



# **HARMONIZED QUALITY IMPROVEMENT STANDARDS**

**AFGHANISTAN**

**BASIC HEALTH CENTER**

**MENTAL HEALTH**

**2016**

**AREA: MENTAL HEALTH**

PROVINCE: \_\_\_\_\_ FACILITY NAME: \_\_\_\_\_ CODE: \_\_\_\_\_ IMPLEMENTER: \_\_\_\_\_

ASSESSOR: \_\_\_\_\_ ASSESSMENT TYPE: (BASELINE  / EXTERNAL 1  2  3  ) DATE: \_\_\_\_\_

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		1,0,NA	COMMENTS
<p><b>Instructions for the assessor :</b> For any verification criteria fill in each unblocked cell with one of the following options “1” if the verification criteria is met, “0” if the verification criteria is not met or partially achieved, “NA” if Not applicable. Any cells left unfilled will be considered as missing data.</p>				
<p><b>PART ONE:</b> Getting history, examination and investigation;</p>				
<p><b>1. *In OPD, the health provider examine the patient with mental disorder/psychosocial problems in cordial manner.</b></p>	<p><b>Observe wither the health provider use intern personal communication skill properly during mental health patient exam?</b></p>			
	1.1*	Greets the patient and companion in a cordial manner		
	1.2*	Patient confidentiality consideration.		
	1.3*	Ensures that she/he speaks the language spoken by the patient		
	1.4*	Introduces her/himself for the client and companion		
	*1.5	Listens to all complaint of patient properly and respond to questions by using good basic communication skills (Eye contact, body language, etc)		
	1.6*	Summarizes the findings		
	1.7*	Discusses treatment plan		
	1.8*	Sets follow up dates		
TOTAL:				
2. The health	Observe whether health provider takes the accurate history based on protocol;			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		1,0,NA	COMMENTS
<b>provider asks the following question from client or companion with mental disorder/ psychosocial problems.</b>	2.1	Name, Father name, Address, Age, Sex, Occupation, Marital status		
	2.2	Physical symptom and signs such as Headache, Body pain, sweating, Tachycardia, hot flushes, tremor, shortness of breath, chest pain, gastro intestinal discomfort, weight problem, fatigue, sleep and Appetite problems.		
	2.3	Psychological sign and symptom. Loss of Memory, weak concentration and attention, irritability, nervousness, sadness, worry, fear, impatience, loss of interest, deprivation, faint		
	2.4	Current stressors (family problem, unemployment, etc.)		
	2.5	Impact of signs and symptoms on patient's daily life		
	2.6	Current medication and past treatment		
TOTAL:				
<b>COMULATIVE % OF PART ONE</b> : Getting history, examination and investigation				
<b>PART TWO:</b> Diagnosis and treatment of depression				
<b>3. The health provider can state common mental disorders.</b>	<b>Observe whether health provider classifies the mental health disorders</b>			
	3.1	Depression		
	3.2	Anxiety disorders		
	3.3	Stress related disorders (Trauma and Conversion disorder)		
TOTAL:				
<b>4- The health provider can make diagnosis of</b>	<b>Observe whether health provider states the sign and symptoms of depression;</b>			
	4.1	Depressed mood, (at least two weeks or more), loss of interest plus at least three or more of the following symptoms		

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		1,0,NA	COMMENTS
depression according to BPHS training manual	4.2	<ul style="list-style-type: none"> <li>• Tiredness, Loss of energy</li> <li>• Insomnia or heavy sleep and early morning waking up.</li> <li>• Anxiety or psychomotor slowness.</li> <li>• appetite problem and weight loss</li> <li>• poor concentration, difficulty in making decisions</li> <li>• Anger on family members and other persons</li> </ul> If the Suicidal idea, divagations and hallucinations are with patients; depression is severe.		
	4.3	Main Psychosocial stressors and its association with current sign & Symptoms		
	4.4	Associated Physical illness		
	4.5	Associated Substance abuse		
	4.6	Mode of referral (who referred the patient to HF)		
	4.7	Current treatment (medication or Counseling)		
	4.8	Impact of symptoms on patient's daily life		
Total:				
5. The health provider can make plan of intervention for depression according to BPHS standard treatment guide line	<b>Observe or interview whether health provider;</b>			
	5.1*	Primary, shares the intervention plan with patient and his/her family		
	5.2*	Explains Importance of psycho social counseling		
	5.3	Explains nature of illness		
	5.4	In case of no response of treatment; other possible ways explained		
	5.5	Possible risks (self-harming, job losing, family problem, narcotic drug abuse, isolation, mania phases and physical disorders.		
5.6	Explain suicide risks (for patients or relatives)			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		1,0,NA	COMMENTS	
	5.7	Refer to psychosocial counselor			
	5.8	Ask for follow up visit			
	<b>If there is a MD health provider in BHC, additionally observe or interview below criteria as well.</b>				
	5.9	Fluoxetine capsule 20mg a day single dose after breakfast for adult at least for 6 months, in case of no response after 3 weeks increase to 40 mg/day as advice above <b>or</b>			
	5.10	Amitriptyline tab; <ul style="list-style-type: none"> <li>• First period: (start with 25 to 75 mg daily in two divide doses)</li> <li>• Second period: evaluate the effect of drug after 2 to 3 weeks if it was not effective dose can be increased 25 mg each three days and reached 150 mg ( 50 mg morning and 100 mg night)</li> </ul> Third period: if the treatment did not effect after six weeks, or patient has cardiac illnesses, epilepsy, prostatic adenoma, or over 65 years old ; then drug must be substituted to fluoxetine			
	5.11	In case of no improvement with amitriptyline within two months, gradually increase the dose up to maximum 150 mg/day (25 mg every three days) and if it also failed, change it to fluoxetine 20-40 mg/day for 3-6 months.			
TOTAL:					
<b>COMULATIVE % OF PART TWO</b> : Diagnosis and treatment of depression;					
<b>PART THREE:</b> Diagnosis and treatment of anxiety disorder;					
<b>6. The health provider can make diagnosis of Anxiety disorders according BPHS</b>	<b>Observe or interview whether health care provider;</b>				
	6.1	Physical problem: sleep disorder, Muscle rigidity, body pain, headache, confusion, tremor, weakness, breath shortness, strangulation feeling, chocking, chest pain, heart palpation feeling ,tachycardia, sweeting, nausea, abdomen disorder, heat and cold feeling of body			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		1,0,NA	COMMENTS
training manual.	6.2	Psychiatric symptoms: De-realization, feelings of losing control, feelings of dying (having heart attack), hyper phobia, concentration and memory problem, irritability, impetuosity, distraction decision making problem. excessive self-caring		
	6.3	GAD (generalized Anxiety Disorder) if continuous phobia and concern in order to above symptoms existed for more than 6 months and disturb the daily tasks of person.		
	6.4	Panic disorder: As acute and sudden attack with above severe physical and psychotic symptoms with scare from death and raving is appearing it continues less than 30 minutes and causes daily tasks disturbance of person.		
	6.5	Phobia disorder (fears of a specific object or social phobia) when patient face with specific objects, location or social situations, and appear some above psychiatric and physical symptoms which disturb the daily tasks of patient.		
	6.6	OCD is a disorder characterized by obsessions and compulsions. In OCD the person is unable to control thoughts, idea or urges, which force themselves into the mind, repeatedly. <ul style="list-style-type: none"> <li>• Obsession: Fear of dirt or germs and contamination, fear of harming a family member or friend, fearing aggressive urges, excessive doubts, concern with order, symmetry and exactness etc.</li> <li>• Compulsion: Repetitive behavior for reducing high level of anxiety due to obsession</li> <li>• Obsessive compulsive actions: repetitive actions of checking doors, drawers, switches, shop and appliances to be sure they are shut, locked or turned off, washing and cleaning, such as washing hands, showering or brushing teeth over and over again, etc.</li> </ul>		

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		1,0,NA	COMMENTS
	6.7	Exploring psychosocial stressors and their relation with actual signs and symptoms.		
	6.8	Associated physical illnesses.		
	6.9	Substance abuse		
	6.10	Mode of Referral ( who refers the patient to HF)		
	6.11	Current management ( medication or counseling)		
	6.12	Impact of symptoms on patient’s daily life		
TOTAL:				
<b>7. The health provider can make plan of intervention for anxiety disorders according to BPHS standard treatment guide line</b>	<b>Observe or interview whether health provider;</b>			
	7.1	Explain the intervention plan with patient and his/her family		
	7.2	Diazepam 5-10 mg OD or BID for maximum 14 days		
	7.3	Anti-depressants (fluoxetine or amitriptyline) as mentioned in treatment of depression.		
	7.4	Explains nature of illness		
	7.5	Asking for follow up visits		
	7.6	Associated possible risks (addiction to benzodiazepines, depression, substance abuse, suicide, problem in work place)		
	7.7	In case of no response of treatment; other possible ways explained		
	7.8	Explaining importance of psychosocial counseling		
7.9	Refer to psychosocial counselor			
TOTAL:				

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		1,0,NA	COMMENTS
<b>COMULATIVE % OF PART THREE :</b> Diagnosis and treatment of anxiety disorder;				
<b>PART FOURTH:</b> Detection of symptoms and diagnosis of psychosis.				
<b>8. Health provider can explain the symptoms of psychosis according to BPHS guideline.</b>	<b>Certify by observation/interview that health provider can state the following symptoms;</b>			
	8.1	Hallucination (hearing, visual, smelling etc.)		
	8.2	Delusion (suspiciousness, grandiosity, etc.)		
	8.3	Disorganized speech ( using wrong words or incomplete sentence)		
	8.4	Behavior disorder (collecting or keeping things that have no value) motion interruption ( retardation or disorganized)		
	8.5	Absence of emotions (improper and indifferent emotions)		
	8.6	Absence of initiative		
	8.7	Absence of interest		
	8.8	Absence of movement		
	8.9	Presence of sign and symptom of psychosis for lease than one month is called acute psychosis and more than one month is called chronic psychosis.		
TOTAL:				
<b>9. Health provider can diagnose the psychosis according BPHS guideline</b>	<b>Certify by observation or interview that health provider can state the qualifications of psychosis;</b>			
	9.1	Signs and symptoms suddenly started in acute psychosis.		
	9.2	Signs and symptoms continue more than one month in chronic psychosis.		
	9.3	Often psychosocial stressors are present		



PERFORMANCE STANDARDS	VERIFICATION CRITERIA		1,0,NA	COMMENTS
	9.4	Dominant symptoms in acute psychosis are delusion, hallucination, behavior disorders and disorganized speech.		
	9.5	Dominant symptoms in chronic psychosis are delusion, hallucination, behavior disorders, disorganized speech, absence of emotions, absence of initiative, absence of interest, absence of psycho-motor movements		
	9.6	agitation and aggression is common		
TOTAL:				
<b>COMULATIVE % OF PART FOURTH:</b> Detection of symptoms and diagnosis of psychosis.				
<b>PART FIFTH:</b> Detection of symptoms and treatment of epilepsy				
<b>10. Health provider can explain common symptoms of epileptic seizure attack based on BPHS guideline.</b>	<b>Certify by observe or interview that health provider can diagnose epileptic seizure based on its symptoms</b>			
	10.1	Sudden fall		
	10.2	Loss of consciousness		
	10.3	Jerky movements of limbs		
	10.4	Cyanosis in lips and extremities		
	10.5	tongue bite, frothing from mouth		
	10.6	Incontinence of urine and feces		
10.7	upward rotation of the eyes			
TOTAL:				
<b>11. Health provider can treat epilepsy</b>	<b>Certify by observe/interview that health provider can manage the epilepsy patient in according to Standard treatment guideline</b>			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		1,0,NA	COMMENTS
in according to BPHS guideline.	11.1	Explain the intervention plan with patient and his/her family		
	11.2	In case of no response of treatment; other possible ways explained		
	11.3	Phenobarbital for children (up to 10 years) 15-30 mg /day single dose at night. Maximum dose is 5 mg / Kg / day in two divided doses and with gradual dose increasing.		
	11.4	Phenobarbital for adults 100 mg / day/single dose at night. Dose can be increased 50 mg weekly and maximum dose is up to 200 mg / day.		
	11.5	Explain effects and side effects of drugs.		
	11.6	Explains nature of illness and its prevention.		
	11.7	Treatment must be continued, till epileptic seizure not to be seen for 3-5 years.		
	11.8	Ask for follow up visit		
	11.9	In case of problem in diagnose and treatment, patient should be referred to high level center.		
TOTAL:				
<b>COMULATIVE % OF PART FIFTH:</b> Detection of symptoms and treatment of epilepsy				

<b>TOTAL NUMBER OF STANDARDS</b>	<b>11</b>
<b>TOTAL NUMBER OF PARTS</b>	<b>5</b>
<b>COMULATIVE % OF PART ONE</b> : Getting history, examination and investigation	
<b>COMULATIVE % OF PART TWO</b> : Diagnosis and treatment of depression	
<b>COMULATIVE % OF PART THREE:</b> Diagnosis and treatment of anxiety disorder	
<b>COMULATIVE % OF PART FOURTH:</b> Detection of symptoms and diagnosis of psychosis	
<b>COMULATIVE % OF PART FIFITH:</b> Detection of symptoms and treatment of epilepsy	
<b>TOTAL % OF PARTS OF Mental Health</b>	