

Project Burans Community Worker Toolkit

A community based intervention
resource for field workers



ProjectBurans
working with communities for mental health in Uttarakhand



This toolkit has been developed for use by
community workers for mental health. It can be
downloaded for free from this website
<http://projectburans.wix.com/burans>

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Guide for Assessment at First Visit

Introduction	<ul style="list-style-type: none"> <input type="checkbox"/> Introduce yourself and the purpose of Project Burans. <input type="checkbox"/> Ask PWMD: Name, Age, Occupation (see Careplan's front page)
Information About Mental Disorder	<ul style="list-style-type: none"> <input type="checkbox"/> What symptoms have you/family members noticed? <input type="checkbox"/> When did you first notice this? <input type="checkbox"/> How long has it been present? <input type="checkbox"/> Onset: suddenly or slowly? <input type="checkbox"/> Always present or only sometimes? E.g. At night, in the morning, excessive tiredness? <input type="checkbox"/> How does it affect you? What does it stop you from doing? <input type="checkbox"/> Anything that makes it better? Who have you asked for help? E.g. Medication, jhaadu foonk? <input type="checkbox"/> Anything that makes it worse? E.g. Stress, sleep deprivation?
Information About Possible Causes of Mental Disorder	<ul style="list-style-type: none"> <input type="checkbox"/> Any mental illnesses in the past? Ask for medical records & prescriptions <input type="checkbox"/> Any recent medical problems? E.g. Head injury? <input type="checkbox"/> Any recent major life events? E.g. Death in the family, unemployment, debts? <input type="checkbox"/> What do you believe caused the illness and why?
Golden Questions	<ul style="list-style-type: none"> <input type="checkbox"/> Any problems sleeping at night? <input type="checkbox"/> Been feeling sad or unhappy recently? <input type="checkbox"/> Been feeling scared or frightened of anything? <input type="checkbox"/> Been worried about drinking too much alcohol recently? How much money & time have you been spending on alcohol recently?

Helping PWMD & Family Problem Solving

- List all their problems in order of priority
- Ask PWMD to think of small steps to tackle the first problem
- Write these steps down as a plan for PWMD to follow
 - For example, the task of “washing clothes”:
 - 1. Fill a container of water
 - 2. Wet the clothes
 - 3. Apply soap to the clothes
 - 4. Rinse off the soap from the clothes
 - 5. Spread the clothes out to dry
- Check if PWMD has followed the plan on next visit
- If plan is successful, move onto next problem on list
- If plan is unsuccessful, help them suggest a different plan
- Praise PWMD as they complete each plan successfully!

Examples of Problems To Solve:

Behaviour Modification	<input type="checkbox"/> Controlling emotions (anger, sadness) <input type="checkbox"/> Following instructions
Activities of Daily Living & Self Care	<input type="checkbox"/> Eating with others and feeding (by self) <input type="checkbox"/> Bathing (by self) <input type="checkbox"/> Dressing (by self) <input type="checkbox"/> Doing a pleasant activity (e.g. going for a walk)
Social Skills	<input type="checkbox"/> Greeting people <input type="checkbox"/> Looking someone in the eye and smiling <input type="checkbox"/> Having a smooth conversation with someone <input type="checkbox"/> Not taking clothes off or staring at people in public
House Responsibilities	<input type="checkbox"/> Cleaning dishes <input type="checkbox"/> Making the bed <input type="checkbox"/> Watering the plants <input type="checkbox"/> Helping make dinner
Adherence Management	<input type="checkbox"/> Taking medications regularly and on time <input type="checkbox"/> Following care plan

Lifestyle Modification

DAILY ROUTINE

- Fix regular time for activities and chores in daily schedule
E.g. Washing, dressing, feeding, sleeping, taking medicines

SLEEP

- Set a regular wake up and sleep time
- Teach “7 Steps To Sleep” (see page 9)

DIET

- Educate about importance of eating good food regularly
- Recommend minimal sugar, salt, oil and masala
- Recommend lots of fresh fruits and vegetables

EXERCISE

- Educate: A healthy body can lead to a healthy mind!
- Encourage forms of exercise PWMD enjoys
E.g. walking, cleaning home, gardening
- Make a goal on fixed amount of exercise per day and focus on slowly increasing goal (10 minutes → 20 minutes → 30 minutes)

SOCIALISING & HOBBIES

- Spend time with family and friends – you are valued and loved
- Re-start hobbies you enjoy: E.g. sewing, sketching, playing with children

WORK

- Support PWMD as they look for a new job
- Advise that nearly everyone with mental illness can do some kind of job & be useful, & being busy can stop mental illness from returning

Relaxation Exercises

Purpose:	Deal with stress and anxiety
Time Recommended:	10 minutes daily
Benefits Received:	Within 2 weeks (approximately)

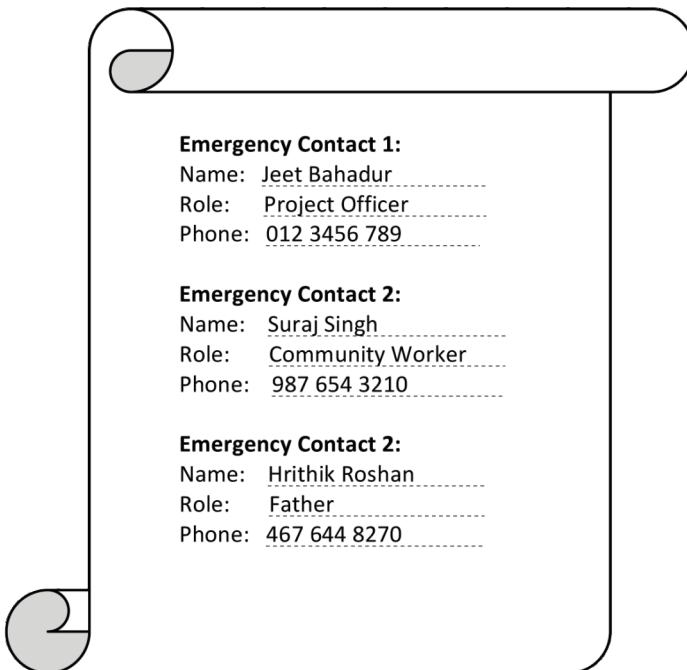
1. Find a quiet room where you will not be disturbed
2. Lie down or sit down in a comfortable position
3. Close your eyes
4. Concentrate on taking slow, regular breaths through the nose
5. Breath in slowly while counting to three.
6. Breath out slowly while counting to three.
7. Pause and hold your breath for another three counts.
8. Repeat steps 5 – 7.
9. Once you are comfortable with this breathing pattern, imagine a pleasant word. Each time you breathe out, say this word in your mind.
E.g. Say the word “relax”. If you are religious you can choose a word that has importance to your faith. For example, a Hindu could say “Om”, while a Christian could say “God is Love” and a Muslim could say “Insha’Allah”.
10. You can also imagine a pleasant location that brings you joy –
E.g. Family function or riding motorbike
11. Continue relaxation exercises for 10 minutes.

Crisis Planning

Purpose: Help PWMD and family follow instructions and get help in a crisis

- Ask PWMD to think of 3 people they can contact in a crisis for help
- Obtain their name & number and write on a piece of paper
- Tell PWMD and his/her caregiver to put paper in easy to access location
- Make sure PWMD and his/her caregiver know how to access a phone and dial for help

Example of Crisis Plan:



Emergency Contact 1:
Name: Jeet Bahadur
Role: Project Officer
Phone: 012 3456 789

Emergency Contact 2:
Name: Suraj Singh
Role: Community Worker
Phone: 987 654 3210

Emergency Contact 2:
Name: Hrithik Roshan
Role: Father
Phone: 467 644 8270



YOUR TIME,
YOUR WORDS,
YOUR PRESENCE



DO WHAT YOU CAN,
ENJOY WHAT YOU DO,
MOVE YOUR MOOD



EMBRACE NEW
EXPERIENCES,
SEE OPPORTUNITIES,
SURPRISE YOURSELF



TALK & LISTEN,
BE THERE,
FEEL CONNECTED



REMEMBER
THE SIMPLE
THINGS THAT
GIVE YOU JOY



WINNING WAYS
TO WELLBEING

INTRODUCE THESE FIVE SIMPLE
STRATEGIES INTO YOUR LIFE AND
YOU WILL FEEL THE BENEFITS.

7 Steps to Sleep

- 1.** Keep a regular sleep schedule. Go to bed and wake up at the same time each day.
- 2.** Try and have a rhythm of activities you follow to relax before going to bed. For example:
 - Brushing your teeth and washing your face
 - Drinking a warm cup of milk or water
 - Practicing relaxation for 10 minutes (see page 6)
 - Reading a book
- 3.** Avoid taking naps during the day.
- 4.** Avoid using computer, or talking on cell phone or watching TV just before sleep – it can make the mind more active and less ready to sleep.
- 5.** Exercise during the day, but not just before sleeping
- 6.** Try to make yourself comfortable while you sleep by reducing noise and lights around you
- 7.** Avoid caffeine like chai, coffee or cold drink during the evening. Also avoid smoking and drinking before bed

PHQ9 – Screening Tool for Depression

Step 1: Introduction & Ask The Questions						
I am going to ask you some questions. Please choose 1 of 4 answers. Over the last 2 weeks have you had any of the following problems:		Not at all	Some days	More than half the days	Nearly every day	
Q1	Trouble falling asleep, staying asleep or sleeping too much?	0	1	2	3	
Q2	Feeling tired or having little energy?	0	1	2	3	
Q3	Poor appetite or overeating?	0	1	2	3	
Q4	Trouble concentrating on things, such as reading the newspaper or watching TV?	0	1	2	3	
Q5	Little interest or pleasure in doing things?	0	1	2	3	
Q6	Feeling depressed or hopeless?	0	1	2	3	
Q7	Feeling bad about yourself – feelings of failure or disappointment in yourself?	0	1	2	3	
Q8	Moving/speaking very slowly? Or moving/speaking more than usual?	0	1	2	3	
Q9	Thoughts that you would be better off dead, or of hurting yourself in some way?	0	1	2	3	
Step 2: Calculate Total PHQ9 Score						
Add the total numbers circled						
Step 3: Interpret PHQ9 Score & Determine Action Plan						
PHQ9 Score	Severity of Depression					
1 – 9	Minimal depression					
10 – 14	Moderate depression					
15 – 19	Severe depression					
20 – 27	Extremely severe depression					
Step 4: Action Plan Based On PHQ9 Score						
PHQ9 Score	Action					
Less than 10	<ol style="list-style-type: none"> 1. Register them on the Burans PWMD list 2. Start with psychoeducation 3. Offer the opportunity to join a 5 Steps Group 					
10 – 15	All of the above PLUS: <ol style="list-style-type: none"> 1. Make at least 3 visits in the next 4 weeks 					
More than 16	All of the above PLUS: <ol style="list-style-type: none"> 1. Refer and facilitate visit to doctor 2. Consider suicide risk assessment 					

GHQ12 – Screening Tool for Psychological Distress

Step 1: Introduction & Ask The Questions						
I am going to ask you some questions. Please choose 1 of 4 answers. Over the last 2 weeks have you recently:		Better than usual	Same as usual	Less than usual	Much less than usual	
Q1	Been able to concentrate on what you're doing?	0	1	2	3	
Q2	Lost much sleep over worry?	0	1	2	3	
Q3	Felt that you are useful?	0	1	2	3	
Q4	Felt capable of making decisions?	0	1	2	3	
Q5	Felt constantly under strain?	0	1	2	3	
Q6	Felt you can't overcome difficulties?	0	1	2	3	
Q7	Been able to enjoy your normal day-to-day activities?	0	1	2	3	
Q8	Been able to face your problems?	0	1	2	3	
Q9	Been feeling unhappy/depressed?	0	1	2	3	
Q10	Been losing confidence in yourself?	0	1	2	3	
Q11	Been thinking you are worthless?	0	1	2	3	
Q12	Been feeling reasonably happy?	0	1	2	3	
Step 2: Calculate Total GHQ12 Score						
Add the total numbers circled						
Step 3: Interpret GHQ12 Score						
Total Score		Severity of Psychological Stress				
1 – 10		Low psychological stress				
11 – 14		Normal psychological stress				
15 – 20		Evidence of psychological distress				
> 20		Severe psychological distress				
Step 4: Action Plan Based On GHQ12 Score						
PHQ9 Score		Action				
Less than 16		<ol style="list-style-type: none"> 1. Psychoeducation using the Anxiety pamphlet 2. Teach relaxation exercises (see page 6) 				
More than 16		<p>All of the above PLUS:</p> <ol style="list-style-type: none"> 1. Register on the Burans PWMD list 2. Make at least 3 visits in the next 4 weeks 3. Offer the opportunity to1. join a 5 Steps Group 4. Refer and facilitate visit to doctor 5. Consider suicide risk assessment 				

AUDIT – Screening Tool for Alcohol Use Disorder

Step 1: Introduction						
I am going to ask you questions about your alcohol consumption over the last 12 months. For each question, choose one of five possible answers. Do you understand?						
Step 2: Ask The Questions						
Points		0	1	2	3	4
Q1	How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	>4 times week
Q2	How many drinks containing alcohol do you have on a typical day when you drink?	1-2	3-4	5-6	7-9	10 or more
Q3	How often do you have 6 or more drinks at once?	Never	Less than monthly	Monthly	Weekly	Daily
Q4	How often are you unable to stop drinking once you start?	Never	Less than monthly	Monthly	Weekly	Daily
Q5	How often do you fail to do what is normally expected of you?	Never	Less than monthly	Monthly	Weekly	Daily
Q6	How often are you unable to remember what happened the night before because you were drinking?	Never	Less than monthly	Monthly	Weekly	Daily
Q7	How often do you need to drink first thing in the morning?	Never	Less than monthly	Monthly	Weekly	Daily
Q8	How often do you feel guilty after drinking?	Never	Less than monthly	Monthly	Weekly	Daily
Q9	Have you or someone else been injured due to your drinking?	No		Yes, but not in the last year		Yes, in the last year
Q10	Has a family member or friend been concerned about your drinking?	No		Yes, but not in the last year		Yes, in the last year

Step 3: Calculate Total AUDIT Score

Add the total numbers circled

Step 4: Interpret AUDIT Score

Total Score	Risk Level of Drinking
0 – 7	Low Risk
8 – 15	Moderate Risk
16 – 19	High Risk
> 20	Alcohol Dependence

Step 5: Action Plan

Total Score	Action To Take
0 – 7	<ol style="list-style-type: none"> 1. Educate about how to drink in moderation 2. Educate about reducing harm to self and others
8 – 15	<p>All of the above PLUS:</p> <ol style="list-style-type: none"> 1. Ask if they have motivation to quit if so set goals and limits for alcohol consumption 2. Refer to Nijaat if they are open to the idea
16 – 19	<p>All of the above PLUS:</p> <ol style="list-style-type: none"> 1. Counselling required in discussion with caregivers 2. Refer to Doctor
> 20	<p>All of the above PLUS:</p> <ol style="list-style-type: none"> 1. More intensive counselling required – strongly encourage visit to Nijaat 2. Discuss intervention strategy with family & friends 3. Consider use of medications 4. Review relapse prevention plan, withdrawal management strategies, long-term follow up and support

C-SSRS – Screening Tool for Suicide Risk

Step 1: Introduction			
I am going to ask you questions about any dangerous thoughts you have had to end your own life in the past month. For each question, give me a YES or NO response (<i>ask PWMD to describe further wherever you feel necessary</i>). Do you understand?		YES	NO
Q1	Ever wished you were dead or go to sleep & not wake up?	1	0
Q2	Had any thoughts of killing yourself?	1	0
Q3	Been thinking about how you might kill yourself?	1	0
Q4	Had these thoughts and had intention of acting on them?	1	0
Q5	Started to work or worked out the details of how to kill yourself? Do you intend to carry out this plan?	1	0
Q6	Ever done anything, started to do anything, or prepared to do anything to end your life? (E.g. collected pills, purchased rat poison)? How long ago did you do this?	1	0
Q7	Have you made a suicide attempt? Have you done anything to harm yourself?	1	0
Q8	Ever started to do something to end your life but someone/something stopped you before you could do it?	1	0
Q9	Ever started to do something to end your life but stopped yourself before you actually did it?	1	0
Step 3: Calculate Total C-SSRS Score			
Add the total numbers circled			
Step 2: Calculate The Risk			
0 – 3	Low	<ol style="list-style-type: none"> 1. Add PWMD to Burans Register 2. Try problem solving (see page 4) 	
4 – 7	Moderate	All of the above PLUS: <ol style="list-style-type: none"> 1. Discuss with family members your concerns about PWMD ending their life 2. Discuss how to reduce access to means 3. Discuss with PWMD if they will agree to tell someone if their suicidal ideation increase 4. Develop crisis plan (see page 7) 	
8 – 9	Severe	All of the above PLUS: <ol style="list-style-type: none"> 1. Immediate referral to a doctor 2. Provide 24 hour companionship in shifts with family members 	

Medication Adherence Assessment

Step 1: Please Tick The Following Boxes As Relevant	
A. Socio-demographic Factors	<input type="checkbox"/> Female <input type="checkbox"/> Poverty in family <input type="checkbox"/> Illiterate <input type="checkbox"/> Unemployed <input type="checkbox"/> More than 1 hour travel from health provider <input type="checkbox"/> Single
B. Psychosocial Factors	<input type="checkbox"/> Different explanations for illness <input type="checkbox"/> Lack of information about illness & need for treatment <input type="checkbox"/> Stigma related to treatment <input type="checkbox"/> Poor family support
C. Illness Related Factors	<input type="checkbox"/> Lack of understanding of need for treatment <input type="checkbox"/> Poor attention/concentration <input type="checkbox"/> Depression <input type="checkbox"/> Alcohol/drug use
D. Treatment Related Factors	<input type="checkbox"/> Complicated dosage schedule <input type="checkbox"/> Side effects <input type="checkbox"/> High cost of treatment <input type="checkbox"/> Erratic supply of medications
Step 2: Calculate The Risk	
<input type="checkbox"/> Low	Only socio-demographic risks
<input type="checkbox"/> Moderate	Factors from 2 areas
<input type="checkbox"/> High	Factors from more than 2 areas
Step 3: Action Plan	
HIGH	Take the following steps in discussion with family members: <ol style="list-style-type: none"> 1. Problem solving – ask them to identify key barriers and likely steps forward (see page 4) 2. Review psychoeducation – why taking medicine is necessary, choosing regular time of day for taking medicine, rewarding PWMD when they are adhering to medicines



Depression Care Plan

- Use PHQ9 to evaluate severity of depression
- Add PWMD to Burans register and assign responsible CW
- Provide psychoeducation using Depression pamphlet
- Try to visit 3 times in the first 4 weeks after registration
- Discuss specific help needed:
 - ✓ Teach 7 Steps to Sleep (see page 9)
 - ✓ Teach Relaxation Exercises (see page 6)
 - ✓ Teach Problem Solving (see page 4)
- 5 Steps to Wellness – Choose 2 Steps with PWMD and their family to start to implement
- Join a 5 Steps to Wellness Group
- Develop crisis plan (see page 7)
- If you feel worried about them talk to your Project Officer and refer to Doctor





Anxiety Care Plan

- Use GHQ12 to evaluate severity of anxiety
- Identify the stimulus that is causing the anxiety
 - ✓ E.g. Stepping outside the house
- Teach relaxation exercises (see page 6)
- Steadily increase exposure to feared stimuli whilst doing relaxation exercises. Example:
 - ✓ Discuss what is outside the front door (garden, car, street, people, marketplace)
 - ✓ Open the front door to the house & do relaxation exercises for 2 days
 - ✓ Step outside into garden & do relaxation exercises for 3 days
 - ✓ Walk to the end of the street and do relaxation exercises for 1 week
 - ✓ Go to the marketplace and do relaxation exercises for 1 week
- Encourage them to talk about problems with friend/ family & educate caregivers about anxiety





Epilepsy Care Plan

- Add PWMD to Burans register and ensure 1 CW is responsible
- Psychoeducation using Epilepsy pamphlet
- Psychoeducation on medication adherence
- Ensure access to care – refer PWMD to doctor
- Ensure caregivers and PWMD have knowledge of safety guidelines. PWMD must be 3 months seizure free before:
 - ✓ Riding a bike
 - ✓ Working near a fire or water
 - ✓ Standing on a roof without railings
 - ✓ Working near heavy machinery
- Ensure caregivers have knowledge and skills for safe management of seizures:
 - ✓ Turn person onto side (if possible)
 - ✓ Do NOT force objects into their mouth
 - ✓ Do NOT force them to take medicines/drink water
 - ✓ Comfort them after they awake when the seizure is over as they may be sleepy or tired
- Provide lifestyle modification tips (see page 5)
 - ✓ Regular sleep & meals
 - ✓ Strictly NO alcohol intake
 - ✓ Avoid extreme physical exercise
 - ✓ Avoid situations that lead to tension, excitement or stress





Bipolar Disorder Care Plan

What Is Bipolar Disorder?

Person swings between 2 distinct moods:

1. **Depression** = LOW MOOD
2. **Mania** = HIGH MOOD

Person can have completely normal functioning between 2 moods.

Care Plan

- Use PHQ9 to determine if they have depression
- Use checkbox below to determine if they have mania:

1st Phase = Orange Light	2nd Phase = Red Light
<input type="checkbox"/> High mood? <input type="checkbox"/> Creative, energetic, excited? <input type="checkbox"/> Very productive <input type="checkbox"/> 2-3 hours sleep per night <input type="checkbox"/> Mind racing out of control? <input type="checkbox"/> Talking very quickly <input type="checkbox"/> Not letting others talk & not making logical sense <input type="checkbox"/> Feeling powerful <input type="checkbox"/> Poor judgment	<input type="checkbox"/> Extremely low mood? <input type="checkbox"/> Out of control? <input type="checkbox"/> Suicidal attempts? <input type="checkbox"/> Self-harm? <input type="checkbox"/> Frightened? <input type="checkbox"/> In pain? <input type="checkbox"/> Lonely? <input type="checkbox"/> Irritable? <input type="checkbox"/> Easily become angry?

- Add PWMD to Burans register & make sure 1 CW is responsible
- Psychoeducation using Bipolar Disorder pamphlet
- Self Care Therapy (see page 5)
- Teach 7 Steps to Sleep (see page 9)
- Teach Relaxation Exercises (see page 6)
- Psychoeducation on medication adherence
- Refer to Doctor





Mental Retardation Care Plan

What Is Mental Retardation?

Mental retardation is a condition present from when a person is very young (usually at birth). People with mental retardation **develop slower than others do throughout life.**

Which Symptoms Do They Have?

- Problems walking or using hands?
- Problems taking care of themselves (e.g. feeding, washing)?
- Problems communicating (e.g. talking, reading, understanding)?
- Problems interacting with others (e.g. playing with other kids)?
- Problems following instructions?
- MAY have physical abnormalities (e.g. large head, slanting eyes, short neck)?
- Aggressive because they cannot express themselves?


Which Developmental Problems Do They Have?

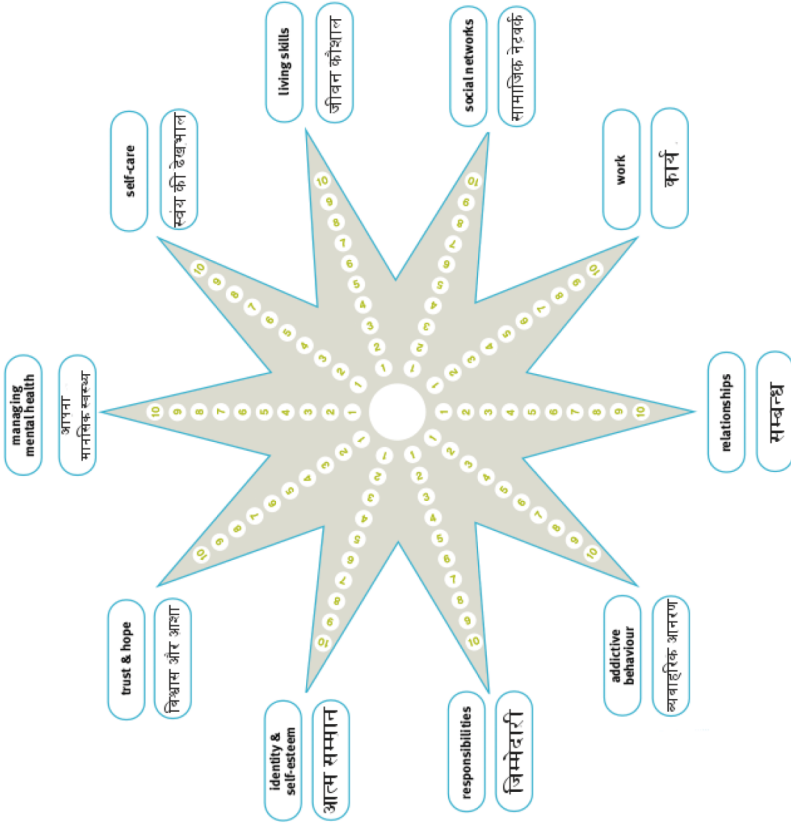
At What Age Did The Child...	Normal Child	Child With MR
<input type="checkbox"/> Stand without support?	10-12 months	> 18 months
<input type="checkbox"/> Start pointing?	12 months	> 15 months
<input type="checkbox"/> Start walking?	10-20 months	> 20 months
<input type="checkbox"/> Start speaking?	16-30 months	> 3 years
<input type="checkbox"/> Feed or drink themselves?	2-3 years	> 4 years
<input type="checkbox"/> Start going to toilet themselves?	3-4 years	> 4 years

Care Plan

- Teach simple tasks that build skills and self-worth (see page 4)
 - ✓ Each step in the task should be learnt before all the steps are put together
 - ✓ Practice each task for 2 weeks before next task is learnt
 - ✓ Instructions must always be clear to avoid confusion
- Teach social and behavioural skills (see page 4)
- Teach daily routine (see page 5)
- Teach relaxation exercises (see page 6)
- Refer to doctor
- Encourage family to communicate with PWMD even if they feel it is pointless (e.g. speaking to them in simple language or reading storybooks at bed time)
- Provide stress management and emotional support to caregivers



	Star 1 – Managing own mental health	Star 2 – Self care	Star 3 – Living house responsibilities	Star 4 – Social networks	Star 5 – Work	Star 6 – Relationships	Star 7 – Addictive habits	Star 8 – Trust and hope	Star 9 – self – esteem
	No sense of control and not very interested to take action myself	Don't look after self, eg not washing often, dirty or torn clothes	Can't live alone eg can't cook for self, can't go shopping can't wash clothes and often PWNID doesn't realise need for help	Isolated with almost no friends or people to meet or talk to. Maybe wishes to be part of social groups sometimes	Not in paid work, not wanting to or interested to try. No hope that ever can get job	Does not have any close relationships – if married maybe very poor communication and both unhappy	Has an addictive problem eg drugs, alcohol and doesn't see it as a problem/ doesn't want help	Feels no one can help and no hope for the future. Not sure who to ask for help	Don't feel of any value and feel hopeless and useless but sometimes wishes things could change
Level 1-2	Looking for help and starting with small actions for myself	Taking some steps but needs much help and reminders from others	Accepting help eg in taking small responsibilities and realises wants to be able to do more	Takes part in activities linked to project eg comes to support group	Doing things with time, eg loose activities but still needs help	Wants more closeness and wants change – not sure what to do	Accepts need for help with addiction but doesn't always do what is asked	Feels there are 1-2 people who can be trusted, wanting to feel more positive	Don't feel of value and want help to get better and feel more positive – eg wants project team to help
Level 3-4	Taking action and more positive about the future and wanting to engage and look after self	Taking growing responsibility for self care and asks for help – also wants to learn new things eg meditation	Learning more skills eg to go shopping in bazaar alone and feeling more confident	Increasing hope that I can make friends and join in and contribute eg to SHG, tries to build social skills or anger management	Exploring options for work /maybe doing some small part-time jobs for money. Eg some field work or some jobs for others	Taking some action for good relationships with others in my home eg helping others, talking and making effort	Seeks need for change and taking some steps to address addictive behaviour	Taking steps to connect with others, quite dependent on others and not trusting strangers	Can see own self beyond mental health troubles and wants to grow and learn more skills – needs lots of support still
Level 5-6	Increasing coping skills and setting my own goals, and taking self responsibility	Getting more skills and strategies to care for self eg taking morning walk	Learning more skills eg to go shopping in bazaar alone and feeling more confident	Growing skills and feels part of something. Active member in one or more groups and has friends	Looking for work and re-build gain qualifications from before illness started	Tying to build skills in communication and take learning steps to make positive relationships –	Getting in control of addictions although not all the time, growing confidence	Trust in self and in others wanting to help what could happen in the future	Feels ok about self but still fragile and easily gets down if people are negative somehow
Level 7-8	Ably to look after myself, go to doctor, take medicines, attend talking therapy and fully manage own mental health	Fully caring for self eg health, exercise, dressing, washing and good self esteem	Takes full responsibilities in the house as earlier and managing nearly all of living skills eg mobile recharge, bank, go by bus alone	Engaged and contributing member of community, maybe occasionally needs some help	Working/ employed part time or fulltime and needing only a little help at times	Has some positive and supportive relationships in house and makes effort to support others too. Happy with relationships	Enjoys lifestyle without addictive habits	Confidence that can cope with whatever happens and has skills and resources, and friends to get through	Nearly always positive about self but needing support occasionally
Level 9-10									



स्टार सुधार साधन



WHODAS 2.0

WORLD HEALTH ORGANIZATION
DISABILITY ASSESSMENT SCHEDULE 2.0

12-item version, self-administered

This questionnaire asks about difficulties due to health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs.

Think back over the past 30 days and answer these questions, thinking about how much difficulty you had doing the following activities. For each question, please circle only one response.

In the past 30 days, how much difficulty did you have in:						
S1	<u>Standing for long periods</u> such as <u>30 minutes</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
S2	Taking care of your <u>household responsibilities</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
S3	<u>Learning a new task</u> , for example, learning how to get to a new place?	None	Mild	Moderate	Severe	Extreme or cannot do
S4	How much of a problem did you have <u>joining in community activities</u> (for example, festivities, religious or other activities) in the same way as anyone else can?	None	Mild	Moderate	Severe	Extreme or cannot do
S5	How much have <u>you</u> been <u>emotionally affected</u> by your health problems?	None	Mild	Moderate	Severe	Extreme or cannot do

Please continue to next page...



WHODAS 2.0

WORLD HEALTH ORGANIZATION
DISABILITY ASSESSMENT SCHEDULE 2.0

12

Self

In the past 30 days, how much difficulty did you have in:						
S6	<u>Concentrating</u> on doing something for <u>ten minutes</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
S7	<u>Walking a long distance</u> such as a <u>kilometre</u> [or equivalent]?	None	Mild	Moderate	Severe	Extreme or cannot do
S8	<u>Washing your whole body</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
S9	Getting <u>dressed</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
S10	<u>Dealing</u> with people <u>you do not know</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
S11	<u>Maintaining a friendship</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
S12	Your day-to-day <u>work</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do

H1	Overall, in the past 30 days, <u>how many days</u> were these difficulties present?	Record number of days ____
H2	In the past 30 days, for how many days were you <u>totally unable</u> to carry out your usual activities or work because of any health condition?	Record number of days ____
H3	In the past 30 days, not counting the days that you were totally unable, for how many days did you <u>cut back</u> or <u>reduce</u> your usual activities or work because of any health condition?	Record number of days ____

This completes the questionnaire. Thank you.