Helping People with Mental Illness

A Mental Health Training Programme for Community Health Workers

Module G

Tracing People who Default from Mental Health Services
Helping People with Mental Illness

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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 G

Responding to People who Default from Mental Health Services

Introduction

- This module teaches people about the importance of people with mental illness staying in touch with services and introduces the skills necessary for visiting people who default from services.

Purpose

- To consider the importance of staying in touch with people with mental illness
- To practice the skills required for visiting defaulters
- To consider potential problems when visiting defaulters and identify solutions

Materials

- Slides G1 - G6
- Flip chart or chalkboard
- Flip chart pens or chalk
- Pens and paper

Activities

Activity 1: Introduction 5 minutes
Activity 2: Reasons for tracing defaulters 40 minutes
Activity 3: Skills needed when visiting defaulters 90 minutes
Activity 4: Overcoming problems 60 minutes
Activity 5: What have we learnt? 15 minutes

Overall Time Needed Three and a half hours
Activity 1: Introduction 5 minutes

Method
- Presentation

Use slide G1 to start the activity

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Module G: 
Tracing People who Default from Mental Health Services

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Slide G1

Use slide G2 to outline the aims of the module

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Aims

- To consider the importance of staying in touch with people with mental illness
- To practice the skills required for visiting defaulters
- To consider potential problems when visiting defaulters and identify solutions

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Slide G2

Explain to participants that the aim of this module is to discuss some reasons why people with mental illness default from the day hospital and clinics, establish why it is important to try to keep in touch with them and to practice ways of doing this.
Activity 2: Reasons for tracing people who default from services 40 minutes

Methods

- Small group discussions
- Large group discussion
- Presentation

The reason for including this exercise is to assist participants in thinking of a wide range of reasons why somebody may not attend their appointment at the psychiatric or primary care clinics. This is used to compare with the idea that patients are always just ‘being difficult’.

1. Ask the participants to get into small groups. Ask the groups what they think the reasons may be that people with mental illness do not attend appointments at day hospitals or clinics. Ask the groups to feed back their ideas to the large group. Write the suggestions that participants make down on the flip chalk or chalk board. When all the ideas have been written down summarise the discussion by showing slide G3.

<table>
<thead>
<tr>
<th>Reasons for defaulting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear e.g. of leaving their house</td>
</tr>
<tr>
<td>Stigma of mental illness</td>
</tr>
<tr>
<td>Not accepting they are ill</td>
</tr>
<tr>
<td>Forgetting about appointment</td>
</tr>
<tr>
<td>Confused about appointment</td>
</tr>
<tr>
<td>Too busy</td>
</tr>
<tr>
<td>Too far to travel</td>
</tr>
<tr>
<td>Too ill</td>
</tr>
<tr>
<td>Not happy with the treatment offered</td>
</tr>
</tbody>
</table>

*Slide G3*
2. Ask participants in the large group why it might be important to keep in touch with people who default from the psychiatric clinic. Write the suggestions that participants make down on the flip chalk or chalkboard. When the group run out of new ideas summarise the discussion by showing slide G4.

<table>
<thead>
<tr>
<th>Reasons for keeping in touch with defaulters</th>
</tr>
</thead>
<tbody>
<tr>
<td>• People with psychosis are at risk of becoming ill again</td>
</tr>
<tr>
<td>• Each time they become ill they are likely to make a less complete recovery</td>
</tr>
<tr>
<td>• Often the more ill people are the less likely they are to recognise this</td>
</tr>
<tr>
<td>• If we keep in touch with people we can monitor how they are and help prevent some of these problems</td>
</tr>
</tbody>
</table>

*Slide G4*
Activity 3: Skills needed when visiting people who default from services  90 minutes

Methods

- Large group discussion
- Presentation
- Teacher demonstration
- Skills practice

1. Ask the group what they might say when they are visiting a patient who has defaulted from clinic.

2. Write group members suggestions down on the flip chart or chalk board. For each way of responding ask the large group to decide whether it is likely to be 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.

3. The teachers then role play an unhelpful way of communicating with a patient who has defaulted from the clinic and is being visited by a volunteer 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 it better and some can make it worse.

4. Before the demonstration, ask the group to watch what teacher (B) does and what happens to Ben. One of the teachers (A) should behave as if they were Ben who has defaulted from clinic while the other teacher (B) will behave as though they think Ben has behaved badly by not attending the clinic. The demonstration should last approximately five minutes, teachers should follow instructions in the role play script.

5. 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 Ben when teacher (B) treated him as a child?
   Q3 Did the way teacher (B) handle the situation make it more or less likely that Ben would return to the clinic?

6. Provide a second demonstration – showing a more helpful way of responding to Ben this time using Role Play Script 2. Once more before the demonstration ask the group to watch what teacher (B) does and what happens to Ben. Teacher (B) should talk to Ben in a polite and respectful way and using a soft tone of voice. Ben in the role play then becomes more co-operative and prepared to discuss returning to the clinic. The demonstration should last approximately five minutes, teachers should follow instructions in the role play script.

7. 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 Ben when teacher (B) treated him as a child?
Q3 Did the way teacher (B) handle the situation make it more or less likely that Ben would return to the clinic?

8. Ask the group which seemed the most helpful way of responding to Ben and which approach was more likely to encourage him to return to the clinic – record these ideas on a flip chart under the heading – *Helpful things to do*. Use slide G5 to summarise the comments made.

### Visiting defaulters

- Introduce yourself
- Name and role
- Purpose of visit
- ‘the nurses are concerned because you didn’t attend your appointment at the clinic and have asked me to come to see how you are. Is it OK if we have a chat about how things are?’
- Ask the person how they are and why they haven’t been to the clinic
- Ask them if they will agree to going back to the clinic

*Slide G5*

9. Ask group members to get in to groups of three for the purposes of the next exercise.

10. Once they have organised themselves, tell them that you want them to practice the skills that you have just demonstrated. Ask them to decide who will play the role of the volunteer, who will be Ben and who will be an observer. The observers role is to make notes and feedback regarding what is helpful about the interaction and anything that the volunteer says or does that is not helpful.

11. Ask them to read the role play script again about the helpful interaction between the volunteer and Ben. Allow them five minutes while they read this, then ask them to think for a moment about their roles, when you instruct them to start they should begin the role play.

12. When all role plays have finished ask the observer to provide feedback about the interaction.

13. Instruct the group they should change roles and each have a turn at practising the skills that are required when visiting defaulters.

14. When everyone has played the role of a volunteer finish the exercise by asking the large group to feedback on anything they had observed that they thought the person playing the role of the volunteer did that was useful and anything that people thought they might have done differently.
Activity 4: Overcoming problems 60 minutes

Methods

- Small group discussion
- Feedback to the large group

1. Ask participants to get into small groups of approximately 5 people and issue one of the scenarios A – E to each group (each group should consider a different scenario).

2. Explain to participants that each scenario describes a problem that they might encounter when working as volunteers. The group task is to identify what the potential solutions might be to the problem.

3. Ask each group to identify someone to feedback to the larger group when they have completed their discussions and ask this person to make notes to assist them with their feedback.

4. Allow the small groups 20 minutes to discuss each scenario and then ask them to reform as a larger group.

5. Ask one person from each small group to read out the scenario that they discussed to the larger group and the solutions that they generated about how they would help the patient. Once they have completed this ask the larger group if they have any other ideas that weren’t covered about how to help the patient. To help trainers, some solutions to the problems are included in the material for this module for information.

6. When all four groups have finished presenting their ideas close the session by presenting slide 6.

Maintaining personal safety

- When visiting patients who have a history of aggression think about sending a male volunteer and go in pairs
- When visiting a male patient who is known to be sexually disinhibited at times send a male volunteer and go in pairs
- If a patient is putting themselves or others at risk of harm report this back to the professional nurse
- If a patient is very disturbed don’t put yourself at risk, report this information back to the professional nurse

Slide G6
Activity 5: What have we learnt? 15 minutes

Method

- Large Group Discussion

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

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

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 G

Ben: Role Play Scripts for Visiting Defaulters

Role Play 1: Unhelpful response

Teacher (B) knocks on the door of Ben’s house

Ben: Hello what do you want?

Teacher: I have come from the clinic, they have sent me to call on you as you have not attended for your medication for two months

Ben: (says nothing but looks suspicious)

Teacher: Tell me man why have you not been going to the clinic, do you not know that they only want to help you

Ben: But they don’t help me the medication makes me feel worse because I become shaky all the time and my mouth is dry

Teacher: (in a condescending tone) Don’t be silly Ben, the medicine makes you feel better, now come back to the clinic and stop wasting everyone’s time

Ben: (angrily says) I never asked you to come to see me, I’m not going back to the clinic and you can’t make me, leave me alone

Teacher: OK then Ben but you are being a silly boy and will regret not taking your medication when you are ill and back in the hospital

Ben slams the door angrily

End of role play
Module G

Ben: Role Play Scripts for Visiting Defaulters

Role Play 1: Helpful response

Teacher (B) knocks on the door of Ben’s house

Ben: Hello what do you want?

Teacher: Good morning my name is (teacher B to use their own name) and I have been asked to visit you by one of the nurses from the clinic.

Ben: (says nothing but looks suspicious)

Teacher: The nurses were concerned about you as you had not attended the clinic for two months and asked me to call to find out how you are and if I can be of help to you in any way

Ben: I’m OK its just that I don’t like the medication they have been giving me it makes me feel worse because I become shaky all the time and my mouth is dry

Teacher: (in a sympathetic way says) I’m sorry to hear that would it be possible for me to come inside for a minute so you can tell me a bit more about what you don’t like about the medication

Ben: (looking less suspicious) OK then come in man so we can talk

Teacher: (inside the house) So you were telling that the medication makes you shaky and makes your mouth dry is there anything else about it that you find unpleasant?

Ben: No its mainly those two things

Teacher: Have things been better since you stopped going to the clinic for your medication or has anything got worse?

Ben: Well the shakes have stopped and my mouth isn’t as dry but the voices have come back and I’m having trouble sleeping

Teacher: OK so some things have been better but others are worse. How would you feel about coming back to the clinic to discuss what you have told me with the nurse and maybe there is another medication that he/she could give you that would not have unpleasant side effects but would help with the voices and your sleep

Ben: OK man yes I will come back to see the nurse, when should I go
Teacher makes an appointment for Ben and thanks him for agreeing to talk about his situation.

End of role play
Module G

Case Scenarios

Scenario A

You have been asked to visit Mr A who is a man in his late forties who has a long history of schizophrenia and has been in hospital many times. Mr A has not attended the day hospital for his medication for 2 months. In the past he has a history of being aggressive at times and when he was ill seriously injured one of his neighbours.

Question:

What issues does this raise when considering which volunteer should be chosen to visit this man and how can their personal safety be ensured?
Module G

Case Scenarios

Scenario B

You have been asked to visit Mr B who is a man in his mid-twenties who has a five year history of mental illness. Mr B has not attended the clinic to receive his medication for three months. In the past when Mr B has been ill he has become sexually disinhibited and has made inappropriate sexual advances to women.

Question:

What issues does this raise when considering which volunteer should be chosen to visit this man and how can their personal safety be ensured?
Scenario C

You call to visit a 30 year old woman called Cynthia who has not attended the clinic for 4 months. An old woman answers the door and whispers to you that she is Cynthia’s mother, she tells you that Cynthia has been unwell for 2 months and will not let anyone visit the house, her mother is very worried about her and asks you can you help.

Question:

Discuss what you can do to help Cynthia and her mother and write down your ideas.
Module G

Case Scenarios

Scenario D

You call to visit Mrs D who is a 46 year old woman with a twenty four year history of schizophrenia. Mrs D opens the door to you and lets you in but doesn’t say anything to you and sits staring in to the corner of the room muttering to herself.

Question:

Discuss what your options are for helping Mrs D and write down your ideas
Module G
Case Scenarios

Scenario E

You call to visit Mr E who is a 58 year old man with a long history of psychosis. When you arrive to visit him – you are met by his neighbour who comes to tell you that Mr E has been pacing up and down in the street in a very agitated state and talking to himself. The neighbour doesn’t know where Mr E is now but is very worried about him.

Question:

Discuss what your options are for helping Mr E and write down your ideas.
Module G

Case Scenarios – Potential Solutions

Scenario A

- Don’t send a female volunteer
- Don’t go to visit Mr A alone
- Send a volunteer who knows Mr A already if possible
- Be careful not to get in to situations where you put yourself at risk
- Use skills for responding to aggression covered in module C
- Report information about the visit back to the professional nurse

Scenario B

- Don’t send a female volunteer
- Don’t go to visit Mr B alone
- Be careful not to get in to situations where you put yourself at risk
- Report information about the visit back to the professional nurse

Scenario C

- Try to gather more information from the relative about how long Cynthia has been behaving like this and who else is living in the house
- Be careful not to get in to situations where you put yourself at risk
- Report information about the visit back to the professional nurse immediately

Scenario D

- Use communication skills covered in module C to try to establish effective communication with the patient
- Be careful not to get in to situations where you put yourself at risk
- Report information about the visit back to the professional nurse immediately

Scenario E

- Try to gather more information from the neighbour about how long the patient has been behaving like this
- Try to find out what might be the best time to visit the patient again when he may be at home
- Be careful not to get in to situations where you put yourself at risk
- Report information about the visit back to the professional nurse immediately
Module G: Tracing People who Default from Mental Health Services
Aims of the session

• To consider the importance of staying in touch with people with mental illness
• To practice the skills required for visiting defaulters
• To consider potential problems when visiting defaulters and identify solutions
Reasons for defaulting

- Fear e.g. of leaving their house
- Stigma of mental illness
- Not accepting they are ill
- Forgetting about appointment
- Confused about appointment
- Too busy
- Too far to travel
- Too ill
- Not happy with the treatment offered
Reasons for keeping in touch with defaulters

• People with psychosis are at risk of becoming ill again
• Each time they become ill they are likely to make a less complete recovery
• Often the more ill people are the less likely they are to recognise this
• If we keep in touch with people we can monitor how they are and help prevent some of these problems
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• If a patient is very disturbed don’t put yourself at risk, report this information back to the professional nurse