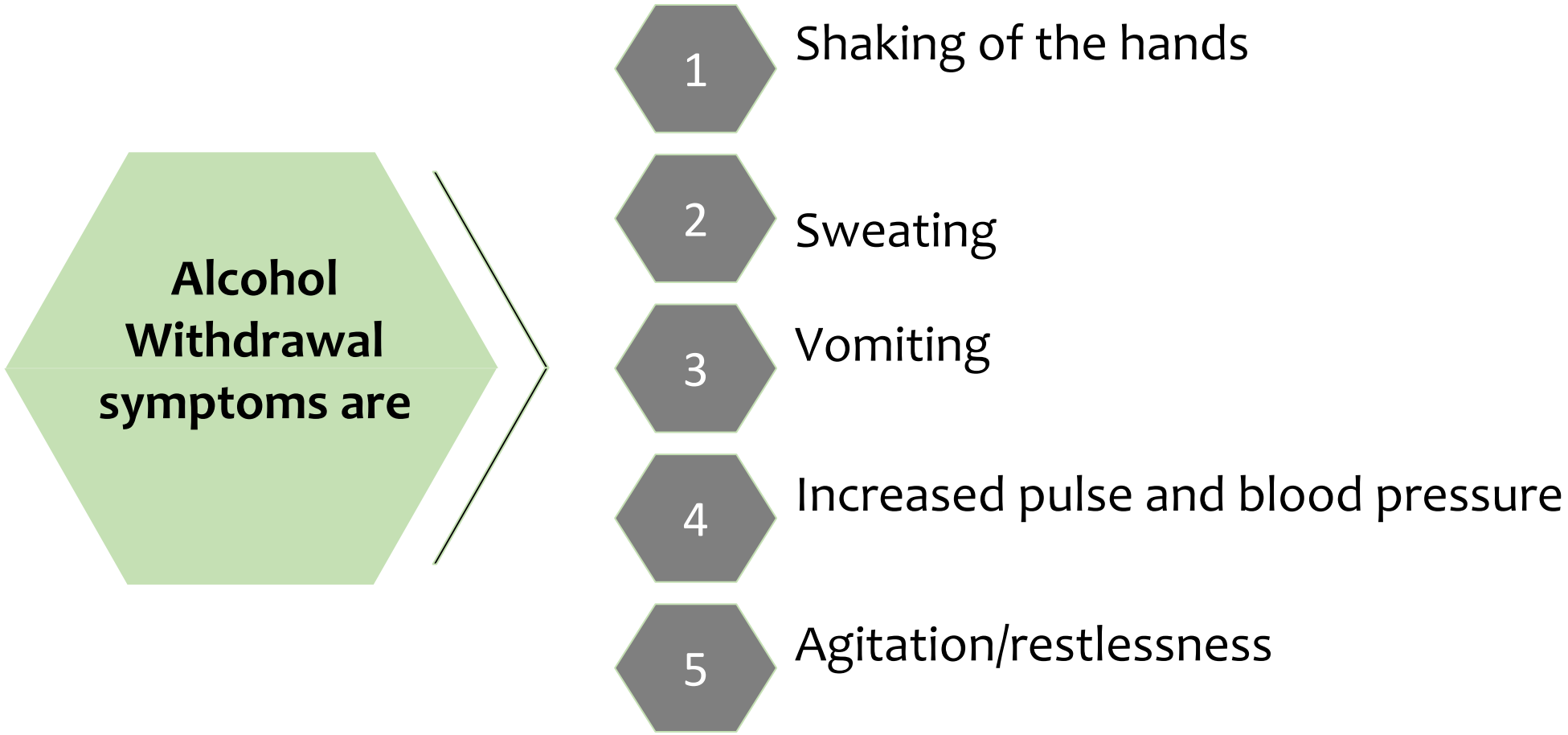
Please DO NOT ADMINISTER PUNISHMENT as treatment

Alcohol withdrawal states

This occurs when someone who has been drinking alcohol for a very long time suddenly stops.

It usually occurs between 6 hours and 6 days after the last alcohol intake; and often makes the person very uncomfortable. Sometimes it can be very severe and dangerous.

Alcohol Withdrawal States… Cont'd



Alcohol Withdrawal States… Cont'd

Ask for:

1. Headache
2. Nausea
3. Anxiety Mental disorders due to excessive alcohol use
4. Alcohol withdrawal (AW) can be dangerous, when it is severe. It may be complicated by seizures and delirium.
5. Delirium usually has some features of alcohol withdrawal (can we recall them?) but in addition has some other features.

Alcohol Withdrawal States… Cont'd

The other features are:

1. Knowing what is going on for a short period of time, and then not knowing again;
2. Not knowing where they are, memory lapses, language abnormalities;
3. Seeing things that are not there, or misinterpreting normal things/shapes;
4. Inappropriate outbursts of violence or aggression
5. It occurs usually within 3-5 days after the last alcohol intake

Alcohol Withdrawal States Cont'd

- **Severe Alcohol Withdrawal is likely when a patient has:**
  - Prior history of severe Alcohol withdrawal problems;
  - Medical or psychiatric problems (dehydration, malnutrition, other substance use)
  - Severe withdrawal symptoms occurring within a few hours of stopping drinking
- **Management of Severe Alcohol Withdrawal Syndrome:**
  - **Refer** immediately

Domestic violence

Developmental Disorder Affect

- Depression
- Anxiety
- Post traumatic stress
- Drug, alcohol abuse
- Suicide attempts

Domestic Violence Cont'd

Domestic violence interventions for PHC

1. Routine screening to enable identification.
2. Increase in awareness among those not in an abusive relationship.
3. Validation of the experience of abused women.
4. Formulation of a safety plan.
5. Treating any associated mental health problems.
6. Documentation in case of legal proceedings.

Key messages

1. Alcohol is the most common substance of use in Nigeria.
2. Problem drinkers damage their health by developing alcohol Dependence
3. physical, psychological and social factors combine together to result in the behaviors of individuals who have alcohol and substance use problems.
4. Alcohol withdrawal symptoms include Shaking of the hands, sweating, Vomiting Increased blood pressure and restlessness
5. Domestic violence interventions for PHC include routine screening and awareness creation.


Thank
you