

Assessment and Management of Conditions Specifically Related to Stress

mhGAP Intervention Guide Module



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Introduction



This Mental Health Gap Action Programme (mhGAP) Intervention Guide module contains assessment and management advice related to acute stress, post-traumatic stress and grief in non-specialized health settings. It is an **annex** to the *mhGAP Intervention Guide for Mental, Neurological and Substance Use Disorders in Non-specialized Health Settings* (mhGAP-IG 1.0; WHO, 2010).

The guidance reflected in the module is based on formally approved WHO Guideline Development Group recommendations, available at:
www.who.int/mental_health/mhgap/evidence/en/.

This module should always be used together with the *mhGAP Intervention Guide for Mental, Neurological and Substance Use Disorders in Non-specialized Health Settings* (WHO, 2010), which outlines relevant general principles of care and management of a range of other mental, neurological and substance use disorders.

(www.who.int/mental_health/publications/mhGAP_intervention_guide/en/index.html)

In the future, this module may be integrated with other products in the following ways:

- This module may be integrated – in its full form – into future iterations of the existing *mhGAP Intervention Guide*.
- The module will be integrated – in a simplified structure – into a new product, the *WHO-UNHCR mhGAP Intervention Guide for Humanitarian Settings* (planned for 2014).

In the context of its mhGAP programme, WHO is producing materials related to programme planning; situational analysis; adaptation of clinical protocols to local contexts; training and supervision; and monitoring and evaluation. For further communication on these topics, email mhgap-info@who.int.

Conditions Specifically Related to Stress

STR

Health-care staff frequently encounter people who have been exposed to potentially traumatic events (e.g. serious accidents, physical and sexual violence, disasters) or loss of a loved one. Immediately after the exposure, the vast majority of people will experience distress but will not develop a condition that needs clinical management. A minority of people will develop one or both of the following types of condition:

» **Problems and disorders that are more likely to occur after exposure to stressors but that also occur in the absence of such exposure.**

These include: depressive disorder (» DEP), psychosis (» PSY), behavioural disorders (» BEH), alcohol use disorder (» ALC), drug use disorder (» DRU), self-harm/suicide (» SUI) and other significant emotional or medically unexplained complaints (» OTH). These are already covered in the relevant modules of the existing *mhGAP Intervention Guide*.

» **Problems and disorders that require exposure to stressors.**

These include:

- (a) significant symptoms of acute stress;
- (b) post-traumatic stress disorder (PTSD); and
- (c) grief and prolonged grief disorder.

After recent exposure to potentially traumatic events, people's reactions tend to be diverse. This module uses the term **symptoms of acute stress** to cover a wide range of emotional, cognitive, behavioural and somatic symptoms occurring within approximately one month of the event(s). Examples of symptoms occurring in both adults and children include re-experiencing symptoms, avoidance symptoms and symptoms related to a sense of heightened current threat, insomnia, palpitations, mood and behavioural changes, a range of physical complaints and – in children – regressive behaviours, including bedwetting. These symptoms can be indicative of a mental disorder, but often are transient and not part of a mental disorder. Nonetheless, if they impair day-to-day functioning or if people seek help for them, then they are **significant symptoms of acute stress**.

Conditions specifically related to stressors often occur in combination with other mhGAP conditions. **People who meet the criteria for any of the other mhGAP conditions should be assessed and managed according to the relevant module, in addition to the management advice given in this module.**



The mhGAP Intervention Guide is written for non-specialized health staff offering clinical care in low-resource settings. If applied in humanitarian settings, such care should be accompanied with appropriate **inter-sectoral, social interventions**. These are described in: IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings (2010) *Mental Health and Psychosocial Support in Humanitarian Emergencies: What Should Humanitarian Health Actors Know?* (www.who.int/entity/mental_health/emergencies/what_humanitarian_health_actors_should_know.pdf).

Conditions Specifically Related to Stress

STR 1

Assessment and Management Guide

1. Does the person have significant symptoms of acute stress after **RECENT** (within approximately one month) exposure to a potentially traumatic event?

» Find out how much time has passed since the potentially traumatic event (i.e. an extremely threatening or horrific event, such as physical or sexual violence, a major accident).

» If the event occurred less than a month ago, assess for symptoms of acute stress with onset after the event.

These may include:

- Insomnia
- Re-experiencing symptoms »STR 2
- Avoidance symptoms »STR 2

YES

If the person meets all of the following criteria:

- » Has experienced a potentially traumatic event within approximately the last month
- » Has symptoms of acute stress with onset after the event
- » Has difficulties in day-to-day functioning or seeks help for these symptoms

then the person is likely to have **significant symptoms**

» Offer psychological first aid: »STR 3.1

- Listen. **DO NOT** pressure the person to talk ❌
- Assess needs and concerns
- Help the person to address immediate, basic physical needs (e.g. shelter for the night)
- Help people connect to services, family, social supports and accurate information
- As far as possible, help protect the person from further harm.

» Assess for and, if possible, address current stressors, including ongoing abuse. »STR 3.2

» Consider stress management. »STR 3.3

» Help people to identify and strengthen positive coping methods and social supports. »STR 3.4

» **DO NOT** prescribe benzodiazepines or antidepressants to manage symptoms of acute stress. ❌

» Consider additional management strategies for:

- Insomnia as a symptom of acute stress »STR 3.5.1
- Bedwetting as a symptom of acute stress »STR 3.5.2
- Prominent medically unexplained somatic complaints:
 - For general guidance, see mhGAP-IG 1.0, p.81
 - For guidance on hyperventilation as a symptom of acute stress. »STR 3.5.3

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