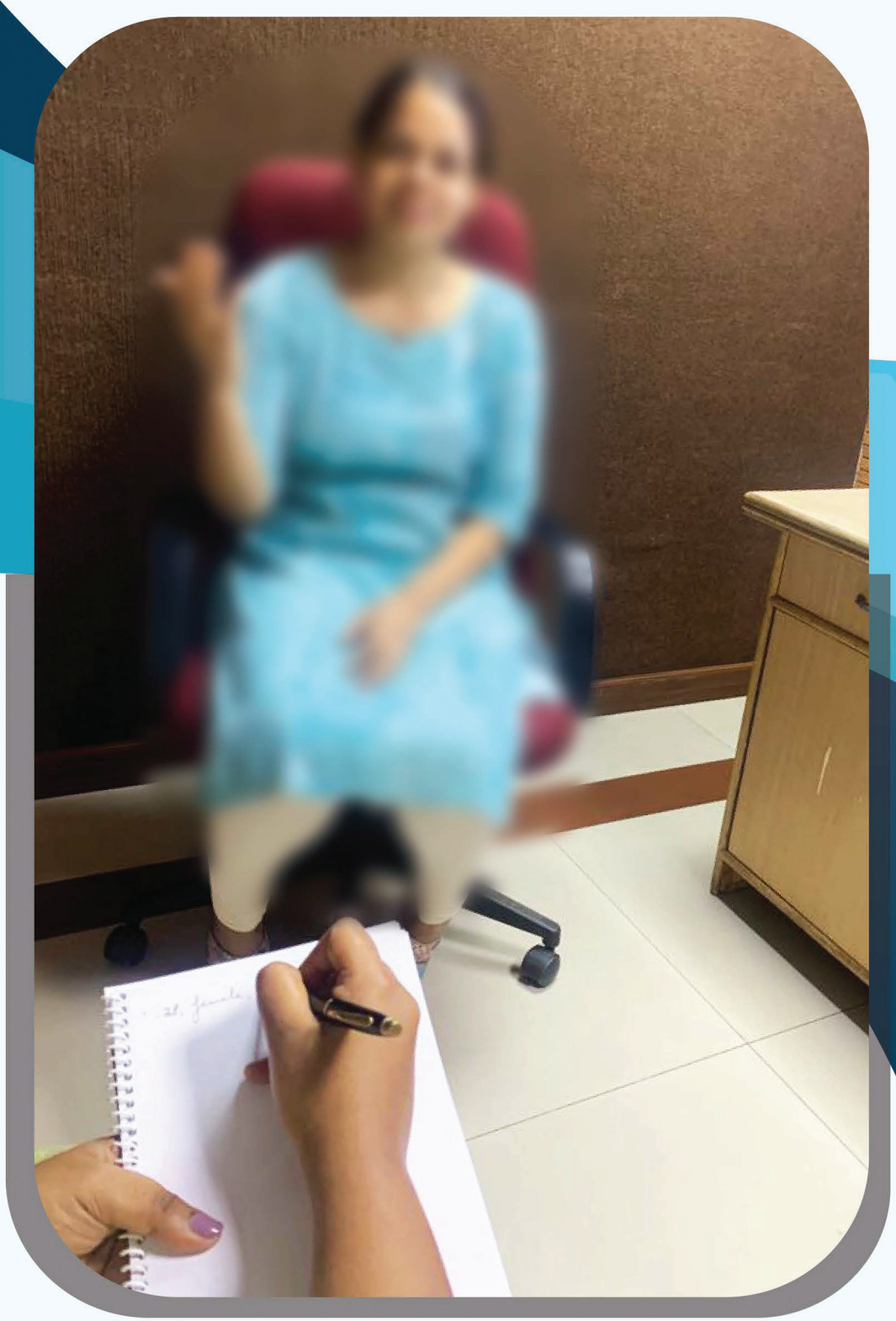
Handbook for Lay Counsellors



BRIDGING THE GAP, ONE STEP AT A TIME

Handbook for Lay Counsellors

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ISBN	:	**978-93-91300-12-8**
NIMHANS Publication number	:	**243**
Year of Publication	:	**2023**
Design and Typesetting	:	**Aditi Enterprises,** Bengaluru

Citation: Patley, R., Suchandra, H. H., Manjunatha, N., Kumar, C.N., Math, S. B. Handbook for Lay Counsellors (2023). Bengaluru :(NIMHANS Publication No: 243), ISBN: 978-93-91300-12-8

Dedicated to all Lay Counsellors who are Volunteering in the Community

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FOREWORD

I am pleased to announce the release of the Comprehensive Training Manual for Lay Counsellors, a significant milestone in our commitment to addressing the increasing health challenges, particularly in the wake of the COVID-19 pandemic. This manual, developed by the NIMHANS Community Psychiatry and Telemedicine team, is a testament to our dedication to community mental health and rehabilitation services.

Our Mental Health Professionals (MHPs), including psychiatrists, clinical psychologists, and psychiatric social workers, have been working tirelessly since the beginning, striving to meet the overwhelming demand for their services. However, we acknowledge that the current number of professionals in the field falls significantly short of the standards set by the World Health Organization.

To bridge this critical gap and ensure that the growing mental health needs of the Indian population are adequately addressed, we recognize the invaluable contribution of volunteers from the community, known as lay counsellors. These individuals, when provided with basic training in the management of psychological distress and essential counselling skills, can play a pivotal role in supporting and empowering those in need.

With this objective in mind, the NIMHANS Community Psychiatry and Telemedicine team launched the Lay Counsellors Training Programme in 2018. Since its inception, we have successfully trained more than 700 dedicated lay volunteers across 10 batches, utilizing a combination of online sessions and immersive visits to various mental health setups. These trained lay counsellors have now become active participants in providing basic counselling and addressing common situations that give rise to psychological distress within our community.

The Comprehensive Training Manual for Lay Counsellors marks another significant step in our journey to provide comprehensive training and support to these dedicated individuals. Each chapter of this manual has been meticulously curated, drawing from thoughtful research and extensive discussions. It covers a wide range of topics, including fundamental counselling skills, psychological first aid, and stress management techniques, which serve as the bedrock of effective counselling. Moreover, the manual explores theoretical and practical aspects of dealing with challenging situations in counselling, offering guidance on grief counselling, resolving couple and family conflicts, and navigating ethical issues with utmost sensitivity and professionalism.

Additionally, the manual sheds light on an overview of mental illnesses and addresses specific concerns related to special populations. This knowledge equips lay counsellors with the ability to screen for mental health conditions and make appropriate referrals whenever necessary. We have ensured that the language used in this manual is accessible, lucid, and easy to understand, removing any barriers that may impede learning and comprehension.

With great optimism, we believe that this comprehensive manual will serve as an invaluable resource for lay counsellors, empowering them to enhance and fine-tune their knowledge and skills. Ultimately, the impact of their efforts will extend far beyond individual lives, benefiting the entire community and society as a whole.

On behalf of the NIMHANS Community Psychiatry and Telemedicine team, I extend my heartfelt gratitude to all the individuals involved in the creation of this manual. Your dedication and commitment to improving mental health services are truly commendable.

Thank you for your unwavering support as we strive to build a healthier and more resilient society, one where mental health is a priority and compassion knows no bounds.

Dr. Pratima Murthy,
Director, NIMHANS,
Bengaluru

Service Free ಉಚಿತ ಸೇವೆ

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SAMADHANA: Centre for Counselling & Guidance

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FOREWORD

The prevalence of mental health issues has escalated, particularly with the COVID-19 pandemic, which has raised significant concerns. NIMHANS has been a pioneer in providing community mental health and rehabilitation services, with the help of Mental Health Professionals (MHPs), including psychiatrists, clinical psychologists, and psychiatric social workers, working tirelessly to meet the rising demand. However, despite the MHPs' best efforts, India still lacks the required number of mental health professionals as per the World Health Organization's standards. In such a scenario, involving volunteers from the community, known as lay counsellors, becomes crucial to offer basic training in managing psychological distress and providing basic counselling to address the surging needs of the Indian population.

Lay-counsellors are well motivated individuals with short-term training for offering counselling services in an informal manner. They function as first contact – first aid help givers in the community. There are also many individuals who are members of NGOs and other voluntary services organizations coming forward to become lay counsellors. There is a need for them to get properly trained by professionals. This will certainly enhance their efficiency and enable them to adopt more acceptable methods of counselling. They should adhere to certain laid down principles and norms. They should be reliable and trustworthy.

Prasanna Counselling Centre, Basavanagudi (started in 1979), Samadhana centre for Counselling and Guidance (started in 2007) are organizing 60 and 30 sessions – training courses (weekly 2 sessions) respectively. Manasa educational Trust, Shimoga is offering distance education courses. They are affiliated to Kuvempu University, Shimoga. NIMHANS, Bengaluru has designed a one-week training Programme for college teachers to offer counselling to their Students. Till now Prasanna Counseling centre has trained more than 3000 Persons & Samadhana centre has trained more than 2500 persons in lay counseling.

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I have also been part of training more than, 2000 persons in 8 districts of North Karnataka under the sponsorship of Vikas Academy - Kalaburgi.

In 2018, the NIMHANS Community Psychiatry and Telemedicine team took the initiative to start the Lay Counsellors Training Programme, which has so far trained over 700 lay volunteers across 10 batches, through online sessions and onsite visits to various mental health setups. These lay counsellors are now actively involved in providing basic counselling and addressing common situations that cause psychological distress in the community.

This manual is a significant step in our ongoing efforts to provide better training to lay counsellors. The chapters have been meticulously researched and compiled, covering crucial counselling skills, psychological first aid, and stress management techniques, which are fundamental to counselling. In addition, the manual also includes theoretical and practical aspects of dealing with challenging situations in counselling, grief, couple and family conflicts, and ethical issues in counselling in separate chapters. The manual provides an overview of mental illness and special when necessary. The language used in the manual is lucid and easy to understand.

With immense optimism, I firmly believe this book will help lay counsellors enhance and refine their knowledge and skills, ultimately benefiting individuals experiencing psychological distress and society as a whole. I would like to express my heartfelt gratitude to the NIMHANS Community Psychiatry and Telemedicine team for their tireless efforts and commitment to providing quality mental health services to the community.

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FOREWORD

I am delighted and proud to announce the release of the Handbook for Volunteering Counsellors. This represents a significant accomplishment in the ongoing commitment to address the challenges in public mental health.

The field of mental health is ever-evolving, and dedicated Mental Health Professionals (MHPs), including psychiatrists, clinical psychologists, psychiatric social workers and psychiatric nurses, have been tirelessly working to meet the increasing demand. There is still a considerable shortage of professionals in the field. To bridge this gap, dedicated community health volunteers, as counsellors, can play a crucial role. Equipped with training in managing psychological distress and essential counselling skills, these volunteers play a pivotal role in providing much-needed support to those in distress.

Online Certificate Course on Counselling by volunteers was initiated by NIMHANS in 2018 by collaborating with NGO Aapta Salaha Kendra, with the aim of equipping these volunteers with the knowledge and skills required to offer empathetic and effective counselling. Since the inception of the program, many volunteers have successfully completed the training, empowering themselves to become active agents of positive change within their communities.

This Handbook for Counsellors represents a crucial milestone in this endeavour to provide comprehensive resource to these compassionate individuals. Each chapter of this handbook has been meticulously curated, drawing from evidence-based research and insightful discussions. It covers a wide range of topics, including foundational counselling skills, psychological first aid, and stress management techniques, forming the core of effective counselling. Furthermore, the handbook delves into both theoretical and practical aspects, offering guidance on addressing

challenging situations, providing grief counselling, resolving conflicts within families and couples, and navigating ethical dilemmas with sensitivity and professionalism.

Additionally, this handbook provides an insightful overview of mental illnesses and addresses specific concerns related to special populations. Armed with this knowledge, the counsellors can effectively screen for mental health conditions and make appropriate referrals where necessary. The language used in this handbook is simple to ensure accessibility and to promote easy comprehension and learning.

With great optimism, I believe that this Handbook for Counsellors will serve as an invaluable resource for community health volunteers, empowering them to enhance their knowledge and skills.

I extend heartfelt gratitude to all individuals who have been involved in bringing this handbook to fruition. Their unwavering commitment to improving mental health services is truly commendable.

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MESSAGE

I am delighted to introduce you to a valuable resource that has the potential to make a significant impact on mental health support within our community.

The NIMHANS Community Psychiatry and Telemedicine team has developed a comprehensive manual specifically designed for lay counsellors. This manual aims to equip individuals without formal mental health training with the necessary knowledge and skills to provide effective support to those experiencing psychological distress.

Covering a wide range of essential topics, the manual delves into theoretical aspects such as basic counselling skills, psychological first aid, stress management techniques, addressing challenging counselling situations, grief counselling, ethical considerations, couple and family conflicts, an overview of mental illnesses, and issues specific to special populations. The authors have done an exceptional job of simplifying complex concepts, making them easily understandable and accessible to individuals without professional backgrounds in mental health.

This manual is a testament to the commitment of the NIMHANS team to bridge the treatment gap and address the overwhelming burden of mental and behavioural disorders. By training lay volunteers in providing mental health counselling, they are empowering community members to actively contribute to the well-being of those around them. To date, more than 700 lay volunteers have benefited from this training and are already making a positive difference in the lives of individuals experiencing psychological distress.

The simplicity and clarity of the manual's content make it an invaluable tool for lay counsellors seeking to enhance their knowledge and skills. By utilizing this resource, these individuals can develop a deeper understanding of mental health concerns, learn effective communication techniques, and gain insight into various counselling approaches. Ultimately, this will enable them to offer meaningful support and help individuals navigate their mental health challenges.

I encourage you to explore this manual and share it with individuals who may be interested in becoming lay counsellors or those who are already engaged in providing support within our community. By disseminating this resource widely, we can create a network of compassionate and well-informed individuals working together to improve mental health outcomes.

Let us join hands and strive towards a community that prioritizes mental health and supports one another with empathy and understanding.

Dr. Y.C. Janardhan Reddy

Editors Note

We are delighted to present this manual, developed by the NIMHANS Community Psychiatry and Telemedicine, aimed at providing a valuable resource for the dedicated volunteers of the Lay Counsellors Training and Certification Programme of the NIMHANS Digital Academy. This initiative, introduced in 2018, has been instrumental in increasing mental health human resources and empowering individuals from the community to support those in need.

The Lay Counsellors Training Programme has been a collaborative effort, involving online sessions led by a team of experienced psychiatrists from NIMHANS and several visits to mental health care facilities in Bengaluru, including the renowned NIMHANS itself. Over the years, this comprehensive training has successfully equipped more than 700 volunteers, spanning across 10 batches, with essential knowledge and skills in basic counselling.

We have witnessed an active engagement of trained volunteers in providing counselling services to the community. Recognizing the importance of their role, we have compiled this manual after extensive deliberations and consultations with our esteemed team of doctors at NIMHANS. Our intention is to address the common issues that lay counsellors may encounter while delivering their invaluable services.

To ensure accessibility, we have maintained lucid language throughout the manual, presenting complex psychological concepts in a simplistic manner. Each chapter provides clear-cut guidelines and recommendations regarding the referral of individuals to specialist care when necessary. By enhancing both theoretical understanding and practical knowledge of basic counselling, we aim to instill confidence in lay counsellors as they assess and manage psychological distress and minor mental health ailments within the community.

We sincerely hope that this manual will serve as an invaluable tool for educating and empowering our dedicated volunteers. By equipping them with the necessary skills and knowledge, we believe that they will be better prepared to address the psychological needs of individuals in their community. Furthermore, we trust that this resource will aid in making informed decisions about when referral to specialist care is appropriate.

We extend our heartfelt gratitude to all the volunteers who have participated in the Lay Counsellors Training Programme, as well as the team of psychiatrists at NIMHANS for their invaluable contributions in the development of this manual. Together, we strive towards a healthier and more supportive community, where mental health is prioritized and accessible to all.

Dr. Rahul Patley, Dr. Hari Hara Suchandra, Dr. Narayana Manjunatha,
Dr. Naveen Kumar C., Dr. Suresh Bada math

ACKNOWLEDGEMENTS

We would like to express our deepest gratitude and appreciation to all the individuals who have played a significant role in the development and refinement of our lay counselling manual. Their unwavering support, insightful contributions, and dedication have been invaluable throughout this endeavour.

First and foremost, we extend our sincere thanks to Dr. Prathima Murthy, Director of NIMHANS and Dr. C. R. Chandrashekhar, SAMADHANA counselling centre, for generously sharing their time and expertise to write the foreword for our manual. Their contributions have greatly enhanced the credibility and quality of the manual, making it a trusted resource for lay counsellors.

We would also like to express our heartfelt appreciation to Dr. Janardhan Reddy, HOD Psychiatry, NIMHANS, for his inspiring message that has served as a constant source of motivation and encouragement for our team throughout the writing process.

Furthermore, we extend our sincere gratitude to Dr. Malathesh B C from AIIMS Bibinagar, Dr. Shalini S Naik from PGI Chandigarh, Dr. Aishwarya John, Dr. Gajanan G Sabhahit, Dr. Prerna Maheshwari, Dr. Shivani Shivaramakrishnan, Dr. Shivanee Kumari, Dr. Aarshie Koul, Dr. Namrata Bhardwaj, Ms. Lydia Conger, Ms Gauri Mullerpattan, Ms Sahana Nujella, Ms Anuktha and Ms Sona Francis from NIMHANS for their diligent review of the manual and their valuable suggestions. Their expertise and insights have played a pivotal role in shaping the final version of the manual.

We would also like to express our sincere appreciation to the dedicated lay counsellors who have provided their valuable feedback and insights- Mr. Srinath Rao, Mr. Sreedhar Ukkalam, Ms. Sarika Desai, Ms. Archana Venkatesh, Ms. Suryamala Mananar, Ms. Vijayalakshmi Vishwanathan, Ms. B R Mala, Mr. Abhijith, Mr. Sandesh Rao, Ms. Uma Udayashankar, and Ms. Vidya Vishnukiran, who have successfully completed the lay counselling certification program conducted by NIMHANS, have made significant contributions through their diligent review of the manual.

We would also like to acknowledge and thank Mr. Udaya Shankar, Secretary of Aapta Salaha Kendra, for his coordination and efforts in facilitating the review process with the lay counsellors.

To all the contributors, whether they be esteemed professionals or dedicated lay counsellors, we extend our heartfelt gratitude for their time, effort, and expertise. Their collective contributions have ensured that the manual meets the highest standards of comprehensiveness and practicality. We are truly grateful for their commitment to the advancement of mental health support in the community.

With deep appreciation and confidence, we believe that this manual will serve as a valuable resource for lay counsellors in their important work within the community.

How to use This Manual

Any lay counsellor who wants to broaden his/her knowledge of counselling and mental health can use this manual.

It can be used as a part of training programs which is non-commercial in nature but should not be used in any training Programme/part of a training Programme which is commercial in nature.

Any modification or change in the content of the manual needs prior permission of the authors.

To further gain proficiency in lay person counselling interested people can enrol in online certificate course in lay counselling conducted by NIMHANS and details of which are given on the last page of this manual.

Content

Chapter-1

Brain: Neuro-anatomy, Neuro-Chemistry, and Neurons

Objectives:

- To know the basic anatomy of the brain.
- To have basic understanding of the chemicals responsible for neuro transmission.
- To understand the functional unit in the brain: Neuron.

Introduction:

The human brain has always been an organ of intrigue for ages. It is always astonishing what it is capable of. It acts as the central controller and processor of all the major systems that function in the human body. This chapter deals with understanding the basic structure, chemical and functional units in the brain.

Basic Anatomy of the Brain:

The brain is present inside bony cage protection- the skull, which is also known as Calvarium. Inside this bony cage, the brain floats in a fluid in a closed space. The fluid which holds the brain is called cerebrospinal fluid.

The brain has two hemispheres (right and left), which are joined in the middle. The left hemisphere of the brain controls the right side and vice versa. The top part of the brain is called the cerebrum. A small lobule-shaped structure, present in the backside of the brain is called the cerebellum. The brain continues below as a thin structure consisting of many nerves, called the spinal cord.

The cerebrum of the brain consists of 4 lobes (Figure 1):

- Frontal lobe (present in the front)
- Parietal lobe (present at the top)
- Temporal lobe (present on the side)
- Occipital lobe (present in the back)

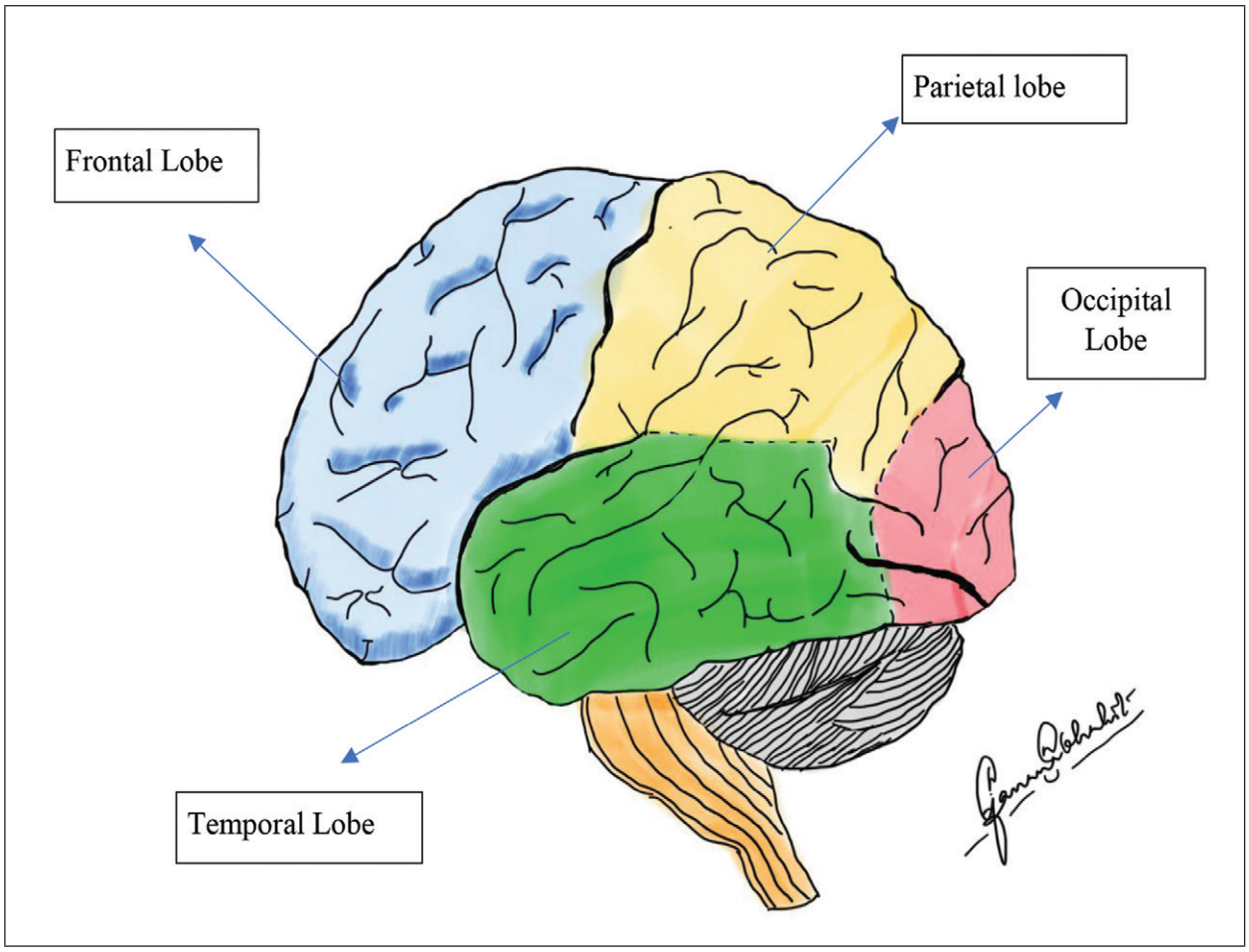


Figure 1: Lobes of Brain

Functions of different parts of the brain:

Frontal Lobe :

- Language-related functions
- Impulse regulation
- Movement-related functions
- Following social norms

Temporal lobe:

- Memory-related functions
- Processing sensory information of five senses- what we hear, see, taste, smell, or touch
- Language and speech-related functions- understanding and comprehending language

Parietal lobe:

- Sensory information processing- awareness of various sensations
- Speech-related functions

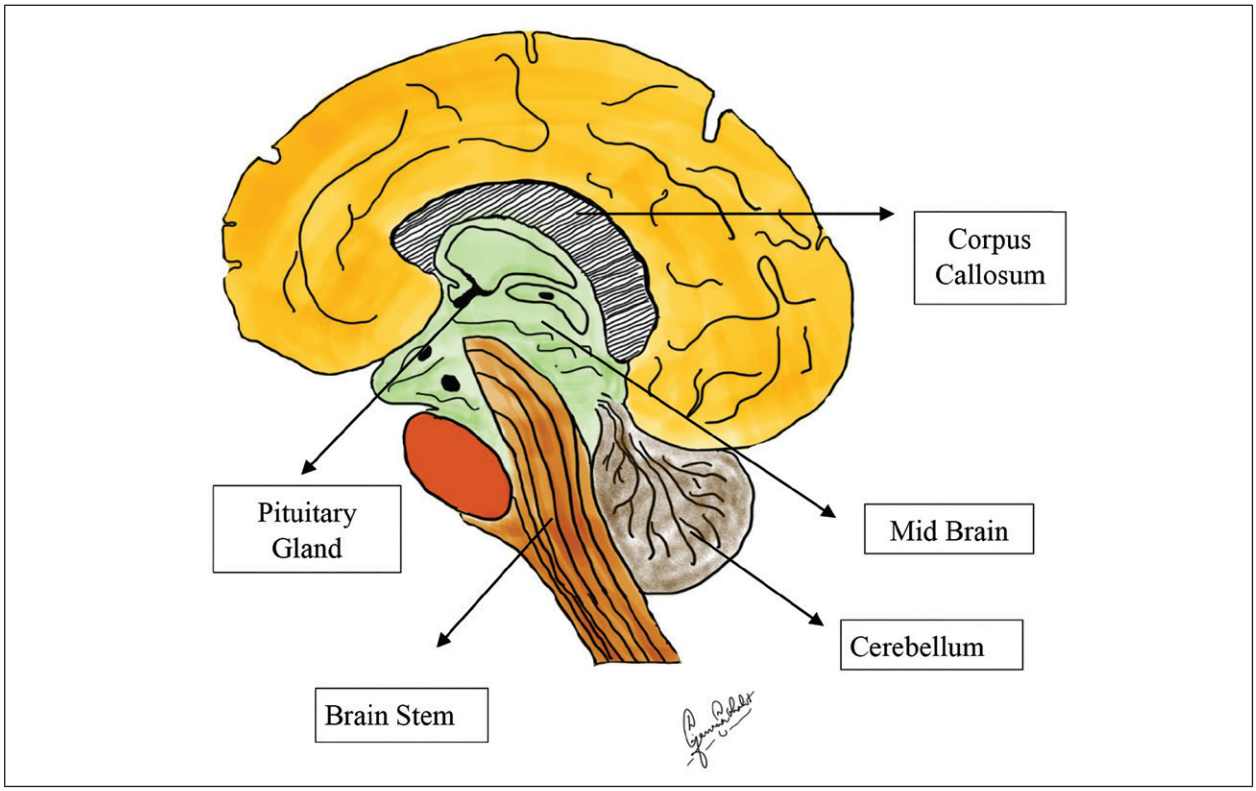
Occipital Lobe:

- Visual stimuli processing and integration

BRAIN STEM:

The brain stem area of the brain controls the vital functions of the body, including our breathing and heartbeat-related functions. It acts as the master switch which is very important for sustaining life. In the absence of brainstem functions, a person becomes brain-dead.

To understand these structures better, let us look at the cross-section of the brain.

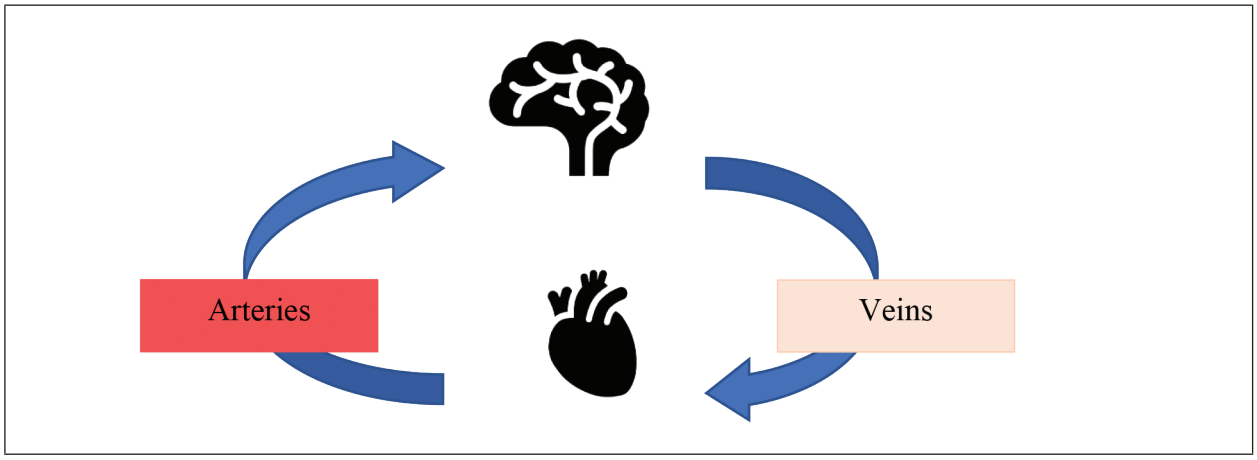


Cross Section of Brain (Figure 2):

Corpus Callosum is the structure that joins the left and right sides of the brain (figure 2). The Midbrain and brainstem have structures regulating the vital functions of the body. the pituitary gland secretes various hormones which regulate the secretory functions of various other body organs. The brain stems further down continues below as the spinal cord.

Brain and Nutrition:

The brain needs glucose and oxygen to survive and function well. The food we eat gets digested in the gut and the nutrients reach the blood. The oxygen-rich air we breathe is transferred to the blood via our lungs. The heart pumps out this blood toward the brain. The nutrient-rich blood is carried to the brain by blood vessels called arteries. The brain utilizes these nutrients and the waste products are sent back toward heart by blood vessels called veins. From the heart, it goes towards the kidney for filtration.

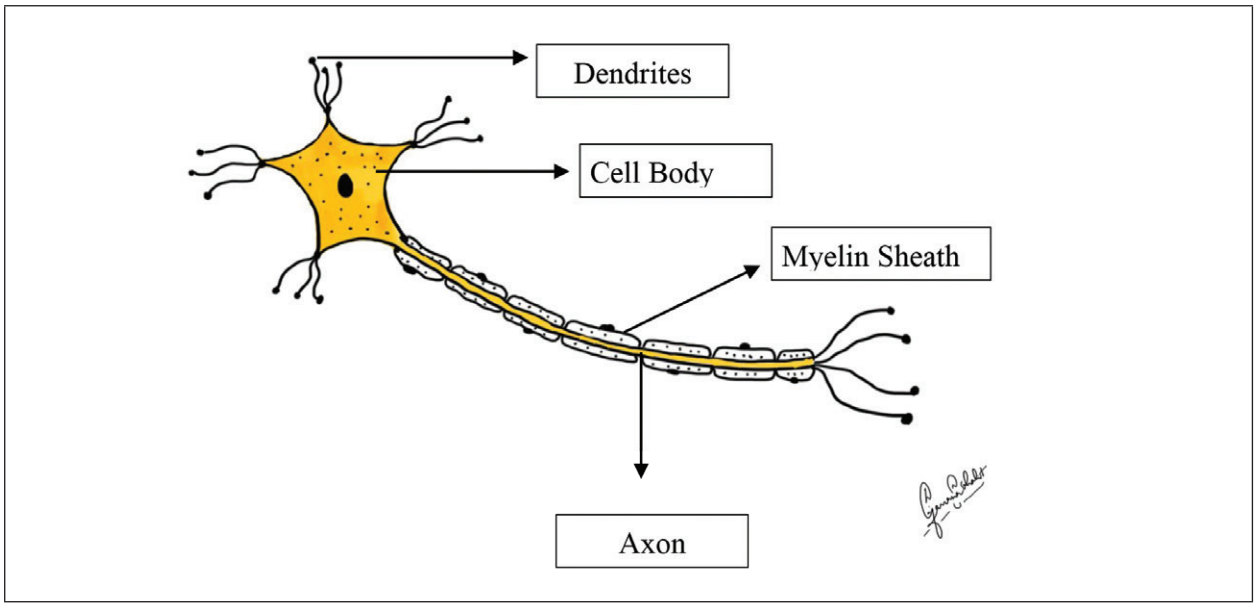


Functional units of the Brain:

Having understood the basics of the gross anatomy and structure of the brain, let us understand how the brain functions. The functional unit of the brain is called **Neuron.**

A neuron is a specialized cell in the human body that is the constituent of the nerves and our brain. It converts the stimuli which we receive through our senses into electrical signals and carries them to the brain where these signals are processed. After processing, it sends these signals to the respective areas so that all these stimuli make sense to us.

Let us understand the structure of the Neuron.

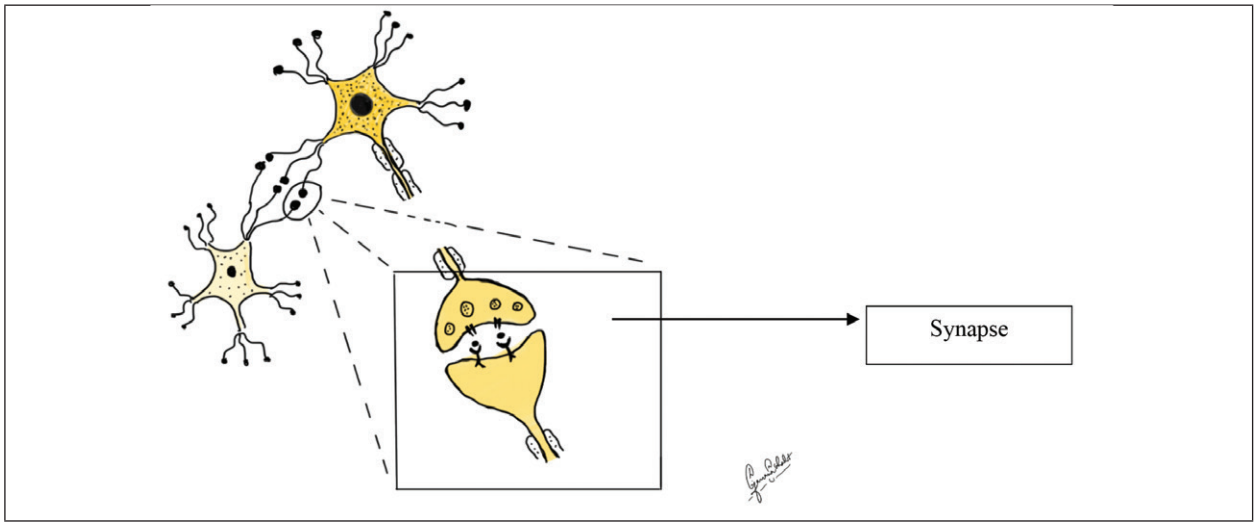


The neuron has a cell body that has projections called dendrites. A long slender projection called an **axon** which is insulated with a myelin sheath carries the electrical signals. The human brain has approximately 100 billion neurons that function in sync with each other to deliver their functions.

How are they linked to each other?

Neurons are connected through a linkage or a bond known as a **synapse**. A neuron receives an electrical signal via the dendrite and the signal passes through the axon. At the terminal end, it secretes some chemicals. The adjoining neuron has receptors that receive these chemicals and in turn convert these into electrical signals which get transmitted across. This process is called **Neuro transmission.** The chemicals released by neurons that aid in this process are called **Neurotransmitters.** Some important chemicals include- dopamine, serotonin, acetylcholine, and GABA. Further details on the chemical composition, secretion, and functioning are beyond the scope of this chapter.

Synapse:



(Representational image only)

Clinical Significance:

Many of the organic diseases of the brain and mental health disorders occur due to altered neurotransmission and abnormal levels of neurotransmitters. Treatment of such conditions involves medications that help in restoring the balance of these neurochemicals and the process of neurotransmission. Hence, having a basic knowledge of the brain, its anatomy, neurochemistry and functioning help the counsellor in educating the patient and family members regarding the illness, its cause and why should one take treatment for the same.

Take Home points

- The brain has two hemispheres and four lobes responsible for language, memory, sensory processing, and impulse regulation.
- The brainstem controls vital functions like breathing and heartbeat, while the pituitary gland regulates hormone secretions.
- Neurons are specialized cells that transmit electrical signals and use neurotransmitters like dopamine and serotonin.
- Understanding brain anatomy and neurochemistry helps in educating clients and their families about mental health conditions and the importance of treatment.

For the Video on Brain Neuroanatomy and neurochemistry module, please **scan the below QR code**

Chapter-2

Introduction to counselling

Objectives:

- To know what is counselling
- To understand the essential skills required for a counselor
- Things to avoid during counselling

What is counselling?

American Counselling Association defines counselling as a professional relationship that empowers diverse individuals, families and groups to accomplish mental health, wellness, education and career goals.

Counselling does not always mean one-to-one; it can be done for families and groups of people.

Counselling is about enabling the client to find a solution by empowering his skills.

Counselling is-

- Process to solve problems
- Professional tool to empower clients to take better decisions
- Specific and focused
- Interactive and collaborative
- Based on the needs of the client.

Counselling allows clients to look at their experiences closely and identify and address the difficulties faced. Once this is done, strategies for improvement are thought of in collaboration with the counsellor and then gradually implemented. This is in no way a straightforward or linear process and takes effort from both the client and the counsellor. The counsellor's help is primarily through their non-judgmental and empathetic presence allowing the client to explore their insecurities.

Essential skills of a counsellor-

- Active listening
- Observing their non-verbal behaviour as well
- Paraphrasing
- Summarizing
- Asking appropriate questions
- Encouraging them to be specific
- Reflecting on the client's feelings
- Helping them clarify their thoughts
- Encouraging them to focus on and talk about important issues
- Offering forms of challenge when needed

Attitudes of a good counsellor:

- Respect for clients despite differences in opinions and thought processes
- Empathetic listening, trying to understand where the client is coming from and what they mean
- Recognition of each person's cultural background and associated cultural differences

Listening can be therapeutic!

In the words of the famous psychologist Carl Rogers, "Simply listening very attentively was an important way of being helpful…listen for the feelings and emotions behind words." Listening is usually thought of as a passive skill, but when done correctly and for it to be effective, it has to be done actively. The term 'active listening' was coined by Carl Rogers and his colleagues. It includes listening attentively, withholding any judgement, providing encouragement, clarifying and summarizing. It tells the listener that they are being heard and understood. It is not simple and needs discipline and self-control.

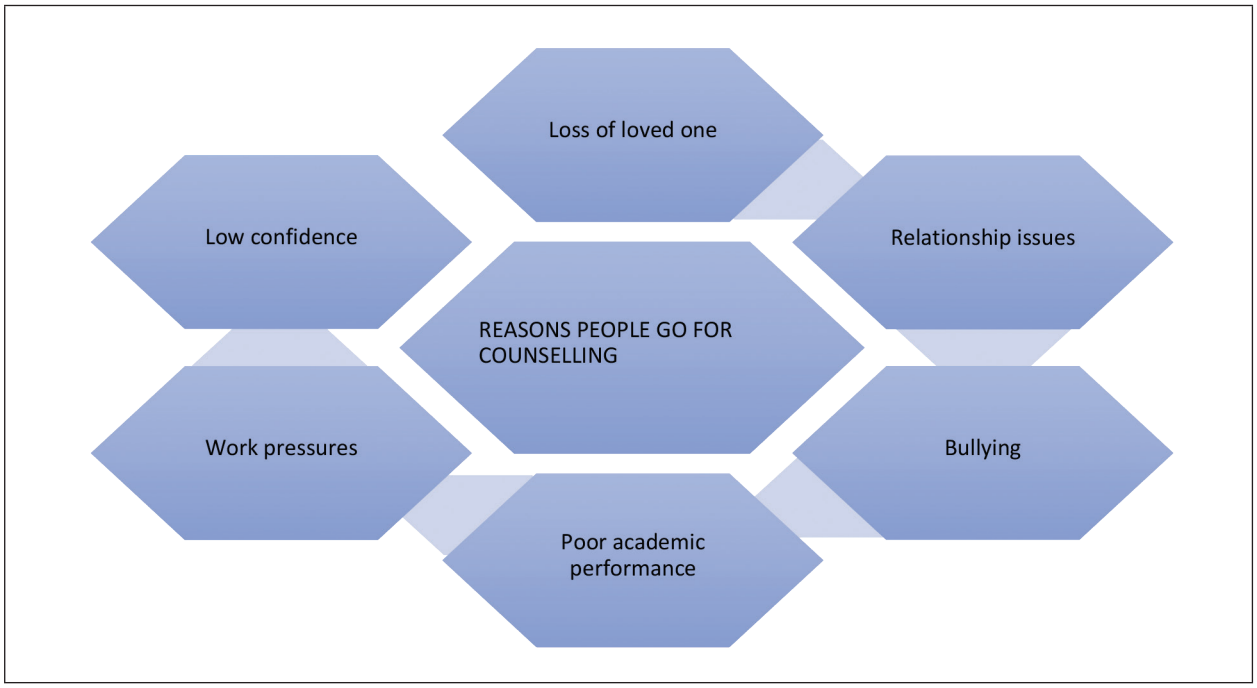


Figure: Common reasons for seeking counselling

Things to avoid-

- Advice- advice and information are seen as efforts to change a person. It is a barrier to self-expression. When required, it should be given towards the end of the session.
- Judgement-while everyone knows and acknowledges the problems with negative judgements, positive evaluations are also having a similar negative impact. Unnecessary or undeserved positive evaluations make it more difficult for a person to identify their faults or ways in which they are hindering their own progress.
- Insincere encouragement- things like "there is no reason to worry, I am sure everything will be O.K." is not a helpful response to someone who is deeply discouraged by a problem. Here, it would be better to acknowledge the difficulty and encourage the client to do their best while understanding that the consequence is not in their hands.
- Response rehearsal- This is when we are preoccupied with what we should say in reply. This causes a barrier to effective listening
- Fact-finding- This refers to asking about unimportant details and facts instead of listening to the overall message that the client wishes to convey.
- Obvious external factors- that cause a disturbance in the process of communication, including noise, interruption and physical discomfort.

Things to do-

- It is crucial to have a genuine interest in the client
- Listen for Total Meaning- when a person talks, there are usually 2 components: the content and the feeling or attitude accompanying this content. The non-verbal cues, for e.g., hesitating at certain points, can tell us something about their feeling. Similarly, the infection of his voice also points towards specific cues. Some points may be stressed loudly and clearly, and others mumbled. A person's facial expressions, body posture, hand movements, eye movements, and breathing help to convey the total message.

Take Home points

- Counselling is a professional relationship that empowers individuals, families, and groups to achieve mental health, wellness, education, and career goals.
- It involves active listening, empathetic understanding, and recognizing cultural differences.
- Effective counselling avoids giving advice or judgments and focuses on facilitating self-expression and personal growth.
- Listening plays a therapeutic role, and active listening involves attentive understanding, encouragement, and clarification.

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For Video on Introduction to counselling module, please **scan the below QR code**

Chapter-3

Basic Counselling Skills

Objectives:

- Counselling skills
- To know about empathy
- To understand difference between empathy and sympathy
- To learn about Active listening, reflection and summarizing skills

What are the skills required for effective counselling?

1. Empathy
2. Listening skills
3. Reflecting skills
4. Probing skills

I. Empathy

Empathy is understanding the client's emotions, behavior and thoughts and responding to them in such a way that you make them feel that you have understood their problem. Empathy in simple words means putting yourself in someone else's shoes.

In order to empathize you should have the following characteristics:

- **Open mindedness:** we should keep aside our own beliefs, prejudices and attitudes in order to understand other people's emotions.
- **Imagination**: we should be able to picturize other person's background, thoughts and feeling
- **Commitment:** we should have an inclination to understand another person's emotion/thoughts.

- **Knowing and accepting yourself**: Knowing our beliefs, values and accepting ourselves also helps to develop empathy for others.

Empathy is important for a counsellor because being sympathetic is limited to only emotions/ feelings but empathy allows the counsellor to understand the client's thoughts/perspective.

Differences between empathy and sympathy:

Empathy	Sympathy
Compassion and understanding we can give to another	Feeling of pity and sorrow
Ability to understand how someone feels	Can't understand the others situation
Understanding and acceptance are evoked	Pity, sorrow and concerns are evoked

II. Active listening

Active listening is a dynamic process, it includes both listening and interpreting the words that are spoken and unspoken.

Active listening is not just hearing words but focusing on

- The words being used by the client,
- The tone being used by the client
- Body language of the client while describing emotions
- Understanding clients silence / unspoken words

It is important to provide adequate time, private space and to remove external distractions like noise etc. and internal distractions like our own thoughts during the counselling for better listening and understanding client's situation.

Skills required while listening

Verbal	Non-Verbal
Mmm	Sit facing the client at an angle
Yes	Maintaining good eye to eye contact during the conversation
Absolutely	Leaning forward at times
I see	Attentive body posture
I can understand	Maintain suitable conversational distance
Please continue	Nodding appropriately
Oh	Use appropriate gestures /facial expressions
Say more about it	Appropriate silence

Active listening helps the client to feel comfortable and understood, helps to develop a sense of trust in the counsellor and to express their feelings/ thoughts freely.

III. Reflection

Reflection is communicating your understanding of the client's perspective to the client themselves. It helps in building rapport by establishing a sense of trust and understanding. By clarifying with the client about their problems and feelings, the counsellor is able to check his understanding about clients' problems.

Reflective skills

1. **Reflecting feelings -** Reflect what the client is feeling in form of both the verbal and non-verbal communication of feelings. Here focus on the feeling, not on the content.

Example: Mr A, a 32-year-old married man, lost his job during the COVID. He reports that he was the only working member of the family. He has a 70-year-old mother and 2 school going kids to take care of, he reports of not being able to find a job and says he doesn't know what to do, how to manage the household, school fees of kids.

Counsellor: You sound distressed and overwhelmed

2. **Reframing/ paraphrasing -** Communicate your understanding of what the client is saying in your own words, rephrase both the content and the feeling. Don't just repeat the same words told by the client, use slightly different words that have the same meaning and be respectful while reframing.

Example: Mrs. X, says I am angry with my husband, he drinks daily and beats her up and he doesn't take part in taking care of the child, now the whole responsibility is on me and I am not able to handle it and I just want to end everything.

Counsellor: It sounds like you're tired and frustrated with your husband and you are being overwhelmed by the responsibilities.

3. **Affirmation** - Acknowledge the client. Encourage them in the health decisions, behaviors they have made.

Remember to appreciate

- The efforts, courage in the difficult circumstances
- Efforts to live normal life in difficult situations
- Efforts to help others in spite of difficulties
- Determination

Counsellors can use words like, 'you have done a good job' or 'well done' or 'you have done your best' etc., to affirm the clients. Initially, affirmation is to be done by the counsellor but later during the sessions, counsellor should train the client to affirm himself.

Affirmation is an important skill; it empowers the clients to continue making similar choices.

4. Summarising

Summarising is offering the client precise information that he or she is given during the session. It should include the main points that the client has conveyed through his words and body language. It can be done at the beginning of the session or at the end.

Importance of summarizing:

- Helps both the client and counsellor to clear confusions and misunderstanding
- Helps the client to have insight into his or her own problems
- Helps the counsellor to provide a specific structure to the counselling
- Gives an idea to the client about the future sessions

Counsellor can use words like, 'to sum up' or 'to summarize' while summarizing the sessions.

IV. Probing skills

These are the skills to get more information from the client. These are a little more invasive than active listening and reflecting.

Probing can be done by following ways,

1. **Asking questions to clarify the things told by client, either by**

   Open ended questions - These are the questions which invites a full descriptive response

   Example: Tell me more about your job, Tell me more about your distress.

   Leading questions - These questions will help in getting specific information from the response acquired through open ended questions.

   Example: How satisfied are you with your job?

Close ended questions - these questions limit the other person's options to either yes or no.

Example: Do you like to continue this job?

2. Confrontation

This skill is used when the counsellor observes discrepancies in client's words, behaviour or thoughts. This helps the client to increase their self-awareness about the discrepancies that they have been previously unaware of.

Three steps to confrontation

1. Identification of incongruences
2. Create awareness to the client about the incongruences
3. Assist the client to work through these

Counsellor should remember here that confrontation means facilitating self-confrontation of the client, and not the counsellor confronting the client. Counsellors should be gentle during this process.

Example: "You said you would like to do further studies but you haven't joined any training institution"

"You said you would like to spend more time with the family but your actions say that's not priority to you"

Take Home points

- Interview is an art, comes from developing the skills of active listening, being empathetic and reflecting.
- Active listening entails interpreting verbal and non-verbal cues, providing undivided attention, and creating a safe environment for clients to express themselves freely.
- Use different question types (open-ended, leading, close-ended) to gather information, explore issues, and address inconsistencies in client's thoughts and behaviours.
- Reflective skills like reframing/paraphrasing, reflecting feelings, affirmation and summarising can help in building rapport.
- Acknowledge and appreciate clients' efforts, choices, and determination, empowering positive changes, reinforcing progress, and boosting self-confidence.

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1. Benjamin J. Sadock, Virginia A. Sadock. (2017).Kaplan & Sadock's comprehensive textbook of psychiatry. Philadelphia:Lippincott Williams &Wilkins.
2. Moras, K., & Hans, H. (2019). Pretherapy Interpersonal Relations , Patients ' Alliance and Outcome in Brief Therapy.
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For video on Basic counselling skills module,
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Chapter-4

Psychological First Aid

Objectives:

- To know what psychological health first aid is.
- Principles of psychological first aid.
- Components of psychological first aid.
- Essential steps in psychological first aid.

Introduction

Distressing events like wars, interpersonal violence and disasters affect many people worldwide. As a lay counsellor, one will deal with people with mental distress for various reasons and people with mental disorders who need to be referred to a psychiatrist. Both groups of people can be in distress and need support. Psychological and social support can be given to these people through Mental health or Psychological first aid, similar to first aid for any physical illness.

Psychological first aid (PFA) describes a humane, supportive response to fellow human beings who are suffering and who may need support. PFA involves psychological and social support and should be offered to all distressed. Addressing an individual's immediate concerns and needs is the primary purpose of PFA.

PFA can be provided by anyone ranging from mental health professionals to lay persons who wish to help people in their time of distress.

For those with mental distress and disorders, PFA is given until treatment by a qualified mental health professional is available. It helps in providing the following benefits:

- Providing support and practical care
- Listening to the individual but not forcing him to speak
- Assessing the concerns and needs and practically addressing them
- Comforting people and helping to feel relaxed
- Helping the individual to get access to social support, information and services
- Protecting the individual from further harm

Principles of Psychological First Aid:

LOOK – LISTEN –LINK are the three main principles of psychological first aid.

LOOK-

Look for safety of the individual as well as care givers

In a crisis situation look for people with urgent basic needs and serious distress reactions.

LISTEN-

Ask about the individual needs and concerns,

Listen to his/her concerns and help them relax

LINK

Facilitate/inform him/her with the available support systems and other options

Give information Help to cope with the problem

Every individual reacts differently to a crisis. The individual's rights and dignity are always to be respected, safety is to be ensured, and adapting to the needs of the individual and understanding their cultural practices is essential.

The steps in PFA are as follows:

1. Ensure safety and ask about the individual's needs and concerns.

Try to find out the individual's needs and concerns. The safety of the individual and caregivers should be ensured. A special emphasis should be placed on assessing the risk of suicide or harm to self or others. It is also essential to rule out mental disorders as they require referral to a psychiatrist. All those individuals who have any medical issues or legal problems such as sexual abuse or domestic violence need an urgent referral.

If one thinks that the individual is at risk of harming themself, then:

- Inform their family members.
- Communicate that they should not be left alone.
- If they have active suicidal ideas and there is no relative, then one can inform the nearest police station also.
- Try to keep them away from different means by which they can take their own life.
- Refer them to a psychiatrist.

2. Listen to the individual and help them relax.

If the individual is very stressed, try to make them relaxed. The verbal and non-verbal communication should be so that the individual feels the counsellor is there to help them. Try to determine what is most important to them and their current priorities. Also, it is crucial to ensure that one does not pressure the person

to talk. The following techniques can be used to help the distressed person feel relaxed.

- To keep a calm and soft voice
- To maintain eye contact with the person
- Telling the person that the counsellor is there to help them
- If the individual feels disconnected from their surroundings or reality, one can ask them to do things like- breathing slowly and focusing on their breath, keeping their feet on the floor and trying to feel that, describing the things in the environment around them like what they can see, hear, feel and smell, tapping their fingers or palms over their laps.

3. Help the individual to cope with the problem.

Help the individual to prioritise and consider their most urgent needs. Successfully managing things will give them the confidence to deal with other issues. Also, help them identify sources of support in their life like friends, family members and colleagues. Try to identify the patient's past coping strategies and suggest they apply the same in the current situation. Empower them with positive coping strategies and encourage them to avoid negative coping strategies.

Positive coping strategies are:

- Taking proper rest.
- Having healthy eating habits and a diet with lots of fruits and vegetables.
- Connecting with friends and family members.
- Discussing problems with people who trust.
- Practising relaxation exercises, yoga and physical exercise.
- Getting involved in community activities.

Negative coping strategies are:

- Using substances like alcohol, tobacco, drugs, etc.
- Sleeping excessively during the day.
- Working excessively without adequate rest.
- Not interacting with others and remaining isolated.
- Getting angry and violent towards others.

4. Give adequate information.

The individual and family members must be reassured and be given the correct information about the condition, treatment options and further care. One can inform regarding:

- How and where to access the services.
- Their rights and what to do if they are denied.
- Sources where they can get authentic information.

5. Facilitate and motivate the individual to get appropriate professional help.

As a lay counsellor, one will be dealing with people with mental distress and disorders, and all those with mental disorders need a consultation with a psychiatrist. One can facilitate the person to connect with a psychiatrist. Further, a follow up can be done by providing ongoing support to the individual and their family. If the individual needs urgent professional care, i.e. if harm to self or others is suspected or they are refusing to get any help from a mental health professional, one can connect with the individual's family and facilitate getting the appropriate professional help.

Take home points and indicators that warrant immediate referral

- Psychological First Aid (PFA) is a humane, supportive response given to people in distress.
- PFA can be given by anyone ranging from mental health professionals to lay counsellors.
- It involves ensuring safety, listening to their needs, and helping them cope with the situation
- Immediate referral is crucial for individuals with serious, life-threatening injuries, thoughts of self-harm or suicide, and severe mental health disorders requiring specialized psychiatric evaluation and treatment.
- Individuals unable to care for themselves or their children due to extreme distress, as well as those displaying signs of aggression and posing a risk of harming others, also require immediate referral.
- Medical emergencies or legal issues such as sexual abuse or domestic violence demand urgent attention and immediate referral to relevant medical, legal, or support services.

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1. Everly Jr, G. S., & Lating, J. M. (2022). The Johns Hopkins guide to psychological first aid. JHU Press.
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For a video on Psychological Health First Aid,
please **scan the below QR code**

Chapter-5

Handling Crisis and Challenging Situations

Objectives:

- To know about mental health crisis
- To know role of counsellors in mental health crisis
- To learn how to deal with challenging situations in counselling

Handling Crisis

Crisis

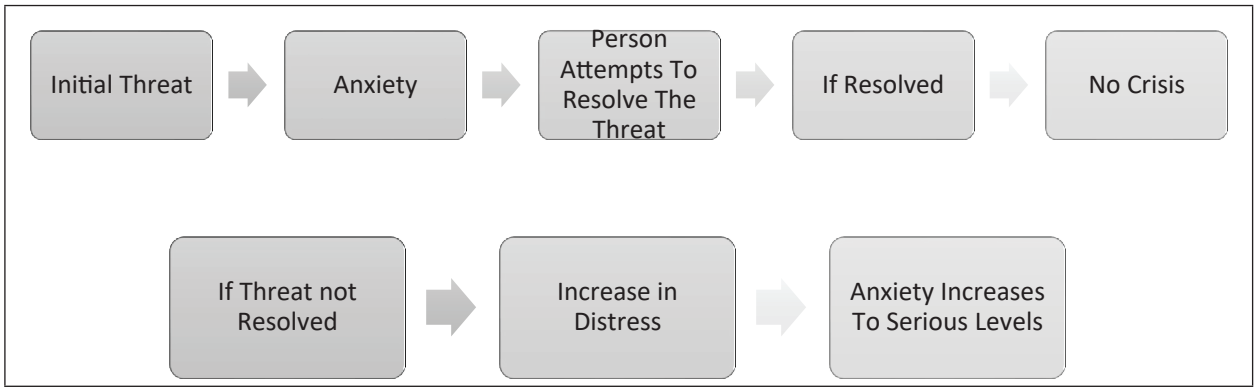
Crisis results when sudden unplanned events cause major disturbance in the person's life and triggers a feeling of fear and threat in that person. Each individual uses coping mechanisms to reduce unpleasant emotions and when these coping mechanisms are affected due to various circumstances it can lead to crisis. Crisis is often experienced as life threatening.

Types of Crisis

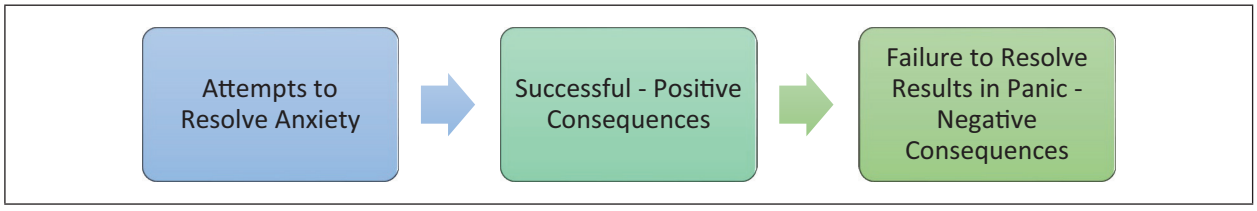
There are different types of crisis:

1. Developmental crisis which occurs as a part of development through various stages of life
2. Situational crisis which are usually sudden and unexpected like disaster, accident, loss of job/new job, shift of place, marriage, loss of loved ones, financial loss, illness, legal issues
3. Existential crisis which are conflicts within oneself like life purpose, goals, direction.

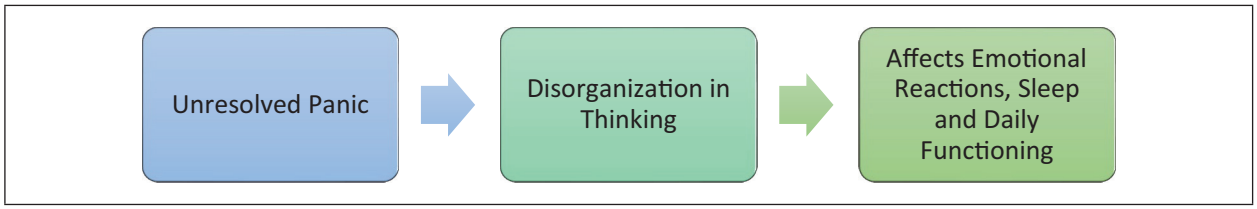
What happens when a person experiences crisis?



Consequences of anxiety



Consequences of panic



Normal and abnormal reaction to crisis

Normal reactions to a crisis	Abnormal or serious reactions to crisis
• Feeling Helpless • Confusion • Fearfulness • Sadness/ feeling low • Anger/Frustrations • Sleep difficulties • Body aches, headache	• Persistently feeling low (Depression) • Violence • Agitation/Aggression • Crying/ screaming • Self-harm : expressing ideas to commit suicide or presenting with suicide attempt

Extreme Responses Which Require Immediate Referral

Recent history of *suicidal attempt*, *aggression*, symptoms such as *suspicion*, *hearing voices* not heard by others, not eating, not sleeping, forgetfulness etc. and *substance use* leading to intoxication-related problems should be referred.

Role of a Lay Counsellor in Crisis

As a community member and volunteer, Lay Counsellor will play a significant role in handling crises. He/ she can identify and intervene in a crisis at the earliest and can reach out and provide immediate help when required before the crisis causes long-term damage.

Crisis Counselling

Goal of Crisis Counselling

- Help the individual return to the previous healthy state of mind
- Reduce the individual's physical, emotional, and behavioural reactions to the crisis
- Provide reassurances & support whenever necessary
- Focus on the current problem and help to cope with the situation

Strategies to be Employed in Crisis Counselling

Remain calm and in control of the situation, accept the perceived severity of the situation and validate and try to identify the mental strengths of the individual. Problem-solving should focus on one issue at a time and avoid asking questions about the past in the initial phases of the crisis.

How to Provide Crisis Counselling

1. See the person as early as possible: preferably within 24hrs of asking/calling for help.
2. Try to establish a rapport with the person
3. Identify any risk factors which may require immediate referral.
4. Evaluate the crisis situation - Assess the person's current situation, the family situation and its relation to the current crisis and how crisis situations were handled in the past.
5. Identify the precipitating event - The reaction may not always be proportionate to the severity/intensity of the precipitating event; important is what it means to the person.
6. Try to identify existing support systems.
7. Be empathetic and provide reassurance from time to time.
8. Deal with the present - focus should be to explore the corrective measures for the present.
9. Involve family or significant others in the plan.

How Long to Continue Counselling Sessions and When to Stop?

Usually, crisis counselling ranges from 4-6 sessions. Long-term help may be required if personality issues, chronic concerns, or trauma like sexual/ physical

assault have had an impact. These issues may often require long-term care, and referral to mental health professionals would be ideal.

Dealing with Challenging Situations During Counselling

Challenging or Difficult Situations

These could be:

- Extreme emotional reactions: Aggression, crying, individuals with suicidal ideas
- Prolonged silence
- Excessive external interference
- Extreme closeness
- When you don't know what to do in a counselling session

Ways to Deal with a Challenging Situation

- Accept the situation and try to process what difficulty you are facing.
- Do not give up at an early stage.
- Use effective listening skills like active listening, reflective listening, being empathetic and other strategies.
- Stick to your role as a counsellor and set targets for the counselling session.
- If you have not understood the problem entirely, clarify by asking questions with the client.
- Seek advice from your peers or supervisor whenever you feel it's necessary.

Dealing with Prolonged Silence

Silence in a session may indicate that the individual may have finished telling what they had to say or is thinking of what to say next. They may be avoiding/ hesitant to discuss the issue or experiencing a mental block. They may want some reassurance from the counsellor concerning an issue that has just been discussed or may feel hostile towards the counsellor. Explore the possible causes of the silence. If the client is uncomfortable discussing a particular issue, shift to different topics and then return to the critical issue.

Dealing with Crying During Counselling

Do not stop the individual from crying. The counsellor should not feel embarrassed by the crying; try giving reassurance. Acknowledge the distress, "This must be very upsetting for you". As a counsellor, you can take this as an opportunity to discuss their emotions and inner turmoil.

Dealing with Inappropriate Emotional Expression

Displays of anger or aggression and extreme closeness can be difficult to handle during a session and can affect the counselling process often. Display of

anger should be allowed to a certain extent, and indicate your discomfort when the client does not stop. If a client attempts to get too personal or seeks physical reassurance, explain your role as a counsellor. Be firm in your statements, "I am here to listen and help you". Avoid closing the session abruptly.

Dealing with Suicidal Ideas

Ask and let the person talk about suicidal ideas; handle it like any other crisis situation, and do not panic. Assess the immediate risk of suicide – ask if the person has active plans, any recent attempts, and check for depressive symptoms. Involve other support systems, such as family, friends, or other social agencies.

What to Do When You Don't Know What to Do in a Counselling Session

Counsellors sometimes face a situation in which they don't know what to say or ask or how to proceed with the counselling session. Ask more questions to understand the problem better, like:

- What do you like about yourself?
- How do you take care of yourself?
- Who are the people you believe to be trustworthy?
- Do people around you help you and how?
- How do you allow people around you to help you?

These are few examples of how to allow the session to continue.

How to approach a case in crisis:

- Stay calm and composed in crisis situations.
- Use active listening skills to let the individual express their emotions.
- Show empathy and create a supportive environment.
- Focus on the current problem and offer coping strategies.
- Encourage using existing support systems.
- Refer to a mental health professional if the person is having mental health disorder, persistent crisis, substance abuse, legal issues, risk of harm to self/others

References/ Additional readings:

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For video on handling crisis and challenging situations, please **scan the below QR code**

Chapter-6

Ethics in Counselling

Objectives:

- To know about basic ethical principles.
- To know about ethical codes and guidelines.
- To know about concept of confidentiality.

Ethics are the moral principles that guide a person's behavior while performing any task. When we are in a dilemma, what is right or what is wrong, ethical principles always help in making the best decisions under all circumstances. According to Akinade, "ethics are normative in nature and focus on principles and standards that govern relationships between individuals such as clients and counsellors".

Like any other professionals, counselors also have ethical responsibilities. Counsellors must always act in the best interest of the client.

Ethical Principles

Ethical principles guide and inspire counsellors towards the highest ethical ideals of the profession

Autonomy: Counsellor should respect the dignity and rights of the individuals during counselling. Privacy, self-determination and confidentiality should be upheld. Counsellor should be aware of the individual's culture and of the role differences based on the age, sex, socio economic status, language and ethnicity. These factors to be considered during the counseling sessions.

Beneficence: It is the counsellor's duty to do good. The counsellor should act in the best interest of the client. The qualities that this requires are-

1. **Empathy:** It is putting yourself in someone else's shoes, it is the ability to understand another person's situation and feelings.
2. **Sincerity:** It is a commitment from the counsellor in dealing with a client's distress.
3. **Respect:** Showing appropriate esteem to others
4. **Resilience:** Ability to work with clients even during the difficult situations without being personally diminished
5. **Fairness:** Ability to apply appropriate criteria in taking any decisions or while informing any decisions.
6. **Competence:** Ability to apply his skills and knowledge in sessions

Non-Maleficence: The duty to do no deliberate harm. Counsellor should avoid the acts that could potentially cause harm to the client. The counsellor cannot use information obtained during the counselling to blackmail or exploit the client. Example of non-maleficence includes assisting the client to make a decision which is in their best interest.

Justice: Duty of the counsellor to treat all clients fairly, respecting their human rights and dignity during the sessions. Justice doesn't mean treating all the individuals the same. If the individual is treated differently, the counsellor should have an appropriate explanation for doing so.

Confidentiality: It is the duty of the counsellor to keep the information given by the client confidential. Before initiating counselling, counsellors agree not to disclose any information given by the client to anyone without their consent. When the client seeks consultation, it is important that they should have trust in the counsellor, so they can speak freely and openly about their problems. Assurance that their thoughts, feelings or emotions are confidential will make them open up more during sessions and this helps in building the rapport with the client.

When to break confidentiality?

- Harm to self, Example - if the client expresses suicidal ideas
- Risk of harm to others life, if clients express a threat to harm someone
- Release of information to other mental health professional to enable them to provide care and treatment
- When information asked by Court or concerned medical board or any other statutory body

- In the interests of public safety and security, E.g. - If the client is HIV positive. In case of child abuse or any forms of sexual abuse

Counsellors should inform the clients about the limitations of confidentiality at initial phases of counselling.

Ethical Codes and guidelines

"Ethical standards are generally formalized in terms of a code of ethics. Code of ethics helps in safe practice of the profession. Professional bodies of counselling have developed ethical standards which are made available for practitioners". Professional bodies for practicing counselling are:

1. **American Psychological Association (APA)**
2. **British Association for Counselling (BAC)**
3. **American Counselling Association (ACA)**

1. American Psychological Association (APA):

- Two codes of ethics guide counsellors for the practice of ethical counselling- General Code of Ethics, "Ethical Principles of Psychologists", can also be applied to the practice of counselling. On violation appropriate action is taken, which includes dismissal from the membership".
- "Specialty Guidelines for the Delivery of Services by Counseling Psychologists, APA has printed a casebook for the service providers".

2. American Counseling Association (ACA):

ACA also provides a casebook containing 8 major sections.

- Based on its first standards on APA code of ethics, this code does not contain any classification of misbehavior nor does it attach penalties to the violation of the standards.
- Initiated by Donald Super and approved in 1961.
- These standards focus on guidelines for professional conduct.

"The fundamental rule is that the human being must be respected and protected at all times during the counseling".

Unethical behaviors which to be avoided are:

- Violation of confidentiality
- Exceeding one's level of professional competence- counsellor should limit their services to their training and experiences, eg: Don't give advice on medications.

- Creating dependency in a client
- Imposing your values on clients
- Creating conflict of interests - having multiple or dual relationships with clients, like having sexual or business relationships with clients.
- Improper advertisement of own credentials

Conclusion

Counsellors invariability will encounter ethical dilemmas at some point during the sessions. Having a code of ethics and following them during the sessions will help the counsellors to act with the best interest of the client in mind. Counsellor should make sure that they maintain professional honesty, take decisions which is for the best interest of the client and treat all clients fairly.

Take Home points

- Ethical principles help in making the best decisions under all circumstances.
- Counsellors must act at the best interest of the client.
- Autonomy, Beneficence, Non-Maleficence, Justice and confidentiality are the five major ethical principles be followed during the counselling.
- When there is a risk of harm to self or others do remember break the confidentiality and report to higher authority.
- Do maintain professional honesty and treat all the clients fairly.

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For video on Ethics in counselling module, please **scan the below QR code**

Chapter-7

Stress Management

Objectives:

- Understanding stress and causes of stress
- Common responses to stress
- Understanding healthy and unhealthy ways of dealing with stress
- Approach to a person who is having stress

Introduction

Stress is the physical and mental response of the human body during a challenging/different/new situation. It is a normal and natural reaction. It is essential for adapting to new challenges. It helps us to be positive, alert, motivated and to avoid dangers. Stress becomes problematic (distress) when it is experienced continuously without relief, or it is experienced out of proportion as compared to the magnitude of the problem.

Causes of Stress

A person can get stressed because of various reasons like financial difficulties, marital issues, job related issues, exam related issues etc.

These are actually not the cause for stress but they can be aptly called the risk factors for stress as various other factors including personality traits, past experiences and coping styles determine whether a person gets stressed or not.

Response to a stressful event

As described above each person responds to stress differently and it depends on various factors. Broadly the response of a person to a stressful event has two components

1. Emotional response
2. Coping strategy

Emotional response- Emotional response can be in the form of mood symptoms (irritability, sadness) or anxiety response (worry, apprehension) with accompanying physical symptoms like muscle tension, dry mouth, tiredness, headache etc. There can also be changes in eating and sleeping patterns. The features of these responses are similar to depression or anxiety disorders but less severe.

Coping strategy- These are the strategies used by a person consciously to reduce the impact of stressful events. There are two types of coping strategies- healthy coping strategies and maladaptive coping strategies. Sometimes healthy coping strategies can turn maladaptive if used in a particular situation not suitable for that coping strategy. Hence a person also should have capacity to judge which coping strategy to be used in a particular situation. Maladaptive coping strategies would help in reducing the impact of stressful events for a short term but for long term it can cause various difficulties.

Healthy Coping Strategies	Maladaptive Coping Strategies
• Problem solving strategies	• Avoiding situations
• Emotion regulating strategies	• Remaining aloof and not sharing problems with others
• Sharing problem and seeking for support from others during challenges	• Involving in self-harm, aggressive and violent behaviors
• Taking care of body and mind by doing Yoga, exercises and meditation	• Consumption of alcohol and other substances
• Effective time management and giving time for oneself	• Wishful thinking and blaming others

Common manifestations of stress

Physical	Mental/Psychological	Behavioral
Body Pains (headache, burning sensation in stomach etc)	Constant Worries	Avoiding social gathering and staying alone
Tiredness and fatigue	Negative Thoughts about self and other such as I am bad, I am useless	Arguing and involving fights
Disturbed sleep	Feeling sad, irritable and aggressive	Missing work and poor performance
Decreased appetite	Loss of Concentration	Smoking and consumption of alcohol

Approach to a person who is stressed

Step-1: Look for different symptoms of stress-physical/mental/behavioural

Step-2: Identify the stressor(s)

Step-3: Rule out any psychiatric disorder- symptoms (should be more than 2 weeks) will be persistent and would cause socio-occupational dysfunction

Step-4: Find out the coping methods adopted by the distressed person- healthy and unhealthy

Step-5: Educate the person about the symptoms of stress and about the non-healthy ways of coping he was employing

Step-6: Empower the person with healthy ways of coping with stress and also advice healthy life style

Step-7: Self-evaluation

Healthy coping strategies

Coping strategies suitable for a patient varies from patient to patient and situation to situation. So empower the patient with a coping strategy which is suitable to him and also to the current situation. Many a times a combination of different coping strategies need to be used

1. Problem-focused coping

It refers to a problem-solving approach to a given issue and we empower the person to directly change or manage a threatening or harmful stressor. It is effective when there is a feasible solution for the problem and the person is more intellectual and less emotional.

Steps in problem focused coping

Step-1- Identification of or defining the problem

Step-2- Generating alternative solutions to the problem

Step-3- Evaluation and selection of best possible solution

Step-4- Implementation of solution

Step-5- Review

2. Emotion focused approach

This method of coping is more useful for a person who is more emotional and also useful when there is no solution for the stressor and they need to deal with emotional distress arising from a frustrating situation. It focuses on regulating negative emotional reactions to stress such as anxiety, fear, sadness and anger.

Eg- Distraction techniques (gardening, hobbies), Talking about emotions or feelings, engaging in spirituality, relaxation techniques, yoga, practicing mindfulness, acceptance etc.

3. Getting help from others and sharing problem with closed people

Sharing the problems with close people and getting help from others also helps in managing stress. The problem needs to be shared with only close people whom the patient trusts. Sharing the problem will not only help in reducing the emotional burden but also will help in getting suggestions from others for solving the problem.

4. Time management and regular routine

Each one of us has 24 hours a day and managing time effectively is very important for prevention as well as managing stress. Patients can be helped in making a timetable that includes activities which the patient thinks they can do. The time table should be practical and also should include time for relaxation and leisure activities.

5. Involving in spiritual/religious activities

Persons who are stressed can be advised to get involved in spiritual activities/ religious activities if they have inclination for that. People who are involved in spiritual activities are known to have better coping with stressful situations. Involving in spiritual activities can also help them in increasing their social support.

6. Regular exercise/relaxation exercise/yoga

Yoga, which was developed for spiritual well being, also is known to improve mood, sleep and help in regulating emotions. Certain types of deep breathing exercises can be taught over tele-counselling and are helpful to tackle physical symptoms such as muscle tension, palpitations, and erratic breathing (fast and shallow breathing).

Deep breathing technique:

- Sit in a comfortable place, preferably a quiet place
- Close your eyes, on the count of 5, breathe-in
- Gradually breathe out on count of 5
- Repeat the process for 15 minutes
- Practice 2-3 times a day

7. Self- evaluation

Self-evaluation is important for a person to learn from a situation and enhance their coping skills.

Lifestyle changes needed for effective stress management

- Regular physical exercise
- Relaxation exercise/yoga/breathing exercise
- Managing time for hobbies and interests: Spending time on activities that you like can be quite relaxing and pleasant

- Healthy food
- Sleeping seven to eight hours a night
- Not using any substance (alcohol, tobacco etc)

Sleep hygiene techniques for good sleep which is essential for stress management

- Have a fixed wake-up time.
- **Prioritise sleep**: Sleep should be given priority over other engagements like work, study, exercise etc. and should be given top priority.
- **Make gradual adjustments**: If a person plans to make changes in his sleep timings it is advised to make small step-by-step adjustments of up to an hour or two so that the person can get adjusted and settle into a new schedule.
- **Avoid day time naps**: Try to avoid day time naps if possible or individuals can keep it relatively short in early afternoon.
- **Keep a consistent routine**.
- **Keep 30 minutes for relaxing before the person goes to sleep**: The Individual can do relaxation exercises, read a book or magazine, listen to music to relax himself before going to sleep.
- **Make sure that the environment is dark or lights are dim**:
- **Stop using mobile phones, TV, Computer at least** 30–60-minute before going to bed
- **Don't toss and turn**: The individual should not stay in bed for more than 20 minutes if not able to get sleep. It is advised to get up and from bed, read, or do something else calming in low light, listening to music etc before trying to fall asleep again.
- **Get daylight exposure**: Day light exposure is required for maintaining circadian rhythm which is essential for good quality sleep.
- **Be physically active**: Regular physical exercise can aid in getting good sleep in night and also it can also decrease stress and has many other health benefits also
- **Don't smoke**
- **Reduce or stop alcohol consumption**
- **Cut down on caffeine** (Coffee, tea, energy drinks) in the afternoon and evening
- **Don't eat dinner very late**
- **Restrict activity on the bed** – such as working, watching mobile, playing games etc

Indicators that warrant a referral to a mental health professional:

- Severity of symptoms: When the symptoms reach a level that aligns with a potential mental health disorder.
- History of trauma: If the person has experienced sexual abuse, physical abuse, or has been a victim of war or disaster.
- Suicidal tendencies: When there is a recent suicide attempt or the individual expresses active thoughts of self-harm.
- Substance abuse: If stress is leading the person to resort to substance abuse.
- Persistence or deterioration of symptoms: When the symptoms continue or worsen despite interventions.
- Risk to others: If the individual's stress is causing them to become a risk to others.
- Medical factors: When the stress symptoms appear to have underlying medical causes.
- Counselor's competence and ethical boundaries: If the counselor feels that the client's needs challenge their expertise or ethical limits.

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For video on stress management module,
please **scan the below QR code**

Chapter-8

Death & Grief

Objectives:

- Understanding death and various definitions
- Symptoms of grief
- Grief counseling and therapy

Understanding Death

We should be able to understand the concept of death to help people cope with the death of their dear ones. Death is irreversible, inevitable, and final. Knowing the cause of death is important to counsel the individual dealing with loss

Bereavement: Reaction to the loss of a loved person by death

Grief: Reaction to bereavement, i.e physical, psychological, and spiritual responses to loss, it is suffering following the death/ loss of a person

Mourning: Actions and manner of expressing grief.

Grief is often influenced by culture and society - A bereaved person accepts the reality of their loss through mourning and grieving, this will help detach from the deceased ones and move on. The response to death/ loss can be different from person to person. Although death is one of the common causes of grief, people experience similar emotional responses while facing significant life changes like divorce, serious illness, etc.

Types of Grief:

Normal Grief - Crying, feeling, anger

Complicated Grief - Difficulty in progressing through the normal process of grieving and developing maladaptive behaviours.

Masked Grief - The person experiences the grief but cannot openly express

Factors Influencing Grief - Nature of loss, human development, socioeconomic status, culture, ethnicity, spiritual beliefs, and amount of support.

Stages of Grieving

DENIAL	Refusal to accept facts, change is ignored
ANGER	Upset with self/ others
BARGAINING	Try to negotiate with god/ higher power, making a deal with oneself
DEPRESSION	Sadness, fear, uncertainty, and regret
ACCEPTANCE	Stop struggling to resist / emotional detachment

How is Grief Expressed?

Physical symptoms	Behavioural symptoms	Cognitive symptoms
• lack of energy, multiple body pain	• Fear, panic	• Poor attention and concentration
• Decreased / increased in sleeping and eating habits	• Denial, sadness anger, bargaining	• Preoccupied with deceased
• Palpitations, difficulty breathing	• Self-blame, guilty, shame	• Adopting deceased roles and their mannerisms
	• Acceptance	

How is complicated grief expressed?

- Excessive/ inappropriate guilt
- Alcohol/ Drug abuse
- Personality changes
- Prolonged sleep/ eating disturbances
- Suicidal thoughts/actions, self harm behavior

When is the Referral to the Specialist Required?

The following symptoms must persist for 6 weeks to 4 months: Poor Self-care, difficulty making simple decisions, hyperactivity or talking excessively, memory problems, confusion persisting for a while, hearing or seeing things not present, hopelessness, helplessness, worthlessness, persistently sad, disturbed social and occupational functioning, increased alcohol/ drug consumption, disturbed biological functioning

Role of lay Counsellor

Individualized care and support to the person grieving, being sensitive and considering all factors that play a role during the grieving process, listening and empathising with the person, allowing to ventilate the emotions, assessing when to do grief counseling

What is the Grief Counselling?

A type of therapy designed to help people work through various stages of grieving within a reasonable period of time. Each person's grief can be similar or different from another person's grief and it is used to help people with abnormal or complicated grief

STEPS IN GRIEF THERAPY

1. Ask for any medical illness
1. Establish the rapport
2. Try to understand what the person is struggling with
3. Revive the memories of the deceased person
4. Try to deal with emotions or lack of emotions stimulated by memories
5. Help the individual accept the finality of the loss
6. Help the individual design a new life without the deceased person
7. Help the individual improve the social relationship

DO'S AND DONT'S

- Be socially and culturally competent
- Give adequate time for ventilation and never try to fasten the ventilation process
- Don't overgenralize the loss in the initial phase
- Empathise with their loss as heavy and unique

- Don't give an example from your personal life which will reduce the dignity and impact the counselling process
- Find out in what tasks of grieving the person is stuck
- Try to rule out if the individual has fear of being burdened because of the loss and is preoccupied about being loaded with responsibilities which can sometimes lead to suicidal thoughts
- Cognitive Triad - Belief about self, Belief about surrounding, Belief about future, there is a breach in coming out with a mature belief in each domain which leads to a negative evaluation of self and catastrophisation.
- Suggest distraction and relaxation training - yoga, breathing exercises, JPMR, release-only relaxation training
- To accept the loss and take their responsibilities left by the deceased
- Coping Thoughts and behaviors used to manage the external and internal stations which are perceived as threat-full.
- To shift the focus from loss orientation to restoration orientation
- If symptoms are very severe/ not manageable/ eating and sleeping disturbances/ death wishes or plans or actions, always refer to a psychiatrist for emergency and special psychiatrist care.
- Grieving support: Being in a peer group will help normalise their experience. It is one of the successful ways to provide support for grieving individuals.
- Further suggestions for grieving parents :
  - To take care of physical health
  - Take time for themselves
  - Take professional support when needed
  - Extend family support with moral support to parent and child

- Four tasks of mourning/grieving [proposed by JW Worden] :
  - Task I: To accept the reality of the loss
  - Task II: To process the pain of grief
  - Task III: To adjust to a world without the deceased
  - Task IV: To find an enduring connection with the deceased while embarking on a new life.

How to approach a case presenting with grief due to death:

- Provide individualized care and support during the grieving process.
- Listen and empathize with the person, allowing them to express emotions.
- Make the client understand the concept of death and its irreversible nature
- Revive memories of the deceased and assist in accepting the loss.
- Help design a new life without the deceased while maintaining a connection.
- Be culturally competent and avoid overgeneralization of the loss.
- Suggest distraction and relaxation techniques to manage grief.
- Refer for to a mental health professional in cases of complicated grief, mental health disorders, external factors, legal issues, substance abuse-related grief, suicidal ideation, aggression, or severe symptoms.

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For the video on the death and grief module, please **scan the below QR code**

Chapter-9

Handling couple and family conflicts

Objectives:

- Introduction
- Definition and causes of couple and family conflict
- Need for couple and family counselling
- Goals of couple and family counselling
- Stages of couple and family counselling
- Techniques of family counselling

Introduction

Family is a "group of persons united by the ties of marriage, blood or adoption; consisting of a single household, interacting and inter-communicating with each other in their respective social roles of husband and wife, mother and father, son and daughter, brother and sister creating a common culture (Burgess and Locke). Family is a major social institution and is the locus of much of an individual' social activity. Hence for any society to be healthy and functional, family relationships should be healthy.

Family conflict -Family conflict refers to active opposition between family members. It occurs when family members have different views or beliefs that clash. Conflict involves different combinations of family members: It may include conflict within the couple, between parents and children, or between siblings.

Marital (Couple) conflict - Marital (couple) conflict can be defined as the state of tension or stress between the marital partners as the couple try to carry out their marital roles (Tasew et al., 2021)

Family and couple conflict may take various forms such as verbal, physical, sexual, financial, or psychological.

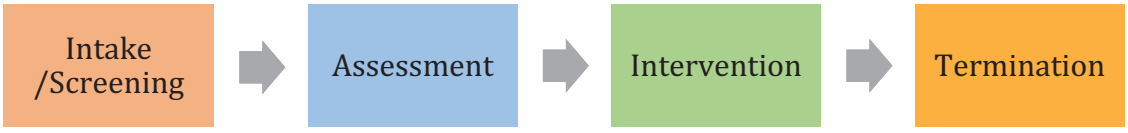
Goals of Family Counselling

- To understand the family structure
- To understand the dynamics of the family such as interaction patterns, boundaries, rituals, patterns etc.
- To identify the subsystems within the family and the roles played by subsystems in the cause and maintenance of family conflicts.
- To identify the problem-solving behaviour and strategies employed by the family.
- To facilitate understanding among family members about the unhealthy family dynamics, unhealthy communication patterns and inappropriate problem-solving behaviours
- To provide information regarding effective communication, and appropriate problem-solving techniques to foster well-being and better functioning of the family.

Goals of Couple Counselling

- To identify the problem areas, such as conflicts, negative interactions, emotional baggage.
- To facilitate resolution of conflicts, teach effective communication skills, coping skills, and to reorganize emotional responses.
- Encourage partners to develop acceptance and appreciation for each other, rekindle the connection and prevent habituation.
- To provide information about various cognitive, emotional, and behavioural techniques for dealing with problems in present as well as in future.
- To foster confidence, respect, trust, and attachment in couples.

Stages of Couple and Family Counseling



1. Intake/screening:

In this stage, the counsellor collects basic information about the different family members, identifies problems and helps family members to decide the goals of the therapy.

It includes,

- Collection of initial information, i.e., socio-demographic details, referral details, number of participants, relationship among participants etc.

- Identification of family problems
- Understanding the expectations of the family members
- Forming an informal therapeutic contract with the family members (e.g., who will attend the therapy, duration of therapy, time and place, method of payment etc.)
- Establishing therapeutic alliance
- Deciding goals of therapy
- Observing the interaction among the family members

2. Assessment

The aim of this stage is to understand the various structures and dynamics in the family.

A) **Structure and History of the Family**

- **Structure and living arrangement of the family:** There is a need to explore the structure and current living arrangement of the family which can be done with the help of a three generational family genogram (or family tree).
- **Major transitional events in family cycle:** The major transitional events (deaths, births) in the family should be assessed.
- **Quality of relationship/s:** The quality of relationships among the family members like, being close, distant, loving, conflictual, reserved etc. should be observed.

B) Roles, Functioning and Pathological Trends in a Family

- **Role performance:** Every family member might have taken up or been assigned with different responsibilities and roles, which has to be assessed and understood by the counsellor.
- **Decision making and power struggle:** It is important to assess and understand how decision are made (whether democratic or autocratic) and the power distribution among family members. Decision making and power struggles are common reasons for family conflicts.
- **Communication Patterns: Families use** various verbal and non-verbal communication to express to themselves. Affective communication has been found to have a greater effect on the family's cohesion. If there is a discrepancy between what is told and what is expressed, then that is a clear indicator of dysfunction.
- **Problem solving:** Different members in the family will have a unique way of expressing themselves or reacting to a problem situation. Some members might be unreactive or docile to some situations and some

might be impulsive and aggressive to the same situation. These may contribute to the family's problems and pathology.

- **Cohesiveness and intimacy:** Family cohesion is the closeness among the family members. Identifying and understanding the family's closeness (disengaged, separated, enmeshed) is essential to help the family to develop healthy cohesiveness.
- **Process of conflict resolution:** The counsellor should seek to understand how the family resolves conflicts and the role of each family member (or spouse) in the conflict resolution.

C) **Value System, Socialization and Recreation Pattern within the Family**

A family counsellor should also assess:

- Religious thoughts and beliefs among the different members in the family.
- Nature of socialization accepted and rejected in a family
- Any recreational activities within the family.

The responses to the above factors will give an overall idea of the family structure, functioning, problem areas, factors contributing to the dysfunction.

3. Remedial intervention processes in couple and family counselling

A counsellor can use multiple therapeutic intervention strategies to help family to achieve their goals. These includes,

- **Reflecting and Summarizing:** This involves summarizing the themes and reflecting back what has been said to help clarify some of the issues that seem at odds with one another.
- **Help understand unacknowledged Feelings:** Sometimes the family might fail to understand or recognize the feelings. The counsellor helps the family to understand about these unspoken emotions.
- **Pointing out the discrepancies:** The counsellor helps the family understand the incongruity between verbal and non-verbal language.
- **Problem solving skills**: Helping the family to learn problem solving skills and finding alternative solutions to deal with everyday problems.
- **Effective communication skills**: Family is trained to improve their expressive and receptive communication skills.
- **Expressing care and appreciation:** Partners and family members need to deliberately plan for showing care and appreciation to other members.
- **Reinforcement:** It includes appreciating/acknowledging each other. The activities need to be very specific, clear and easy to do.

- **Reframing**: Issues in relationship arise because of the specific way in which couples and family members interpret a thing and may need help to change their way of thinking. Reframing or reinterpretation helps to focus on whether one's thinking is irrational/dysfunctional.
- **Conflict resolution techniques**: Families (or couples) should be guided with techniques for resolution of future conflicts
- **Role playing:** Role playing and enactment of distressful situations may help family members understand better patterns of behaviour

4. Termination

The termination of the counselling should be planned. Participants should be informed about it in advance. It should be gradual and follow up sessions should be taken if the family (or couple) faces any new challenges.

How to approach a case of couple or family conflict

- Establish rapport with the clients
- Understand their expectations from the counsellor
- Establish therapeutic alliance
- Detailed family assessment
- Identify the conflicts in the couple/ family system
- Identify the strengths and opportunities in the couple/ family system
- Remedial interventions like focusing on the identified conflicts through acknowledging family members' feelings, improving communications and problem-solving skills and reinforcement of healthy behaviors

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For video on handling family and couple conflicts module, please **scan the below QR code**

Chapter-10

Behavior Causing Concern in the Elderly

Objectives:

- Burden in elderly and aging population
- Physical changes associated with elderly and aging people
- How to identify elderly depression?
- Managing elderly abuse

Elderly

- In India, as per various laws such as Maintenance and Welfare of Parents and Senior Citizens Act (MWPSC) 2007, elderly is anyone of age 60 and above.
- At most places retirement is around the similar age cut off.
- Hence, rather than considering the 'number' to decide who is elderly, it is better determined by roles assigned and cessation of certain 'roles.'

Ageing

- Biologically: accumulation of a wide range of molecular and cellular damage. This leads to gradual decrease in the physical capacity and mental capacity, leading to growing risk of disease and ultimately death.
- These changes are neither linear nor consistent and only loosely associated with age.
- An 80-year-old can have the capacity of someone of age 40 or younger, while someone else can have significant loss in their capacities at a younger age.

Changes Associated with Aging:

(1) PHYSICAL CHANGES

A. Sensory system:

- Impaired smell and taste- loss of appetite
- Impaired vision- reduces mobility
- Impaired hearing- reduces social interaction
- Dental problems- loss of appetite
- Muscular loss- weakness and fatigue
- Reduction in sleep- total hours of sleep
- Memory loss

Changes in brain and neurons:

- The rate of loss of neurons is around 1% every year after the age of 60 years ~ approximately.
- Greater loss in neurons and connections in parts of brain such as:
  - Frontal lobe- executive functions
  - Hippocampus- memory
  - Sub-cortical regions- affecting sleep and gait.

Dementia - It is a clinical condition where there is significant loss of neurons and connections between neurons leading to difficulty in day-to-day activities.

- Overall, the damage to the cells occurs in two ways:
  1. Programmed death of cells: after a number of times of cell divisions
  2. Wear and tear: accumulation of toxic substances such as free- radicals.

(1) PSYCHO-SOCIAL CHANGES

- Retirement- attitude and status
- Death of spouse/ family members/ friends
- Home and other possessions: change in place of residence
- Income - Dependent for activities of daily living

The elderly population is at increased risk of:

- Arthritis and other painful conditions
- Chronic illnesses of lungs and heart, Cancer, Diabetes, Hypertension, Stroke

** PSYCHIATRIC ILLNESSES:

- The two "D" s increasing the risk of one another: **Depression** and **Dementia**
- Elderly can also have new onset "severe mental disorder" such as psychosis, substance use disorders, or worsening of pre-existing illnesses

- ELDERLY DEPRESSION **(MEETS-HELP)**:
  - **M**ood: "feeling empty" more often than sadness
  - **E**motion: expressing irritability more often than sadness and worrying
  - **E**nergy levels: can be "agitated"
  - **T**houghts: Nihilism. Minimization/ denial
  - **S**peech: reduced, low voice
  - **Help**- seeking attitude: less
  - ASSOCIATED WITH - Medical illness - Psychosocial adversity - Marked memory disturbances
  - Mostly associated with "well-adjusted" personality with good "resilience" to handle stress earlier.
  - Hence "biological" factors play major role

- DEALING WITH LOSS/ GRIEF
  - Every person copes with loss differently.
  - Following features are seen in grief:
    1. Guilt
    2. Sense of helplessness
    3. Loneliness
       1. Rigidity/ stubbornness
       2. Anger/Rage
       3. Reminiscence
       4. Depression and anxiety

GRIEF CAN BE DEPRESSION

- If following symptoms are present:

- Reduced sleep, or change in pattern of sleep
- Marked loss of appetite and weight
- Neglect of self-care
- Excessive guilt
- Ideas of helplessness, worthlessness, hopelessness
- Withdrawn to self, reduced interaction
- Loss of pleasure in usually pleasurable activities

DEMENTIA

- With progress of aging- some amount of memory loss is usual, which is:

- Gradual
- More for short term/recent memory than long term memory

E.g. - Person might forget 'name' but not the face

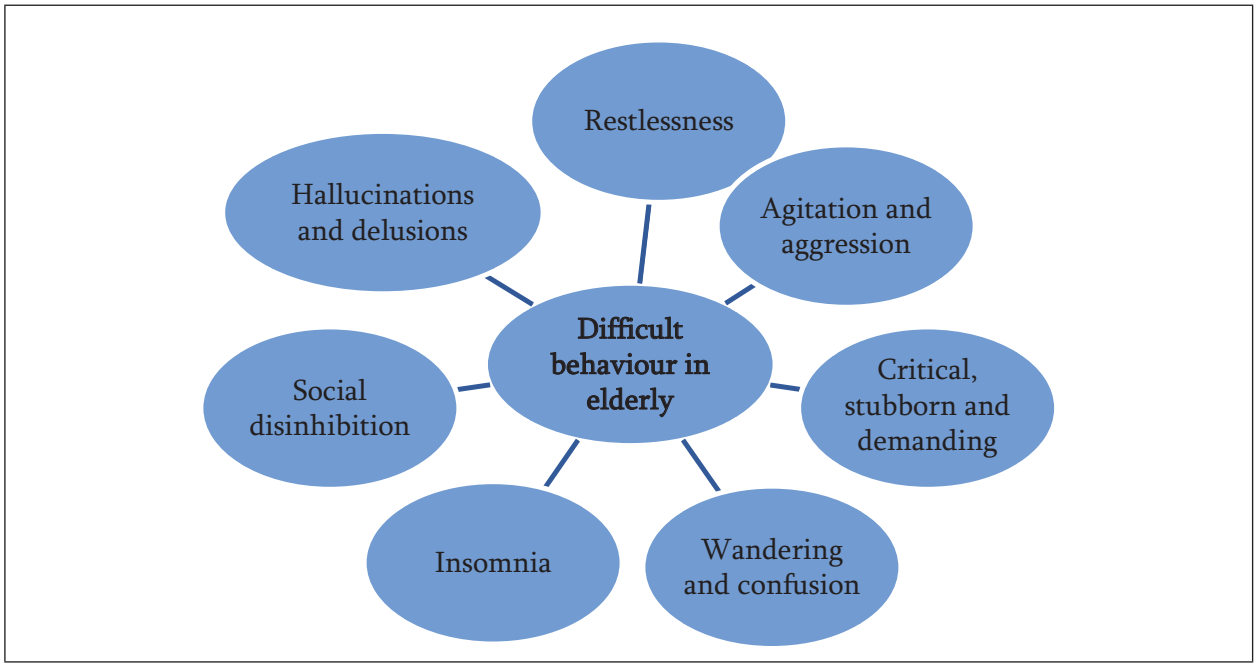
- Might forget 'where the key is kept' rather than about the 'key' totally

- With dementia, there is marked change in:

- Memory functioning
- Naming, language
- Behavioural and personality change
- Carrying out routine activities (increased difficulty), even that of self-care

- There is gradual, progressive worsening.
- DIFFICULT BEHAVIOURS that are commonly seen in dementia include:

- Restlessness
- Agitation
- Aggression
- Mood swings
- Hallucinations
- Insomnia
- Critical and demanding behavior
- Confusion
- Wandering behavior
- Socially inappropriate behaviour



APPROACH TO AN ELDERLY WITH BEHAVIOURAL DISTURBANCE

- Preserve their "dignity"
- Ensure privacy
- Show affection and support whenever possible
- Speak slowly and clearly, repeat if needed
- "Empathetic listening"
- Check if they are able to 'comprehend', able to identify people correctly
- Assess for social support and their perception of available support
- Identify if substance use is contributing to current situation
- Identifying the "distressing" behaviors
- Suggest referral to doctor
- Give details of resources of help available

**GENERAL TIPS THAT CAN BE GIVEN TO CAREGIVERS:

- Ensuring dignity and privacy (especially during activities such as dressing, bathing)
- Establishing a daily routine
- Safety: a chair to sit while bathing, a mat to prevent slip, a support rod, ramp, etc.
- Use of identification bracelet/necklace
- Locking doors in the night- in case of wandering
- Using clothes that can be easily removed
- Limiting water intake in the evening and night
- Ensuring hygiene
- Use of bed-pan if needed
- Measures to prevent fall/slip while getting up from bed
- Try and identify the triggers for anger and avoid it
- Identify activities that soothe them: e.g., music/walking
- Avoid confrontation and argument
- Use of memory aids: such as "labels"
- Having a daily sheet calendar visible
- Encouraging to write 'day-date-year' on a white board
- Spending time looking at photo albums and encouraging them to speak about the 'memories'

Intervention:

Sleep problems are quite common, before considering medications, explain sleep hygiene techniques:

- Practice deep breathing and relaxation exercises
- Take a warm water bath in the evening hours
- Drink a warm glass of milk in the night
- Listen to music, or read books at night, which help your body and mind to relax
- Avoid sleeping during the day
- Avoid excess consumption of coffee and tea, tobacco, alcohol
- Go to bed only when you feel sleepy
- Do not use the bed for other activities such as reading, working, watching movies/social media, etc. except for sleep.
- Avoid bright lights at night or using mobile/TV/computer for long hours in the night

Elderly Abuse

Suspect elderly abuse if:

1. Unexplained injuries/ frequent injuries
2. Marked distress by the person when the caregiver is around
3. Person is guarded to speak
4. Caregiver is impatient with the person, has behavioural issues, or substance use

Elderly abuse in the family context can be of

1. Physical
2. Psychological
3. Emotional
4. Financial
5. Sexual in nature

** Elderly is at risk of abuse from unknown persons too.
** Report to authorities whenever you come across abuse.

How to approach a case of elderly

- Approach an elderly person by considering their roles and cessation of certain functions rather than just their age.
- Be aware of the physical and psychosocial changes associated with aging, such as sensory impairments, memory loss, and potential psychiatric illnesses like depression and dementia.
- Recognize difficult behaviours commonly seen in dementia, and approach elderly individuals with behavioural disturbances with dignity, privacy, and empathetic listening.
- Be vigilant about signs of elderly abuse, including unexplained injuries, distress around caregivers, and guarded behavior, and promptly refer any suspected cases to mental health professionals.
- Refer elderly individuals to a mental health professional if there are signs suggestive of depression, cognitive decline, severe behavioural disturbances, distress due to grief or loss, suspected cases of elder abuse or any mental disorder.

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Chapter-11

Common behavioural problems in children and Adolescence

Objectives:

- Introduction
- Common mental health concerns in children and adolescents
- Risk factors for mental illness in children and adolescents
- Neurodevelopmental disorders
- Understanding temperament
- To know about externalising and internalising disorders

Introduction

WHO describes childhood as the phase of life till 10yrs of age and adolescence from 10 to 19 years of age. As per the world mental health report published by WHO in 2022, 13% of individuals had a mental disorder. This number is equally high in children and adolescents, standing at 10%. It sends an alarming signal to caregivers and mental health practitioners to address these problems efficiently. In order to do this, let us understand what problems can arise in this special population. Although children and adolescents can be a single group, the problems faced by the subgroups of children and adolescents differ. Hence, let us consider the problems of each sub-group separately and discuss each in brief.

Mental health concerns in Children: -

- Developmental problems
- Harsh Parenting
- Single parent family
- Poverty
- Bullying
- Behavioural problems
- Emotional problems

Mental Health issues in Adolescents: -

- Developmental problems
- Behavioural problems
- Emotional problems
- Bullying
- Mental illness- psychosis, depression, etc.
- Substance use
- Poverty
- Suicide
- Faulty lifestyle
- Stigma, exclusion and discrimination
- High-risk sexual behaviour and Sexually Transmitted Infections

What is the impact of mental health issues in childhood? Is it a matter of concern?

Some conditions, like developmental disorders, if not addressed in childhood, may be challenging to address in adulthood as it impedes skill development in the growing years of life. If these issues are left unaddressed, they affect the overall development of children and adolescents, spilling over the difficulties into adulthood and thus affecting adult mental health.

What are the risk factors for mental illness in children and adolescents?

Several risk factors make a child vulnerable to mental health problems. Table 1 briefly illustrates the same as the list is exhaustive. It is worth noting that there is always an interplay between genetic and environmental factors, and a single factor is insufficient to cause a mental disorder independently.

Table 1: - Risk factors for behavioural and emotional disorders in childhood and adolescence

Domains	Examples
Maternal mental health status	Low education status, history of mental disorder, substance use, marital conflict, disruption/violence
Perinatal factors	Premature birth, low birth weight, early life physical problems
Poor child-parent relationship	Lack of parental supervision, marital disharmony in parents, child rejection, un-involvement by parents in child's activities, no limit setting by parents
Family factors	Parental substance use, inconsistent parenting

Socio- economic factors	Poverty, isolation, overcrowding, financial stressors, exposure to violence, life stress, early exposure to aggression/anger, negative experiences at school/digital space, bullying, lack of access to education
Child's temperament	Difficult temperament, aggressive behaviour since an early age
Developmental delay	All neurodevelopmental disorders

Normal Development trajectory in childhood

Development is an individual's physiological and functional growth that happens throughout one's life. The development of the brain is indicated in different domains such as motor (limb function development), language and communication, cognition, emotional and social domains. There is a constant interaction between environmental and genetic factors during development.

What are Neuro-Developmental disorders?

Any disorder that leads to impairment in the normal development of any or all the domains due to defective brain development is a neurodevelopmental disorder. As per the Diagnostic and Statistical Manual of mental disorders, 5th edition, they are: -

1. Intellectual developmental disorder/ intellectual disability (IDD)
2. Autism spectrum disorder
3. Attention deficit/ hyperactivity disorder
4. Specific learning disorder
5. Language disorder
6. Tic disorder
7. Motor disorder

A. Intellectual developmental disorder/ intellectual disability:

Up to 3 % of all children and adolescents have been diagnosed to have intellectual disabilities worldwide at any point in time. Intellectual disability is characterised by deficits in intellectual functions like reasoning, new learning, and problem-solving and deficits in adaptive functioning like social communication, independent living, etc. The causative factors are several, but the important ones that can be addressed easily, include nutrient and hormonal deficiencies. Some genetic causes cannot be corrected, but the children can be trained. Also, early detection can identify comorbid physical conditions commonly seen in children with IDD.

How to identify signs of IDD?

Warning signs noticed by the family or teachers in school remain paramount for early help-seeking. The warning signs include delays in different domains of development

like motor (limb function development), language and communication, cognition, emotional and social domains compared to other children of the same age.

Treatment modalities

Approach the nearest doctor (paediatrician/neurologist/psychiatrist) immediately. A formal IQ assessment is beneficial. Available therapies include: -

1. Physical therapy for gross motor deficits
2. Occupational therapy for fine motor skill deficits
3. Speech and language therapy
4. Behavioural therapy
5. Special education

1. Autism spectrum disorder (ASD)

It is a developmental disorder with deficits in reciprocal social interaction and communication and repetitive restrictive behaviours and interests. Intelligence may or may not be normal. The signs are seen as early as 2-3 years of age.

How to identify signs of ASD?
Red flag signs for identifying ASD in children are as follows: -

1. Inability to point at objects
2. Inability to show one's interests/emotions
3. Inability to share enjoyment with others (kids or elders)
4. Does not respond to their name when called
5. Inability to maintain eye contact
6. Repeating certain words or movements

Interventions available include: -

Social communication strategies help the child communicate their needs and emotions better, thus improving their social skills and reducing unwanted behaviours of anger/frustration/aggression. E.g., using gestures, signs, pictures, drawings, bi-syllables, voice-generating devices, etc.

2. Attention deficit/ hyperactivity disorder (ADHD)

This disorder is characterised by constant inattention and/or hyperactive behaviour/ impulsive behaviour. Mostly these children are described as 'difficult' by the teachers in school for their hyperactivity.
How to identify signs of ADHD?

Some of the signs of inattention and hyperactivity commonly seen are: -

1. Inability to focus during classes at school
2. Frequent daydreaming in classes
3. Frequently forgetting simple tasks and making simple mistakes
4. Difficulty in doing work that requires organising
5. Difficulty in waiting for one's turn during games
6. Interrupting others while speaking
7. Running around, disturbing other children during classes

Interventions available are both school and home-based. The child is made to learn anger management to reduce problematic behaviours and problem-solving skills to reduce impulsivity. It is important to note that medications help improve attention and hyperactivity in this developmental disorder.

3. Specific learning disorder

The deficits can be in reading, writing, spelling, following the rules of grammar, arithmetic, and languages but with an average IQ. This disorder is identified mainly by school teachers and needs to be referred to a psychiatrist for further assessment, certification and management.

4. Common behavioural problems in childhood and adolescence: -

Like normal development is influenced by a constant interaction between genetic and environmental factors, behavioural problems also develop due to this faulty interaction for various reasons. This set of problems is mainly divided into externalising and internalising disorders.

In externalising disorders, behaviours are directed outward to the environment. Children with this disorder characteristically have poor control over their emotions or behaviour.

In internalising disorders, behaviours are turned inwards with a high sense of control over oneself.

Externalizing Disorders	Internalizing Disorders
ADHD	Anxiety
Oppositional defiant disorder	Depression
Conduct disorder	OCD- obsessive compulsive disorder
Aggression	Phobia
Delinquency	Panic disorder
	PTSD- post traumatic stress disorder

Although there is a difference in the presentation of various internalising disorders in children compared to adults, explaining them in detail is beyond the scope of this manual. Here we will look into the issues more peculiar to the child and adolescent population.

Oppositional Defiant Disorder

Children with this disorder are often angry, and easily irritable in school, with family or with friends. They usually are caught being argumentative with friends/ authority figures/ elders and may be having difficulty in schooling and education as well as maintaining family relations. It is important to note that these symptoms are persistent for more than a period of 6 months and are out of the cultural contexts where it is considered normal behaviour.

Conduct disorder

It is a more severe form of ODD wherein the aggression is towards family, property and others. There is a complete disregard for rules and regulations, and violence and deception are common. This disorder is one of the most common referrals to mental health professionals from schools for children at an early age due to the disruptions caused by their behaviours.

Delinquency

Children who are delinquent and go against the law mostly come to a mental health professional when their offence is brought to light. These children need utmost care and protection to bring them back to the normal trajectory of life. It is highly possible that they also have comorbid mental health disorders like ADHD, substance use, etc. Identification and treatment is the key to management.

Substance use

The most common substances used in adolescence are cigarettes, alcohol, cannabis, inhalants, etc. It is found that 1 in every 5 boys and 1 in every 10 girls in the age group of 13-15 years smoke cigarettes globally. Alcohol is the second most common substance. It is found that poverty is one of the major risk factors for the use of inhalants in India. Both externalising and internalising disorders make a child vulnerable to the use of substances, so it is empirical to screen for comorbid disorders.

School refusal

It refers to the behaviour in which a child refuses to go to school repeatedly for various reasons. It is not a single entity but a behaviour with underlying other mental health conditions, and the various reasons can be the following: -

1. Intellectual Development Disorder [IDD]
2. Specific Learning Disorder [SLD]
3. Depression
4. Anxiety disorders
5. OCD
6. Tic disorders
7. Abuse
8. Bullying
9. Eating disorder
10. Body dysmorphic disorder

Teachers and classmates help assess the school-related causes to provide targeted interventions.

Interventions for behavioural problems in childhood and adolescence: -

As discussed, childhood behavioural problems stem from the interaction between intrinsic factors and the environment. So, the interventions should also be directed in this direction. A child's environment is never free from the people around the child, i.e., parents, teachers, immediate family and friends. The different types of interventions are: -

Behavioural therapy

Cognitive behavioural therapy – It is effective for disorders like anxiety disorder, depression, and OCD. This therapy is used to correct cognitive distortions and promote desired behaviours.

Social skills training – most disorders lead to reduced social development. This therapy includes communication skills for children with ASD, problem-solving techniques to reduce impulsivity in ADHD, CD, and ODD, decision-making abilities, assertive skills for children subjected to bullying/abuse, etc.

Some of the techniques used for problematic behaviours are: -

1. Identifying and rectifying long-standing maladaptive patterns
2. Promoting a child-centered approach
3. Increasing acceptable child behaviour
4. Setting clear expectations with the child
5. Reducing unacceptable child behaviour
6. Strategies for avoiding trouble

7. Preventing the child from cognitive inflexibility, disobedience and indulging in substance use
8. Training the child to adopt a healthy lifestyle in terms of social connectedness

Parent Management Techniques include being assertive to children when stubborn, limit setting, handling crisis movements and skill training. Families usually have maladaptive ways of handling challenging behaviours in children, like permitting every tantrum. In order to reduce the problematic behaviours, parents are instructed to set proper limits with children, discussing reward-based teaching techniques. For children with IDD, Activities of Daily Living are taught using techniques called shaping, in which every step of a complex process is divided, and the child is rewarded on completion of the step.

Teacher-based interventions – in developmental disorders, teachers are instructed to help children through one-to-one training techniques, ignore some problematic behaviours to encourage good behaviours, make the child sit in the front row to improve attention, and encourage the child to answer.

Pharmacological interventions- This remains the mainstay in disorders like psychosis to control significant aggression and suicidality.

Psycho-social interventions

Family interventions like psychoeducation to address caregiver burnout are a part of it. The family is educated about support groups where they can discuss their mutual difficulties and find solutions.

Contingency techniques are essential for children who conflict with the law to find ways of community rehabilitation. Especially with substance use disorder, children are made to explore ways which bring them more joy in life other than substances.

Social benefits- According to IQ levels, a child is entitled to disability benefits offered by the Government of India like the provision of free education till 18 years of age for individuals with benchmark disability, accommodation in the number of subjects learnt, relaxation of passing marks, provision of a scribe in exams, an opportunity to take open schooling, exempting the mistakes and focusing on larger structure of answers during the exams, etc.
Financial planning for parents with chronic disabilities in children- The Indian government provides tax exemption to parents who care for children with disabilities.

How to approach children and adolescents:

- Show empathy and understanding: Create a supportive and non-judgmental environment for the child to express their feelings and experiences. If possible interview the child separately.
- Identify risk factors: Be aware of potential risk factors such as harsh parenting, poverty, single-parent families, exposure to violence, or substance use in the family that can contribute to behavioural problems in children.
- Look for symptoms suggestive of developmental disorders like delayed milestones, poor eye contact, does not communicate with parents beyond necessity, learning difficulties, excessive activity, incomplete task etc. Observations from parents as well as teachers can be taken.
- Also look for behaviour and emotional issues like extreme anger outbursts, disruptive behaviour, excessive crying.
- Refer to a mental health professional if there are signs of suicidality, substance use, developmental disorders and symptoms suggestive of mental disorders such as persistent mood symptoms, anxiety, or psychosis.

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Chapter-12

Overview of Mental Health Disorders

Objectives:

- What are mental health disorders?
- Causes/precipitating factors of mental health disorders
- Common signs and symptoms of various mental health disorders
- Treatment of mental health disorders
- Approach to a violent person
- Role of a counsellor

Definition

Mental health disorders cause impairment in mood, thought, perception and memory, which results in substantial distress to a person. It also includes impairment in meeting the demands of daily life. Mental health conditions which are associated with abuse of alcohol and other drugs also are included in this. It excludes mental retardation.

Causes/Precipitating Factors:

1. Genetic factors: For example, having a family relative with schizophrenia increases its risk.
2. Biological causes: Prenatal exposure to infection, for example, exposure to influenza virus.
3. Biochemical Causes: Dopamine imbalance in the brain.
4. Stress: Negative effects of the environment, loss of near and dear ones, financial/business loss or change in place can be stressful and lead to relapses.
5. Coping skills: Having unhealthy coping skills
6. Poor and ineffective social skills: Unable to establish rewarding relationships and resolve conflicts.

Given below are some of the characteristic symptoms that are shown by persons having mental disorders:

1. **Bodily Symptoms:** Body aches and pains, palpitations, weakness, tiredness, disturbance in sleep and increased/decreased appetite, excessive sweating, weight loss, etc.
2. **Psychological Symptoms:** Persistent sadness, increased or decreased self-esteem, fear and worry, mood swings, excessive fear, loss of motivation and lack of will to work.
3. **Symptoms related to thought:** These include symptoms such as difficulty concentrating, remembering, understanding, and making judgments (decision-making). Thinking about ending one's life (suicide) or firm, fixed, and false beliefs that someone else is going to harm/kill or is plotting/ following them are examples of these symptoms.
4. **Symptoms related to behaviour:** Behaviours are what we see others doing, e.g., aggression, talking excessively or less, withdrawal from family, friends and society, and acts of self-harm, e.g., cutting the skin and attempting suicide. These include those that affect what people do or the way they act.
5. **Symptoms related to perception:** A person experiences or perceives things that are not present in reality (although they seem extremely real to the person experiencing them). For example, the person may hear voices or see things that are not real. e.g., seeing imaginary people, imaginary voices that order or command the person to do something, etc.

Among the above, the first four symptoms seem common and are often seen in daily life as a response to situations around us. Hence it becomes difficult to identify mental health disorders.

Common Mental Disorders (CMDs)	Severe Mental Disorders (SMDs)
Predominantly Depressive Disorder (mild/moderate)	Psychosis
Predominantly Anxiety Disorder	Mania/Bipolar Disorder
Predominantly Somatization Disorder	Severe depression

Signs and Symptoms:

A. PSYCHOSIS

Symptoms:

- Hallucinations - Experiencing things that are not real. It can be defined as "perception without any stimulus". It can present as talking to oneself, hearing voices others cannot hear, seeing things that are not real, etc.
- Delusions - False, firm, fixed, unshakable beliefs not based on culture and reality. It presents as believing that others will harm, fearfulness, etc.
- Disturbances in thinking - Poor judgement, poor concentration, etc.

B. BIPOLAR AFFECTIVE DISORDER

This mood disorder is an episodic illness where people have periods of abnormal mood and behaviour, and in between these periods, they are normal. It has 2 phases – Mania and Depression.

Causes: It is caused by a combination of the following factors-

- Biological - genes, age, gender;
- Social – environment, trauma; and
- Psychological factors - Emotions and behaviours.

Stress and predisposing genes can result in an imbalance of chemicals in the brain and result in either a manic or depressive episode.

C. MANIC EPISODE

Symptoms:

1. Elevated, expansive mood
2. Overactivity, restlessness, & excitement
3. More talkative than usual, increased pressure of speech
4. Increased Goal-directed activity

D. DEPRESSIVE EPISODE

It is characterised by the following clinical features, which have to be present for **at least 2 weeks** before making the diagnosis:

1. Low mood- sadness, no/decreased interest in day-to-day activities
2. Depressed cognition – Classic triad of Hopelessness, Helplessness, & Worthlessness
3. Psychomotor activity - Symptoms such as slowed thinking and activity.

4. Physical symptoms- Decreased energy levels, easy fatiguability, heaviness of the head, body aches
5. Biological symptoms- decreased sleep, loss of appetite and decreased weight, loss of/decreased sexual drive
6. Suicide- the risk of suicide and expressing death wishes
7. Psychotic symptoms - delusion & hallucinations, inappropriate behaviour

Frequently Asked Questions (FAQs)

Q. What is the typical age of onset of schizophrenia, and in which gender is it more common?

A. It affects both genders equally. Symptoms such as hallucinations and delusions usually start between the ages of 16 and 25 yrs.

Q. Is there any cure for schizophrenia?

A. There is no cure for schizophrenia-like other non-communicable diseases, but it can be managed effectively with medications and psychosocial interventions

Q. How common is schizophrenia?

A. It is seen in about 1 in 100 people and affects people of all socioeconomic statuses equally.

Q. If a person is diagnosed with bipolar disorder, will they be on medication for the rest of their life?

A. Not necessarily. However, people are encouraged to take medications regularly and for a long duration to prevent further mood episodes.

Q. Is there anything a person can do to know about the disorder?

A. Yes. The individual can learn all about the illness by reading books, attending lectures and talking to health care professionals.

Q. How can lifestyle affect/influence bipolar disorder?

A. Disturbed routine and disturbed/irregular sleep pattern can trigger a mood episode. Choosing appropriate work, leisure activities and relaxation with adequate sleep and rest are essential.

E. ANXIETY DISORDERS

A group of conditions characterised by pathological/extreme anxiety or dread.

Symptoms:

1. Excessive worrying, inability to relax
2. Headache, stomachache

3. Increased heart rate or palpitations, trembling, sweating, and difficulty swallowing.
4. Feeling startled easily, feeling restless

IS ANXIETY THE SAME AS FEAR?

- Anxiety and fear are different.
- Fear is a response to an event/object a person is aware of.
- Anxiety disorder is when the intensity and duration of anxiety do not match the potential for harm or threat to the affected person.

F. PANIC DISORDER

- Recurrent attacks of severe anxiety
- During an attack, a person may experience tension, rapid heartbeat, sweating, dizziness, breathlessness, uncontrollable fear, etc.
- These attacks last a few minutes, and the person is worried about another attack.
- It can occur in any situation.

G. OBSESSIVE COMPULSIVE DISORDER (OCD)

Characteristic features of OCD are obsessions and compulsions.

Causes:

- Biological – Changes in the neurotransmitter serotonin levels.
- Stress can precipitate OCD.
- Psychological - Learning theories suggest that obsessive-compulsive behaviour has been learned through a process of conditioning.

Obsessions

- Obsessions are repetitive thoughts, impulses, doubts, images or urges that occur in one's mind which are unwanted, intrusive and persistent.
- Most people recognise these obsessions as senseless or excessive but cannot ignore or suppress them.
- The obsessions cause significant anxiety and distress with interference in day-to-day activities.

Compulsions

- Compulsions are the repetitive behaviours that the person is driven to carry out despite knowing they are meaningless, unnecessary or excessive.
- Compulsions are performed in response to obsessions to decrease anxiety.
- For example, a person with an obsession of contamination feels that his/her hands are dirty and does repetitive hand washing to make them clean. They try to resist handwashing but give in to the urge to relieve anxiety or discomfort.

What i**s not an obsession?**

- The word 'obsession' is commonly used as "he is obsessed with that / music/ phone". It is not the same obsession which is used in the context of OCD.
- In the above statements, a person gets involved in the activity with his/her complete will, has control over it, and derives pleasure from it. He likes whatever he/she is doing/thinking.
- A person appearing for an exam may feel anxious and worried about the results, which might occupy considerable time. Though these thoughts are unwelcome, they are under his control and not experienced as senseless. They are also not repetitive and subside once the exam is over.

H. DEMENTIA

- Dementia is not a specific disease; instead, it is a group of symptoms that affect thinking, memory and other cognitive domains, which can result in interference/decline in daily functioning.
- Progressive memory loss that occurs over a period is often associated with Alzheimer's disease and other dementias.
- As their condition worsens, patients find it very hard to learn any new information. They become disoriented and may no longer recognise caregivers and family.
- During all stages of dementia, feelings of intense anxiety and fearfulness are common. Suspiciousness and other behavioural changes can also occur.

Dementia has been explained in Chapter 10. Kindly refer to it for further details.

I. SUBSTANCE USE DISORDERS

It refers to a range of problems due to the abuse (risky or harmful) of mind-altering substances.

Q. Why are such substances used?

A. Many people are unaware of the dangers of using such mind-altering substances and start using these out of curiosity, enjoyment, under the pressure of friends, or to relieve tiredness.

Q. What are the commonly used substances:

A. The commonly used substances are:

- Alcohol
- Tobacco
- Cannabis
- Opioids
- Inhalants
- Other drugs like cocaine, etc.

ADDICTION- A person can be addicted to one or more substances. The symptoms of addiction are:

- He/she would have increased the quantity of substance consumed over a period of time to get the same effect (Tolerance).
- He/she loses control over the use.
- Uses it despite knowing that it is harmful.
- Experiences withdrawal symptoms upon stopping including a strong urge to use.

Some questions that can help decide whether people need help with substance use:

- Have they ever tried to stop using the substance but could not do so?
- Have they ever felt guilty or bad about their substance use?
- Do their spouse, family/friends complain about the use of substances?
- Have they neglected family, work or studies because of substances?
- Have they ever experienced withdrawal symptoms (felt sick) when they stopped taking the substance?

TREATMENT

The relevant choice of treatment options according to the disorder diagnosed are:

- Schizophrenia - Predominantly Antipsychotic medication
- Mania - Antipsychotics / Mood stabilisers
- Depression - Antidepressants

- Anxiety and Panic – Antidepressants, Anti-anxiety medication, Therapy like Cognitive behaviour therapy
- OCD – Antidepressants, Therapy like Cognitive behaviour therapy
- Dementia (Progressive disorder) – cognitive enhancers, Psychoeducation of family members and handling behavioural problems
- Substance use disorders – Anti-craving medications, Motivational Enhancement Therapy

Approach to A Violent Patient

- Violent and aggressive patients need to be handled with caution.
- Always see patients along with relatives/security/nurses. The exit should be near your side.
- Secure the place. If surroundings have sharp objects such as knives or blades, keep them away from the patient's reach.
- Do not confront the patient on his beliefs. Try to gain the patient's trust and confidence by active listening and validation.
- Always talk to the patient first.
- Try not to probe into sensitive issues as a non-specialist.
- Assess the risk of harm to self/others and do not panic.

Role of a Counsellor

- To ensure non-escalation of the situation during the interview before an appropriate referral.
- Ensure compliance if it is a follow-up patient.
- Maintain adequate treatment to prevent relapse.

Red flags for referral:

1. Severe depression with psychotic features
2. Suicidal ideations
3. Harm to self and others
4. Suicide or harm to others
5. Poor general health
6. Refusal to take oral medications and meals

How to approach a person with potential mental disorder:

- Show empathy and active listening: Provide a supportive and non-judgmental environment for the person to share their feelings and experiences.
- Look for signs of distress: Observe for bodily symptoms, psychological symptoms, thought disturbances, behavioural changes, and perceptual abnormalities that may indicate a mental health disorder.
- Educate about mental health: Provide basic information about mental health disorders and common symptoms to help the person understand their condition better.
- Encourage professional help: If the person exhibits symptoms suggestive of mental disorder advise consultation with a mental health professional and refer immediately if the person is having symptoms such as suicidal thoughts, violent behaviour, or symptoms suggestive of medical illness.
- Promote healthy coping strategies: Encourage the person to engage in healthy coping mechanisms, such as talking to supportive friends or family, pursuing hobbies, and seeking emotional support when needed.

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For a video on the overview of the mental health disorders module, please **scan the below QR code**

Chapter-13

Overview of The National Tele- Mental Health Programme

Introduction

As per National Mental Health Survey (NMHS) 2015-2016, The prevalence of current mental morbidity is 10.6%. This is just the tip of the iceberg. The majority of Mental health-related concerns are related to distress and inability to cope with it, and getting essential mental health support at the earliest leads to the development of mental disorders. Over and above this, the stigma associated with mental health problems makes it difficult to seek help.

The COVID-19 pandemic created a new ripple of mental health issues in most of the population in the country ranging from anxiety, depression, and sleep disturbances to increased use of substances. Significant mental distress is emerging in the community, requiring minimal mental health first aid. The pandemic also has made digital mental health initiatives acceptable, affordable and accessible to the common people. With increased mental health issues in the country, the Government of India launched a technology-driven mental healthcare programme, i.e., National Tele-Mental Health Programme or **Tele MANAS (Tele-Mental Health Assistance and Networking Across States)**.

Tele MANAS was announced in February 2022 and was launched on 10th October 2022. The importance of this programme is

- To improve accessibility to mental health care for every individual in the country.
- To provide continuity of care
- To ease referral systems
- To improve the primary level of mental healthcare facilities.

Who and how to access this service?

Any individual with mental health issues can reach out to Tele MANAS services for help by calling Toll free number 14416. It is available 24x7.

In addition, grassroots healthcare providers/community health providers, i.e., Accredited Social Health Activists (ASHAs) and community volunteers from the community, can reach out to Tele MANAS on behalf of an individual or individuals in that community with mental health issues.

What can be expected from Tele MANAS services?

Tele-Mental health services include providing advice, counselling, connecting with a mental health professional for telepsychiatry services and helping to provide possible care to people unable to come physically to a hospital or a help centre. The Tele MANAS services range from counselling on the telephone to providing appropriate referrals. Counsellors are the front-line workers for this programme who would be handling the calls.

Functioning of Tele MANAS:

Tele MANAS works on two levels, Tier 1 and Tier 2.

Tier 1: Counsellors and Mental Health Specialists (Psychiatrist, Psychologist, psychiatric social work consultant)

Role of Counsellor in Tier 1(a.k.a State TeleMANAS cell)

- Basic assessment
- Basic psychosocial and psychological counselling – helps in dealing with common stressors.
- Proactive follow-up calls
- Referral to a specialist -when the case is complex or if there is an emergency, or if the caller might require medication or intensive treatment

Counsellors are trained for a wide range of mental health issues, provide essential counselling services, and are referred to appropriate mental health professionals for further care.

Role of Mental Health Specialist in Tier 1

- Detailed assessment
- Triaging for psychiatric emergency or acute management
- Guiding counsellors in the cell.
- Referral to in-person centres

This tier predominantly works on telephone-based services. However, an audio-video consult can be possible for Mental Health Specialist.

Tier 2: In-person services for Mental health professionals at Health Institutes.

This tier works both through teleconsultation (including video-based) and especially for patients needing in-person care.

Place: At public health facilities through District mental health programmes and Mentoring Institutes (medical colleges/hospitals recognized as tier 2 centres)

Role of Tier 2:

- Detailed assessment and prescription of medications.
- Acute management of psychiatric emergencies.
- Admission and in-patient consultation facilities.
- It also includes tele consultations through e-Sanjeevini

Advantages of this service:

- Counsellors provide 24 X 7 services.
- With the current mental health gap, it is a channel for an acceptable, affordable, convenient, collaborative mental health pathway within the comforts of the person's place.
- Collaborative specialist care within reach of teleservice.
- Skill development of counsellors as part of Tele MANAS provides them with a learning experience.
- Provides mental health care even during disasters and pandemics.

Appendix-1

Online Certificate Course in Lay Counselling

Background

As per the national mental health survey 2016 the point prevalence of mental illness (excluding substance use disorders) in Indian adults is 10.6 % and especially after the COVID pandemic the number is increasing. In larger numbers, persons in the community also have sub-syndromal symptoms of mental illness which is termed as mental distress which account for around 30-40 percent of the population. The resources available with us including the trained professionals and funds from government is very less to take care of such a huge population. Also many factors including stigma keep people away from seeking mental health treatment.

One way to tackle this issue is train volunteers from the community as lay counsellors. Since these volunteers are from the community people with mental distress approach them easily. These volunteers can provide psychological support to these people with mental distress which can prevent them from developing serious mental health disorders and improve their overall quality of life. Also they can actively screen for mental illness in the community and refer them to mental health professionals.

Introduction to Online Certificate Course on Lay Counselling

NIMHANS community psychiatry team in collaboration with Aptha Salaha Kendra (ASK) an NGO has been conducting a course called 'Online Certificate Course in Lay Counselling' since 2020 to produce as many volunteers within the community to support their fellow people who are having mental distress and to identify and refer people with mental disorder to a mental health professional. The course has been approved by Board of Studies, NIMHANS Digital Academy under section 24 of the NIMHANS Act 2012. At present 11 batches (more than 800 lay

volunteers) have successfully completed their training and majority of them are actively helping their fellow community members.

Components of Online Certificate Course On Lay Counselling

Online Module

The course will have 14 online sessions, 2 hours each via online portal where they can access the pre-recorded sessions which will include an introduction to the topic, detailed explanations with examples and role plays. The module also includes weekly Q&A discussion sessions through an online video conferencing portal, where the participants will have an opportunity to clarify their doubts by interacting with experts.

Content of Online Module

Session Number	Topic
0	Introduction
1	Brain - Neuroanatomy, Neurochemistry and Neurons
2	Introduction to Counselling
3	Basic Counselling Skills
4	Psychological first Aid
5	Ethics in Counselling
6	Challenging Situations in Counselling
7	Stress Management
8	Death and Grief
9	Couple and Family Conflicts
10	Behavioural Concerns in elderly
11	Common behavioural problems in children and adolescents
12	Overview of Mental Disorders
13	Yoga and mental health

In Person Practical Module

Four onsite visits where participants get opportunity to take part in live counselling sessions in four different centers -NIMHANS, SPANDANA Psychiatry Centre, NIMHANS Centre for well being and SAMADHANA counselling center. Overall, the participants will undergo 12 hours of on-site observer-ship.

Criteria for enrollment

Anyone who has completed atleast Diploma/Bachelor's degree from a recognized university in any area of expertise with knowledge of English and computers with an intention to help/serve the community.

ASSESSMENT

Participants will be assessed by the end of the course through an MCQ based exam which will be conducted online.

Completion Certificate- Participants who have minimum 80 percent attendance in online sessions,100 percent attendance in all 4 onsite sessions and 50 percent marks in the examination conducted at the end of the course will get completion certificate.

Participation Certificate- Those who attend only online sessions and have at least 80 percent attendance will get participation certificate

Who are lay Counsellors?

Lay counsellors are volunteers from the community who are trained as counsellors to provide psychosocial help to people in the community with mental distress and also to identify and refer people in the community with mental health disorder.

What can a Lay Counsellor do?

a) Provide psychological support for people who are distressed in the community.

b) Recognition of common mental disorders and substance use disorders and providing psychological first-aid.

c) Identifying potential cases for referrals to Specialists (Mental Health Professionals) like unmanageable, non-response to treatment clients, suicidal and or aggressive patients.

What can't a Lay Counsellor do?

a) Providing 'psychotherapy'

b) Providing psychological first aid for severe mental disorders and any case that is not under their competency

c) Attending cases needing emergency or medical care

This course is conducted 4 times a year and for further details please contact:

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Comments by some of the reviewers

"For Low- and middle-income countries like India, lay counsellors are the building blocks of the public mental health system. Irrespective of their educational and occupational backgrounds, lay counsellors inherently possess emotional perceptivity with a strong sense of duty to help people struggling with any emotional, behavioural, and interpersonal problems in their day-to-day lives. This handbook will certainly equip lay counsellors with scientifically more authentic information from mental health professionals. It begins with what the brain is composed of and how it functions, lucidly inferring the medical model of mental illness in a very simple language. It also guides them on various techniques to use in counselling with several culturally-relevant examples and provides insights into red flag signs on early recognition of someone requiring an immediate psychiatric consultation. This handbook is well-timed to launch, in light of the latest Government of India launched technology-assisted Tele Mental Health Programme, aka, Tele-MANAS, helming a mammoth task of training nearly 1000 lay counsellors across the country. Congratulations to the NIMHANS team for keeping the handbook short and succinct with QR code-aided easy video access at the end of each chapter."

— **Dr. Shalini S Naik MD,**
PDF in Brain Stimulation, PGDMLE, Assistant Professor,
Drug De-addiction and Treatment Centre,
Department of Psychiatry, PGIMER, Chandigarh - 16

"The lay counsellor manual is informative and well thought out hand -book. The simple language and the logical flow of thought lead to easy reading. It has the potential to become a resource book for beginners"

— **By C P Usha Rani,**
Lay Counsellor and Associate professor,
HOD of English, SJR College, Race Course Road, Bangalore - 9

"I would like to express my appreciation to NIMHANS for their efforts in training and guiding the public in Lay Counselling Techniques. This manual will help trainees guide people through the rough patches of life. The curriculum of the Lay Counsellor's Handbook is immensely helpful, serving as a basic formula for one's life. Our heartfelt appreciation goes out to NIMHANS for making this effort"

— **Ms Uma Udayashankar,**
Lay Counsellor and Core team member of NGO Aapta Salaha Kendra

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