Helping People with Mental Illness

A Mental Health Training Programme for Community Health Workers

Module C

Responding to People with Mental Health Problems

THE UNIVERSITY OF MANCHESTER

UPE
Helping People with Mental Illness

A Mental Health Training Programme for
Community Health Workers

About this course

This course is designed to help Community Health Workers with some of their day to day work. It was developed after consultation with Community Health Workers, Health and Social Care Forum members, psychiatric nurses and lecturers at the University of Port Elizabeth. We have tried to understand the needs of both community health workers and members of Township communities who suffer from or care for people with mental illness.

We have based the whole course on the idea that people with mental illness are vulnerable to stress. Stress can have a powerful effect on mental health. Helping people with mental health problems and those that care for them to reduce stress can be very helpful indeed. We hope this approach will be useful to Community Health Workers.

The course consists of eight modules on different topics in mental health. There are introduction modules and modules on helping people with their drug treatments, other ways to manage mental health problems and a module on how to assist with tracing people who default from the mental health services. It is possible to design your own course by picking from these modules. It is not necessary to use all eight modules. On the next page we make some suggestions as to how different courses might use the different modules.

The course is a ‘train the trainers’ course so each module contains:

- A plan of each module divided into ‘activities’
- Clear instructions on how to teach the module including resources needed
- A set of full size photocopies of all the slides used to teach the course.

We hope that Community Health Workers in communities, their colleagues and most importantly South Africans with mental health problems gain something positive for themselves from the course. We wish you luck with all your endeavours.

David Richards
Tim Bradshaw
Hilary Mairs
The University of Manchester, UK. November 2003.
Helping People With Mental Illness

Course Outline

There are eight modules in this course. They are:

Module A  What is Mental Illness?
Module A2  Introduction to the Treatment of Mental Health Problems
Module B  Understanding Mental Illness
Module C  Responding to People with Mental Health Problems
Module D  Drug Treatments and Mental Illness
Module E  Helping Families Cope with Mental Health Problems
Module F  Living Well with Mental Health Problems
Module G  Tracing People who Default from Mental Health Services

The course is very flexible. It is not necessary to teach all eight modules. Some modules contain similar material organised in a different way to suit different courses.

Organising a Course

Below are suggestions for three different types of courses:

1. A course to introduce people to some basic knowledge about mental illness and how to talk to people who have mental health problems
   - Modules A, B and C

2. A course to prepare volunteers to assist medical and nursing staff trace people with mental health problems who have defaulted from their clinic appointments
   - Modules A2, C and G

3. A comprehensive course for volunteers who want to work with people with mental illness in the community
   - Modules A, B, C, D, E, F

Each module lasts three or three and a half hours. The instructions are easy to follow and all the materials are included in each pack. Although it is not necessary to take all the modules the ones chosen for any course should be taken in the order above. They can be spaced out over days or weeks or run together over a few days. The materials are designed so that an ordinary person can use them to train other people. You do not have to be an expert to teach this course. However, you should have done the course yourself before you can become a trainer.
Module C

Responding to People with Mental Health Problems

Introduction

• This module teaches people how to respond to people with mental health problems such as hearing voices, negative symptoms, withdrawal, anxiety and aggression.

Purpose

• To review material covered in previous modules re: signs/symptoms of mental illness and the higher chance model which helps the understanding of such signs

• To consider the implications of this information in how we help individuals with mental illness - examining things which may increase stress and other things that may reduce stress for the patient and those looking after them

• To identify a range of responses which are helpful to individuals with mental illness

Materials

• Slides C1 to C12
• Flip chart or chalkboard
• Flip chart pens or chalk
• Pens and paper
• Case studies C1, C2, C3 and C4
• Role Play Scripts 1 to 8

Activities

Activity 1: Introduction 10 minutes
Activity 2: Understanding and Responding to Patients Hearing Voices 40 minutes
Activity 3: Understanding and Responding to Patients with Negative Symptoms 40 minutes
Activity 4: Helping People with Anxiety 40 minutes
Activity 5: Understanding and Responding to Patients who are Aggressive 40 minutes
Activity 6: What Have We Learnt? 10 minutes

Overall Time Needed Three hours
Activity 1: Introduction 10 minutes

Method
- Presentation

Use slide C1 to start the module

Slide C1

Use slide C2 to outline the aims of the module

AIMS OF MODULE

- To review material covered re: signs/symptoms of mental illness and the higher chance model to help us understand them

- To think about how this helps us intervene with individuals with mental illness - examining interactions which may increase stress and those that may reduce stress for the patient and those looking after them

- To identify a range of responses which are helpful to individuals with mental illness

Slide C2
Activity 2: Understanding and responding to patients hearing voices

40 minutes

Method
- Presentation
- Small Group Work
- Teacher Demonstration

This activity is used to help explain how to respond to people who are hearing voices.

1. Ask the group what they remember about auditory hallucinations and positive symptoms of psychosis from the first part of the training. Use slide C3 to remind people what these are.

   Positive symptoms of psychosis
   - hearing voices when no one is around
   - strange beliefs or fears
   - fear, confusion
   - speech which appears strange or disorganised to others

   Slide C3

2. Ask participants to get into groups of 6, read case study C1: Themba and give possible explanations of Themba talking to herself & shouting. Allow five minutes for this task.

3. Ask each group in turn to call out one of their explanations until all possible explanations are produced. Record these on flip chart paper or a chalkboard.

4. Ensure that the group understand that Themba’s behaviour is in response to hearing distressing hallucinations or voices, which are a symptom of a mental illness - psychosis. Voices often seem real to a person hearing them can be very distressing if they say negative things about them and may seem very difficult to control.

5. Ask the participants to return to their small groups and to think of as many ways as possible of responding to Themba. Any way of responding can be suggested. Allow five minutes for this task.
6. Go round each group in turn and ask them to give one way of responding and record on the flip chart or chalk board. For each way of responding ask the large group to decide whether it is likely to be a helpful or unhelpful way of interacting. Do not challenge any of these decisions at this stage – merely collect all possible ideas and record on the flipchart.

7. Role play an unhelpful way of responding to Themba using Role Play Script 1. The aim of this exercise is to show that different interactions can make a difference for the patient. Some can make the situation better and some can make it worse.

8. Before the demonstration, ask the group to watch what teacher (B) does and what happens to Themba. One of the teachers (A) should behave as if she were Themba who is hearing voices while the other teacher (B) will behave as though she believes that Themba is being difficult. The demonstration should last approximately five minutes and show teacher (B) shouting at Themba, telling her to be quiet and that there isn’t anyone present. The teacher behaving as if she was Themba should become more upset, start shouting and eventually run away from the other teacher (B).

9. After the demonstration ask the group the following questions and record the answers on a flip chart or chalk board:

Q1: How did teacher (B) behave?
Q2: What happened to Themba when teacher (B) started to shout and tell her that no one was there?

For example:

Shouting, arguing, disputing voice ———> Themba more distressed, more voices and runs away

10. Provide a second demonstration using Role Play Script 2 – showing a more helpful way of responding to Themba this time. Once more before the demonstration ask the group to watch what teacher (A) does and what happens to Themba. Teacher (B) should talk to Themba about what is happening, explaining that she has been told by the nurses that it can be upsetting to hear voices and suggesting that Themba go to sit in her room on her own for a short time as this is something that she finds helpful. Themba in the role play then becomes less upset and talks to herself less before agreeing to go into her room for a short time. She should appear less distressed.

11. After the second demonstration ask the group the following questions and record the answers on a flip chart or chalk board:

Q1: How did teacher (B) behave?
Q2: What happened to Themba when teacher (B) sympathised with Themba made a helpful suggestion?
12. Ask the group which seemed to be the most helpful way of responding to Themba and record these on a new flip chart under the heading – *Helpful things to do.* Show slide C4 to end the exercise.

### Helpful things to do for Themba

- listening to Themba
- talking to Themba
- recognising that hearing voices is a symptom of mental illness and can be very distressing
- encouraging Themba to participate in an activity which helps her feel more relaxed – going into her room for a short time
Activity 3: Understanding and responding to patients with negative symptoms

40 minutes

Method
• Presentation
• Small Group Work
• Teacher Demonstration

This activity is used to help explain how to respond to people who have negative symptoms of mental illness.

1. Ask the group what they remember about negative symptoms from the first part of the training. Use slide C5 to remind the group and give descriptions of negative symptoms – poor motivation, social withdrawal, poor self care, limited concentration, slowed movements, reduction in speech etc. Advise the group that it can sometimes be difficult to determine whether a patient’s problems are due to negative symptoms, depression or the side effects of medication because they appear very similar.

Negative symptoms of psychosis

• difficulties with thinking or concentration
• poor motivation to do things
• withdrawal from social and family contact
• problems in managing work, studies or relationships.
• slow movements
• poor care of personal hygiene and diet
• reduction in speech

Slide C5

2. Ask participants to get into groups of 6, read case study C2: Peter and give possible explanations of why Peter is staying in bed and not helping the rest of the family. Allow five minutes for this task.

3. Ask each group in turn to call out one of their explanations until all possible explanations are produced. Record these on flip chart paper or a chalkboard.

4. Ensure that the group understand that Peter’s behaviour is possibly a negative symptom frequently experienced by people with psychosis. Although there are other possible explanations such as feeling depressed and being over sedated on his medication.

5. Ask the participants to return to their small groups and to think of as many ways as possible of responding to Peter. Allow five minutes for this task.
6. Go round each group in turn and ask them to give one way of responding and record on the flip chart or chalk board. For each way of responding ask the large group to decide whether it is likely to be a helpful or unhelpful way of interacting. Do not challenge any of these decisions at this stage – merely collect all possible ideas and record on the flipchart.

7. Role play an unhelpful way of responding to Peter using **Role Play Script 3**. The aim of this exercise is to show that different interactions can make a difference for the patient. Some can make the situation better and some can make it worse.

8. Before the demonstration, ask the group to watch what teacher (B) does and what happens to Peter. One of the teachers (A) should behave as if they were Peter who is staying in bed while the other teacher (B) will behave as though they believe that Peter is being awkward. The demonstration should last approximately five minutes and show teacher (B) going into the room – not really saying anything to Peter but taking him his food and tidying up his room. The teacher behaving as if he were Peter should continue to stay in bed and not say or do anything.

9. After the demonstration ask the group the following questions and record the answers on a flip chart or chalk board:

- Q1: How did teacher (B) behave?
- Q2: What happened to Peter when teacher (B) went into the room and sorted out his belongings etc?

10. Provide a second demonstration – using **Role Play Script 4** showing a more helpful way of responding to Peter this time. Teacher (B) goes into Peter’s room and asks how he is feeling today. Although Peter only responds with a couple of words – teacher (B) goes onto to talk about the local news and asks Peter whether there is anything he would like to do today. Peter isn’t able to think of anything and only says ‘No’. Teacher (B) suggests that they might go out to visit friends and asks if Peter would like to go with him. Peter then says he isn’t sure but teacher (B) suggests that he tries to get out and then see how he feels - he can always come home early. Peter then agrees to try to get up and go out. Teacher (B) praises Peter for trying.

11. After the second demonstration ask the group the following questions and record the answers on a flip chart or chalk board:

- Q1: How did teacher (B) behave?
- Q2: What happened to Peter when teacher (B) started to make small suggestions about going out?
12. Ask the group which seemed to be the most helpful way of responding to Peter and record these on a new flip chart under the heading – *Helpful things to do.* Show slide C6 to end the exercise.

### Helpful things to do for Peter

- listening to Peter
- talking to Peter and even when he didn’t say very much continuing to talk to Peter & trying to engage him in conversation
- recognising that Peter saying in bed is a symptom of illness rather than laziness
- encouraging Peter to try an activity
- praising him for agreeing to try

*Slide C6*
Activity 4: Helping people with anxiety  40 minutes

Method
- Presentation
- Small Group Work
- Teacher Demonstration

This activity is used to help explain how to respond to people who are suffering from anxiety.

1. Ask the group what they remember about anxiety from the first part of training. Use slide C7 to remind the group and give descriptions of anxiety symptoms.

<table>
<thead>
<tr>
<th>Psychological:</th>
<th>Physical:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tension</td>
<td>Trembling</td>
</tr>
<tr>
<td>Worry</td>
<td>Sweating</td>
</tr>
<tr>
<td>Panic</td>
<td>Heart pounding</td>
</tr>
<tr>
<td>Feelings of unreality</td>
<td>Light headedness</td>
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<tr>
<td></td>
<td>Dizziness</td>
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<tr>
<td></td>
<td>Muscle tension</td>
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<td></td>
<td>Nausea</td>
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<td></td>
<td>Breathlessness</td>
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<tr>
<td></td>
<td>Numbness</td>
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<tr>
<td></td>
<td>Stomach pains</td>
</tr>
<tr>
<td></td>
<td>Tingling sensation</td>
</tr>
</tbody>
</table>

Slide C7

2. Ask participants to get into groups of 6, read case study C3: Nokhaya and give possible explanations of why Nokhaya begins to shake, think her heart isn’t working, not want to leave the house. What does she think will happen? What will happen to the physical symptoms when she goes to lie down? What will happen to the physical symptoms if she goes outside of the house? Allow five minutes for this task

3. Ask each group in turn to call out one of their explanations until all possible explanations are produced. Record these on flip chart paper or a chalkboard.

4. Ensure that the group understand that Nokhaya’s symptoms are frequently experienced by people with anxiety.

5. Ask the participants to return to their small groups and to think of as many ways as possible of responding to Nokhaya. Allow five minutes for this task.
6. Go round each group in turn and ask them to give one way of responding and record on the flip chart or chalk board. For each way of responding ask the large group to decide whether it is likely to be a helpful or unhelpful way of interacting. Do not challenge any of these decisions at this stage – merely collect all possible ideas and record on the flipchart.

7. Role play an unhelpful way of responding to Nokhaya using **Role Play Script 5**. The aim of this exercise is to show that different interactions can make a difference for the patient. Some can make the situation better and some can make it worse.

8. Before the demonstration, ask the group to watch what teacher (B) does and what happens to Nokhaya. Begin with one of the unhelpful ways of responding - such as shouting at Nokhaya and telling her she is not any good at all. One of the teachers (A) should behave as if they were Nokhaya who is frightened to leave the house while the other teacher (B) will behave as though they believe that Nokhaya is pretending to be anxious. The demonstration should last approximately five minutes and show teacher (B) shouting at Nokhaya and telling her she is stupid and no help to the family at all. The teacher behaving as if they are Nokhaya should become upset, start shouting and run into their room where they stay for the rest of the day.

9. After the demonstration ask the group the following questions and record the answers on a flip chart or chalk board:

Q1: How did teacher (B) behave?
Q2: What happened to Nokhaya when teacher (B) started to shout and criticise her?

10. Provide a second demonstration using **Role Play Script 6** – showing a more helpful way of responding to Nokhaya this time. Teacher (B) has spoken to the local nurse who suggested that they try to encourage Nokhaya to go out of the house initially for short distances. Teacher (B) talks to Nokhaya and asks what is happening. They ask what Nokhaya fears will happened if they go outside (for example, having a heart attack). Teacher (B) acknowledges that the fears are real to Nokhaya but suggests that they attempt to go out for a short distance away from the house and wait until Nokhaya feels less anxious. Nokhaya agrees to go out a little way from the house and is able to walk to the next house. She stays outside until she begins to feel better before returning home. Teacher (B) praises Nokhaya for managing this task.

11. After the second demonstration ask the group the following questions and record the answers on a flip chart or chalk board:

Q1: How did teacher (B) behave?
Q2: What happened to Nokhaya when teacher (B) started to make plans about going out?
12. Ask the group which seemed to be the most helpful way of responding to Nokhaya and record these on a new flip chart under the heading – Helpful things to do. Show slide C8 to end the exercise.

**Helpful things to do for Nokhaya**

- listening to Nokhaya
- talking to Nokhaya
- recognising that worrying about health and not wanting to go out for Nokhaya were symptoms of anxiety
- encouraging Nokhaya to go out a short distance from home
- praising Nokhaya for managing this task
- talking to the nurse about what might be causing problems and what may be helpful

_C8_
Activity 5: Understanding and responding to patients who are aggressive

40 minutes

Method
- Presentation
- Small Group Work
- Teacher Demonstration

This activity is used to help explain how to respond to people who are behaving aggressively.

1. Ask the group what they remember about whether they have encountered any situations when people suffering from mental illness have behaved in an aggressive way towards them. Ask them what they think are the possible causes of aggressive behaviour by mentally ill people. Use slide C9 to review the possible causes of aggressive behaviour in mentally ill people.

<table>
<thead>
<tr>
<th>Reasons for aggression by mentally ill people</th>
</tr>
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<tbody>
<tr>
<td>• response to symptoms e.g. voices saying to attack someone</td>
</tr>
<tr>
<td>• fear caused by the patient thinking that someone is trying to harm them</td>
</tr>
<tr>
<td>• substance abuse</td>
</tr>
<tr>
<td>• self defence</td>
</tr>
<tr>
<td>• same reasons as other people become aggressive e.g. frustration, anger, impatience</td>
</tr>
</tbody>
</table>

Slide C9

2. Ask participants to read the case study C4: Wellington and give possible explanations why Wellington may be shouting and behaving aggressively. Allow five minutes for this task.

3. Ask the group to call out their explanations. Record these on flip chart paper or a chalkboard and discuss the merits of each explanation.

4. Ask the participants to discuss in small groups with the people that they are sat next to how they think they could respond to Wellington in a way that is not likely to make him more aggressive.

5. Go round each group in turn and ask them to give one way of responding and record on the flip chart or chalk board. For each way of responding ask the large group to decide whether it is likely to be a helpful or unhelpful way of interacting. Do not challenge any of these decisions at this stage – merely collect all possible ideas and record on the flipchart.

6. Role play an unhelpful way of responding to Wellington using Role Play Script 7. The aim of this exercise is to show that different interactions can
make a difference for the patient. Some can make the situation better and some can make it worse.

7. Before the demonstration, ask the group to watch what teacher (B) does and what happens to Wellington. One of the teachers (A) should behave as if they were Wellington who is behaving aggressively while the other teacher (B) will behave as though they think Wellington is just behaving badly. The demonstration should last approximately five minutes, teachers should follow instructions in the role play script.

8. After the demonstration ask the group the following questions and record the answers on a flip chart or chalk board:

Q1  How did teacher (B) behave?
Q2  What happened to Wellington when teacher (B) started to shout and tell him to pack it in?
Q3  Was the teacher’s way of dealing with the situation helpful or not?

9. Provide a second demonstration using Role Play Script 8. – showing a more helpful way of responding to Wellington this time. Once more before the demonstration ask the group to watch what teacher (B) does and what happens to Wellington. Teacher (B) should talk to Wellington about what is happening in a calm way using a soft tone of voice. Wellington in the role play then becomes less aggressive and begins to tell the teacher about what is bothering him. The demonstration should last approximately five minutes, teachers should follow instructions in the role play script.

10. After the second demonstration ask the group the following questions and record the answers on a flip chart or chalk board:

Q1:  How did teacher (B) behave?
Q2:  What happened to Wellington when teacher (B) started to shout and tell her that no one was there?
Q3  Was the teacher’s way of dealing with the situation helpful or not?

11. Ask the group which seemed to be the most helpful way of responding to Wellington and record these on a new flip chart under the heading – Helpful things to do. Show slide C10 to end the exercise

**Helpful things to do when managing aggression**

- Recognise and acknowledge distress
- Offer opportunity to talk
- Respect personal space
- Speak softly but clearly
- Try to gain the persons attention when speaking to them
- Remain calm

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*Slide C10*
11. Finish the module by summarising all the useful things to do to help when talking to people with mental illness. Use slides C11 and C12 to help you do this.

### Helpful things to do for people with mental illness (1)

- listening to them and talking to them about their experiences
- understanding that these experiences are signs and symptoms of mental illness
- accepting that even if we don’t share their beliefs (for example, about being a famous/important person, having a heart attack if they leave the house) they seem real to patients

*Slide C11*

### Helpful things to do for people with mental illness (2)

- asking them what is helpful
- encouraging them to take part in activities they enjoy
- praising them for completing tasks/parts of tasks – even when they only seem small
- encouraging them to take medication
- asking the nurses for advise about how best to help specific problems
- sometimes it is helpful to encourage anxious people to gradually go into the situations they fear

*Slide C12*
Activity 6: What Have We Learnt? 10 minutes

Method
- Large Group Discussion

1. Ask participants to say what they have learned from the whole of module C.

2. Do not discuss the individual contributions at this stage. Allow individual participants to say whatever they wish about the module.

3. Write each contribution down on a flipchart or chalkboard.

4. Summarise the groups suggestions at the end. Feedback what the group have said and end on a positive note.

5. Take a well earned break.
Module C: Case Studies

Case Study C1: Themba
When Themba hasn’t slept for a couple of nights she becomes quite restless and often starts ‘talking to herself’.
Usually this is only quietly in her own room but at times she begins shouting and becomes agitated.
When asked who she is talking to Themba becomes upset and says it is the man who is following her and attempting to hurt her.

Case study C2: Peter
Peter is 28 years old and has experienced mental health problems for the last ten years.
Peter takes the medication prescribed for his mental health problems regularly. This helps with the odd beliefs he used to have about being a local ruler and landlord and he no longer worries about this.
However he spends a lot of time in bed and does not help the rest of the family look after the house and garden.

Case study C3: Nokhaya
Nokhaya seems generally happy when at home but when asked to go out starts to shake and gives a number of reasons why she cannot go out (her heart isn’t working properly) and must stay at home. She goes pale and goes to lie down.
About half an hour later she will get up and once again seems okay until someone asks her to go out again when the same thing happens again.

Case study C4: Wellington
Wellington is 24 years old and has had schizophrenia for 6 years he is also known to abuse both alcohol and Dagga whenever he can get the money to buy it.
Wellington arrives at the community centre. He is untidy, unshaven and appears pre-occupied.
Suddenly he jumps up and shouts “stop it you bastards I’m not going to let you do that” he picks up a chair and throws it against the wall.
Module C

Thembu: Script for role play for responding to positive symptoms

Role play 1: Unhelpful response

Teacher: Good morning Themba – how are you feeling?

Themba appears distracted and doesn’t answer.

Teacher: (louder) Themba, I said how are you?

Themba: I feel frightened, he’s trying to harm me again.

Teacher: Who is trying to harm you Themba? I don’t see anyone.

Themba looks fearful and says,

Themba: you know who it is, everyone knows who it is, he’s just told me so.

Teacher: (appearing irritated) Themba I don’t have a clue what you talking about, who told you so, I can’t here anyone. Stop talking like this people will think that you are mad!

Themba begins to look distressed.

Themba: Of course you know what I’m talking about, you can hear him, everyone can hear him, they must be able to, he is shouting so loud!

Teacher: (shouting) I have had it with you Themba and your stupidity you pretend to hear voices and you say they are trying to harm you when anyone can see that nobody is trying to harm you. Just stop being silly and pull yourself together.

Themba becomes distressed and begins to cry then gets up and leaves.

End of role play
Module C

Themba: Script for role play for responding to positive symptoms

Role Play 2: Helpful response

Teacher: Good morning Themba – how are you feeling?

Themba appears distracted and doesn’t answer.

Teacher: (speaks softly) Themba you appear to be a little distracted are you feeling alright?

Themba: I feel frightened, he’s trying to harm me again.

Teacher: (again speaking softly) Who is trying to harm you Themba?

Themba looks fearful and says,

Themba: You know who it is, everyone knows who it is, he’s just told me so.

Teacher: Themba are you hearing the voice of someone other than me talking to you at the moment?

Themba looks puzzled.

Themba: Yes I am and he is threatening to kill me! Can’t you hear him?

Teacher: No Themba I can’t hear the voice but I do believe that you can hear it and it sounds as though the things that the voice is saying to you are very frightening.

Themba: Yes they are frightening! I try to tell myself that he can’t hurt me but sometimes the voice is so loud I feel certain that he is going to get me.

Teacher: That must be very distressing Themba, you know it isn’t uncommon for people to hear voices when there is nobody there actually talking to them.

Themba: Isn’t it? I thought I was the only one that heard voices like this.

Teacher: No Themba I have met lots people that have heard voices like yours and many of them have been able to learn ways of making the voices less distressing.

Themba: I wish I could stop this voice from bothering me, can you tell me how to do that?

(Role play continued on next page)
Teacher: Well I can’t promise that I can make the voice stop altogether, but I do know of a number of ways that we could help you to cope with the voice to make it less distressing. Would you like me to tell you more about how we might be able to do this?

Themba appears less tense and more hopeful.

Themba: Yes, I’d like you to tell me more about that.

End of role play
Module C

Peter: Script for role play for responding to negative symptoms

Role Play 3: Unhelpful response

There is no script for unhelpful ways of responding required - the teacher should merely ignore Peter.

Role Play 4: Helpful response

Teacher: Morning Peter – how are you feeling?

Peter: Okay.

Few moments silence.

Teacher: Have you noticed what a lovely day it is today?

Peter: No.

Few moments silence.

Teacher: Well - the sun is out and we’re expecting it to be good weather for the next few days..

Few moments silence.

Teacher: Have you thought about what you might like to do today?

Peter: No.

Few moments silence.

Teacher: Can I make a suggestion?

Peter: Okay.

Teacher: We could go and visit Themba – it’s a nice day to take a walk and she would be so pleased to see us. What do you think?

Peter: I don’t know .. it’s a long way to go ..

Teacher: Is there anything in particular that worries about you about going to visit Themba?

Peter: No – I just don’t feel like it. (Role play continued on next page)
Teacher: How about you get up and dressed and then see how you feel? We don’t have to go out for very long and last time we went to see Themba you told me how much you had enjoyed it.

Peter: Okay.

Teacher: Is there anything I can do to help you get ready?

Peter: Find me some clean clothes.

Teacher: Okay – I’ll go and do that while you get up. I think it’s really good you are trying to do something – I know it’s a big effort for you.

End of role play
Module C

Noyhaya: Script for role play for responding to anxiety

Role play 5: Unhelpful Response

Teacher: Good morning Nokhaya – how are you feeling?

Nokhaya appears distracted and doesn’t answer.

Teacher: (louder) Nokhaya I said how are you?

Nokhaya: I feel frightened, Elizabeth has just suggested that we go to visit her friends but I don’t want to go.

Teacher: What are you frightened of?

Nokhaya looks fearful and says,

Nokhaya: I’m not sure… my heart is beating very quickly and I don’t think I can cope with going outside.

Teacher: (appearing irritated) Nokhaya – you don’t look ill to me ….

Nokhaya begins to look distressed.

Nokhaya: No but my heart is beating and I feel shaky.

Teacher: (shouting) I think you are just being lazy … you don’t like her friends and you want to stay here .. you should just get up and go …

Nokhaya becomes even more anxious.

End of role play
Module C

Noyhaya: Script for role play for responding to anxiety

Role play 6: Helpful Response

Teacher: Good morning Noyhaya – how are you feeling?

Noyhaya appears distracted and doesn’t answer.

Teacher: (speaks softly) Noyhaya you appear to be a little distracted are you feeling alright?

Noyhaya: I feel frightened, Elizabeth has just suggested that we go to visit her friends but I don’t want to go.

Teacher: (again speaking softly) What are you frightened about Noyhaya?

Noyhaya looks fearful and says,

Noyhaya: I’m not sure… my heart is beating very quickly and I don’t think I can cope with going outside.

Teacher: Noyhaya – it sounds as though you’re feeling anxious - what do you think will happen if you go outside?

Noyhaya looks upset.

Noyhaya: I’m worried that I’ll feel worse – last time I went out I started to feel feint and my heart was beating so quickly I thought it would explode.

Teacher: Yes I remember – do you remember what we talked about with the nurse last time she was here?

Noyhaya: Only a little .. she said something about it being anxiety .. that it would eventually go away and that I wouldn’t really die.

Teacher: Yes – she said that although the symptoms were very distressing – they were anxiety and as has always happened before they do go away even if you do go outside.

What do you think it would be useful to do now?

Noyhaya: The nurse said it was useful to go out and wait until the symptoms go away as that’s what will happen. I know if I stay here it will be harder to go out again tomorrow.

(Role play continued on next page)
Teacher: Shall we go with Elizabeth then and see how you’re feeling once we get to her friend’s house?

Noyhaya: Yes – although I’m still worried my heart will explode.

Teacher: I know that’s how it feels at the moment – but when we went out week – what happened eventually?

Noyhaya: After a little while my heart stopped beating too quickly and I began to feel better.

Noyhaya and the teacher go out with Elizabeth.

End of role play
Module C

Wellington: Script for role play for responding to aggression

Role play 7: Unhelpful response

Wellington enters the room.

Teacher: Good morning Wellington – how are you feeling?

Wellington appears pre-occupied and doesn’t answer.

Teacher: (louder) Wellington I said how are you? Don’t be so rude and answer me.

Wellington: (shouting) Get lost and leave me alone, I said leave me alone.

Wellington goes and sits down but still appears agitated and restless, the teacher follows closely behind and sits down only a few feet from Wellington.

Teacher: (angrily says) I don’t like your attitude young man you have no right to come in here and talk to me like that.

Wellington looks angry but isn’t really listening to the teacher.

Wellington: I told you just leave me alone, I not going to do what you tell me, I won’t do it.

Wellington jumps up from his seat and violently knocks over a chair, he stands still, looking tense and breathing heavily.

Teacher: (even more angry jumps up from his seat and confronts Wellington) you’ve gone too far this time, you don’t frighten me, come on have a go at me if you think your so tough or get out of here and don’t come back!

Wellington turns and moves towards the teacher as if he intends to attack him.

End of role play
Module C

Wellington: Script for role play for responding to aggression

Role play 8: Helpful response

Wellington enters the room.

Teacher: Good morning Wellington – how are you feeling?

Wellington appears pre-occupied and doesn’t answer.

Teacher: You appear a little distracted today would you like to talk to me about what is troubling you?

Wellington: (shouting) Get lost and leave me alone, I said leave me alone.

Wellington goes and sits down but still appears agitated and restless, after a moment or two the teacher follows him but shows respect for his personal space sitting down several feet away.

Teacher: (clearly but softly, repeats Wellingtons name until he gets his attention) Wellington you seem very upset do you want to talk?

Wellington: It's the voices they keep telling me to do bad things and I am trying not to do what they say.

Teacher: That must be very distressing Wellington and you are doing very well to not do what they say. What types of bad things do the voices tell you to do?

Wellington jumps up from his seat and violently knocks over a chair, he stands still, looking tense and breathing heavily.

Teacher: (stands up but remains calm, respects Wellington’s personal space and in a soft voice says) Are you alright Wellington?

Wellington nods.

Teacher: Did the voices tell you to do that?

Wellington nods.

Teacher: Would you like to sit down again and we can talk more about what the voices are saying to you and how you can cope with them?

Wellington remains silent for a moment then slowly goes and sits down again, the teacher also sits down still respecting his personal space.

End of role play
Module C:
Responding to People with Mental Health Problems
Aims of the Module

• To review material covered about signs/symptoms of mental illness and the higher chance model to help us understand them

• To think about how this helps us intervene with individuals with mental illness - examining interactions which may increase stress and those that may reduce stress for the patient and those looking after them

• To identify a range of responses which are helpful to individuals with mental illness
‘Positive’ symptoms of psychosis

- hearing voices when no one is around
- strange beliefs or fears
- fear, confusion
- speech which appears strange or disorganised to others
Helpful things to do for Themba

• Listening to Themba
• Talking to her
• Recognising that hearing voices is a symptom of mental illness & can be very distressing
• Encouraging Themba to participate in activity which helps her feel more relaxed
‘Negative’ symptoms of psychosis

- difficulties with thinking or concentration
- poor motivation to do things
- withdrawal from social and family contact
- problems in managing work, studies or relationships.
- slow movements
- poor care of personal hygiene and diet
- reduction in speech
Helpful things to do for Peter

• Talking to Peter and even when he doesn’t say very much, attempting to engage him in conversation

• Recognising that Peter staying in bed is a symptom of illness rather than laziness

• Encouraging Peter to try an activity

• Praising him for agreeing to try
# Anxiety

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<tr>
<th>Psychological:</th>
<th>Physical:</th>
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<tbody>
<tr>
<td>Tension</td>
<td>Trembling</td>
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<td>Worry</td>
<td>Sweating</td>
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<td>Panic</td>
<td>Heart pounding</td>
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<td>Feelings of unreality</td>
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<td>Stomach pains</td>
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<td>Tingling sensation</td>
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Disruptive to work, social or family life
Helpful things to do for Nokhaya

• Talking to Nokhaya
• Listening to Nokhaya
• Recognising that worrying about health and not wanting to go outside are symptoms of anxiety
• Encouraging Nokhaya for going out for a short distance and staying there until feeling better
• Praise for managing this task
• Talking to the nurse about what might be causing Nokhaya’s problems and what may help
Reasons for aggression by mentally ill people

- response to symptoms e.g. voices saying to attack someone
- fear caused by the patient thinking that someone is trying to harm them
- substance abuse
- self defence
- same reasons as other people become aggressive e.g. frustration, anger, impatience
Helpful things to do when managing aggression

- Recognise and acknowledge distress
- Offer opportunity to talk
- Respect personal space
- Speak softly but clearly
- Try to gain the person's attention when speaking to them
- Remain calm
Helpful things to do for people with mental illness (1)

• Talking to them and listening to them talk about their experiences
• Understanding that these experiences are signs and symptoms of mental illness
• Accepting that even if we don’t’ share their beliefs (for example - about being an important/famous person/ having a heart attack if they leave the house) they seem real to patients
Helpful things to do for people with mental illness (2)

- Asking them what is helpful
- Encouraging them to take part in activities they enjoy
- Praising them for taking part in tasks/parts of tasks - even when they only seem small
- Encouraging them to take medication
- Asking the nurses for advise about how best to help specific problems
- Sometimes it is helpful to encourage anxious people to gradually go into the situations they fear