CHAPTER 1

PSYCHIATRIC NOTES FOR VOLUNTEER COMMUNITY WORKERS

INTRODUCTION

These notes are aimed at helping volunteers selected to work with those suffering from mental disorders or those interested in helping psychiatric patients in their homes, work places, in churches, mosques and other places. The information assembled in this document is not meant to be a substitute for parts of a comprehensive book in psychiatry. Rather, it should make the reader have some idea about some practical solutions to the care of the mentally ill and create general awareness.

WHO IS A PSYCHIATRIC PATIENT?
It is not usually difficult to identify those who are severely mentally ill in our community. Most often, they are given away by the following characteristics in our country:-

A) MOOD AND APPEARANCE
-They may be unkempt -wearing dirty clothes and appear to have neglected their personal hygiene.
-They may be found talking to themselves or behaving as if talking or responding to some imaginary objects. They may appear very excited and unusually happy, smiling at anything.

B) SPEECH
-They may talk in a way that one may find it difficult to understand or follow even though the language will be familiar.
-They may talk a lot or sometimes refuse to talk at all.
-They may be mute and will not talk or respond to questions even from people they know and are close to them.

C) BEHAVIOUR
-They may laugh or giggle inappropriately.
-They may stand at one place for a long time refusing to sit down or move.
-They may be aggressive or violent without any provocation.
-They may overspend money-buying things they have not planned for or they do not need.
-They may even give money away.
-They may be promiscuous arising from disinhibition.

D) ABNORMAL BELIEFS
The following abnormal beliefs may be expressed:-
a) Claiming to be somebody they are not
b) Having the belief that they possess special powers to do impossible or big things.
c) Claiming that some innocent people are enemies and that people have conspired to kill them
d) The belief that the food or drink that has been provided is poisoned.
e) The belief that somebody has been passing some gasses particularly in the night into their rooms, or some chemicals are being sprayed on them.
E) ABNORMAL PERCEPTIONS
a) They may see things or hear voices which nobody else sees or hears.
b) The voices that they hear may be telling them to do things. Some may resist, others may obey the voices and act on their instructions.
c) They may refuse to sleep in a room or live in a house because they claim that their lives are in danger without any proof.
d) Some may smell or feel what nobody else can.

THE ABOVE SYMPTOMS WILL BE TYPICAL OF A PATIENT WHO WILL BE DESCRIBED AS BEING PSYCHOTIC.

Psychoses refer to the group of major or severe mental disorders that affect people. It is important to know that it is not only people who roam the streets naked or dirty that may be psychotic.
-A person suffering from a psychotic illness is not likely to be convinced to stop acting or behaving in the manner that he is found in.
-He will not benefit from being chained or locked up in a room.
-He will continue to be a nuisance or destructive if he is just left on his own without any help.

TYPES OF PSYCHOSES
Doctors classify the main types as following:-
1) SCHIZOPHRENIA
2) MANIA
3) PSYCHOTIC DEPRESSION
4) DELUSIONAL AND PSYCHOTIC DISORDERS

ALL THESE ARE CALLED FUNCTIONAL PSYCHOSES
ii) ORGANIC Psychotic disorders are those illnesses, which also show the signs listed above
- that is abnormal perceptions or behaviour caused by conditions like:-
- Malaria
- Head injury
- Very high body temperature (fever) due to infections
- Dehydration from losing too much fluid as in vomiting and diarrhea especially in young or old people. Etc.
- Typhoid

WHAT TO DO WITH PSYCHOTIC PEOPLE
All people suspected to have these disorders need to be referred to a Mental Health Workers- Community Psychiatric Nurse or a Medical Assistant or a Doctor as quickly as possible. Most times the patient himself may be unwilling to go so the relatives must be persuaded to take him. A lot of people in the community believe that these illnesses are due to witchcraft, juju or spiritual curses.
Regardless of what people believe in, the good news is that DRUG TREATMENT IS AVAILABLE FOR TREATING ALL THESE DISORDERS
It is the duty of the community worker to assist afflicted people to seek help for their problems from the right people and places.
MINOR PSYCHIATRIC DISORDERS
There are some forms of psychiatric illnesses that may not present themselves as dramatic as the severe forms and may not come to the immediate notice of community members. However, the affected suffer a great deal. DEPRESSIVE ILLNESS is one of such conditions.

SYMPTOMS OF DEPRESSION
- General unhappiness
- Feeling that life is not worth living
- Feelings of guilt and or sense of worthlessness
- Poor appetite
- Poor sleep - intermittent sleep pattern or waking up early in the morning and being unable to go back to sleep.
- Weight loss
- Feeling that one does not deserve to live anymore - suicidal ideas

SUCH PATIENTS REQUIRE PROMPT REFERRAL AND EARLY INTERVENTION
Most Depressive conditions are triggered by factors affecting the person's lifeline. Some instances however, the cause may not be found and therefore can be considered to be a disease from the person's make up. Depressive illness has a tendency to recur.

DO NOT UNDERESTIMATE THIS CONDITION.
DO NOT PLAY DOWN THE FACTORS IN PEOPLES' LIVES THAT MAKE THEM BECOME DEPRESSED
THERE ARE INDIVIDUAL DIFFERENCES IN OUR ABILITY TO ABSORB STRESS

MANAGEMENT OF PSYCHIATRIC PATIENTS
1) For patients who are found to be psychotic, there are various anti-psychotic drugs that are available to control the abnormal behaviours and experiences. Many patients also benefit from the sedating effect of the drugs.
2) There is the need for the patient to continue using the medication until advised to stop. Usually as the patient gets better the dosage is adjusted downwards. Sometimes, the dosage of the medication may be increased or reduced depending on its effect on the patient.
3) Side effect of the medication should be noted and the appropriate interventions made.

Side effects of the anti-psychotic drugs include:-
a) Restlessness
b) Drowsiness
c) Rigidity
d) Tremors of the hands
e) Dizziness
f) Increased appetite and resultant obesity
g) Dizziness
If the patient develops side effects, he should be reassured and sent to the nearest clinic for attention. If the community psychiatric nurse is close by, then he should be consulted immediately.

THE HOME ENVIRONMENT

The home environment is an important factor in the management of the patient. The way the patient is accepted in the home goes a long way in the prevention of relapses.
- Relatives or care providers should be reassured and told to assist the patient to attend follow-ups.
- If the patient is on gainful employment, he should be protected from losing his job by obtaining excuse duty forms to cover him or permission should be sought on his behalf.
- If the condition of the patient improves, the volunteer may impress upon the relatives to engage the patient in some work or assist in finding some income generating work, e.g snail rearing, poultry farming, cash crop farming, crafts etc.
- The volunteer should strive to visit the patient from at least twice a week initially, to about once every two weeks when the patient is fully settled.
- It would be helpful if the relatives will know where the volunteer could be found.
CHAPTER 3

EPILEPSY
Epilepsy results from an abnormal electrical discharges in the brain leading to seizures/fits. The commonest type of epilepsy or seizure is the type that we observe people fall down and are seen with jerky movements of the limbs, the whole body and the lips.

The sufferer may sustain injuries in the process including biting their tongues. It has to be noted that every organism including human beings endowed with a brain can have a seizure or a fit as it is commonly called. Therefore, every person can have a fit. Those who have fits may however, either have a disease in the brain or have inherited some tendency to fit with the slightest changes in the functioning of the brain. They may therefore have fits when they are under stressful conditions, when they have low sugar in the body or disturb the brain with chemicals like alcohol.

Intense light particularly lights that are switched on and off continuously, alternating for a period of time can induce fits. Many people who suffer from fits may not show any abnormal findings in the recordings of the electrical activities in the brain. Other investigations may also not yield any results.

-It has been found that patients who had head injuries in their past lives are predisposed to seizure disorders.
-Those who have had operation on the brain can also be vulnerable.
-Those who had difficult births particularly, delayed and prolonged deliveries are likely to be predisposed.

THE NOTION OR BELIEF THAT THOSE WHO SUFFER FROM FITS SHOULD NOT BE TOUCHED WHEN FITTING BECAUSE THE SECRETIONS FROM THE VICTIM ARE CONTAGIOUS IS FALSE.

WHAT DO WE DO WHEN SOMEBODY IS HAVING SEIZURES?
1) Ensure that the patient is safe. If the patient is near fire, a river or stagnant water; ask for help to remove him to a safe area.
2) Ensure that the air passage is not obstructed by objects like dentures, food particles or sand soil leaves etc. The person should be helped to lie on the left side of the body.
3) Loosen belts and other items that can impede breathing.
4) The affected should be sent to the nearest clinic for further attention after the seizures have stopped.

Such persons may need further investigations and uninterrupted medication for a long time.

Those who take their medication regularly usually do well and may have their seizures controlled for a long time. As they get better the drugs are gradually and cautiously reduced. Some may require small doses of their medication given at night for a long time. Patients suffering from seizures should be discouraged from swimming in rivers, pools and lakes. They should also be discouraged from working close to fires. Driving of vehicles should also be discouraged until the seizures are controlled.
ALCOHOL AND DRUG ABUSE

ALCOHOL ABUSE
Alcohol is commonly used in Ghana. The use of alcohol is linked with our socio-cultural life. Often, those who abuse alcohol excessively are not regarded as having problems since many people drink alcohol. However, continuous use of alcohol in large quantities can have devastating effect on themselves, their families and the society in which they live in. It is our civil responsibility to counsel all those who do not enjoy the use of alcohol but rather abuse it to the extent that they develop psychosocial problems.

WHEN CAN WE SAY THAT SOMEBODY IS AN ALCOHOLIC?

1) When his drinking episodes are more than when he is sober.
2) When he cannot control the quantity of alcohol that he takes in. That is, if he sets out to drink, he has to continue drinking until he becomes heavily intoxicated.
3) When the person shows signs that when he does not take in alcohol, he feels uncomfortable. For example, his hands shake, he feels like vomiting, he may be restless and sweating etc.
4) When his drinking has affected the way he manages the affairs of the family and his work is not done effectively.

The person who abuses alcohol excessively requires to be assisted to stop. He cannot stop on his own.
There are a few who may be helped to drink in moderation. But many may need to be advised after being dried out to abstain totally from the use of alcohol particularly, when their health is grossly affected.

ALL THOSE WHO HAVE BECOME DEPENDENT ON ALCOHOL AND OTHER DRUGS REQUIRE SPECIALIST ATTENTION.

CANNABIS/WEE ABUSE

The abuse of wee is very common all over Ghana. The habit is common among the youth. If we want our youth to be able to concentrate on their studies and not drop out from school to become misfits in the society, then all efforts should be made to stop and discourage its cultivation, production, sale and use in the community. The police, opinion leaders and other influential people in the areas that we live can come together to ensure wee free communities. This is possible as it has been done elsewhere before.
We should not allow a few people to destroy our youth through their selfish aims. The evidence is there that some people become mad when they use wee. Others also behave in an unacceptable manner when they use wee.
The penalty for possession, cultivation and use of wee is very high and therefore members of the community should be made aware of the consequences.
COCAINE AND HEROINE ABUSE

The abuse of these drugs is often linked with crime. This is because they are expensive addictive drugs. Due to their ability to make users dependent on them over a short period of use, when something happens leading to the inability of the user to have the drug, he develops withdrawal symptoms which compel the user to look for the drug at all costs. This may involve stealing, selling of property or indulging in unlawful acts in order to obtain money to support the habit.

These drugs are not grown in GHANA. They are illegally acquired into the country. We should therefore be vigilant in our communities to weed out those selling these drugs.

When somebody is found using drugs, the person should be:-
   a) Counseled
   b) Relatives should be involved if they are already aware that the person is on drugs. If not attempts should be made to help the patient to be aware of the dangers involved in drug use.
   c) If relatives are not aware, patient should be told before involving them. Kindly present the issue in such a way that the relatives will not reject the patient.
   d) If the drug of abuse is one that leads to physical dependency, then the patient may require in-patient care.
   e) When the patient is weaned off drugs, he should be encouraged to find alternative preoccupation.
CHAPTER 4

**Introduction to Management:**
The aim of these handouts is to give the care giver or the volunteer an advice. This is to be used to make certain decisions under certain circumstances eg. to recognize who is mentally ill when crises arise and can be managed by the volunteer, or seek help in a Psychiatric Unit within a Regional Hospital early enough or refer to a specialist psychiatric hospital for expert opinion or management of the patient.

**Management of Aggressive Patients**
**and Psychiatric Emergencies**
What constitute Dangerousness: Any patient who is likely to injure himself or the carer whether doctor or nurse and also others.
A violent behaviour is the result of excessive motivation towards violence together with insufficient self control under stress and in our controllers under extreme stress (and leading to extreme violence crimes) 50% of violent crisis occur in or near public houses or domestic disputes.
In 26% of cases the victim is regarded as having actively precipitated the violence. Peak age for violent offenders is 17-21. A dangerous concept is an unpredictable and untreatable tendency to inflict or risk serious irreversible injury or destruction or to induce others to do so.

1. It may occur (rare) as the result of mental disorder (particularly paranoid psychoses)
2. It may occur in a mental disorder but cure of the disorder will not result in reduced dangerousness.
3. It may occur without any evidence of mental disorder.
NB: Discharged mental hospital patients are probably less prone to violent crimes than the general population.

**Assessment:** Difficult but Vital - **Safety for yourself first**
Best assessed on a long term basis with good communication between all assessors. It may depend on type and quality of violence. Aggressive sex offenders are particularly liable to reoffend with violence.
Threats of violence when drunk may indicate further danger. Repeated violence implies further violence so beware.
May depend on environmental factors - if stress remain or if potential victims are still available.
Disinhibition factors (eg. alcohol, drugs, fatigue) which may recur must be assessed.
Lack of remorse may indicate increased dangerousness.
Fear engendered in the examiner may well indicate Dangerousness.

**Management:**
1. Call for help
2. Rapid tranquilization
It is generally accepted principle of good prescribing that the minimum number of different psychotropics be given.
This is particularly true when more than one drug of the same dose is prescribed.
I tend to use i.m. chlorpromazine 200mg plus 20mg i.v. Diazepam. This practice has become increasingly justifiable for conditions where synergisation or adjuctive effects are sought. Or some-times one injection20mg i v. Haloperidol.
Treatment Protocols for Mental Disorder

These are prescribing guidelines for mental disorders. In all cases, please remember the principle of availability and affordability.

There are many antipsychotic and antidepressant medication on the market. It is my view that it is not worth knowing all of them but just a few, their indications and possible side effects. And more importantly when to seek help from the specialist. As such, the principle of availability of the drug in the community and its price (affordability) is essential. For what is the point of prescribing or advising a patient to take a drug which he cannot find in any ordinary drug store or if he were to find it he cannot afford to buy it.

These guidelines are therefore set out with the above principle in mind.

**Antipsychotics:**

1. **LARGACTIL:** Well known and relatively cheaper and readily available. It is commonly used in the treatment of the psychoses. It is effective in the treatment of the Psychoses symptoms of schizophrenia. However like all other antipsychotics I think you should note that since it causes hypertension, very low doses like 2Smg three times a day. However in the young patients the dose could be increased to about 100mg three times a day.

   Side effects to expect include Extrapyramidal side effects, when the head could be turned to the side, with the tongue protruding out and plenty of saliva dropping out of the mouth. Parkinsonism with a shifting gait.

   These side effects are nothing dangerous although a nuisance and can be treated with antiparkinsonial drug like cogentin 2mg twice daily or Artane 5mg say two times a day.

2. **HALOPERIDOL:** Is another antipsychotic drug which is less sedating. It has been found to be useful in the treatment of manic or hypomanic. The side effects are the same as largactil.

3. **STELAZINE:** There is evidence to suggest that this drug has a more darty mood elevating effect. So that one tends to use it in psychotic patients who are dull. The side effects are the same as largactil.

For patients who find drug taking difficult or who are likely to forget the taking of oral drugs, there are Antipsychotic Depot injections. These injectible drugs are given at every two or four weeks interval. They are Modecate 25mg or Depixol 40mg which are available here in Ghana.
It is very important to always give a test of dose of half the monthly dose for say 4-10 days before starting the maintenance treatment and in the elderly please use a quarter or half the dose.

These injectible drugs have been shown to be useful in the management of patients with Schizophrenia.

**Antidepressants:**
There are also many of these drugs available in other countries but here we have found Tryptizol and Imipramine very useful and affordable for the depressed patients.

Tryptizol and Imipramine are available in 25mg Tablets and they can be given 3 tablets at night. They help to improve the sleeplessness of the depressed patients. Again in the elderly one has to be cautious in the dosage given.

**Anxiolytics:**
These are antianxiety drugs. Note that Anxiety or concern about circumstances in life is common and not necessarily pathological. It is usually self-limiting. However, a range of disorders come under the heading of Anxiety Disorders, the most common being that of generalized anxiety disorder with a prevalence of around 3 %.

Note that it is essential to take a good history :from the patient before making the diagnosis.

Anxiety disorder must be distinguished :from mood disorders such as depression.

Drugs used to treat anxiety disorders are caned anxiolytics or Benzodiazepines. These are widely abused by the general public in the sense that every concern about circumstances in life then one takes Valium.

It must be recognized that this drugs are habit forming so one should take them with caution.

Valium is the best known among the anxiolytics and should be used for a short time only.

Ativan is also well known but it is often used in association with the agitation of Psychotic disorders. But this should be avoided.

Note that this is a marked tolerance of this drug and withdrawal symptoms such as sleeplessness and agitation will occur.

One must also remember that the drug is habit forming and should be used for short periods only- say about two weeks.
CHAPTER 5

COPING WITH STRESS

WHAT IS STRESS

Stress simply means pressure or tension that is beyond the coping ability of the affected. It is viewed as a transaction between a person and the environment or a conflict between a person and his environment. These opposing factors are in dynamic reciprocal, bidirectional relationship between each other.

In a stressful encounter such as illness or conflict, people attempt to deal with their environment in order to cope with the situation. This may involve changing in the environment and its effect on the person who then continues responding to the new change in the process.

SOME STRESSORS

- Sleep disturbance
- Bereavement
- Losses
- Excessive work
- Poverty
- Inability to obtain sexual satisfaction
- Impotency
- Barren
- Fear of the unknown etc.

Coping

How people cope with stress affect their physical, psychological and social well being. Therefore, people's ability to cope with life difficulties depend on their biological vulnerability, the cultural beliefs they hold, their personality, past experience and the social and economic resources at their disposal.

CONCEPT OF COPING

This is sometimes argued as implying that some people cope, that ~, they deal successfully with stressor or challenge, while others do not cope and are seen to fail. 1jhis is a misinterpretation of the model in which all reactions are seen as forms of coping.

Everyone copes with life situations but they do this in a whole variety of different ways.

For Example

The quality of life of the dying person does not involve medical care alone but social, spiritual and emotional supports are also important. The pains brought about by the terminal condition, the fear of the dying and the unknown, the worry about what will happen to their loved ones after they die need practical attention. Helping the dying to accept the ultimate and make the necessary plans for loved ones and dependants before dying, go a long way in solving some of the emotional needs of the dying.
COPING MODEL
This is not judgmental but can be used to study different ways of coping, to try to detect which are more or less effective in particular circumstances and to help people to adapt their responses to more productive ones if they wish.

LAZARUS MODEL OF COPING

ILLUSTRATION

COPING PROCESS
Stressful event
Primary appraisal
What is at stake?

is there a threat to health or well being’?
is there potential harm or benefit or threat to self-esteem?

SECONDARY APPRAISAL
What can be done?
What resources, including information are available?
Can the situation be changed?

Coping
Problem focused coping Emotion focused coping
Dealing with the situation regulating emotions

Physical health
Emotional well being

COPING METHODS

- Look at problem objectively
- Accept situation as it is
- Try to maintain control over situation
- Hope things will get better
- Worry

SOME TYPES OF COPING RESPONSES
- Threats to a loved one's well being tend to be associated with confrontative or escape avoidance coping and distancing oneself.
- Threats to one's own physical health are linked with seeking social support or escape avoidance.
- Events causing threats to one's self esteem are associated with self controlling or confrontative coping or accepting responsibility.
- Strain on financial resources is linked with seeking social support and confrontative coping
STIGMA ASSOCIATED WITH MENTAL ILLNESS

DEFINITION

- Stigma means a moral spot or stain.

The stigma and prejudices attached to mental illness partly stem from the belief that the mentally ill is cursed and deserves to be ill.

- People also believe that mental illness can be transferred from one generation to the other hence the belief in finding out facts about one's generation historically before marriage is contracted.
- People also associate mental illness with sorcery and witchcraft; they believe that people who are possessed with juju or witchcraft have supernatural powers and can make a person run mad.
- People also see a mental patient as one who has committed a sin against his Lord or his tradition and therefore are forbidden from eating certain things.
- Mental illness is also considered as a shameful disease and therefore in most cases they protect the patient who suffers from it in order to maintain the respect and dignity in the family.

The stigma attached to mental illness is so strong that many relatives of the mentally ill will either abandon them in psychiatric hospitals, or keep them with herbalists and traditional healers with diverse consequences.

- It is also believed that the mentally ill is of no use to society as he has nothing to offer.

The stigma leads to discrimination at levels, including marriage, job opportunities and holding on to positions of trust.

Often because of the stigma, public prejudices and ignorance, a patient who is discharged from the hospital is unable to obtain a job and after wandering about looking for a job he only becomes depressed and suffers from a recurrence of the illness.
- There is also social isolation
- Delays and refusal of patients to be attended to in psychiatric hospitals

WHAT TO DO

HEALTH EDUCATION

- Suffering from mental illness is like having malaria, pneumonia, typhoid fever or cold.
- Mental illness is no respecter of persons, age, colour/races or religion.
- It can strike at anybody at anytime anywhere.
  ii) Help patient in finding jobs
  iii) Help to integrate them into the society
  iv) Psychiatric patients need to be loved, respected and accepted.
  v) It demands a lot of patience, understanding, sympathy and prompt intervention from us.
CHAPTER 6
SPECIAL ETHICAL ISSUES IN COMMUNITY MENTAL HEALTH

Introduction

Mental health issues tend to be very sensitive. In cases of wife abuse, alcoholism and mental illness, for instance, the consequences of insensitivity, lack of professionalism and unethical behaviour can have very grave consequences for the community, individual lives and the community worker. Imagine what could happen if a male community worker begins an affair with a battered woman whose alcoholic husband he is trying to help? Imagine again what could happen should a trusted community worker spread gossip from family to family. What about not reporting a case of child sexual molestation or turning a blind eye to children who are given alcohol? There are certain guiding principles in community work which can help a community worker make the right decisions in difficult moments.

Principle 1
Community workers are to maintain the highest standards in their work and they are to accept responsibility for the consequences of their actions. This means that community workers should keep abreast with new information about the work they do through reading, workshops, seminars, etc. Workers should accept responsibility when things go wrong and try to correct or make amends to the community.

Principle 2
Workers should recognise their own personal problems because these may have an impact on interaction with the community. For instance, a worker with a drinking problem will not take up a project of alcoholism in a community even though it is what the community needs. A depressed worker will not be of much help to a depressed old woman whose children have all left home until the worker has sought help for him or herself. Workers therefore ought to seek competent counsel for their own problems. Such workers may need to limit, terminate, or suspend the scope of professional activities until they have themselves received help.

Principle 3
Community workers should not engage in or condone practices that are inhumane or which result in illegal or unjustifiable actions. Practices which discriminate against individuals because of their gender, or their tribe are such examples. Workers should also not stand by while an incompetent or unethical fellow worker causes harm to the community or to individuals in the community.

Principle 4
Respect the confidentiality of information obtained in the course of work. Reveal to others only with the consent of the individual concerned or his/her very close counsel. Always disguise the details of cases which are presented publicly to safeguard the identity of the individuals concerned. Confidentiality is necessary for trust to be built up between workers and the community. No one pours water into a leaking pot.
**Principle 5**
Be aware of your needs and do not exploit the trust and dependency of the individuals you work with. Avoid dual relationships. Dual relationships are those which serve more than one purpose for the worker. For instance, a social worker who has an affair with the young woman on whose behalf he is fighting for child custody and care is involved in a dual relationship. This complicates issues for both of them but may also have a very negative emotional consequence on the woman, his client. In a helping relationship, the intimacy and trust which develop between two individuals can be misinterpreted to be love or attraction: Community workers are to recognise this as a natural outcome and not to confuse the two. If love or attraction is really there, then the worker is asked to wait until he or she not longer works with that individual before acting on the attraction.

The worker should be keenly aware of not sexually harassing or intimidating his clients. This sexual harassment consists of deliberate or repeated comments, gestures of physical contacts of a sexual nature that are unwanted by the recipient.

**Principle 6**
You should be careful of your professional relationships within the community. You should be knowledgeable about the hierarchy and leadership and about the way to show respect and courtesy in each community. You must always keep a professional distance so that your work is not compromised. Learn acceptable ways of showing disagreement and praise and be above any traditional power struggles. It is important not to be publicly aligned with anyone power group, because that could influence your work and trust with the others.

**Principle 7**
When you come across tradition, culture and other practices which have negative impacts on the rights and health of individuals, you must do all in your power to rectify these things through public education, fora, and projects aimed directly at alleviating the suffering of people. Examples which come directly to mind are female circumcision, chaining mental patients to trees for months, sending children into cruel labour conditions, and so forth.

**Principle 8**
Community workers should represent themselves accurately to the community, telling the community exactly what their qualifications are. Be prepared to acknowledge your limitations. Say when you do not have sufficient ability, skill or knowledge to deal with a problem. Do not hesitate to refer on or ask for advice, or read up on new things before giving an opinion. Always be true to yourself In short, community workers are expected to act with diligence and respect, and to be above board in all that they do. In your opinion, are there any other guiding principles which community workers ought to think about?
**Discussion**

1. The social welfare officer is giving injections to a female mental patient in the community.
   You work for NCWD.
   
   (a) Should you be concerned about this
   
   (b) What should you do about it?

2. You are part of a cultural troupe which goes from village-to-village acting educational plays on HIV/AIDS prevention. You have an intimate friend in each town.
   
   (a) Which principle(s) are you breaking?

   (b) How do your actions affect the perception and reception of the message you are carrying to the community?

3. Mr. Alhassan is a teacher who is often absent from class. He drinks heavily and misbehaves in public when drunk.
   
   (a) What principles are affected here?

   (b) What are the various ways in which he is harming the children?

   (c) How should another community worker respond to this and which principle would that community worker be following?

4. A woman wants to have an operation to terminate child bearing. She tells the community nurse to arrange it for her. The nurse tells her to seek her husband's permission first. She refuses to, and the nurse refuses to arrange the operation.

   (a) Is the nurse right?

   (b) Which principles(s) has been violated here?

   (c) Does the woman have a right to this health care procedure?

   (d) What would you do if you were the nurse?