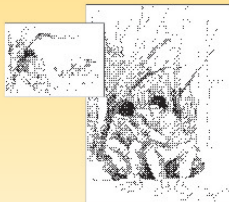


د رواني روغتيايي ستونځو عملي لارښود (انگليسي)

سيان نيکولاس

Afghanic



Pashto PDF
2014



ننگرهار طب پوهنځی



Funded by
Kinderhilfe-Afghanistan

Practical Guide to Mental Health Problems (in English)

Sian Nicholas

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ننگرهار طب پوهنځی

د رواني روغتيايي ستونځو
عملي لارښود
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Nangarhar Medical Faculty

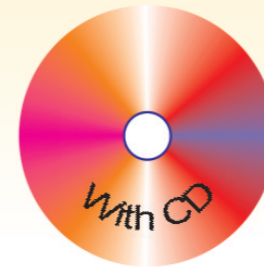
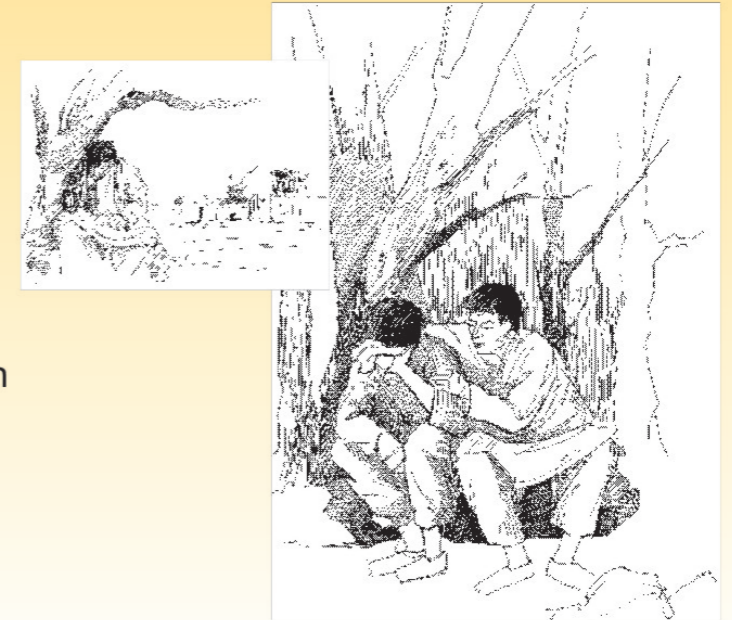
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Message from the Ministry of Higher Education



In history books have played a very important role in gaining knowledge and science and they are the fundamental unit of educational curriculum which can also play an effective role in improving the quality of Higher Education. Therefore, keeping in mind the needs of the society and based on educational standards, new learning materials and textbooks should be published for the students.

I appreciate the efforts of the lecturers of Higher Education Institutions and I am very thankful to those who have worked for many years and have written or translated textbooks.

I also warmly welcome more lecturers to prepare textbooks in their respective fields so that they should be published and distributed among the students to take full advantage of them.

The Ministry of Higher Education has the responsibility to make available new and updated learning materials in order to better educate our students. Finally I am very grateful to German Committee for Afghan Children and all those institutions and individuals who have provided opportunities for publishing medical textbooks.

I am confident that this project should be continued and textbooks can be published in other subjects too.

Sincerely,

Prof. Dr. Obaidullah Obaid
Minister of Higher Education

Kabul, 2014

Publishing Medical Textbooks

Honorable lecturers and dear students!

The lack of quality textbooks in the universities of Afghanistan is a serious issue, which is repeatedly challenging students and teachers alike. To tackle this issue we have initiated the process of providing textbooks to the students of medicine. In the past three years we have successfully published and delivered copies of 136 different books to the medical colleges across the country.

The Afghan National Higher Education Strategy (2010-1014) states:

“Funds will be made available to encourage the writing and publication of textbooks in Dari and Pashtu. Especially in priority areas, to improve the quality of teaching and learning and give students access to state – of – the – art information. In the meantime, translation of English language textbooks and journals into Dari and Pashtu is a major challenge for curriculum reform. Without this facility it would not be possible for university students and faculty to access modern developments as knowledge in all disciplines accumulates at a rapid and exponential pace, in particular this is a huge obstacle for establishing a research culture. The Ministry of Higher Education together with the universities will examine strategies to overcome this deficit. One approach is to mobilize Afghan scholars who are now working abroad to be engaged in this activity.”

Students and lecturers of the medical colleges in Afghanistan are facing multiple challenges. The out-dated method of lecture and no accessibility to updates and new teaching materials are the main problems. The students use low quality and cheap study materials (copied notes & papers), hence the Afghan students are deprived of modern knowledge and developments in their respective subjects. It is vital to compose and print the books that have been written by lecturers. Taking the situation of the country into consideration, we desperately need capable and professional medical experts who can contribute to improving the standard of medical education and Public Health throughout Afghanistan. Therefore enough attention should be given to the medical colleges.

For this reason, we have published 136 different medical textbooks from Nangarhar, Khost, Kandahar, Herat, Balkh and Kapisa medical colleges and Kabul Medical University. Currently we are working to publish 20 more medical textbooks for Nangarhar Medical Faculty. It should be mentioned that all these books have been distributed among the medical colleges of the country free of cost.

All published medical textbooks can be downloaded from www.ecampus-afghanistan.org

The book you are holding in your hands is a sample of a printed textbook. We would like to continue this project and to end the method of manual notes and papers. Based on the request of Higher Education Institutions, there is the need to publish about 100 different textbooks each year.

As requested by the Ministry of Higher Education, the Afghan universities, lecturers & students want to extend this project to the non-medical subjects e.g. Science, Engineering, Agriculture, Economics, Literature and Social Science. It should be remembered that we publish textbooks for different colleges of the country who are in need.

I would like to ask all the lecturers to write new textbooks, translate or revise their lecture notes or written books and share them with us to be published. We will ensure quality composition, printing and distribution to the medical colleges free of cost. I would like the students to encourage and assist their lecturers in this regard. We welcome any recommendations and suggestions for improvement.

It is worth mentioning that the authors and publishers tried to prepare the books according to the international standards but if there is any problem in the book, we kindly request the readers to send their comments to us or the authors in order to be corrected for future revised editions.

We are very thankful to German Aid for Afghan Children and its director Dr. Eroes, who has provided fund for this book. We would also like to mention that he has provided funds for 40 other medical textbooks in the past three years which are being used by the students of Nangarhar and other medical colleges of the country.

I am especially grateful to GIZ (German Society for International Cooperation) and CIM (Centre for International Migration & Development) for providing working opportunities for me during the past four years in Afghanistan.

In Afghanistan, I would like to cordially thank His Excellency the Minister of Higher Education, Prof. Dr. Obaidullah Obaid, Academic Deputy Minister Prof. Mohammad Osman Babury and Deputy Minister for Administrative & Financial Affairs Prof. Dr. Gul Hassan Walizai, Chancellor of Nangarhar University Dr. Mohammad Saber, Dean of Medical Faculty of Nangarhar University Dr. Khalid Yar as well as Academic Deputy of Nangarhar Medical Faculty Dr. Hamayoon Chardiwal, for their continued cooperation and support for this project.

I am also thankful to all those lecturers that encouraged us and gave us all these books to be published and distributed all over Afghanistan. Finally I would like to express my appreciation for the efforts of my colleagues Ahmad Fahim Habibi, Subhanullah and Hekmatullah Aziz in the office for publishing books.

Dr Yahya Wardak

CIM-Expert at the Ministry of Higher Education, February, 2014

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*You shall love the Lord your God with all your heart
and with all your soul and with all your strength and with all your mind;
and your neighbour as yourself.*

This mental health guide is dedicated to my family.

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I would foremost wish to thank Dr. Christine S. Wright and Dr. Mahendra K. Nepal for their book 'Manual of Mental Health for Community Health Workers'*. This book has been an inspiration to me, and I am grateful for the author's willingness for parts of the book to be used in mental health training.

This book is made up from training material prepared by myself, but a large part is taken from training material prepared by Dr. Iris Jordi and also Zama Cameron, both colleagues in the Primary Mental Health Project. Without their contributions, this book could not have been written. Dr. Malte von Blumröder has given me invaluable advice and encouragement in the writing of this book. I wish to extend my thanks to Dr. Marjory Foyle, Trevor Griffiths, Daphne Brett, Dr. Peter Ventevogel and Al Haij Dr. Nader Alemi, all of whom have read and commented on the prepared material. Their comments and insights have been helpful.

Also to the Primary Mental Health trainers and translator, Shir Ahmad, Sayad Abdullah and Khadem Hussain for their insights into mental health in Afghanistan, and for the process of learning that we have undertaken together. I am also grateful for the input of Dr. Lalah in our learning process of what is acceptable in Afghan culture.

Al Haij Dr. Nader Alemi has also been responsible for the translation of this book and without his understanding and insight into the problems of mental health this would have been very difficult. I am very grateful to him for his work, as well as to Mr. Abdul Wazi Ormazad who supplied the excellent illustrations. Dr. Farid Bazger and the staff of KOR typed the Dari to make printing possible and I appreciate their hard work and dedication in doing this. Without these local technical inputs, this book would have been much harder to make.

Sian Hawkins

IAM - Primary Mental Health Project Herat
Kabul, 2004

* Nepal MK, Wright CS. *Manual of Mental Health for Community Health Workers*. 2nd English edition. Kathmandu: Health Learning Materials Centre 1990.

Prefaces

This useful book is designed to help primary care workers understand mental health problems, and how they can be treated. The acknowledgements indicate the wide range of people the author has consulted, and this has resulted in a very broad-based book. The author is primarily trained as a social worker, but has included not only much wise material on family social and cultural care, but also helpful detail on the usual patterns of psychiatric care. The book is aimed primarily at the Afghan culture but there is much in it that is relevant to a wider community if the reader adapts the material to their own culture as they read.

One of the most useful aspects is the wide range of topics covered. Mental health problems from childhood to old age are examined, and subjects discussed extend from the major mental illnesses to important topics like stress and bereavement. The language is clear and the format easily readable.

It is well known that there is a world shortage of mental health workers, and that large areas of the world have very little mental health care. Experts in the field are uniting to attempt to rectify this situation, but it may take many years of hard work before enough personnel are available. Hence this book, which can be understood by lay people as well as those with some training, will provide real help in areas where very little skilled care is available. I add my prayers that the book will be blessed by God, helpful to the needy patients and their families, and to those working in a new culture for the first time.

Marjory F Foyle MB.BS, MD, FRCPsych, DPM, DRCOG.
Consultant Psychiatrist
London, 2004

Dear Reader,

it is not an easy and simple task to write an article, thesis or book with the aim of explaining complicated scientific issues in simple language for lay people and professionals.

Fortunately, someone has produced a well-written book for the benefit of all those Afghan patients whose regrettable condition has been and still is ignored. I refer to the "*Practical Guide to Mental Health Problems*" written by Sian Hawkins, a social worker at Herat Primary Mental Health Project, a project of IAM.

Although I have not met the writer personally, yet I feel in my heart and mind her deep concern for the needs of Afghan people. I am encouraged that in spite of the difficult situation that still exists in our destroyed country, someone has come from a distant country to work for the poorest, most oppressed and forgotten people in order to praise Almighty God.

The writer of this book has explained the most important and essential parts of mental health problems in a very good way that helps the reader to acquire up-to-date knowledge without intimidating them using difficult scientific language.

In my opinion, I have done my best to put across the meaning of the book in a way that the author would have liked, as I was concerned not to underestimate the difficulties, sleepless nights and anxiety that Sian Hawkins endured during the writing of this the book.

Dr Al Haji Nader Alemi MD, MA Neuro-Psychiatrist
Director of Neuro-Psychiatric Hospital in Mazar-e-Sharif
Mazar-e-Sharif, 2004

1. Introduction

Definition of Mental Health

To be healthy means to have good physical health, but also to have good mental health: to have a general sense of well-being and to be able to deal with the difficulties that we find in life without too much distress. Most people in Afghanistan recognise that others suffer with mental health problems. Many people would even recognise that they themselves have difficulties but are not sure how to deal with these problems.



Mental Health Problems in Afghanistan

Every country in the world has people suffering with mental health problems, whether the country is poor or rich, many people find difficulty in coping with the different stresses that exist or different life circumstances, and

so mental illness is not limited to one place in the world.

Afghanistan has gone through a great deal of internal struggle and conflict. Many people have lost family members through fighting, others have been wounded and seriously injured by mines. The stresses and strains of poverty, drought and conflict have all added to the number of people experiencing mental distress.

Alongside this Afghanistan has its share of people suffering with mental health problems that may have a physical cause as well, and so there are many people, throughout the whole of the country, that have mental health problems for many different reasons. Both men and women suffer, but in this book I will refer to a mentally ill person as 'he'.

Treatment of Patients

At the moment, Afghanistan has no proper facilities for treatment of mental health problems. There are many areas where psychiatrists cannot be found, and most doctors have not had training in aspects of mental health. Most people try to care for those family members who are ill by taking them to a local doctor, or taking them to a local Mullah.

Sadly, most people are not aware that mental illnesses can be treated, improved and cured. Some with medication and many with following the practical advice given in this book.

Generally people do not know what causes mental health problems, and so they do not know if someone will get better, or what to do to help someone in distress. Some people believe that 'spirits' cause mental illness, others that the 'evil eye' can cause mental illness. It is for this reason they take an ill person to the Mullah who may pray with the patient to try to help.

If a person's behaviour is very difficult, then he may be tied to a tree or locked in a room in the house, as his family does not know what to do with him. Families may be ashamed that someone is mentally ill, though it is never someone's 'fault' that he has become ill.

What is Mental Illness?

What Does Mental Illness Look Like?

We all have emotions in which we feel sad, angry or upset at times. These are normal and are a reaction to life circumstances. If a child dies it is natural for his parents to be sad for some time until they get used to the loss of their child. We all experience events in which it is natural to be sad; equally, we may all at times feel upset or angry about an incident. This is natural and normal; someone crying because he has heard bad news is not mentally ill.

There are many different types of mental illness that take many forms. It is not possible to say 'all mentally ill people are like this' because that is not true. There are different types of mental illness with different causes.

Types of Mental Illness

Mental illness may affect a person in different ways:

Physically

A mentally ill person may have changes in his body - that is he feels pain or has physical symptoms of discomfort that have no physical cause when the patient is examined. Or the mentally ill patient may have changes in the way that he sleeps. He is unable to sleep well and does not feel rested when he wakes up in the morning. A mentally ill patient may lose his appetite and not enjoy what he eats, losing weight. He may also suffer with diarrhoea or constipation.

Mentally ill patients may lose interest in sex with their husband or wife, or their desire may increase to a level that is unacceptable for their partner.

Psychologically

- **Emotions.** These are a normal and natural part of everyday life. To feel happy or sad, angry or upset, peaceful or restless are all normal feelings and emotions and are common as a reaction to events or circumstances or to our own thoughts. However, if a person is permanently sad or angry, depressed or anxious, with no obvious cause, then this can be a sign of mental ill health.
- **Talk and thinking.** The patient may talk too much and without need, or he may talk very little or not at all. His talk may be nonsense and may express strange ideas or false beliefs that others do not agree with. For example the patient may say that he is the President and that others are trying to kill him. These false beliefs are called delusions.
- **Perception.** If someone is mentally ill, he may hear or see things that are not there.

He may hear voices, telling him to do things, sometimes they may scold him or threaten him. This may make him argue back to the voices so that other people see him talking to himself. When someone perceives things that are not there, these are called hallucinations.

- **Memory.** If someone becomes forgetful, he cannot remember recent events such as the last few days or weeks. This can be a sign of mental illness.
- **Intelligence.** This is a person's ability to learn and understand things and then to use the things that he has learned. If a person's brain is damaged, his intelligence may be less. The person may not be able to do quite simple tasks or make decisions.
- **Level of consciousness.** We measure a person's level of consciousness by how alert and awake he is. A person is unconscious if he cannot be woken up, or does not respond to commands or pain. The patient may not be unconscious but may have a 'lowered level of consciousness' - that is, he is confused and sleepy and cannot answer questions well. His memory may also be affected.
- **Behaviour.** If someone's behaviour and habits change, this could be a sign of mental ill health. If he starts to neglect his appearance, or stop washing himself so that he looks dirty or different, this can show he is suffering with a mental health problem.
The person may become quarrelsome and difficult; sometimes his behaviour may be rude and unacceptable. For example he may:
 - go out without wearing proper clothing
 - not show respect to elders.

A mentally ill person may have had a good relationship with someone, but now he may behave badly toward the other person. He may quarrel with his work colleagues or neighbours, or stop taking any interest in, or show love for his family and children. He may not always want to be with others, and he may want to be on his own all the time.

Mental illnesses are caused by different things, and there are different types of mental illness. They affect people in different ways, some are severe, some are milder. There are three common types of mental illness and these are:

1. **Psychosis.** This is a severe kind of mental illness.
2. **Neuroses.** These are usually milder kinds of mental illness and there are different kinds:
 - Depression
 - Anxiety
 - Hysteria.
3. **Others**
 - Epilepsy
 - Mental retardation
 - Other childhood mental problems
 - Drug misuse
 - Post-traumatic stress disorder.

What Causes Mental Illness?

Mental illness can have a number of different causes:

- **Physical damage.** Sometimes if the brain is damaged, this can cause someone to act differently, or not be able to learn as he should (see chapter 2. Brain and Behav-

ious). The brain can be damaged through a number of different ways: through poor food, through physical damage caused through an accident, through violence in the home, through misuse of drugs or through some diseases. All of these things could cause some mental health problems.

- **Stress.** Sometimes people become mentally ill because the amount of difficulties that they have to face are too difficult for them to cope with at the time. They are under such pressure that for a while they cannot cope with all the problems that they have, and so may develop mental health problems as a result. The stresses include having money problems, conflict and violence within the family, illness, the death of family members, war and no viable livelihood. One or more of these problems can lead to mental health problems.
- **Avoidance.** If people are particularly upset about something, they may develop behavioural problems as a way of dealing with the issue, so they do not have to think about it or deal with it. This way they can avoid talking about the problem, but it does not help them to get over the difficulties or the particular problem that they face.
- **Genetic factors.** Some people have mental health problems because they were born with them; mental retardation especially may be caused even before the baby is born. Some mental illness, such as schizophrenia, may develop later when the person is grown, but we say that they have a 'vulnerability' for it, perhaps their parents or another relative have the same mental illness.
- **Childhood experience.** If people have experienced an unhappy childhood, if they

have not experienced love and affection, suitable guidance, encouragement and discipline, this can lead to mental illness in later life.

Treatment

Some mental illnesses can be treated. Those caused by physical damage cannot often be put right again, however, there are different forms of therapy that can help. Many other mental health problems can be helped in different ways.

- **Counselling.** If someone can go to speak with a person that he trusts and respects, who will listen to him, and help him work through the problems and difficulties that he has, this can help someone suffering with depression, grief, hysteria, trauma or many other problems.
- **Medication.** If the patient is ill due to a chemical imbalance in the brain (for example psychosis), this must be treated with medicines. If the cause of the illness is due to something going wrong in the body (for example epilepsy), this should also be treated with medicines. Moderate or severe depression is another common problem for which medicines are indicated.
- **Rehabilitation.** Sometimes counselling and medication can help but not completely 'cure' the ill person. Then sometimes rehabilitation can help the person live a useful life, even if he is unable to look after himself completely. Often doing simple tasks and being able to help with repetitive things around the house enables someone to be a help to his family, even if he needs someone to look after him.

Sometimes there is little that can be done, but for someone to understand what is happening to him or to his family member is helpful to him, and helps him cope better with his

problems. If a family understand, for example why their father is sick, it may help them to overcome any shame or guilt that they feel about his illness.

2. Brain and Behaviour

What is the Brain?

The brain is the organ in our head, which is in control of everything that goes on in our body. It takes care of our movements, our thoughts, it controls the hormones that our body produces, and enables us to breathe without us even thinking about it. It is a remarkably complicated thing, and it even affects how we talk to and behave with other people. It is a very important part of the body.

All of these processes, thinking, feeling, doing and hormone production are helped by different chemicals produced in the brain. These chemicals help information to be transmitted from one place to another, which enables the thought or action or feeling to take place. Sometimes too much or too little of these chemicals are produced and this can have different effects upon what the brain does, such as what we think or feel or do. Different parts of the brain are responsible for different things. One part of the brain is responsible for the way we think, another is responsible for our emotions, a third part of the brain is responsible for our movements.

How Does the Brain Develop?

Whilst a baby is growing and being formed, his brain is beginning to develop the ability to take control over body and behaviour of the child. However, to develop properly the brain needs all the right food. Protein is particularly

important and if a shortage occurs, this can stop the brain from developing properly even before the baby is born. So, if a mother does not eat properly when she is expecting her baby, then the baby's brain could be affected. This will affect him for the rest of his life.

As the baby grows, the baby 'learns' about his surroundings, who his parents are, how to eat, and then how to move about, and eventually, as the baby grows, he becomes independent. Whilst the child is still young, the brain still needs the necessary food for him to continue to develop. So, if young children do not receive enough food, this can affect their ability to learn, to care for themselves, and may affect their behaviour depending on the part of the brain that has been starved of the right food. This is very important in a child's first two years of life.

How Does Behaviour Develop?

When a child is born, his brain is very immature and the baby can only do the basic things it needs to survive such as sucking, swallowing and crying. He is completely helpless and is entirely dependent on his family for help at this time. As the child grows, the brain begins to develop. The physical skills that a child needs are learned and the brain develops to help the child use these. Also the child learns about emotions, what it is to feel happy or sad, and he learns how to cope with these feelings as well. As the child grows the family

has an important part in teaching him how to do things, how to dress, how to behave politely, and what are acceptable things to do.

As children grow, they start to play together; and together they learn how to play difficult games, how to share, how to fight, and how to be friends. They learn from each other and from the adults around them what is appropriate behaviour such as how girls are expected to behave and how boys behave. They learn in their culture what is acceptable behaviour.

Therefore, the development of behaviour depends on three factors:

1. The **physical characteristics** of the child such as his age, what food he is eating, his genetics, and any brain dysfunction that may occur.
2. The **psychological factors** of the child such as his personality, his emotions, his mood whether he is happy or sad and his attitudes to life.
3. The **rules shown to the child** by his family, by the society and culture in which he lives.

Abnormal Development in Children

If a child is behaving abnormally, that is, his behaviour is not right for his age, or he is behaving in ways that are not socially acceptable, it is important that you take time to discover why this might be. The child could be brain damaged due to poor nutrition, and so

has not learned how to behave, equally his family, seeing that he was a slow learner may not have spent time teaching him how to behave properly because it is harder work.

The child could have suffered physical brain damage due to an accident, and that may have affected his ability to learn or his ability to perform actions.

Also a child that becomes very angry and violent, even past the age of three, when this can be expected, may not have a physical problem. However, he may have seen a lot of violence within the family home, and has not learned how to control his temper because he has not received guidance from his family.

A child that is from a different area may behave in a way, which seems strange because that is the custom from his home area and is not due to any mental health problem at all.

Finding Out About Behavioural Problems

If someone is behaving in a way, which seems strange or inappropriate, it is important that you spend time talking to the person or his family, to try to find out the cause of the problem. It is important, not to jump to conclusions, to talk with the person himself or someone who knows the person well. From speaking with the person you can learn much about his experience, his intelligence and his understanding, which will help you find out the cause of the difficulty.

3. How to Talk to Mentally Ill People

Often members of the community or a family do not know what to do or how to behave when someone they know becomes mentally ill. They understand little of what is wrong with the ill person, and they do not know how to respond to him. Others in the community may be afraid or scared of the mentally ill person. Or they may be angry or blame the person for doing something evil and causing the illness. In some cases, they lock the person up or treat him badly.



A person with mental illness may seem like he does not know that anyone else is in the room, for example he will not talk or look or move. However, often he is watching and listening to what is going on around him even though he is not moving.

A mentally ill person's thoughts and feelings can be very frightening to him. Even if the mentally ill person does not appear to feel badly about his mental illness, he does. But because of the illness he is not able to show or

talk about how bad it feels himself. He may be very upset by his thoughts and the change in his behaviour. Going to a place with which the person is not familiar can cause the behaviour to get worse.

If someone is mentally ill, it is important that you are able to understand him and are able to communicate with him as much as possible. This will of course vary depending on the nature of the problem. Some people, although suffering with mental health problems, are aware that they have a problem and need help. Others may insist that they need a specific type of help. All of them are able to tell something of your reactions and responses to them, and from this will decide whether they can trust you or not. Do you really want to help the patient? Are you concerned and interested about him? How can you communicate this interest to him?

How to Build a Relationship with a Mentally Ill Person

When talking to someone with mental illness it is important that you remember he is feeling confused, anxious and frightened, and has some understanding of what is going on around him.

1. When talking to the mentally ill person, stand in front of him and call him by name.
2. Speak slowly using simple words and gestures.



3. Only ask one question at a time.
4. Watch the person's eyes, if he quickly looks at you and then looks away, he probably heard you.
5. If the person does not answer after a minute, ask him to nod his head or signal that he has understood. Sometimes you must repeat the question many times to get a form of response.
6. Be patient.
7. Encourage the person in whatever you are asking him to do.
8. Do not argue with a person with mental illness, it will do no good, his ideas will not change. It will upset him more and he will no longer trust you.
9. Tell the patient you understand him and reassure him of your interest in his difficulties
10. Show that you are listening to him, nod in response to his comments and show understanding.
11. If the person is trying to answer but has difficulty understanding the questions, stop. Try to talk about something that you

can both see near by to ease the tension for a short time.

12. Try to recognise how you are reacting to the person and try to change your reactions if they are not helpful. If you show trust, respect and concern for your mentally ill patient, he in turn will trust you and follow your advice.
13. Talk to his relatives and those who have come with him, but listen to the patient, ask only what is necessary; if you have personal questions to ask, then do these without the family present.

How to Find out About a Mentally Ill Person's Problems

We can tell a lot about the mental health of a patient from his appearance, behaviour, talk, mood, perceptions, understanding of the world around him and his own insight. You do not necessarily need to ask questions from the ill person about these areas, but you can observe him and his responses whilst you are asking him the questions below to find out about his specific problem.

1. **Appearance:** Is it normal? Is the person dressed properly and clean or has he neglected himself? Does he look very sad?
2. **Behaviour:** What is his behaviour like? Is it normal, strange, overactive or restless?
3. **Talk:** Does the patient talk in a normal way, at a normal speed and using normal words? Does he say strange ideas or has false beliefs? Can you understand him?
4. **Mood:** Does the patient feel unhappy and depressed? Does he have other feelings

related to his mood, for example if the patient is depressed, does he feel suicidal?

5. **Perception:** Does the ill person have hallucinations?
6. **Orientation, memory and intelligence:** Is the patient of normal intelligence? Does he know the day, the date and where he is? Can he remember the events of this week and of 5 years ago?
7. **Insight:** Does the person understand he is ill or not?

While you observe the patient, ask the following questions because you need to find more details about the specific problems that the ill person is facing. Ask simply 'what is the matter?' and see how he describes his current problems. You can check with the relatives their thoughts on the problems afterwards.

1. Ask him how and when the symptoms started to develop.
2. Ask if there was anything that happened before, illness or stress or trouble, or at the time the symptoms started.
3. Ask if the illness has been continuous or whether it was better at times.
4. Ask how severe the symptoms are: how they affect the patient's daily activities, his work and his bodily functions such as sleep or appetite.
5. If you think the problem might be depression, then it would be good to ask questions around other symptoms, to see if you can confirm this (see chapter 4. Neurosis).
6. Ask the ill person if he has been ill like this in the past or had other mental health problems.

7. Ask the ill person if any of his relatives had a mental illness.
8. Ask what treatment the ill person has already received.
9. Ask the ill person about other family members, if they have good relationships, and if the family is supportive to him.
10. Ask the ill person what sort of person he was before the illness, if he was calm or bad-tempered, happy or generally sad.
11. Ask the patient if he has thought about killing himself. It is good to know if the family has to be able to take precautions to stop the ill person from doing so (see chapter 15. Suicide and Self-harm).

How to Show the Mentally Ill Person Respect

Even a mentally ill person can understand your reactions and responses to them. To try to show the person that you are concerned about him and you are interested in him you should:

1. **Listen carefully to them.** Give them opportunity to express their problems themselves, as fully as possible, and with few interruptions.
2. **Look at the patient,** if appropriate maintain eye contact as much as possible.
3. **Respond to what the person says,** verbally ('Yes, I understand') and non-verbally (e.g. nod your head). The person must know that you are listening carefully.
4. **Do not say that you are in a hurry** or that you do not have much time. You must be sensitive to the emotional distress of your patient.

5. **Do not criticise or laugh at your patient;** do not joke about his symptoms or strange behaviour.
6. **Try to understand** what the patient is saying and do not deny his experiences.
7. After the patient has spoken of his problems, talk to his relatives and those who have come with him. If there are differences between what the patient says and what the relatives say, point that out to the relatives and ask them to explain more fully.
8. If you have asked the patient very personal questions, keep the details of these confidential, do not discuss these with relatives or other people.

4. Neurosis

Depression

What is Depression?

Depression is a medical disorder. It can be seen when someone has feelings of sadness all the time, and these feelings last for a long period of time of at least 2 weeks. If someone is depressed he can have a mild form of depression or a severe form. Both forms have similar symptoms, but severe depression has a greater impact upon the person's ability to manage his life. A person who is depressed is not lazy; he is not weak or stupid. He is ill and needs help to get better. Many people in Afghanistan suffer with depression.

What Causes Depression?

There are many different factors that can contribute to depression.

- **Life stressors** such as someone's death or a sudden change in lifestyle. People, who have to move away from their home to look for work or to try to find food, may suffer such stresses.
- **Illness**, which can affect a person's mood and how they feel, an infectious disease such as influenza or hepatitis or other long term medical conditions.
- **Side effects of medication.** If a person is taking a medication regularly, sometimes the medicine produces a low mood in the

person: for example methyl dopa or prednisolone.

- **Other factors**, which can contribute such if other people in the family suffer with depression or following the birth of a child or menopause. Even changes in the weather can cause depression; especially when the weather becomes cold and dark and there is less sun.

How Do I Recognise Depression?

Depression shows itself in three different ways: through a person's feelings, through his thoughts and through physical problems:

- **Feelings.** Depressed people feel sad all the time and they no longer enjoy things that they used to, like going on picnics or to weddings. They feel hopeless about the future, and they may feel helpless and worthless as well. They may often feel tearful with no obvious reason.
- **Thoughts.** Depressed people tend to feel guilty and feel very negative about themselves. They may have poor concentration and their memory is affected. Sometimes they think about dying or trying to kill themselves.
- **Physically.** Depressed people may become slow or they may become agitated. They may feel tired all the time and lack energy. Also they may have sleep problems. People who are depressed may start to eat differently, either eating much more or eating

much less and losing weight. Often they complain about physical symptoms such as body pains or headaches (see chapter 11. Somatization).

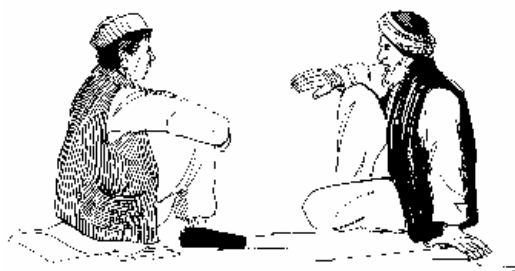
The severity of depression depends on how it affects the person's ability to cope with life. If the person has some of the above symptoms, but generally is able to continue with his life, then the depression is mild. If however, his daily life is affected and he cannot carry out routine activities or has difficulty working as usual, then his depression is severe. Severe depression may also show itself by not coping with family life at home such as his relationships with other family members or withdrawing from friends and social activities.

How Do I Manage Depression?

There are two ways of managing depression, the first is through the support of friends, family and community, and the second anti-depressive medication.

Support through Friends, Family and Community

1. **Identify factors that led to depression.** With a good friend or family member or someone he trusts, the depressed person needs to look at his stress and life problems. He also needs to examine how he thinks about the things that cause him stress, all the negative thoughts that he has about himself; and it would be good to look at how to prevent further episodes of depression.
2. **Find ways of tackling problems.** Discuss the depressed person's problems and look



at the different options that are available to solve these difficulties. Then make an action plan and timetable. The person should look at not only how will he try to solve these problems, but when will he try to solve them, so that he starts to take action. The depressed person needs help to look at what would be the positives of taking a course of action and what would be the drawbacks of doing this. Then together the depressed person and his friend can draw up an action plan and begin to do the things they have agreed. It is important that the friend helps the depressed person in sticking to his plan, in encouraging him, in helping him when he does not feel motivated and helping him through this phase.

3. **Do enjoyable things.** Look with the depressed person at what activities he enjoys doing. The idea is that the depressed person then plans to do at least one enjoyable thing each day. He should plan these activities into each day of each week, slowly increasing the amount of time spent on them. A friend or family member can help the person in trying to keep busy even when the depressed person does not feel like working or being busy, and a friend can encourage the depressed person to be with other people and family members.

4. **Change negative thought patterns.** Look at how the depressed person thinks about his situation, and consider how he can change the way that he thinks. How someone thinks is a very important factor in how someone feels. So the depressed person and his friend should look at the person's thoughts and see if the thoughts are true or not.

If the thoughts are not true, if there is no evidence to support that thought, then the person must think up an alternative thought that is more positive. The person must think of other possibilities for his situation. The alternative thought should be opposite to the unreasonable belief, and it should be realistic. There can be more than one alternative thought for each negative thought.

For example changing:

- *'I will always feel this bad and I will never be happy again.'*
to
'These feelings will not last forever. With help I will feel better in a few weeks.'
- *'My mother-in-law hates me.'*
to
'We don't get on so well, but with time the situation should improve.'
- *'Things always go wrong for me.'*
to
'Things have gone wrong for me in the past, but that doesn't mean that they always will.'

Treatment with Antidepressive Medication

With mild depression supportive treatment is often enough to bring people out of their de-

pression. However, if the depression is severe or if support therapy alone does not help, then medication is usually needed. Commonly prescribed antidepressants are amitriptyline (see pages 72-73) or imipramine. These are often effective, but it is important to remember that:

1. **Antidepressant medicines have side effects** that may last for 7-10 days before an improvement is seen. Because of side effects, the medication is often started with a low dose, which is increased after about one week.
2. **Improvement may take between 2-4 weeks**, but medication should be continued after this time. The person should continue with the same medicine and not change unless told to do so by their doctor
3. **The drugs should be taken continuously for at least six months** after the initial improvement and should not be stopped without the doctor's approval.

A person's friend or family member can help in making sure the depressed person takes the medicine as and when they should. If a person is at risk of suicide, the medicines should be stored out of reach of the patient.

Manic Depression

What is Manic Depression?

Manic depression is also a medical disorder, in which the person is very happy. It is of course normal for people to feel happiness, but if someone continues to be overly happy, despite problems and difficulties, he might be

suffering with 'mania'. This disorder is often accompanied by periods of depression, so the person goes through a time of being very positive, happy and busily active, and then he may go through periods of low activity and acute sadness afterwards.

What Causes Manic Depression?

There is no specific single factor causing manic depression. Like normal depression it could be due to a variety of causes, but it is also likely that if a family member suffers with it, that a person may develop manic depression.

How Do I Recognise Mania?

There are three main symptoms for mania:

- **Feelings.** The manic person has a very happy and optimistic mood, he may laugh a great deal, or he may make others laugh. Sometimes he may be easily irritated and angry.
- **Physical.** The person is very active; he sleeps little and may continue in this way until he is physically exhausted. In this way manic depression can be dangerous because the manic person drives himself, or keeps on doing things until he is completely exhausted and this can in extreme cases lead to death.
- **Talk and thinking.** The manic person may think he is very important and very capable. In advanced mania, the person may believe that he is a very important religious or political person. The person speaks very quickly, jumping from idea to idea, without



finishing what he is saying. If the person has severe mania, then it is not possible to follow what he is saying or understand him.

A period of mania may only last for a few days but in the worst cases, if left untreated, it goes on for months and the patient can die from exhaustion or accident. Sometimes someone may become manic only once in his entire life, but it is more likely that there will be several episodes with intervals of normal mental health in between. A manic episode can be followed by depression but that is not always so.

How Do I Manage Mania?

1. **Arrange medication.** If someone is suffering with mania he needs medical treatment, see below.

2. **Protect the manic person from himself**, as he may carry out decisions that would be harmful for himself or spend all his money or has accidents.
3. **Do not try to argue with a manic person** because he does not realise that he is ill, and in his manic state, he believes that all others are wrong. However, if the patient is making a demand or talking about a difficult subject, then you can distract them from the topic of conversation; he is easy to distract in his manic phase.

The main problem is that the patient does not recognise that he is ill and so does not want to receive help, and this is the hardest task of the carer. To look after a manic person, to make sure he takes his medication, when the ill person believes that he is well.

Once the person is out of the phase of mania, he will be rational and able to do his work and cope with his daily life. Then is a good time to talk with him about the difficulties and look together at what may have triggered his manic attack and how to spot future attacks. If this can be done while the patient is rational, then it may help in the future.

Treatment with Medicines

Mania should be treated by a doctor with experience in mental health. The ill patient should continue with his medication until told otherwise. The person may need diazepam to help him calm down until antipsychotic drugs show an effect. Drugs used by psychiatrists are for example chlorpromazine, carbamazepine or lithium. It is important that the treatment is supervised by an experienced doctor. Sometimes a person suffering from manic attacks recognizes when they start and

what triggers them. This is the time when he should start taking medication to prevent a further manic episode.

Anxiety

What is Anxiety?

Anxiety is an emotional experience that is a normal part of life, in that everybody experiences anxiety from time to time in his life. There are basically two kinds of 'anxiety', one is **fear of a specific thing or situation**, the other one is an **unspecific feeling of anxiety**, where the person is not able to tell what the cause is.

Anxiety and fear are like an alarm system, which tells a person of danger and helps him to prepare either to flee from the danger or to fight. However, when anxiety and fear become a dominant part of a person's life, they are not normal signs anymore. They are not limited to situations where real danger exists, in which other people would also experience anxiety or fear. As feelings of anxiety and fear produce a chemical reaction in the body, not only do people experience the feelings of anxiety and fear, they also experience the physical stress-symptoms that go with them. It is then common that the person is so anxious that he is unable to carry out his daily activities.

This particular type of problem is very common in Afghanistan, and many people experience anxiety and fear, mainly due to the different very difficult circumstances that they have lived through.



What Causes Anxiety?

There are a number of factors that may influence the development of an anxiety illness:

- **Stressful life circumstances**, which involve a threat or which cause an inner conflict for the person.
- **The personality of the individual** plays a role as some people may have inherited a special sensitivity to anxiety and react more easily to tense or threatening situations in this manner.
- **Childhood experiences** are another factor: people who experienced safety and love as a child will be less likely to suffer from anxiety. Children who experienced early separation from a caretaker/parent are later more likely to develop an anxiety disorder.

How Do I Recognise Anxiety?

Anxiety can show itself in a number of ways:

Physical Symptoms

- The person will have tension in his muscles, which causes:
 - Feelings of restlessness
 - Trembling

- Inability to relax
- Headaches
- Shoulder and back pain.
- The person's organs will also be in distress and show:
 - Sweating
 - Heart will beat too fast
 - Dry mouth
 - Stomach discomfort
 - Dizziness
 - Feeling of constriction in the chest and breathing difficulties
 - Hyperventilation or over-breathing
 - Frequent urination.
- The person will also show symptoms of the nervous system:
 - Irritability
 - Poor concentration
 - Sensitivity to noise.

The person with an anxiety disorder does not have all of these symptoms but may experience some of them. The person may seek help for these symptoms not knowing that they are caused by anxiety but think that they have an organic disease or problem.

Apart from these physical symptoms, anxiety disorders can appear to be quite different.

Other Symptoms

- Some people with an anxiety disorder experience an **inner feeling of anxiety all the time**. They are unable to relate it to a specific worry and cannot say while they feel anxious. Apart from the presence of the physical symptoms, they worry a lot about small things. They cannot control the worrying. Their sleep is disturbed because of worries and they often have bad dreams.

Therefore they feel tired, they are apprehensive, tense and cry easily, although they may not be sad, it is just an expression of their worries.

This anxiety is an illness on its own. However, it can also be found in other mental illnesses, especially depression. You need to be sure, is it anxiety on its own or is it part of another condition?

- Some people experience **fear in certain situations**. The fear may start just by thinking about the situation. As a result, the person tries to avoid these situations. Examples of these might be: fear of lizards, fear in high places, fear of illnesses, fear in social situations where the person might be observed by others or criticised, fear when away from home, in crowded places, which can not be easily left or fear of the dark, of Jinn, etc.

People with this kind of fear experience the feeling of fear and the physical symptoms listed above.

- Some people experience **sudden attacks of fear with accompanying physical symptoms**. These attacks, known as **panic attacks**, can happen in any situation and they are not predictable. This means the attack is not caused by a certain situation. In the attack the person is usually afraid of dying (e.g. from a heart attack because of the sudden palpitations, the chest constriction and the breathing difficulties with the feeling of choking); some are afraid of going crazy. People who suffer from a fear of crowded places, from which they cannot easily get out, often experience panic attacks in such situations as well as fainting and loss of control.

How Do I Manage Anxiety?

It is important to bear the following things in mind when trying to help someone with an anxiety illness:

1. **Explain the nature of the symptoms to the patient.** Give reassurance that the physical symptoms are not dangerous and he will not die from them. The patient, when in the middle of an attack, could find something to prove that they are not about to die from a heart attack. This would then calm their thinking and help to reduce the physical symptoms.
2. **Advise slow breathing relaxation**, which helps to calm. This is, breathe in for three seconds, breathe out slowly for three seconds and then hold your breath for three seconds. Continue to do this for 5 minutes. The patient should practice this twice a day for 10 minutes, so that he is able to do the breathing exercise when in the middle of an attack. If the patient has started to hyperventilate and is unable to control their breathing, he should place a paper bag over his nose and mouth and re-breathe the air he has used. This will produce a physical change and will slow down his breathing. Signs of hyperventilation are very deep or fast breathing accompanied by a tingling sensation in the hands and face, dizziness and cramps of the hands
3. **Look at the different problems** the person faces, and see how solutions may be found to reduce the level of stress and anxiety in the person's life.
4. **Write down explanations** for the person because someone with anxiety disorder has difficulty concentrating. Alternatively, re-

peat explanations several times until you are sure he has understood.

5. **Advise those who suffer from fear related to certain situations that it is good that they do not try to avoid these situations**, but by gentle exposure continue to work at these situations until the situations become less stressful.
6. **Change thought processes** to ones, which are less likely to prolong the panic attack. For example from:
 - *‘My chest is hurting; I am going to die.’*
to
‘I am having a panic attack; I should slow my breathing down and I will feel better’.
 - *‘My husband is not back from the city, something terrible must have happened.’*
to

‘He is delayed and has not been able to send word. It is very unlikely that something terrible has happened.’

Treatment with Medicines

Someone suffering with an anxiety illness is in danger of abusing medicines (for example diazepam or other benzodiazepines) or drugs to try to control their feelings of fear and anxiety. However, most of these medicines cause dependence when used for more than 2-3 weeks. Therefore, they should only be prescribed by a doctor. Antidepressants like amitryptiline are helpful in severe anxiety disorders at a similar dose as for depression. They can increase anxiety in the first few weeks of treatment. This need to be explained to the patient and additional diazepam may be needed for 1-2 weeks.

5. Epilepsy and Dissociation

Both epilepsy and dissociative symptoms (hysterical fits) are very common in Afghanistan. We have included them together because although they are very different, they are often mistaken for each other. Epileptic seizures can look similar to dissociative fits. Their treatment is completely different. Patients with epilepsy need to be taken to the doctor, and it is very important for them to get the right medication.

A dissociative disorder belongs to the group of somatization disorders (see chapter 11. Somatization). Epilepsy is not a psychological but a neurological disorder. This means that the reason for the illness is damage to the brain and not in the emotions of the person. However, people with epilepsy can also have emotional problems, including dissociative symptoms.

Epilepsy

What is Epilepsy?

Epilepsy is a physical illness of the brain. In the brain, a number of chemical and electrical processes take place at the same time. Through these processes the whole body is controlled (see chapter 2. Brain and Behaviour). In epilepsy, electric activities in the brain suddenly become disordered and act independently. It is a bit like a sudden flash of lightning in a blue sky or like an electrical

explosion in the brain. Such an electrical explosion leads to temporary dysfunction of the brain. This may cause the person to lose consciousness or may not.

In epilepsy, these electric eruptions happen more or less regularly. Some patients have epileptic seizures several times every day; others may have them only once or twice a month.

What Causes Epilepsy?

There are different possible causes:

- **Brain damage during birth or in early life**, for example from lack of oxygen or severe jaundice.
- **Serious brain infection** in a child or an adult person, which leads to a scar in the brain.
- **A tumour or hydatid cyst of the brain.**
- **A head injury** with serious damage to the brain may lead to epileptic seizures and a scar may form in the brain.
- In many cases the reason for epilepsy is **unknown**.

How Do I Recognise Epilepsy?

Epilepsy varies depending on where the electrical eruption takes place. It is usually necessary to ask from the person's relatives exactly what happens when an attack takes place, as the patient himself often does know

what happens. This is because his level of awareness is altered during the attack or he may even be unconscious.

Generalised convulsions, which are the most frequent form of epilepsy, have five phases:

1. Not every patient experiences the first phase, but it can start from several days before an attack, or just one hour, and is characterised by increased irritability, restlessness, dizziness, headaches and feeling sad.
2. The second phase may also only occur in some people. It happens immediately before the attack and lasts for only a few seconds. The patient can remember it afterwards and experience it as 'lightening' in the eyes or a sudden turning of the eyes to one side or as difficulty in speaking or possibly as a strange feeling in the stomach or another part of the body.
3. Phase three is as the actual attack starts and the patient has altered awareness. He drops to the floor, sometimes with a loud cry, and may hurt himself in the fall. He may fall into a fire or into a water pool etc. On the floor his arms and legs are stretched out, the head reclined to the back. The patient is not breathing any more and his lips become blue. This phase lasts for about half a minute.
4. The fourth phase lasts for about half a minute up to two minutes. The patient now starts to convulse, this means that he is jerking his arms and legs. Sometimes he foams at the mouth. Often the patient bites his tongue and blood is found in the mouth. Sometimes the patient passes urine or stool during this phase.
5. The fifth phase appears like a normal sleep. The convulsions have stopped suddenly

and the patient may now sleep for hours. Some are not sleeping but they are also not really awake, they seem to be confused.

Occasionally the patient may not wake up and suffer several attacks. This is called status epilepticus and is very dangerous because of the risk of brain damage.

The patient cannot remember phases 3 to 5 but may know a little about the attacks because people watching have told him. This type of seizure is a form of epilepsy where the electric eruption is spread over the whole area of the brain at once.

Sometimes the electric activity may start off in one part of the brain and then move to the whole brain. These seizures appear to be different at the beginning, in that the jerking is located to one part of the body. The patient is still conscious at this time, but as the electricity spreads to the rest of the brain the seizure takes the normal course and the person loses consciousness.

There are **other forms of epilepsy**. In these, the patient does not become unconscious but his consciousness is confused. Usually the patient does not remember the attacks afterwards. The duration of an attack is normally just a few seconds, as an exception the attack would take a longer time.

The following are different forms that seizures might take:

- The patient turns his head and eyes to one side and lifts the arm of the same side.
- The face of the patient is grimacing and one hand jerking; the jerking might involve other parts of the body.
- The patient experiences a strange feeling in

one part of his body (e.g. pain, tingling or numbness).

- The patient is doing strange things like fiddling around, moving objects without purpose, smacking his lips. The attack itself lasts only a short time. It might be preceded by a short moment where the patient feels somehow strange, e.g. as in a dream. After the actual attack, the patient appears to be confused and needs some time until he knows completely where he is.
- In children, some special kinds of seizures can be found: for example brief jerking of some muscles, then sudden dropping to the ground, or very brief attacks where the child seems to be absent. Sometimes the child passes urine spontaneously.

Dissociation (Hysterical Fits)

What is Dissociation?

Dissociative symptoms are physical symptoms caused by emotional problems. This means emotional stress is expressed through the body. Therefore dissociative symptoms are due to somatization (see chapter 11. Somatization). Remember that the patient does not produce symptoms deliberately and that there is a serious cause for them. In earlier times dissociative disorder was called 'hysteria'. Although it is true in Afghanistan that women tend to suffer with these symptoms more than men, men will also suffer in this way too.

What Causes Dissociation?

A person who experiences a psychologically stressful situation can develop dissociative symptoms. Such stressful experiences can be the loss of something or somebody. In times of armed conflict people suffer increasingly from dissociative symptoms.

How Do I Recognise Dissociation?

Often dissociative symptoms look similar to the symptoms a friend or a relative is experiencing during a real organic illness or the symptoms that are remembered from an earlier sickness of his own. Therefore, patients with a dissociative disorder might present with a kind of attack that looks similar to an epileptic seizure. The more the patient knows about medical diseases or the closer his contact to somebody with this respective illness is, the more similar his symptoms appear to the physical disease.

Typical symptoms of dissociative disorder:

- **Paralysis.** One arm or leg (or both arms, both legs and one other limb) is completely paralysed.
- **Gait disorder.** The way the person walks might appear strange.
- **Tremor.** This kind of tremor is large and obvious and often involves the whole limb or the head or even the whole body. The tremor becomes worse when attention is drawn to it. (There are different illnesses of the brain that also cause a tremor. A doctor should be able to tell the difference)

- **Difficulty in speaking.** The patient loses his voice completely or partly. This state can last an hour or more.
- **Deafness.** The patient cannot hear for some time or hear everything as if from far away.
- **Blindness.** The patient cannot see any more for a certain time or things appear differently than before.
- **'Throat blockage'.** The patient has the impression that there is something in his throat that should not be there. These patients usually are afraid of having cancer.
- **Sensory symptoms.** The patient cannot feel a certain part of his body, mostly a limb. The feeling might only be reduced, or the limb might feel colder or hotter than normal.
- **Memory loss.** The patient loses his memory for a period of time; he cannot remember what he did. During that time the person might wander around, e.g. go to the bazaar but not knowing for what purpose. When he comes back, he has forgotten what happened. These phases of memory loss might take a few hours or even some days. The person then also forgets who he is and might not even remember his name. But usually he finds his way around and does not get lost.
- **Stupor.** The patient might appear to be unconscious or not moving. This might take a few minutes, hours or even days. If you observe the patient carefully you can actually see that the eyes are sometimes moving.
- **Dissociative 'attack'.** This condition gets easily confused with epilepsy. The patient falls to the ground but never into a fire or into the water (perhaps nearby but not

actually in). Usually there are no serious injuries. The person might then have a kind of convulsion, but the jerking of the muscles is not so regular or as rhythmical as in epilepsy. There is no biting of the tongue and no loss of urine. Often after the jerking of the limbs is over, the patient is in a state of tiredness and cannot speak for an hour or more, though he can hear others talking around him. The patient can usually tell what happened to him during the attack. Because in an unconscious way the patient wants to draw attention to his distress, he suffers these attacks only when other people are around.

How Can I Distinguish between Epilepsy and Dissociation?

Factors pointing to epilepsy:

- Tongue biting
- Urine loss
- Loss of consciousness
- Injury during the attack
- Muscular jerks are regular/rhythmic
- Attacks are usually short, perhaps lasting a few minutes.

Factors pointing to dissociation:

- No tongue biting or bleeding in the mouth after the attack
- No urine loss
- No real loss of consciousness
- No or only minor injury during the attack
- Muscular jerks are irregular
- Attacks are usually much longer, lasting from 30 minutes to a whole day

- Emotionally stressful situation or conflict
- The patient is often manipulative and seeks attention
- Patient may have some gain from being ill.

How Do I Manage Epilepsy

Treatment with Medicines

Medicines are very important and necessary. A good, cheap and widely available antiepileptic drug is phenobarbital (see pages 75-76). The medicines need to be taken every day, often for many years or even for a lifetime. Medicines should never be stopped abruptly. Usually it takes some time until the doctor has found the right dosage, and the patient may need encouragement by the family until the treatment has become effective. The aim of the treatment is that there are no more seizures because further seizures may cause damage to the brain, injury and damage to a person's social life. However, the medicine may only reduce the number of seizures and the length of time that they last. If one medicine does not help sometimes another medicine needs to be prescribed by the doctor, sometimes the patient needs to take a combination of drugs. But more than 70% of all epileptic patients can be treated with a single drug.

Advice to Family

Encourage them to continue buying and giving medication even when the seizures have stopped. Without the medicine they will continue. Also the family should know that the person could live a normal and active life, can work and have a family.

The family and the patient should know:

1. **Epilepsy is an ordinary disease** like an ear infection or other illnesses. It is not caused by evil influences but by things like a scar on the brain. Epilepsy is nothing to be ashamed of.
2. **Epilepsy will get better with oral treatment. Treatment will take several years**, sometimes life-long
3. **Tablets must be taken every day.** If the patient forgets to take a tablet or stops treatment suddenly, he may suffer a fit.
4. **In the beginning of the treatment, the patient may feel drowsy.** This drowsiness will get better.
5. **Each patient needs a different dose of medicines.** It is not a sign of treatment failure if a patient suffers another convulsion after he started the treatment.
6. **Until the fits are controlled, the patient must not drive or go near water, fire and high places.**
7. **Teach the family what to do if the patient has another convulsion:**
 - Clear the space around the patient so that he does not get hurt.
 - Do not put anything in his mouth.
 - Do not hold him tightly.
 - After the fit, turn the patient on his side so that he will not choke.
 - **DANGER:** if the convulsion does not stop after 5 minutes, take the patient immediately to the nearest health facility.

How Do I Manage Dissociation?

Medicines do not play an important role in managing this problem. The person who treats this kind of patient needs to be very sympathetic.

Explain to the patient what causes his problems. (For example: *'Because of emotional stress, your brain loses control from time to time and this affects your body and*

memory. This is not a dangerous illness, it will get better, but you need to train your brain and your muscles.')

Encourage the person to slowly, one step at a time, resume normal daily activities. Some people may have been suffering from these symptoms for a long time, and they especially need encouragement, regular support and reassurance that their illness is not dangerous. For patients with dissociative paralysis, physiotherapy is often helpful.

6. Psychosis

What is Psychosis?

Psychosis is a serious type of mental illness. In Afghanistan people with this type of illness may be called 'dewaana'. They have thoughts that other people do not have and experience things that other people do not experience. Usually they behave in a strange way, which is not acceptable. Locally people may believe that psychosis is caused by jinn or the 'evil eye', or when someone puts a curse on a family member. The patient himself does not believe that there is anything wrong with him.

In psychosis, the patient may be very disturbed. Sometimes the family ties him up to a tree or to a bed. The person may be taken to shrines for healing. There is however, a medical treatment for psychosis.

What Causes Psychosis?

There are two types of psychosis with different causes. These are:

1. Organic psychosis
2. Functional psychosis

1. Organic Psychosis

This occurs during certain physical illnesses or after the brain has been damaged. Illnesses that can cause organic psychosis are:

- Head injury
- Fits

- Acute infections (for example typhoid or pneumonia)
- Brain infection (for example encephalitis or meningitis)
- Excessive consumption of alcohol or the taking of certain drugs (steroids).

If a patient has organic psychosis, in addition to other symptoms of psychosis, he may show the following:

- **Being drowsy**, not able to respond to questions.
- **Being disorientated** and not knowing where he is or what day or month it is; or he may not recognise his family members. He may be confused and unable to answer questions sensibly. His memory may be affected.
- **Having visual hallucinations**. The patient sees things, maybe people, animals or objects that are not there. Sometimes this may be frightening for the patient.

2. Functional Psychosis

This is psychosis that is not caused by a physical illness. Causes of functional psychosis are:

- Family history of psychosis (a hereditary factor)
- Recent stress (a bereavement, examinations or some bad event)
- Childbirth
- Sometimes no obvious cause.

How Do I Recognise Psychosis?

Every community has a few people who are odd or different. Many people dress and act differently from their neighbours but they do the usual activities around their house and go to work or school. Although these people may always act a bit strangely, they do not have a mental illness. However, if someone's behaviour changes, in a very clear way, over a short or slightly longer period, then this is likely caused by a mental illness. In psychosis, there is a clear change in the person, in his behaviour, thinking and feeling. There may be no single symptom that is always present, but it is the **overall change** from his previous behaviour, which leads to the suspicion that he suffers from a mental illness. People with severe psychosis are easy to recognise, those with mild psychosis are harder to spot.

Specific symptoms

- **Speech disturbance.** The person speaks nonsense, he is not understandable and the sentences may be broken, with the person leaping from topic to topic without a clear chain of thought.
- **Delusions.** The person has false thoughts or fears that are not shared by anyone else. The psychotic patient may think that he is a rich or famous person, when really is not. He believes this despite all evidence to prove otherwise. The person may believe that others are trying to kill him; he may go to the police or to the village leaders about this fear.
- **Hallucinations.** The person may see or hear things, which are not there, or hear

sounds, which other people do not hear. Most commonly, the person hears voices talking about him or about other matters. He may respond to these voices by talking or shouting to himself. Visual hallucinations, which are common in organic psychosis are usually not found in functional psychosis.

- **Loss of insight.** This means that the person with psychosis does not recognise that he is ill and feels that his experiences and his behaviour are normal. He cannot understand why other people do not believe as he does, or why other people do not have the same experiences. He may blame other people for their lack of response.
- **Inappropriate mood.** The person's mood may be too high. That is the person is abnormally happy and talks too much for the situation (see mania, pages 14-16). Or the person may laugh or cry for no obvious reason.

Other Unspecific Symptoms

These more general symptoms are often found in psychosis but may happen in other conditions also.

- **Sleep disturbance.** The person may not be able to sleep and in his restlessness keeps others awake too.
- **Loss of interest in personal hygiene.** The person stops washing himself or his clothes etc.
- **The person wears strange clothes, does not wear appropriate clothes or may go naked.**
- **The person may be overactive, restless, too excited or running away; or the person may be withdrawn.** He may not want to mix with other people, and he may sit in one place for long periods of time.

- The person may be quarrelsome or abusive. He may scold, shout or be violent.
- The person's appetite and eating changes.
- The person may talk too much, all the time; or the person may not talk to anyone at all.
- The person may complain often of strange physical complaints.
- The person may be afraid or anxious for no reason.
- The person may stop working and he may be unable to cope with normal daily responsibilities.
- The person may lose interest in his family.
- The person may show socially unacceptable behaviour, for example:
 - not showing respect to elders
 - not wearing appropriate clothing
 - inappropriate behaviour towards women.

So, in psychosis there will be:

1. Abnormal behaviour
2. Recent change in behaviour
3. Change in personal habits
4. Disturbed social behaviour.

Psychosis Can Have Different Patterns:

- **Chronic psychosis.** This starts slowly, continues for a long time, does not alter and has no obvious cause. Chronic means that the problem continues for a long period of time, not that it is very severe.
- **Acute psychosis.** This starts suddenly, lasts for a short period and may have a clearly identifiable cause.
- **Recurrent psychosis.** This occurs in episodes of psychotic symptoms with periods of complete recovery in between.

How Do I Manage Psychosis?

Psychosis can be cured. It is very important to remember that psychosis is similar to other illnesses in that people can recover from it. As with any illness, the outcome with treatment varies with the severity and type of the problem. However, most psychosis patients can recover completely and return to a full, normal life style with treatment. If the illness has been very chronic, complete recovery may not be possible but there may still be significant improvement.

1. **Arrange medical treatment.** Medicines (chlorpromazine or fluphenazine, see pages 73-74) are very important in the treatment of psychosis. They help controlling the symptoms of acutely psychotic patients. In patients with chronic or recurrent psychotic symptoms, medicines can control the abnormal symptoms and stop or reduce their recurrence.

For example chronic functional psychosis usually starts at an early age, often without any precipitating factors and tends to continue and get worse if it is not treated. This type of psychosis is called 'schizophrenia'. This illness needs regular treatment, even when the person is much better.

Compliance with medication. Encourage the person to take the tablets every day (or to receive his injections at the prescribed intervals) and for a long period of time. It is important to check to see if the person follows the doctor's instructions when taking the medicine. Talk to the family or friends and find someone who will take responsibility that the patient does not stop his medication but takes it every day.



2. Help the person to return to normal activities. It is very important that a person who had psychotic symptoms returns to routine activities and work as he recovers from the abnormal symptoms in response to medication.

Household and daily activities. With encouragement by someone he knows and trusts, a person with severe mental illness can begin to assist with simple things like, making tea, loading a wagon or sweeping the floor.

Use daily activities in the home and neighbourhood to help the person with mental illness get well for the following reasons:

- Daily activities are very familiar and so are easier to do when thinking is not clear.
- Daily activities help the person to pay attention to real and not ‘crazy’ thoughts
- Daily activities provide a routine for the persons’ daily life. Often a person with mental illness acts as if he has nothing to do or to contribute to the family.

- Daily activities stop the person from acting out strange behaviours because he is concentrating on his activities.
- Daily activities help the person finish and succeed at something easy. This helps him to feel better about himself.
- Daily activities help others see the ill person as more ‘normal’.

Sometimes you have to ‘make up’ some work to be done by the person so that he is not sitting without doing anything for a long time. Such as preparing vegetables early for food, or get the person with mental illness to do washing up that has already been done. The ‘make up’ work should be simple and should be able to last at least 20-30 minutes. The work should also be something that is always done in the household.

Personal care activities. Remind the person with mental illness to bath, comb his hair and to change his clothes. These are routine activities that everyone does but often people with mental illness lose interest or have too much trouble thinking to be able to do them easily.

- The morning activities of getting up, going to the toilet and bathing should be done at the same time and in the same order everyday.
- Place the clothes beside the person so it is easy for him to put on the right clothes.
- Encourage and help the person to do these personal care activities even if he does not need to go out or has nothing special to do.

Indications for Immediate Hospital Referral

The patient should be referred to the hospital immediately if:

- **Suicidal risk.** In this case the person, because of his disturbed thinking and feeling, has shown a tendency to end his life by talking about suicide or attempting suicide (see chapter 15. Self-harm and Suicide).
- **Danger to others.** This is mostly seen in patients with acute disturbance in the form of excitement or in patients who are suspicious of others. A person is also a danger to others when he is carrying a weapon to protect himself, or if there is a danger of his losing control and harming others.
- **Organic psychosis.** If the patient has signs of organic psychosis, for example fever or confusion or changes in level of consciousness and memory or visual hallucinations, he should be referred to hospital.

About Restraining the Patient

The patient's family may try to restrain him and they may physically tie him with ropes or

chains, but this will make the patient more disturbed. If the patient's excitement is not severe and there is no immediate harm or danger to other people or the patient, then avoid restraining the patient, unless he is violent. Keep harmful weapons and drugs out of his reach.

How Do I Manage Psychosis after Childbirth

Psychosis after childbirth can occur. The woman may stay away from her family and not feed the baby. Her behaviour changes very quickly and she may also have strange thoughts that people are trying to hurt her or the baby. If left alone without help, she may harm herself and the baby. She should be taken immediately to the doctor with her baby. When psychosis is severe and the mother is at risk of harming herself or not caring for the baby, she may have to go to hospital. Another family member or friend may need to help care for the baby.

7. Mental Retardation

What is Mental Retardation?

Mental retardation or mental handicap is a delay or slowness in a child's mental development. The child learns things at a slower rate than other children his or her own age. For example he may move more slowly, learn to walk later; he may be late in starting to talk and in understanding what is being said to him. A child with mental retardation may learn quickly in one area but slowly in another area (mild mental handicap). For example he may be able to walk and run around but is unable to talk. Mental handicap ranges from mild to severe. The severely retarded child may stay at a mental age of an infant or young child and will always need to be cared for by others. The level of care needed depends on the degree of mental handicap. The mildly mentally handicapped child can care for himself when he is grown up.

Mental handicap is different from mental illness. People who are mentally ill may have normal to high intelligence and may be highly educated. Due to their mental illness, they may behave strangely or abnormally but they are like other people with illnesses. People with mental retardation may also behave in an abnormal way because they have not learned the correct way of behaving and need to be taught (see chapter 2. Brain and Behaviour).

What Causes Mental Retardation?

There are several factors that cause mental retardation:

- **Genetic factors.** There is a change in the genetic material that tells the body how to develop, these happen before the baby is born.
- **Social factors.** Lack of stimulation. If at least one parent has retarded intellectual functioning, or if the child grows up in extreme poverty, the child may become mildly mentally retarded because he misses the stimulation and teaching from his family and surroundings.
- **Factors during pregnancy.** The baby's brain is damaged before it is born. The first 12-16 weeks of pregnancy are the most important because it is during this time that the baby's main organs and systems begin to form.

Many events can harm a child's brain during its development:

- Certain infections of the mother, for example rubella or syphilis.
- Certain drugs or toxic substances used by the mother can harm the baby.
- X-ray radiation to the mother.
- Maternal malnutrition affects the growth of the baby.
- Certain illnesses lead to increased complications of pregnancy and can in that way cause damage to a baby's brain, for example maternal diabetes, mother's age under 15 or over 35 years, more than 6 previous children.
- Multiple births (having twins or more) can cause undernutrition of one or more of the babies and lead to mental retardation.

- **During birth.** The child may have a lack of oxygen, be injured or become infected all of which may damage a child's brain.
- **Following birth.** Young children remain vulnerable to factors causing mental retardation, especially during their first two years of life. Common factors are:
 - Chronic malnutrition (protein-energy-malnutrition) even if it is not very severe causes developmental delay and learning difficulties.
 - Shock, for example in diarrhoea with severe dehydration, or lack of oxygen, for example in pneumonia or during a convulsion can cause brain damage and mental retardation.
 - Brain infections like meningitis or encephalitis can cause permanent damage and may result in mental retardation.
 - Injury. Severe head injuries can result in damage to the brain. Child abuse, car accidents, being dropped whilst a baby are among the causes of head injury.
 - Iodine deficiency can cause cretinism (delay in both physical and mental growth). If the mother eats iodised salt in and before pregnancy this can help prevent cretinism.

How Do I Recognise Mental Retardation?

Generally, it is easy to recognise. The babies develop at a much slower rate than other children their own age. Mentally retarded children are slower to walk, to talk, to grab things and to retain information. They have difficulty learning and need help to get

dressed. Some mentally retarded children have particular facial characteristics.

Sometimes mentally retarded children may behave differently from others; this is usually because they have not learned how to behave and need more help in understanding and learning what acceptable behaviour is.



How Do I Manage Mental Retardation?

The aim in helping mentally retarded children is that they become as independent from others as possible. It is important to work with families of these children, to assist them in finding those things that the mentally retarded child can do for him or herself. The families need to be supported and encouraged, as they are the people caring for the child on a daily basis.

If the child has a mild mental retardation, then he would be able, with encouragement and

with supervision, to learn skills. This would include feeding, dressing, washing himself, assisting with work in the home, reading and writing. It is important that parents are patient with such a child, and if they persevere, the child will learn slowly.

Sometimes families may try to hide their child from the rest of the community, perhaps because they are ashamed, or because they are afraid their child will be hurt by the cruel word or actions of other children. Like all children, mentally retarded children need to play with others.

Families are also often concerned whether their child could ever be married and have children of his or her own. Although these children are slow in learning, they are still interested in love and sex. The level of retardation may affect the possibility of this occurring but the feelings and emotions remain. The child will need to be taught what is the acceptable way of dealing with these areas. In some countries, adults with mild to moderate retardation do get married and have children of their own.

Parents may be finding it hard to cope with the fact that their child is mentally disabled. The parents had hopes and expectations of what their child might be able to achieve in the future, or hopes of the child caring for the parent when he is older. Parents need time to go through these stages, which are similar to grief and bereavement in many ways (see chapter 13. Grief and Bereavement).

Treatment with Medicines

It is important to know that a child with a mental handicap cannot be 'cured'. There are no medicines that can alter the damage done.

Do not try to give a mentally retarded child medication to help him learn more easily. It will take time and patience to help the child learn, not medicines. It is common for parents to bring their child to the doctor looking for a medical treatment; it is at this time the parents should be encouraged to help their child learn, but need to know that the child will always learn more slowly than other children.

The greatest assistance that can be given to a family is to explain the possible causes, and to help them avoid having another mentally retarded child.

How to Avoid Mental Retardation?

As explained above, mental retardation can be caused by many different factors, many of which could be prevented. The following ways will help to avoid the birth of a mentally retarded child:

- **Before marriage.** If husband and wife are first cousins, there is a high risk that their children may be born with a genetic disease. This risk is small if both belong to different families.
- **During pregnancy:**
 - Provide good antenatal care to identify possible pregnancy problems early.
 - Provide good nutrition for pregnant women and avoid any unnecessary drugs or x-rays.
- **During delivery and baby's first month:**
 - The delivery should be supervised by a trained birth attendant.
 - Encourage early breastfeeding because it reduces newborn infection and malnutrition.

- During labour, the midwife should not try to make the delivery faster by forcefully pushing on the womb.
- **During child's first years:**
 - Immunise the child.
 - Ensure good nutrition.
- Identify and treat potentially disabling illnesses promptly. Good health care for sick children prevents disabilities.
- Create a safe environment for the child (for example children should not play near fireplaces).

8. Drug Dependence

What is Drug Dependence or Addiction?

If someone uses a drug regularly, he becomes 'used' to having it. Sometimes he relies on the drug to put him in a certain mood, to make him feel happy or confident, and without the drug he does not believe he can feel this way. This is called **psychological dependence** and means that the person's 'mind' needs to have the drug to help him cope with life.

Another form of dependence happens when a person's body has become used to having this drug that it has physically adapted to the presence of the drug. This is called **physical dependence**. Opium is the most physically addictive drug. If the person stops using the drug, then the body goes through physical distress as it begins to adapt to being without the drug again. With opium use this includes stomach and muscle cramps, temperature changes, shivering and muscular pain. It may also include sickness and diarrhoea. It is generally very distressing for the person and so he will try to avoid this situation by continuing use of the drug.

Addiction leads to social problems. If someone is feeling ill because of withdrawal symptoms but he cannot afford to buy the drug that he needs, he will steal from the house, from family or friends to pay for the drug. People may also lie to their family and friends to get money from them, or to explain where all their money has gone.

Why Do People Use Drugs?

People become addicted for many reasons, usually a person becomes dependent without realising it is happening to him. If there has been much stress people may use opium to escape these stresses; or people may use opium because it is available and easy for them to find. Friends or family members may encourage them to use opium when they are under stress.

Opium

Very few people who smoke opium intend it to become a habit that affects their health, their lives and their families. People start to use opium for several reasons:

- **Prescribed for them.** Doctors will prescribe opium or opium based drugs such as morphine because they are very effective as a painkiller. Many people are prescribed, such drugs to help with pain relief, but their bodies become used to the medicine and they need to take more and more to have the same effect. In this way people then become dependent upon the drug itself and take it then not to relieve the pain but to avoid the occurrence of withdrawal symptoms because they have become physically dependent.
- **Given to them.** In households where both parents are trying to work to survive, it is common for parents to give opium to their children, particularly small babies, to keep

them quiet. The opium makes the babies drowsy and means that the parents can work uninterrupted. However, the parents do not often realise that if their children become dependent they will be in pain or suffering unless they receive opium regularly.

- **To feel better and to cope with stress and fear.** When people smoke opium it affects their mood, it makes them feel as if they are 'floating', it distracts them from any worries or problems they may have and for a while opium makes them feel happier. Difficulties arise when a person becomes addicted or dependent upon using opium.

Cannabis Use

Many people smoke cannabis and generally this is seen as less harmful. It can improve someone's mood and make them feel happier, or it can make people feel sleepy. It often depends on the mood they are in when they take the drug. Sometimes it can change how people see things: colours look brighter or shapes different and people can hallucinate when using cannabis.

Although it is not considered physically addictive, people do become psychologically addicted to it, and those people who may be vulnerable to mental health problems can experience psychoses as a result of smoking cannabis.

How Do I Recognise a Person with a Drug Dependency?

It is not always easy to tell when someone is dependent on drugs, but there are a number of

signs, which might suggest that a person is dependent on opium:

- The person loses his appetite, is not hungry and starts to lose weight.
- The person loses interest in life, in his work and will not think about his problems at all.
- When a person has taken drugs he will appear very sleepy and drowsy and his speech will be slurred.
- The pupil of a person's eye will be very small even when inside rooms with little light.
- If a person has started to 'withdraw' from drugs, he will begin to sniff and it might appear that he has a cold.
- The person will tell lies to be able to get his drugs.
- Money or household objects may disappear because the person has stolen them.

How Do I Help to Reduce the Problem of Drug Addiction?

As a member of the community assess the situation and motivate people to change:

1. **Educate the families, friends and neighbours of those who are addicted.** Help the families understand the problem and show them how to help the person. It is a person's family and friends who can best help him and even if they are angry and disappointed with him, they need to be able to support and encourage him at this time.
2. **Talk to those producing opium** and try to negotiate a way in which they will stop supplying drugs to your village or neighbourhood.

3. **Try to assess who is returning to the doctor or to the pharmacy unnecessarily** for prescription and has become addicted to the medicine he is taking.
4. **Help an addicted person to stop**, see below.

How Can I Help A Person to Stop Taking Drugs?

Although it is difficult for someone to stop taking opium, it is not impossible and it can be done without medical assistance. Find out how much the person is taking, where and when. This assessment helps you to get an idea how badly the person has become dependent upon the drug. The more dependent he is, the harder it will be for him to stop taking it.

1. How to Help a Person Withdraw from the Drug

When the person stops the drug, he will feel sick because of the withdrawal symptoms. The person needs to be with family, friends or neighbours who are willing to look after him whilst he is sick. The family and friends need to support the person afterwards and help him to rebuild his life.

The physical symptoms will last for 7–10 days and will be like a very bad case of 'flu'. The person will sweat, shiver, ache everywhere, vomit and have diarrhoea. Chlorpromazine 50mg 3 times a day given for 5 days can help with these physical symptoms. It should not be administered too often or after the first 7 days. The person needs to be supervised during the withdrawal period, encouraged and have food brought to them. Assure



him that the symptoms will stop after about one week.

2. How to Help Someone Change

The person needs continuing support even after physical dependency has stopped. The psychological dependency remains and is more difficult to change. The person will suffer with cravings for opium again, and it helps if he keeps a record of these and tries to work out when his cravings are at their worst and why. The person may relapse, that is he starts using opium again. His family will need to be supportive, not condemning and helping him to get over this relapse.

The person needs to seriously assess with his family the problems that either contributed to or were caused by his drug dependence such as:

- **Health.** Did the person have a health condition, which caused the drug problem? How can the health problem be treated now? Does he have health problems as a result of his dependence and how can these be treated?

- **Family problems**, in marriage or with parents. Are there arguments or difficulties that have affected the person's mood in such a way that he started to use drugs to avoid them? Or have the family relationships broken down since the drug taking started? Does there need to be forgiveness between family members and reconciliation? Can community leaders help in this process of forgiveness and reconciliation?
- **Financial problems**. Did financial problems lead to the drug problem? Often with financial worries, people will avoid thinking about them by taking opium. This just causes further worries, and the family, neighbours and community may need to sit down with the family to work out if they can work through these problems together.
- **Social problems**. Was the person socially isolated? If people feel lonely or unwanted, they may start to use drugs. In addition, once they have started the local community may not want anything to do with them again. The community can help by welcoming a drug user back into the village or neighbourhood again, encouraging him and helping him.
- **Bad Company**. Has the person still got a lot of friends amongst other addicts? Because of social isolation drug addicts often get together with other drug addicts. For a successful change, the formerly addicted person needs to break his contacts with bad friends who may offer him drugs again. He should avoid places where drugs are sold.
- **Response to trauma**. Has the person been involved in fighting in armed conflict? He may be suffering from trauma and need to talk over his experiences with others to

help him recover (see chapter 12. Trauma-related Mental Health Problems).

Proper rehabilitation may take over a year, before the cravings to reuse opium stop. For some people the period may be longer. The support and encouragement that someone receives over this time will help a great deal in whether this is successful or not. The person must never take opium again because already trying it once can lead again to addiction and relapse.

How Can I Help Children?

Detoxification of children and babies is more dangerous and needs the supervision of a doctor because often medicines are needed to control severe withdrawal symptoms. For children detoxification and withdrawal is very difficult as they are obviously ignorant of what is happening to them. However, the period of rehabilitation is much shorter as children are usually given the drug by others and so are not using it to hide from their own problems. You can prevent addiction of children by helping parents find other ways of coping with work and their children.

How About Those Addicted to Other Drugs?

Opium is the most dangerous drug used by addicts in Afghanistan. Other similarly dangerous drugs that can be found in other countries are not commonly used.

If a person is addicted to something other than opium, the symptoms of withdrawal and their treatment are different and should not be attempted without medical supervision.

9. Mother and Child Mental Health

Do Mothers and Children Have Mental Health Problems?

Mothers and their children can have mental health problems, and should the mother suffer in this way, it will affect the mental health of the child. Mothers particularly may suffer with depression after the birth of a child. This affects the way they relate to that child and the other children and family members. This will have a negative impact upon the family and upon the children.



Mental Health Problems in Mothers

Mental illnesses that are typical to mothers are to do with changes in the body chemistry of a woman and changes in roles and relationships.

These hormonal changes are usually most prevalent at childbirth, during menstruation and menopause.

Mental Illness after Childbirth

- **'Baby blues'**. After a normal delivery many women experience a period of tearfulness, irritability, changing mood and feelings of confusion. This usually starts on the 3rd or 4th day after delivery and will end after a few days without help. It appears more often after the first child has been born. This is mainly due to the readjustment of hormones after the pregnancy and the social difficulties that come about with the changes a new baby brings. There is no special treatment needed but encouragement and social support will help the mother.
- **Mild depression**. A mother might suffer from a depression starting within the first year after delivery of a child. It is typical for these symptoms to start within the first two weeks after childbirth. This is often not noticed at the time. The mother's depression usually also affects the relationship with the child and has a negative effect on the psychological development of the child. For this reason it is especially important to recognise this kind of problem and to help the mother.

This presents like any other mild depression. There is increased tearfulness, tiredness, irritability, anxiety, worries about the

baby's health and thoughts of being a bad mother. Depressed mood might be found but is often not too prominent. Most mothers with mild depression after a delivery recover after a few months. The depression may be caused by additional stresses (such as difficulties in relationships, especially with the husband), adaptation to the new child and change of life, sleep loss and more work because of the baby. The mother may be very young, and not receiving support from her family, or the child may have been a girl when the family very much wanted a boy. All these things may contribute to the depression caused after childbirth.

You can help such mothers by encouraging them, through counselling and supporting them in their daily tasks. Antidepressant medicines might help but in breastfeeding mothers, drowsiness of the newborn can occur. Medicines are less effective than support and encouragement.

- **Post-partum psychosis.** This kind of illness is much less common than the mild depression previously mentioned. It is more frequent among women who have delivered their first child. The onset of the symptoms is usually one to two weeks after the delivery and the symptoms are often very severe. There are three different kinds of post-partum psychosis:
 - **Acute organic post-partum psychosis.** This is caused by a postnatal infection. The patient is disorientated and confused and ill with fever. It is very important in any patient suffering from post-partum psychosis, to confirm if this infection is the cause or not. Postnatal infection

should be treated with antibiotics as soon as possible.

- **Severe mood disorder.** A post-partum psychosis can present like a severe depression or mania. Often the patient suffers from wrong beliefs about herself and the baby.
- **Schizophrenic post-partum psychosis.** The symptoms of the patient are like those in schizophrenia (see chapter 6. Psychosis).

Mental Symptoms Related to Menstruation

Premenstrual symptoms. This is not really an illness and is very common. The mental symptoms are anxiety, irritability, low energy and depression or tearfulness. Although treatment has been tried with hormones, diuretics or with psychiatric drugs but the positive effects of these are not clear. Psychological support and encouragement are much more important.

Mental Symptoms Related to Menopause

The menopause is the name for the collection of changes that take place in a woman's body when she has grown too old to bear children. The mental symptoms are headaches, dizziness and depression. The change in hormones during the menopause may be a cause for this depression. The most important cause in the woman's life is due to the changes in role within the family, her relationships and especially her relationship with her husband. A woman in menopause with depression should be helped according to the guidelines for depression (see chapter 4. Neurosis).

How Do I Recognise Maternal Mental Illness?

There are a number of indicators that might suggest that the pregnant woman or mother has a mental health problem:

- The mother has many physical symptoms over a long period of time with no obvious cause.
- The mother looks sad, cries easily or has strange behaviour.
- The mother is neglecting and not interested in her baby's well-being and development.
- The mother is very irritated or even violent with the baby.
- The mother has a lot of stress factors for example:
 - This is an unwanted pregnancy.
 - There is severe poverty.
 - There are more than 2 children under 3 years of age.
 - There are marriage problems and her husband is not supporting her.
- The mother has had previous mental illness.

How Do I Manage Mental Illness in Mothers

Prevention

It is best to prevent mental illness in mothers by recognizing those stresses that make a mother 'at risk' of mental illness. Then she can be helped before a mental illness develops.

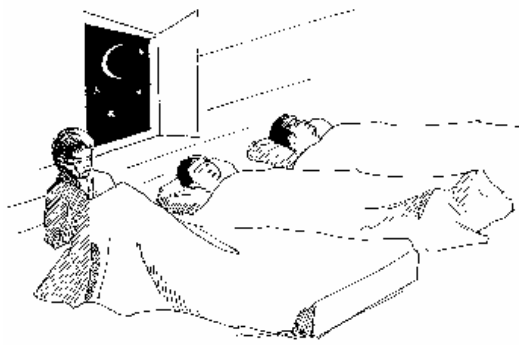
Management

Management of mental illness in a mother is the same as the management of mental illness at any other time.

1. Remember that there are two people to manage: the mother and the baby.
2. Make other arrangements to care for the baby if the mother is not able to care for the baby properly, either because she can not, does not want to or because she is likely to hurt the child.
3. Encourage family members in their support for both mother and child, and supervision of the mother's care of her baby if needed.
4. As far as possible, encourage the mother to continue breastfeeding. The essential medications can be taken even whilst she is breastfeeding (see chapter 18. Drugs used in Mental Health Problems); but if the baby is affected, then ask the doctor who prescribed the medicine for advice.

Mental Health Problems in Children

Children too can suffer with mental health problems. The ones seen most commonly here are stress and mental retardation. However, children can also suffer from mental trauma, anxiety and depression, along with the effects of grief and bereavement. Children are very good at hiding their distress, but there are a number of factors that contribute to poor mental health in children.



What Causes Mental Health Problems in Children?

Children can be very strong but there are a number of things that can affect their ability to deal with problems later on in life or at the time:

- The death of the father, mother or another important person in the family. Children losing their mothers when under the age of 13 years are likely to go on to develop depression later on in life.
- Traumatic natural events such as earthquake, drought or flood
- Witnessing traumatic events such as a robbery, murder, armed conflict, bombing or loss of limb due to a mine explosion
- Witnessing violence in the home between parents or other adults
- Experiencing violence from one or both parents or other adults
- Feeling unloved and unwanted
- Being unable to play with other children
- Having to do tasks that are beyond their capability

- Worrying for the family about food and health during times of financial hardship
- Having a parent who has mental health problems.

How Do I Recognize Mental Illness in Children?

Children do hide mental distress and it is not always easy to see when they have problems; however signs and symptoms of distress are as follows:

- Some children are tired, worried and frightened and have lost all interest in playing. They may find it very difficult to concentrate on work, some may be very restless.
- Some children become withdrawn from friends or families. They may behave like a much younger child.
- Some children suffer from nightmares.
- Some children are very fearful of noises or of men with guns.
- Some children become aggressive. They feel very unhappy but are not able to express their feelings other than by hitting others and being destructive because they themselves have experienced violence.
- Some children show bad behaviour. Misbehaviour can reflect feelings of guilt. These children feel guilty (for example when a relative has been killed in fighting) although there is no rational reason to feel like that. They behave in a way that invites punishment. They do this because they feel guilty and feel they deserve punishment.

- It is normal for children all over the world to play war games. However, when a child replays the same scene of violence or suffering again and again it may show that he is not recovering from the experience.
- Some children complain about physical symptoms such poor appetite, generalised aches and pains or say their body feels hot. Some who had previously been dry at night start urinating again while asleep. Fever, diarrhoea and cough are not likely to be emotional.

How Do I Manage a Child with Mental Health Problems?

1. **Enable the child or young person to talk about the issues** that are causing him concern. To be able to do this the young person needs to feel safe and secure.
2. **Provide structure for the child in their daily activities.** Routine and knowing what is going to happen are important for young people.
3. **Take time to listen and talk with the young person.** That means listen to what the young person has to say and not just offer them advice. The child should feel that he has time to talk, and that he is physically and emotionally safe.
4. **Be reliable** for the child; do what you say you will do such as turn up to appointments on time.
5. **Respect the child** in the discussion; it would be good if the adult could identify others that the child could talk to, and the child should be able to talk in his own manner.
6. **Use a non-threatening tone of voice and body language.**

Parental Support

It is important for parents to support their children, or if not parents, then other adults within the extended family.

1. **Help the child feel loved;** if parents are unable to show this, then another adult, such as an aunt or uncle, could do so in an appropriate manner.
2. **Listen to the child without interruption.**
3. **Do not minimize the child's feelings.** The focus should be on how the child feels and not on accuracy.
4. **Encourage the child to participate in play activities** because it increases a child's ability to cope. The family should try to keep daily routine as much as possible.

10. Stress

What is Stress?

Stress is the application of tension or force upon an object. People can be the object of this tension or pressure; these pressures can be physical, mental or emotional. That is they can be due to physical difficulties such temperature, lack of food or illness. Or they can be due to pressure of work, too much to think about or too much to do. Or they can be due to sadness or worries about the future. These are all different types of stress.

When pressure is applied to an object, if the pressure is not too much, the object can bear the load. If the pressure increases, then the object may suffer as a result; it may be bent out of shape or weakened. People also can bear some levels of stress without difficulty, but prolonged stress can cause physical, emotional and mental problems.

Stress itself is not an illness, everyone experiences stress of one sort or another; being under stress does not necessarily lead to illness. However, if people do not take time to reduce their stress levels, or look after themselves, it can make the pressure of stress more severe, harder to overcome and can cause health problems.

What Causes Stress?

In Afghanistan, there are many causes of stress. Lack of food or not enough water for crops, a low income and not enough work are

all causes of stress. Prolonged illnesses, worries about school, work or conflicts within the family or community are other sources of stress. Each person may have different things that cause them to worry more or feel under greater pressure than others.



How Do I Recognise Continued Stress?

Stress shows itself in different ways, emotionally, physically, behaviourally and socially.

- **Emotionally.** People under stress can get worried very quickly about things. They may become angry very quickly or start to cry because they feel helpless about their situation. Some people will have moods that change quickly. Others may become forgetful, that is needing to be told the same thing several times.
- **Physically.** People under stress can experience tiredness, headaches, tense muscles, pounding heart or irregular heartbeat.

Some may often feel short of breath, as though he cannot get enough air or he may feel sick and have pains in their stomach. Someone may develop urinary or digestive problems. A person may develop skin rashes or will experience vague pains in his arms or legs or chest. A person may also develop trembling or twitching, tics or excessive blinking.

- **Behaviourally.** A person does much less than he used to and has no energy, or alternatively he may be overactive and be unable to rest. He may start to drink alcohol or smoke opium to reduce tension. The person may find it difficult to concentrate on one task and may have problems sleeping at night. If a sleep problem develops, the person may feel he has to sleep during the day and then is unable to get into a regular sleep pattern. The person may develop a nervous laugh when he is worried. Stress can contribute to family conflict and violence. Sometimes a person may no longer wish to eat.
- **Socially.** Someone under stress may display little emotion and may get into arguments and disagreements with others. Or he may rely too much on others for decisions and for emotional or practical support.
- **Mentally.** Stress can contribute to depression and mania. It can lead to anxiety and panic attacks. Stress can be a cause of hysterical fits.

Children also suffer from stress and they will display all of the above symptoms. They may also find it very difficult to sit down and lose some of the developmental skills that they had acquired. This means they may start to behave

as a much smaller child again such as by sucking their thumb.

Why should We Take Stress Seriously?

It is true that stress is not an illness and that everyone in the world will suffer under different stresses during his life. Normally a person is able to deal with his stress levels, but in some cases stress can lead to all the above explained problems and difficulties. Some of which may need medical treatment. It is not exactly clear why some people suffering under stress are able to continue functioning in their daily lives, and why some become ill. However, if stress is tackled early enough, then illness should not develop.

How Do I Manage Stress?

Sometimes the things that cause stress can be reduced or taken away. Other times it is not possible and the person has to continue to live and function under a great level of stress. If there is conflict within the country, there is little an individual can do to impact upon that. However, there are things that everyone can do that will help him in coping with the stress level that he is under.

1. **Discussing problems with a trusted friend.** Often talking about issues help process these issues in a person's thinking and may reduce stress levels.
2. **Increasing physical activity** during the day so that the person has a chance to get rid of 'nervous energy'.
3. **Taking periods of rest during the day** but not sleeping in the afternoon.

4. **Eating regular meals**, even when not feeling like eating.
5. **Not taking or smoking opium** because it will not help in the long term.
6. **Not drinking lots of tea in the evening** because this may disturb the ability to sleep.
7. **Not eating too late at night.**
8. **Using relaxation techniques** and exercises.

Relaxation Techniques

These are exercises that everyone can do can help loosen the tension in muscles and help to relax.

Exercise 1

1. Breathe in slowly to the count of 3 seconds.
2. When you get to 3, slowly breathe out to the count of 3 seconds.
3. Pause for 3 seconds before breathing in again.
4. After 5 minutes say the word 'rest' to yourself as you breathe out.
 - Breathe in using your stomach (not your chest) and through your nose.
 - Practice this exercise 5 to 10 minutes at night in a comfortable position.
 - Keep in mind that the benefits of relaxation will not occur unless you practice it regularly.
 - Do not try hard to relax or to sleep, just carry out the exercise.

Exercise 2

1. Lie down on the floor. Close your eyes. Keep your arms and legs resting gently on the floor.
2. Remove your worrying thoughts. For a few minutes just think about what you are doing during the exercise.
3. While you are lying on your back, raise your hands over your head. Your arms should be resting on the ground. Do not hold on to anything. Take a deep breath from your stomach.
 - Hold your breath for a few seconds.
 - Stop holding your breath and slowly breathe out.
 - Now stretch your arms up as much as you can. Keep stretching your arms up while you stretch your legs down. While you are stretching, count to 10.
 - Now stop stretching and relax.
 - Do the exercise again and count to 10.
 - Repeat the exercise for a third time. Relax.
 - Breathe from your stomach slowly and regularly. Do not breathe from your chest. Take deep breaths so your stomach rises and gets big and round. Slowly exhale so your stomach slowly goes in.
 - Stay comfortable in this position for 10 minutes. Stand up slowly and move slowly. Now you can return to your work.

11. Somatization (Physical Symptoms Caused by Mental Distress)

What is Somatization?

Somatization is complaining about physical symptoms, which are caused not by organic disease but by mental distress. If someone complains of body symptoms such as headaches, leg pain, stomach pain, dizziness and weakness, he may be suffering from an illness originating in the body. But it is also possible that these physical symptoms are due to a disturbed mind.

Case study: Nabila is a very young mother with four children. She suffers from severe headaches (she says they feel like a 'kettle of boiling water in her head'). These headaches get worse when she feels angry. She also complains of pain in her left arm and left leg. Sometimes when the pain gets intense she faints, this means she falls to the ground, unable to react to people calling her, even though she can hear them talking. The children are always quarrelling with each other at home. Therefore she gets very irritable and would like to withdraw to a quiet place. She beats the children - especially when her mother-in-law is watching. Sometimes Nabila even beats herself. She has been to several different doctors because of her headaches and pains in her arm and leg. Even though she used a lot of medicines her symptoms did not improve.

What Causes Somatization?

The mind of a person can be 'disturbed' for many different reasons. For example:

- Conflict in family relationships
- Domestic violence
- Not enough money to make a living for the family
- Bad housing conditions, lack of good food or repeated illnesses
- Too much responsibility and constant hard work without times of relaxation and happiness (e.g. a mother with many children and constant noise at home)
- Severe illness of a family member or mental retardation of a child
- The loss of a beloved person
- Terrible experiences in the past (e.g. during conflict, difficult childhood experiences or domestic violence).

Somatization can be caused by something happening now or some distress that happened in the past. Children too are sometimes subject to such difficult life situations and therefore might present with body symptoms due to mental stress.

If someone easily becomes irritable or angry; if he cries easily when anxious, sad or apprehensive; or if he beats himself or his children, then this shows that he is in distress. Unex-

plained bodily symptoms can also point to a disturbed mind and mental stress. Mental stress can express itself in the body, when we experience stress our bodies react. For example, we notice that our mouth gets dry, our heart beats faster, we even breathe faster, our hands may tremble and we may need to go to the toilet more often.

In a similar, the stressful life situations may lead to bodily symptoms. Physical symptoms are a possible way in which emotional problems become obvious. Through them, the sufferer will be able to seek help.



How Do I Recognise Somatization?

Mentally distressed patients who suffer from body symptoms often go from one doctor to another, get many prescriptions but do not experience real relief from their suffering. Some patients tend to abuse painkillers and tranquillisers. Often mentally distressed people with body complaints are not able to do their work and fulfil all the responsibilities in family and relationships.

Sometimes body complaints last for months and years. The complaints typically change from one localisation to another. For a while, for example, headaches might be the most prominent symptom, later it might be a stomachache and arm pain, then later it may be dizziness and buzzing in the ears. Some patients are convinced that their symptoms are due to a severe physical disease such cancer, even though doctors examined them and confirmed again and again that this is not the case. They experience fear and worries because of their symptoms.

Mentally and physically exhausted people present commonly with the following symptoms:

- **Headaches** are a frequent complaint. The pain might be described as a burning sensation, as an icy feeling in the head, like a kettle boiling water in the head or as a feeling of emptiness.
- **Chest pain and palpitations** can also be symptoms of mental stress. The person might describe it as if someone is pressing his heart or as a sensation of choking, as difficulties in catching his breath, as if his heart is pounding or a feeling as if the heart would stop.
- **Dizziness and weakness.** Many patients who are under mental pressure breathe too fast and too deeply. This leads to some or all of the following typical symptoms:
 - Dizziness
 - Buzzing in the ears
 - Headaches
 - Discomfort in the region of the heart
 - Weakness
 - Faintness

- Numbness, tingling in hands and feet and around the mouth
- Spasms in hands and feet.
- **Leg pain, arm pain, hand pain, back pain** are common complaints, as well as a **general body pain**. Stomach pains or the feeling of a bloated abdomen are also very common symptoms in somatization.
- **Dissociation**. Losing control and falling to the ground as if unconscious is another frequent body symptom of mentally distressed people (see chapter 5. Epilepsy and Dissociation).

How Do I Manage Somatization?

Firstly, it is important to check whether the symptoms are due to a physical illness or to mental stress. Often this is easy. Sometimes a doctor should examine a patient to exclude an organic illness. However there may be the problem that the doctor is not aware of somatization. Then the doctor may reinforce the patient's wrong beliefs that he is suffering from a serious physical illness by prescribing useless medication.

If you think that the person has a disturbed mind then do the following:

1. **Find out details about all the physical symptoms:** when they started, how they developed, what is making them worse or what helps them and how they affect the patient's life.
2. **Ask about thoughts and feelings that accompany the physical symptoms.**
3. **Ask about the patient's life situation,** the family relationships and economic situation and about difficult experiences in the

past. In doing this, you will find out more about the reason for the suffering and the person will feel that you are taking him seriously. The process of listening to and treating someone with respect is often helpful in itself. It is possible that the person has never had the chance to tell someone about his difficulties before.

4. **Encourage the sufferer to find someone to talk to about his problems on a more regular basis.** If necessary try to see the person regularly yourself. Ask about the symptoms, about his problems and try to work with the sufferer to work out a solution for his problems. It may not be a perfect solution, but it might be the beginning, or a small step towards helping the person relax and find new strength again.
5. **Explain in a simple way** to the person, and possibly also to his family, from what kind of illness the person is suffering.
6. **Advise physical exercise and relaxation exercises** because these may be helpful (see pages 45-46).
7. **Encourage the person as he improves, to slowly to take up work and responsibilities again.**

Children also need to be helped as above. For them it is even more important to receive help so that they will not stay at home, withdraw too long from responsibilities, school or work. Children, like adults, may use their body symptoms to avoid responsibilities or problems.

If someone is breathing too deeply tell him to do the following. Explain that he is breathing too deeply and taking in too much oxygen. Tell him it is not dangerous but the symptoms are frightening:

1. Put a cloth, a paper bag or a plastic bag over the front of your nose and mouth. The bag should be able to inflate and deflate.
2. Then breathe slowly and not too deeply through the cloth or the bag. Try to breathe through your nose and not through your mouth. Do this until the symptoms have disappeared, which usually takes a few minutes.
3. It is helpful if someone assists the patient when he tries this for the first few times because it is frightening at the beginning.

Explain this treatment also to a family member.

Treatment with Medicines

It is important to bear in mind that recovery from somatization takes a long time. Sometimes recovery will not be complete but with your assistance, a lot of improvement can take place. Medicines do not play an important role in the treatment. Talking to the person and trying together to solve some of the problems is more important.

In taking time to talk to the person, you may find that he is suffering from more serious mental symptoms that were hidden at first behind the physical complaints. If you find the mental symptoms of a severe depression or of severe anxiety, or if you find that the thinking of the person is deeply disturbed, then it is necessary to take him to a doctor because medicines for depression or psychosis may be indicated.

12. Trauma-related Mental Health Problems

What are Trauma-related Mental Health Problems?

If someone has an accident and suffers injury as a result, the physical injury is known as 'trauma'. This would include the loss of a limb, a bleeding wound or a fracture. However, it is also possible that a person's mind experiences trauma, not in a physical way but emotionally, and this is referred to as 'mental trauma'. Mental trauma cannot be seen but it still causes suffering for the victim, and also the victim's family.

What Causes Mental Trauma?

Generally, we can say that 'mental trauma' is caused by extraordinary, very dangerous and life-threatening events such as:

- Bombing of buildings
- Mine accidents
- Experiences of extraordinary violence such as armed conflict
- Disappearance or sudden imprisonment of a family member
- Being taken hostage or captivity
- Witnessing a murder, other violence or massacres
- Being tortured or witnessing torture either by seeing it or hearing a first-hand account of it

- Domestic violence
- Rape or sexual abuse
- Natural disasters such as earthquakes or floods.

Repeated and prolonged mental trauma happens, for example in prisons where the inmates are tortured, in concentration camps, in armed conflict on the front line, and in homes where women and children are exposed to domestic violence.

How Do I Recognise Mental Trauma?

Healthy individuals are able to cope with 'normal' danger. Body and mind usually find helpful ways to react to the danger. In comparison, events causing mental trauma are so severe and overwhelming that most people are not able to cope without suffering from different symptoms of mental trauma afterwards.

Such symptoms may start immediately after the event or only after a delay of some days or weeks. They can last for a few weeks up to many years. This depends on the severity and duration of the trauma, the personality and age of the victim, on his living conditions, and the care and help he is receiving.

The following three symptoms are very typical:

1. **Symptoms of persisting stress.** Though the danger is over, the person feels as if it could return any time again. Body and mind are in a state of constant alertness. This causes such symptoms as nervousness, irritability, sleeping disturbance and reduced appetite. The person gets angry very easily and can be explosively aggressive. Concentration over a long time is difficult, and this leads to forgetfulness. Different body pains are common (e.g. headaches, stomach pain or back pain). A person who suffers from mental trauma usually finds it difficult to trust other people, even closest friends and family members. He will feel lonely and isolated. Some might feel guilt because they think they could have prevented suffering or even death of others. Many lose self-esteem, hope for the future, a basic sense of security and some might find it difficult to retain their faith in God.
2. **Re-experience of the trauma.** The experience of the horrible event tends to be remembered again and again. Every time the memory returns the victim is in very intense distress. Even though the person tries hard not to remember, he is not able to control the returning memory or image. The 're-experience' of the trauma can occur at any time - day or night. At night, it reappears in the form of nightmares. A particular smell, a certain place, a person or sound reminding the person of the event might trigger the re-experience.
3. **Avoidance of the trauma re-experience.** As it is so distressing to 're-experience' the traumatic event, the victim will try

hard to avoid it. Avoidance of the trauma re-experience initially is a helpful behaviour because it protects the victim from the trauma, but if it continues it causes suffering for the victim and his family.

Ways of Avoidance:

- Most of all he will avoid things that trigger the re-experience. This can mean that the person does not want to leave the house or does not want to go to a certain place anymore. Such behaviour that avoids the trigger might restrict life significantly, for example if someone does not feel able to leave his house to go and look for work.
- Another strategy of avoidance is the attempt to fade out intensely difficult emotions connected with the trauma. Such emotions would be panic, fear of death, sadness, despair, anger and rage, disgust, shame, extreme helplessness and humiliation. To separate oneself from such feelings is an effective coping way at the beginning. If used often and for a longer period of time though not only those feelings of distress will be 'faded out' from consciousness but all other feelings as well. This means even positive feelings like love, satisfaction, joy and interest are 'lost'. Many victims have the impression that they are dead inside, even though outwardly they might function more or less.
- An extreme form of avoidance is dissociation (see chapter 5. Epilepsy and Dissociation).

The Special Problem of Prolonged and Repeated Trauma

The symptoms of prolonged mental trauma are much the same as mentioned above but they cause deeper 'mental wounds' than a 'one-off' trauma. The personality of the victim changes and in severe cases is 'broken'. This means the person gives up his own thinking, judgement, moral values etc. in order to survive. The victim might recover and find his own personality (or at least part of it) again, but some are completely broken and lose the will to live, they give up wanting to survive - this stage is usually irreversible, the person cannot recover from it. Long-term traumatised people avoid thinking about their situation and about the future; they do not make any plans and have no initiative to undertake anything. They are passive and often depressed, suffering from dissociation and unexplained body pain. The risk of becoming dependent on tranquillisers or drugs is high. Many go from one doctor to another without really knowing what is wrong with them. They have a higher risk of suicide.

Mental Trauma in Children

After a mental trauma children suffer from the same symptoms as adults, but children are often unable to express their suffering with words. Because the personality of the child is still developing, he is more vulnerable to mental trauma. This means that mental trauma - especially repeated mental trauma as in domestic violence - has serious, damaging long-term effects on the life of the child.

How Do I Recognise Mental Trauma in Children?

Some typical signs of children suffering from mental trauma:

- The child is always fearful and alert and is expecting danger all the time. At the same time he appears very calm hiding his fear. He is sensitive to noises.
- The child tries to be very good and obedient in order not to be punished; or he is very disobedient.
- The child has low self-esteem. He may want to die or go to heaven.
- The child is isolated and lonely and may not have real friends. He does not play as much as other children.
- The child may have a chronic depressed mood.
- The child may show physical symptoms, for example abdominal pain and other pain are common. He may start bedwetting again or loses bowel control. Some children may present with dissociative symptoms.
- The child might hurt himself or has violent fantasies.

How Do I Manage Mental Trauma?

Supporting the Healing Process

The first and most important thing is to help to establish an environment for the victim in which he can feel safe. Try to find out from the sufferer whether he feels safe and if not, what can be done to change it.



Once he feels safe, it will be helpful to talk about the trauma. An alternative might be writing down the trauma experiences or drawing them (especially for children). Offer to listen to the victim, encourage him to talk about it. But never force the person to talk because it might bring back a lot of difficult memories and distressing emotions. Be prepared to listen to them well, without giving quick advice. Just listen! Listening can be a very difficult thing to do, bearing witness to terrible things. Some victims have seemingly forgotten their trauma stories. They have hidden them very carefully. In these cases be patient, do not force the victim but be there to help in case it will be necessary. The memory might suddenly come back. Some victims tell their stories over and over again. Try not to

get upset about this; it is often helpful for them. But if they do not stop telling the same story over the years and their symptoms do not change, ask them to forget the story now and to focus their attention on the present.

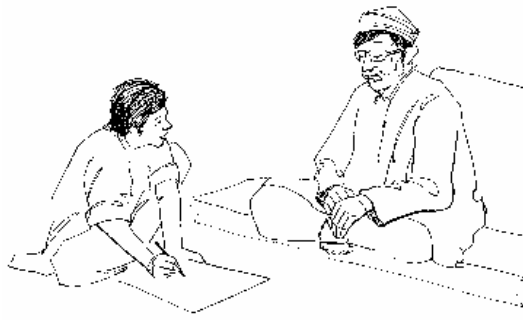
Normally through expressing the trauma story the victim can get used to the terrible experience, lose the fear of it and accept that it is part of his life. Then the distressing symptoms will slowly disappear or at least diminish. Expressing the trauma story will also lead to grief over the losses. Such losses might be loved ones who died in the event, loss of property, of health, loss of plans for the future etc. The grieving process is always painful but it will end and bring about healing. As long as the victim lives in a state of denial and fear from the trauma experience the grieving process cannot start.

Sometimes a survivor feels guilty about being alive while others died in the event, or because he did not do enough to help others to survive. It is good to talk about such feelings of guilt.

If we suspect that a person is suffering from mental trauma it can be very helpful for him to get some information and education about the symptoms of mental trauma and some simple advice. Those family members caring for him should also be informed and educated about mental trauma and its symptoms.

Remember:

1. Help the person to feel safe.
2. Listen to his experiences.
3. Keep on listening.
4. Help him find other ways to express his experiences such stories or pictures.



5. Talk about feeling of guilt because he survived.
6. Explain to him the process he is going through, to help him understand.
7. Explain to his family about mental trauma and its symptoms.

Ways to Help Children (STOP) -

(S)tructure, (T)alk and Time, (O)rganised play and (P)arental Support

Following a traumatic event, children may react as in the list above for a short period of time and this is normal, but if they continue for more than three weeks, then a more serious mental trauma has developed. When the child shows trauma symptoms it is important not to get angry or blame the child.

1. Talk about what has happened with the child and how it is affecting family members. Do not allow the child to feel isolated and misunderstood.

2. Reassure the child that he is safe and will not be abandoned.
3. Give special encouragement, especially at bedtime.
4. Allow expression of emotions; simply be supportive and non-blaming.
5. Do things together as a family, especially enjoyable things.
6. Keep family roles clear. Do not allow a child to take too much responsibility for too long. Do not become over protective. Talk about resuming a normal life and activities as soon as possible.
7. A children grows through a crisis with the love and support of his family and friends. It is most important that the child feels loved and knows that he is loved. This will help him most in the long term.

Treatment with Medicines

Healing from trauma takes time - often years! Medicines do not play an important part in the healing process. Medicines cannot heal the person. If the victim suffers from sleeplessness over a long period of time, or from other physical stress symptoms as above, medicines (especially antidepressants like amitryptiline) might help a little bit. In this case, also relaxation exercises, sport and sometimes physiotherapy are helpful. Do prevent the victim from getting many prescriptions and spending a lot of money on them - they do not help.

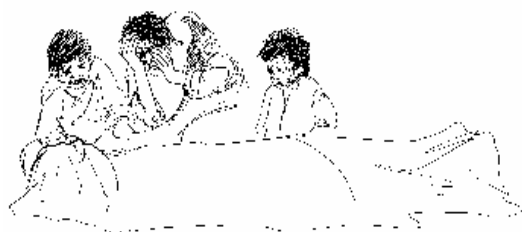
13. Grief and Bereavement

What is Grief?

We generally associate grief with the death of someone who is important to you, someone that you love such as a member of your family or a good friend. It can be a sudden loss, or one that you have been expecting for some time. It makes no difference, the person has gone, and there is a space left in your life, which the person once filled. To a smaller extent we can also grieve when someone goes away, leaving us behind. It is like a death, in that he has gone, and there is a space left by him.

Grief can also be caused by the loss of something such a home or job, hopes for the future or the loss of a limb in a mine injury. This grief is sometimes harder to see, but someone experiencing a series of losses has to go through many feelings of grief.

Grief in itself is not a mental illness, it is an emotional process that takes some time to complete and can leave people feeling confused and upset. They do not know what is



wrong with them, they feel that they are ill, and often want to take some medication to help them feel better. However, their difficulty is that they are still grieving, or stuck in one of the stages of grief.

How Do I Recognise the Stages of Grief?

There are five stages to grief:

1. **Stage of shock.** Most people's immediate reaction when they first hear that someone they love has died is not to believe the news. They want to see evidence, and even then their senses tell them that the person is not dead, that he or she is still alive somewhere. Even though they know in their heads that the person is dead, in their emotions and thinking he is still alive. This stage is normal and natural; it helps protect a person's emotions from the terrible stress of knowing his loved one is dead. This stage can go on for a few weeks, but if it continues for longer, it is a sign that the person has got stuck in this phase of grief.
2. **Stage of awareness of loss.** This is a time of strong emotions, which may change suddenly during the day. The person may wake up feeling anxious and not wanting to get out of bed, or he may wake up feeling good, but is overwhelmed with his emotions after a few hours. People in this stage of grief may be afraid that they have gone mad, that they will die. They are more

quarrelsome and still act as if the dead person is about, then suddenly realise that the person is dead and gone. The grieving person wants the dead person back, is very frustrated, cries, is angry, feels shame and cannot sleep. When these symptoms come, it is not possible to cope with anything else such as everyday tasks. Sometimes the grieving person senses the presence of the dead person, but a closer look shows that he is not there. The grieving person 'yearns' for what he has lost and experiences this desire as a physical pain in his heart or chest.

3. **Stage of withdrawal** (Conservation of Energy). The grieving person does not want to see anyone or talk with anyone. He is very tired and wants to be left alone. He feels that there is no hope for the future. Future feels like a heavy weight in the heart. The person feels weak, sleeps all the time, often becomes sick and he feels there is nothing he can do to get out of this situation. The person constantly goes over again the different feelings and thoughts brought on by his bereavement. The person is slowly realising that this loss is going to last. The dead person will not come back. The main task is for the grieving person to accept reality.
4. **Stage of healing.** The grieving person begins to feel that he has a little more energy and feels willing to do a few more things. He does not get quite so tired, quite so quickly anymore. He begins to feel that he can take control of his life again, and the roles within the family change to compensate for the loss that has occurred. Physically he feels better; the person's body is beginning to heal itself. The person

stops 'wanting' the dead person to be around all the time, and is able to say goodbye to him. The bereaved person searches for some meaning in the death of the loved one. He can think about the future with some feelings of hope. He remember the dead person more realistically, frailties as well as strengths.

5. **Stage of renewal.** The grieving person will still experience loneliness and sadness, but he is now able to look forward to the future. He learns to deal with the situation and takes responsibility for his life. Energy levels continue to increase and the person feels more in control of his emotions. He is able to open himself to other people, places and ideas.

Abnormal Changes to the Grief Process

When someone gets 'stuck' in one of the stages, usually withdrawal and conservation, this can lead to further complications. The person could develop depression, anxiety or symptoms of somatization because he is unable to work through his emotions and painful feelings. This may happen when someone is facing many different losses, and so the attack upon his emotions is overwhelming. For this reason, it is important to help people suffering with grief in the process they are undergoing.

How Can I Help Someone Suffering with Grief?

Most people in Afghanistan have lost family members through war, through drought, through poverty and through land-mine accidents. They are trying to carry on with the

struggles of their life on their own, with little support or perhaps no income, and they want to feel better. With support and help from families, friends and communities, people can be helped through the different grieving stages.

The length of time it takes for someone to work through the five stages of grief varies; it depends on how dependent he was on the person who died. How fond he was of that person; it depends on the circumstances of death. It also depends on the support that he has from family and friends, and also the shock that was experienced at the time of death. We cannot predict how quickly someone will move through each stage, and the person may slip between phases for a while.

If someone is looking for help from a traditional healer, a doctor or an elder, it is likely that he is in phases two and three, that is, awareness of loss and conservation of energy. At this time, he is most out of control of his thoughts and his body. It is probably at this time that he will come for help.

It is important to explain to someone what he is going through. Understanding that these phases are a normal part of the grief he is suffering will help him feel that he is not going mad and that he will regain some control of his life eventually. He needs lots of encouragement. If there are ways that the community can help them until the person is better able to take responsibility again for his life, it would be good if these ways are discussed with community elders.

1. **Encourage people to listen to the bereaved person** and to his stories. This will take time; it cannot be done quickly.
2. **Help the bereaved to admit the feelings that he has** and to express them. If the bereaved is not able to express his feelings, ask if there is someone who he can talk to. Find out with the bereaved, if he cannot talk to anyone, whether he could make up a poem or a story about his own life and how he feels. If he is able to write he could write his feelings down. He could destroy it afterwards if he wanted.
3. **Let him know that he is not going mad**, that he is normal. Acknowledge with him how hard this time is for him. Let him know that drugs will not help the turmoil of his mind and heart. That he feels like going mad is natural. It is good if he can admit these feelings to himself in some way. Even if he cannot tell anyone about his thoughts, he needs to be able to be truthful to himself about his thoughts and feelings.
4. **Make to children clear that they are not to blame for what has happened.** That someone dying is not their fault. Try to talk with them about death and let them know that although someone they love has died, this does not mean that they will die soon as well.

Treatment with Medicines

Medicine will not help; grief is an emotional process that takes time.

14. Violence

What is Violence?

Violence is any form of behaviour, from one person to another, which causes physical harm or causes the fear of physical harm. It happens within families, for example between man and wife, mother-in-law and daughter-in-law, between parents and their children, between an older and younger child, between family members and an older person living in the home.

Violence can also happen within communities, perhaps one family fighting with another, or between villages or tribes. In Afghanistan, problems and disputes have often been solved by armed conflict.



What Causes Violent Behaviour?

Violence can have a number of different causes:

- If a person grew up in a violent home, and did not learn any other way of dealing with difficulties, he may use violence to solve problems.
- Violent behaviour can occur when people are under pressure; or if they have experienced trauma of some description. If people are feeling sad or depressed, they are sometimes unable to cope with difficulties that arise in a normal manner and can display outbursts of strange, violent behaviour.
- Sometimes after a violent outburst people feel better, and so will be violent towards people who they think are a cause of the stress that they feel. Most often the people are violent towards those they care for and who are not directly responsible for the stress that they are under.
- Mental illnesses such as psychosis may cause a change in someone's behaviour and he may become violent.

Cycle of Violence

The first violent attack often seems like an isolated event. But in many cases, after the violence first happens, the following pattern or cycle develops:

1. **Calm period.** The person is sorry, may make excuses and promise it will not happen again.
2. **Tension builds.** The person becomes argumentative, angry, blaming and begins saying things to hurt or upset another person.

3. **Violent outburst.** The person hits, slaps, kicks or chokes his victim. He may use objects as weapons or use them to threaten or abuse the victim.
4. **Calm period.** The person is sorry and the cycle starts again.

As the violence goes on, the calm period gets shorter and shorter for many people. As the violent person finds release from tension in being violent, he uses it more and more readily as a coping mechanism.

Harmful Effects of Violence on Victims

Violence affects those being hurt, children and the whole community.

- Violence causes a lack of motivation in people to do things for themselves and their family.
- Violence causes mental health problems such as anxiety, eating and sleeping problems. As a way to cope with violent behaviour, those affected may behave recklessly without consideration to their family.
- Violence causes serious pain and injuries: broken bones, burns, black eyes, cuts, bruises. It can cause long-term health problems such as headaches, stomach pain or muscle pains that may continue for years after the violence stops.
- Unborn children may suffer harm and die if their mothers are beaten.
- Violence causes behaviour problems in children. Children seeing violent behaviour

can become angry or aggressive and may copy the behaviour.

- Violence causes mental problems in children. Children living in a violent environment are likely to suffer with mental health problems themselves later such as anxiety, depression and trauma-related problems. Children may suffer with nightmares and fears. They may not eat well and may grow and learn more slowly than other children. They may develop many stress-related illnesses such as headaches and stomach aches, or trigger an attack of asthma.
- Violence can harm the future of communities. In communities, the cycle of violence can continue from one generation to the next.
- Violence deprives the community of experience and skills. Those who are subject to violence, take less part in family and community life as a result.

The Role and Responsibility of the Community

It is important that the community takes responsibility for those people who are suffering from violence within the family. These victims are very vulnerable and need the support of community leaders to speak out against violence and show their disapproval of violence within the home.

It is important that people find an outlet for negative emotions so that no harm is caused to others. How can a community help and support people who are violent towards others?

1. Community leaders should make clear statements about the harmful effects of violence within the home or family.
2. Community leaders should support violent men by helping them to resolve problems in a non-violent manner.
3. Community leaders could encourage the mentally ill to take their medication to reduce the likelihood of violence.

Effects of War

Wars, prolonged conflicts and ethnic tension lead to a flood of social economic and psychological problems. Damage ranges from physical disabilities to psychological trauma to the breakdown of local ways of life. Some of the most damaging aspects relate to the aftermath of conflicts: the disruption of local economies, shortages of food and drinking water, separation from family members and displacement from home areas.

Fear and violence exist in many communities. These threaten personal well-being and also affect the ways of life of an entire culture. Communities, like individuals, struggle following violent events. It is good for communities to look together at how they can work through their difficulties caused by large-scale violence:

- What are the practical difficulties following the violence? Draw up a list of priorities as to which problems should be dealt with first.
- What are the emotional problems? Which families are suffering from a burden of grief? How can they be supported?
- How has the violence affected relationships within the community? Community leaders need to talk with the community about fear, anxiety and anger that may have developed and try to resolve these issues through discussion.

15. Self-harm and Suicide

Why do People Self-harm?

Although suicide is culturally not acceptable and religion does not allow for it, the suicide rate in Afghanistan has increased during the last years. The war and its consequences have brought about very difficult life circumstances for many people and this certainly has increased the likelihood for suicide.

Many people who try to kill themselves do not really want to die. They harm themselves in trying to solve their problems or act quickly in a moment of despair. They might then actually die from the harm they inflicted on themselves. Even people who did not act upon an impulse but planned for their suicide during a longer period would get better given enough time and the help that they need.

In Afghanistan people harm themselves by:

- Pouring kerosene over themselves and setting fire to themselves
- Jumping into a well
- Jumping from a high place
- Taking an overdose of medicines.

Who is at Risk of Self-harm?

Self-harm and suicide occurs in men and women. In Afghanistan we hear especially often about women committing suicide. In most other countries of the world, the number of men who kill themselves is higher than the number of women.



Some of the people inflicting self-harm on themselves or killing themselves are patients with a mental illness. However, not all people who harm themselves are mentally ill. Most of them actually are healthy people, but they live in difficult life circumstances and feel particularly helpless and hopeless. Suicide can sometimes seem the only possibility left to them to change their situation and to actively control their own lives.

Those especially at risk of suicide are:

- Patients with a severe depression and drug addicts

- Those who have already tried to kill themselves because they might try again
- Those who have experienced severe psychological trauma (for example war atrocities or rape)
- Those who cope with heavy loss and bereavement
- Those without work and no financial resources
- The lonely and the socially isolated
- Those women suffering under continuous domestic violence
- Those being forced into an unwanted marriage
- Those with difficult family conflicts.

How Can We Talk about Suicide?

It is natural to tend to avoid talking about suicide. We are afraid that through our words we could influence a hopeless person to actually kill himself. Experience and research has shown us that this is not the case. Talking about suicide with someone who is actually thinking about it can mean a big relief for this person. To find someone who is able to understand and with whom the difficult secret of suicidal thoughts can be shared is a great help to that person. To ask someone about suicidal thoughts who do not have them will not increase his or her risk of suicide.

If someone with a possible risk of suicide is identified, it is important to ask directly but sensitively some questions in order to find out whether someone is at acute risk of self-harm.

1. **Find out how hopeless someone feels**, for example by asking: How have you felt

over the last few weeks? Do you feel hopeless? Do you think that there is no worth or purpose for your life anymore?

2. **Ask whether he has thought about suicide**: Do you sometimes wish not to be alive anymore?
3. **Find out whether he has definite ideas or plans how he would do it**, for example by asking: Have you actually thought of ending your life? Have you thought about the way you would do this? Have you made any plans? Have you stored any medicines/kerosene for that purpose? If he has definite plans, he is at a very high risk of self-harm.

If a person is not willing to talk about suicidal intentions and if this person appears hostile and isolates himself the risk of suicide is probably also high.

If a person has survived self-harm or a suicide attempt it is important to talk with him or her about it - ideally as soon as possible. It needs to be found out whether the person is still in danger of killing himself. The most important questions that need to be asked are:

1. **How do you feel about still being alive?**
2. **What was your intention when you hurt yourself?** (Remember some people do not really want to die)
3. **What kind of problems do you have?** Do you have problems within your family? Do you have financial problems? Do you have health problems? Do you feel sad all the time?

It is essential also to find out whether the person is suffering from a mental illness needing treatment.

How Can I Help a Person at Risk of Self-harm?

Firstly you have to identify the person with suicidal intentions. The more the person has concretely thought about suicide, which is, he has made a plan, the bigger the risk.

1. **A person who is suicidal needs to be closely watched** and not left alone. Therefore a family member needs to know about the danger and be willing to care for the person until the danger has disappeared. Medicines and other dangerous items should be locked away. If the suicidal per-

son needs to take medicines, someone else in the family should give it to him.

2. Try to help the suicidal person to **find solutions for his problems**.
3. **If the person suffers from a mental illness** (most likely severe depression) **he needs medical treatment** in order to get better. Be aware that at the beginning of the treatment for depression the risk of suicide might be increased.
4. It can be helpful to ask the suicidal person to promise to a friend or some other helper not to commit suicide before the next meeting. The friend or helper should try to see the suicidal person regularly.

16. Child Abuse

When children are born into a family, they have an inborn need for food, safety and love. Their parents and other members of their family meet these needs. Children love the people who care for them and they grow to trust them. They believe that everything their parents or family members do is right. This trust may extend to other adults such teachers or neighbours. Children believe that all adults know how to look after them and trust them to do so.

What is Child Abuse?

When an adult abuses the trust that a child has in them by wrong behaviour and action, we call this child abuse. There are different types of abuse; these include physical abuse, sexual abuse and emotional abuse.

- **Physical abuse.** In Afghanistan it is common to discipline a child with physical punishment. In some countries this is not acceptable and is seen as physical abuse, in others physical punishment is acceptable within limits. However, violence against a child, which causes physical pain, is physical abuse. This will affect the child's ability to deal with difficult situations and emotions and means that he is likely to use violence himself when distressed.
- **Sexual abuse.** Some adults may use children, both boys and girls for sexual pleasure. This is a serious abuse of a child and causes serious problems for him later in

life, both physically and psychologically. Any sexual contact, which is not part of a relationship between adults, is abusive.

- **Emotional abuse.** Children need to hear words of love and affirmation. Cruelty by adults, harsh words, and adults trying to make children feel guilty, jealous or angry is emotional abuse. The adult is abusing the emotions of the child. This causes difficulties as the child grows and means the child may have difficulty forming loving and warm relationships with other people.

What are the Effects of Child Abuse on a Young Person?

Specific Effects

- **Effects of physical abuse:**
 - Brain damage
 - Broken limbs
 - Internal injuries
 - Deliberate self-harm
 - Enuresis (bedwetting) in a child who had been dry
 - Jumps at sudden noises.
- **Effects of sexual abuse:**
 - Internal injuries
 - Infertility
 - Impotence
 - Deliberate self-harm
 - Enuresis (bedwetting) in a child who had been dry.
- **Effects of Emotional Abuse:**
 - Deliberate self-harm

- Enuresis (bedwetting) in a child who had been dry.

General Effects

All forms of abuse cause similar psychological symptoms:

- Fearfulness and anxiousness
- Tries to please all the time
- Nightmares and poor sleep
- Feelings of dirtiness, worthlessness, guilt and shame
- Inability to enjoy an adult sexual relationship later
- Inability to trust others and form friendships
- Development of many different physical symptoms (see chapter 11. Somatization).

In many instances the symptoms are similar to that of mental trauma because abuse is traumatic for the child, and do cause serious injury to his emotions, much as any other traumatic experience might (See chapter 12. Trauma-related Mental Health Problems). Abuses are traumatic incidents that take place over an extended period of time, rather than just on one occasion.

The long-term effect of child abuse is that children, because they have not learned any other way of behaving, may do the same things themselves to their own or other children. Particularly men who have suffered child sexual abuse, because of their difficulty in relating meaningfully to a wife, may start to abuse children, even their own children or children of the extended family. These problems are often handed down from generation to generation and the chain is not broken.

How Do I Help a Child who Has Been Abused?

Encourage the child to talk about the problem, though this may be difficult for them. Children find it very hard to say that something horrible is happening to them, and so it is very important that the child is believed when they say something. Often adults will deny what the child says, or they will try to make it seem unimportant.

Generally, children or young people who have been abused believe that it is their fault that they have been abused. They believe that there is something about themselves or their personalities that has caused the adult to abuse them. They also feel dirty and ashamed. It is important to help children understand that what happened was not their fault but the fault of an adult.

Sometimes children need to re-learn how to behave, they have to be taught again what acceptable social behaviour is. Do this with love and patience, as the children will be very confused about what is right and what is wrong. The child also should be protected from the person who is abusing them. This may not always be possible, and so it is good if the adult understands that his behaviour is damaging to the child. This is often very difficult for the adult to understand, as he himself may have suffered in the same way when he was young and it seems normal for him.

In Afghanistan, what happens within a home is very private and personal. However, child abuse is something that affects the whole community, and as such is very important. Therefore, it is important that community

leaders, teachers and others in authority take child abuse seriously. They should talk with affected families to try to reduce these abuses,

and they should use their influence to make child abuse socially unacceptable.

17. Caring for the Dying

For people everywhere it is difficult to talk with someone who is dying about death. In Afghanistan, doctors will avoid telling patients that they are dying, will give them medication and send them away. People with terminal illnesses spend a lot of money trying to become well either because they have not been told that treatment will not make them well, or because they do not want to believe that there is no treatment for their illness. However, there are many diseases or syndromes that do not have cures, either here or in other countries, and there is no alternative for the patient but to try to come to terms with what is happening to them. Families do not want to tell their sick family member he will die, and equally they find it hard to spend time caring for someone who will not get well.

Mental Health in the Dying

It is normal for people who have been physically ill for some time to develop mental health problems. People may become depressed due to their ill health and the lack of hope for the future. Equally, they may become over anxious, and see any change in their health as an indicator of their imminent death, although this may just be a temporary change. An ill person may also become angry that he is going to die, and be angry with those around him that they will live. People are often very afraid of dying, they do not know what will happen afterwards, and conse-

quently do not want to think about their death at all. It is hard for them to think of letting go of their family and of their life.

Those people who know that they are dying have two choices, either to refuse to accept that they are dying and deny it (similar to denial in grief and bereavement), or accept that they will die and try to come to terms with it. Those who deny their condition may, as a result, travel to different doctors or even to different countries in search of a cure. This can lead to increased feelings of bitterness and frustration as they continue to become increasingly unwell.

People who are dying need to come to terms with their death. This is something unavoidable for all of us, but for the sick, they can see the approach of death more clearly. Such people need the chance to think through their lives. They may want to put right things that they have done wrong. They may want to tell people close to them that they love them and respect them. In many ways it is like a final 'Good bye', in which the dying person can affirm and encourage those left behind.

Dying people may also want to do things or visit places before they die, to restore relationships, in general to 'finish off' anything that they feel is undone. In this respect it is important for people to know that they are dying. Because if they can do these things, this may make their death easier for those left behind. There will be no feelings of 'I wish I had said this to him', although of course the natural grief process will begin.

Knowing and accepting that they will die also gives dying people the opportunity to 'spiritually' prepare for their death. They may wish to do those things that they feel will help them prepare such as visiting holy shrines, or asking someone to perform their prayer and fasting for them. They may wish to leave money or land to be used for the poor, or do whatever they feel will give them peace after death. In this way people can feel prepared for their death, and it helps reduce the feelings of fear that may come as a result. This also helps family members and friends, to see that the person is not afraid of death, but has come to terms with what is happening to him.

This is also the time when a dying man will need to prepare his will, if he has not already. He may want to discuss his will with his family, to help them understand the decisions he has made.

How Do I Care for the Dying: Palliative Care

Palliative care means supportive care for the dying. It is the care that family members and friends give, to help the ill person as he becomes more and more unable to care for himself. As a person becomes more ill, he is often much less able to keep himself clean or to feed himself well. In many ways, it is like he has become a child again because he needs help in many daily tasks. Sometimes a dying person can no longer control his bowels or urine. This is very unpleasant for the ill person and those around him. His family needs to clean him so that he can feel comfortable despite this problem.

Palliative care is important because although it does not help the person to become well, it means that he can have a sense of dignity about himself, he does not look dirty and does not smell badly. Some people for example may need the inside of their mouth wiped out regularly. It is true that this will not make them well, but it means that their mouth does not smell, their food tastes better, and the person is more pleasant to sit with and talk to. They are not embarrassed about how they look or how they smell.

Generally, families find these things tiring and difficult to do. They are repetitive, unpleasant chores and they do not make the person well. However, palliative care does change how the person feels about himself and he is better able to cope with visitors and spend time with people other than his immediate family. This enables those caring for the person to have time to himself or herself, to get on with other tasks and to have a 'break' from a nursing role.

Important things to remember:

1. Try to keep the ill person as clean as possible.
2. Try to help the ill person feel as physically comfortable as possible.
3. Allow the ill person to do whatever he can himself and only help when asked to do so.
4. Do not talk about the ill person in his presence. Continue to involve him in decision processes of the family, which helps him to still feel a family member.
5. If the ill person wants to talk about his death it is good to let him talk things over because it helps in the process of coming to terms with the inevitable.

6. If the person does not want to talk about his death, do not make him. He will choose when and how he wants to discuss it.
7. The ill person may want to discuss his funeral arrangements, where he will be buried and what he will wear. It is good to let him talk about this, and when he does die, the funeral arrangements are as he would have wanted. This is a way of honouring him and his last wishes.

Medicines in Palliative Care

A person who is dying of cancer or another severe illness may suffer severely, for example with pain, breathing difficulties or restlessness. Medication, for example strong painkillers should be given to relieve this suffering.

Caring for the Carers

Caring for someone who is dying is very difficult. It is very hard to see someone who is in suffering. It is hard to be loving and encouraging when the ill person is sad, depressed, anxious or even angry about his situation. The additional work of cleaning, feeding or lifting an ill person can make the carer tired and eventually could lead to depression.

The carers also have to struggle with the feelings that come when they know that someone they love is going to die, although he is still alive. A process similar to grief begins, in that they begin to come to terms with the fact that the loved one will die. However, they cannot complete the grief process until the person has actually died.

When the carers are feeling stronger, less tired and more positive, then it is easier for them to

care for the ill person, and they see it as a way of demonstrating loving care for their ill family member.

When the carers are very tired and sad, they may wish that they did not have to care for the ill person any longer. Together with the uncompleted grief process, this can lead to a variety of mixed feelings and is a very difficult time. The carers may feel like wishing the person is dead, and so they feel guilty, angry and sad all at the same time.

For this reason, it is essential that carers have a chance to rest from the task of caring. If family members can take it in turn to care, cook or feed the ill person, then this will ease the burden for everyone. If a carer is able to leave the environment for a short period, perhaps visit friends or talk with others outside of the situation, that may give him the emotional and physical rest that he needs. This will help him to continue caring for the loved person, and will also help him when the person dies, to know that he did all that he could to make his last months as comfortable as possible.

Caring for people that are dying is a very difficult task. It is emotionally and physically tiring and can lead to depression in the carers, if they do not have adequate support. The task is helped if the carers know that they are significantly improving the last months of the ill person's life and giving him dignity.

When the ill person eventually dies, the carers may also feel a sense of relief at his death because they are released from the task of physical care for him. This can bring feelings of guilt, alongside the other feelings of sadness and loss. It is important that the carers know that these feelings are normal; that they

are only human and that these mixed feelings are common. However, the carers still need to work through these feelings of guilt, and it is

helpful for them to be able to share these with someone else.

18. Drugs Used in Mental Health Problems and Epilepsy

Who Needs Treatment with Medicines?

The major part of management of mental health problems consists of supportive therapy, rehabilitation and counselling. These have been explained in the previous chapters. Their advantage is that any person, even the medically untrained, can help mentally ill people that way.

However, in some conditions the patient will not get better or cannot be cured without treatment with medicines. These conditions are:

1. (Moderate to) severe depression
2. Acute or chronic psychosis
3. Epilepsy.

In some other conditions, medicines can support the patient until counselling or rehabilitation show effect.

Which Drugs are Used to Treat Mental Illness and Epilepsy?

It is important that medicines are only prescribed by doctors because the medicines can have some serious side effects. Similarly, they should only be stopped after consulting a doctor because sometimes serious effects can occur if a drug is stopped too suddenly. It is

important to involve the family or friends. Some relative should take responsibility that the patient takes his medication every day or receives his injection every month.

The number of drugs needed to treat all the conditions mentioned in this book is small. The drugs are cheap and usually widely available. Every doctor should be familiar with their use and their effective dosage, their side effects and the instructions to give to the patient:

For severe depression:

- Amitryptiline tablets.

For psychosis:

- Chlorpromazine injections and tablets
- Fluphenazine injections.

For side effects of antipsychotic drugs:

- Trihexyphenidyl tablets.

For epilepsy:

- Phenobarbital tablets.

Amitryptiline

Uses

Moderate to severe depression.

Contraindications

Heart disease, manic phase in manic depression, severe liver disease.

Side Effects

- **Common:** tiredness, dry mouth, postural hypotension (if the patient stands up suddenly, his blood pressure drops and the patient feels dizzy).
- **Less common:** constipation, difficulty in passing urine, increased epileptic fits in epileptic patients.
- **How to manage the side effects:** reassure the patient that most side effects improve after 1-2 weeks. In epileptic patients, reduce the dosage.

Use in Pregnancy

Avoid if possible or give only half the recommended dose.

Use in Breastfeeding

Watch the baby for drowsiness and reduce the dose if drowsiness occurs.

How to Give It

1. Give amitryptiline 50mg in the evening after food. In old people start with 25mg.
2. Explain to the patient that in the beginning he may experience tiredness, dryness of mouth or dizziness. Most of the side effects will get better after 1-2 weeks.
3. Explain to the patient that improvement of his mood cannot be expected earlier than 14 days; sometimes it takes 4-6 weeks before he starts feeling better.
4. If the patient does not experience many side effects, increase amitryptiline to 25mg in the morning and 50mg at night and continue this dose for 2 weeks.
5. If there is no improvement, increase the dose to a maximum of 150mg a day by adding an extra 25mg every 7 days.

6. After the patient has fully recovered from his depression, continue the full dosage at least for one more month. Then reduce gradually by 25mg every 2 weeks. Some patients need treatment for a year or longer.

Chlorpromazine**Uses**

Psychosis symptoms, sedation when a psychotic patient is very disturbed or violent.

Contraindications

Severe heart disease, severe liver disease.

Side Effects

- **Common:** tiredness, low blood pressure, hand tremor, rigidity of the muscles (can be felt at the wrist), shuffling gait.
- **Less common:** acute reaction in the muscles of head and neck (the head is forced to one side, the eyes are forced upwards and the tongue may stick out), blurred vision, skin rash that is worse in sunlight and convulsions. Epileptic patients may get more fits.
- **How to manage side effects:** give trihexyphenidyl for prevention of side effects and for severe muscle reactions, see below. Consider reducing the dose. Sometimes the patient has to accept side effects in order to control the psychotic symptoms.

Use in Pregnancy

Can be given, occasionally muscle reactions in newborn have occurred. Generally, try to give a dose as low as possible to control the symptoms.

Use in Breastfeeding

Watch the baby for drowsiness and reduce the dose if drowsiness occurs.

How to Give It**Acute Psychotic Symptoms or Violent Behaviour**

1. If a patient is very disturbed and needs restraint, give chlorpromazine 100mg orally 3 times daily or 50mg by intramuscular injection. If the patient remains very disturbed after 3 days, increase to 100mg 4 times daily. If this does not improve his condition after 10 days, refer to a hospital. As soon as his condition has improved, reduce the dose to 50mg orally 3 times daily.
2. If the patient is less disturbed, give chlorpromazine 25-50mg orally 3 times daily. If there is no significant improvement after 4 weeks, refer.
3. In most patients, the abnormal symptoms will become less after about one week. When the patient has fully recovered, continue chlorpromazine for another 4 weeks, then reduce the dose by 50mg every week.

Chronic Psychotic Symptoms

In patients with chronic psychosis, treatment is needed for several months. If the patient had many years of mental illness in the past (recurrent psychosis), give him treatment life-long. Instead of chlorpromazine tablets, give a monthly injection of fluphenazine, see below.

Fluphenazine**Uses**

As for chlorpromazine, when long-term treatment is necessary, or acute psychotic

symptoms if the patient is unwilling to take tablets.

Contraindications, Side Effects, Use in Pregnancy and Breastfeeding

As for chlorpromazine.

How to Give It

1. Give a test dose of fluphenazine 12.5mg intramuscular (IM).
2. If there are no bad reactions, give 25mg IM one week later and then 25mg IM every month.
3. If the symptoms are not sufficiently controlled, give 25mg IM every 3 weeks instead of every month.
4. Make sure the family and the patient understand that treatment is long-term or even life-long. They must understand that the patient is likely to become psychotic again, if they stop the injections.

Trihexyphenidyl**Uses**

Prevention or treatment of the following side effects of chlorpromazine or fluphenazine: tremor, muscle stiffness (rigidity), shuffling gait, acute reaction in head and neck muscles.

Contraindications

None.

Side Effects

Dry mouth, blurred vision.

Use in Pregnancy

Start with half the recommended dose.

Use in Breastfeeding

Can be used.

How to Give It

1. Give trihexyphenidyl 2mg orally two times daily.
2. Increase to 2mg three times daily if the patient is on a high dose chlorpromazine.
3. You can give this dose as long as the patient takes chlorpromazine or receives fluphenazine injections. Do not stop trihexyphenidyl suddenly but decrease slowly.
4. If acute reaction of head and neck occurs, give 4 mg orally immediately.

Phenobarbital**Uses**

Epilepsy (only treat a patient who has had at least 2 fits in the last 6 months. Do not treat the first fit. Many patients will never have another again).

Contraindications

None but use smaller doses in severe liver disease.

Side Effects

Drowsiness, lethargy, behaviour changes, learning difficulties in children, restlessness, folate deficiency anaemia (treat with folic acid).

Use in Pregnancy

Avoid if possible. Phenobarbital may cause congenital malformations during the first 3 months of pregnancy and neonatal bleeding if

given during the last 3 months. However, do not stop if an epileptic woman, already taking phenobarbital, becomes pregnant. The risk of phenobarbital is small, compared with the dangers of epileptic convulsions to the pregnant mother and foetus. Give folic acid throughout pregnancy and prophylactic vitamin K (phytomenadione) 1mg by intramuscular injection to the newborn after birth.

Use in Breastfeeding

Can be used.

How to Give It

Follow the principles of good anti-epileptic treatment:

1. Do not combine Phenobarbital with another antiepileptic drug. 75% of all epileptic patients can be successfully treated by one drug. It is a common mistake to treat a patient with several anti-epileptic drugs, all in a dose too low to be effective.
2. Different patients need different doses. Adjust the doses for each patient. Always start with a low dose and increase it every 2 weeks, either until the convulsions are controlled or until the patient cannot tolerate a higher dose because of side effects.
3. Once the drug has been started, it must be taken continuously. If the patient stops it suddenly, he may suffer several severe fits.
4. Educate the family and the patient and make sure they understand all the points explained in chapter Epilepsy and Dissociation.
5. Teach the family what to do if the patient has another convulsion (see chapter Epilepsy and Dissociation).

6. Give the correct dosage:

Start with a low dose (adults 60-90mg). Increase it every 1-2 weeks (adults by 30mg, children by 1mg/kg) until the convulsions are controlled or the maximum dose that a patient can tolerate is reached. Only then, if control is not achieved, add a second anti-epileptic drug such phenytoin.

Children (5mg/kg once daily at night)

2-12 months 15-45mg once daily at night

1-5 years 30-100mg once daily at night

6-12 years 50-150mg once daily at night

Adults 60-up to 300mg once daily at night

7. Give for the correct length of time. If the patient did not have any convulsions for 2 years, then gradually stop the drug. Do not

stop the drug suddenly but reduce the dosage gradually every 2-4 weeks. For example if an adult takes 150mg phenobarbital every night, then reduce by 30mg every 4 weeks. This means that the patient will continue taking phenobarbital for another 5 months before you have stopped it altogether.

8. See the patient regularly. Without follow up, epilepsy treatment will never succeed. Follow the patient up at first every 2 weeks and later every 1-3 months. Write down the important advice for the family. If the patient is unable to keep his follow up appointment, he must still continue taking the medicine.

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د افغان ماشومانو لپاره د جرمني کمیټې او د هغې له مشر ډاکټر ایروس څخه ډېره مننه کوو چې د دغه کتاب د چاپ لگښت یې ورکړي دي دوی په تیرو کلونو کې هم د ننګرهار د طب پوهنځی د ۴۰ عنوانه طبي کتابونو د چاپ لگښت پر غاړه درلود.

په ځانګړي توګه د جې آی زیت (GIZ) له دفتر او CIM (Center for International Migration & Development) چې زما لپاره یې په تېرو څلور کلونو کې په افغانستان کې د کار امکانات برابر کړي دي هم د زړه له کومې مننه کوم.

د لوړو زده کړو له محترم وزیر ښاغلي پوهاند ډاکټر عبیدالله عبید، علمي معین ښاغلي پوهنوال محمد عثمان بابري، مالي او اداري معین ښاغلي پوهنوال ډاکټر گل حسن ولیزي، د ننګرهار پوهنتون رییس ښاغلي ډاکټر محمد صابر، د ننګرهار طب پوهنځی رییس ښاغلي ډاکټر خالد یار، د ننګرهار طب پوهنځی علمي مرستیال ښاغلي ډاکټر همایون چارديوال، د پوهنتونو او پوهنځیو له ښاغلو ریيسانو او استادانو څخه هم مننه کوم چې د کتابونو د چاپ لړۍ یې هڅولې او مرسته یې ورسره کړې ده.

همدارنگه د دفتر له همکارانو احمد فهیم حبیبی، سبحان الله او حکمت الله عزیز څخه هم مننه کوم چې د کتابونو د چاپ په برخه کې یې نه ستړې کیدونکې هلې ځلې کړې دي.

ډاکټر یحیی وردګ، د لوړو زده کړو وزارت

کابل، فبروري ۲۰۱۴

د دفتر ټیلیفون: ۰۷۵۶۰۱۴۶۴۰

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ننگرهار طب پوهنځی لپاره د ۲۰ نورو طبي کتابونو د چاپ چارې روانې دي. د يادونې وړ ده چې نوموړي چاپ شوي کتابونه د هيواد ټولو طب پوهنځيو ته په وړيا توگه ویشل شوي دي.

ټول چاپ شوی طبي کتابونه کولای شي د www.ecampus-afghanistan.org ويب پاڼې څخه ډاونلوډ کړي.

کوم کتاب چې ستاسې په لاس کې دي زمونږ د فعاليتونو يوه بېلگه ده. مونږ غواړو چې دې پروسې ته دوام ورکړو، ترڅو وکولای شو د درسي کتابونو په برابرولو سره د هيواد له پوهنتونو سره مرسته وکړو او د چپټر او لکچر نوټ دوران ته د پای ټکی کېږدو. د دې لپاره دا اړينه ده چې د لوړو زده کړو د موسساتو لپاره هر کال څه نا څه ۱۰۰ عنوانه درسي کتابونه چاپ کړل شي.

د لوړو زده کړو د وزارت، پوهنتونونو، استادانو او محصلينو د غوښتنې په اساس په راتلونکې کې غواړو چې دا پروگرام غير طبي برخو لکه ساينس، انجنيري، کرهڼې، اجتماعي علومو او نورو پوهنځيو ته هم پراخ کړو او د مختلفو پوهنتونونو او پوهنځيو د اړتيا وړ کتابونه چاپ کړو.

له ټولو محترمو استادانو څخه هيله کوو، چې په خپلو مسلکي برخو کې نوي کتابونه وليکي، وژباړي او يا هم خپل پخواني ليکل شوي کتابونه، لکچر نوټونه او چپټرونه ايډېټ او د چاپ لپاره تيار کړي. زمونږ په واک کې يې راکړي، چې په ښه کيفيت چاپ او وروسته يې د اړوندې پوهنځۍ استادانو او محصلينو په واک کې ورکړو. همدارنگه د يادو شويو ټکو په اړوند خپل وړاندیزونه او نظريات زمونږ په پته له مونږ سره شريک کړي، ترڅو په گډه پدې برخه کې اغيزمن گامونه پورته کړو.

له گرانو محصلينو څخه هم هيله کوو چې په يادو چارو کې له مونږ او ښاغلو استادانو سره مرسته وکړي.

د يادونې وړ ده چې د مولفينو او خپروونکو له خوا پوره زيار ايستل شوی دی، ترڅو د کتابونو محتويات د نړيوالو علمي معيارونو په اساس برابر شي، خو بيا هم کيدای شي د کتاب په محتوی کې ځينې تيروتنې او ستونزې وجود ولري، نو له درنو لوستونکو څخه هيله مند يو ترڅو خپل نظريات او نيوکې مولف او يا مونږ ته په ليکلې بڼه را وليږي، ترڅو په راتلونکې چاپ کې اصلاح شي.

د درسي کتابونو د چاپ پروسه

قدرمنو استادانو او گرانو محصلينو!

د افغانستان په پوهنتونونو کې د درسي کتابونو کموالی او نشتوالی له لویو ستونزو څخه گڼل کېږي. یو زیات شمیر استادان او محصلین نوي معلوماتو ته لاس رسی نه لري، په زاړه میتود تدریس کوي او له هغو کتابونو او چپترونو څخه گټه اخلي چې زاړه دي او په بازار کې په ټیټ کیفیت فوتوکاپي کېږي.

د دې ستونزو د هوارولو لپاره په تېرو درو کلونو کې مونږ د طب پوهنځیو د درسي کتابونو د چاپ لړۍ پیل او تر اوسه مو ۱۳۶ عنوانه طبي درسي کتابونه چاپ او د افغانستان ټولو طب پوهنځیو او نورو ادارو لکه عامې روغتیا وزارت، د علومو اکاډمي، روغتونونو او نورو... ته استولي دي.

دا کړنې په داسې حال کې تر سره کېږي چې د افغانستان د لوړو زده کړو وزارت د (۲۰۱۰-۲۰۱۴) کلونو په ملي ستراتیژیک پلان کې راغلي دي چې:

"د لوړو زده کړو او د ښوونې د ښه کیفیت او زده کوونکو ته د نویو، کره او علمي معلوماتو د برابرولو لپاره اړینه ده چې په دري او پښتو ژبو د درسي کتابونو د لیکلو فرصت برابر شي د تعلیمي نصاب د ریفورم لپاره له انگریزي ژبې څخه دري او پښتو ژبو ته د کتابونو او درسي موادو ژباړل اړین دي، له دې امکاناتو څخه پرته د پوهنتونونو محصلین او استادان نشي کولای عصري، نویو، تازه او کره معلوماتو ته لاس رسی پیدا کړي".

د افغانستان د طب پوهنځیو محصلین او استادان له ډېرو ستونزو سره مخامخ دي. نویو درسي موادو او معلوماتو ته نه لاس رسی، او له هغو کتابونو او چپترونو څخه کار اخیستل چې په بازار کې په ډېر ټیټ کیفیت پیدا کېږي، د دې برخې له ځانگړو ستونزو څخه گڼل کېږي. له همدې کبله هغه کتابونه چې د استادانو له خوا لیکل شوي دي باید راټول او چاپ کړل شي. د هیواد د اوسني حالت په نظر کې نیولو سره مونږ لایقو ډاکترانو ته اړتیا لرو، ترڅو وکولای شي په هیواد کې د طبي زده کړو په ښه والي او پرمختگ کې فعاله ونډه واخلي. له همدې کبله باید د طب پوهنځیو ته لا زیاته پاملرنه وشي.

تراوسه پورې مونږ د ننگرهار، خوست، کندهار، هرات، بلخ او کاپیسا د طب پوهنځیو او کابل طبي پوهنتون لپاره ۱۳۶ عنوانه مختلف طبي تدریسي کتابونه چاپ کړي دي. د



د لوړو زده کړو وزارت پیغام

د بشر د تاریخ په مختلفو دورو کې کتاب د علم او پوهې په لاسته راوړلو کې ډیر مهم رول لوبولی دی او د درسي نصاب اساسي برخه جوړوي چې د زده کړې د کیفیت په لوړولو کې مهم ارزښت لري. له همدې امله د نړیوالو پیژندل شویو ستندردونو، معیارونو او د ټولني د اړتیاوو په نظر کې نیولو سره باید نوي درسي مواد او کتابونه د محصلینو لپاره برابر او چاپ شي.

د لوړو زده کړو د مؤسسو د بناغلو استادانو څخه د زړه له کومې مننه کوم چې ډېر زیار یې ایستلی او د کلونو په اوږدو کې یې په خپلو اړوندو څانگو کې درسي کتابونه تألیف او ژباړلي دي. له نورو بناغلو استادانو او پوهانو څخه هم په درنښت غوښتنه کوم تر څو په خپلو اړوندو برخو کې نوي درسي کتابونه او نور درسي مواد برابر کړي څو تر چاپ وروسته د گرانو محصلینو په واک کې ورکړل شي.

د لوړو زده کړو وزارت دا خپله دنده بولي چې د گرانو محصلینو د علمي سطحې د لوړولو لپاره معیاري او نوي درسي مواد برابر کړي.

په پای کې د افغان ماشومانو لپاره د جرمني کمیټې او ټولو هغو اړوندو ادارو او کسانو څخه مننه کوم چې د طبي کتابونو د چاپ په برخه کې یې هر اړخیزه همکاري کړې ده.

هیله مند یم چې نوموړې پروسه دوام وکړي او د نورو برخو اړوند کتابونه هم چاپ شي.

په درنښت

پوهاند ډاکټر عبیدالله عبید

د لوړو زده کړو وزیر

کابل، ۱۳۹۳

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دوهم چاپ	۱۳۹۳
ډاونلوډ	www.ecampus-afghanistan.org
چاپ ځای	افغانستان تایمز مطبعه، کابل

دا کتاب د افغان ماشومانو لپاره د جرمني کمیتې په جرمني کې د Eroes کورنۍ یوې خیریه ټولني لخوا تمويل شوی دی.

اداري او تخنیکي چارې يې په آلمان کې د افغانیک لخوا ترسره شوې دي.

د کتاب د محتوا او لیکنې مسؤلیت د کتاب په لیکوال او اړونده پوهنځی پورې اړه لري. مرسته کوونکي او تطبیق کوونکي ټولني په دې اړه مسؤلیت نه لري.

د تدریسي کتابونو د چاپولو لپاره له مور سره اړیکه ونیسئ:

ډاکتر یحیی وردک، د لوړو زده کړو وزارت، کابل

تیلیفون ۰۷۵۶۰۱۴۶۴۰

ایمیل textbooks@afghanic.org

د چاپ ټول حقوق له مؤلف سره خوندي دي

ای اس بی ان ۰ - ۰ - ۹۵۵۷۱۶۳ - ۰ - ۹۷۸

د رواني روغتيايي ستونځو

عملي لارښود

(انگليسي)

سيان نيكولاس

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ