

**ASSESSMENT OF KNOWLEDGE OF COMMUNITY HEALTH OFFICERS
(CHOS) ON SCREENING AND BASIC MANAGEMENT OF MENTAL HEALTH
AILMENT AT AAM-SHCS IN SARGUJA DISTRICT OF CHHATTISGARH**

Dissertation Submitted to



The IIHMR University, Jaipur

for the partial fulfilment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

By

Tejaswini Pattnaik

Under the Supervision and Guidance of

Mr. S.P. Chatterjee

2024

June 25, 2024

CERTIFICATE OF INTERNSHIP

This is to certify that Ms. Tejaswini Pattnaik has completed her internship with Jhpiego from March 18, 2024 till June 12, 2024.

She interned at our New Delhi office. She supported the Quality Thematic Lead in field testing and feedback collection on the NQAS playbook and logbook; validation of resource materials used for record review under NQAS through concurrent literature review; measurement of NQAS implementation in the intervention states. And also performed literature review on existing best practices on Quality Assurance/ improvement interventions in LMIC countries including India; identification of gaps in the roll-out of expanded range of services at HWCs etc.

Tejaswini's performance was good and she was able to accomplish the assigned tasks timely and successfully. She worked diligently during this period and displayed positive attitude and effective interpersonal, communication and professional skills.

I wish her success in life.

On behalf of Jhpiego

Vidya Tulsidharan

Ms. Vidya Tulsidharan
Director: HR

DECLARATION BY STUDENT

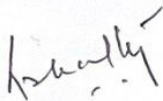
I hereby declare that this dissertation title **“Assessment of Knowledge of Community Health Officers (CHOs) on Screening and Basic management of Mental health ailment at AAM-SHCs in Sarguja District of Chhattisgarh”** is the bonafied record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

Tejaswini Pattnaik
Tejaswini Pattnaik

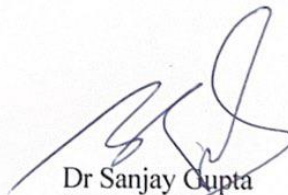
Date:26/06/2024

CERTIFICATE

This is to certify that dissertation titled “**Assessment of Knowledge of Community Health Officers (CHOs) on Screening and Basic Management of Mental health ailment at AAM-SHCs in Sarguja District of Chhattisgarh**” is a record of the research work undertaken by Tejaswini Pattnaik in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and her approach to the research study has been sincere, scientific, and analytical.

A handwritten signature in blue ink, appearing to read 'SP Chhatterjee'.

SP Chhatterjee
(Faculty Guide)
IIHMR University, Jaipur
Date- 26/06/2024

A handwritten signature in blue ink, appearing to read 'Dr Sanjay Gupta'.

Dr Sanjay Gupta
(School Dean)
IIHMR University, Jaipur
Date- 26/06/2024

ABSTRACT

Aim: Evaluation of Community Health Officers' Understanding of Screening and Basic Management of Mental Health Issues at Ayushman Aarogya Mandir Sub-Health Centers in Sarguja District, Chhattisgarh

Study Objectives

- To assess Community Health Officers' (CHOs) knowledge regarding the screening and basic management of mental health issues at Ayushman Aarogya Mandir Sub-Health Centers (AAM-SHCs) in Sarguja District, Chhattisgarh.
- To evaluate CHOs' comprehension of common mental disorders (CMD), severe mental disorders (SMD), child and adolescent mental disorders (C&AMD), neurological conditions, and substance use disorders (MNS).
- To investigate CHOs' attitudes towards patients with MNS disorders.

Methodology

- Utilization of a cross-sectional study design.
- Selection of participants from AAM-SHCs in Sarguja District through convenience sampling.
- Administration of a structured questionnaire electronically via Google Forms to gauge CHOs' understanding of the Expanded Service Package (ESP) components, attitudes towards ESP-Mental, Neurological & Substance Abuse (MNS) implementation, and actual practices in delivering ESP-MNS services.

Key Findings

- CHOs exhibited insufficient knowledge regarding the screening and basic management of mental health issues.
- Notable gaps were identified in their understanding of specific mental health topics, including CMD, SMD, C&AMD, neurological conditions, and substance use disorders.
- CHOs encountered difficulties with utilizing screening tools and certain aspects of basic neurological knowledge.

Conclusion

- The study underscores the necessity for enhanced education and training on mental health topics to improve the overall knowledge and accuracy of response among healthcare professionals.

Keywords: Community Health Officers, Mental Health Issues, Ayushman Aarogya Mandir Sub-Health Centers, Chhattisgarh, Knowledge Evaluation

ACKNOWLEDGEMENT

The successful completion of this dissertation would not have been possible without the invaluable guidance, support, and contributions of several individuals. I am profoundly thankful to everyone who has supported me throughout the preparation and finalization of this study.

I sincerely express my gratitude to the faculty mentor Dr SP Chatterjee at IIHMR University who guided and supported me throughout my dissertation period. His expertise and encouragement have been instrumental in completion of this thesis.

I am deeply grateful to Jhpiego India for providing me with the opportunity to intern and gain practical insights into public health interventions. My sincere gratitude to my supervisor Dr Bhartendu Sharma, Deputy Chief of the Party, for his guidance, support, and mentorship during my internship. His insights and feedback have been invaluable in shaping my understanding of healthcare delivery in the Indian context. I would also like to express my heartfelt appreciation to Dr Gaurav Kapoor (Senior Monitoring and Evaluation Officer, NISHTHA) and Dr Rakesh Mehra (Senior Program Officer-Capacity Building, NISHTHA), Ankita Mukherjee, at Jhpiego India Country Office for their assistance and support during the preparation of my dissertation. Their insights, feedback, and collaboration have been invaluable in enriching the quality of my research. I am grateful for their willingness to share their expertise and experiences, which have contributed significantly to the completion of this thesis. I would like to express my special gratitude to the Chief Medical Health Officer (CMHO) of Ambikapur, Surguja, Chhattisgarh, for the permission to conduct this study and for their support throughout the data collection process.

I want to express my gratitude to the Community Health Officers and authorities of Ayushman Aarogya Mandirs in Chhattisgarh, Surguja District. Their participation and cooperation were instrumental in facilitating this research.

I extend my heartfelt thanks to all those who contributed to this dissertation and supported me in completing my degree.

CONTENTS

Chapter 1: Main Text

1.1. Introduction.

1.2. Review of Literature

1.3. Methodology

1.3.1. Research Question

1.3.2. Research design

1.3.3. Study Setting

1.3.4. Sample Size

1.3.5. Sampling Technique

1.3.6. Research procedure

1.3.7. Mode of data collection

1.3.8. Study Duration

1.4. Results

1.5. Discussion

1.6. Conclusion

Chapter 2: Supplementary

1. References

2. Annexures

List of Tables

1. Table-i : Demographic Characteristics and Professional Experience of Community Health Officers in Sarguja District, Chhattisgarh, India
2. Table-ii : Knowledge of Community Health Officers on Mental Health Services in Sarguja District, Chhattisgarh, India
3. Table-iii : Correlation of Education and Background Factors with Knowledge Scores of Community Health Officers

List of Graphs

1. Demographic Characteristics and Professional Experience of CHOs in Sarguja District, Chhattisgarh, India
 - 1.1. Age Distribution
 - 1.2. Gender
 - 1.3. Highest qualification
 - 1.4. Overall working experience
 - 1.5. Population served
 - 1.6. MNS training received

List of Figures

1. Figure 1 (1.1 to 1.6) : Basic knowledge on MNS
2. Figure 2 (2.1 to 2.4): Knowledge on Common Mental Disorders
3. Figure 3 (3.1 to 3.3): Knowledge on Severe Mental Disorders
4. Figure 4 (4.1 to 4.4): Knowledge on Child And Adolescent Mental Disorders
5. Figure 5(5.1 to 5.3): Knowledge on Neurological conditions
6. Figure 6 (6.1 to 6.3): Knowledge on Substance Use disorder
7. Figure 7 (7.1 to 7.4): Knowledge on Suicide ideation behaviour
8. Figure 8 : Summary graph- Mean percentage of accurate answers section-wise

Abbreviations Used

1. CPHC: Comprehensive Primary Health Care
2. AAM: Ayushman Aarogya Mandir
3. SHC: Sub Health Center
4. NCD: Non-Communicable Diseases
5. MNS: Mental, Neurological & Substance Abuse
6. WHO: World Health Organization
7. NMHS: National Mental Health Survey
8. NIMHANS : National Institute of Mental Health and Neurosciences
9. CHO: Community Health Officer
10. AB-HWC: Ayushman Bharat Health & Wellness Center
11. UHC: Universal Health Coverage
12. CMD: Common Mental Disorders
13. SMD: Severe Mental Disorders
14. C&AMD: Child and Adolescent Mental Disorders
15. ESP: Expanded Service Package
16. CHW: Community health workers
17. GNM: General Nursing & Mid-wifery
18. UG: Under graduation
19. PG: Post graduation
20. CMHO: Chief Medical Health Officer

Introduction

India's healthcare landscape has experienced a significant transformation in recent years, placing a strong emphasis on the importance of comprehensive primary healthcare to meet the diverse needs of its population. This shift is deeply rooted in the principles of the Alma Ata Declaration of 1978 and reinforced by the recommendations of the Bhore Committee Report, making Comprehensive Primary Health Care (CPHC) a cornerstone in the mission to achieve health for all.

Introduced in 2018, Ayushman Bharat reflects India's strong commitment to enhancing its primary healthcare infrastructure. At the heart of this initiative are the Ayushman Aarogya Mandirs (AAMs), which are designed to be community-centered hubs offering a broad array of essential health services. These centers signify a major shift towards a more comprehensive approach to healthcare, addressing not just specific illnesses but also promoting the overall well-being of individuals and communities. Community Health Officers (CHOs) play a pivotal role in the functioning of these centers, acting as frontline healthcare providers who ensure the delivery of high-quality, holistic care to the community. Ayushman Aarogya Mandirs (AAMs), aligned with the goals of Ayushman Bharat, are designed to deliver an Expanded Service Package (ESP). This comprehensive package extends beyond the conventional maternal and child health services, incorporating preventive, promotive, curative, and rehabilitative care. It addresses a wide range of health concerns, including non-communicable diseases (NCDs) and mental, neurological, and substance use (MNS) disorders.

The burden of mental health disorders is a critical public health issue worldwide. Mental health ailments, ranging from depression and anxiety (CMD) to severe mental disorders (SMD), neurological disorders, child and adolescent mental health disorders (C&AMD), substance abuse significantly impair quality of life and productivity. According to the World Health Organization (WHO), mental health disorders account for a considerable proportion of the global burden of disease, with depression alone affecting more than 264 million people globally. In India, the situation is particularly concerning, with a large treatment gap for mental health disorders due to stigma, lack of awareness, and insufficient healthcare infrastructure. In response to the significant burden of mental health disorders, the Government of India has initiated several measures to enhance mental health care. A notable effort is the National Mental Health Survey (NMHS), carried out by the National Institute of Mental Health and Neurosciences (NIMHANS) in 2015-16. The NMHS highlighted that nearly 14% of India's population suffers from various mental health disorders, with depression, anxiety, and substance use disorders being the most common. The survey also underscored the substantial treatment gap, with nearly 70-90% of individuals with mental disorders not receiving any form of treatment.

To effectively address MNS disorders, a comprehensive approach that includes early screening, timely intervention, and continuous management is essential, particularly at the primary healthcare level. Incorporating mental health services into the primary healthcare framework is crucial for closing the treatment gap and ensuring that individuals receive the necessary care. Community Health Officers (CHOs) play a vital role in this integration, providing essential services at the grassroots level and making mental health care more accessible to the population.

Literature Review

Author(year)	Title	Salient features
1. Government of India. Ministry of Health and Family Welfare. Operational Guidelines on Wellness Interventions for Ayushman Bharat Health and Wellness Centres (AB-HWC). New Delhi, NHSRC, MoH&FW; 2023.	Ayushman Bharat Health and Wellness Centers - Operational Guidelines For Wellness Interventions	Delineate strategies for integrating preventive and wellness initiatives into primary healthcare. It emphasizes health promotion, disease prevention, and lifestyle modification to combat non-communicable diseases (NCDs) and enhance overall well-being. Key components include NCD screening, lifestyle counseling, yoga promotion, and mental health management. The guidelines stress community involvement and stakeholder collaboration for effective implementation. They provide clear roles for healthcare providers and local authorities, focusing on capacity building and monitoring. Overall, these guidelines offer a robust framework for fostering holistic health within AB-HWCs, vital for improving community health outcomes.
2. Government of India. Ministry of Health and Family Welfare. Mental, Neurological, and Substance Use (MNS) Care Training Manual for Community Health Officers (CHOs). New Delhi NHSRC, MoH&FW; 2021.	Training Manual on Mental, Neurological and Substance Use (MNS) Disorders Care for Community Health Officer at Ayushman Bharat – Health and Wellness Centers	A training manual designed for Community Health Officers (CHOs) working in India's Ayushman Bharat program, this resource equips CHOs with the skills to provide basic mental healthcare at Health and Wellness Centers (HWCs). Recognizing the challenges of stigma and limited resources, the manual emphasizes early detection and referral mechanisms. It covers screening methods for mental health disorders, equips CHOs with basic management techniques, and explores community-based interventions. This program aims to strengthen the capacity of CHOs to deliver mental health services within the framework of India's primary healthcare system.
3. Chandrakant L. 2020.	Health & Wellness Centers to Strengthen Primary Health Care in India: Concept, Progress and Ways Forward.	The article provides an in-depth analysis of Health and Wellness Centers (HWCs) in India, assessing their alignment with primary healthcare principles and their potential to enhance Universal Health Coverage (UHC). It reviews the progress of HWCs and highlights the challenges faced during the COVID-19 pandemic. Key recommendations include

		expediting implementation, ensuring adequate funding, leveraging technology, engaging communities, establishing effective referral systems, prioritizing public health services, and maintaining political commitment. The article emphasizes the importance of monitoring and evaluation for mid-term corrections. Furthermore, it suggests that India's experience with HWCs could offer valuable insights for other low and middle-income countries seeking to strengthen their primary healthcare systems on the path towards achieving UHC.
4. Kaur, Sudha K, Ankita M, Syed Wahid, Brandon A. Kohrt, Graham & Pallab K. (2023).	Mental health related stigma, service provision and utilization in Northern India: situational analysis	The article explores the challenges surrounding mental health treatment in Haryana, Northern India, focusing on stigma, service provision, and utilization. Through qualitative interviews, health facility records review, and policy document analysis in Faridabad district, the study uncovers several key findings. Participants expressed limited awareness of mental illnesses, preferring faith-based and traditional healing methods due to resource scarcity and high costs associated with seeking professional mental health care. Despite provisions in policy documents, there's a significant gap in their implementation at the primary and district levels. Cultural beliefs and literacy levels influence community service utilization. The study highlights the urgent need for targeted interventions to address stigma, increase access to mental health services, and bridge the gap between policy intentions and on-ground realities. Ethical approvals were obtained, and thematic analysis was employed to interpret the data.
5. Priyamadhab , Amudhan SR, Rishab, Anindo , Arun,Mohan . (2018)	Adapting the Stepped Care Approach for Providing Comprehensive Mental Health Services in Rural India: Tapping the Untapped Potential	The paper highlights the significant mental health burden in rural India, with nearly 150 million people requiring intervention. Challenges include a lack of strategy and trained professionals. It proposes a stepped-care approach integrating Community Health Workers (CHWs) into mental health service delivery. This model aims to improve mental health literacy, reduce stigma, screen for priority disorders, ensure treatment compliance, and facilitate

		rehabilitation. Leveraging existing health systems, particularly Ayushman Bharat's Health and Wellness Centres, and integrating technologies like telepsychiatry enhance accessibility. The stepped-care approach aligns with national health policies and addresses the critical human resource gap, aiming for comprehensive mental health care delivery.
6. Ayano , Haile , Chaka , Haile , Solomon , Yohannis K, , Assefa , Awoke A, Jemal K. (2017)	Mental health training for primary health care workers and implication for success of integration of mental health into primary care: evaluation of effect on knowledge, attitude and practices (KAP)	From October to December 2016, a study in Ethiopia looked at how effective mhGAP training was for primary healthcare professionals. It showed positive changes in their understanding, attitudes, and practices related to alcohol use disorders, depression, psychosis, and epilepsy. After the training, there were notable improvements in knowledge (up to 54.22%), attitudes (up to 55.32%), and the ability to identify cases (up to 62.78%). The research concluded that this training significantly boosts the capabilities of primary healthcare workers, making it easier to integrate mental health services into basic healthcare systems, especially in low- and middle-income countries where mental health care is a major challenge.
7. Sobha , Mehul , Rajat . (2021)	KAP on Mental Health among health workers serving a block of a district of Western India	The research aimed to understand how healthcare workers in rural and tribal areas perceive and handle mental health issues. It discovered that on average, these workers had a moderate level of knowledge at 63.46% and a good attitude towards mental health practices at 72.78%. They were familiar with common mental health conditions like psychosis, anxiety, and depression. Interestingly, many also mentioned faith healing and traditional methods as treatment options. The study suggested that there's a need for specific support programs to better equip these frontline healthcare workers, especially in regions with limited mental health services.

METHODOLOGY

Research Question

What are the knowledge of CHOs regarding the screening and basic management of mental health ailments as part of the ESP at AAM-SHC?

General Objective:

To evaluate the knowledge and attitudes of CHOs regarding the screening and basic management of mental health ailments as part of the ESP at AAM-SHCs in Sarguja, Chhattisgarh, India.

Specific Objectives:

1. To assess the level of knowledge among CHOs about CMD, SMD, C&AMD neurological, and substance use (MNS) disorder.
2. To determine the proportion of CHOs who correctly identify and use appropriate screening tools for MNS disorders
3. To evaluate the attitudes of CHOs towards patients with MNS disorders

Research design

The study adopts a cross-sectional design to assess the knowledge and attitudes of CHOs regarding the delivery of the Mental, Neurological, and Substance Use (MNS) package at AAM SHCs.

Study Setting

The research was carried out among the Community Health Officers (CHOs) stationed at various AAM SHCs in Sarguja district, Chhattisgarh, India, from April to May 2024. On average, these facilities cater to a population of 4000 people.

Sample Size

The sample comprised of Community Health Officers (CHOs) working in AAM-SHCs within Sarguja, Chhattisgarh. The exact number of participants is 71 out of a total of 129 CHOs in the district.

Sampling Technique

A convenience sampling approach was used to select participants, allowing for ease of access within the specified timeframe.

Research procedure

Participants were administered a structured questionnaire electronically via Google Forms. The questionnaire assessed the knowledge and attitudes of CHOs regarding the delivery of the Expanded Service Package-MNS. Closed-ended questions will be utilized for the assessment

Mode of data collection

Data was collected using a structured questionnaire administered electronically via Google Forms.

Study Duration

The study was conducted over a period of two months, April and May 2024. This timeframe encompassed data collection, analysis, and reporting activities within the specified duration.

Inclusion Criteria:

1. Community Health Officers (CHOs) working in Ayushman Aarogya Mandir Sub-Health Centres (AAM SHCs) in Sarguja District, Chhattisgarh.
2. CHOs who provide consent to participate in this research study.

Limitations of the study:

1. The study utilized a convenience sampling approach, which may have introduced selection bias.
2. The reliance on self-reported data collected via an electronic questionnaire introduced the risk of response bias.
3. The distinct attributes of the study population and environment constrain the generalizability of the findings to wider contexts.
4. The cross-sectional structure of the study precludes the evaluation of temporal changes.

Ethical Approval:

1. The permission for primary data collection was CMHOs office, Ambikapur, Sarguja, Chhattisgarh.
2. All appropriate patient consent were obtained.
3. There are no conflicts of interest.

Results

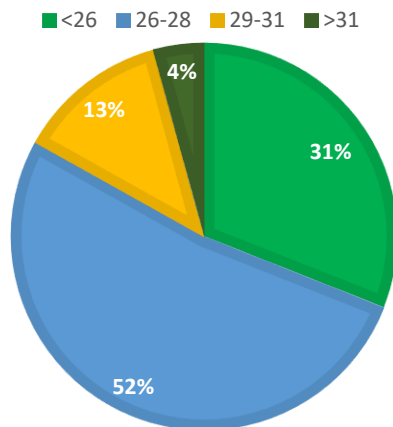
In Sarguja District, Chhattisgarh, a total of 129 Community Health Officers (CHOs) were assigned, with 71 CHOs participating in the study. Among them, 97% (69 out of 71) were female. The age range spanned from 23 to 33 years, with the majority falling in the 26–28 age group, comprising 52% (37 out of 71), followed by the 23-25 age group at 31% (22 out of 71). In terms of qualifications, approximately 18% (13 out of 71) held a GNM Degree, 59% (42 out of 71) had a Bachelor of Nursing (BSc in Nursing), and 23% (16 out of 71) possessed a postgraduate degree. About 25% had less than 2 years of work experience, while 66% had 2-4 years, and only 8% had more than 4 years of experience. Among them, 82% (58 out of 71) had received training specifically related to mental health screening and basic management while working as CHOs. Around 65% (46 out of 71) of the facilities catered to a population of 3000-5000 people. Additionally, 72% of the participants encountered fewer than 10 Mental and Neurological Disorders (MNS) cases per month in their communities.

Table-i : Demographic Characteristics and Professional Experience of CHOs in Sarguja District, Chhattisgarh, India

Categories	Variables	Count(n)	Frequency % {(n/N*100) ; N=71}
1. Age group	<26yrs	22	31
	26-28	37	52
	29-31	9	13
	>31	3	4
2. Gender	Female	69	97
	Male	2	3
3. Highest Qualification of the CHO	GNM	13	18
	UG	42	59
	PG	16	23
4. Overall working experience	<2 years	18	25
	2 - 4 yrs	47	66
	>4 yrs	6	8
5. Population Served	0-3000	10	14
	3000-5000	46	65
	5000-7000	15	21
6. MNS training received	YES	58	82
	NO	13	18
7. Number of MNS cases encountered in a month (*case missing:6)	0-10	55	77
	>10	10	14

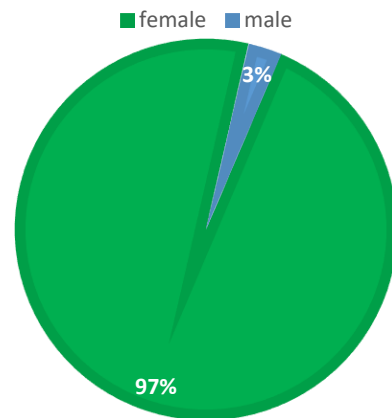
Graph-1.1

AGE DISTRIBUTION



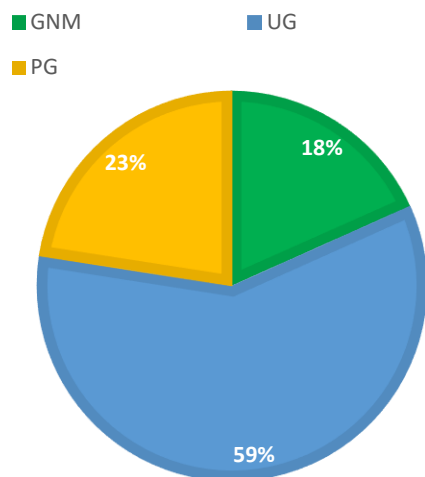
Graph-1.2

GENDER



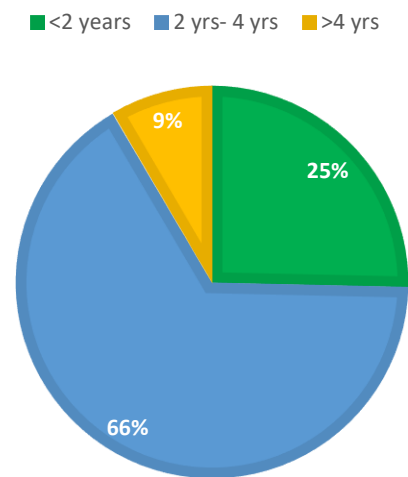
Graph-1.3

HIGHEST QUALIFICATION



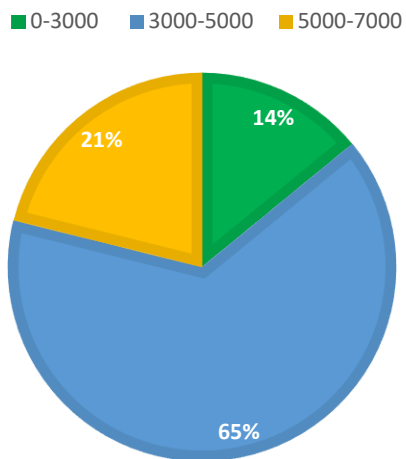
Graph-1.4

OVERALL WORK EXP.



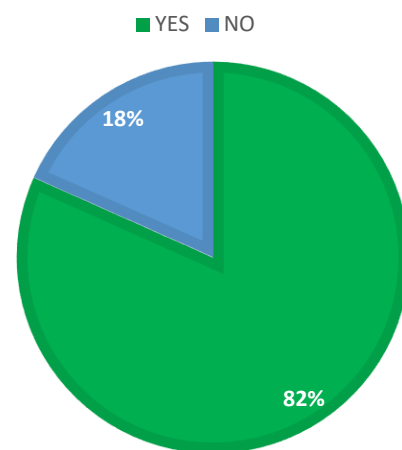
Graph-1.5

POPULATION SERVED



Graph-1.6

MNS TRAINING RECEIVED



Knowledge and Attitudes of Community Health Officers on Mental Health Services in Sarguja District, Chhattisgarh, India

The overall knowledge regarding the Screening and basic management of MNS was subpar. The median score in our study was 15 out of 31, certain questions highlighted areas where participants frequently lacked knowledge or could not answer correctly. A significant gap was noted with the Community Based Assessment Checklist, where 91% could not correctly identify its limitations. Additionally, 53% of participants incorrectly responded to the question about types of common mental disorders. When asked about commonly used screening tools for depression in primary care settings, 86% of participants lacked the correct response. Furthermore, 66% were unaware of the correct SRQ-20 score threshold for referral to a PHC Medical Officer.

Regarding bipolar disorder diagnosis, 65% of participants did not know the correct duration of a manic episode required for diagnosis. For the question on mental disorders that lead to 'losing touch with reality,' 86% lacked the correct response. Similarly, 68% could not correctly identify which disorders are not classified as Child and Adolescent Mental Health Disorders, and an equal percentage struggled with identifying the most aggressive and dangerous disorder in children. Knowledge about unhealthy parenting examples was also below average, 61% could not respond correctly. Regarding intellectual disability, 63% did not know the correct IQ level classification. The EASI (Everyday Abilities Scale for India) tool's screening application was correctly identified by 44%, meaning 56% lacked this knowledge. For the signs indicating dependence on substance use, 62% of participants lacked correct knowledge.

A notable misconception was about the legal status of a suicide attempt under the Mental Health Care Act, 2017, with 80% of participants incorrectly believing it to be a criminal offense. Lastly, 70% of participants did not know the conditions assessed by CIDT. These results highlight the need for improved education and training on specific mental health topics to enhance overall knowledge and response accuracy among health care workers.

Table-ii: Knowledge and Attitudes of Community Health Officers on Mental Health Services in Sarguja District, Chhattisgarh, India

Statements	Response	
1. Basic knowledge regarding screening and management of MNS disorders		
I. Mental health is affected by a combination of biological, social and psychological factors	Correct response: 70 (99%) Wrong Response: 1 (1%)	
II. level of comfort in the initial assessment process for individuals suspected of mental illnesses	Very Uncomfortable (1): 13(18.3%) Uncomfortable (2): 22 (31%) Neutral (3) : 16 (23%) Comfortable (4): 17 (24%) Very Comfortable(5): 3 (4%)	
III. Correct options for the following :	Correct response (n%)	Wrong response
a) CMD	33(47%)	38(53%)
b) SMD	45(63%)	26(37%)
c) Neurological	48(68%)	23(32%)
d) C&AMD	43(61%)	28(39%)
IV. CIDT assesses which 5 conditions?	21(30%)	50(70%)

V.	CHOs are authorized to prescribe psychotropic medications for mental health disorders.(true/false)	63(89%)	8(11%)
VI.	Information a CHO should provide when making a referral for mental health services	49(69%)	22(31%)
2.	Knowledge and attitude on Common Mental Disorders	Correct Response	Wrong Response
I.	CBAC screening is used for all except : Depression ; Anxiety; Alcohol Use ; Dementia	6(9%)	65(91%)
II.	CHO should give advice to a person suffering from depression like “Just cheer up”.	38(54%)	33(46%)
III.	All are types of common mental disorders except: Anxiety ; Depression; Conduct disorder ; somatization disorder	33(47%)	38(53%)
IV.	commonly used screening tool for depression in primary care settings	10(14%)	61(86%)
V.	Above what level of SRQ-20 score does CHO refer a person to MO of PHC	24(34%)	47(66%)
3.	Knowledge on Severe Mental Disorders	Correct response	Wrong response
I.	Severe mental disorders include the following except: Schizophrenia ; Bipolar disorder; severe depression ; somatic symptom disorder	46(65%)	25(35%)
II.	To diagnose a patient with Bipolar Disorder, for how long there should be manic episode	25(35%)	46(65%)
III.	Which mental disorder leads to ‘losing touch with reality’	10(14%)	61(86%)
4.	Knowledge on Child and Adolescent Mental Disorder	Correct response	Wrong Response
I.	Which of the following is not a Child and Adolescent Mental Health Disorders: IDD, ADHD,ODD,OCD	23(32%)	48(68%)
II.	Which disorder is the most aggressive and dangerous in children?	23(32%)	48(68%)
III.	Example of Unhealthy Parenting	28(39%)	43(61%)
IV.	Level of IDD for someone with IQ 70	26(37%)	45(63%)
5.	Knowledge on Neurological disorders	Correct response	Wrong response
I.	Conditions classified under neurological disorders	66(93%)	5(7%)
II.	Use of EASI screening tool	31(44%)	40(56%)
III.	A seizure lasting for what		

duration is an emergency known as status epilepticus.	38(54%)	33(46%)
6. Knowledge on Substance Use	Correct response	Wrong response
I. Presence of signs that help CHO identify dependence on substance use	27(38%)	44(62%)
II. All are symptoms of alcohol withdrawal syndrome EXCEPT: sweating, trembling hands, increased heart rate, low BP	37(52%)	34(48%)
III. Screening tool is specifically designed to assess for alcohol use disorder	36(51%)	35(49%)
7. Knowledge and attitude on Suicide ideation behaviour	Correct response	Wrong Response
I. Asking somebody about suicide will increase chances of him/her committing suicide (fact/myth)	42(59%)	29(41%)
II. If CHO assesses a low risk of suicide in a person, it is not necessary to refer the person to a Medical Officer.(true/false)	50(70%)	21(30%)
III. "Suicide attempt is a criminal offense under the Mental Health Care Act, 2017 " (True/false)	14(20%)	57(80%)
IV. Identification of strongest risk factor for suicide ideation	49(69%)	22(31%)

Basic knowledge on MNS:

The basic knowledge of the CHOs was gauged through evaluation on 6 questions as follows. Overall, on average, respondents correctly answered about 56.81% of the questions, indicating a moderate level of understanding of the basic knowledge topics covered in the survey. On average, respondents correctly answered about 56.81% of the questions, indicating a moderate level of understanding of the basic knowledge topics covered in the survey. The individual percentages of correct responses for each question vary widely, ranging from as high as 98.59% for the first one to as low as 8.45% for the 4th one. This suggests significant variation in the respondents' knowledge across different topics which highlights the need for targeted interventions to address specific areas of weakness.

Figure 1.1:

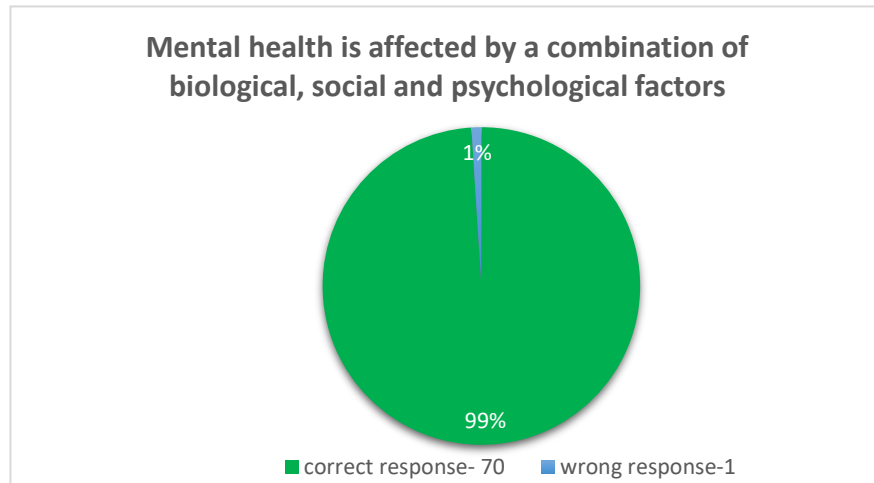


Figure 1.2:

Choose the correct option from the following for each type of MNS:

33 / 71 correct responses

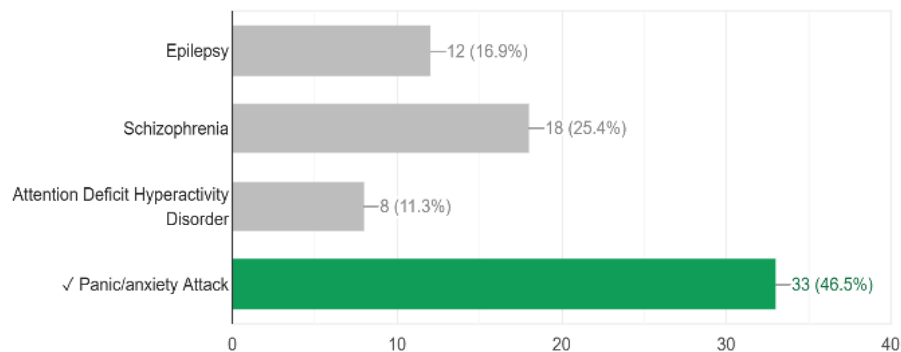


Figure-1.3

The Community Based Assessment Checklist can be used to screen for all the following EXCEPT

6 / 71 correct responses

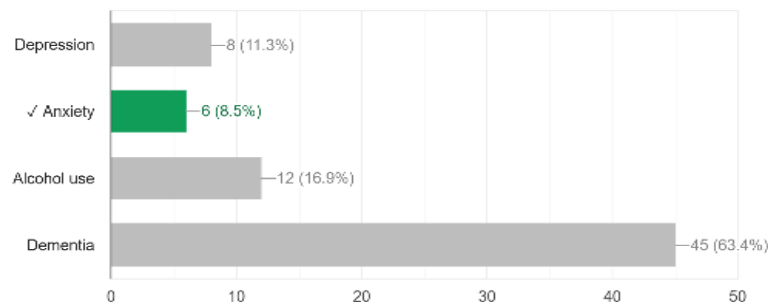


Figure 1.4:

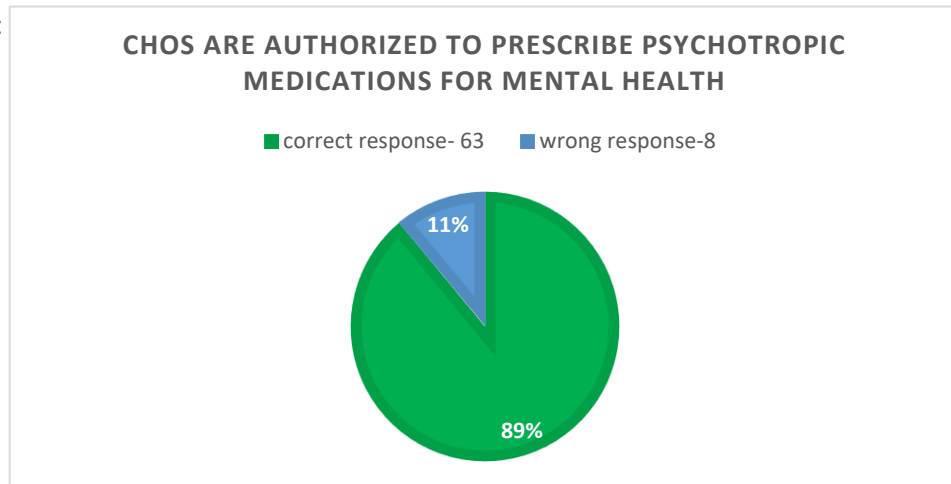


Figure 1.5

What information should a CHO provide when making a referral for mental health services?
49 / 71 correct responses

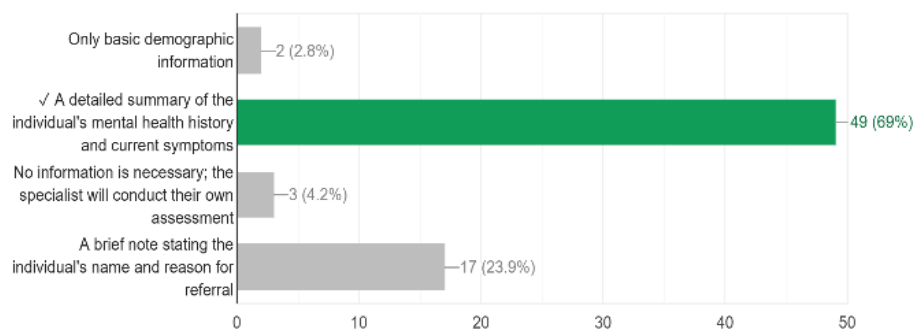
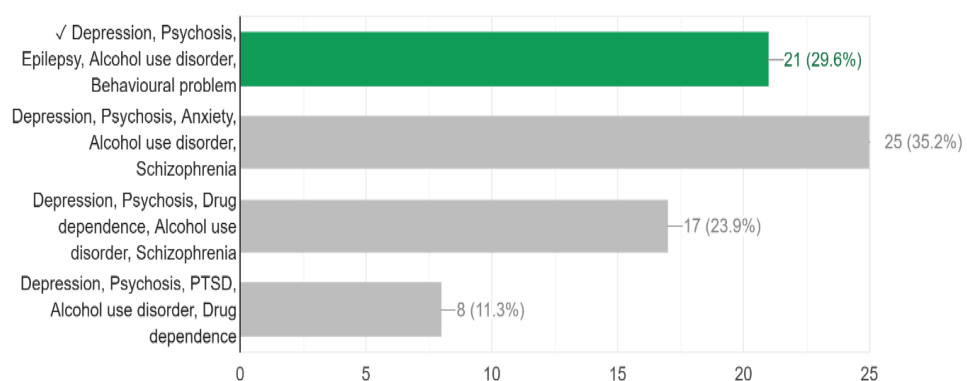


Figure 1.6

CIDT assesses which 5 conditions?
21 / 71 correct responses



Knowledge on Common Mental Disorders:

The average percentage of correct responses across all CMD knowledge questions is 36.97%,

indicates a relatively low level of understanding of CMD among the respondents. The individual percentages of correct responses for each CMD knowledge question vary, with the question on screening tool having the lowest percentage at 14.08%. The low percentages in Q3. (14.08%) and Q4 (33.80%) highlight respondents have limited knowledge on screening tools for CMD. This suggests the need for targeted educational interventions to improve understanding in these areas. This suggests significant gaps in knowledge, particularly as the difficulty of questions increased.

Figure 2.1:

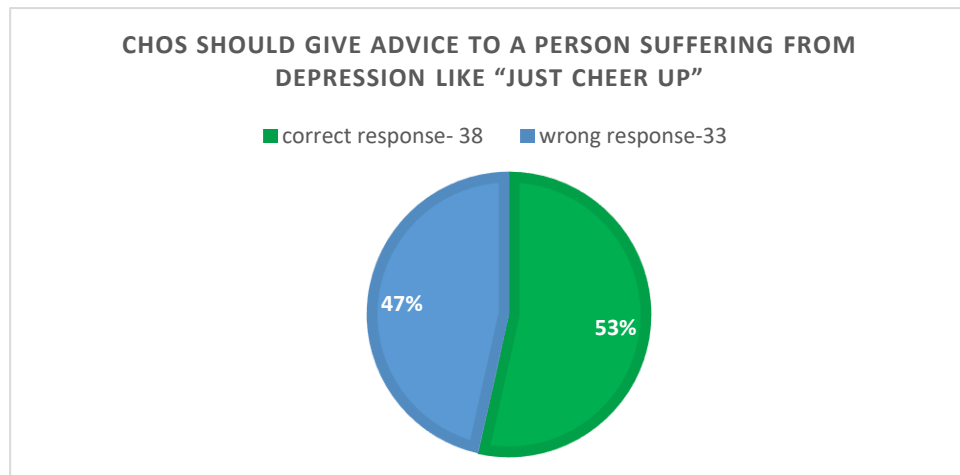


Figure 2.2

All are types of common mental disorders except

33 / 71 correct responses

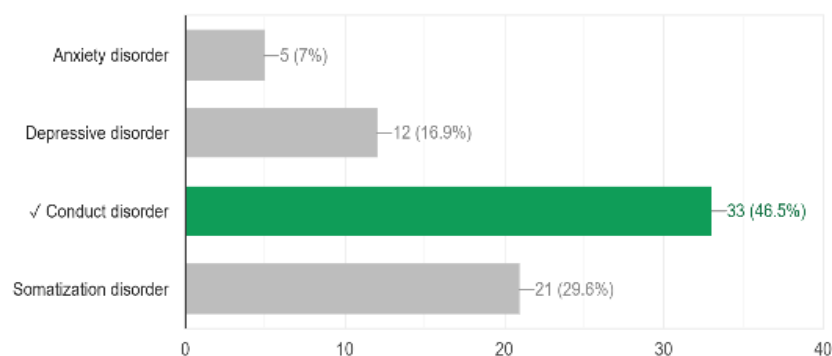


Figure 2.3:

Which of the following is a commonly used screening tool for depression in primary care settings?

10 / 71 correct responses

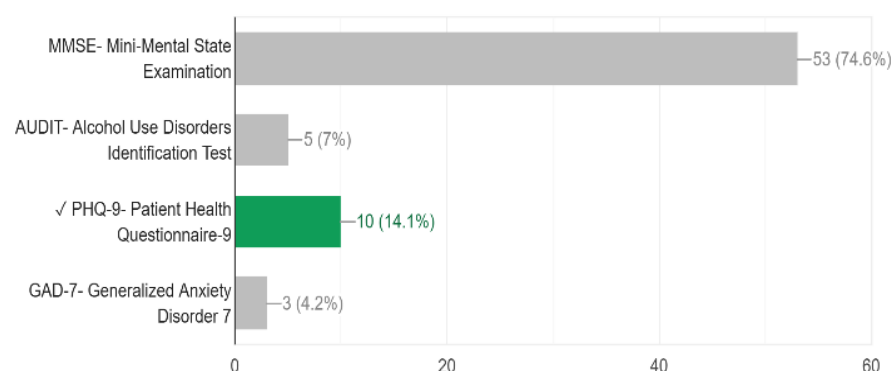
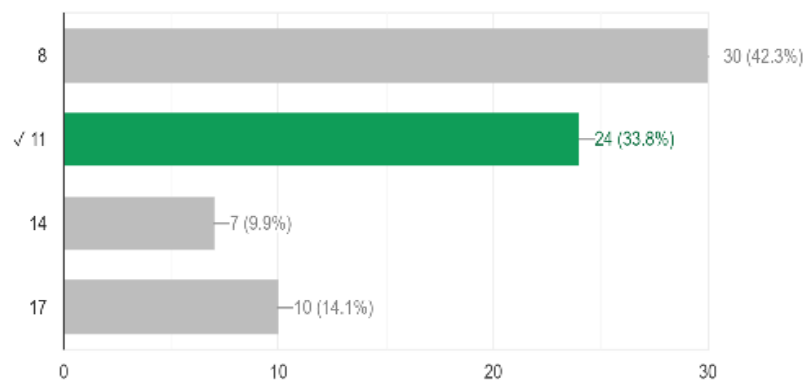


Figure 2.4:

The CHO needs to refer a person to the PHC Medical Officer if his/her SRQ-20 score is more than
24 / 71 correct responses



Knowledge on SMD:

The overall average percentage of correct responses, across questions concerning Severe mental disorders is 38.03%, indicating a relatively low level of understanding of SMD among the respondents. While respondents show a moderate understanding of some aspects of SMD as seen in Q1, the overall low average percentage of correct responses indicates a need for improved training and education.

Figure 3.1:

Severe mental disorders include the following except:
46 / 71 correct responses

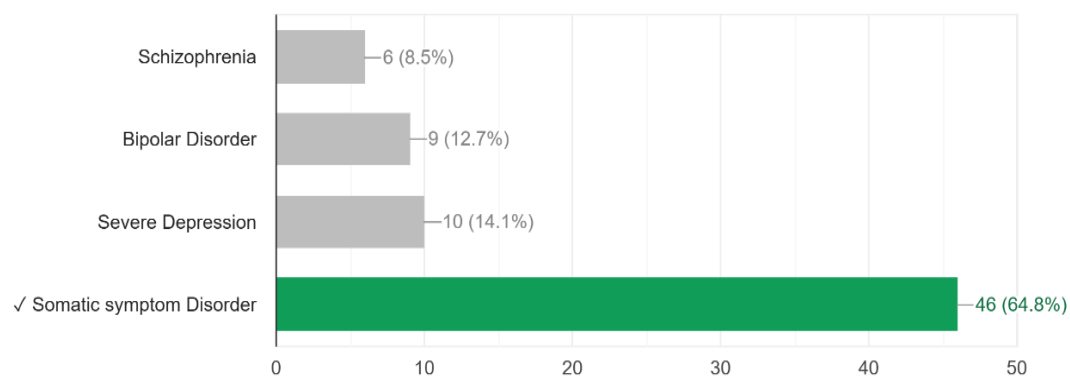


Figure 3.2:

To diagnose a patient with Bipolar Disorder, there should be h/o manic episode lasting for at least
25 / 71 correct responses

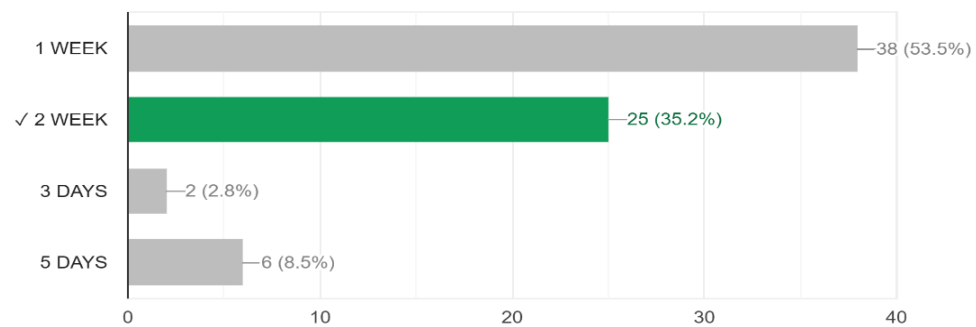
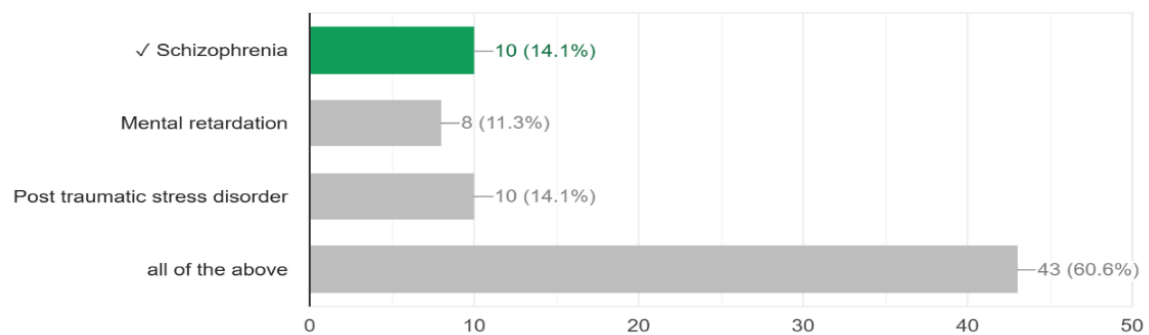


Figure 3.3:

Which mental disorder leads to 'losing touch with reality'

10 / 71 correct responses



Knowledge on C&AMD:

The average percentage of correct responses across these aspects is 35.21%. This relatively low average percentage suggests that there are substantial gaps in the knowledge of CHO's regarding C&AMD.

Figure 4.1:

Which of the following is not a Child and Adolescent Mental Health Disorders

23 / 71 correct responses

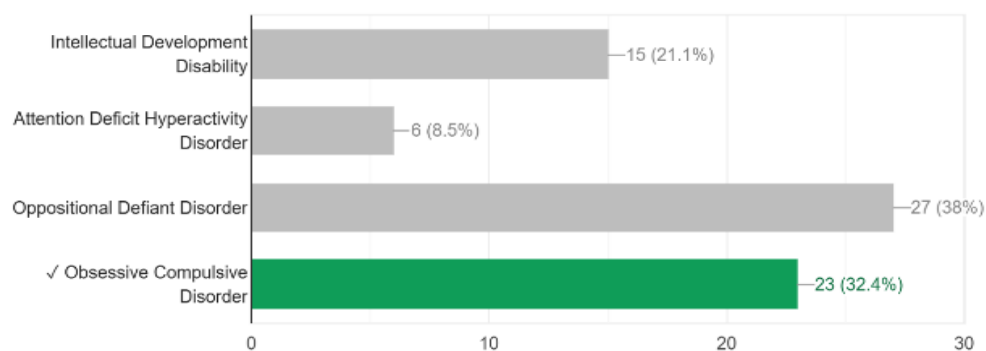


Figure 4.2

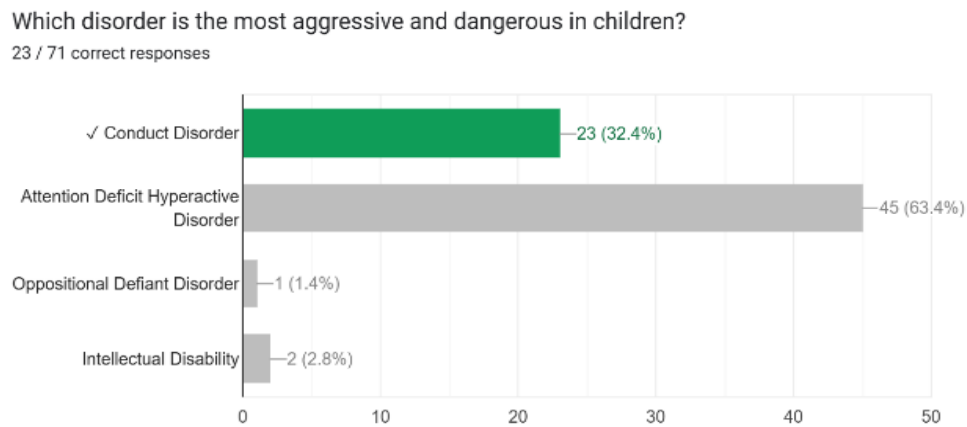


Figure 4.3:

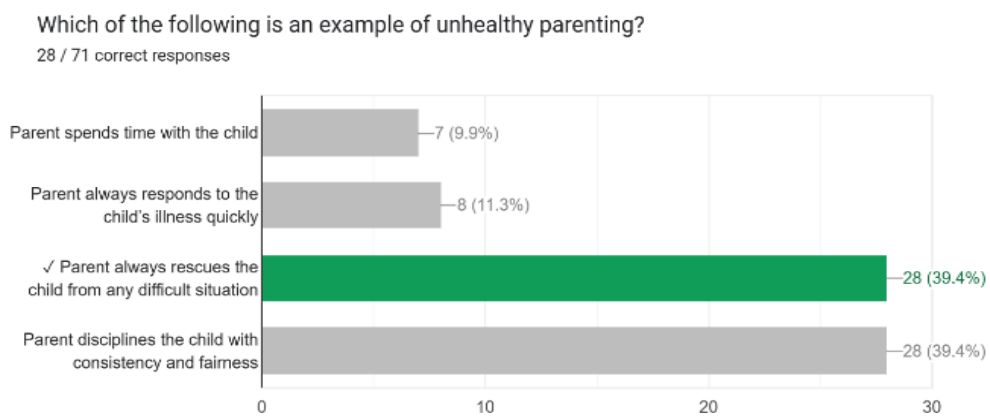
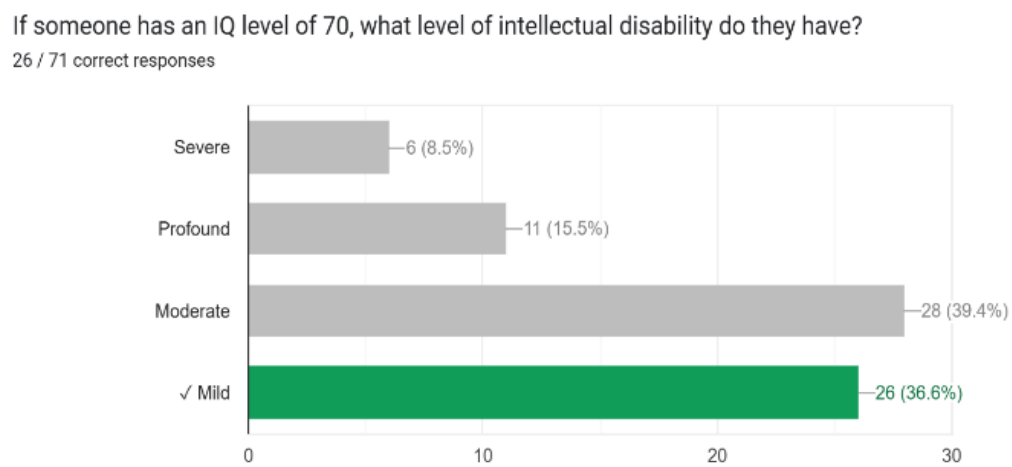


Figure 4.4:



Knowledge on Neurological Conditions:

The average percentage of correct responses across all areas assessed is 63.38%. While this reflects a reasonable level of overall knowledge, it also highlights significant areas for improvement, particularly in the use of screening tools and specific aspects of basic neurological knowledge. The knowledge of screening tools for neurological conditions is notably lower, with only 43.66% of correct responses. This finding is concerning, as it indicates that CHOs may struggle with the practical application of screening tools, which are crucial for early identification and management of neurological conditions.

Figure 5.1:

Which conditions are classified under Neurological Conditions

66 / 71 correct responses

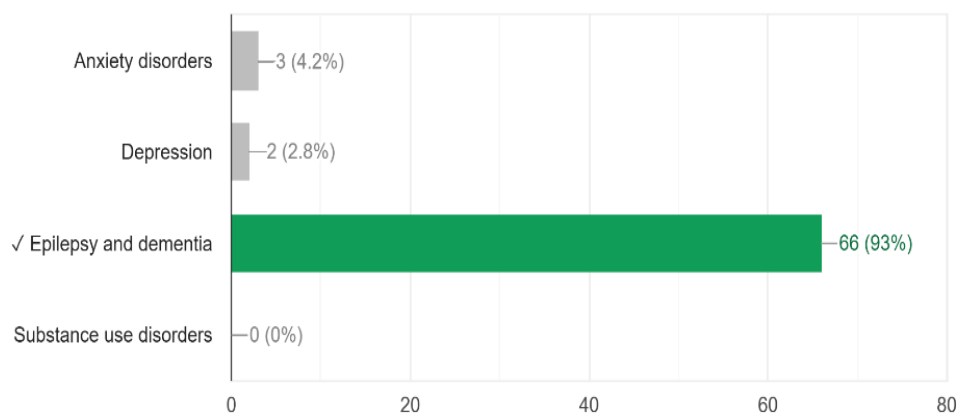


Figure-5.2:

If a seizure lasts for more than ___ minutes, it is an emergency known as status epilepticus

38 / 71 correct responses

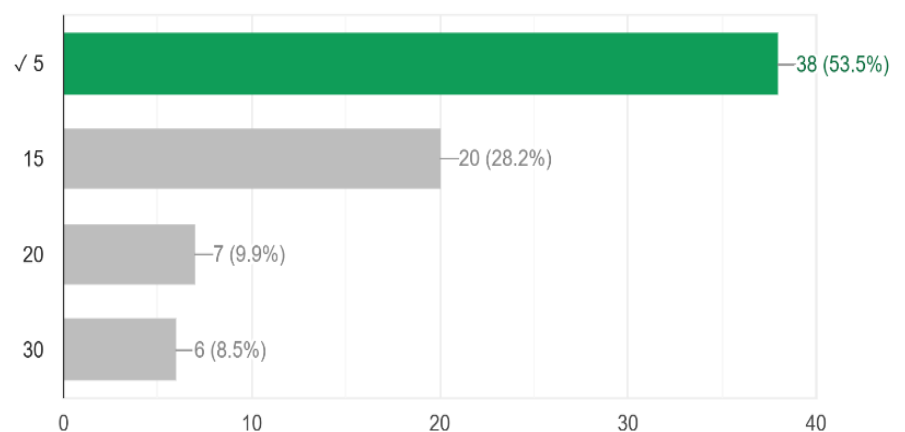
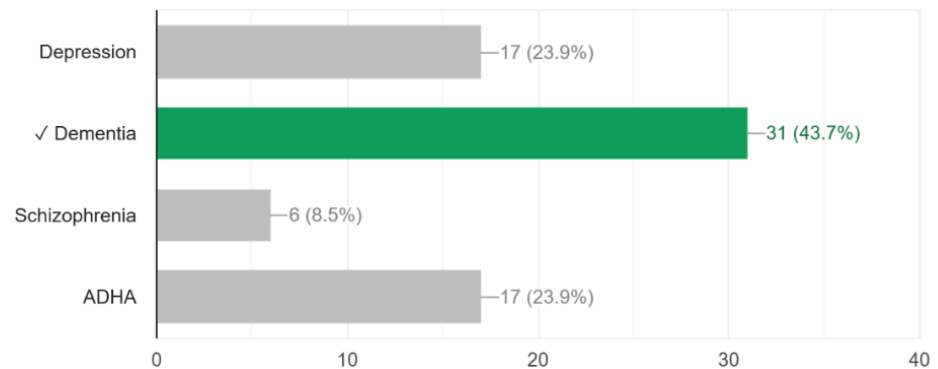


Figure-5.3:

The EASI (Everyday Abilities Scale for India) tool is used to screen
31 / 71 correct responses



Knowledge on Substance Use:

The overall average percentage of correct responses, which is 46.95%, indicates a moderate level of understanding of substance use disorders among the respondents. While this suggests that respondents have a fair grasp of the subject, there is still considerable room for improvement. The percentage of correct responses for identifying signs of substance use disorders is 38.03%. This relatively low percentage indicates that many respondents may have difficulty recognizing the signs of substance use disorders, suggesting a need for more focused training in this area.

Figure 6.1:

CHO will identify dependence on substance use when which of the following signs are present? i. Strong desire to quit (cravin...ntinuing to use although aware of the negative effects.
27 / 71 correct responses

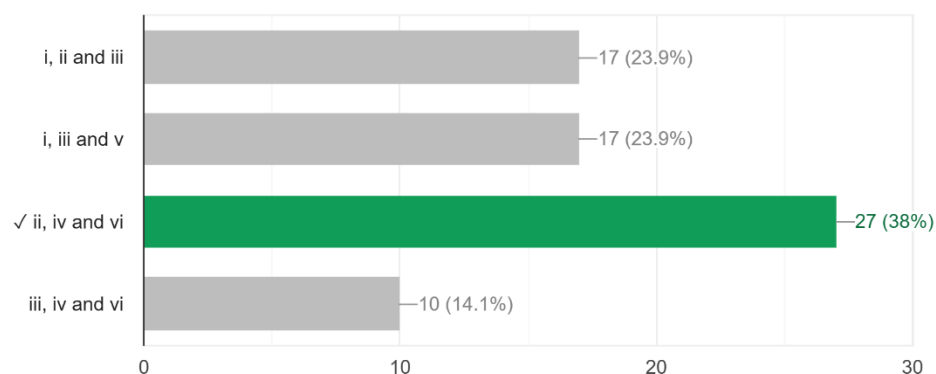


Figure-6.2:

All are symptoms of alcohol withdrawal syndrome EXCEPT

37 / 71 correct responses

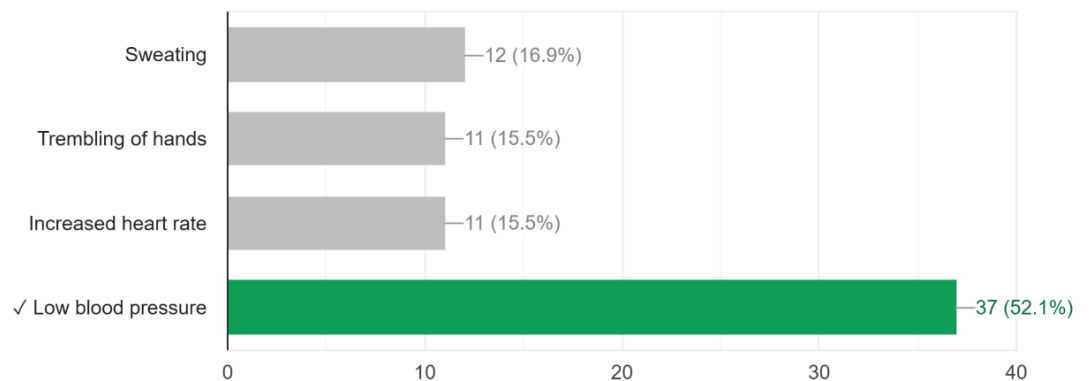
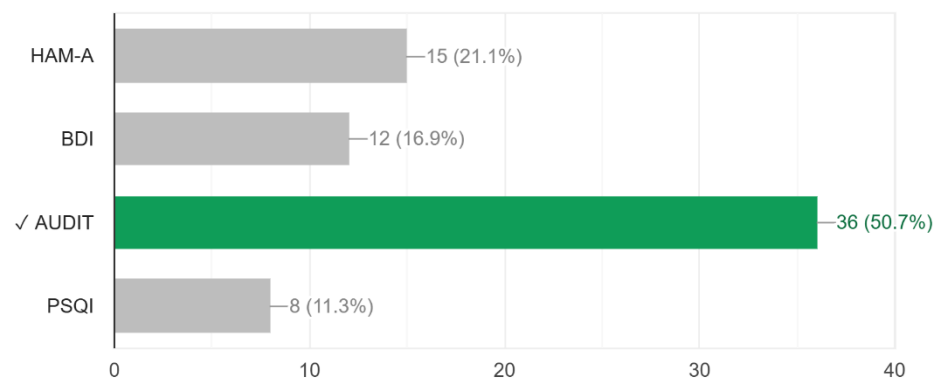


Figure 6.3:

Which screening tool is specifically designed to assess for alcohol use disorder?

36 / 71 correct responses



Knowledge on Suicide ideation:

The overall average percentage of correct responses, which is 54.58%, indicates a moderate level of understanding of suicide ideation among the respondents. While the overall knowledge is above average, there are notable areas where knowledge is lacking. The low percentage of correct responses for the Mental Health Act 2017 (19.72%) suggests a critical need for focused training on this topic. Improving knowledge in this area will enhance respondents' ability to navigate legal and policy frameworks related to mental health.

Figure 7.1

The strongest risk factor for suicide ideation is

49 / 71 correct responses

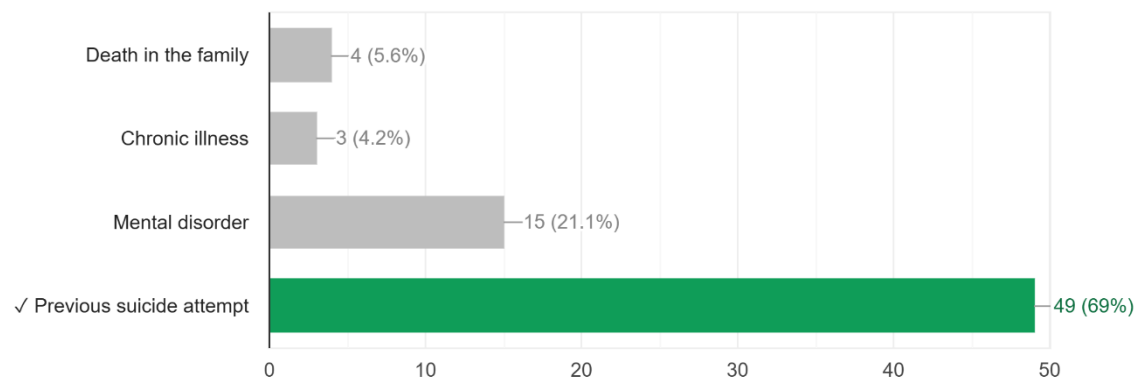


Figure 7.2:

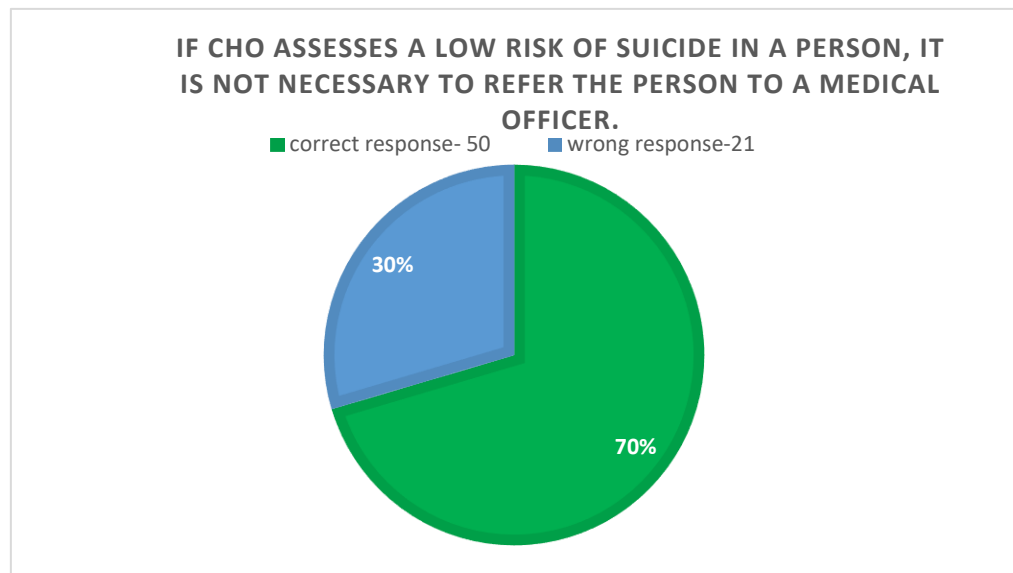


Figure 7.3:

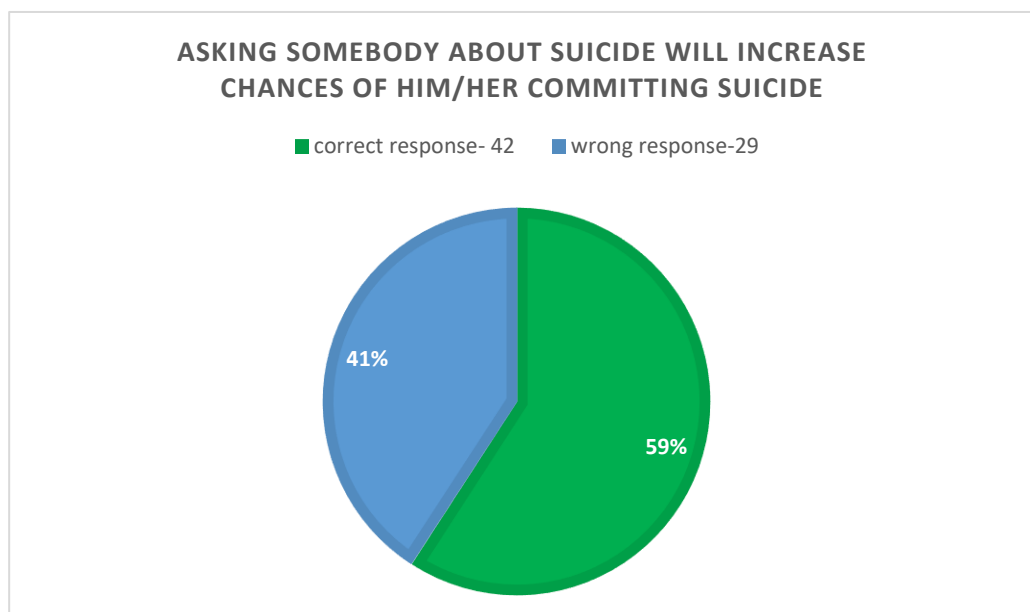
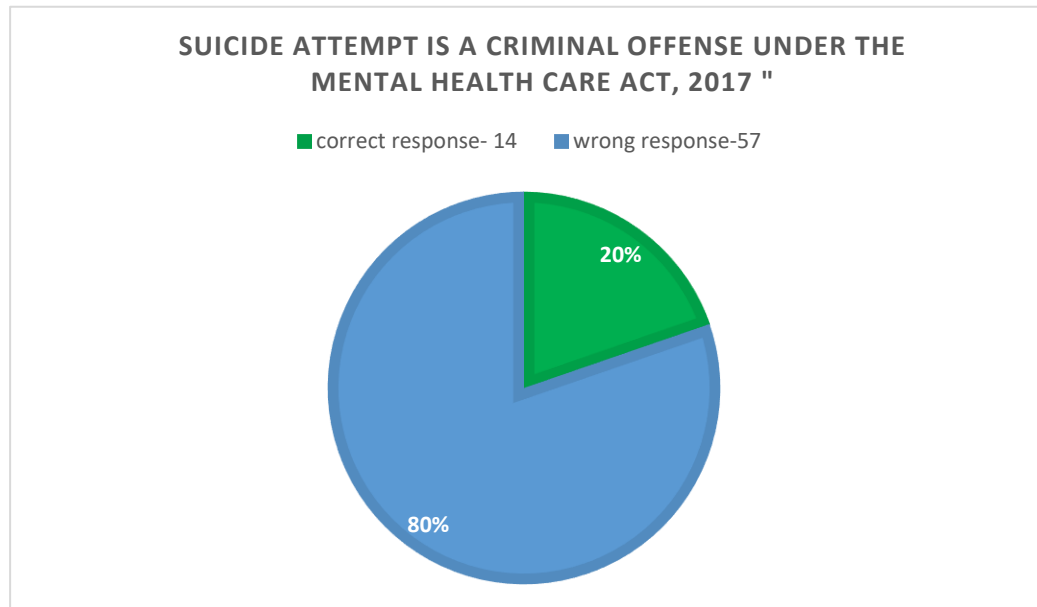


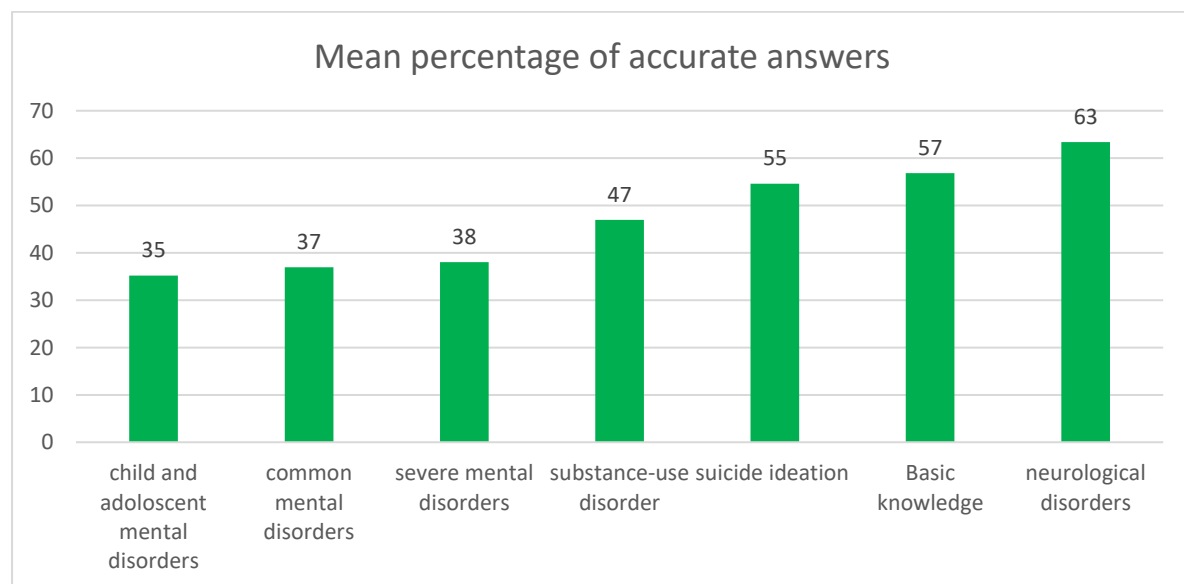
Figure 7.4:



Summary:

The average percentages indicate a varied level of knowledge across different mental health areas among the respondents. The overall results show that while there is a reasonable understanding in some areas, significant gaps exist in others. The average correct response rate of 57% suggests that respondents possess a moderate level of foundational knowledge in mental health. With an average correct response rate of 63%, this is the strongest area of knowledge among the respondents. This indicates that the respondents have a relatively high understanding of neurological disorders. An average correct response rate of 37% highlights a substantial deficiency in understanding common mental disorders, suggesting the need for improved education and training. The lowest average correct response rate at 35% indicates a significant gap in knowledge in this area. This suggests a need for targeted training and education focused on mental health issues affecting children and adolescents.

Figure-8:



Correlation of Education Background, Gender , Training on MNS with Knowledge Scores of Community Health Officers:

In statistical analysis, a p-value less than 0.05 ($p < 0.05$) is typically considered significant, while a p-value greater than 0.05 ($p > 0.05$) suggests insignificance. This indicates a higher chance that any observed differences or associations occurred randomly, without a real connection between the variables. Examining Table 3's findings:

The p-values concerning the relationship between mean knowledge percentage and education level ($p=0.4445$), gender ($p=0.7481$), and MNS training ($p=0.3273$) are all above 0.05. This implies no statistically significant link between these variables and the knowledge scores of community health officers.

Table -iii Correlation of Education Background, Gender , Training on MNS with Knowledge Scores of Community Health Officers

Variable	Mean knowledge Percentage	Standard deviation	p-value
Education Background			
1. GNM	44.67	11.86	0.4445 (non-significant)(ANOVA)
2. UG	49.31	12.14	
3. PG	46.78	10.94	
Gender			
1. Female	47.97	12.12	0.7481 (non-significant)(t-test)
2. Male	45.16	3.23	
Training for MNS			
1. Received	47.22	11.47	0.3273(non-significant)(t-test)
2. Not received	50.87	13.58	

Discussion

The present study assessed the knowledge and attitudes of Community Health Officers (CHOs) regarding the screening and basic management of mental, neurological, and substance use (MNS) disorders at Ayushman Aarogya Mandir Sub Health Centers (AAM-SHCs) in Sarguja District, Chhattisgarh. The results reveal critical insights into the current capabilities and areas needing enhancement among CHOs, which are pivotal for the effective delivery of mental health services at the primary healthcare level.

The study's findings indicate that while a majority of CHOs possess basic awareness of MNS disorders, there are notable gaps in specific areas. For example, only 38% of CHOs were able to correctly identify the signs of substance dependence, and just 44% were aware of the appropriate screening tools for neurological disorders. This suggests that existing training programs may not cover these aspects comprehensively or effectively. The inadequate identification of substance dependence is particularly concerning given the rising prevalence of substance use disorders in various populations. This gap can lead to underdiagnosis and inadequate management of these conditions, ultimately impacting patient outcomes.

The study also revealed varied attitudes among CHOs towards MNS disorders. Some CHOs exhibited hesitance and a lack of confidence in managing these conditions. This hesitance could be attributed to insufficient training and lack of practical experience, as theoretical knowledge alone does not translate into practical competence. The reluctance to engage with MNS disorders can result in reduced willingness to screen for these conditions and refer patients for further treatment, thereby widening the treatment gap.

Interestingly, the study found no significant association between CHOs' education level or the frequency of training received and their knowledge scores (p -values > 0.05). This finding suggests that the quality and relevance of the training, rather than the quantity, are crucial for improving knowledge and competence. Current training modules may not be sufficiently detailed or aligned with the practical needs of CHOs working in primary care settings. This calls for a reevaluation of the training curricula to ensure they are comprehensive, practical, and context-specific.

The study highlights several systemic challenges in healthcare delivery at the primary level. CHOs often operate in resource-limited settings with high patient loads, which can impede their ability to provide comprehensive care. The lack of specialized training and ongoing professional development opportunities further exacerbates these challenges. Addressing these systemic issues through policy changes and investment in healthcare infrastructure is essential for empowering CHOs and improving overall healthcare delivery.

These findings are consistent with existing research, which highlights the challenges primary healthcare workers face in managing mental health conditions due to limited training and resources. Studies have shown that primary healthcare workers often lack the necessary skills and confidence to effectively diagnose and treat mental health disorders, leading to a significant treatment gap. The current study's findings align with these observations, emphasizing the need for improved training and support for CHOs.

Earlier studies have emphasized the significance of continuous professional growth and hands-on training. For instance, research conducted on incorporating mental health services into primary care in Ethiopia demonstrated that specialized training notably enhanced healthcare workers' understanding, perspectives, and actions concerning mental health care. Adopting similar strategies could prove advantageous within the framework of AAM-SHCs in India.

Conclusion

This study set out to evaluate the knowledge of Community Health Officers (CHOs) on the screening and basic management of mental health issues at Ayushman Aarogya Mandir Sub-Health Centers (AAM-SHCs) in Sarguja District, Chhattisgarh. Our findings offer crucial insights into the current capabilities of CHOs and highlight areas needing improvement to enhance mental health services at the primary healthcare level.

Our study aligns well with the objective, which was to assess the knowledge of CHOs on mental, neurological, and substance use (MNS) disorders. The findings indicate significant knowledge gaps, consistent with the literature that suggests primary healthcare workers often lack the necessary skills and confidence to diagnose and treat mental health disorders effectively. This alignment underscores the critical need for more comprehensive and practical training programs. Investigating CHOs' attitudes towards patients with MNS disorders, also shows hesitance and lack of confidence observed among, which points to the necessity of hands-on, scenario-based training to build the necessary confidence and skills. This finding reinforces the need for practical, experiential learning to complement theoretical knowledge.

Overall, the study highlights the systemic challenges in healthcare delivery at the primary level, such as resource limitations and high patient loads, which align with the challenges identified in the literature. Addressing these systemic issues through policy changes and investment in healthcare infrastructure is essential for empowering CHOs and improving overall healthcare delivery. Additionally, the study aimed to recommend strategies to improve mental health care delivery at the primary health center level. The literature review provided insights into successful models, such as the stepped-care approach proposed by Priyamadhab (2018), which integrates community health workers into mental health service delivery. This approach can be adapted to the context to enhance the effectiveness of mental health interventions.

While this study provides valuable insights, it is not without limitations. The use of convenience sampling and self-reported data introduces potential biases, and the cross-sectional design limits our ability to observe changes over time. Future research could benefit from longitudinal studies and more rigorous sampling methods to validate and expand upon these findings.

In conclusion, the study underscores the critical need for strategic improvements in the training and support of CHOs to manage MNS disorders effectively. Addressing these gaps through targeted, high-quality training programs and policy interventions is essential for enhancing primary healthcare services, ultimately leading to better mental health outcomes for the community. By prioritizing the continuous professional development and practical training of CHOs, we can significantly improve the delivery of mental health services at the primary care level.

References

1. Bhore J. W. (1946). Report of the national health survey and development committee (Bhore Committee Report, Vol. 1). Ministry of Health and Family Welfare, India.
https://www.nhp.gov.in/sites/default/files/pdf/Bhore_Committee_Report_VOL-1.pdf
2. Editorials : Strengthening primary healthcare in India *BMJ* 2012;344:e3410 [Strengthening primary healthcare in India | The BMJ](#)
3. Government of India. Ministry of Health and Family Welfare. Operational Guidelines on Wellness Interventions for Ayushman Bharat Health and Wellness Centres (AB-HWC). New Delhi: National Health Systems Resource Centre, Ministry of Health and Family Welfare; 2023.
4. Government of India. Ministry of Health and Family Welfare. Mental, Neurological, and Substance Use (MNS) Care Training Manual for Community Health Officers (CHOs). New Delhi: National Health Systems Resource Centre, Ministry of Health and Family Welfare; 2021.
5. Brar, Sehr1; Purohit, Neha1; Singh, Gurmandeep2; Prinja, Shankar1,; Kaur, Manmeet1; Lakshmi, P. V. M.1. Health system readiness for roll out of the Ayushman Bharat Health and Wellnes Centres – Early experiences from Punjab State. *Journal of Family Medicine and Primary Care* 11(4):p 1354-1360, April 2022. | DOI: 10.4103/jfmprc.jfmprc_2560_20
6. Biswas DK, Deb LM, Dasgupta P, Maity S, Mukherjee A, Manna S. Assessment of Knowledge on Palliative Care among the Community Health Officers in Rural Area of Purba Medinipur District, West Bengal, India. *Indian J Palliat Care*. 2024 Jan-Mar;30(1):65-70. doi: 10.2525/IJPC_151_2023. Epub 2024 Feb 16. PMID: 38633684; PMCID: PMC11021069. <https://pubmed.ncbi.nlm.nih.gov/38633684/>
7. Gururaj G, Varghese M, Benegal V, Rao GN, Pathak K, Singh LK, Mehta RY, Ram D, Shibukumar TM, Kokane A, Lenin Singh RK, Chavan BS, Sharma P, Ramasubramanian C, Dalal PK, Saha PK, Deuri SP, Giri AK, Kavishvar AB, Sinha VK, Thavody J, Chatterji R, Akoijam BS, Das S, Kashyap A, Ragavan VS, Singh SK, Misra R and NMHS collaborators group. National Mental Health Survey of India, 2015-16: Mental Health Systems. Bengaluru, National Institute of Mental Health and Neuro Sciences, NIMHANS Publication No. 130, 2016.
8. Ved, Rajani R; Gupta, Garima; Singh, Shalini. India's health and wellness centres: realizing universal health coverage through comprehensive primary health care. *WHO South-East Asia Journal of Public Health* 8(1):p 18-20, April 2019. | DOI: 10.4103/2224-3151.255344
9. Lahariya, C. Health & Wellness Centers to Strengthen Primary Health Care in India: Concept, Progress and Ways Forward. *Indian J Pediatr* 87, 916–929 (2020).
<https://doi.org/10.1007/s12098-020-03359-z>
10. Kaur, A., Kallakuri, S., Mukherjee, A. *et al.* Mental health related stigma, service provision and utilization in Northern India: situational analysis. *Int J Ment Health Syst* 17, 10 (2023).
<https://doi.org/10.1186/s13033-023-00577-8>

11. Behera P, Amudhan SR, Gupta R, Majumdar A, Kokane AM, Bairwa M. Adapting the Stepped Care Approach for Providing Comprehensive Mental Health Services in Rural India: Tapping the Untapped Potential. Indian Journal of Community & Family Medicine. 2018;4(2):5-8 ([Adapting the Stepped Care Approach for Providing Comprehensive... : Indian Journal of Community and Family Medicine \(Iww.com\)](#))
12. Ayano G, Assefa D, Haile K, Chaka A, Haile K, Solomon M, Yohannis K, Awoke A, Jemal K. Mental health training for primary health care workers and implication for success of integration of mental health into primary care: evaluation of effect on knowledge, attitude and practices (KAP). Int J Ment Health Syst. 2017 Oct 12;11:63. doi: 10.1186/s13033-017-0169-8. Erratum in: Int J Ment Health Syst. 2017 Nov 10;11:68. PMID: 29046715; PMCID: PMC5639774 <https://pubmed.ncbi.nlm.nih.gov/29046715/>
13. Misra S, Patel M, Oswal R. Knowledge, Attitude and Practice on Mental Health among health workers serving a block of a district of Western India. PARIPEX - INDIAN JOURNAL OF RESEARCH. 2021 Dec;10(12):32-34. DOI: 10.36106/paripex/1601282 https://www.researchgate.net/publication/358123393_Knowledge_Attitude_and_Practice_on_Mental_Health_among_health_workers_serving_a_block_of_a_district_of_Western_India

Study tool

Demographic Information

1. What is your age?
2. What is your gender?
 - ☐ Male
 - ☐ Female
3. What is your highest level of Qualification?
4. How many years of overall working experience do you have?
5. How many years of experience do you have as a Community Health Officer (CHO)?
6. In which Health and Wellness Centre (HWC) are you currently working?
7. Have you received training specifically related to screening and basic management of mental health ailments while working as a CHO?
 - ☐ Yes
 - ☐ No
8. how many cases of Mental, Neurological, and Substance Use (MNS) disorders do you see in a month in your community?

Basic knowledge and attitude:

1. Mental health is affected by a combination of biological, social and psychological factors.
True/False
2. How comfortable do you feel with the initial assessment process for individuals suspected of mental illnesses? Rate on a scale of 1-5 (1 being least comfortable and 5 being most comfortable)
3. Match the following:

a. Common Mental Disorder	1. Epilepsy
b. Severe Mental Disorder	2. Schizophrenia
c. Neurological Disorder	3. Attention Deficit Hyperactivity Disorder
d. Child and Adolescent Mental Health Disorder	4. Panic/anxiety Attack

- a. **a-4, b-2, c-1, d-3**
- b. a-2, b-3, c-1, d-4
- c. a- 1, b-2, c-3, d-4
- d. a-1, b-3, c-4, d-2

- 4.The Community Based Assessment Checklist can be used to screen for all the following EXCEPT
 - a. Depression

b. Anxiety

c. Alcohol use

d. Dementia

5. CIDT assesses which 5 conditions?

a. **Depression, Psychosis, Epilepsy, Alcohol use disorder, Behavioural problem**

b. Depression, Psychosis, Anxiety, Alcohol use disorder, Schizophrenia

c. Depression, Psychosis, Drug dependence, Alcohol use disorder, Schizophrenia

d. Depression, Psychosis, PTSD, Alcohol use disorder, Drug dependence

6. True or False: CHOs are authorized to prescribe psychotropic medications for mental health disorders.

- ☐ True

- ☒ **False**

7. What information should a CHO provide when making a referral for mental health services?

A. Only basic demographic information

b. **A detailed summary of the individual's mental health history and current symptoms**

C. No information is necessary; the specialist will conduct their own assessment

CMD:

8. All are types of common mental disorders except

a. Depressive disorder

b. Anxiety disorder

c. **Conduct disorder**

d. Somatization disorder

9. CHO should give advice to a person suffering from depression like "Just cheer up".

True/False

10. Which of the following is a commonly used screening tool for depression in primary care settings?

A) Mini-Mental State Examination (MMSE)

B) Alcohol Use Disorders Identification Test (AUDIT)

C) **Patient Health Questionnaire-9 (PHQ-9)**

D) Generalized Anxiety Disorder 7 (GAD-7)

11. The CHO needs to refer a person to the PHC Medical Officer if his/her SRQ-20 score is more than

a. 8

b. **11**

c. 14

d. 17

SMD:

12. Severe mental disorders include the following except:

a. Schizophrenia

b. Bipolar Disorder

- c. Severe Depression
- d. **Somatic symptom Disorder**

13. To diagnose a patient with Bipolar Disorder, there should be h/o manic episode lasting for at least

- a. 1 week
- b. 2 weeks**
- c. 3 days
- d. 5 days

14. Which mental disorder leads to 'losing touch with reality'?

- a. **Schizophrenia**
- b. Mental retardation
- c. Post traumatic stress disorder
- d. All of the above

C&AMD:

15. Which of the following is not a Child and Adolescent Mental Health Disorders –

- a. Intellectual Development Disability
- b. Attention Deficit Hyperactivity Disorder
- c. Oppositional Defiant Disorder
- d. **Obsessive Compulsive Disorder**

16. Which disorder is the most aggressive and dangerous in children?

- a. **Conduct Disorder**
- b. Attention Deficit Hyperactive Disorder
- c. Oppositional Defiant Disorder
- d. Intellectual Disability

17. Which of the following is an example of unhealthy parenting?

- a. Parent spends time with the child
- b. Parent always responds to the child's illness quickly
- c. **Parent always rescues the child from any difficult situation**
- d. Parent disciplines the child with consistency and fairness

18. If someone has an IQ level of 70, what level of intellectual disability do they have?

- a. Severe
- b. Profound
- c. Moderate
- d. **Mild**

Neurological disorders:

19. The EASI (Everyday Abilities Scale for India) tool is used to screen _____

- a. Depression
- b. **Dementia**
- c. Schizophrenia
- d. ADHA

20. Which conditions are classified under Neurological Conditions

- a) Anxiety disorders
- b) Depression
- c) Epilepsy and dementia**
- d) Substance use disorders

21. If a seizure lasts for more than ____ minutes, it is an emergency known as status epilepticus

- a. 5
- b. 15
- c. 20
- d. 30

Substance Use disorder:

22. CHO will identify dependence on substance use when which of the following signs are present?

- i. Strong desire to quit (craving)
 - ii. Unable to reduce the amount used
 - iii. Withdrawal symptoms when they use more than usual amount
 - iv. Needing more and more quantities of the substance to get the desired effect
 - v. Spending less time using the substance or with related activities
 - vi. Continuing to use although aware of the negative effects.
- a. i, ii and iii
 - b. i, iii and v
 - c. ii, iv and vi**
 - d. iii, iv and vi

23. All are symptoms of alcohol withdrawal syndrome EXCEPT

- a. Sweating
- b. Trembling of hands
- c. Increased heart rate
- d. Low blood pressure**

24. Which screening tool is specifically designed to assess for alcohol use disorder?

- A) Hamilton Anxiety Rating Scale (HAM-A)
- B) Beck Depression Inventory (BDI)
- C) Alcohol Use Disorders Identification Test (AUDIT)**
- D) Pittsburgh Sleep Quality Index (PSQI)

25. Asking somebody about suicide will increase chances of him/her committing suicide.

Myth/Fact

26. If CHO assesses a low risk of suicide in a person, it is not necessary to refer the person to a Medical Officer.

True/False

27. the suicide attempt is a criminal offense under the Mental Health Care Act, 2017.

True/False

28. The strongest risk factor for suicide ideation is

- | | |
|----|---------------------------------|
| a. | Death in the family |
| b. | Chronic illness |
| c. | Mental disorder |
| d. | Previous suicide attempt |