



Service Delivery Framework and Role of CHOs And Staff Nurses in MNS Care For CHO/SN





LEARNING OBJECTIVES

At the end of the session the participant should be able to:

1. Enumerate the MNS care services delivered at Community, SHC-HWC, and referral center levels.
2. List the key tasks of CHO and Staff Nurses in providing MNS care.
3. Understand role in coordination with the community, ASHA, MPW Male and Female, PHC, and others (Anganwadi, schools, etc) in MNS care.



Five pronged approach to enable the integration of mental health care in primary health care



- i. Community level Health Promotion interventions and improving mental health literacy that enables an understanding of mental health, common symptoms, risk factors/causes of disorders, treatment, reduction of stigma and discrimination, and of techniques such as psychological first aid, and self-care.

- ii. Early identification, referral to CHO for screening and home & community based follow up by frontline worker team and use of the Community Informant Decision Tool (CIDT) by MPW/ASHA Facilitators.





Five pronged approach to enable the integration of mental health care in primary health care



iii. Screening by Community Health Officer (CHO) through the use of a standard screening tool, psychosocial management and enabling referral.

iv. Diagnosis and initiation of treatment by the Medical Officer at the HWCPHC/UPHC levels.

v. Reduction of treatment gap (psychosocial and pharmacological) by facilitating access to treatment by referral to higher level centres (PHC and other referral centres), initiation of treatment and ensuring regular supplies and treatment adherence.





**MNS CARE
SERVICES
DELIVERED AT
DIFFERENT LEVELS OF CARE**





SERVICE DELIVERY FRAMEWORK- MENTAL HEALTH

Screening and Basic management of Mental health ailments



- Screening for mental illness- using screening questionnaires/tools
- Community awareness about mental disorders (Psychosis, Depression, Neurosis, Dementia, Mental Retardation, Autism, Epilepsy and Substance Abuse related disorders)
- Identification and referral to the HWC/ PHC for diagnosis
- Ensure treatment compliance and follow up of patients with Severe Mental Disorders
- Support home-based care by regular home visits to patients of Severe Mental Disorders
- Facilitate access to support groups, day care centres and higher education/ vocational skills
- Awareness to prevent stigma regarding mental disorders
- Counselling on gender based violence
- Community based follow up of cases discharged from deaddiction centres

- Detection and referral of patients with severe mental disorders
- Confirmation and referral to deaddiction centres
- Dispense follow up medication as prescribed by the Medical officer at PHC/ CHC or by the Psychiatrist at DH
- Counselling and follow up of patients with Severe Mental Disorders
- Management of Violence related concerns
- Stress management

- Diagnosis and Treatment of mental illness.
- Provision of out -patient and in -patient services
- Counselling services to patients (and family if available)



CHO MUST KNOW ROLES OF ASHA AND MPW

- Conduct community level awareness and stigma reduction programs
- Dispense information/knowledge about the myths related to MNS conditions
- Identify/detect MNS conditions using CBAC (PHQ-2) (ASHA) , CIDT (MPW/AF) and other checklists, as may be applicable
- Deliver frontline basic psychosocial care and Psychological First Aid
- Refer as appropriate (MPW) through CHO
- Provide treatment adherence support and follow-up care in the community





CHOS IN SHC/HWC AND STAFF NURSES IN PHC/HWC

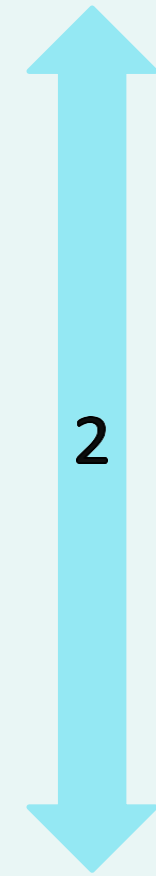


- 1 • Lead and conduct individual level awareness and stigma reduction activities
- Carry out identification/screening of MNS conditions
- Have linkages with other programs, departments and NGOs for referral services
- 2 • Deliver psychosocial interventions
- Dispense medications that are already prescribed by PHC/DMHP
- Monitor for side effects and toxicity

- 1. Public health role
- 2. Clinical role
- 3. Managerial role



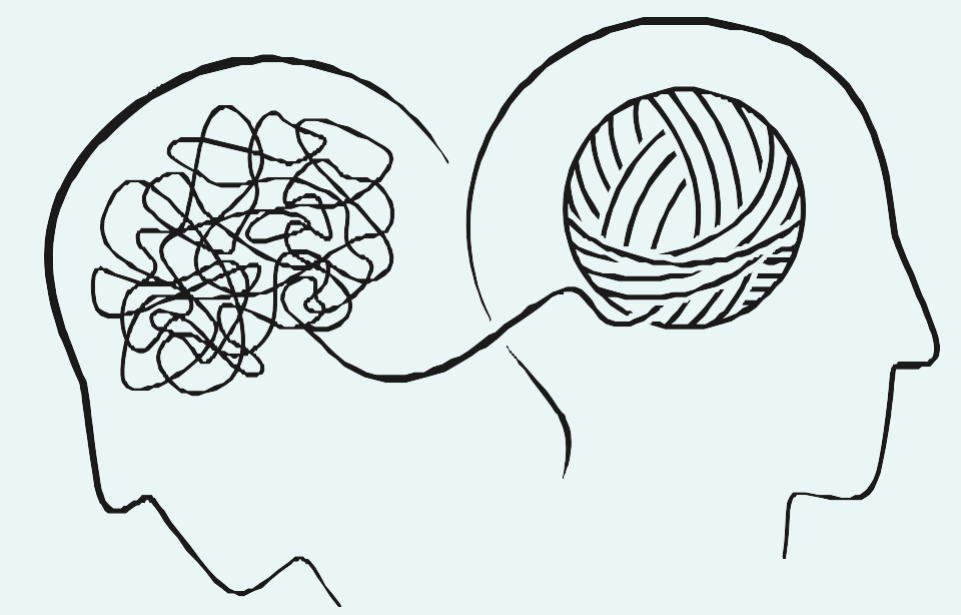
CHOS IN SHC/HWC AND STAFF NURSES IN PHC/HWC



- Provide emergency care for person experiencing seizure/ status epilepticus, to stabilise and then refer
- Refer as appropriate
- Provide follow up care
- Maintain records and reports



- Logistic management
- Educate the team and build teams



1. Public health role
2. Clinical role
3. Managerial role



SPECIFICALLY FOR CHILDREN AND ADOLESCENTS- CHO CAN



- Link with RBSK and RKSK Programmes (For C&AMHD Disorders)
- Refer Children with MNS disorders, up to 11years, to the RBSK team according for their management and referral processes.
- Refer adolescents with MNS disorders beyond 11 years and up to 18 years to the RKSK team at Adolescent Friendly Health Clinics (AFHC), for their management and referral processes.
- CHO and staff Nurses in HWC should be trained in follow up of such cases and ensure treatment compliance, complication identification, and appropriate referral.





MEDICAL OFFICER

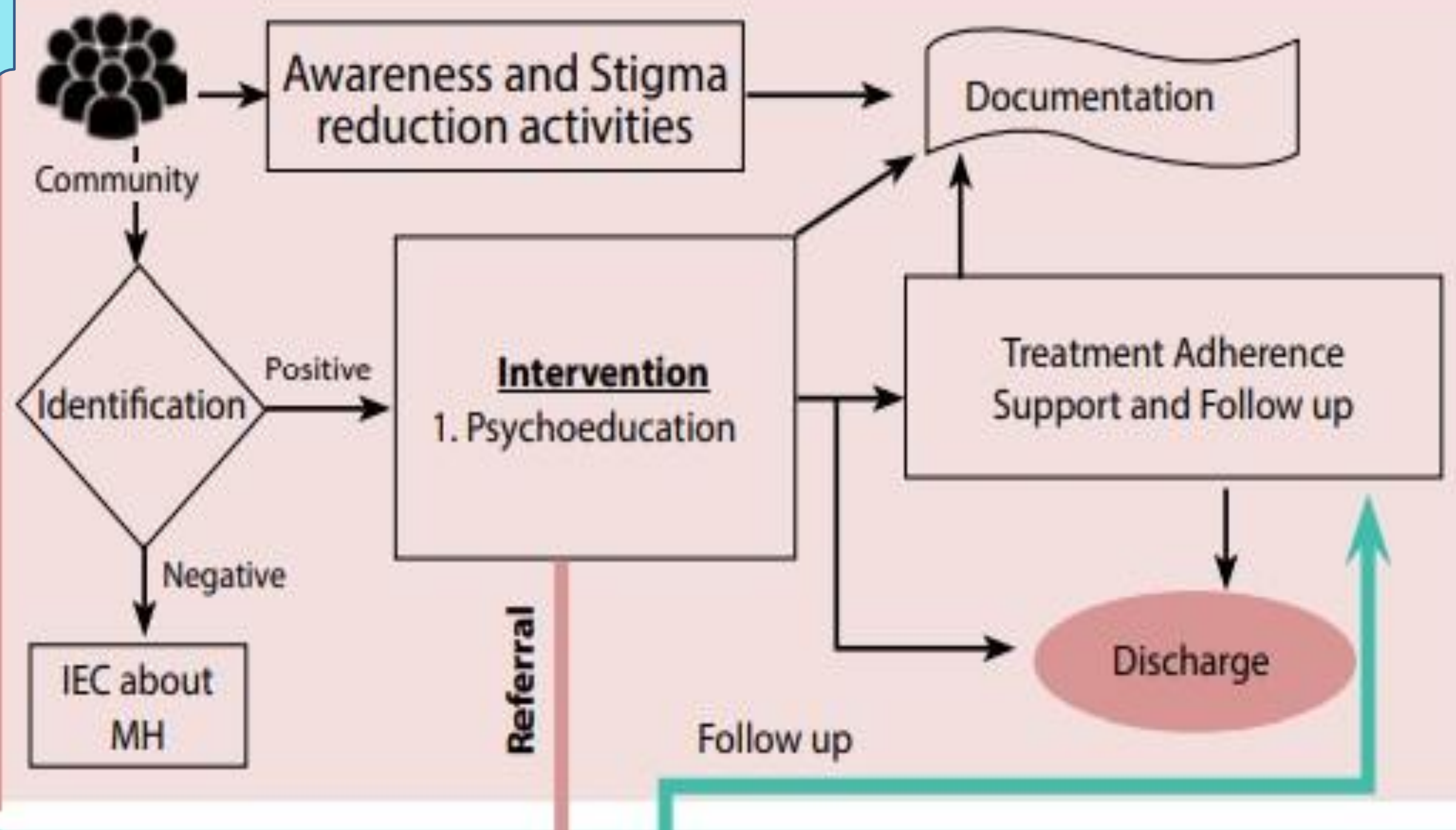
- Conduct individual level awareness and stigma reduction activities
- Carry out identification/screening/clinical diagnosis
- Treatment initiation
- Prescribe medications as appropriate
- Refer as appropriate
- Provide follow up care
- Emergency medical management of suicide attempts (including poisoning, self – immolation etc.) and status epilepticus

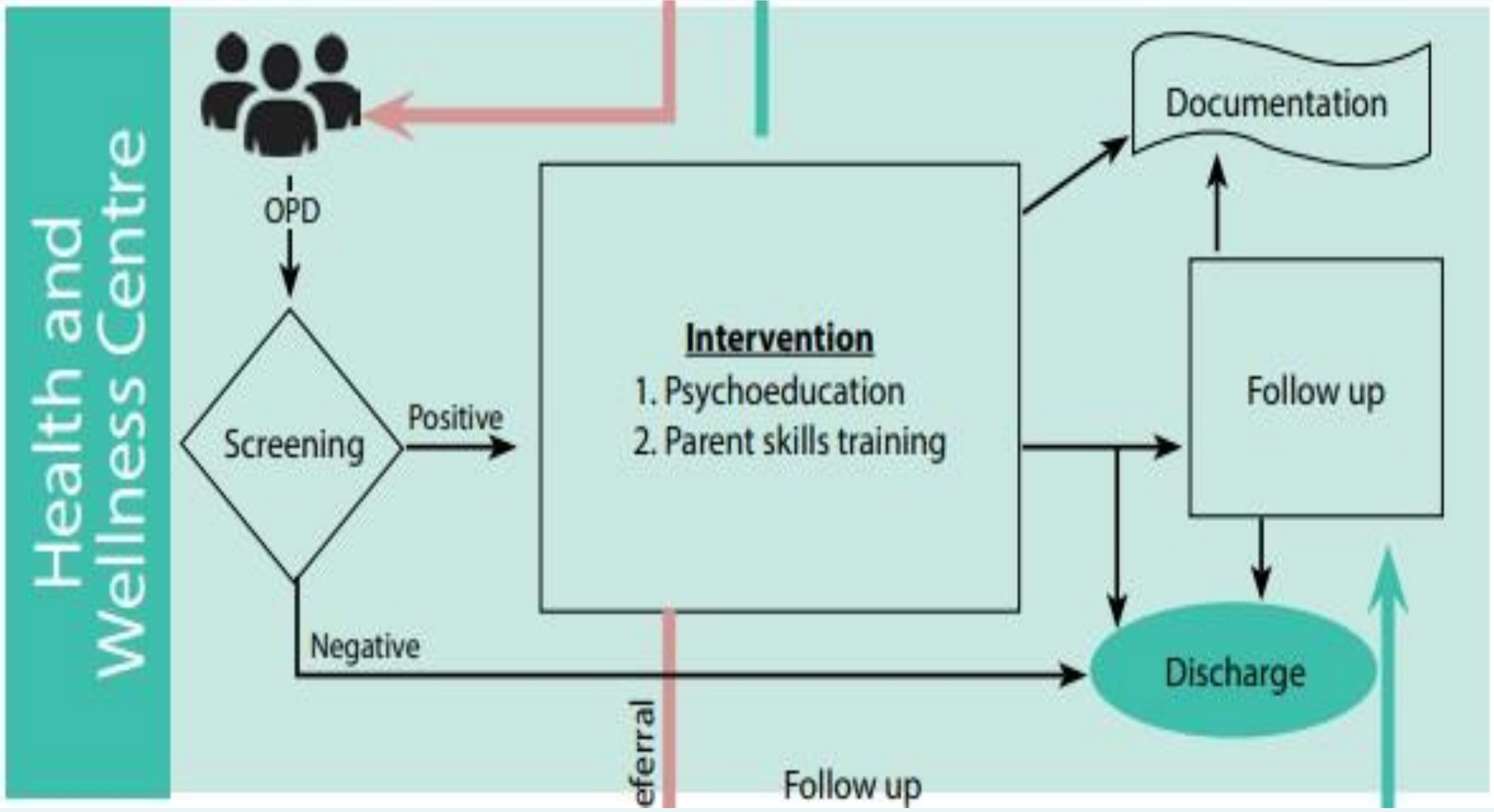


Service Delivery Processes for Child Mental Disorders

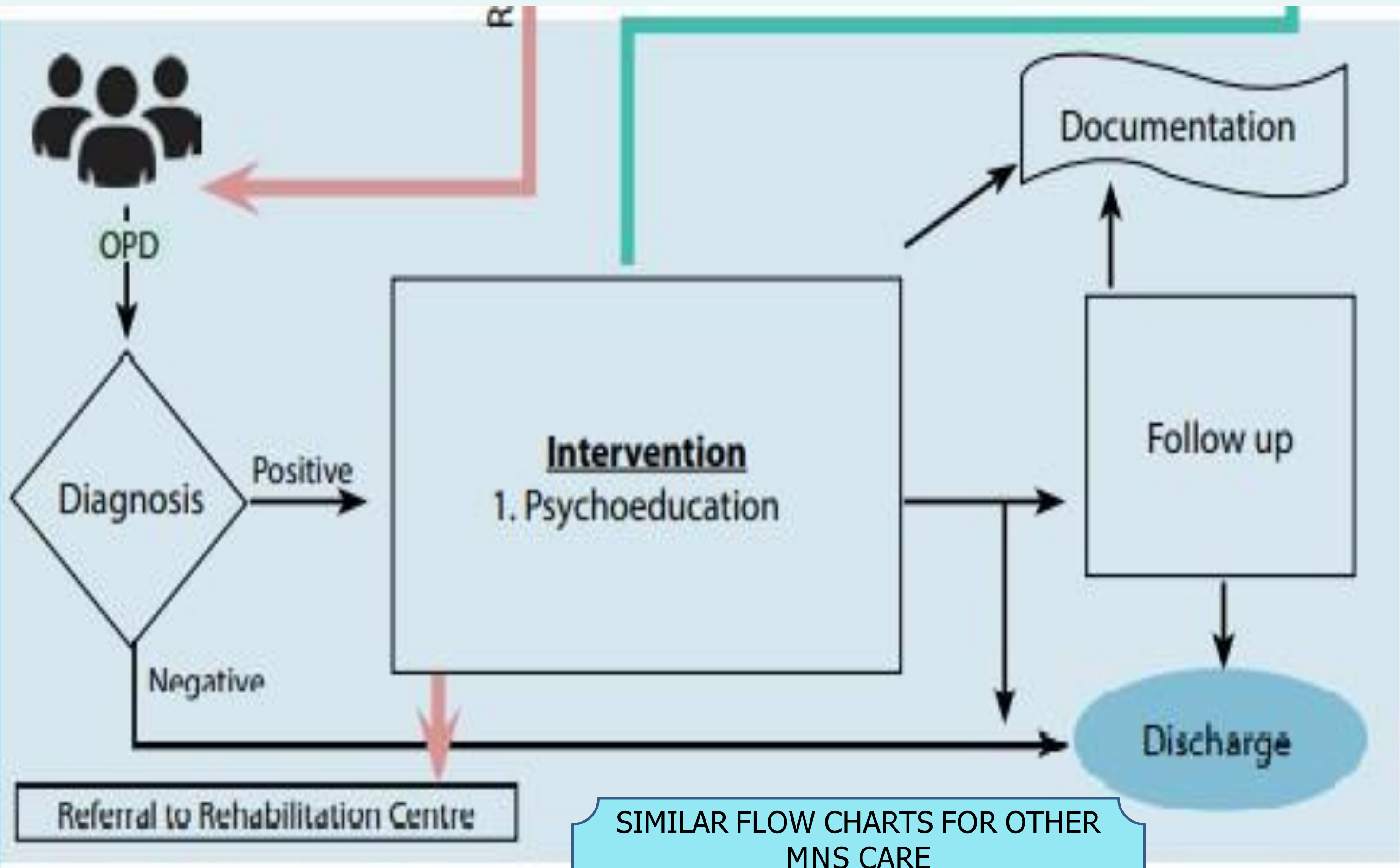
PAGE 27 IN OPERATIONAL GUIDELINES

Community



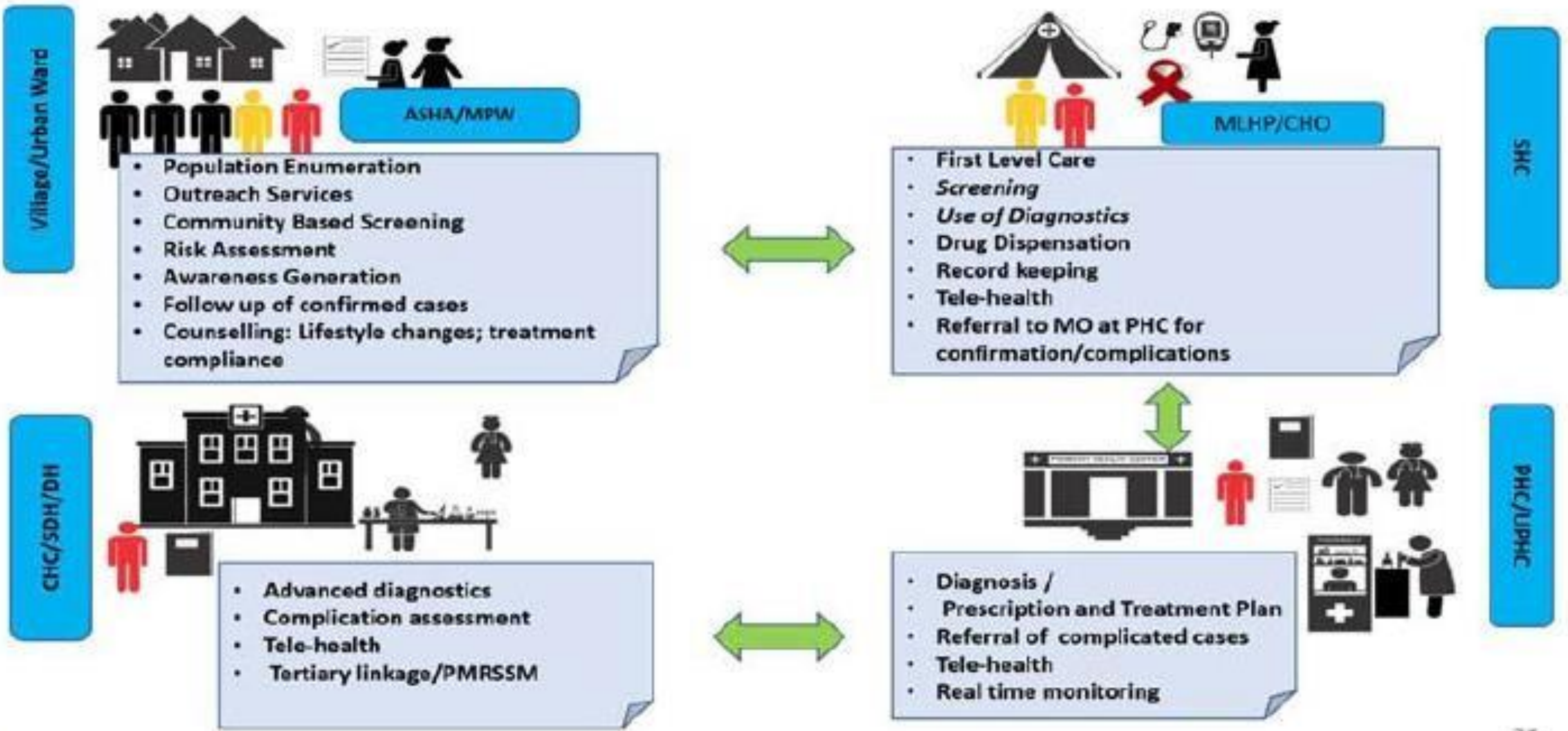


Primary health Centre



SIMILAR FLOW CHARTS FOR OTHER
MNS CARE
OPERATIONAL GUIDELINES
PAGE 24-26

Continuum of Care at all levels





EXERCISE

The following slides show a list of various services for care of MNS disorders.

Participants will have to answer:

- At what level of care is the particular service delivered?
- Who is responsible for providing that service?





Service	Level of care	Provider
Screening for depression using PHQ-2		
Screening for MNS disorders using CIDT		
Assessment of risk of suicide		
Providing psychological first aid		



Service	Level of care	Provider
Screening for depression using PHQ-2	Community	ASHA
Screening for MNS disorders using CIDT	Community	MPW
Assessment of risk of suicide	Community / SHC	MPW / CHO
Providing psychological first aid	Community	ASHA , MPW, CHO and S/N



Service	Level of care	Provider
Referral to Medical Officer at PHC for diagnosis	<input type="text"/>	<input type="text"/>
Prescription of treatment for CMDs	<input type="text"/>	<input type="text"/>
Follow up care at home to ensure treatment compliance	<input type="text"/>	<input type="text"/>
Follow up for side effects / toxicity to prescribed medication	<input type="text"/>	<input type="text"/>



Service	Level of care	Provider
Referral to Medical Officer at PHC for diagnosis	SHC	CHO
Prescription of treatment for CMDs	PHC	MO
Follow up care at home to ensure treatment compliance	Community	ASHA & MPW
Follow up for side effects / toxicity to prescribed medication	Community / SHC	MPW / CHO



Service	Level of care	Provider
Raising awareness and reducing stigma – individual level	<input type="text"/>	<input type="text"/>
Raising awareness and reducing stigma – at VHSNDs, VHSNC/MAS meetings	<input type="text"/>	<input type="text"/>
Basic emergency care and stabilization of epilepsy patient before referral	<input type="text"/>	<input type="text"/>
Confirmation of diagnosis and treatment for SMDs	<input type="text"/>	<input type="text"/>



Service	Level of care	Provider
Raising awareness and reducing stigma – individual level	Community / SHC	ASHA, MPW, CHO
Raising awareness and reducing stigma – at VHSNDs, VHSNC/MAS meetings	Community	ASHA & MPW
Basic emergency care and stabilization of epilepsy patient before referral	SHC	CHO
Confirmation of diagnosis and treatment for SMDs	Referral (DH/MCH)	Psychiatrist



GROUP ACTIVITY

Discussion on key roles of CHOs and Staff Nurses in MNS care delivery





FIVE GROUPS

Group 1 – Role of CHOs in mental health promotion and identifying MNS disorders

Group 2 – Role of CHO s in mental health first aid and follow up

Group 3 – Role of Staff Nurses in case detection and support to MNS patients

Group 4 – Role of Staff Nurses with respect to ASHA and CHO

Breakout room discussion – 5 minutes

Presentation – 2 minutes per group





DRAW AND EXPLAIN

- The ASHA while filling the CBAC form in her area, comes across a 35 year old woman who scores 6 in the PHQ-2 assessment.
- Describe the roles of CHO in providing Continuum of Care for this individual.



EVALUATION



EVALUATION

1. CBAC contains questions related to all of the following EXCEPT:

- a. Depression
- b. Anxiety
- c. Dementia
- d. Epilepsy

2. Roles of CHO are all of the following EXCEPT:

- a. Leading ASHA and MPW (M/F) in their tasks related to MNS care
- b. Maintaining relevant records at SHC-HWC
- c. Undertaking screening for common mental disorders using CBAC (PHQ-2) or CIDT
- d. Initiating emergency treatment for epilepsy before referral



EVALUATION

3. Match the following:

1. PHQ-9	a. ASHA
2. PHQ-2	b. MPW
3. CIDT	c. CHO

4. Assessment of conduct disorders in children can be done by all EXCEPT

- a. MO-PHC
- b. CHO
- c. MPW
- d. ASHA

5. Referral of patients with MNS disorders to the MO-PHC will be done by _____ and assisted by _____.



EVALUATION

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a. Depression

b. Anxiety

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d. Epilepsy

2. Roles of CHO are all of the following EXCEPT:

a. Leading ASHA and MPW (M/F) in their tasks related to MNS care

b. Maintaining relevant records at SHC-HWC

c. Undertaking screening for common mental disorders using CBAC (PHQ-2) or CIDT

d. Initiating emergency treatment for epilepsy before referral



EVALUATION

3. Match the following:

1-c, 2-a, 3-b

1. PHQ-9	a. ASHA
2. PHQ-2	b. MPW
3. CIDT	c. CHO

4. Assessment of conduct disorders in children can be done by all EXCEPT

a. MO-PHC

b. CHO

c. MPW

d. ASHA

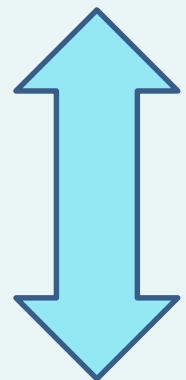
5. Referral of patients with MNS disorders to the MO-PHC will be done by CHO and assisted by MPW.



CAPACITY BUILDING

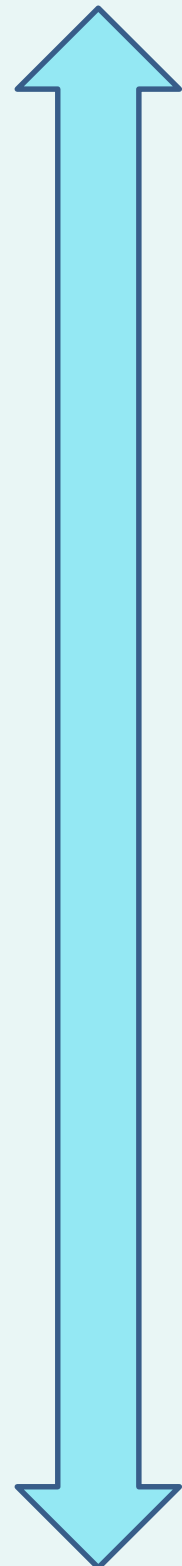


- A sustainable and scalable model for capacity building would be the Training of Trainers model.
- In every state, DMHP psychiatrists can play an important role in training of Medical Officers as Master trainers, while DMHP psychologists can play Operational Guidelines Mental, Neurological and Substance Use (MNS) Disorders Care , a similar role for training Multi-Purpose Workers (MPWs)/Staff Nurses/ Community Health Officers as Master trainers.
- These trained Master trainers will train the identified workforce across the facilities. The state health department can identify and depute the **MOs, CHOs, MPWs, SNs, AYUSH staff** for TOT programme.





CAPACITY BUILDING



- **ASHAs** will be trained in identifying symptoms of common MNS conditions, health promotion, stigma associated with MNS conditions, and services available at HWCs and referral centres. ASHA facilitators would also be trained for enabling better support to ASHAs in the extended package of services.
- Existing pool of State and District ASHA trainers would be trained to undertake training of ASHAs and **ASHA Facilitators** in a cascade manner.
- A one-day Orientation of **Programme officers and BPM/DPM** would be required so that they are in synergy with the programme features and understand the roles and responsibilities related to support (including availability of drugs and consumables), monitoring (reports, records) and supervision.



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Thank You

