

Adjustment disorder

Assessment and Basic Management of Adjustment Disorder

1. Purpose

To guide field health workers in **identifying and supporting people who develop emotional or behavioral problems after a stressful life event** that affect daily functioning.

2. Identify Possible Adjustment Disorder

Suspect **adjustment disorder** if a person develops emotional or behavioral symptoms **after a stressful life event** such as:

- Loss of job or income
- Family or relationship problems
- Divorce or separation
- Financial difficulties
- Migration or displacement
- Illness of self or family member
- Major life changes

Common symptoms include:

- Persistent sadness or worry
- Feeling stressed or overwhelmed
- Sleep problems
- Difficulty concentrating
- Irritability
- Reduced ability to work or perform daily activities

Symptoms usually start **within 1–3 months after the stressful event**.

3. Assessment Steps

Step 1: Ask About Recent Stressful Events

Ask whether the person experienced a **major stressful life event** recently.

Example questions:

- “Have you experienced any major stress or change in your life recently?”
- “What difficulties have you been facing in your life?”
- “When did these problems begin?”

Confirm that the symptoms **started after the stressful event**.

Step 2: Assess Emotional and Behavioral Symptoms

Check whether the person has:

Emotional symptoms

- Sadness or low mood
- Anxiety or excessive worry
- Feeling hopeless or overwhelmed
- Frequent crying

Behavioral symptoms

- Social withdrawal
- Irritability or anger
- Reduced work performance
- Avoiding responsibilities

Physical symptoms

- Headache
- Fatigue
- Sleep disturbance
- Body aches

Assess whether the symptoms **cause significant difficulty in daily life**.

Step 3: Rule Out Other Conditions

Check whether symptoms may be caused by other conditions such as:

- **Acute Stress Disorder** (recent traumatic event within 1 month)
- **Post-Traumatic Stress Disorder (PTSD)** (trauma more than 1 month ago with re-experiencing symptoms)
- **Depression**
- **Physical illness**
- **Substance use**

Refer for further assessment if these conditions are suspected.

4. Basic Management

1. Provide Psychosocial Support

Field health workers should:

- Listen carefully and show empathy
 - Allow the person to share their problems
 - Do not judge or blame the person
 - Encourage discussion of coping strategies
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2. Address Current Stressors

Help the person:

- Identify the main sources of stress
- Explore practical solutions
- Access community resources or services if needed

Examples:

- Social support
- Financial assistance programs

- Community organizations
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3. Strengthen Social Support

Encourage the person to:

- Seek support from family and friends
- Participate in community activities
- Maintain supportive relationships

Social support helps reduce emotional distress.

4. Teach Stress Management

Encourage simple coping strategies:

- Relaxation exercises
- Deep breathing
- Regular daily routine
- Physical activity
- Healthy sleep habits

Advise the person to **avoid alcohol or drugs as coping methods.**

5. Provide Education

Explain that:

- Emotional distress after stressful life events is **common**
 - Many people **recover with support and time**
 - Learning healthy coping strategies can help recovery
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5. Referral to Specialized Care

Refer the person to a **mental health professional** if:

- Symptoms are severe
 - Symptoms persist for a long time
 - The person cannot perform daily activities
 - There are suicidal thoughts
 - There is suspicion of depression, PTSD, or other mental disorders
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6. Follow-Up

- Arrange follow-up within **2–4 weeks**
- Monitor emotional wellbeing and daily functioning
- Continue support and referral if needed

References;

1. **World Health Organization – mhGAP Intervention Guide for Mental, Neurological and Substance Use Disorders in Non-Specialized Health Settings (Version 2.0)**
2. **World Health Organization – Psychological First Aid: Guide for Field Workers**
3. **American Psychiatric Association – Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition**