



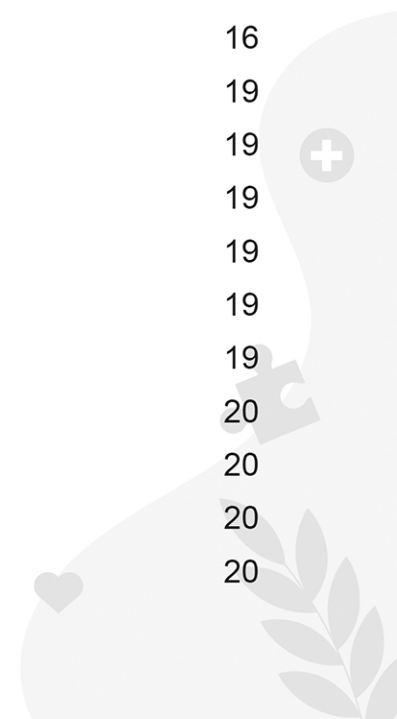
Promoting Mental Health



July, 2021

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Introduction

This manual is intended for community volunteers throughout Myanmar. It aims at raising awareness and improving understanding on mental health and its importance. This manual provides information on three mental health conditions; anxiety, depression, and PTSD, some tools for assessments for each condition (that will also be available in a mobile application), as well as some coping mechanisms at home and some self-care tips. The mobile application will directly provide some numbers to call if you score high on an assessment tool, and/or want to discuss with a mental health provider via teleconsultation. ISHG's will support in linking with health care providers and will support for use of the mobile application. There are also some references at the end for mental health services in Myanmar.

Mental Health

According to the World Health Organization (WHO), mental health is “a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”.

2.1 Why is mental health important?

1. MH affects physical health
2. End stigma and shame to lead better lives
3. MH affects everything

Mental health affects all aspects of life, such as school or work performance, relationships with family and friends and ability to participate in the community. Mental disorders, such as depression, are common and one of the main causes of disability worldwide. Globally, an estimated 264 million people are affected by depression.

Furthermore, mental disorders are highly present in humanitarian crises. Most people affected by emergencies (crisis situation) will experience distress (e.g. feelings of anxiety and sadness, hopelessness, difficulty sleeping, fatigue, irritability or anger and/or aches and pains). According to WHO, the estimated prevalence of mental disorders among conflict-affected populations at any specific point in time (point prevalence) is 13% for mild forms of depression, anxiety, and post-traumatic stress disorder and 4% for moderate forms of these disorders. The estimated point prevalence for severe disorders is 5%. Despite progress, people with mental health conditions often experience severe human rights violations, discrimination, and stigma.

2.2 Why is stigma important in mental health care?

Stigma is a major cause of discrimination and exclusion of person with mental health issues. It negatively effects the person in numerous ways: self-esteem, help seeking behaviour, job opportunity, social relationship, family support and so on. Therefore it would probably interfere with timely consultation, proper referral, or effective management, in terms resulting in prolonged suffering and poorer outcomes.

Hence, reducing the stigma and discrimination around persons having mental health problems can help improve the quality of life of that ones and the persons who care for them. The strategies for lowering stigma include improving knowledge on mental health and mental health problems, enhancement to respect the rights of the people with mental health issues and ensuing equitable opportunities to attain quality of life.

That is why understanding and addressing mental health is crucial!

2.3 Risk factors for Mental disorders

Biological factors:

- Genes
- Female (especially for depression and PTSD)
- Thyroid diseases
- Hormonal abnormalities
- Structural brain changes
- Functional brain changes
- Traumatic brain injuries
- Physical illness eg cancer, diabetes, post viral infection
- Alcohol or substance misuse
- Chemical imbalances in the brain
- A mother's exposure to viruses or toxic chemicals while pregnant
- Certain medications such as corticosteroids, antihypertensives, levodopa, etc.

Psychological factors:

- Dysfunctional social, marital, parental or family relationships
- Parental separation especially divorce (for depressive disorder)
- Lack of adequate care in childhood
- Adverse childhood experiences, trauma or a history of abuse (for example, child abuse, sexual assault, witnessing violence, war etc.)
- Chronic stressors
- Low self-esteem
- Personality
- Insecure attachment to primary caregivers causing intolerance of uncertainty (esp in GAD)

Social factors:

- Unemployment
- Low level of income
- Poor education
- Social isolation
- Poor social support

2.4 Complications of Mental disorders

- Unhappiness and decreased enjoyment of life
- Family conflicts
- Relationship difficulties
- Social isolation
- Problems with tobacco, alcohol and other drugs
- Missed work or school, or other problems related to work or school
- Legal and financial problems
- Poverty and homelessness
- Self-harm and harm to others, including suicide or homicide
- Weakened immune system, so your body has a hard time resisting infection
- Heart disease and other medical conditions

3. Mental disorders

3.1 Anxiety and Anxiety disorder

Anxiety is an unpleasant emotional state characterised by fearfulness and unwanted and distressing physical symptoms. It is a normal and appropriate response to stress but becomes pathological when it is disproportionate to the severity of the stress, continues after the stressor has gone or occurs in the absence of any external stressor.

3.1.1 Types

1. Generalized anxiety disorder: general apprehensiveness that is not restricted to any particular environmental circumstances, worry about negative events occurring in various aspects of everyday life
2. Panic disorder: experiencing recurring panic attacks at unexpected times. A person with panic disorder may live in fear of the next panic attack.
3. Phobia: excessive fear of a specific object, situation, or activity
4. Social anxiety disorder: extreme fear of being judged by others in social situations
5. illness anxiety disorder: anxiety about your health (formerly called hypochondria)

3.1.2 Symptoms

The main symptom of anxiety disorders is excessive fear or worry. Anxiety disorders can also make it hard to breathe, sleep, stay still, and concentrate. The specific symptoms are depending on the type of anxiety disorder that occurred.

Common symptoms are:

- Panic, fear, and uneasiness
- Feelings of panic, doom, or danger
- Sleep problems
- Not being able to stay calm and still
- Cold, sweaty, numb, or tingling hands or feet
- Shortness of breath
- Breathing faster and more quickly than normal (hyperventilation)
- Heart palpitations
- Dry mouth
- Nausea
- Tense muscles
- Dizziness
- Thinking about a problem repeatedly and unable to stop (rumination)
- Inability to concentrate
- Intensely or obsessively avoiding feared objects or places



U Aung's story

U Aung is a 65 years old farmer, he has significant problems at his home for about half a year. He cannot work in his farm because he is worried about his house being destroyed by something unexpected. He always comes back to his house and checks everything and goes back to work.

His symptoms

About six months ago, he started to notice he needed to go and check his house in case if a burglary happened, and he also started to ring his mother from another village to check if she is safe, he did these at first 1-2 times per day but a bit more frequently each time. And later he checked his house so often that he could not do anything productive so he became angry about himself but still checking if the house and his mother are safe.

He has been feeling on edge, restless, palpitation, cannot focus on the things he has been doing and his mind goes blank repeatedly. Ache and pain in his head, back, legs and neck is troublesome and urging him to take pain reducing medication on daily basis.

Moreover, it is very difficult for him to fell asleep and stay asleep at night because his mind is filled with worrying thoughts and anxious state of mind. He does not satisfy with his sleep over several months. During this weeks, he started to drink alcohol as a remedy to help him cope with his anxiety, sleep problems and other problems.



3.1.3 Generalised Anxiety Disorder Assessment (GAD-7)

Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems?		Not at all	Several days	More than half the days	Nearly every day
		0	1	2	3
1	Feeling nervous, anxious or on edge				
2	Not being able to stop or control worrying				
3	Worrying too much about different things				
4	Trouble relaxing				
5	Being so restless that it is hard to sit still				
6	Becoming easily annoyed or irritable				
7	Feeling afraid as if something awful might happen				
Total					

GAD-7 total score for the seven items ranges from 0 to 21.

0-4	No anxiety If your feelings affect your sleep, eating, work, or relationships, talk to someone you trust and seek health professionals' help if necessary.
5-9	Mild anxiety If your feelings affect your sleep, eating, work, or relationships, talk to someone you trust. In addition, you need to seek the help of health professionals.
10-14	Moderate anxiety You are suffering from anxiety disorders. Talk to someone you trust to help you. You also need to seek the help of a mental health professional or psychiatrist.
15-12	Severe anxiety You are suffering from anxiety disorders. Talk to someone you trust to help you. You also need to seek the help of a mental health professional or psychiatrist.



3.2 Depression

Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. Also called major depressive disorder or clinical depression, it affects how you feel, think and behave and can lead to a variety of emotional and physical problems. It might cause trouble doing normal day-to-day activities, and sometimes you may feel as if life is not worth living.

Clinical depression is considered as a serious mental health condition that can get worse without proper treatment. Those who seek treatment often see improvements in symptoms in just a few weeks.

3.2.1 Types

1. Mild depression
2. Moderate depression
3. Severe depression

3.2.2 Symptoms

Depression may occur as a single episode, although typically occurs in multiple episodes. Experiencing 5 or more of the following over a 2-week period, most of the day, nearly everyday can be symptoms signaling a person is prone to depression.

- feeling depressed
- loss of interest
- significant increase/ loss in appetite causing significant weight change
- Inadequate sleep/ over-sleeping
- slowed thinking or movement
- fatigue or low energy
- feelings of worthlessness or guilt
- loss of concentration or indecisiveness
- recurrent thoughts of death or suicide

For many people with depression, symptoms usually are severe enough to cause noticeable problems in day-to-day activities, such as work, school, social activities or relationships with others.

Some Myanmar people may feel unexplained physical problems, such as back pain, headaches, dizziness, easily tired, anger, irritability and noise intolerance as the presenting symptoms of depression. And some people may feel generally miserable or unhappy without really knowing why.

The symptoms of depression can be experienced differently among men, women, and children differently. Hence, for a formal diagnosis of clinical depression, a practitioner such as a clinical psychologist, mental health social worker/nurse or a psychiatrist should be involved.

Daw Moe's story

This is Daw Moe, 81 years old lady. She is recently unable to sleep well, no interest in self-care, and is ignoring the prescribed medications for her diabetes and she believes that she will die soon as her physical health is deteriorating extremely. Moreover, she think her routine medical check up results were wrong for some reasons as they show her health is within normal limit.

Her symptoms

She has been depressed, feel sad, feel empty and tearful for more than two weeks. There is also lack of pleasure in activities that she usually enjoyed, for example, she does not enjoy watching TV and not in the mood to talk with her sisters.

She loss her appetite, the food are tasteless for her and does not want to eat anything, causing her to lose weight about 15 pounds in one month period. There are also sleep disturbances for several days - she cannot sleep well and her sleep are non-refreshing. She feel unwell, easily fatigue, lack of energy all the time and she feel all of her move-ments become slowed down.

She feels that she is only the worthless person and the burden for her family because she has been ill all the time. She also has problem with her mental abilities - she cannot think clearly, poor concentration and become indecisive most of the time. During these days, she starts to think of ending her life to stop all the misfortunes happening to her.



3.2.3 Complications

Depression often gets worse if it is not treated, resulting in emotional, behavioral and health problems that affect every area of a person's life as well as the family members.

Examples of complications include:

- Excess weight or obesity, which can lead to heart disease and diabetes
- Pain or physical illness
- Alcohol or drug misuse
- Anxiety, panic disorder or social phobia
- Family conflicts, relationship difficulties, and work or school problems
- Social isolation
- Suicidal feelings, suicide attempts or suicide
- Deliberate self-harm, such as cutting
- Premature death from medical conditions
- Impaired quality of life

3.2.4 Patient Health Questionnaire (PHQ-9) (for participants younger than 60)

Over the last 2 weeks, how often have you been bothered by any of the following problems?		Not at all	Several Days	More than half the days	Nearly every day
		0	0	0	0
1	Little interest or pleasure in doing things?				
2	Feeling down, depressed, or hopeless?				
3	Trouble falling or staying asleep, or sleeping too much?				
4	Feeling tired or having little energy?				
5	Poor appetite or overeating?				
6	Feeling bad about yourself - or that you are a failure or have let yourself or your family down?				

7	Trouble concentrating on things, such as reading the newspaper or watching television?				
8	Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual?				
9	Thoughts that you would be better off dead, or of hurting yourself in some way?				
Total					

PHQ-9 score ≥ 10 had a sensitivity of 88% and a specificity of 88% for major depression. It can even be used over the telephone.

5-9	<p>No anxiety</p> <p>If your feelings affect your sleep, eating, work, or relationships, talk to someone you trust and seek health professionals' help if necessary.</p>
10-14	<p>Mild anxiety</p> <p>If your feelings affect your sleep, eating, work, or relationships, talk to someone you trust. In addition, you need to seek the help of health professionals.</p>
15 and above	<p>Moderate anxiety</p> <p>You are suffering from anxiety disorders. Talk to someone you trust to help you. You also need to seek the help of a mental health professional or psychiatrist.</p>

3.2.5 Geriatric Depression Scale (GDS-15) (for participants older than 60)

1	Are you basically satisfied with your life?	Yes	No
2	Have you dropped many of your activities or interests?	Yes	No
3	Do you feel that your life is empty?	Yes	No
4	Do you often feel bored?	Yes	No
5	Are you in good spirits most of the time?	Yes	No
6	Are you afraid that something bad is going to happen to you?	Yes	No
7	Do you feel happy most of the time?	Yes	No
8	Do you often feel helpless?	Yes	No
9	Do you prefer to stay at home, rather than going out and doing new things?	Yes	No
10	Do you feel you have more problems with your memory than most?	Yes	No
11	Do you think it is wonderful to be alive?	Yes	No
12	Do you feel pretty worthless the way you are now	Yes	No
13	Do you feel full of energy?	Yes	No
14	Do you feel that your situation is hopeless?	Yes	No
15	Do you think that most people are better off than you are? > 5 answers in bold indicate probable depression Total score: _____	Yes	No

Each answer indicating depression (bold 'yes' or 'no') counts one point. Scores greater than 5 are indicative of probable depression.

3.3 Post-Traumatic Stress Disorder (PTSD)

Posttraumatic stress disorder (PTSD) is a psychiatric disorder that may occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, or rape or who have been threatened with death, sexual violence or serious injury.

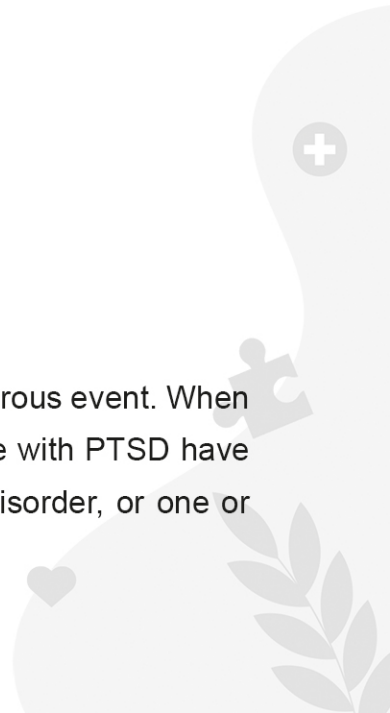
A diagnosis of PTSD requires exposure to an upsetting traumatic event followed by the symptoms described below. It can also occur as a result of repeated exposure to horrible details of trauma such as police officers exposed to details of child abuse cases.

3.3.1 Symptoms

Symptoms of PTSD fall into four categories, namely: re-experiencing symptoms, avoidance symptoms, arousal symptoms and cognition and mood symptoms. To be diagnosed with PTSD, a person should have many of the following problems for at least one month.

1. Re-experiencing symptoms
 - Flashbacks—reliving the trauma over and over, including physical symptoms like a racing heart or sweating
 - Bad dreams
 - Frightening thoughts
2. Avoidance symptoms
 - Staying away from places, events, or objects that are reminders of the traumatic experience
 - Avoiding thoughts or feelings related to the traumatic event
3. Arousal and reactivity symptoms
 - Being startled
 - Feeling tense or “on edge”
 - Difficulty sleeping
 - Anger outbursts
4. Cognition and mood symptoms
 - Trouble remembering the traumatic event
 - Negative thoughts
 - Guilt or blame
 - Loss of interest in enjoyable activities

It is natural to have some of these symptoms for a few weeks after a dangerous event. When the symptoms last more than a month, they might be PTSD. Some people with PTSD have slow onset. PTSD is often accompanied by depression, substance use disorder, or one or more of the other anxiety disorders.



Daw Khin Khin's story

This is Daw Khin Khin, 68 years old lady. She is one of the victims of a car accident in which her right leg got broken, moreover her husband and her daughter got serious injuries due to this car accident.

His symptoms

After 2 weeks of this horrific situation, even though she recovered from physical injuries gradually, she cannot sleep well as she has repetitive dreams or nightmares in which she has been struggling to escape from the car in which her leg was stacked and she cannot pull that out, the car was filled with smoke and her daughter with blood on her face was unconscious beside her.

She feels very frightened, cries and hides from riding the car because it evokes the intense memories and images of the car accident and she feel as if she has re-entered into the situation again and again. She is in terror and sweating when she hear the care engine. She has been feeling like this for 4 months.

She also becomes very irritable, angry, sad and she blames herself repeatedly for talking to the driver, her husband, just before the incident. Moreover, she cannot do routine chores at home and do not want to talk with anyone.



3.3.2 Primary Care PTSD Questionnaire (PC-PTSD-5)

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- a serious accident or fire
- a physical or sexual assault or abuse
- an earthquake or flood
- a war
- seeing someone be killed or seriously injured
- having a loved one die through homicide or suicide.

Have you ever experienced this kind of event? YES / NO

If **NO**, screen total = 0. Please stop here.

If **YES**, please answer the questions below.

	In the past month, have you...	YES	NO
1	Had nightmares about the event(s) or thought about the event(s) when you did not want to?		
2	Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?		
3	Been constantly on guard, watchful, or easily startled?		
4	Felt numb or detached from people, activities, or your surroundings?		
5	Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?		

"yes" to any 3 of 5 questions about how the traumatic event(s) have affected them over the past month) is optimally sensitive to probable PTSD.

This screening tool is not designed to make a diagnosis of PTSD but to be shared with your primary care physician or mental health professional to inform further conversations about diagnosis and treatment.

3.3.3 When Someone You Love Has developed PTSD

How can you help when someone you care about (adult or child) is suffering from PTSD?

Here are some things you can do:

- Allow the person the time and space to talk about the traumatic event.
- Neither ignore what happened, nor demand that they speak about it. Instead, simply let them know you are there to listen whenever they feel like talking.
- When listening to a loved one with PTSD, be attentive and non-judgmental. You may be surprised to learn some of the feelings your loved one has.
- With a child who may be experiencing PTSD, you may want to provide a space for talking by focusing on a shared activity together or talking by focusing on a shared activity or for drawing/painting together when they are willing to do so.

The most important thing to know about PTSD is that no one needs to suffer alone. There is support available from medical professionals, community organizations, and others who have experienced similar trauma. Getting help increases the likelihood of recovery.

4. Additional tips for coping with mental health problems

4.1 Understanding coping strategies

Coping strategies are actions we take consciously or unconsciously to deal with stress, problems or uncomfortable situations. These are generally useful for reducing the problem or lessening the emotional reaction to it.



Do's

1. Exercise/walking/stay physically active



2. Talking about your problem to few people you like



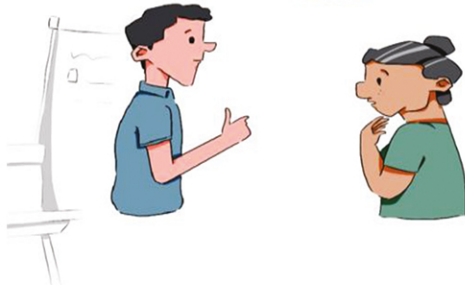
3. Healthy eating



4. Seeking professional help



5. Seeking social support



6. Using social support



7. Relaxation techniques
(e.g., Deep breathing/slow breathing)



8. Thinking positively



Don'ts

1. Using drug or alcohol



2. Overeating



3. Procrastination



4. Sleeping too much or too little



5. Social avoidance



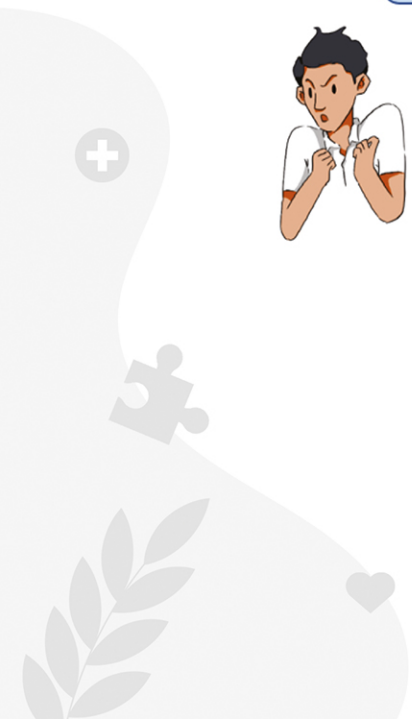
6. Self-harm



7. Aggression or anger



8. Resist pessimistic thoughts



4.2. Helpful steps for adults after trauma

4.2.1 How to continue living

- Eat, hydrate, exercise, and get rest regularly to reduce the negative effects of stress
- Avoid using alcohol, tobacco and other drugs because these often make things harder in the long-run
- Find healthy ways to relax: breathing exercises, meditation, mindfulness, soothing music
- Engage in fun, hobbies and social activities
- Remind yourself and others that its normal to have many different feelings as well as “good days” and “bad days” as a natural part of recovery.

4.2.2 How to get connected

- Keep informed from credible sources of information to avoid speculation and rumours
- Limit exposure to media content about the trauma because overexposure can increase distress.
- Stay connected with friends, family, neighbours and colleagues to give and receive support
- Learn what health care and other resources are available; use and share this information

4.2.3 When to seek help

- Seek assistance from a health care professional if your distress remains high after several weeks or trouble functioning at work or home, or thinking about hurting yourself or someone else.

4.3 Steps to help children and adolescents after trauma

4.3.1 To help them feel safe

- Let children know there are people to help
- Ensure regular meals and good sleep
- Limit exposure to media content about the trauma because repeated exposure to frightening or intense images increase distress



4.3.2 To help live productively

- Maintain routines at home and school
- Spend family time together and provide opportunities to talk and share
- Educate them to avoid using alcohol, tobacco and other drugs
- Find healthy ways to relax, such as music, reading, sports, and other hobbies.

4.3.3 To help stay connected

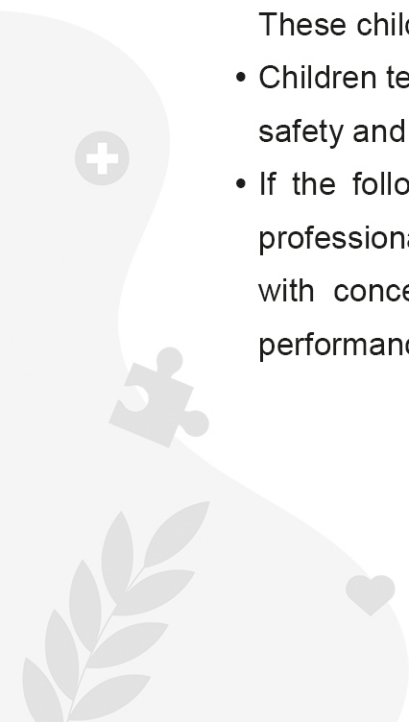
- Use words and concepts children can understand
- Make time and encourage kids to ask questions. Don't force children to talk unless and until they're ready
- Give children honest answers and information
- Encourage to stay connected with friends, family, classmates and neighbours to give and receive support

4.3.4 To help relieve the distress

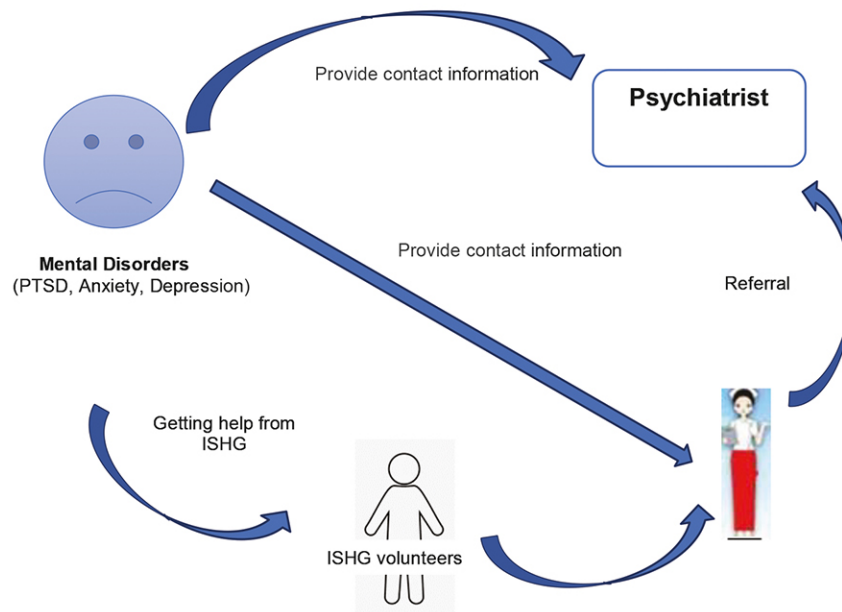
- Acknowledge and validate the child's thoughts, feelings and reactions
- Be reassuring, but don't make unrealistic promises.
- Help children find ways to express themselves eg. By drawing pictures, playing with toys, or writing stories or poems
- Be prepared to repeat information and explanations several times. Asking the same question over and over may also be a way for a child to ask for reassurance.

4.3.5 Further points

- Many children express anxiety through physical aches and pains
- Children who have experienced trauma or losses in the past may be more vulnerable. These children may need extra support and attention.
- Children tend to personalise situations. For example, they may worry about their own safety and the safety of immediate family members, friends and neighbours.
- If the following are persistent or worsen over time, a child may need additional professional help: sleep disturbances, intrusive thoughts or worries, preoccupation with concerns about the event, recurring fears about death, diminished school performance, or aggression.



5. Getting Counselling for formal diagnosis and Treatment



5.1 Tips for volunteers/ ISHGs

5.1.1 Communication skills

A. The sitting position

- Sitting facing the client squarely, at an angle
- Sitting/ standing at a comfortable distance, not too close or not too far away
- Adopting an open posture, arms and legs uncrossed
- Leaning (at times) towards the person
- Maintaining good eye contact, without staring
- Relaxed posture

B. Be a helpful person

- Allowing the client to do most of the talking
- Encouraging body language, for example - nod, maintain eye-contact without staring and appear interested
- Appearing relaxed to what they are saying, asks to repeat or clarify something to make sure that you understand the client
- Summarise the conversation at some points to ascertain what you have heard
- Non-judgemental
- Giving your time to listen to them
- Allowing the client to feel they have been respected

5.1.2 Caring for yourself and your colleagues

A. Are you ready to help?

- Learn about situation and roles and responsibilities of different kinds of helpers
- Consider your own health, personal or family issues
- Make honest decision whether you are ready to help in this particular situation

B. Managing stress

- Think about what has helped you cope in the past and what you can do to stay strong
- Try to take time to eat, rest and relax, even for short periods
- Try to keep reasonable working hours, divide the workload among helpers
- You may feel inadequate or frustrated when you cannot help people with all of their problems. Do what you can to help people help themselves.
- Minimise your intake of alcohol, caffeine or nicotine and avoid non-prescription drugs.
- Check in with fellow helpers to see how they are doing, and have them check in with you. Find ways to support each other.
- Talk with friends, loved ones or other people you trust for support.

5.2. Whom to contact for counselling services

5.2.1 MHPSS available services in Myanmar

The following is a list of some of the available services that members of the Myanmar MHPSS Working Group are aware of and may be helpful for you or others you know, however, the MHPSS Working Group Myanmar and the members who put together this list have not formally checked and vetted each of the services.

<https://www.mhpssmyanmar.org/myanmarmhpssresponse>

5.2.2 MHPSS Referral directory

The MHPSS Referral Directory is a resource for field staff in Myanmar seeking organisations they can refer beneficiaries with MHPSS needs. Please find details organisations in several states and regions.

<https://www.mhpssmyanmar.org/referral-mhpss>

This link includes COVID-19 MHPSS remote services.

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