



COMMUNITY-BASED MENTAL HEALTH

A TRAINING GUIDE FOR COMMUNITY PROVIDERS

Community-Based Mental Health (CBMH) training guide

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IFRC Reference Centre for Psychosocial Support

c/o Danish Red Cross

Blegdamsvej 27

2100 Copenhagen Ø

www.pscentre.org

psychosocial.centre@ifrc.org

Twitter: @IFRC_PS_Centre

Facebook: www.facebook.com/Psychosocial.Center

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Authors: Ahlem Cheffi and Sarah Harrison with valuable tools provided by Arz Stephan and Joshua Sung-Young Lee

Lay-out and graphics: Laetitia Ducrot, Jesper Guhle

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TABLE OF CONTENTS

Acknowledgment	3
Table of contents	4
Introduction	6
How to use this manual	8
Buddy Systems	16
CHAPTER ONE: INTRODUCTION TO MENTAL HEALTH AND WELL-BEING	20
1. Understanding Well-being	20
2. Understanding mental health	22
3. Continuum of mental health and mental health conditions	25
4. Determinants of mental health conditions	27
CHAPTER TWO: INTRODUCTION TO COMMUNITY	33
1. Definitions of What is Community	33
2. Community strengths, resources and protective factors	34
3. Role of communities in helping individuals to identify and access resources	35
CHAPTER THREE: MENTAL HEALTH GAP ACTION PROGRAMME (MHGAP)	37
1. What is WHO Mental Health Gap Action Programme (mhGAP)	37
2. The WHO's Model network of community-based mental health services	41
CHAPTER FOUR: COMMUNITY MHGAP	45
1. Community platform settings	45
2. Community providers	47
3. Spectrum of community platform activities	48
4. Mental health activities and interventions to be carried out in the community platform	51
5. Planning mental health activities in communities	53
6. Cross-sectoral collaboration	55
CHAPTER FIVE: HOW TO TALK ABOUT MENTAL HEALTH IN THE COMMUNITY	61
1. Introduction to the 5 modules of the WHO's Community mhGAP Toolkit	61
2. How to talk about mental health in the community	62
CHAPTER SIX: REDUCTION OF STIGMA, DISCRIMINATION AND SOCIAL EXCLUSION	65
1. Questioning our own representations of mental health	65
2. Most common ideas about mental health conditions	66
3. Stigma towards people with mental health conditions and potential consequences of stigma and discrimination	67

CHAPTER SEVEN: INVOLVING PEOPLE WITH MENTAL HEALTH CONDITIONS (AND THEIR FAMILIES) WHEN PLANNING ACTIVITIES IN THE COMMUNITY	70
1. Ways people with mental health conditions and their families can support community mental health activities	70
2. Practical exercise on how to involve people with mental health conditions and their families	71
CHAPTER EIGHT: HOW TO PROMOTE MENTAL HEALTH AND PREVENT MENTAL HEALTH CONDITIONS	73
1. Healthy lifestyles	73
2. Life skills	76
3. Strengthening caregiving skills	86
4. Suicide prevention	90
5. Substance use prevention	94
6. Self-care for community volunteers	94
CHAPTER NINE : HOW TO PROVIDE SUPPORT FOR PEOPLE LIVING WITH MENTAL HEALTH CONDITIONS	97
1. Promoting human rights	97
2. Identifying mental health conditions	100
3. Providing psychological interventions	105
4. Referring for more care and services	108
5. Supporting carers and families	111
CHAPTER TEN: HOW TO PROMOTE RECOVERY AND REHABILITATION FOR PEOPLE WITH MENTAL HEALTH CONDITIONS	114
1. Community follow up	114
2. Vocational, educational and housing support	115
CHAPTER ELEVEN: ADDITIONAL CONSIDERATIONS WHEN WORKING IN THE COMMUNITY	118
CHAPTER TWELVE: SELF-CARE	121
IMPORTANT CONSIDERATIONS FOR THE COMMUNITY-BASED MENTAL HEALTH TRAINING	125
1. Starting the training - first day of the training	125
2. Starting the day - For every day's training	128
3. Closing the day - For every day's training	128
ANNEX	129
Annex 1. 'Readiness questionnaire'	129
Annex 2. Community-based MHPSS Activity Planning Tool	133
Annex 3. Community Meeting Guide	136
Annex 4. The self-assessment tool	138

INTRODUCTION

Mental health problems are common and cause great suffering to individuals and communities around the world. They have a significant impact not only on the physical and mental health of those affected but also on their families and the communities they live in. At the same time, all communities have their own traditional mechanisms for support and contain a range wide of resources that can be helpful in preventing mental health conditions from developing, promoting positive mental health and supporting the recovery of people that are struggling with a mental health condition.

In the wider context, people living with a mental health condition are often excluded from their communities and experience various violations to their basic human rights (discrimination, violence, exclusion from employment opportunities). The World Health Organization (WHO) estimates that the mean prevalence of global mental health disorders is 10.8% while the prevalence in emergency settings is 22.1% in any conflict-affected population¹.

During emergencies and crisis, the stigma, exclusion and discrimination towards people living with mental health conditions is often higher, which can cause isolation and protection issues. Communities can play a crucial role in promoting mental health as well as enhancing primary care and access. Their role is to help reduce mental health inequalities by providing community resources that connect people to community-based resources and by providing mental health education. This also helps to reduce the massive mental health treatment gap.

From 2021, the IFRC Psychosocial Centre has been increasing its focus on mental health care and especially on community-based mental health care approaches including psychological interventions as part of a wider piece of work on Care in Communities - IFRC Guidelines for National Red Cross Red Crescent Societies: A community health systems approach 2020. [IFRC_CIC_Guidelines_EN_20200212_Web.pdf](#)

This training manual provides guidance to programme managers and community providers on how to build the capacities of community health workers and volunteers by promoting and addressing mental health needs in their communities. With this training guide, the IFRC Psychosocial Reference Centre intends to promote the expansion across the Red Cross Red Crescent Movement of community mental health care services that go beyond primary health-care settings.

1 - New WHO prevalence estimates of mental disorders in conflict settings - [Mental health in emergencies \(who.int\)](#)

“

“There is more to good health than just a physically healthy body: a healthy person should also have a healthy mind. A person with a healthy mind should be able to think clearly, should be able to solve the various problems faced in life, should enjoy good relations with friends, colleagues at work and family, and should feel spiritually at ease and bring happiness to others in the community. It is these aspects of health that can be considered as mental health. Even though we talk about the mind and body as if they were separate, in reality they are like two sides of the same coin. They share a great deal with each other but present a different face to the world around us. If one of the two is affected in any way, then the other will almost certainly also be affected. Just because we think about the mind and body separately, it does not mean that they are independent of each other”.

Doctor Vikram Patel, Psychiatrist and researcher in the areas of child development, adolescent health and mental health. Also, co-Founder and former Director of the Centre for Global Mental Health at the London School of Hygiene and Tropical Medicine (LSHTM), Co-Director of the Centre for Control of Chronic Conditions at the Public Health Foundation of India.

”

HOW TO USE THIS MANUAL

This manual is written in the form of a training guide for programme managers, as well as for community workers and volunteers.

We recommend that the training goes over 5 to 6 days (at least 40 hours). We have organised the information in have chapters and not in the form of training days. This gives the trainer the option of choosing the modules most appropriate to thier specific context and needs.

This training guide aims to provide knowledge and skills to:

1. Programme managers on:

- Mental health, mental health conditions, the mental health treatment gap and the role of communities
- The community platform (settings, providers) and the spectrum of interventions to meet the mental health needs of the local population
- How to plan mental health services at community level (community mapping, cross sectoral collaboration)
- Importance of training and supervision.

2. Mental health community providers on:

- How to address mental health in their communities and how to involve people with mental health conditions and their families in all phases of activities
- How to talk about mental health at the community level and how to address stigma, discrimination, and exclusion
- How to promote mental health and how to prevent mental health conditions
- How to support people with mental health conditions
- How to promote recovery and rehabilitation for people with mental health conditions.

Your role as a trainer is to ensure that, after this training, participants:

- Are familiar with the whole community-based mental care package (knowledge)
- Are able and feel confident to carry out community-level mental health activities and interventions (skills and confidence).

NOTE

Training participants and training facilitators are strongly encouraged to read the WHO's mental health Gap Action Programme (mhGAP) and the mhGAP Community Toolkit before being trained on this guide.

It is not expected that any organization or person working on community-based mental health level implements all the activities and interventions described in this training guide. They are encouraged to focus on what already exists the community as well as local needs, available services and existing gaps. These are different from a community to another.

Training participants may have different backgrounds (volunteers, staff, managers, community providers, etc.). For this reason, trainers should use their judgement and to adapt the training in a way that suits the educational and professional backgrounds of the participants. Trainers can, for instance, change the proposed schedule (the 'when'), and the suggested training methods for different activities (the 'how'). However, it is important that the content (the 'what') remains the same. The length of the training may vary depending on the needs and level of understanding of the participants. This manual includes varied training approaches, including lecturing, presentations, plenary and active discussions, role plays, individual and group activities and information revision sessions. As the community-based mental health trainer, you may choose which approaches you prefer. However, it is recommended that you regularly change the teaching approach to cater for all types of learners and keep the training active and interesting. Second, we recommend that you use more active forms of training, such as role plays, as this best facilitates learning.

The length of this training can vary depending on the needs of the participants and the requests for training. The preferred maximum number of participants per training course is 20. Ideally, the person conducting the CBMH training should have completed training of trainers on community-based mental health. The training can be run in 5-days straight or in shorter blocks of 2-3 days.

How to prepare for community-based mental health training?

To help the training run smoothly, it is important to be well prepared. The following is a checklist of things to consider when preparing for the training.

‘Readiness questionnaire’

It is recommended that organizations and Red Cross Red Crescent-national societies willing to implement community-based mental health care to complete a ‘readiness questionnaire’.

(See annex 1)

This tool aims to help staff and volunteers to prepare for implementation of the community-based mental health care (CBMHC) training. Both the training guide and the WHO’s Community mhGAP Toolkit are intended for all people who wish to promote and address mental health in their community. The toolkit and the training guide will assist you in identifying possible settings, activities and providers to meet the mental health needs of the local population. It supports training programmes in the community, while ensuring the MHPSS principles and quality standards are applied.

This questionnaire is designed to assist staff and volunteers in assessing their ‘readiness’ for piloting and implementing the CBMHC training guide based on recommendations outlined in the Community-Based Mental Health Care (CBMHC) training guide, the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, and Care in Communities - IFRC Guidelines. The questionnaire contains 20 statements that can be answered ‘yes’, ‘partly’ or ‘no’. A comment and action points box facilitates reflection upon what is already in place, what actions are necessary to ensure adequate preparedness, and what internal or external support is needed.

The purpose is to help the roll out of the CBMHC training guide with a clear vision of how and when it will be used as part of a broader holistic MHPSS programme. The aim is to ensure a more effective CBMHC while contributing to building a solid evidence-base for the tool (capture learning from both planning and implementation phase). The process may benefit the implementation of other new tools and approaches within your organization.

NOTE

Consider whether you require an additional person to support you with time management, organization of mealtimes, or to write down key points from discussion groups on the board or flip chart.

Venue

- Ensure access to the venue, including washroom facilities
- Suitable temperature and lighting in the training room with the capacity to darken room if using projector or screen.

Setting up the room

- Consider how to set up the room to encourage participation and comfort
- Make sure there is enough space to conduct multiple role-plays simultaneously (e.g. with small groups of participants), or additional rooms for people to use
- Position a clock visible to all

Materials

- Printed copies of training handouts and manuals
- Pens or pencils
- Notebooks
- Whiteboard or flip charts with stand
- Markers
- Computer and projector if using power point slides and videos
- Preparation of snacks, water, tea and coffee or meals if these will be provided

Key points for community-based mental health training:

- Plan 30 minutes for each training day to 'close the day'. This is where the trainer has time to address questions that were left unanswered, ensure that all participants are clear about their tasks for the next day and to get feedback on the day. A simple way to do that is to ask each participant to say one word that expresses how they feel about the day or to briefly state what they are taking with them from the training. The trainer may suggest ending each day with a ritual that is meaningful to the group. Use the same ritual throughout the training.
- The trainer must obtain consent from the participants with regard to taking photographs, filming or posting on social media at the beginning of the training. The date and place where consent was given by a participant needs to be documented, and if oral consent is given there needs to be a witness and the trainer needs to document the name and contact information of the witness. The consent form should also state the purpose of using the content, who will use it and for how long.
- It is recommended that least two trainers lead a training course. The person who is not facilitating should pay attention to participants who may need support.

- Do not spend more than 20 minutes talking or teaching at any one time. After 20 minutes, introduce a role play, activity or discussion.
- The time spent on each activity will largely depend on the group (e.g. size, how talkative they are, how quickly they learn the material and concepts).
- Avoid using complicated psychological terms as many participants may not understand them.
- Use icebreakers and energizers as needed.
- In addition to the materials needed for delivering each section of community-based mental health training, the trainer should also include the following items:
 - Printed copies of the training manual for trainers
 - Printed and laminated flip cards or photos, illustrations, work sheets needed for each community-based mental health section
 - Copies of the IFRC minimum standards for protection, gender and inclusion in emergencies
 - Pre/Post self-assessment forms
 - Training evaluation forms
 - List of participants
 - Consent forms on taking photos and videos

Conducting role plays when training on community-based mental health

There are two types of role plays you will use when training on community-based mental health. Try to use both types of role plays.

- **Demonstration role plays:** Trainers act as community health workers or volunteers to demonstrate how to do something. It can be helpful to demonstrate a role play twice using the same case example, to demonstrate the differences between poor use of communication skills and good use of communication skills, for example.
- **Active role plays:** Between training's participants. Encourage participants to take role plays seriously, as this will help other participants to learn more when they are, for example, playing the role of a health worker giving psychoeducation.

Case Examples are included for active role plays. Case examples must be adapted to suit the culture and social context. If you are training health workers supporting people in camps (refugees, IDPs, etc.) for example, you are strongly recommended to develop a story about the living conditions in camps and/or for someone living in a displacement situation.

Role play guidelines

- No filming or photography unless participants give their oral/written consent to be filmed or photographed.
- Assign one person to take photos or film so that everyone stays focused on the role play.
- Participants should not use their real names during role plays.

- Always ask participants who are involved in role plays if they are comfortable with the case example, story and role they have been assigned. No one should feel obliged to participate in a role play that makes them feel uncomfortable.
- Tell the participants that if, at any time, they feel uncomfortable in a role play they must raise their hands as a sign to stop the role play.
- End role plays as soon as you feel there are enough learning points to discuss.
- Participants who are not in a role play can be given the task of observing the role play and providing feedback after the role play ends, together with the trainers. If it relates to active listening for example, the observers can focus on listening, communication, and body language aspects of the role play.
- After each role play, the trainer must bring the participants back into a circle (standing or sitting) and 'de-role'. De-role is a way to get people out of the roles they were playing. Ask each participant (one by one) to say: "My name is not (the name used in the role play), my true name is (real name of participant)." Then ask the participant to tap their shoulders with their hands and turn around once.
- The trainer begins the feedback session by reminding everyone how to give feedback (see below), stressing that this is a learning space, and we are not here to criticize, judge or evaluate people. Participants should accept feedback without defending themselves. Then, the trainer asks participants to describe how they felt during the role play. Ask people in different roles, for example community workers, to feedback how they felt, and then get feedback from those playing other roles, for example a community member or beneficiary.
- Last, but not least, the trainers give their feedback.

Feedback and learning

When providing feedback, as both trainers and participants, always follow these three steps, in this order:

- Give feedback on what went well
- Give ideas for the future on what could be done differently or improved upon
- Always end with overall positive feedback

What makes you a good trainer for community-based mental health training?

To help the training run efficiently, it is important to be well prepared. Here are some important elements to consider and address in preparation for the training:

A good trainer will:

- Prepare well for every workshop
- Trust and believe in the abilities and capabilities of the participants
- Listen to understand, not to evaluate, judge or challenge what is being said
- Use active listening skills
- Include group members in discussions (participatory approach)

- Manage group processes
- Take responsibility for good, positive communication with the participants
- Be sensitive to unexpressed feelings
- Protect minority points of view
- Keep the discussion moving
- Use questions to explore deeper learning
- Limit their own contribution to make more time for others' participation
- Use appropriate language, posture, gestures and facial expressions
- Be flexible and responsive, adapting activities when needed
- Give emotional support within the group dynamic to reassure participants especially when dealing with sensitive issues
- Function less as a teacher (giving lectures) and more as a facilitator of learning.
- A good trainer knows the geographical and cultural context:
 - The training should always be adapted to the specific geographical and cultural context of the target community.
 - The trainer should know something about the psychosocial needs and programmes in the context where the training is taking place.
 - Relating the topics to participants' real life and work situations is essential when giving training in community-based mental health. It shifts the learning process from pure knowledge acquisition to the application of knowledge and the integration of skills.
 - Trainers should draw on their own professional experience and that of colleagues and local networks to make the training even more specific to the target group.

Your role as a trainer in community-based mental health:

- Improve the skills and knowledge of the participants so they can competently deliver the community-based mental health training.
- Make helpers confident with the community-based mental health training when promoting and addressing mental health in their communities.

You have to expect that by the end of the whole training, participants might not feel completely confident with everything they have learned. That's why it is important to emphasize the importance of reading the materials they have received as well as practicing the new skills in pairs (every day participants can sit together after the training) and completing all the home practice.

Your role is also to ensure that participants have the right skills and understanding (as well as the confidence) to promote mental health in their communities, prevent mental health conditions and expand access to mental health services.

At the end of this training guide (see annex 4), you find a self-assessment tool that is advised to be used by the training participants. It is to be completed when starting the training (first day) and in the last day of the training.

The objectives of this self-assessment tool

- To help the training participants to evaluate their **knowledge** of CBMH and the areas in which they need to learn more
- To reflect on their **confidence** to deliver CBMH care and activities.
- To capture their **perception** of mental health issues.

The tool can also be used by the trainer in the last day of the training to monitor the progress and to assess the impact of the training.

NOTE

This feedback process will only work if you have a manageable number of participants. That's why it is important to have two trainers. If, for any reason you cannot implement this level of support and feedback to participants, seek alternative approaches.

It is strongly recommended that trainees are offered supervision following this training. As a trainer you need to encourage participating National Societies/ organizations to provide resources for supervision. Supervision ensures that helpers are following the community-based mental health standards, they are using the newly learnt basic helping skills effectively and crucially supervision is one component of well-being support for community workers or volunteers.

BUDDY SYSTEMS

The trainer introduces the 'buddy system' on the first day of the CBMHC training. They explain that it is a widely used approach to providing people with support in their work. The system 'buddies' people up with a peer and asks the 'buddies' to commit to providing each other with support through using the buddy system tools and approaches. The trainer will ask the participants to choose buddies for the duration of the training. This will act as a practice for implementing a buddy system in their workplaces.

The trainer can print this section on buddy systems and distribute the hand-out.

Aim of the session: To introduce the buddy system set up and the three-phased model before, during and after or 'are you ready, checking in and cool down' for buddy conversations.

The buddy system is an effective method for enabling peers to share in the responsibility for each other's safety and well-being. This type of active support is important in any workplace. Buddy systems can build resilience. There is safety in numbers. The term 'buddy system' originated in the safety industry and has been used for the mutual safety of partners in hazardous situations. This underlines the protective aspect of the buddy system.

Buddy systems build relationships between co-workers (on equal power level in the organization so not a manager or team leader and a team member), it creates trust and understanding and makes it easier to speak your mind. Buddy systems develop confidence, as people are more likely to be innovative and creative if they have a support system behind them. If they have someone validating that what they are doing is right, and encouraging them to do their best, then they build more confidence in themselves.

In emergencies it can be useful to buddy an experienced staff member or volunteer with a newer member. It is important the more experienced person is supportive of the newer member and does not dominate. The buddy system can be adapted and used in volunteer organizations for more general and trust building peer support.

The buddy system prevents stress as buddies know each other and can monitor workload and stress reactions. The buddy system should be supported and endorsed by management, what is said should be confidential and buddy systems should never be mixed with appraisals. For training with a co-facilitator its easier for

them as buddies to show consideration for one another. When training with a peer, it's easier to step in if you already know where the other needs your support.

The trainer explains that throughout the community-based mental health training they will be using the buddy systems model. The trainer strongly encourages community level workers and volunteers to implement the buddy systems in their work.

When implementing community-based mental health, the buddy support system can be between, for example, pairs of community health workers or pairs of health volunteers. In this type of peer support, the relation is mutual as buddies as equals give and receive support. Buddy support can be a formal as well as an informal arrangement.

PHASES IN BUDDY SYSTEMS IN COMMUNITY-BASED MENTAL HEALTH WORK TEAMS

The formalized approach helps buddies mentally prepare, check in, and defuse through the following three phases:

- **BEFORE:** Are you ready?
- **DURING:** Checking in
- **AFTER:** Cool down

BEFORE: ARE YOU READY?

Through focused preparation, buddies get ready for the assignment to be carried out in pairs or alone if a buddy is absent. First, buddies go over their mental preparedness for handling what will happen and agree what they are going to do. Next, they clarify if there are practical issues they need to address that would otherwise occupy their minds. They need support from each other during the assignment. If responding in a crisis, they talk over, what they can expect to meet during the task. They discuss a plan A and plan B.

Are you ready for the day?

- How are you today?
- Is there anything that prevents you from being fully mentally present today?
- What do you expect to get out of today?
- What can you do to get the most out of the work today?
- Do you need any support from me today?

DURING: CHECKING IN

During intense or emergency work it is important to include a check in point. When the level of arousal is high in times of distressing work, the practice of checking in is important to ensure volunteers take time out to breathe, take care of themselves, and manage their mental resources. All of this can ensure they keep focused and maintain an overview of their work.

Checking in

Example of questions:

- How are you doing?
- Did you eat, drink, and have breaks?
- Did anything happen, we should talk about?

AFTER: COOL DOWN

During the cool down phase, buddies finish the assignment by talking it over. They share how they are doing, and first impressions of how it went. The cool down is part of sharing information and learning. It marks the end of the assignment, a transition to the rest of the day and is used to share plans for continued work.

Cool down

Example of questions:

- How was the day for you?
- What was the most important learning of the day?
- Anything you need to put aside before moving on with the day?
- Any selfcare plans for the rest of the day?

CHAPTER ONE:

INTRODUCTION TO MENTAL HEALTH AND WELL-BEING

1. UNDERSTANDING WELL-BEING

Activity: The well-being flower

Instructions:

1. The session starts with individual work. Trainer asks participants to think by themselves about wellbeing, what do they need to feel well, and write answers (one answer by post-it note). The trainer collects the post-it notes, then groups them.
2. The trainer introduces the well-being flower (it can be drawn in a flipchart paper before training begins) and explains that each petal (7 in total) presents one specific domain (or dimensions, aspects, elements, realms) of well-being. The trainer adds that all 7 dimensions of human functioning are inter-related, overlapping and interconnected and human well being depends upon these essential aspects.
3. Trainer reviews which petal has the most post its or attention from the participants.
4. The trainer explains that well-being, both for individuals and the community, depends on a variety of interrelated areas, social, spiritual, emotional, cultural, material, cognitive, and biological factors. As one area can affect another, it is important that all are considered. Well being also relies on experiences of participation, development, and safety. These factors are referred to as a well-being flower.
5. The trainer asks the participants to write actions for each well-being area that could be undertaken by their communities to support well-being of individuals.
6. Participants move around the well-being flower and stick their actions on post-it notes on the corresponding petal.
7. Trainer makes sure that the following responses are included:

Social

Connecting to others and experiencing feelings of belonging strengthen well-being. Social interactions through friends, family, social activities, or sports, leisure or other common interests, contribute to positive social well-being.

Spiritual

Having a sense of meaning and purpose in life promotes well-being. Practicing spiritual, religious, or other life beliefs supports positive well-being.

Emotional

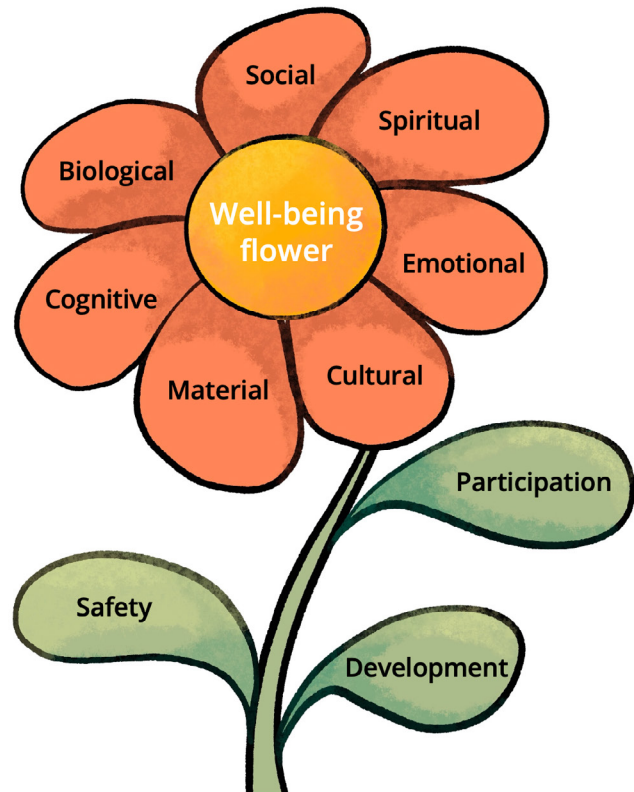
Our feelings have an immense impact on our well-being. Being able to safely express and manage feelings promotes well-being.

Material

Economic and material safety such as financial security, housing, and being able to afford basic goods and services are important aspects of well-being.

Biological

Taking care of our physical health, for example through eating healthily, exercising and feeling strong and rested, positively affects our well-being.



Cultural

Culture evolves over time and involves learnt patterns of belief, thought and behaviour. It makes life more predictable and can help us feel comfortable and safe. Being able to retain, interpret and express cultural identity is part of well-being.

Mental and Cognitive

Using the mind to solve problems and find solutions to challenges, as well as using the mind to learn, acquire, and apply information promotes well-being.

Now, trainer shows the three leaves of the flower and explains that:

Safety

Refers to being out of immediate danger, having access to basic needs (such as food, shelter, and water), as well as feeling safe, are critical foundations to positive well-being.

Participation

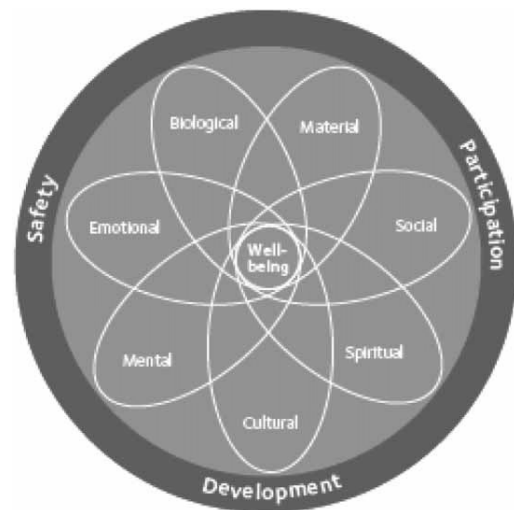
Refers to being able to participate meaningfully. Choices and some sense of control supports positive well-being.

Development

Refers to experiencing growth and moving forward in life. This is important to well-being and helps to create hope, motivation and belief in a better future. Having opportunities for and experiencing development are foundational for well-being.

NOTE

The well-being flower is adapted by the IFRC psychosocial reference centre from the original model of well-being proposed by Williamson, J. & Robinson, M. (2006)². Williamson and Robinson developed a framework that suggests seven overlapping areas (or aspects, elements, dimensions, realms, or domains) upon which individual and group well-being depend.



2. UNDERSTANDING MENTAL HEALTH

Activity: Puzzle

Instructions:

1. The trainer divides the participants into 4 groups and each group is provided with pieces of paper in an envelope. Each envelope contains different sentences that make up the WHO definition of mental health. Each group must assemble the pieces to find the definition of mental health. The groups have 10 minutes to complete the task.

² Thomson (interventionjournal.com)



Group 1: Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. (WHO,1948)

Group 2: Mental health is a state of well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. (WHO,2014)

Group 3: Mental health conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm. (WHO Comprehensive Mental Health Action Plan 2013-2030)

Group 4: Mental health is a basic human right. And it is crucial to personal, community and socio-economic development. Mental health is not just the absence of a mental disorder (WHO Mental health: strengthening our response)

2. Each group presents its definition in a plenary session. The trainer corrects the groups if necessary. The trainer adds: Mental health is a vital part of a person's overall health and affects how we feel, think and behave. It is also closely linked with physical health. Mental health is not just the absence of distress or illness, but also includes a sense of well-being and feeling good about oneself, maintaining supportive relationships and feeling that one can be meaningfully productive in the community while being able to cope with life stressors.

NOTE

Although we may not be able to see if someone is living with a mental health condition, mental health is a vital part of a person's overall health and affects how we feel, think and behave.

The Red Cross Red Crescent Movement supports the WHO definition of good mental health as a state of well-being in which an individual realizes their own abilities, can cope with the normal stresses of life, and can be meaningfully productive in the community. It is important to remember that mental health is not just the absence of distress or illness, but also includes a sense of well-being and feeling good about oneself.

Activity: Quiz

Instructions:

- The trainer hangs up two flip chart papers on opposite sides of the training room. One paper reads 'TRUE' and the other one, 'FALSE'. The trainer invites participants to join in a quiz about mental health. Statements will be read out and participants have to run to the correct side of the room, the 'TRUE' side if the statement is correct and 'FALSE' if the statement is wrong. Participants can stand in the middle of the training room if they do not know the answer.
- Trainer reads the following statements:
 - **Statement 1:** *If a person is living with a mental health condition, it means the person has low intelligence*
FALSE: Mental illness, like physical illness, can affect anyone regardless of intelligence, social class, or income level. From UNICEF - 7 myths about mental health - Busted: [7 myths about mental health | UNICEF Parenting](#)
 - **Statement 2:** *One in ten people will have a mental health condition in armed conflict settings.*
FALSE: One in six people will have a mental health condition at some point in their lifetime. This escalates to one in five for those living in armed conflict settings. From the Red Cross Red Crescent MHPSS in the movement - *Key messages for external-high level advocacy on MHPSS.*
 - **Statement 3:** Exposure to violence, inequality and environmental deprivation have an impact on people's mental health well-being.
TRUE: Unfavorable social, economic, geo-political and environmental circumstances – including poverty, violence, inequality and environmental deprivation increases people's risk of experiencing mental health conditions. From WHO - *Determinants of mental health - Mental health: strengthening our response (who.int)*

- **Statement 4:** *Depression can lead to death.*
TRUE: Depression can lead to suicide. Over 800 000 people die due to suicide every year. Suicide is the fourth leading cause of death in 15-29-year-olds. From WHO - Factsheet on depression - [Depression \(who.int\)](#)
- **Statement 5:** *In many low-income countries, 40% of people living with an MNS³ condition do not have access to mental health treatment they need or the access to specialized mental health services.*
FALSE: The burden of mental, neurological and substance abuse (MNS) disorders is large with a wide treatment gap. Between 75–90% of people with MNS conditions do not get the treatment they require. From WHO - Mental Health Gap Action Programme (mhGAP) - [Mental Health and Substance Use \(who.int\)](#)

The trainer adds:

Mental health can affect daily living, relationships, and physical health. However, this also works in the other direction. Factors in people's lives, interpersonal connections, and physical factors can contribute to mental health conditions. Looking after mental health can preserve a person's ability to enjoy life. Doing this involves balancing life activities, responsibilities, and efforts to achieve psychological resilience. Stress, depression, and anxiety can all affect mental health and disrupt a person's routine.

3. CONTINUUM OF MENTAL HEALTH AND MENTAL HEALTH CONDITIONS

Activity: The Mental Health continuum – in plenary

Instructions:

1. Trainer starts this section with saying: *Now we have a good idea of the things that make up well-being and a wide range of activities that can be undertaken by communities to support wellbeing. It is also important that we recognize that mental health exists on a continuum that ranges from positive mental well-being to a mental ill health. Most people move along this continuum as they go through life and have various positive or adverse experiences.*
2. Trainer shows a flip chart (or PPT slide) with the continuum of mental health and mental health conditions (p. 2, part 1 mhGAP Community Toolkit)
3. The trainer asks the participants to raise their hand if they know someone who has experienced positive mental health? Now the trainer repeats the question three more times, asking instead about people who have experienced mild distress, moderate distress, and mental health conditions. The trainer ends the activity by asking if anyone knows someone who has experienced more than one of these categories.

4. Trainer uses the participants' responses to highlight that mental health is a dynamic state and changes during our lives, depending on our situations and experiences.
5. Trainer explains that every person has different strengths and abilities to help them cope with life's challenges. We talk about mental health and mental distress as existing on a continuum, where we all move back and forth, between optimal experiences of wellbeing, to feeling mild or moderate distress, and for some, to experiencing debilitating mental health conditions which involve suffering and emotional pain. At any one time, in a group of people, there are likely to be some who experience wellbeing, whilst others may be feeling various levels of distress, and yet others may be living with a mental health condition. Most people move up and down this continuum as they go through life and have various positive or adverse experiences.
6. The trainer creates two columns on a flip chart and writes the title "Mild and moderate" distress on one side, and "Mental health conditions" on the other. The trainer asks the participants to move and write their answers in the columns. The trainer ensures that the following points are included in the answers.
 - Mild and even moderate distress is a common response to adverse experiences or interactions with others and may manifest as sadness, anger, anxiety, or fear. Distress that continues for a long time, is severe, or affects someone's daily functioning may be a sign of a mental health condition.
 - Mental health conditions affect a person's feelings, thoughts and behaviours and can interfere with people living meaningful lives and contributing to their community in the way they would like. There are different types of mental health conditions, which are diagnosed on the basis of the symptoms a person can experience. They can range in severity and can cause significant disability. A person may struggle with one aspect of their mental health (e.g. anxiety or depression) but may have enormous resilience in other aspects.
7. The trainer asks the following questions: *What do we say when someone does not experience positive mental health? Are they mentally ill?* The trainer draws a table with 3 columns: Yes, No, Why? And writes the answers from the participants in the columns. The trainer clarifies the differences between mental health condition, mental disorder and psychosocial disability.
 - Not many people use the term mental illness anymore. We instead refer to people experiencing mental distress or a mental health condition.
 - Mental health condition is a broad term covering mental disorders and psychosocial disabilities. It also covers other mental states associated with significant distress, impairment in functioning, or risk of self-harm.
 - Mental disorder as defined by the International Classification of Diseases 11th Revision (ICD-11) is a syndrome characterized by cognition, emotional regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes that underlie mental and behavioural functioning. These disturbances are usually associated with distress or impairment in personal, family, social, educational, occupational, or other important areas of functioning.

- Psychosocial disability – which is a disability that arises when someone with a long-term mental impairment interacts with various barriers that may hinder their full and effective participation in society on an equal basis with others. Examples of such barriers are discrimination, stigma and exclusion.

NOTE

Everyone experiences sadness, anger, worry or fears at times. Mild and even moderate distress is a common response to adverse experiences or interactions with others.

Distress that continues for a long time, is severe, or affects someone's daily functioning (e.g. in doing usual work, school, domestic or social activities) may be a sign of a mental health condition. A person can experience one or more mental health conditions at the same time (e.g. problems with sadness and alcohol use).

Identifying MH conditions – mhGAP Community Toolkit (WHO)

4. DETERMINANTS OF MENTAL HEALTH CONDITIONS

Activity: Mental Health factors – Group work

Instructions:

The trainer divides the group in two and asks each group to reflect together on “*What are factors that you know affect mental health?*”. Each group is given flipchart paper, one for positive factors and the other for negative factors. Then the two groups swap their papers and add to the flipchart of the other group if something is missing.

The trainer makes sure the following factors are included in the lists.

Positive factors

- Healthy lifestyles (e.g., regular exercise, good quality sleep, nutritious diets, strong social connections).
- Healthy early life development (stable and positive attachments, strong social connections, basic needs met)

Negative factors

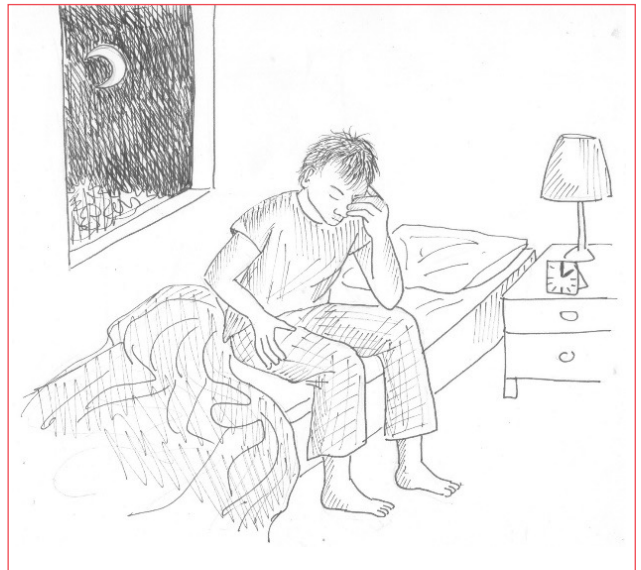
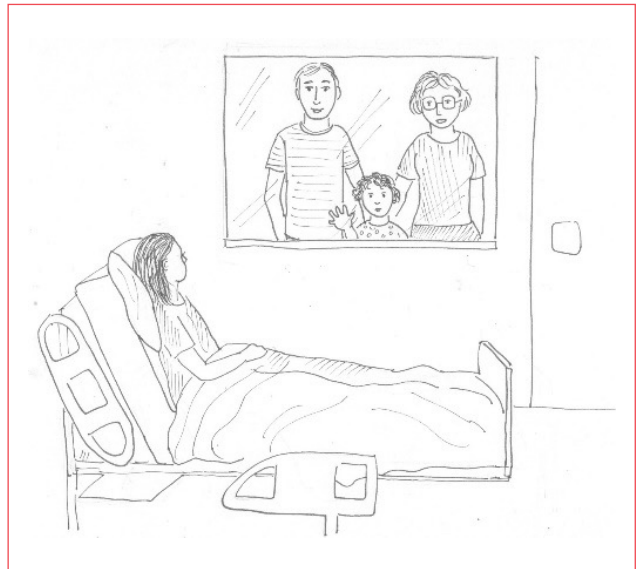
- Exposure to adverse events in childhood, or later in life
- Limited social support or connections
- Genetic factors

- Exposure to environmental pollutants
- Substance use or alcohol abuse
- Poor nutrition
- Some infections and other physical health conditions.

Activity: Causes for mental health conditions in pictures

Instructions:

1. The trainer shows the four images below and asks participants to list causes of mental health conditions



2. Participants give their answers, and, in a plenary session, the trainer says:

In some pictures we can see some of the potential impacts of poverty or losing one's job (sometimes referred to as the social determinants of mental health). It also shows the impact of health issues, being sick, or having problems sleeping. In other pictures, we see someone who is impacted by someone's death, pressure at work and going through grieving.

3. The trainer and participants list together the causes of mental health conditions:

- Poverty
- Unemployment
- Experiences of violence, assault or abuse
- Biological factors
- Difficult life experiences
- Stressful situations or events

4. The trainer explains that every person can be impacted by many different factors at the same time. It does not need to be a single massive event that leads to experiences of psychological distress or mental health conditions, but it can be a buildup of multiple different stressors. At any one time, a diverse set of individual, family, community, and structural factors may combine to protect or undermine mental health. Although most people are resilient, people who are exposed to adverse circumstances, including poverty, violence, disability, and inequality, are at higher risk.

Protective and risk factors include individual psychological and biological factors, such as emotional skills as well as genetics. Many of the risk and protective factors are influenced through changes in brain structure and/or function

5. The trainer ends this exercise by showing the last picture and emphasizing the related stressors that humanitarian workers (organizations, Red Cross Red Crescent staff and volunteers, community health workers) are exposed to and their impact for their mental health.



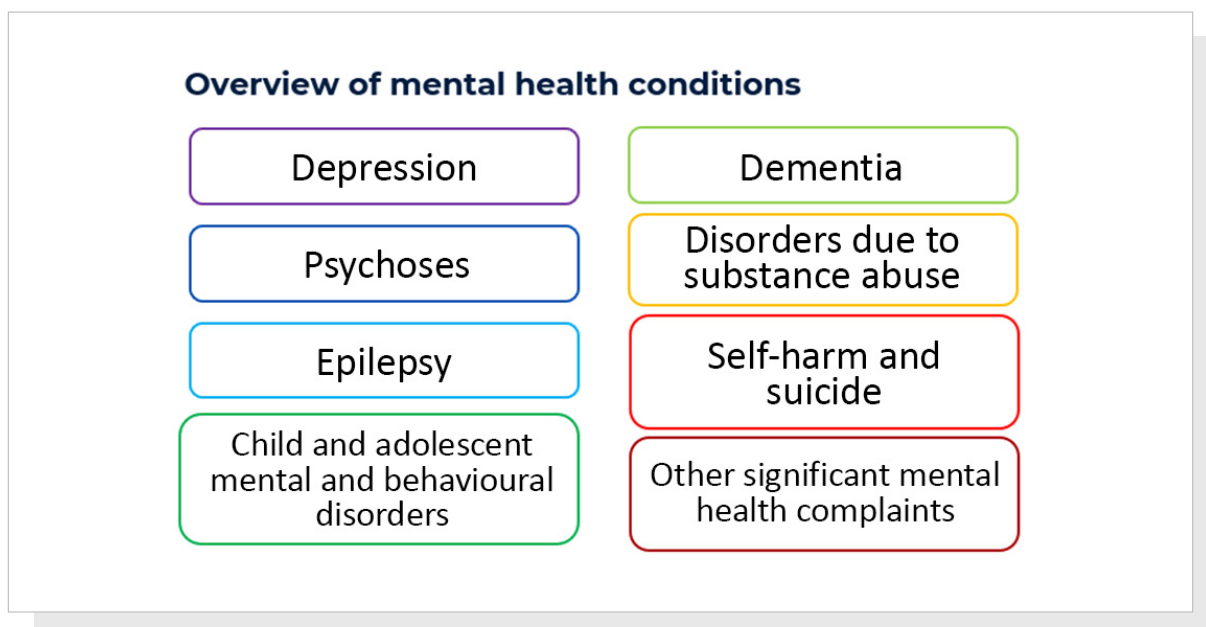
NOTE

A mental health condition is characterized by a clinically significant disturbance in an individual's **cognition (thinking), emotional regulation**, or behaviour. It is usually associated with distress or impairment in important areas of **functioning**.

There are many different types of mental health conditions:

6. Trainers shows the eight mental conditions identified by WHO *mhGAP Intervention Guide Version 2.0*.

Note to the trainer: Before this session begins, it can be helpful to have pre-prepared eight flip chart papers with the following mental health conditions (one poster for each mental health condition). Participants are asked to move around the room and to fill in each poster with the definition of each mental health condition.



7. The trainer goes through each mental health condition (from the WHO mhGAP) and ensures that all participants have clear understanding of the concepts.

Depression

- Multiple persistent physical symptoms with no clear cause
- Low energy, fatigue, sleep problems
- Persistent sadness or depressed mood, anxiety
- Loss of interest or pleasure in activities that are normally pleasurable

Self-harm and suicide

- Extreme hopelessness and despair
- Current thoughts, plan or act of self-harm/ suicide, or history thereof
- Any of the other priority conditions, chronic pain, or extreme emotional distress

Psychoses

- Marked behavioural changes; neglecting usual responsibilities related to work, school, domestic or social activities
- Agitated, aggressive behavior, decreased or increased activity
- Fixed false beliefs not shared by others in the person's culture
- Hearing voices or seeing things that are not there
- Lack of realization that one is having mental health problems

Children and adolescent mental and behavioural disorders

Child/adolescent being seen for physical complaints or a general health assessment who has:

- Problems with development, emotions or behaviour, e.g. inattention, over- activity, or repeated defiant, disobedient and aggressive behaviour
- Risk factors such as malnutrition, abuse and/or neglect, frequent illness, chronic diseases (e.g. HIV/AIDS or history of difficult birth)

Carer with concerns about a child/ adolescent:

- Difficulty keeping up with peers or carrying out daily activities considered normal for their age
- Behaviour, e.g. too active, aggressive, having frequent and/or severe tantrums, wanting to be alone too much, refusing to do regular activities or go to school

Teacher with concerns about a child/ adolescent:

- Easily distracted, disruptive in class, often getting into trouble, difficulty completing school work

Community health or social services worker with concerns about a child/adolescent:

- Rule- or law-breaking behaviour, physical aggression at home or in the community

Other significant mental health complaints:

- Feeling extremely tired, depressed, irritated, anxious or stressed
- Medically unexplained somatic complaints (i.e., somatic symptoms that do not have a known physical cause that fully explains the symptom)

Disorders due to substance abuse

- Appearing affected by alcohol or other substance, e.g. smell of alcohol, slurred speech, sedated, erratic behaviour
- Signs and symptoms of acute behavioural effects, withdrawal symptoms or effects of prolonged use
- Deterioration of social functioning e.g. difficulties at work or home, unkempt appearance
- Signs of chronic liver disease (abnormal liver enzymes), jaundiced (yellow) skin and eyes
- Problems with balance, walking, coordinated movements, and unusual eye movements

Epilepsy

- Convulsive movement or fits/seizures
- During the convulsion, loss of consciousness or impaired consciousness, stiffness, rigidity, tongue bite, injury, incontinence of urine or faeces
- After the convulsion, fatigue, drowsiness, sleepiness, confusion, abnormal behaviour, headache, muscle aches, or weakness on one side of the body

Dementia

- Decline or problems with memory (severe forgetfulness) and orientation (awareness of time, place and person)
- Mood or behavioural problems such as apathy (appearing uninterested) or irritability
- Loss of emotional control (easily upset, irritable or tearful)
- Difficulties in carrying out usual work, domestic or social activities

CHAPTER TWO:

INTRODUCTION TO COMMUNITY

1. DEFINITIONS OF WHAT IS COMMUNITY

Activity: Plenary discussion

Instructions:

1. The trainer asks the participants the following question: *What is a community?* The trainer writes the question down on flipchart paper.

Participants give their answers, and, in a plenary session, the trainer clarifies that communities can be defined or characterized as groups of people who live in a particular geographic area and have some level of social interaction, share a sense of belonging, or share common political and social responsibilities. Each community has its own set of structures and norms that govern interactions among its members.

“

A community is a group of people who have a common identity relating to certain factors: geography, language, values, attitudes, behaviour patterns or interest; a community is the social and psychological foundation for the individual, family, and group: belonging, sharing, values, identity, norms, developed structures for health, education etc.

”

2. The trainer asks the participants the following question: *Does stress affect communities in the same way it affects individuals?*

The trainer clarifies that, yes, communities are also affected by stress and reminds the participants that 'psychosocial support' is a process that aims to support the resilience of individuals, families and communities. The objective of psychosocial support is to support communities and help them identify and mobilize their strengths and resources in order to recover from crisis events. The trainer asks for examples of what type of stressors a community might face after a crisis event and adds the following examples:

- Tension within or between communities due a lack of access to basic services or questions as to how humanitarian aid is being distributed within the community
- Lack of safety as a result of conflict or looting which increases mistrust and fear between families and communities
- Disruption of daily routines, schools may be destroyed or closed down
- Community meeting points such as a mosque or a spiritual centre, may be destroyed and impact the ability of people to assemble and get access to information. Community, spiritual or religious leaders may have left the area leaving people without support and guidance.

The trainer ends this discussion by saying that to best support individuals with protection and recovery, communities as well need to be supported because communities have strengths, resources and are protective factors for individuals.

2. COMMUNITY STRENGTHS, RESOURCES AND PROTECTIVE FACTORS

Activity: Community mapping

Instructions:

- The trainer divides the participants into 4 groups and gives each group the materials needed for the activity: playdough, building bricks/blocks, crayons, markers and flipchart paper. They are asked to think about a community they are familiar with and describe it using the materials they have been given.
- The trainer explains that the purpose of the activity is for each group to identify the strengths and resources, risks and vulnerabilities of the community.
- To guide group discussions, the trainer now distributes the questions below to each group for them to use as they build the map of a community that they work in and informs them that they have 30 minutes to complete the exercise:
 - Briefly describe your community: where it is located, what population lives there etc.
 - What are the strengths, resources and protective factors in your community?
 - What are the vulnerabilities and risks that people can be exposed to in this community?

3. ROLE OF COMMUNITIES IN HELPING INDIVIDUALS TO IDENTIFY AND ACCESS RESOURCES

Activity: Drawing Part 1

Instructions:

- The trainer asks the participants to draw a person who represents someone living with a mental health condition. The trainer asks participants to link back to the well-being flower (from the previous chapter) and asks them to think of all 7 of its petals. Around that person, to write down the different types of needs that person may have and to consider physical, social, spiritual, psychological needs.
- The trainer explains that the objective from this exercise is to identify the needs of an individual with a mental health condition and the formal and informal resources available in the community.
- In groups of four, participants share what they believe are the needs of those living with a mental health condition

Note: The trainer can use one of the WHO identified mental health conditions (see below) as an example. In this guide, we will use epilepsy, as an example.
- The trainer asks the participants to look at the drawing they just created and reflect on the following questions:
 - What psychological, social, physical, economic, or spiritual needs did they write down?
 - Why does the management of someone with epilepsy require attention to all different types of needs?
- The trainers explains that effective management of mental health conditions requires attention to psychological, social, physical, economic, and spiritual needs such as:
 - **Psychological:** counselling, reassurance, knowledge about epilepsy (psychoeducation)
 - **Social:** community support, self-help groups
 - **Physical:** safe housing, food, water, access to affordable medications
 - **Economic:** Job, enrollment in school or vocational training
 - **Spiritual:** meaning in life, participation in cultural activities

Activity: Drawing Part 2

- Based on the previously discussed needs of those with epilepsy and their families, the trainer asks the participants to think about the places, groups or people in their community that could help meet those needs. The trainer asks participants to draw all the places, groups, or people on a piece of paper.
- The trainer helps the participants to identify the formal and informal resources that can help meet the needs of people with epilepsy in a community: group support, community health workers, library, school, etc.

CHAPTER THREE:

MENTAL HEALTH GAP ACTION PROGRAMME (MHGAP)

1. WHAT IS THE “WHO MENTAL HEALTH GAP ACTION PROGRAMME (MHGAP)”?

Activity: Plenary and buddies' discussions

Instructions:

The trainer explains that although many people in the world are living with mental health challenges, it is very few people globally that can access mental health support. The gap between people who need help and people who are able to access help is referred to as the 'mental health gap'. The WHO have been working for many years to find different ways to address this gap and strengthening community-based health care is one of the strategies.

Trainer says: Now we will talk a little about mhGAP. Some of you may have been trained in or have trained others in mhGAP. Would someone like to give us a brief introduction to what mhGAP is, and any other information you think is relevant to colleagues in this training?

Trainer shows the mhGAP introduction video: (8) WHO: [Mental Health Gap Action Programme - YouTube](#).

NOTE

The video was produced with the launching of mhGAP version 1 (in 2010). The statics would be outdated but it gives an overview on the history of mhGAP development.

Trainer writes the proposed ideas in a flipchart paper and gives the following overview:

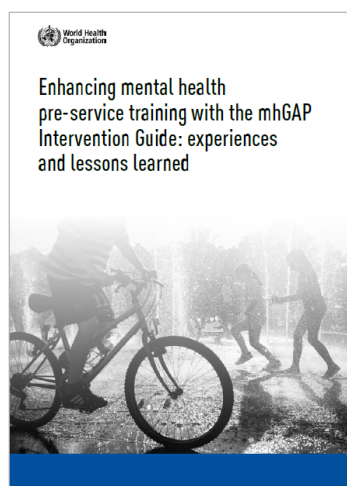
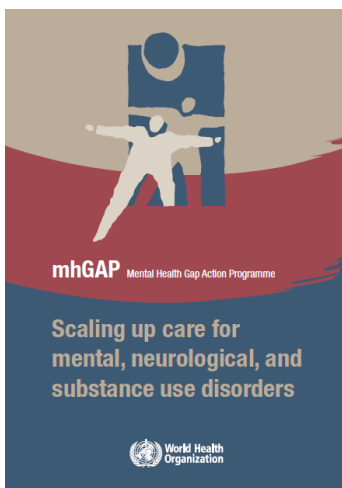
- mhGAP was developed for countries especially with low and lower middle incomes for scaling up services for mental, neurological, and substance use disorders with the objectives:
 - Reinforce the commitment of governments, international organizations, and other stakeholders to increase the allocation of financial and human resources for care of MNS disorders
 - Achieve much higher coverage of key interventions in the countries with low and lower middle incomes that have a large proportion of the global burden of MNS disorders.
- The mhGAP approach consists of interventions for the prevention and management of priority mental, neurological and substance use disorders, identified on the basis of evidence about the effectiveness and feasibility of scaling up these interventions in low and middle-income countries.
- The greatest barrier to development of mental health services has been the absence of mental health from the public health priority agenda. This has serious implications for financing mental health care, since governments have allocated small amounts for mental health within their health budgets
- In 2008, WHO launched the mental health gap action programme (mhGAP) in response to the wide gap between the resources available and the resources urgently needed to address the large burden of mental, neurological, and substance use (MNS) disorders globally and for the scaling up of care for MNS disorders. The mhGAP supports the goals of Universal Health Care by providing a set of guidelines, tools and training packages to help countries scale-up high-quality, evidence-based mental health services and integrate these services into primary, secondary facility-based and community-based care.
- In 2009, the WHO mhGAP Evidence Resource Centre was created. The Evidence Resource Centre is a clearing house of evidence-based guidelines for mental and neurological health, and it is organized around the mhGAP priority conditions
- WHO developed the mhGAP Intervention Guide, version 1.0 (2010) and version 2.0 (2016). Both are intervention guides for priority mental health conditions and neurological disorders for use in primary and community health settings (referred to as non-specialised health settings in public health approaches).
- The mhGAP has four core strategies:
 - Information
 - Policy and service development
 - Advocacy
 - Research
- In May 2013, the 66th World Health Assembly, consisting of Ministers of Health of 194 Member States, adopted the WHO Comprehensive Mental Health Action Plan 2013–2020 which was later updated to 2030 and endorsed by the 74th World Health assembly. The aim of the Comprehensive Mental Health Action Plan is universal coverage of MNS conditions

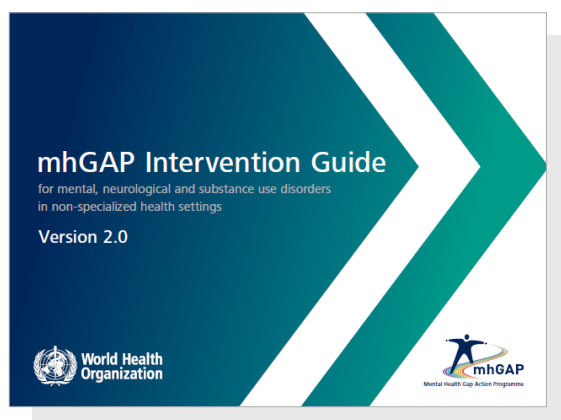
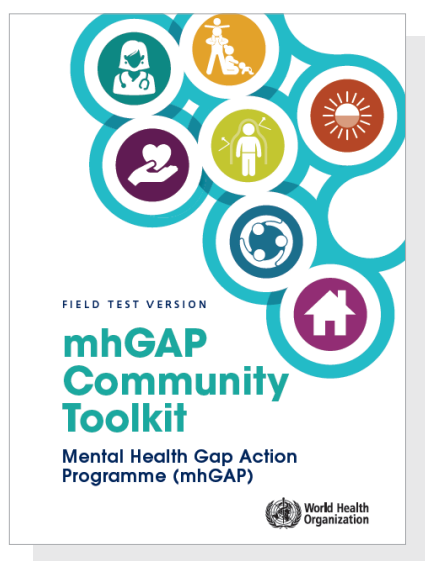
through the provision of evidence-based, integrated, responsive mental health and social care services in communities. The action plan has the following objectives:

- to strengthen effective leadership and governance for mental health to provide comprehensive, integrated and responsive mental health and social care services in community-based settings
- to implement strategies for promotion and prevention in mental health
- to strengthen information systems, evidence and research for mental health
- In 2015, the WHO mhGAP developed the Humanitarian Intervention Guide (2015) – An intervention guide specifically for use in humanitarian settings (who.int)
- In 2017, the WHO mhGAP Intervention Guide, Version 2.0, online application
- In 2017, the WHO mhGAP Training manuals was launched <https://apps.who.int/iris/bitstream/handle/10665/259161/WHO-MSD-MER-17.6-eng.pdf>
- In 2018, the WHO mhGAP Operations manual [mhGAP Operations Manual \(who.int\)](http://who.int)
- In 2019, the WHO developed the mhGAP Community Toolkit with the purpose is to promote the expansion of mental health services beyond the primary healthcare setting [9789241516556-eng \(5\).pdf](http://who.int)

NOTE

You can write on a flipchart these dates and the WHO mhGAP key actions. It is also recommended that you show these following tools for interventions to be used by general health-care workers and volunteers to scale up the management of priority MNS conditions





- The trainer asks: *Can anyone list the priority conditions of the mhGAP?* The trainer makes sure that the priority conditions are mentioned:
 - Depression
 - Psychoses
 - Self-harm/suicide
 - Epilepsy
 - Dementia
 - Disorders due to substance use
 - Mental and behavioural disorders in children and adolescents
 - Other significant mental health complaints

2. THE WHO'S MODEL NETWORK OF COMMUNITY-BASED MENTAL HEALTH SERVICES

Activity: The spider diagram

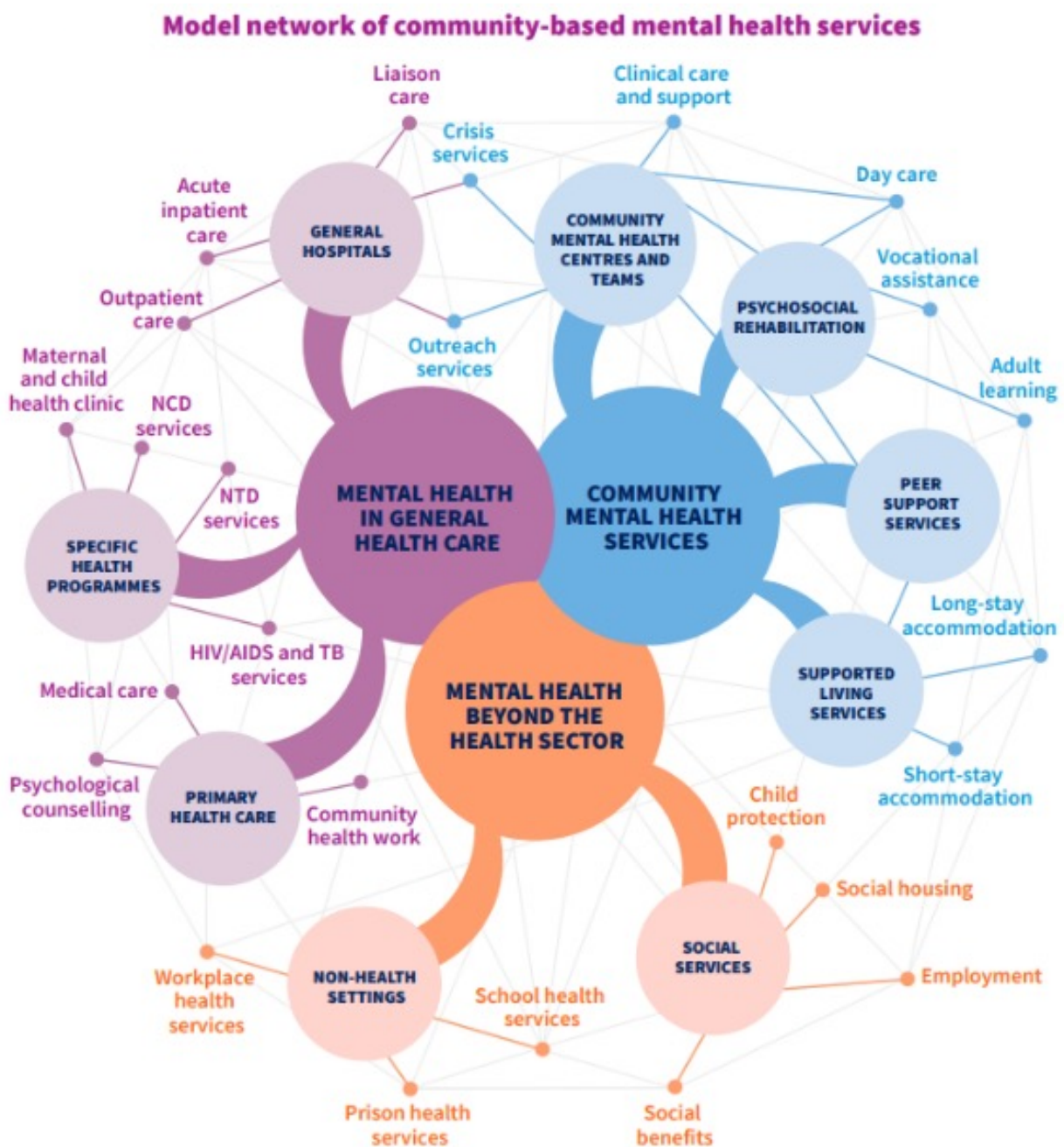
NOTE

The WHO uses the term 'community-based mental health care' for any mental health care that is provided outside of a psychiatric hospital. This includes services available through primary health care, specific health programmes (for example HIV clinics), district or regional general hospitals as well as relevant social services. It also includes a range of community mental health services, community mental health centres and teams, psychosocial rehabilitation programmes and small-scale residential facilities, among others.

Instructions:

1. The trainer starts by saying that now they will be working on drawing a diagram, called the 'spider diagram', that shows a vision of a comprehensive network of interconnected formal services. The diagram is shown in full below and is the Model network of community-based mental health services from the WHO's World Mental Health report for 2022.
2. The trainer puts on the wall three A3 papers.
3. Then, the trainer draws a circle on each paper and writes "*Mental health in general health care*" in the first circle, "*Community mental health services*" in the second, and "*Mental health beyond the health sector*" in the third.
4. The trainer creates 9 smaller circles and writes on them the labels from the smaller circles in the 'spider diagram': Community MH centres and teams; Psychosocial rehabilitation; Peer support services; Support living services; Social services; Non-health settings; Primary Health care; Specific health programmes; General hospitals. These circles are) distributed among the participants.
5. The trainer writes the 26 other services, represented in the 'spider diagram' by dots, on smaller cards or post-it notes and distributes them to the participants.
6. The participants are divided into 3 groups and asked to match the smaller 9 circles with the bigger ones.
7. They are then asked to align the 26 smaller cards with the 9 smaller circles so that they match the diagram (figure 7.1, p. 195 WHO's World mental health report 2022).
8. After this is done, the participants will see a 'spider diagram' which represents the interconnected community-based MH services.

9. The trainer asks people to walk around and consider the interconnectedness of everything related to MHPSS in communities.
10. The trainer asks them to focus on any of the papers. Then to look around to see how they are linked to everyone around them. Change focus a few times and repeat the activity.
11. The trainer asks the participants to suggest informal community care activities and to add them to the diagram.
12. The trainer shows the *Model network of community-based mental health services* from the WHO's World Mental Health report for 2022. If not possible to display a large version of the model, a printout could be given to each participant.



The trainer explains that:

- Community-based mental health care comprises a network of interconnected services that include mental health services integrated in general health care; community mental health services; and services that deliver mental health care in non-health settings and support access to key social services.
- Social and informal supports delivered by community providers (such as peers, community volunteers and women's groups) complement formal services and are vital to ensure enabling environments for people with mental health conditions. Complementing health interventions with key social services, including child protection and access to education, employment and social benefits, is essential to enable people with mental health conditions to achieve their recovery goals and live a more satisfying and meaningful life.
- The spider diagram shows a vision of a comprehensive network of interconnected formal services. This cannot be achieved without sufficient resources, and low-income countries are unlikely to be in a position to have such comprehensive network of services in the near future. In general, most countries need to decide which services to develop or strengthen first. So how service networks for mental health are developed and organized in practice will vary. Almost all countries rightly give primary health care a key role in supporting people with mental health conditions. Yet all countries – including low-income ones – will also need to organize access to some form of specialized mental health care at the district level or equivalent.
- In increasing access to mental health care and improving the quality of mental health services, the Comprehensive Mental Health Action Plan emphasizes the systematic decentralization of the focus of care and treatment from long-stay mental hospitals to primary care settings. “Primary health care” refers to the provision of mental health care through nonspecialized services and workers, including health-care services provided by governments and NGOs and private (for-profit) health facilities and services.
- However, primary health settings can be overwhelmed with the large number of people attending clinics and the broad range of conditions that need to be managed in a short amount of time. This need has led to innovation, with service planners having to consider alternative ways of providing mental health services in different settings and delivered by different providers to meet the high level of need. Communities can play a very important role in addressing the treatment gap for people with mental health conditions.
- WHO's report on Integrating mental health into primary care developed a service organization model for an optimal mix of services for mental health. It is recommended that the greatest focus should be on equipping people with the information and skills they need for supported self-care, as well as working with families and community networks.

NOTE

Why should we focus on mental health?

Mental health and distress and mental health conditions are common and affect all of us. About one in eight people in the world live with a mental health condition. The most common are anxiety and depressive disorders. The consequences of mental health conditions are enormous in every society. One consequence is suicide, which affects people and families in all countries and contexts, and at all ages. Suicide is the major cause of death globally among young people.

Even though it is so common, it is very few that have opportunities for getting help and support for mental health problems. Despite a marked increased concern with mental health globally, in the past 15 – 20 years, with focus on the impact of COVID19 on mental health, there remains a massive gap in mental health services and resources and people's mental health needs. This is referred to as the global mental health gap. An estimated two thirds of people affected by mental health conditions do not receive treatment, even in high-income countries. In response to this, the WHO run a programme called the mhGAP programme that seeks to address the lack of care for people suffering from MNS conditions. There are different strategies being used to address the mental health gap, and one of these is to promote and enable community mental health care.

This is such an important strategy that has its own chapter in the recent WHO World Mental Health Report – *on how to restructure and scale up care for impact – strengthening community-based care, integrating services into communities.*

Community based mental health care is more accessible and acceptable than institutional care, and helps to prevent human rights violations, and research also shows it delivers better recovery outcomes for people with mental health conditions.

CHAPTER FOUR:

COMMUNITY MHGAP

1. COMMUNITY PLATFORM SETTINGS

Activity: Buddies' talk

Instructions:

1. The trainer starts with explaining that WHO uses the term 'Community based mental health care' for any mental health care that is provided outside of a psychiatric hospital. This includes services available through primary health care, specific health programmes (e.g. HIV clinics), district or regional general hospitals as well as relevant social services and in schools. It also includes a range of community mental health services, including community mental health centres and teams, psychosocial rehabilitation programmes and small-scale residential facilities, among others.

2. The trainer says that they will now focus on defining some key concepts related to community based mental health care. The first one is the concept of the community platform. The trainer asks: *Who knows what a community platform is?*

3. The trainer says:

The community platform is being increasingly recognized as an important way to deliver mental health promotion, prevention, and service activities and interventions. Communities contain a wide range of resources that can be used to promote mental health, prevent mental health conditions, and support people with mental health conditions. Communities can serve as sites for key activities and interventions; making these services available and routine in communities can also raise awareness about mental health and reduce stigma.

NOTE

The community platform is a way of bringing health and social welfare services to people where they live and work. It can include multiple settings and a wide range of providers offering a spectrum of activities and interventions beyond the scope of the formal health-care system. A community platform may include community health settings below the level of primary care including village health clinics, community outreach teams and non-health settings within the community such as neighbourhood and community groups, the social welfare sector, schools and workplaces.

4. The trainer asks the participants to pair up (buddies together) and to discuss the benefits of providing mental health services in the community.

Trainer ensures the followings are mentioned:

- Community mental health services can reach people where they live and work (increasing access to mental health-related activities and interventions, as well as to other social support services)
- Community services can cover the full spectrum of mental health promotion, prevention of mental health conditions, and provision of support for people who have mental health conditions
- Community services can provide accessible entry points and referral pathways to primary care and other health-care services
- Community services can reduce the stigma, discrimination and social exclusion faced by people with mental health conditions

NOTE

The community platform has the advantage of being able to reach many more people than conventional health services.

The community platform can provide community-based support services for people with mental health conditions, while also generating awareness in the community of mental health in a way that reduces stigma, discrimination and social exclusion. Further, the community platform can be an important link to connect members of the community to primary care or other formal health services when needed via referral pathways.

5. Trainer asks the participants to spend a few minutes talking to their buddy about what kinds of settings they know of in their own communities that are involved in mental health services? After a few minutes ask for some examples:

Trainer presents the six (6) community platform settings that have been identified by the WHO: Neighbourhood and community groups; Social welfare sector; Schools; Workplaces and Homes



Figure: Community platform settings – WHO mhGAP Community Toolkit (WHO)

2. COMMUNITY PROVIDERS

Activity: Listing on flipchart

Instructions:

1. The trainer now asks participants who they think can be providers of community mental health services in the different settings. Trainer asks them to think of people within the health sector and outside of the health sector. List their responses on a flip chart titled 'Providers'.

The trainer shows the figure below and ensures the following are included:

- Within the health sector: Community health workers, school nurses or counsellors, or workplace health providers.
- Outside the health sector: Teachers, police, social workers and youth workers, village elders, traditional healers, faith group members, community leaders and members, peers and families and friends of people with mental health conditions.

COMMUNITY PROVIDERS WITHIN THE HEALTH SECTOR



Community health workers, school nurses or counsellors, workplace health providers

COMMUNITY PROVIDERS OUTSIDE THE HEALTH SECTOR



Formal
Teachers, police, social workers, youth workers

Informal
Village elders, traditional healers, faith group members, other community leaders or members of the community including peers, families and friends of people with mental health conditions

3. SPECTRUM OF COMMUNITY PLATFORM ACTIVITIES

Activity: Series of photos and discussion

Instructions:

- The trainer explains there are many varied activities and interventions that can be undertaken and run by different providers in different settings, all to simultaneously address four different aspects of community mental health.
- The trainer shows a series of 4 photos and asks the participants to describe what they see in the pictures and to what community-based mental health activities the photos are referring to.



Photo by Noemi Monu/DRC

1

Talking about
Mental Health



Photo by Kathleen Prior/DRC

2

Mental Health
promotion and
prevention



Photo by Emiliano Albensi

3

Support for
people with
mental health
conditions



Photo by Joost Ruigrok

4

Recovery and
rehabilitation

- The trainer introduces the four categories of activities and interventions.
 - **Talking about mental health:** These activities are aimed at reducing the stigma and discrimination around mental health conditions, reducing social exclusion, and improving access to care. Talking about mental health in the community can decrease stigma and improve access to care by enhancing the understanding of mental health and mental health conditions within the community, as well as by emphasizing people's own rights and providing information about where to seek care.
 - **Promoting mental health and preventing mental health conditions:** These activities and interventions aim to promote mental health within the community, as well as prevent the development of mental health conditions. Activities include promotion of healthy lifestyles, life skills, caregiver interventions and self-care for community providers, as well as the prevention of suicide and substance use.

- **Supporting people with mental health conditions:** These activities and interventions aim to support people with mental health conditions in the community. They include identifying mental health conditions, engaging and building relationships with people with mental health conditions, psychological interventions, referral for more care and services, and providing support for carers and families.
- **Recovery and rehabilitation:** These activities and interventions aim to promote recovery and rehabilitation within the community for people with mental health conditions to enable them to live fulfilling, meaningful and productive lives. Activities and interventions include community follow-up; vocational, educational, and housing support; social recovery and connectedness; as well as self-management and peer support.

NOTE

These activities can be relevant for whole communities, or they may be for people at high risk of developing mental health conditions, or people already identified as living with mental health conditions. They include activities and interventions that address stigma around mental health, involve talking about and raising awareness of mental health. They include activities that promote mental health and prevent escalation of mental distress or the development of mental health conditions, provide support to people living with mental health conditions, their carers and families and activities that promote recovery and rehabilitation for people with mental health conditions.

- The trainer tells participants they will explore these different categories of activities and interventions in depth over the next few days as they work through a case study together in small groups.
- The trainer ends the session by showing the whole community platform with its three dimensions: Community platform settings, community providers and spectrum of interventions.



COMMUNITY PLATFORM SETTINGS

- Community health settings
- Neighbourhood and community groups
- Social welfare sector
- Schools
- Workplaces
- Homes



COMMUNITY PROVIDERS

- Community health workers, school nurses or counsellors
- Teachers, police, social workers, youth workers
- Village elders, traditional healers, faith group members, other community leaders
- Members of the community including peers, families and friends of people with mental health conditions



SPECTRUM OF INTERVENTIONS

- Awareness-raising and anti-stigma activities
- Mental health promotion and prevention of mental health conditions
- Support for people with mental health conditions
- Rehabilitation and recovery

NOTE

What is the difference between community mental health care and psychosocial support?

Psychosocial support is part of community mental health care which aims to promote positive mental health and psychosocial well-being. The IFRC PS Centre's work with MHPSS is guided by the Red Cross Red Crescent Movement's mental health and psychosocial support framework, which can be represented in the shape of a pyramid. It is a layered system of complementary support aiming to meet needs of different people and groups. The framework can be found at: <https://pscentre.org/what-we-do/mhpssroadmap/the-mhpss-framework/>

Mental health care activities take place at all layers of the framework, but also refer specifically to the activities and interventions that are represented in the two top layers and the protective circle which represents the provision of psychological support and specialized mental health care. Psychosocial support activities are mostly done at the two bottom layers of the framework that focus on basic psychosocial support and focused psychosocial support.

4. MENTAL HEALTH ACTIVITIES AND INTERVENTIONS TO BE CARRIED OUT IN THE COMMUNITY PLATFORM

Activity: Listing the spectrum of activities – Group work

Instructions:

1. The trainer starts this session by saying that mental health activities and interventions that can be carried out in the community platform cover a spectrum that addresses the continuum of mental health that we discussed earlier.
2. The trainer shows the table below and divides the participants into 4 groups.

GROUP 1	GROUP 2	GROUP 3	GROUP 4
Talking about mental health	Mental health promotion and prevention	Support people with mental health conditions	Recovery and rehabilitation

3. Each group:

- Is expected to reflect on activities that can be carried out in different settings and by different types of community providers within the community platform, focussing on one category
- Lists the activities that can be undertaken in their area of focus by the community platform and writes on one activity per post-it
- Pins their post-it on the table and trainer encourages them to move around the table and to look at each other’s work.

Note to the trainer: You need to select the most relevant example from the 8 mental health conditions according to the context.

4. The trainer shows the following table of interventions and activities that can be implemented in the community platform.

Talking about mental health	Mental health promotion and prevention	Support for people with mental health conditions	Recovery and rehabilitation
<ul style="list-style-type: none"> • Community education on mental health • Reduction of stigma, discrimination and social exclusion • Involving people with mental health conditions and their families 	<ul style="list-style-type: none"> • Healthy lifestyles • Life skills • Strengthening caregiving skills • Suicide prevention • Substance use prevention • Self-care for community providers 	<ul style="list-style-type: none"> • Promoting human rights • Identifying mental health conditions • Engaging and relationship-building • Providing psychological interventions • Referring for more care and services • Supporting carers and families 	<ul style="list-style-type: none"> • Community follow-up • Vocational, educational and housing support • Social recovery and connectedness • Self-management and peer support

Figure: Summary of the community spectrum of activities - WHO Community mhGAP Toolkit

5. The trainer shows the following diagram of the spectrum of mental health activities in the community platform.



6. Trainer gets a vounteer from the group to read the diagram out

5. PLANNING MENTAL HEALTH ACTIVITIES IN COMMUNITIES

Activity: Group work

Instructions:

- Trainer explains that now they will explore the mhGAP community toolkit framework and the steps to work with community mental health care.
- Trainer distributes the community mental health services framework.

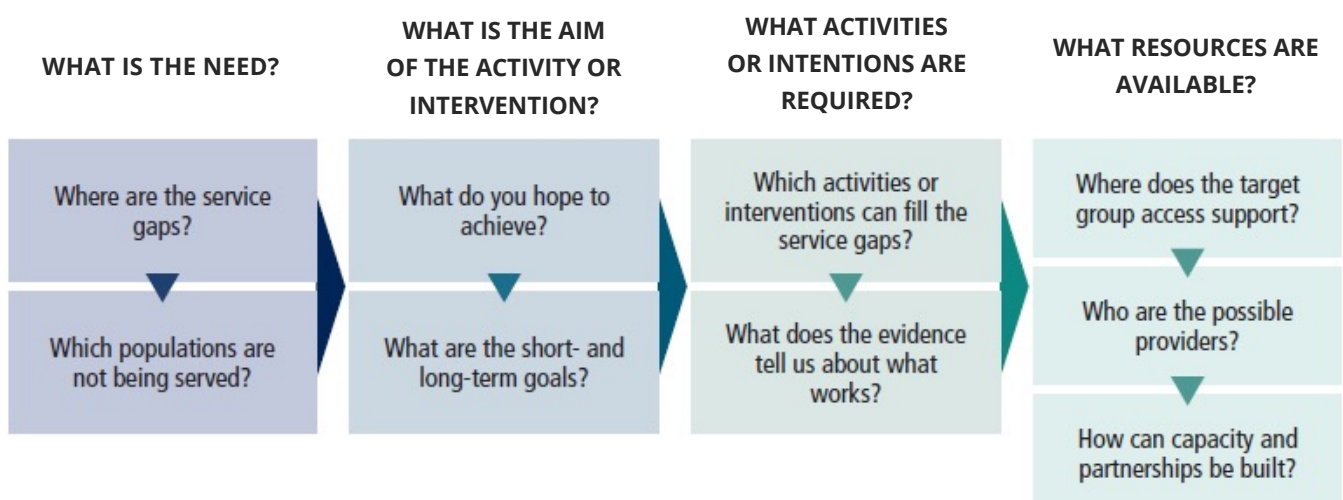


Figure: Community mental health services framework
- WHO Community mhGAP Toolkit

NOTE

This framework can be used to help make decisions regarding the types of activities and interventions that are appropriate for the community, depending on the local context and needs, service gaps and available resources.

- The trainer adds: *An important part of planning and developing services in your community is first to understand what services are currently available in terms of general health, mental health and social services, including vocational, educational, and housing support services. Service mapping is best done by taking a broad approach since there may be many sectors and providers involved in services that can benefit people with mental health conditions. It is important to capture all of this activity, so that you can share information and pathways for referral in your community. The mapping of current service provision will help you to identify where the gaps are and to plan strategically for developing further services.*
- The trainer divides the participants into 2 groups and asks them to think about an intervention that aims at reducing adolescent substance use.
- Groups practice the exercise with using the community mental health services framework.
- The trainer calls on at least two people to volunteer to present their group's work. They describe their filled-out templates.
- Feedback questions from the trainer:
 - What was the aim of your intervention and activities – what do you hope to achieve. What were your short- and long-term goals?
 - Can you tell us briefly about 2 activities or interventions that you felt would be suitable given the needs and resources you had and the aim you had developed? For more information, see p.12 from the WHO mhGAP Community Toolkit.

NOTE

If time allows, it is also recommended that the trainer introduce the Community-based MHPSS Activity Planning Tool from the RCRC Movement MHPSS Hub. This tool (see Annex 2) is a general resource that can be used by staff and volunteers to collaboratively plan mental health care activities with the community. As a trainer, you should emphasize that this tool should be adapted as needed for any context. It may also be used as a standardized form for staff and volunteers to complete. Ultimately, it is up to the trainer to decide which tool is most appropriate and practical to use in this part of the training, depending on the participants' needs and the local context.

6. CROSS-SECTORAL COLLABORATION

Activity: Role play

Instructions:

1. The trainer starts this section by saying: *Another important activity is to do is cross-sectoral collaboration. Partnerships and collaboration are important as you undertake planning of mental health services in your community. It is important to bring people and organizations from all sectors together. This helps to increase the quality, appropriateness and reach of mental health activities and interventions. This includes involving health, social welfare, education as well as people with mental health conditions and their carers and families, in the development, delivery and improvement of activities and interventions.*

2. Role play in groups of 3:
 - Player 1: Senior manager
 - Player 2: Community health worker/ volunteer
 - Participant 3 observes and takes note for feedback after the role play
 - Scenario: Players 1 and 2 are in a meeting and player 2 tries to convince the senior manager (player 1) about the importance of cross-sectoral collaboration
 - The role play will go over 3 rounds so each participant gets a chance to role play the community health worker/ volunteer
 - Each role play should run about 10 minutes
 - Participant 3 gives his/her feedback after each round.

3. Trainer ends the exercise with explaining that:

Cross-sectoral collaboration can be helpful in a number of ways:

 - Promoting mental health in the community: When multiple groups are working together, this can reduce social and economic risk factors for mental health conditions and can promote mental health in the community
 - Raising awareness among different sectors about the important role that sectors can play to have a positive impact on mental health
 - Holistic support meaning that cross-sectoral collaboration and communication is helpful at the individual level by working more efficiently and effectively to support all aspects of a person's life that may be important for their mental health
 - Spreading expertise so that community providers across various sectors feel more confident in identifying mental health conditions and supporting people with appropriate services and referrals.

When possible, it is encouraged to set up regular community networking meetings to bring together different community stakeholders. Cross-sectoral networking meetings can be used to do the following:

- Share information regarding services provided and activities conducted by different sectors
- Share information between sectors on how to access their services
- Develop clear referral pathways between sectors
- Provide education and skills training regarding specialist knowledge areas
- Map services, identify gaps in services, and address these gaps jointly
- Collaborate on cross-sectoral activities to promote mental health, prevent mental health conditions and support people living with mental health conditions

NOTE

When possible, it is advised to coordinate efforts and organize meetings for community providers involved in the care of an individual – if the person of concern agrees: Strategies that community providers can use to improve communication and coordination when supporting an individual include :

- Ask the people you are working with whether they see other community providers from other sectors. If they do, and if they give you permission, speak with the other provider to find out if there are ways you can work more efficiently and more effectively together.
- Ask questions about all part of a person’s life that might be impacted by their situation - including their physical and mental health, their employment or financial situation, their housing and their social supports. For example, if you are working with someone to help them find employment, and in the process of working with them you become concerned they may have a mental health condition that is affecting their motivation to look for work, you can support them in accessing services for further assessment and care.
- Find out as much as you can about the services available in your community and how you can refer individuals to them. See Annex 3: Community Meeting Guide from the RCRC Movement MHPSS Hub which provides practical steps on how to engage with a group of community members to identify needs, interests, and relevant community-based mental health care activities.

Community mental health services framework – Questions (continued)

Question	Please complete
<p>Choose one of the needs you describe above. What are your aims in addressing this need? What do you hope to achieve? List your short-term and long-term goals.</p>	<p>I hope to achieve:</p> <div style="border: 1px solid #ccc; height: 100px; margin-bottom: 10px;"></div> <p>Short-term goals:</p> <div style="border: 1px solid #ccc; height: 100px; margin-bottom: 10px;"></div> <p>Long-term goals:</p> <div style="border: 1px solid #ccc; height: 100px;"></div>
<p>What activities or interventions are required in order to achieve your goals?</p>	<p>The activities or interventions required include the following:</p> <div style="border: 1px solid #ccc; height: 100px;"></div>

Question	Please complete
<p>What resources are available to help you carry out these activities or interventions? Where can these activities or interventions take place? Who are the possible providers? Who are you able to partner with?</p>	<p>Resources available to carry out the activities or interventions:</p> <div style="border: 1px solid #ccc; height: 100px;"></div>

Settings where the activities or interventions can take place:

Providers who can carry out the activities or interventions:

Who I can partner with:

Practice exercise: Service mapping

Complete the table below as a service mapping exercise. You can work with others in your community to help fill in different sections of the table. Some examples are included below.

Services available in my community

Health services				
Type of service	Location of services	Who these services are for?	Contact person	Any notes or comments
<i>Mobile health clinics</i>	<i>Mobile, throughout community</i>	<i>All people</i>	<i>Name, phone number and email of clinic director</i>	<i>Contact clinic director for referrals</i>
<i>School health programme</i>	<i>Primary school</i>	<i>Primary school students</i>	<i>Name, phone number and email of school nurse or counsellor</i>	<i>Contact school nurse for referrals</i>

Health services				
Type of service	Location of services	Who these services are for?	Contact person	Any notes or comments

Services available in my community

Social welfare services				
Type of service	Location of services	Who these services are for?	Contact person	Any notes or comments
<i>Housing support agency</i>	<i>Agency's address</i>	<i>People with unstable or no housing</i>	<i>Name, phone number and email of agency worker</i>	<i>Contact agency worker to get on waiting list</i>
<i>Employment placement agency</i>	<i>Agency's address</i>	<i>People searching for employment</i>	<i>Name, phone number and email of agency worker</i>	<i>Contact agency worker for employment</i>

You can find more tools for situation analysis in the mhGAP Operations Manual – p.76 to p.83
 9789241514811-eng.pdf






CHAPTER FIVE: HOW TO TALK ABOUT MENTAL HEALTH IN THE COMMUNITY

1. INTRODUCTION TO THE 5 MODULES OF THE WHO'S COMMUNITY MHGAP TOOLKIT

Activity: Open discussion

Instructions:

1. The trainer starts the session with a recap of the spectrum of activities summary that can be implemented in the community platform.
2. The trainer shows the image below and says that for the coming days they will learn together how to plan and implement each module.

Module 1 How to talk about mental health	Module 2 How to promote mental health and prevent mental health conditions	Module 3 How to provide support for people with mental health conditions	Module 4 How to promote recovery and rehabilitation for people with mental health conditions	Module 5 Additional considerations when working in the community
				
<ul style="list-style-type: none"> 1.1 How to talk about mental health in your community 1.2 Reduction of stigma, discrimination and social exclusion 1.3 How to involve people with mental health conditions and their families when planning activities in your community 	<ul style="list-style-type: none"> 2.1 Healthy lifestyles 2.2 Life skills 2.3 Strengthening caregiving skills 2.4 Suicide prevention 2.5 Substance use prevention 2.6 Self-care for community providers 	<ul style="list-style-type: none"> 3.1 Promoting human rights 3.2 Identifying mental health conditions 3.3 Engaging and relationship-building 3.4 Providing psychological interventions 3.5 Referring for more care and services 3.6 Supporting carers and families 	<ul style="list-style-type: none"> 4.1 Community follow-up 4.2 Vocational, educational and housing support 4.3 Social recovery and connectedness 4.4 Self-management and peer support 	<ul style="list-style-type: none"> 5.1 Working with people with co-morbid physical and mental health conditions 5.2 Working with children and adolescents 5.3 Working with pregnant women or those who have recently given birth 5.4 Working with older persons 5.5 Working in emergencies and conflict settings

2. HOW TO TALK ABOUT MENTAL HEALTH IN THE COMMUNITY

Activity: Awareness raising demonstration on mental health

Instructions:

1. Trainer explains that this module covers how to talk about mental health in the community:
 - How to talk about mental health generally and how to plan educational activities
 - How to reduce stigma, discrimination, and social exclusion
 - How to involve people with mental health conditions and their carers or families when planning educational or other activities in the community.
2. The trainer divides the participants into 2 groups. Each group is given a scenario to discuss. They are told that they should prepare a presentation on awareness raising based on this scenario to present to the whole group in a plenary session.

Group 1: Informal awareness raising discussion Scenario: You are in a café with your neighbours and they are talking about someone with a mental health condition in a very unkind way. You intervene and encourage a more empathetic and non-judgmental attitude. What should you say to raise awareness about mental health in an informal way?

Group 2: Formal awareness raising session. Scenario: You are invited to a local radio station to take part in a mental health campaign. What should you say to raise awareness of mental health and mental health conditions in a formal way? Who can you partner with to contribute to the mental health campaign?

3. The trainer provides the following information (as reminders):
 - Awareness raising on mental health is a process that seeks to inform and educate individuals, families, and communities on different topics linked to the subject of mental health. The objective of awareness raising is to influence attitudes, behaviours and beliefs towards the achievement of a defined purpose which is the CHANGE
 - It is important to talk about mental health because:
 - People have limited information and knowledge about mental health in general and mental health conditions specifically.
 - There are lots of myths and misconceptions about mental health that lead to stigma and exclusion of people with mental health conditions.
 - A good community awareness of mental health increases the chance of early detection and hopefully treatment and support for people living with a mental health condition.
 - Stigma and misconceptions about mental health means people are reluctant to seek support and treatment and tend to isolate themselves.
 - Knowledge and awareness on mental health is likely to help people to feel safer, happier, cared, supported and more dignified.

4. Each group demonstrates in plenary their awareness raising session. Participants need to include these elements in their demonstration session.

The presentations should include consideration of:

- What is mental health?
- How to promote positive mental health and prevent mental health conditions.
- Informing about different mental health conditions and identifying different mental health conditions.
- How to support people with mental health conditions, including self-help strategies
- Knowing when and how to refer someone to other supports, whether peer support, health or social welfare services.

5. The trainer talks about who we can partner with:

- Consider working with others in the community while planning an awareness-raising activity. This helps to share the workload and keep motivated.
- Partner with a friend, local teacher, faith group leader, health-care worker or other interested and engaged community member.
- Partner with people with mental health conditions and their families. If they feel comfortable doing so, people with mental health conditions and their families can contribute greatly to community education by recounting their own experiences.

Activity: How to reach members of your community?

Instructions:

1. The trainer asks the whole group the following question for discussion: *How can you reach members of your community to teach them about mental health?*

2. The trainer writes the answers in a flipchart and ensures the following are covered:

- **Workshops:** Planning interactive workshops which can be delivered in schools, community centres, workplaces, etc.
- **Community forums:** Organizing community meetings where anyone interested in the community can gather. Consider inviting people with mental health conditions and their families to share their experiences, if they feel comfortable.
- **Flyers:** Developing flyers or fact-sheets with information about mental health and distributing them in schools, community centres, workplaces, etc.
- **Radio advertisements or campaigns:** Working with local radio stations to plan short advertisements or campaigns about mental health.
- **Newspaper or magazine advertisements:** Working with a local newspaper or magazine to dedicate a page to a mental health campaign.

CHAPTER SIX:

REDUCTION OF STIGMA, DISCRIMINATION AND SOCIAL EXCLUSION

1. QUESTIONING OUR OWN REPRESENTATIONS OF MENTAL HEALTH

Activity: Drawing

Instructions:

1. The trainer distributes to each trainee a blank sheet of A4 paper and asks them to fold the paper in half (along the landscape side, creating 2 x A5 sides).
2. The trainer asks participants to draw on the first part of the paper a picture of a person they know in their community (without naming or identifying them) who is experiencing a mental health condition. Participants must consider how that person appears, what might be some words to describe their feelings, life, and situation, etc.
3. Next, the trainer asks participants to draw a picture of what this same person looks like when they are mentally and emotionally well. Participants must consider if their appearance changes, etc.
4. The trainer asks a few people in the group to describe their drawings.
5. The trainer notes and reflects on the discussions:
 - Any common patterns observed in the drawings?
 - Any interesting gender differences in how women and men might appear to experience mental health problems?
 - How might culture influence the ways people are viewed as being mentally unwell and mentally healthy?
6. Trainers says: *Through this drawing exercise we are talking about stigma and negative stereotype.*

7. Trainers gives the definition of stigma that is a *mark of shame, disgrace or disapproval, which results in an individual being shunned or rejected by others.*⁵

8. Trainer stresses that:

- Stigma causes discrimination and exclusion of individuals with mental health conditions. In many contexts, a person living with a mental health condition is wrongly perceived as weak, 'mad' and inferior.
- Stigma causes isolation and exclusion of individuals from their communities or families.
- Stigma around mental health is a major cause of discrimination and exclusion and prevents individuals from seeking help, often causing their condition to worsen. Therefore, it is important to educate people and their family members about mental health and sensitize them on how stigma affects people's self-esteem and psychosocial wellbeing. Stigma, discrimination and exclusion disturb family relationships and limits the ability of people with mental conditions to socialize.
- Stigma is a negative stereotype or perception that can lead someone to unfairly judge another person and falsely attribute negative characteristics to them.
- Mental health conditions are often stigmatized, and people with these conditions are sometimes made to feel that their experience is somehow their fault. Stigma can lead to prejudice (negative attitudes) and discrimination (negative behaviour) towards people with mental health conditions and their loved ones. These negative processes often contribute to multiple forms of social exclusion and even the loss of rights.

2. MOST COMMON IDEAS ABOUT MENTAL HEALTH CONDITIONS

Activity: Quiz

Instructions:

- The trainer explains that stigma is usually the result of a lack of information about mental health conditions or misinformation and some of the most common false ideas about mental health conditions are harmful.
- The trainer presents a 'quiz' about the most common ideas about mental health conditions participants are required to run to a cross in the centre of the room in the answer is **FALSE** and to stay in their chairs if the answer to the question is **TRUE**.
- The trainer reads out the questions:
 - People living with mental health conditions are violent or have no self-control? **FALSE**
 - Having a mental health condition is somehow the person's fault? **FALSE**
 - People living with mental health conditions have the same rights to be treated with respect and dignity as anyone else. **TRUE**

⁴ From the World Health Organization

- People living with mental health conditions are difficult or incapable of making decisions? **FALSE**
- People living with mental health conditions are afraid of being found out as mental health conditions may be perceived as untreatable, dangerous and shameful. **TRUE**
- Mental health conditions are untreatable? **FALSE**
- Mental health conditions are caused by supernatural powers or a curse? **FALSE**
- People living with mental health conditions often suffer in silence and do not seek support. **TRUE**
- You should not talk to a person with depression because it will make you depressed? **FALSE**
- You should not ask a person if they are suicidal as this may trigger self-harm or suicide attempts? **FALSE**
- It is important to encourage individuals with mental health conditions to seek support, protect their human rights, accept that they have the right to give permission or deny referral, treatment or follow up. **TRUE**

3. STIGMA TOWARDS PEOPLE WITH MENTAL HEALTH CONDITIONS AND POTENTIAL CONSEQUENCES OF STIGMA AND DISCRIMINATION

Activity: Power Walk

Instructions:

1. The trainer gives each of the participants a profile. These should include descriptions such as wealthy male, politician, businesswoman, adolescent, single mother, person living with epilepsy, a 17-year-old woman just given birth, had a psychotic episode, child with developmental disability, female doctor, man with dementia, male adult teacher living with depression, etc.

2. The trainer asks the participants to stand in a line facing the same direction and reads out statements a list of statements such as "I completed a university education". If the participants answer YES to the question they take a step forward. Others stay where they are.

3. The trainer asks 10 such questions, e.g. I can access medical help when I need it, I can walk alone at night without feeling afraid, and so on and the line will spread out with some more in front than others. This activity is a visual and interactive way of showing discrimination and its consequences in terms of life opportunities and access to services.

To follow up on this exercise the trainer can ask participants to take 10 minutes to write down:

- In general, what behaviours or challenges may a person living with a mental health condition face in your community?

- What are the potential consequences of stigma and discrimination towards people living with a mental health condition?

4. The trainers does a round table and writes the answers in the flipchart

5. The trainer goes through the answers and makes sure the following are covered:

EXAMPLES OF STIGMA AND DISCRIMINATION	POTENTIAL CONSEQUENCES OF STIGMA AND DISCRIMINATION
<ul style="list-style-type: none"> • Being rejected by peers, friends, employers and even family members • Being denied equal participation in family life, community life or access to employment • Being denied access to services, health care or social supports • Experiencing poorer quality care at all levels (e.g. health-care workers may respond less quickly or take physical symptoms less seriously, which can lead to failure in identification and management of physical health conditions). 	<ul style="list-style-type: none"> • Not sharing their concerns with others and hesitating to seek help • Feeling unsafe about seeking help, even within the health-care system • Feeling ashamed, embarrassed, or overly critical of themselves • Having low self-confidence and doubting their abilities • Self-isolation and avoiding social activities or work because of fear of how others may react and judge them

Activity: Poster on actions to combat stigma towards mental health conditions

Instructions:

1. The trainer shows some campaigns on mental health with specific actions to combat and reduce stigma, discrimination, and exclusion of people with mental health conditions:
 - It is Okay to not be Okay from Australia and New Zealand Campaigns | All Right?
 - United for Global Mental Health
 - Home - Born This Way Foundation
2. Participants are put into groups of 4 and asked to design a campaign to combat stigma and discrimination around mental health.
3. Trainer makes sure some of the followings are mentioned:
 - Correcting myths, misconceptions and prejudice and replacing them with correct information
 - Changing negative attitudes about mental health conditions

CHAPTER SEVEN:

INVOLVING PEOPLE WITH MENTAL HEALTH CONDITIONS AND THEIR FAMILIES WHEN PLANNING ACTIVITIES IN THE COMMUNITY

1. WAYS PEOPLE WITH MENTAL HEALTH CONDITIONS AND THEIR FAMILIES CAN SUPPORT COMMUNITY MENTAL HEALTH ACTIVITIES

Activity: Scenario and gallery walk

Instructions:

1. The trainer starts this session by saying that for far too long and in too many places, people living with mental health conditions have been excluded from the planning and the decision-making regarding their treatment, care and support. Community-based mental health activities are planned with and include people living with mental health conditions and their families and/or carers. The reasons for this are listed below:
 - People living with mental health conditions can provide feedback about their experiences in accessing and participation in a certain programme or activity
 - People living with mental health conditions have valuable insights and experiences that can help to shape and improve mental health activities in the community
 - It can be an effective way to combat stigma and change attitudes towards mental health in the community
 - It is the best way to make sure that the mental health-oriented activity meets the needs of the people.
2. Trainer reads the following scenario: *You are in charge to design a new project for your community with a special focus on community-based mental health activities. You have been asked by your manager to involve people living with mental health conditions and their families from the planning phase (as requested by the donor). What are the actions you can do to involve these people from the planning and design phase of your project?*

3. In groups of 4, participants discuss how to involve people with mental health conditions and their families when planning community-based mental health activities. Each group records their ideas in a poster to be displayed to the larger group.
4. The posters are displayed on the walls and participants make a 'gallery walk' to look at all the posters.
5. Each group presents their work. The trainer facilitates the presentations and ensures that the following ideas are covered:
 - Inviting people with mental health conditions and/or their families to join planning meetings to discuss and exchange ideas about activities in the community.
 - Conducting assessments, interviews or focus group discussions within the community to find out the needs of people living with mental health conditions.
 - Inviting people living with mental health conditions and/or their families to be involved in, or to lead the activities.
 - Asking for feedback from people living with mental health conditions and/or their families for any activities that you plan (via forms, surveys, advisory groups or informal discussions), and to use their feedback to improve these activities.
 - Involving people living with mental health conditions and their families in peer social support groups.
 - Inviting people living with mental health conditions to share with others about their own experience of illness, treatment and recovery.

2. PRACTICAL EXERCISE ON HOW TO INVOLVE PEOPLE WITH MENTAL HEALTH CONDITIONS AND THEIR FAMILIES

Activity: Checklist

Instructions: Participants need to fill in this checklist in pairs

If you were to provide information about mental health informally in your community, where could this happen?

Think about your daily routine. Brainstorm places where you can meet socially with colleagues, friends, family or other people and talk about mental health.

List three actions you can take to combat stigma in your community.

If you were to plan a workshop, where would you be able to do it? (Check all that apply)

- Schools
- Community centres
- Places of worship
- Libraries
- Women's centres
- Child- and youth-friendly spaces
- Workplaces
- Mother-baby spaces

If you were to plan one formal educational activity, what method will you choose? (Check all that apply)

- Interactive workshop
- Community forum
- Flyers or factsheets
- Radio advertisement
- Newspaper or magazine advertisement

If you were to print flyers or fact sheets, where would you be able to place them?

- Health centres
- Places of worship
- Schools
- Libraries
- Community centres
- Marketplaces

If you were to plan a formal educational activity, what are one or two topics that you would want to focus on?

CHAPTER EIGHT:

HOW TO PROMOTE MENTAL

HEALTH AND PREVENT MENTAL

HEALTH CONDITIONS

1. HEALTHY LIFESTYLES

Activity: Planning and demonstrating an awareness raising session

Instructions:

1. The trainer starts the session by saying: *Now we will learn how to promote mental health by living a healthy lifestyle.*
2. The trainer asks the participants to link this back to the well-being flower from day 1 and asks them: *Which petals are important and what aspects of each petal are important for a healthy lifestyle?*
 - Regular exercise
 - Good-quality sleep
 - Nutritious diet
 - Social connections and
 - Stable environment and caregivers
3. Participants brainstorm on ways to promote a healthy lifestyle and to support people to make healthier choices that can have a positive impact on individuals, families and the whole community. These can include:
 - Raising awareness informally with friends, family and colleagues.
 - Public awareness campaigns to target the general public.
 - Programmes can be designed to promote behaviour and culture change in settings such as clinics, schools, workplaces, libraries, places of worship, women's centres, youth centres, or other community centres. Such programmes can focus on healthy choices in general or may be specific to one activity such as doing more exercise, staying away from electronic devices before bedtime or reducing alcohol consumption.

4. Participants are divided in 5 groups. Each group should plan, design and demonstrate an awareness raising session using one example of a healthy lifestyle. Participants are welcome to be as creative as they like:
- Group 1: Informal session with friends about the importance of physical activities.
 - Group 2: Awareness raising session with primary health care staff about the importance of a healthy diet.
 - Group 3: Awareness raising session with a group of persons living with a mental health condition on the importance of good-quality sleep.
 - Group 4: Awareness raising session with community leaders on the importance of social connections.
 - Group 5: Awareness raising session on healthy coping when faced with stress with Managers from their National Society on.
5. The trainer distributes the following checklist to the participants on how to plan and conduct an awareness raising session.

What process should be followed to plan and conduct an awareness raising session?

Successful awareness raising sessions depend on your knowledge on a specific topic, presentation skills as well as your preparation.

1. Before

- Identify the target audience.
- Decide on a date and time when you will facilitate the session with the target group and add it to the plan of activities.
- Check with the community if they would prefer a facilitator of a specific gender.
- Identify a suitable location with enough space for people to be seated.
- There should be accessible toilets nearby and water/ refreshments.
- Read the material on the topic and plan how to present it within the time frame.
- Make sure you understand the content and can explain it simply and clearly to the target group.
- Invite community volunteers to support you and start to build their capacity on how to conduct awareness raising sessions within their communities.
- Purchase any material you may need for the session, e.g. markers and flipchart paper, trash bags, water, and cups.

- Always arrive ahead of time to ensure that the space you are using is available, clean, safe and accessible for your target group.
- If you have community volunteers helping you, make sure they are clear about their roles and responsibilities.
- Be ready and present before the session begins. Set up the space so that you can sit down and maintain eye contact with everyone. Ideally, you should sit together with the participants in a circle and only stand up if you need to use a flipchart or demonstrate an activity.

2. During

- Welcome the participants, introduce yourself and the community volunteers.
- Explain the purpose and duration of the session.
- Avoid using a lecturing tone and body pose. Remember, you can also learn from the group.
- Ensure that everyone is listened to and gets an opportunity to speak if they wish to.
- Keep the discussion focused on the main topic, but also allow room for people to raise or address other issues if you can see this is of interest to the group.
- Encourage participants to share their experience and how they have managed to deal with the topic.
- Repeat and ensure that key messages are well conveyed to the participants.
- If someone needs to be referred to the basic services or specialised services, follow the procedure for referrals.
- End the session by asking for feedback from the participants. What went well during the session? What could be done differently next time?
- Agree on a time and place for the next session.
- Encourage participants to clean up the space together with you.

3. After

- Write down a summary of the awareness raising/psychoeducation session in a report.

6. The trainer encourages participants to read about the five recommended healthy lifestyles in the Community mhGAP Toolkit p.38 to 42.

NOTE

It is important to keep in mind that change is hard and takes time. It is best to start with small goals and change only one thing at a time. Trying to change everything at once can be overwhelming. Here are some tips that may make it easier to support people as they consider lifestyle changes:

- First, the decision to make any sort of lifestyle change has to be made by the person themselves. You can offer advice and suggestions, but you cannot force anyone to do anything.
- It is a lot easier for people to make changes in their lives if they feel trusted and supported rather than judged or pushed.
- If the person is interested in making a lifestyle change, it is best to start small, set small achievable goals and then, over time, help the person to build up larger goals.
- Support the person to make a plan with a specific goal in mind and to come up with detailed steps for achieving goals. This plan should also identify any possible challenges or barriers, plus strategies to overcome these (e.g. if a person sets as a goal to stop eating junk food but knows they are really likely to eat it if it is around, help them make a plan to keep junk food out of their home).
- Making changes can be hard to do if the person is living in a difficult situation. Encourage and reassure them that even small changes, where possible, can make a difference.
- Suggest that the person involves a friend or colleague in their plan, so that they have extra support and motivation and feel they are kept accountable to someone who cares about them.

WHO mhGAP Community Toolkit - p.32, box 3

2. LIFE SKILLS

Activity: Plenary discussion

Instructions:

1. The trainer asks participants to define life skills and writes key words and brief phrases on a flipchart.
2. The trainer sums up the participants' ideas by stating:
 - *The 1989 Convention on the Rights of the Child (CRC) linked life skills to education, stating that education should be directed towards the development of the child's fullest potential. The 1990 Declaration on Education for All (EFA) included life skills among the essential learning tools for survival, capacity development and quality life.*
 - *Life skills are psychosocial competencies and abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday*

life. Life skills are vital to psychosocial recovery after a crisis event and are closely linked to the concepts of behavioural change, psychosocial well-being and resilience⁶.

- Life skills can be grouped into three main categories: cognitive, personal and interpersonal. All three groups of skills can help individuals cope with life and its changes. These categories are interrelated and influence one another. Feelings will influence how a person thinks, and how they think will also influence how they feel or act. A person can choose to manage feelings by altering the way they think about themselves, about others or the environment. Interpersonal skills are also influenced by how individuals think, and vice versa.
 - Life skills support behavioural change, psychosocial well-being and resilience in 3 main areas:
 - The skills of knowing and living with oneself (self -awareness)
 - The skills of knowing and living with others (interpersonal skills)
 - The skills of making effective decisions (thinking skills)
 - Each of these areas are “transferable skills” that can be applied, directly or indirectly, to a diverse array of daily challenges and life experiences.
 - During emergencies, life skills can assist the recovery process after a crisis event and mass trauma. Life skills programmes have been very successful. Life skills are a set of skills that can help people better understand themselves, get along with others, and gain tools to cope with life’s inevitable difficulties.
 - Life skills programmes should be adapted to make them relevant to the local culture, social norms and community expectations, as well as for the age of people.
3. The trainer cuts up the sentences in the WHO Community mhGAP Toolkit factsheet on p.44 of the toolkit. The sentences are distributed to participants to read out. The trainer sticks them up on a flipchart so everyone can see the full list.

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Life skills are psychosocial competencies and abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life. Life skills are vital to psychosocial recovery after a crisis event and are closely linked to the concepts of behavioural change, psychosocial well-being and resilience⁶.

From Life skills – Life skills for life. IFRC PS centre

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5. From Life skills – Life skills for life. IFRC PS centre

Life skills education can help people do the following in everyday life

- Find new, effective ways of thinking
- Analyse options, make decisions and plan ahead
- Develop a greater sense of self-awareness and higher self-esteem
- Develop appreciation, empathy and compassion for others
- Deal with emotions and cultivate respect, trust and sharing
- Make and keep friendships and relationships
- Clarify one's values, resist peer pressure and assertiveness
- Deal with stress and cope with disappointment
- Learn to work as a team and in a flexible manner
- Build confidence in spoken skills and in group cooperation and collaboration
- Deal with conflicts that are hard to resolve
- Deal with authority and power (e.g. knowing how to show respect to others while also setting appropriate boundaries with them)

Activity: Case scenario on life skill needs assessment

Instructions:

- The trainer reads the case story: *You are a community health volunteer who works at a health facility (health promotion programme for children and adolescents) and you wish to provide life skills training for young people in your community. You are also planning to do a needs assessment to determine what life skills activities are relevant in the given training context.*
- The health facility manager asked you to:
 - *Give some examples of life skills as this topic is new for him*
 - *Justify why you need to do a needs assessment on life skills*
 - *Write some key elements of your life skill needs assessment (taking in consideration the particular needs of the target group).*

- The training participants work in pairs following the buddy system for 30 minutes.
- The trainer ensures that the following answers are covered:
 - **A life skill needs assessment helps in:**
 - Determining the current level of understanding of life skills in the community
 - Identifying sub-groups with special needs for life skills interventions
 - Developing programme objectives rooted in local needs
 - Developing indicators
 - Identifying and selecting the life skills to be strengthened
 - Tailoring life skills activities to selected target groups
 - Providing opportunities to network with community leaders and members.

Key elements in conducting a life skill needs assessment

- Taking culture, norms, values, gender, age, and special needs of people into consideration.
- Engaging community members, leaders and key personnel from the very beginning ensures that the assessment is based on their experience and local knowledge.
- Respect culture: Behaving in a culturally appropriate way is fundamental to a good assessment.
- Mainstream gender: A gender analysis puts girls and boys at the centre of a needs assessment. It is about asking whether and how the situation affects girls and boys of all ages differently.
- Ensure that people with disabilities are included: Loss of social support, for example, and changes in the physical environment are particularly difficult to manage for people with disabilities. Including people with disabilities in the need assessment ensures their needs are recorded and promotes psychosocial well-being. Including specific questions on disability in assessments will flag critical issues.
- Collaborating with other organizations

Activity: Cards and life skills activities

Instructions:

The life skills cards are presented on the next pages. The trainer prepares cards for the activity by writing each life skill in the left hand column on a card. They then copy the sentences from the right hand column onto cards, one for each definition. The trainer distributes the cards among the participants. The group is asked to work together to match the life skill to the definition and order the cards in the correct pairs.

Decision making

Learning effective decision-making skills helps people to better assess their options in life and the effects that different decisions may have.

Critical thinking

Critical thinking can help people respond flexibly and adapt to things that happen to them. Critical thinking, which is related to creative thinking, is the ability to analyse information in an objective way. Critical thinking helps people to assess the factors that influence their own thoughts, feelings and attitudes.

Communication and interpersonal skills

Communicating effectively means being able to express oneself, both verbally and nonverbally, in appropriate and understandable ways. People can learn to think about how they communicate and reflect on their effectiveness.

Self-awareness, identifying help and empathy

Self-awareness includes knowing oneself and understanding one's character, strengths, weaknesses, desires, likes and dislikes. Self-awareness can help people understand their own thoughts, feelings and behaviour. It can also help people identify when they need help and learn how to ask for it. Empathy is the ability to imagine what life is like for another person, even in unfamiliar situations. Empathy can help people understand and accept others.

Assertiveness

Communicating effectively means being able to express oneself, both verbally and nonverbally, in appropriate and understandable ways. People can learn to think about how they communicate and reflect on their effectiveness.

Resilience

Resilience is the ability to recover from stressful situations and to treat them as opportunities to learn or simply as experiences. Coping is the ability to recognize and positively respond to stressful situations or difficult emotions. Coping with difficult emotions means recognizing these emotions in oneself and others, being aware of how emotions can affect behaviour and being able to respond to emotions appropriately.

Stress reduction (or management)

Stress reduction involves recognizing the sources of stress in one's life, understanding what helps control them and responding accordingly. Different stress reduction techniques can be used such as physical exercise, breathing exercises, and asking for help.

Communication and interpersonal skills

Communicating effectively means being able to express oneself, both verbally and nonverbally, in appropriate and understandable ways. People can learn to think about how they communicate and reflect on their effectiveness.

Emotional regulation

Emotional regulation involves learning to control one's emotions, rather than letting emotions control one's behavior or actions.

Problem-solving

Problem-solving skills help people to understand problems, find solutions (alone or with others) and put the solutions into action. Techniques to improve problem-solving include critical and creative thinking in order to view difficulties as opportunities.

All the life skills described above are interconnected. For example, creative thinking may help people be more empathetic. Critical thinking combined with creative thinking may help solve problems. Life skills programmes should recognize this and provide opportunities to reflect on how strengths in one type of life skill can help in another.

Activity: Chairs to sit down - Decision-making skill

Instructions:

1. For this exercise, the trainer set up the room as following:
 - A chair with stones on the seat
 - A chair positioned at the front or focus point of the learning space
 - A chair with a sign that says "Reserved," "Do Not Sit Here," or "Save this Chair"
 - A chair facing a corner or at the edge and facing outside the learning space.
2. The trainer allows participants to enter and sit down as they usually do.
3. The trainer points out how regularly we make decisions, sometimes without giving them much thought.
4. The trainer says: *"We make countless decisions every day, from what to eat to what to wear, and which friends to spend time with. Making decisions is so much a part of our daily lives that, most of the time we don't even realize we have decided on something. In fact, I can imagine that most of you made some decisions as soon as you walked into the room and you weren't even aware that you did. For example, here's a chair with some rocks on it. Why didn't anyone sit here?"*

You may say because it looks uncomfortable or dirty. There are logical reasons that no one would want to sit in a chair with rocks on it. Why didn't anyone want to sit in the chair that's right up front? People may think they don't want to have everyone looking at them. Being the focus of attention might make someone feel uncomfortable so there are emotional reasons for choosing not to sit here. This other chair has a reserved sign on it. Why wouldn't people typically sit there? Because it's being saved for someone else. People tend to respect social rules so this chair represents the social factors involved in making choices and decision.

Lastly, there is a chair facing a corner that no one chose (or if they did, they probably turned it to face the right direction). Why didn't any of you sit there? Maybe you thought that you wanted to see what was going on. I wanted to be a part of the class - I could not do that if the chair was turned away. If you are coming to a training, you probably want to see and participate so this would be a bad choice. It's an illustration of the way we make choices that are in line with our goals, our purpose, and our hopes for the future. So, these are the starting points for many of our decisions - DECISION MAKING is one of the life skills! Some decisions we make using logic -- others with our emotion - sometimes we base a decision on social rules -- and other times our decision is made because we want to achieve a goal, or we have an expectation."

Activity: Fact or fiction? Critical thinking skill

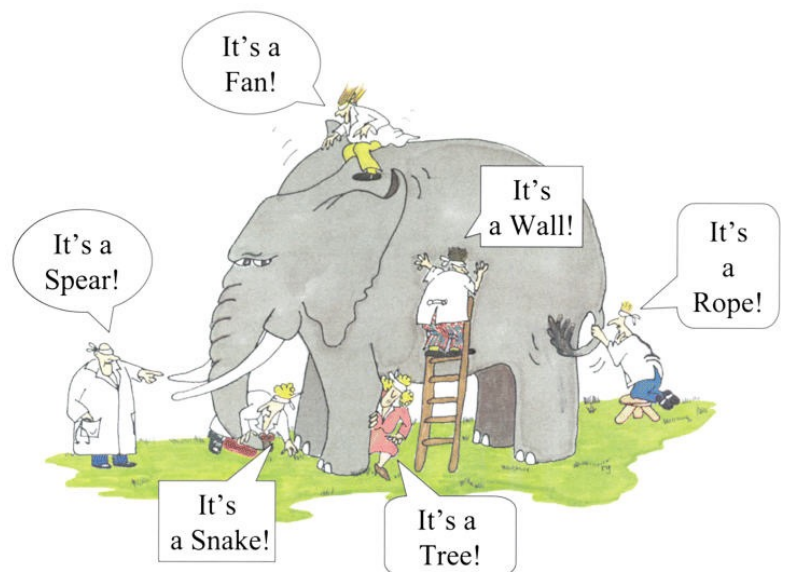
Instructions:

1. The trainer asks: *Can anyone share something that they have heard from friends, read in the news, or seen on TV that did not appear to be true?*
2. The trainer lets the participants discuss with the person seated next to them and then share their responses.
3. After examples are given, the trainer says: *It sounds to me like you knew it was not true because you used something called 'critical thinking. Have you ever heard this term before? What does the term critical thinking mean?*
4. The group discusses the question and the trainer records ideas and key words on a flip chart
5. The trainer explains that critical thinking is the ability to analyse our surroundings and experiences objectively, and question why things are the way they are. In other words, it means that we should not accept the current situation, or information that is handed down to us, uncritically. When we think critically, we evaluate motives, biases, views and values and we decide if we believe the information is correct or incorrect, reliable or rumour, useful or not useful, intelligent or unwise. Critical thinking helps us separate fact from fiction. It is also the ability to see a problem from several different angles and perspectives.

Activity: Story telling: The elephants and the visually impaired men - Problem-solving⁷ skill

Instructions:

The trainer reads this story : An elephant wandered into a village. Six blind men walking together came upon the elephant. For each, it was his first experience with such an animal. The first blind man walked into the elephant's side and said, 'The elephant is like a big wall.' Another man's hands fell upon the tail and declared, 'The elephant is like a rope.' A third blind man encountered the elephant's foot and said, 'You are both wrong. The elephant is like a big tree trunk.' The fourth felt the elephant's ear and said, 'The elephant is like a fan.' The fifth blind man got poked by the end of the elephant's tusk and said, 'You all don't know what



6. From UNICEF Azerbaijan - Basic Life Skills Course - [Basic Life Skills Course Facilitator's Manual.pdf](#) (unicef.org)

you are talking about! The elephant is like a spear.' No,' said the sixth blind man, who had taken hold of the moving trunk and said, 'The elephant is like a snake!' The men stood by the elephant, arguing over who was right until another villager with sight came by and said that each was right, but all were wrong. They were wrong because they believed only what they experienced about the elephant and refused to consider what others felt or experienced.*spear.' No,' said the sixth blind man, who had taken hold of the moving trunk and said, 'The elephant is like a snake!' The men stood by the elephant, arguing over who was right until another villager with sight came by and said that each was right, but all were wrong. They were wrong because they believed only what they experienced about the elephant and refused to consider what others felt or experienced.*

1. The trainer facilitates a discussion, connecting how the story relates to problem-solving
2. Then, asks: What lessons do you learn from this story? How is this story like a situation in your life or a situation where you might see something different to someone else? How can different points of view actually make decision making or solving a problem easier, or result in a better solution?

Activity: Game: Put up your hand, clap your hand - Communication and interpersonal skills

Instructions:

1. *The trainer starts by saying: Communication involves careful listening. Now I am going to give a series of spoken instructions, which you must follow as fast as you can. Put your hand to your nose. Clap your hands. Stand up. Touch your shoulder. Sit down. Stamp your foot. Cross your arms. Put your hand to your mouth. While they are saying this the trainer puts their hand to their ear.*

2. The trainer observes the number of those who copy what is done rather than what is said and gives this feedback to the participants: *Humans are always communicating. With the body, eyes, facial expressions and of course with what we are saying. Communication is important as it helps in expressing feelings and thoughts, sharing information and explaining behaviour. Listening to what other people are trying to say to us is an important interpersonal skill.*

Activity: Guess what emotion - Self-awareness, identifying help and empathy skills

Instructions:

1. The trainer asks the participants to stand up, choose a partner, and stand 50 cm apart. One partner makes a face or bodily shape, the other partner has to guess what emotion this represents. Change roles. Repeat a couple of times.

2. The trainer explains that this game aims to make us realize that they are 2 main ways for emotions to be expressed without verbal language. These are nonverbal body language and facial expressions. It is important to be aware of our feelings and emotions and the ways in which we communicate them. Self-awareness includes knowing oneself and understanding one's character, strengths, weakness, desires, likes and dislikes. Self-awareness can help people understand their own thoughts, feelings and behavior. It helps them also to identify when they need help and learn how to ask for it.

Activity: Recall emotions – Emotional regulation skill

Instructions:

3. The trainer writes on a chart some basic emotions. Below are some examples.

Basic emotions:

- **Fear** : Feeling afraid.
- **Anger**: Feeling angry. A stronger word for anger is rage.
- **Sadness**: Feeling sad. Other words are sorrow, grief which is a stronger feeling often linked to someone who died. Depression, feeling sad for a long time. Some people think depression is a different emotion.
- **Joy**: Feeling happy. Other words are happiness, gladness.
- **Disgust**: Feeling something is wrong or nasty.
- **Trust**: A positive emotion. Admiration is similar and maybe stronger.
- **Anticipation**: In the sense of looking forward positively to something which is going to happen. Expectation is more neutral.
- **Surprise**: An emotion occurring when someone has done something or when something has happened in a way that you did not expect. It can be used either when you do not approve of a situation or when something unexpected and pleasant has happened.

4. The trainer asks participants to pair with their buddies and to recall the different kinds of emotions they have felt in the past week using the list from the flipchart as a guide but adding others.

NOTE

You can draw an emotion table to clearly record people’s emotions. Emotions are listed in a first column and across the page 2 further columns are drawn labelled YES this applies to me and NO it does not apply. Participants complete the columns recording whether the particular emotion applies to them, or not.

	YES this applies to me	NO it does not apply to me
FEAR	<input type="radio"/>	<input type="radio"/>
ANGER	<input type="radio"/>	<input type="radio"/>
SADNESS	<input type="radio"/>	<input type="radio"/>
JOY	<input type="radio"/>	<input type="radio"/>
DISGUST	<input type="radio"/>	<input type="radio"/>
TRUST	<input type="radio"/>	<input type="radio"/>
ANTICIPATION	<input type="radio"/>	<input type="radio"/>
SURPRISE	<input type="radio"/>	<input type="radio"/>

5. The trainer explains that some emotions are difficult to manage and it is therefore important to have good ways for dealing with them. The trainer asks participants to make a personal chart with the names of emotions that they have experienced. They ask participants if there are any emotions on the chart that are difficult to manage, and what suggestions they have for dealing with these emotions.

6. The trainer ends the session by saying that 'Emotional regulation' means recognizing and understanding what we are feeling and which emotions we like and don't like. These are important steps towards better management of our feelings in stressful times.

Follow these links if you want to learn more about life skills:

[Life-Skills.pdf \(pscentre.org\)](#)

[file \(unicef.org\)](#)

Basic Life Skills Course Facilitator's [Manual.pdf \(unicef.org\)](#)

3. STRENGTHENING CAREGIVING SKILLS

Activity: Group discussions

Instructions:

1. The trainer starts the session by saying that according to the WHO, 43% of children younger than five in low and middle-income countries are at high risk of not reaching their developmental potential due to poverty, stunting and disadvantage. Most of these children lack access to care. That is why it is important to strengthen caregiving skills. Caregiving has an important influence on mental health and well-being during childhood and a significant impact on later life.

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Caregiving is important because adequate care can act as a buffer against the consequences of adverse childhood experiences such as poverty and exposure to violence, abuse, neglect or bullying. While these adverse experiences can put children and adolescents at risk for mental health conditions, caregiving can protect them.

WHO – Community mhGAP Toolkit

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2. The trainer divides the group in four small group:

- **Group 1:** To discuss ways caregivers can connect with children by enjoying and sharing daily activities.
- **Group 2:** To discuss ways caregivers can help children to communicate and learn new things.
- **Group 3:** To discuss ways caregivers can help children to show more positive behaviour and less challenging behaviour.
- **Group 4:** To discuss ways caregivers can help children learn skills for everyday living.

3. Each group puts their ideas onto a flip chart and then all participants do a gallery walk to look at the work of other groups. The trainer can add some examples if they are not raised by the groups.

For example:

- Children and adolescents must navigate challenging social and personal situations and certain caregiving skills can act as a major support for them as they develop
- Caregiving can provide protection from harm
- Caregiving is about meeting survival needs and promoting physical and emotional health
- Caregivers need to set and enforce boundaries to ensure the safety of the child or adolescent and others
- Activities which enhance the child's or adolescent's functioning and optimize opportunities for them to achieve their potential developmentally
- Sensitivity and responsiveness to the child's or adolescent's emotions allows them to develop empathy.

Note: Some children and adolescents, including those who have mental health conditions or disabilities, may face additional challenges – including stigma, discrimination and social exclusion, as well as lack of access to health care and education, and violations of their human rights. As a result, caregivers of children or adolescents living with mental health conditions and disabilities may face more difficult tasks in caregiving. At the same time, their caregiving can have a substantial impact on their child's ability to cope with their condition and the stressors they face.

Activity: Buddies discussion on strategies to respond to a child's behaviour

Instructions:

4. The trainer asks the participants: *What strategies do community providers need to encourage caregivers to use in order to respond to a child's behaviour?*

5. Buddies discuss for 15 minutes. The trainer writes the answers on the flipchart. The trainer must ensure that the following examples are included:

- Spend time with your children doing enjoyable activities and playing
- Communicate with and listen to children

- Show understanding and respect for children
- Ask children about their feelings, thoughts and behaviours, and ask questions in a way that allows them to feel safe and learn more about themselves
- Protect children from any form of maltreatment, bullying and exposure to violence
- Anticipate major life changes, such as starting school, the birth of a sibling, puberty and provide support as needed
- Look after yourself. Caregivers need to take care of their physical and mental health so that they can adequately provide care to others
- Give loving attention and be warm
- Provide opportunities for children to talk with you
- Be consistent about what children are and are not allowed to do
- Give clear simple and short instructions about what children should or should not do
- Give children simple daily household tasks or activities to do
- Praise or reward children when you notice good behaviour
- Find ways to avoid severe confrontations, be firm but kind
- Do not use threats or physical punishment and never physically abuse children. Using physical punishment sends the message that physical violence is OK. It is never OK.

Some of the strategies outlined above can help caregivers build children's confidence and self-esteem.

Activity: Providing warmth

Instructions:

6. The trainer explains that they will learn why providing warmth is an important ingredient to responding to children's needs. Warmth encourages short-term cooperation and teaches them long-term values.

Warmth is about:

- Emotional security
- Verbal and physical affection
- Respect for the child's need
- Empathy with the child's feeling

The trainer asks participants to take an A4 piece of paper and list 5 ways to give warmth to children.

Note: If time allows, trainer can do this exercise.

To understand why structure is such an important part of discipline, imagine again that you are starting to learn a new language.

1. Will you learn better if your teacher
 - Shows you how to spell new words and teaches you the rules of spelling, or
 - Expects you to figure out how to spell the words and punishes you when you make mistakes?

2. Will you want to learn more if your teacher:
 - Recognizes and appreciates your attempts, even if they're not perfect, or
 - Threatens to punish you if you make mistakes?

3. Will you learn better if your teacher:
 - Gives you the information you need to succeed on a test, or
 - Doesn't give you the information you need and then gets angry when you fail the test?

4. Will you want to please a teacher who
 - Talks your mistakes over with you and shows you how to improve next time, or
 - Hits you when you make mistakes?

5. Will you want to learn more languages if your teacher:
 - Gives you tips, advice and encouragement to try, or
 - Tells you that you'll never be able to learn?

6. Will you want to tell your teacher when you're having problems if you expect:
 - He will try to understand why you are having difficulties and help you find a new approach, or
 - He will get angry and punish you?

If you want to learn more about caregiving skills, you can read: [Positive Discipline in Everyday Parenting PDEP \(fourth edition\)](#) from Save the Children - [Positive Discipline in Everyday Parenting PDEP \(fourth edition\) | Save the Children's Resource Centre](#)

Some examples of warmth:

- Showing children they are loved even when they do something wrong
- Comforting them when they are hurt or afraid
- Listening to them
- Looking at the situation from their point of view
- Praising them
- Supporting them when they are facing challenges
- Showing them that they trust them
- Recognizing their efforts and successes.

4. SUICIDE PREVENTION

Activity: Listing risks and protective factors

Instructions:

1. The trainer starts the session by reminding the participants if, at any point, they feel uncomfortable during this suicide prevention session, they are welcome to leave the room or signal that they are not comfortable. Agree a signal for this with the participants. They can step out of the room or remain present but refrain from participating.

2. The trainer explains that suicide or the act of intentionally ending one's life, is a major tragedy with considerable effects in a community. Every death from suicide affects families, friends and whole communities, with long-lasting effects on the people left behind.

Self-harm is any type of intentional injury to one's own self by cutting or burning their skin and flesh, or poisoning. It should be noted that not all self-harm is a suicidal behaviour, so it is important to explore what the self-harming actions mean with the person affected. The most important distinction between self-harm and suicidal behaviour is the intent to take one's life.

Stigma around self-harm and suicide is common. It occurs at the community level, where people may be stigmatized if they have attempted to commit suicide, lost someone to suicide or someone within their family or wider network has attempted suicide. It happens at a systemic level, for example, in countries where suicide and self-harm are illegal. It also surfaces in relationships within friends and family. Stigma and social taboos may prevent someone from reaching out to access support services and form a barrier for individuals to feel safe in speaking to others about their distress.

3. The trainer draws a table with two columns with the headings of Risk factors and Protective factors and explains that the task of the group is to discuss and list the risk factors for suicide and the protective factors.

4. The trainer makes sure that the answers include those listed below from the IFRC PS Centre - Suicide prevention guide September 2021 *prevention guide September 2021*

RISK FACTORS

- Previous suicide attempts
- Having a family history of suicide
- Being exposed to or influenced by others who have died by suicide
- Psychiatric conditions
- History of abuse and neglect
- Lack of social support and increasing isolation
- High levels of shame, humiliation
- Hopelessness
- Job and financial losses
- Relational or social losses
- Access to lethal means such as pesticides, knife, guns, poison or fire
- Major physical illness, especially with chronic pain
- Impulsivity
- Alcohol and/or substance abuse
- Chronic stress
- Moral Injury
- Stigma associated with help seeking
- Barriers to access health care
- Exposure to suicidal behaviors, including in the media
- Local cluster of suicide in a community
- Being a member of the LGBTQI community
- Belonging to an ethnic minority

PROTECTIVE FACTORS

- Social supports leading to a sense of belonging
- Sense of responsibility towards family
- Having a variety of coping skills
- Possessing problem-solving skills
- Having conflict resolution
- Religious faith or cultural beliefs that discourage suicide
- Activities that give a sense of meaning to life
- Positive self-image
- Help seeking behaviours
- Access to good quality mental and physical health care, including substance use support
- Support from ongoing psychological support
- Employment
- Balanced physical health

Activity: Suicide prevention preparedness checklist

Instructions:

5. The trainer starts the exercise by saying that community providers play an important role in suicide prevention at individual and community levels.

6. Suicide prevention efforts should have two main goals: to reduce factors that increase the risk of suicide and to increase factors that promote resilience and coping. Suicide prevention efforts are more effective when multiple sectors of society work together, including the health sector, education, social welfare, labour, agriculture, business, justice, law, politics and the media.

7. The trainer shows the following video from the UNICEF: *On My Mind: One Question Can Change Everything* - <https://youtu.be/RFu1aFtuboA> and asks participants to reflect on:

- **Mapping of available resources:**
 - It is essential to map available resources for suicide prevention and response within the community as early as possible.
 - Engage community members and leaders, as well as existing coordination mechanisms such as sector specific clusters and technical working groups, to find out what is available and to establish the safety of those referral sources.
 - A rapid assessment of inpatient psychiatric services should be conducted early on to avoid referring to centres with serious quality or rights concerns.
- **Ensuring safe and functioning referral pathways:**
 - In situations where there are safe and available referral options, response coordinators should test the referral pathways to ensure that they are functioning and agreeing ways of working, including standard operating procedures.
 - Referral pathways should include the following: Basic needs: food, shelter, cash assistance; Health care; Social and social welfare services; Protection services; Emergency services.
- **Training community providers on how to respond to those at risk:**
 - Community providers should be trained to identify and respond to those who may have suicidal or self-harm thoughts or behaviours
 - All frontline workers should be trained in Psychological First Aid and Remote Psychological First Aid
 - They should know how to identify someone who is at risk and know how to respond
 - It is imperative that community providers who encounter someone who is at risk have clear guidance on what to do.

What a community provider can do:

At the individual level:

- Recognize acute signs of distress
 - Listen to the person, acknowledge their feelings, enable them to express their concerns and reassure them that you are there to help
 - Accompany the person while they are feeling this way and do not leave them alone
 - Get help from others in the community
 - Support the family members of those who lost someone due to suicide
 - Link the person to community resources
 - Remove access to means of self-harm and suicide (e.g., hide or remove bleach, fertilizer or medication)
 - Stay in regular and frequent touch and check
- 92 how the person is doing

At the community level:

- Awareness raising about suicide risk factors and suicide prevention
- Community forums to talk about stressors in the community and suicide risk
- Life skills training
- Consider talking with media about how best to talk sensitively about suicide

See British Red Cross video on [suicide response](#)

NOTE

Risk assessments and safety planning:

Break the group into pairs and ask them to practice going through a safety plan and risk assessment. There is a suggested script on pages 27-28 in IFRC Suicide preventing during C-19 resource.

Warning signs of suicide:

- Lack of concern for personal welfare
- Disengagement
- Interest in themes of death and violence
- Strong feelings of hopelessness

EMERGENCY:

Evidence of self-injury, intoxication, bleeding, poisoning, loss of consciousness, extreme lethargy.

1. Do NOT leave the person alone
2. Connect to emergency medical treatment and accompany
3. Follow up if possible

IMMINENT:

Current thoughts & plans to attempt suicide, access to means, previous attempts, individual visibly in distress, agitated, not communicating.

1. Do NOT leave the person alone
2. Remove means
3. Create a safe & supportive environment (Hobfoll principles)
4. Create a safety plan
5. Refer if possible
6. Volunteers follow up e.g., through phone call, home visits etc.

AT RISK:

Thoughts of suicide, history of thoughts or plans, a suicide attempt within the past year.

1. Provide a safe & supportive environment (Hobfoll principles)
2. Create a safety plan
3. Volunteers follow up through phone call or home visits
4. Refer if possible

5. SUBSTANCE USE PREVENTION

Activity: Brainstorming and experience sharing

Instructions:

1. The trainer explains that substance use includes both drug and alcohol use and certain conditions including acute intoxication, overdose withdrawal, harmful use, and dependence.
2. The trainer says: Before we start to discuss ways to prevent substance use, we need to understand what substances people use.
3. The trainer asks the participants to brainstorm the most common substances used in their community.
4. The trainer makes a list of the participants' contributions, including local types of alcohol and the most commonly used drugs.
5. Participants reflect on the different ways people use those substances.
6. The trainer asks: – Is substance use common in your society? What are the benefits of substance use? Are there any harms? What is being done by your community/society to address substance use? Do you agree with the approach taken by your society/community?
7. In groups of three, participants are asked to suggest any community preventative actions that can support people with a substance use problem.
8. The trainer ensures that the following ideas are covered:
 - Individual prevention efforts to be supported nationally by policy-level efforts and decisions makers
 - Health-system efforts to address substance use and associated physical health conditions
 - Early childhood education programmes to prevent risky behaviours and support mental health and social inclusion
 - Life skills training to provide opportunities to learn skills that enable people to cope with difficult situations in safe and healthy ways
 - Early detection and support for people living with mental health conditions
 - Community mobilization to prevent substance misuse from developing
 - Support groups
 - Awareness raising and psychoeducation on substance use risks.

6. SELF-CARE FOR COMMUNITY VOLUNTEERS

Activity: Understanding work and personal related stressors

Instructions:

1. The trainer starts by saying that choosing to be a community volunteer helping people in difficult situations may expose us to challenges which can be stressful.
2. The trainer asks the participants to give examples of work-related stressors that community volunteers may be exposed to when providing care and relief to others. The trainer writes down

the answers on a flipchart sheet. Here are some examples to mention if they are not raised by the participants:

- Performing physically difficult, exhausting and sometimes dangerous tasks
- Being expected (or expecting themselves) to work long hours in difficult circumstances
- Becoming increasingly detached from your own family and home life
- Feeling inadequate to deal with the task, or overwhelmed by the needs of the people you are trying to help
- Lacking boundaries between work and rest
- Being a witness to traumatic events – or hearing survivors' stories of trauma and loss
- Supporting people with severe mental health conditions
- Being unprepared to face the frustration and anger of community members or beneficiaries who feel their needs are not being met
- Lack of information-sharing

3. The trainer divides participants into groups and asks each group to answer the following question: *How do work-related stressors affect you on a personal level and on an interpersonal level in terms of interactions with colleagues and family members?*

4. Groups have 10 minutes to discuss this and then the trainer asks them to come back to the circle and share their answers in a plenary session. The trainer listens to and acknowledges the answers and explains that community providers can be affected at different levels:

- **Personal level:** They may be personally affected by a situation or supporting people with mental health conditions, and face moral and ethical dilemmas.
- **Interpersonal level:** They may feel unsupported by their colleagues or supervisors, have difficulty with the dynamics within a team, work with team members who are stressed or burnt out.

5. The trainer closes the activity by reminding participants of the following points:

- If you feel overwhelmed by the situation or your duties, focus for a while on simple and routine tasks. Let peers and supervisors know how you feel and be patient with yourself.
- Remember that some reactions are normal and unavoidable when working in difficult circumstances.
- Talk about your experiences and feelings (even those that seem frightening or strange) with colleagues or a trusted person. Some people would rather take time to be by themselves and reflect instead of talking to others. That is also fine.

- Don't be ashamed or afraid to seek help if you are feeling stressed, sad or unable to handle your duties. Many others may be experiencing similar feelings.
- To remember that you – as a member of your community – deserve just as much care, concern and support as you wish to offer to others. It is important to identify when you may be experiencing stress and then take measures to manage it.
- Focusing on your own health starts with a healthy lifestyle and this means regular exercise, good-quality sleep, a nutritious diet, social connections and practising coping skills to manage moderate - high levels of stress.

6. The trainer says: *Now we are going to practice some calming exercises that can help you to reduce stress.*

Activity: Calming and breathing exercises

Instructions:

7. The trainer explains that breathing happens automatically. The brain regulates our breathing, according to how much oxygen our body needs at any given time. However, breathing can also be controlled and used consciously to gain physiological relaxation. When we feel nervous, scared or angry we tend to take quick, shallow breaths. Taking deep breaths from the stomach rather than breathing from the chest has a calming effect on the mind and body. And when the body is calmed, the brain is, too. We are now going to experiment with two breathing exercises, and then we will reflect over which one was your favourite and how it might need to be adapted.

Breathing exercise 1:

Raise your gaze, let your eyes rest on something pleasant. Breathe calmly through your nose with your mouth closed. You can place your hands on your stomach and feel them being lifted as your chest fills with air. Continue doing this 4-5 times and notice how the body slowly calms down. Better?

Breathing exercise 2:

Put one of your hands flat on your thigh. Start to trace around your hand with the index finger of your other hand as you slowly breath in through your nose all the way to your stomach. While you trace up one finger breath in and then exhale slowly through your mouth whilst you trace down the same finger. Do this for all 5 fingers. Repeat as necessary 4-5 times.

The trainer says: Remember that whenever you feel stressed or you feel restless or anxious, taking deep breaths from the stomach will help calm and relax your body.

CHAPTER NINE :

HOW TO PROVIDE SUPPORT FOR

PEOPLE LIVING WITH MENTAL

HEALTH CONDITIONS

1. PROMOTING HUMAN RIGHTS

Activity: Designing a poster

Instructions:

1. The trainer starts this session by saying that this set of activities and interventions are to provide direct care and support to people living with mental health conditions. In this module, there are a range of different activities including:

- Activities to promote human rights
- Building skills for identifying mental health conditions
- Engaging and relationship-building with people with mental health conditions
- Providing psychological interventions
- Referring for additional care and services
- Supporting carers and families

Human rights violations in the mental health context remain a significant challenge around the world. In many countries, the quality of care in both inpatient and outpatient mental health facilities is poor or even harmful. Treatment is often provided to keep people and their conditions 'under control' rather than to enhance their autonomy and improve their quality of life. Furthermore, the rights of people living with a mental health condition or psychosocial disabilities are frequently compromised in health care settings.⁸

In the past, people living with mental conditions were very often exposed to inhuman living conditions and harmful treatment practices such as being locked up, chained and neglected. Even

⁸ Policy options on mental health – World Health Organization 9789241513296-eng.pdf

though these practices may be less seen today, the human rights of people with mental health conditions continue to be abused in many parts of the world. Many people with a mental health condition continue to be denied their freedom and appropriate health care. Many continue to be locked up, either in prisons or in mental health hospitals, where they may be treated in an inhuman manner. Many spend years in mental health hospitals because their relatives have abandoned them. Some mental health hospitals are poorly staffed and are run almost as prisons, where the aim is not to treat and rehabilitate people living with a mental health condition but to keep them locked away from society. Inhuman practices, such as beating, tying up the person or giving systematic shock therapy, continue to be practiced. The human rights of people living with a mental health condition can also be violated in their own homes.

2. The trainer asks in plenary: *How can the human rights of people with mental health conditions be promoted and protected by community providers?*

- The trainer divides the participants into three groups and indicates that each group will discuss how as community volunteers we can promote and protect the human rights of people living with mental health conditions
- The participants are invited to design a poster with concrete actions towards protecting and promoting human rights of people with mental health condition – Trainer encourages the participant to make a drawings and graphics
- Posters are all displayed on the walls and participants go a 'gallery walk' to look at all the posters. They are asked to reflect on the points below as they do so.

Combating stigma and discrimination, this includes:

- Awareness raising interventions: Mobilize key stakeholders to engage in activities designed to increase the public profile of mental health issues
- Literacy programmes: Usually aim to educate about 'mental health' – signs, symptoms and treatments – but can also provide training on how to implement a rights-based and recovery approach (e.g., WHO QualityRights)
- Advocacy activities: Are aimed at addressing social inequalities that limit the rights of individuals

Recovery-oriented and community-based approaches:

- The recovery approach: *Promotes people's active engagement in their own personal recovery journey. Recovery is about helping people to regain or stay in control of their life, and to have meaning and purpose in life; it is not about 'being cured' or 'being normal again'*⁹
- Policy reform in community-based responses and community-based approaches to mental health include a wide variety of programmes and services designed to provide mental health services in the community. Community mental health programmes are delivered mainly by primary health care services and community providers. Community-based mental health contributes to improved access to services and allows people to maintain family relationships, friendships and employment while receiving treatment.

⁹ World Health Organization - QualityRights, Promoting recovery in mental health and related services, WHO/MSD/MHP/17.10, WHO, Geneva, 2017, p. 15.

Support beyond mental health services

- Given the connection between mental health outcomes and the social determinants of health, rights-based responses to mental health must include support beyond the area of mental health, such as child and family services, education, protection and prevention against violence, community support, housing and social protection.

NOTE

Everyone can play an important role in making sure that the rights of people with mental health conditions are respected, protected and fulfilled.

- Always treat people with respect and dignity, as you would any other person.
- Respect people's rights to make choices for themselves about what kind of help or treatments they need, rather than making decisions for them.
- Focus on what people with mental health conditions can do, i.e. their strengths.
- Ensure that people can access formal or informal supports.
- If a person living with a mental health condition has behaviours or actions that seem challenging, make sure your responses, and the responses of carers, never involve using force, coercion or hurting the person.
- Ask for more help or training if you think you need it.
- If you witness abuse or if you feel people living with mental health conditions are not being treated with respect and dignity, inform the appropriate authorities.
- If someone faces abuse, listen to them and encourage them to report it. If they choose not to report the abuse, always respect their decision. If they decide to report, support them to access complaints mechanisms and/or to get in touch with legal help if they need it.
- Connect the person with peer supports who can provide emotional and practical support for people who have experienced abuse.
- Lack of awareness about mental health conditions and poor access to mental health care can be important drivers of human rights abuses. Provide education to the community.

2. IDENTIFYING MENTAL HEALTH CONDITIONS

Engaging and relationship building Activity: Psychoeducation session

Instructions:

1. The trainer starts the session by saying:

It is important to identify mental health conditions within the community because many people may not have access to mental health services. Even where such services exist, people living with mental health conditions may not feel comfortable using them. Stigma and discrimination are major barriers to seeking help, as is the lack of awareness of mental health conditions generally. Many people mistake common signs of mental health conditions including tiredness, changes in sleep or appetite, or lack of motivation for a sign of something else such as physical illness. When mental health conditions are not recognized, this causes delays in seeking help, furthers the person's distress and may worsen disability over time..
From the WHO's Community mhGAP Toolkit, p.64

2. The trainer asks: *Who remembers the 8 mental health conditions identified by the WHO mhGAP?*

3. The trainer goes through the following list of the most common signs of mental health conditions.

Depression

- Feeling sad, irritable or having excessive worries that will not go away
- Not wanting to do activities that one used to enjoy doing
- Having low energy, feeling tired, problems with appetite and sleep
- Body aches and pains
- Experiencing difficulty with doing usual work or with school, domestic or social activities.

Psychoses

- Hearing or seeing things that are not there
- Unusual behaviour, confused thoughts, an unusual appearance, agitated, shows a marked decrease or increase in activity
- Displaying false beliefs or misinterpretations of reality
- Being unable to work, go to school or socialize because of these problems.

Epilepsy

- Convulsive movements, fits or seizures
- During the convulsion: loss of consciousness or impaired consciousness, stiffness, rigidity, tongue-biting, other physical injury, loss of control of urine or faeces
- After the convulsion, feeling tired, sleepy, confused; may report headaches, muscle aches and weakness.

Child and adolescent mental and behavioural conditions

- Frequent tantrums, wanting to be alone too much, being easily distracted, over- active, repeated disobedience or aggressive behaviour.
- Slower development and learning than other children of the same age or difficulty in everyday activities that are normal for that age.

Dementia

- Steady decline in memory or confusion, e.g. awareness of time, place and person
- Easily upset, more emotional and irritable
- Difficulties in carrying out usual work, domestic or social activities.

Substance use conditions

- Taking alcohol and/or drugs, leading to problems in carrying out usual work, school, domestic or social activities.
- Showing problems that are associated with alcohol and drugs such as vomiting, shaking, slurred speech, injection marks, lack of self-care.

Self-harm and suicide

- Current or past thoughts of self-harm or suicide, plans or acts of self-harm or suicide
- Signs of self-injury: cuts and wounds, signs of poisoning, loss of consciousness
- Severe emotional distress: feeling of hopelessness, violence, extreme agitation, social isolation.

Source: Adapted from WHO's Mental Health Gap Action Programme Intervention Guide (mhGAP-IG), version 2.0.

4. The trainer encourages participants to advocate within their organization for WHO mhGAP training. In the meantime, if the training participants are not trained on the mhGAP and they identify someone who may possibly have a mental health condition, they need to refer them to a health-care provider for further assessment.

5. The trainer reads the following case study:

Ben is 32 years old. He is married and a father of a young baby girl. He used to come to the health centre for regular monitoring of his diabetes. Ben is a pleasant person and used to smile and initiate conversation. Today, he could not maintain any discussion with you and was complaining of severe fatigue. The medical check-up is alright, but he seemed withdrawn. He mentioned that he has been struggling with daily tasks for more than two weeks due to overwhelming sadness and he has uncontrollable fears. He also shared with you that he often stays in bed for much of the day and his appetite, sleep and concentration are affected.

Ben is probably going through a depression.

6. Participants are divided in groups. Each group needs to plan for a psychoeducation session on depression with Ben's family members.

- Participants discuss together how they will plan for the psychoeducation session using the activity plan questions below.
- Once they have answered all the questions they have to develop the content of the psychoeducation session on depression.
- Participants will have 15 minutes to prepare a presentation for the plenary.

Activity plan questions:

- What do you need to do before the activity is implemented?
- Bearing in mind that you must plan and implement this activity with Ben's family members, what steps will you take to ensure this happens?
- Now that you have planned the activity with the target group, prepare a detailed schedule of the activity
- What do you need to procure before the activity takes place?
- What do you need to do after the activity has been implemented?

Schedule should include:

- Aim of activity
- Time needed
- Ideal age and number of participants
- Number of facilitators needed
- Setting and materials needed
- Step-by-step instructions

Participants needs to reflect on why it is important to engage and build a supportive relationship with Ben and his family.

7. The trainer reminds the group that psychoeducation is a key service that helps to educate community members on topics related to mental health and psychosocial wellbeing. It can be helpful before or after possible exposure to stressful situations. It empowers people by encouraging them to share experiences and knowledge so that they can deal with challenges and take care of themselves and their loved ones in a better way.

What is depression?

Depression is a mood disorder and can be described as feeling sad, unhappy or down. These feelings can interfere with everyday life functioning, e.g., not being able to wake in the morning to go to work or losing interest in personal hygiene. Most of us can feel this way at one time or another for short periods of our lives. However, if these signs last for an extended period of time, it can be a sign of clinical depression.

NOTE

As a community provider your role is not to diagnose clinical depression or to rank it in terms of severity but to be able to identify signs of depression, provide basic information and psychoeducation to the patient and refer them to a mental health professional in order to receive treatment.

Signs of depression:

- Changes in sleeping patterns: excessive sleeping or sleeping difficulties
- Changes in appetite: excessive eating or losing appetite; often it is also accompanied by weight loss or gain
- Feeling tired most of the time, fatigue and lack of energy
- Difficulties concentrating or short-term memory loss
- Withdrawal and loss of interest or lack of pleasure from usual daily activities or from activities that normally make the person happy
- Inactivity and isolation
- Feeling of worthlessness, self-hate, self-anger and low self-esteem
- Feeling helpless and hopeless
- Low mood, feeling sad most of the time
- Extreme feeling of grief or loss
- Suicidal thoughts, thinking about or planning a suicide. In in this case urgent measures should be taken
- Signs of depression in children or adolescents may be different from those in adults
- Some indicators can help to identify depressed children like changes in school performance, sleep and behaviour.

Common causes of depression:

There are different factors that cause depression:

- Even if there is no family background of depression that might make someone likely to develop it, stressful events can trigger the onset of a depressive experience
- Depression can also be brought on by chronic stress, loss or death of a loved one or the loss of property leading to displacement

- Traumatic events like abuse during childhood or being a victim or witness of violence, divorce, failing a class, etc.
- Medical conditions or nutritional deficiencies. During pregnancy or after delivery, women can have a short episode of depression
- Workload pressure at home, school or work that can lead to sleeping problems and depression
- Social exclusion or isolation

NOTE

There are misguided ideas that depression is more common in women than men and depression is more common during teen years. Depression can occur at any age and for any gender. Men seem to seek help for feelings of depression less often than women.

Self-care strategies people with depression:

- Exercise regularly – three times a week walk for 30 minutes
- Get enough sleep – seven hours at least, minimize screen time in front of a laptop/ TV/ phone before bedtime
- Try as much as you can to follow a healthy and nutritious diet. Eat something daily and try to make it as varied as possible
- Try to get involved in activities that make you happy – perhaps make a weekly plan for your activities, start with one/ week
- Spend time as much as you can with friends and family members
- Avoid drugs and alcohol
- Reach out to people you trust for support or seek help at the nearest health facility

3. PROVIDING PSYCHOLOGICAL INTERVENTIONS

Activity: Case story

Instructions:

1. The trainer distributes the case study to each participant:

A 44-year-old mother who lives in a very poor district attends the clinic complaining of feeling irritable all the time. She describes constantly feeling angry for no reason. She was upset talking about the effect this was having on her children. She said she was often yelling at them, and sometimes hitting them. She describes being physically agitated, often forgetting to eat and having significant problems sleeping. Her anger and agitation is beginning to interfere with her functioning. She finds that she just doesn't have any interest in doing the things that used to give her pleasure. While she continues to engage in tasks to make a living, she says she needs to put a lot of effort into working up her motivation to do this. She is particularly worried about her friends and family seeing her this way so she has stopped regularly seeing them.

Source: Problem Management Plus (PM+); Training Guide for PM+ Helpers – WHO

2. The trainer asks the following two questions:

- What might be the mental health condition of this mother?
- Can community providers that are not mental health professionals provide psychological interventions to people living with mental health conditions?

3. The trainer facilitates a discussion on the questions and draws out the following answers:

- This mother is probably suffering from anxiety
- Yes, community providers that are not mental health professionals can provide psychological interventions to people with mental health conditions with necessary training and access to supervision
- There are psychological interventions but delivered by non-mental health professionals
- There are a number of different low-intensity psychological interventions that can be provided by lay persons without professional training in psychology or psychiatry. However, they do need to take part in training that include lots of practice through role plays, and some also require client-based practice as part of the training. Most of these interventions require 8 – 10 day training, with continued further supervision and mentoring.

This kind of support should be part of a stepped care approach. Stepped care is a person-centred, staged approach to the delivery of mental health services, that includes a hierarchy of interventions from the least to the most intensive that are matched to an individual's needs.

They are what we call low-intensity, scalable psychological interventions, that anyone who has the required training and ongoing supervision, can provide. They are often limited to sessions of talk therapy, based on Cognitive-Behavioural Therapy (CBT) and are helpful for people with mild to moderate distress. They are not for people who are in severe distress, or who are at risk for suicide. Persons with high levels of distress are referred for professional services, if available. If not,

interventions to support carers and families of persons with mental health conditions can also be helpful. This includes providing basic facts to the carer about mental health conditions and treatment options and helping to identify any misunderstandings about mental health and giving correct information.

4. The trainer asks: *What could be a scalable intervention that can help the mother in this case study?*

5. The trainer answers that Problem Management Plus (PM+) was created to be used by non-mental health professionals to deliver evidence-based psychological treatment. PM+ includes the following actions:

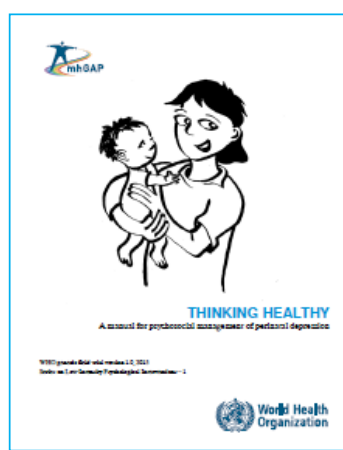
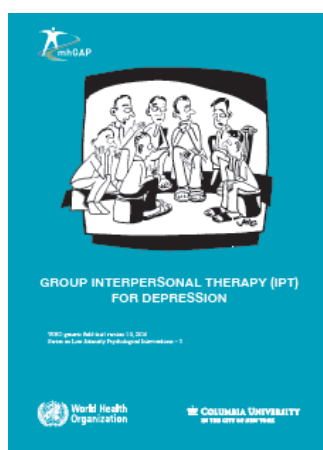
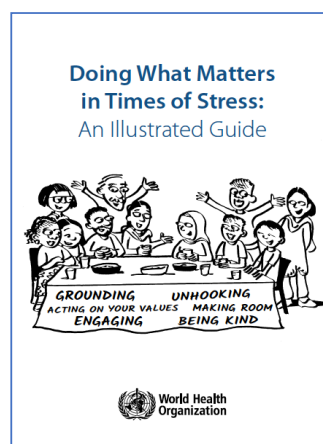
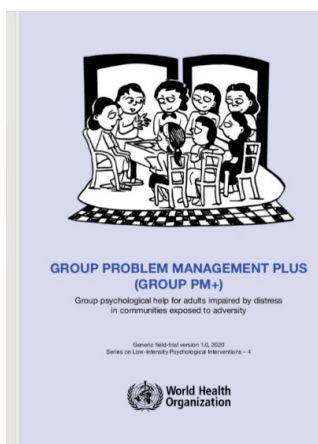
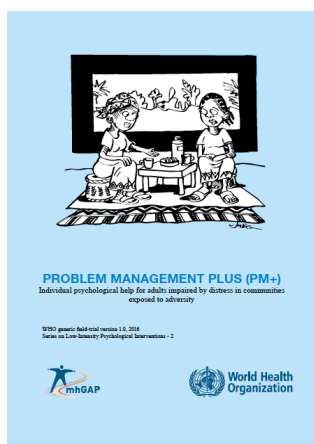
- 5 weekly treatment sessions of 90 minutes duration
- 4 strategies that each address one specific problem are taught to the client. The helper and client practice each session together
- Each session building the skills of the client to help them help themselves to better manage their practical problems
- PM+ is provided for people with anxiety, depression and stress
- PM+ Helpers are supervised, which is good practice and will support PM+ helpers to become more effective in their helper roles
- Helper and client work together to learn some strategies that can help the client to overcome difficulties
- The PM+ strategies help the client to reduce and manage problems that are causing them the most distress. They also help to manage practical problems, improve their activities, reduce their feelings of stress and anxiety and improve their support.

6. The trainer shows the PM+ guide and encourages the participants to read it.

It can be found here: <https://www.who.int/publications/i/item/WHO-MSD-MER-16.2>

NOTE

The WHO have developed a number of low-intensity psychological interventions that can be implemented by non-mental health professionals. These interventions are evidence-based, meaning they have been tested in a number of randomized controlled trials before publication and have been tested in a number of different countries with different cultures. The interventions that are published to date include 'Thinking Healthy', an intervention for pregnant women and new mothers to prevent antenatal depression; group interpersonal therapy for groups of people living with depression; 'Problem Management Plus (PM+)' for individuals and groups and most recently 'Self Help Plus' which is a self-care intervention to help people manage experiences of stress.



REMEMBER

As a community provider, if you are interested in providing psychological interventions, consider the following:

- You will need formal training in psychological interventions. You will also need access to a clinical supervisor who is an expert in the intervention for both the training and the ongoing supervision after the training
- While providing psychological interventions, you use the same basic communication skills that you use when providing community education or when engaging with people living with mental health conditions
- Programme managers need to ensure that there are enough funds for training and supervision. As a community provider, you must make sure you have enough time to implement the psychological intervention. Psychological intervention

sessions are longer than you might typically spend with a person or family you are working with

- After you receive training from clinical experts in the psychological intervention, it will be important for you to practice the intervention together with a clinical supervisor before providing the intervention to ensure both the quality of service and your own well-being as a community provider
- As a community provider, you can also help to inform your community about psychological interventions and mental health conditions

4. REFERRING FOR MORE CARE AND SERVICES

Activity: Throwing the ball

Instructions:

1. The trainer asks the participants to stand in a circle
2. The trainer asks the participants: What does REFERRAL mean?
3. The trainer throws a ball to a participant to give the answer. As the trainee receives the ball, he/she answers and throws again the ball to another participant, until everyone in the circle has answered to the question
4. The trainer writes all the answers in the flipchart and explains that: *Referral is the process of directing a beneficiary to another trusted service provider because s/he requires help that is beyond the expertise or scope of work of the community provider. A referral can be made to a variety of services, for example, health, psychosocial activities, protection, nutrition, education, shelter, material or cash assistance, physical rehabilitation, WASH, community centre and/or a social service agency*
5. The trainer asks the participants if any of them have referred beneficiaries as part of their work with their organization?
The trainer says that participants may have done so, but most likely they may have simply linked people to other services by sharing a phone number or an address. Linking someone to a service is different from conducting a referral. A proper referral entails several steps including recording the contact details of the person referred and the name of the person/ service they referred the person to using an official referral process? The person being referred has to give their consent to the referral and information must be securely stored. The trainer explains that we often refer people informally to other services during the course

of our work, but in most cases they have not actually been trained to conduct a proper referral and don't have access to or knowledge of any referral procedures or systems within or external to their organizations. This may put them at risk if the person they refer is harmed in some way. The facilitator distributes 3 sticky notes to the participants and explains that they have to answer to each question in a different sticky note.

6. The trainer distributes 3 sticky notes to each participant and explains that they have to answer to each question on a different sticky note.

7. Here are the questions:

- **What are situations in which they would need to refer someone for additional care?**
- **What are the main steps to take when conducting a referral?**
- **The principle of confidentiality is essential when conducting a referral, but sometimes there are exceptions. What are the exceptions?**

When does someone need to be referred to more care and services?

- If someone is at imminent risk of self-harm or suicide
- If a person with a mental health condition or their carer requests assistance with housing, education or employment, refer them to appropriate agencies or organizations that can help
- If someone with a mental health condition is experiencing a crisis, acute worsening of their mental health condition, side-effects of medicines, or does not seem to be getting better with the help they are currently receiving, refer them to a higher level of services in the health system
- If someone with a mental health condition also has a substance use problem, refer them to substance use support services
- If you are concerned about physical illness in a person with a mental health condition, refer them to a primary care clinic, emergency room or hospital. Examples of such physical illnesses may include non-communicable diseases
- If you are concerned about a child facing neglect or abuse, ensure that the child is currently safe and consult the appropriate agencies or authorities.

Steps for making a referral:

The participants write these steps out on cards, one for each step. The trainer gives the cards to five participants and asks the other participants to put them in order, so they stand in a line with the correct steps:

- Discuss your concerns with the person and/or their carers and involve them in making a referral plan
- When the referral is urgent, if a person is in immediate danger of self-harm or suicide, for example, seek help as soon as possible by calling an emergency number, mental health specialist, or suicide hotline. You can also take the person to the emergency centre or hospital, if appropriate
- It is useful to have a list of organizations, individuals and phone numbers in case a referral is needed
- It is important to carry out a mapping of services in all areas where you work because we have to ensure that people have equal access to all services
- Follow up with the person to ask about how things went after the referral, so that you can provide more support if needed.

Exceptions to confidentiality:

- Confidentiality means keeping everything the person tells you private. Family members or any other people cannot be told anything without the person's permission. However, there are some limits to confidentiality:
- When the community provider helper is getting supervision, confidential information will be shared with the supervisor
- When a person is at risk, has a suicide plan or persistent thoughts of ending their life
- When a person is at risk of harming someone else. A helper has to be very cautious when deciding that the client is at risk of harming others
- When a person discloses a child protection issue including neglect, abuse, exploitation or violence

8. The facilitator shares a copy from the referral form of the *IASC Inter-Agency Referral Guidance Note for Mental Health and Psychosocial Support in Emergency Settings, 2017*
1866_psc_iasc_ref_guidance_t2_digital.pdf (interagencystandingcommittee.org)

5. SUPPORTING CARERS AND FAMILIES

Activity: Case story

Instructions:

1. The trainer asks participants: *Who are 'carers'?* The trainer writes the question down on a flipchart.

2. Following this discussion the trainer clarifies that:

- Carers are typically family members, loved ones, or friends who provide support to people with mental health conditions
- Carers can be informal or formal (paid). If the person with a mental health condition allows it, carers should be involved in the treatment process
- When carers are involved in treatment and feel supported themselves, the people they care for tend to do better with fewer hospitalizations and improved mental health, community participation and quality of life
- The carers can also provide valuable feedback about the quality, appropriateness and accessibility of ongoing treatments. Finding ways to involve carers in both developing and delivering treatments is a good way to improve the quality of services and can also help carers feel valued, have a sense of purpose and address concerns they may have about the care their loved ones are receiving.

3. The trainer reads the following case story:

You are a father of three children. The eldest, Salim, is an adolescent with autism-spectrum disorder. You are a single parent, your wife passed away a year ago. You are the main carer for Salim. You have studied child development and psychology at school and you are a primary school teacher.

You used to enjoy playing with your children and helping them with schoolwork. You used to take Salim every week to the child psychologist at the primary health care centre (PHC) in the area where you live. You are the contact person for the PHC and you are meticulously following Salim's prescribed treatment.

Recently you have just been too tired and there are too many responsibilities to attend to at work. You forgot last week's appointment with the child psychologist. Your house has become messy, the children's clothes are everywhere and no real order to the three rooms in which you all live. Your children complain to you about this all the time. You haven't been seeing this as important, until a few days ago when one of your children was teased at the school where you work for having torn and dirty clothes.

The psychologist of Salim also called you wondering why Salim did not come for the past two sessions.

4. The trainer asks the participants, in pairs, to take two chairs and sit in different places in the room and to reflect together on what a community volunteer can do to support Salim's father and also in general what actions can be done to support carers of people living with mental health conditions.

5. The trainer makes sure that the following ideas are covered:

- Listening to the concerns of carers about the people for whom they care
- Treating carers and other family members that help to look people as members of the healthcare team
- Considering the carer's and family's perspective and, with the consent of the person concerned, involving carers and family members in management decisions wherever possible
- Exploring the services available to support families and carers in your community
- Relating to carers and family members as individuals, respecting their contribution as carers
- Acknowledging to carers and other family members the important role they play in providing care for people with mental health condition
- Involving carers in decision-making, negotiating when and how to do this while preserving the person's right to autonomy and confidentiality
- Monitoring the quality of accessibility and support for carers in your organisation and taking appropriate action to make improvements when needed
- Participating in the education and development of other community providers about carers' issues
- Treating situations in which care in the community has broken down, for example because the carer or family was unable to cope, as significant events and exploring ways in which the carer and family could have been supported to continue caring
- Promoting a carer-friendly culture within your organisation to enable and support carers to look after their own health needs alongside their caring responsibilities
- Exploring the possibility of providing extended services for carers
- Encourage inclusion of the carer in discussions about treatment
- Encourage openness and communication between carers and the people they care for
- Provide basic facts to the carer about mental health conditions and treatment options
- Provide carers with the knowledge to educate their support networks about the main issues that the person with the mental health condition is facing
- Identify any misunderstandings about mental health and give sound information
- Provide advice to the carer on how to support the person during recovery
- Help the carer to understand and use mental health services in the community
- Educate the carer about crisis plans and what to do in emergency situations
- Provide education and resources on stress and burnout.

CHAPTER TEN

HOW TO PROMOTE RECOVERY

AND REHABILITATION FOR

PEOPLE WITH MENTAL HEALTH

CONDITIONS

The last set of activities and interventions aim to promote recovery and rehabilitation within the community for people with mental health conditions to enable them to live fulfilling, meaningful and productive lives. Activities and interventions include community follow-up; vocational, educational, and housing support; social recovery and connectedness; as well as self-management and peer support

1. COMMUNITY FOLLOW UP

Activity: Role play

Instructions:

1. The trainer writes in a flipchart: *What is community follow-up?*
2. Participants move around the room and write their answers in the flipchart paper
 - It is about following up with people with mental health conditions on a regular basis, to assess how they are doing and if they are receiving the care they need, or to help explore other opportunities for care
 - It is a good opportunity for someone living with a mental health condition to stay connected with someone who cares about them and with whom they can check in
 - It is the opportunity to assess whether any treatment the person is receiving is helpful, and if not, to find a more suitable treatment
 - If any new or worsening problems happen, the follow up can support the person in coming up with strategies to deal with them
 - It can be regular scheduled follow up visits, or informal visits depending on the situation.

3. The training participants and the trainer work on a role play set in a follow up meeting at community level

- The trainer plays the role of a person living with a mental health condition
- Participants play the role of community providers. Participants discuss together what will happen in the follow up meeting.
- Participants take turns playing the role of the community providers in the role play.

Tips on what to do during a community follow up meeting:

Depending on the situation, community volunteers can:

- Check in on the person's general health and their mental health
- Ask how they are doing, physically and mentally
- Ask them about the problems they know they have had, if they are improving, worsening, or they have new problems
- Ask about their lifestyle and self-care routine: How is their diet and sleep. Are they physically active and exercising regularly? Do they feel socially connected?
- Check in with them about treatment if they are receiving any and are comfortable discussing it

After each visit, community providers discuss the plan for a follow up visit and if possible maintain regular contact with the person and their carers. If additional help is needed, the community provider can offer to support the person in seeking more care from health-care providers in their community.

2. VOCATIONAL, EDUCATIONAL AND HOUSING SUPPORT

Activity: Mapping community resources

Instructions:

1. The trainer starts the session by asking: *What can a community provider do to help people with mental health conditions to find safe and affordable housing, supported employment, pre-vocational training or education?*

2. Participants go back to the community mapping activity and map the local resources for housing, education and employment.

NOTE

Vocational, educational and housing support are important aspects of recovery for people with mental health conditions. Studies show that, when people with mental health conditions obtain education and employment, their quality of life and mental health improve, and they have fewer hospitalizations.

Safe and affordable housing is essential for everyone and the lack of it can be a barrier to recovery.

Unfortunately, people with mental health conditions often face stigma and discrimination when seeking employment, education and housing. Access to housing, employment, vocational training and/or education increases a person's self-worth, preserves dignity and helps a person participate in society more fully.

Pre-vocational training and supported employment are two approaches that can help people with mental health conditions to obtain employment in a competitive setting.

Pre-vocational training offers a period of preparation before a person enters competitive employment.

Supported employment offers a placement in a competitive employment environment as soon as possible, followed by support and training on the job.

As a community provider, you can provide vocational and educational support when you:

- Find out what support the person with a mental health condition would like and what their job and education preferences may be on the basis of their skills and strengths.
- Involve the person's carers and/or family where appropriate, as they are an important resource.
- Obtain information about organizations that support the empowerment of people with mental health conditions. Share this information with the person, their carers or family.
- Make sure you know the different rights that relate to education and employment in your area. Ensure access to this information for the person you are working with.
- Support the person in accessing mutual help groups and peer support networks.

CHAPTER ELEVEN

ADDITIONAL CONSIDERATIONS WHEN WORKING IN THE COMMUNITY

Activity: Design an activity

Instructions:

1. The trainer divides the participants into 5 groups. The groups are asked to discuss additional considerations to keep in mind when working in the community.
2. Each group designs an activity for community providers to support one of the following groups of people:
 - Group 1: People with co-morbid physical and mental health conditions
 - Group 2: Children and adolescents
 - Group 3: Pregnant women or those who have recently given birth
 - Group 4: Older people
 - Group 5: People in emergencies and conflict settings

It is important for community providers to support people with **co-morbid physical and mental health conditions**

- Support lifestyle changes by giving information about healthy behaviours.
- Promote regular exercise, good-quality sleep, nutritious diets, social connection and stress reduction when needed.
- Encourage people to avoid tobacco, alcohol and other substances.
- Address stigma and discrimination.
- Encourage prompt follow-up and evaluation with a health care-provider for any physical pain, discomfort or other health concerns.

- Provide information about access services, including linking to healthcare and social services, housing, employment etc.
- Promote peer support and self-help.
- You can also help in identifying and providing support for mental health conditions in people with physical illness.

There are many important things to consider when working with **children and adolescents**.

- Intervene early to prevent mental health conditions in children and adolescents.
- Identify any developing mental health conditions as early as possible to limit their impact on a child or adolescent's life.
- Once a child or an adolescent develops a mental health condition, it is very important to identify the condition as early as possible, and to provide or connect them with the best available mental health care.
- It is important to know how to identify, appropriately refer and help manage the most common mental health conditions in children and adolescents.
- Remember that children or adolescents with mental health conditions should not be blamed for having the condition.
- Try to be kind and supportive.
- Spend time with the child doing enjoyable activities and playing with them.
- Communicate with and listen to them.
- Show understanding and respect, ask about their feelings, thoughts and behaviours.
- Ask questions in a way that allows the child or adolescent to feel safe and learn more about themselves.
- Protect the child or adolescent from any form of maltreatment, bullying or exposure to violence.

Things to consider when working with **pregnant women or those who have recently given birth**.

- Look out for signs that the woman may be experiencing stress or a mental health condition.
- Respect the woman's rights, dignity, privacy and confidentiality.
- Share with her how her confidentiality will be protected and how any information she tells you may be shared with others.
- Provide a safe space for the woman to speak about any stress she may be facing.

- It may also be helpful to identify ways for the woman to engage practical help and support.
- If consent is provided, involve the family, including the spouse, in providing support to the woman and the baby.
- If the woman is in moderate-to-severe distress, encourage and facilitate access to health care services..

Important tips for working with **older people** with mental health conditions:

- Consider the person's mental and physical health, as well as their environment, and how each of these factors may have an impact on the person's autonomy and functioning.
- Assess daily functioning of the person, including dressing, bathing, eating, walking, toileting, and personal hygiene.
- If relevant to the person's life and the setting where they live, assess their ability in performing other functions such as shopping, housework, managing money, preparing food, using the telephone and transportation.
- If the person develops new or worsening physical conditions or other mental health conditions, identify and refer to health-care services as soon as possible.

Helping people who have experienced **humanitarian emergencies**:

- Provide practical care and support, which does not intrude.
- Provide a safe space for the person to express their feelings about their situation and what has happened to them.
- Respect the person's rights, dignity, privacy and confidentiality. Share with them how their confidentiality will be protected and how any information they tell you may be shared with others.
- Listen to people, without pressuring them to talk.
- Assess needs and concerns. Help people address basic needs and connect them to information, services and social support. You should be aware of what services and supports are available in your area.
- Facilitate access to mental health services and support if required.
- Work closely with other emergency workers to coordinate services and support.
- This includes advocating for any activities or services to be delivered in ways that are participatory, safe, socially and culturally appropriate, protect people's dignity, strengthen local social supports and mobilise community networks.

CHAPTER TWELVE

SELF-CARE

Activity: the umbrella

Instructions:

1. The trainer starts the session by saying: *choosing to be a community provider may expose us to challenges which can be stressful. Today we are going to talk about self-care for community providers.*

2. The trainer gives each participant a piece of paper and pencil and instructs them to draw a picture of themselves holding a large umbrella and different sized raindrops falling around them. The trainer also draws it on the board or flipchart paper.

3. The trainer explains that the raindrops represent the individual's personal stressors or triggers of burnout or stress, for example, deadlines, conflict at work, seeing a lot of difficult cases, accumulation of tiredness and fatigue.etc.



4. The trainer asks the participants to write next to each raindrop their personal stressors and what kinds of things are likely to make them feel stressed. Then, the trainer encourages the participants to rank these stressors from the smallest to the largest effect on them.

5. Now, the trainer invites the participants to write their personal strategies for self-care in each panel section of the umbrella and explain that umbrellas act as protection for these triggers to prevent us from feeling overwhelmed or burnt out. Trainer can give some examples: Sleeping well, eating healthy, getting supervision, taking time off, etc

Activity: Strategies for self-care

STRATEGY 1: DAILY ROUTINE AT HOME AND AT WORK

- Maintain a daily routine as much as you can
- Give yourself permission to take regular breaks during your shifts.
- Eat and drink water at regular hours.
- Avoid using unhelpful coping strategies when you feel stressed like smoking, chewing qat, alcohol or another drug.
- Sleep is one of the most crucial ways to stay physically and mentally healthy.

STRATEGY 2: EXERCISE

- Plan regular exercise activities that make you feel good e.g. a daily 30-minute walk or run.
- Breathing exercises reduce stress and help you to focus mentally. Take 10 minutes to do breathing exercises every morning or evening.

STRATEGY 3: STAY CONNECTED

- Even though you have a lot of work, take time to stay in touch with your family and friends. even if you can't see them in person you can have video and phone calls.

STRATEGY 4: ACCEPT YOUR FEELINGS

- If you feel stressed or overwhelmed, know that there are ways to get support. It is ok to say you are not ok.
- Reach out to your colleagues, your manager or someone else that you trust.

STRATEGY 5: STAY HOPEFUL

- Try to think about strategies in the past that have helped you to cope with stressful situations.
- Focus on what is in your control. Pay attention to things that are going well and share and celebrate the successes and small wins with your colleagues, friends and family.

OUTLINE A FLOWER - WHEN WANTING TO CALM DOWN

Sometimes we need to slow down for a minute to ground our thoughts and feelings. When calm, the breath is deeper and slower. Deep breathing can therefore be used to calm down and take time to find yourself. This grounding exercise aims to shift your attention inwards and learn how to listen to yourself.

Place a pencil in the middle of a piece of paper. Draw a flower with eight petals. Inhale as you draw one line of the petal from the centre and pause at the tip of the petal. Exhale as you draw the other side of the petal, back to the middle. When the flower is done, ask yourself how you are feeling. Do you feel a difference from when you began drawing the flower?



RELAX THE HEAD - WHEN GOING TO SLEEP

Learn this exercise where you focus on relaxing the muscles of the entire head to slow down mental activity as muscle tension in the head accompanies any thinking activity. The exercise is also very effective to release tension-induced headaches.

- Relax the muscles on the crown of the head by imagining more space between each strand of hair on the top of your head, down the back of the head and to the sides of the scalp.
- Imagine the forehead smooth, without wrinkles and increase the space between the eyebrows.
- Let the eyes sink back in the eye sockets.
- Relax the muscles around and behind the eyes.
- Relax the cheeks so they are without expression.
- Relax the jaws so the lips and teeth barely touch.
- The tongue lies relaxed like a boat with the tip of the tongue touching the inside of the teeth.
- Imagine the space in the throat broadens creating space for the air passing when breathing in and out through the nose.
- If there is a somewhat compact feeling inside the head imagine it dissolving like a pill slowly in water.



I HAVE, I AM, I CAN, AND I WILL

From time to time, it is useful to reflect on your resources. To do so is to be reminded of and be mindful of your resilience. This exercise is for those who could use a mental boost and a reminder of what motivates you in your daily life. You need paper and pen for the exercise.

- First, open your palm and fingers wide. Place your hand on a piece of paper and draw around your hand.
- Write **I HAVE** on one finger and list names, people, images, places, animals you can rely on for support.
- Write **I AM** on another finger and write the things you are proud of.
- Write **I CAN** on another finger and write the skills, abilities, activities you engage in.
- Write **I WILL** on another finger and write things you will do to bring comfort to yourself when times are hard.
- Give yourself a thumbs up at the end of the exercise!



IMPORTANT CONSIDERATIONS FOR THE COMMUNITY-BASED MENTAL HEALTH TRAINING

1. STARTING THE TRAINING - FIRST DAY OF TRAINING

1.1 Opening the training

Instructions:

- The trainer begins the training by warmly welcoming the participants and introduces themselves.
- The trainer acknowledges:
 - The efforts made in attending the training for example taking time away from other work responsibilities, families and other commitments.
 - By attending this training, participants are making an important commitment towards improving mental health in their communities.
- The trainer introduces an ice breaker game:
 - Participants pick a brick from a memory game. Each participant finds a partner who has the same brick.
 - Each participant asks questions and listens to each other's answers. Start with 'What is your name?'
 - What is your position within your organization or national society?
 - Tell me something about yourself.
 - Each pair must find three things they have in common.
 - After five minutes, each participant is asked to introduce their partner to the group.

Trainer says that each pair will be a buddy for each other throughout the training.

1.2. Expectations

Instructions:

- The trainer emphasizes that everyone in the room brings with them their own expertise and experiences, and this is important in the training. Let them know that you will be learning a lot from each other during the training, and that everyone's skills and experiences are equally valued and important.
- The trainer asks the participants what their expectations of this training are. Ask each participant to write one expectation on a post-it note and then ask the participants to stick their expectations onto the flipchart paper that the trainer has prepared with the title 'Expectations'. Ask the participants to be specific and avoid general statements such as 'I am here to learn'.
- Ask the participants to stick their expectations next to those showing similar expectations from other participants
- The trainer explains what the training will cover and what it will not

1.3 Practical information

Instructions:

- The trainer covers the following key points:
 - Schedule of training, including start and finish times, meal breaks
 - Where to find washrooms
 - Problem-solve any initial difficulties, including access to training facility, the training schedule, etc.

1.4 Creating a safe space, rules and mutual expectations

Instructions:

It is important to set common rules created by the trainer and participants that enable each one to feel safe and comfortable when taking part in the group. This allows everybody to feel shared ownership of the group work process.

The purpose of ground rules are to:

- Ensure that everyone in the group has an opportunity to have their say on how the group manages itself or even the freedom to leave the group in case of discomfort
- Support ownership of the group and engagement with the process
- Assist the group in thinking about and discussing elements that help the group process. Ask group members to think about what they will need in order to feel comfortable enough to get the most from the session.

1. The trainer says: This is psychosocial training, and we want to create an environment that is safe, inclusive and participatory.
2. The trainer invites the group to decide on mutual ground rules during the training that will ensure a safe, inclusive and participatory training course. These apply to the trainers as much as to the participants.

3. Trainer encourages the audience to formulate the rules in a positive way, e.g. instead of writing “Don’t interrupt”, you can write “Listen to each other.”
4. Write down the suggested ground rules and then ask everyone if they agree with them. The trainer can ensure that the following points are included and ask the if they agree:
 - Confidentiality of anything sensitive disclosed in the group
 - Respecting each other
 - Commitment to being an active participant
 - Ask questions
 - Ask trainers to repeat something participants have not understood
 - Let trainers know about any difficulties
 - Providing encouraging and thoughtful feedback to each other
 - Being open to making mistakes or being corrected by others
 - Keeping to time and allowing enough breaks
 - Listening with full attention
 - Photos and videos shared on social media with the consent of the person(s) in the photos/video
 - Have fun
5. A flipchart paper labelled ‘parking lot’ will be hung on the wall. The trainer encourages the group to make a note of anything they don’t understand or issues that they think need further exploration on the ‘parking lot’. These issues and questions will be addressed at the end of the training.
6. Inform the participants that if, at any point, they feel uncomfortable during discussions of potentially sensitive topics or role plays, they are welcome to leave the room or signal that they either wish to step out or remain present but refrain from participating. Agree a signal for this with the group.
7. Sign the photo consent form

1.5 Objectives and overview of the training

Instructions:

The trainer explains that CBMH training is about:

- The community platform of settings, providers and the spectrum of interventions that can be used to meet the mental health needs of the local population
- The WHO mental health treatment gap and the role of communities
- How to plan mental health services at community level including community mapping and cross sectoral collaboration
- How to address mental health at community level and how to involve people with mental health conditions and their families in activities from the planning phase onwards
- How to talk about mental health at community level and how to address stigma, discrimination and exclusion
- How to promote mental health and how to prevent mental health conditions

- • How to support people living with mental health conditions
- • How to promote recovery and rehabilitation for people living with mental health conditions.

Trainer writes the agenda on a flipchart (the day before) and hangs it on the wall instead of printing out copies. Trainer goes through the agenda and ends by saying to participants that questions that may fall outside the range of this training or the topics being discussed can be put in the “parking space” and the trainer will then address them at the end of each day or at the end of the training.

2. STARTING THE DAY - FOR EVERY DAY'S TRAINING

Instructions

- Trainer welcomes the group to the training and follows up on any practical issues raised the day before
- Review of the previous day
- Trainer goes through the practice work given (homework) and follows up on any unaddressed questions from the day before
- Buddies take 15 minutes to do checking In: Are you ready for the day?
- Trainer goes through the day's training schedule to give an overview of what activities are planned for the day
- Trainer shows the agenda of the day

3. CLOSING THE DAY- FOR EVERY DAY'S TRAINING

Instructions:

1. Trainer provides a brief summary of the topics covered during the day
2. Trainer provides an opportunity to clarify any concepts or to answer questions
3. Reflection: Give everyone two sticky notes and ask them to write their responses to the questions below on the separate notes. Tell them not to write their names on the notes so that their feedback remains anonymous:
 - What is the most valuable or new thing you learnt today?
 - What is something you found challenging or do not understand that you would like more training on?
4. Participants are given 15 minutes for the buddy systems cool down phase: Are you ready to end the day?
 - How was the day for you?
 - What was the most important learning of the day?
 - Anything you need to put aside before moving on with the day?
 - Any selfcare plans for the rest of the day?

ANNEX

ANNEX 1. 'READINESS QUESTIONNAIRE'⁹

This is a tool to help staff and volunteers prepare for the implementation of the CBMHC training guide, which accompanies implementation of the mhGAP community toolkit. Both the training curriculum and the toolkit are intended for all people who wish to promote and address mental health in their community. For programme managers or service planners in the governmental or nongovernmental sectors, the toolkit and the training guide will assist you to identify possible settings, activities and available partners to meet the mental health needs of the local population and support training programmes in the community. Furthermore, this toolkit and training curriculum will help you adhere to MHPSS principles and quality standards. This questionnaire is designed to assist staff and volunteers in assessing their 'readiness' for piloting / implementing the CBMHC training guide based on recommendations outlined in the CBMHC training guide, the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, and the Care in Communities - IFRC Guidelines. The questionnaire contains 20 statements that can be answered 'yes', 'partly' or 'no'. A comment and action points box facilitates reflection upon what is already in place, what actions are necessary to ensure adequate preparedness, and what internal or external support is needed.

The purpose of this process is to help the roll out of the CBMHC training guide with a clear vision of how and when it will be used as part of a broader holistic MHPSS programme. The aim is to ensure a more effective CBMHC while contributing to building a solid evidence-base for the tool and capture learning from both planning and implementation phases. The process may benefit the implementation of other new health and social care tools and approaches within your National Society.

⁹ The PS Centre drew inspiration from a Save the Children tool to help staff and partners to prepare for implementation of the Youth resilience programme. Learn more: [The Youth Resilience Programme: Psychosocial support in and out of school](#) | [Save the Children's Resource Centre](#)

Readiness questionnaire:

	Yes	Partly	No	Comments and action points
SECTION 1: WHAT IS THE NEED?				
1 - An assessment has been conducted and the specific needs as well as assets/strengths of the community have been identified.				
2 - Members of the community have actively and meaningfully participated in this assessment.				
3 - The needs assessment clearly highlights the service and resources gaps				
4 - The needs assessment shows which populations are not being served.				
5 - The different MHPSS risks and protective factors for boys, girls, women and men have been assessed and inform gender and age specificities				
SECTION 2: WHAT IS THE AIM OF THE INTERVENTION?				
6 - There is a plan to for how to address the MHPSS needs on the short-, medium- and long-term goals				
7 - There is a structured and systematic collaboration and coordination across different thematic services				
8 - There is a clear follow up plan with the community members to level up MHPSS in the community (e.g., Volunteer opportunities, community-led advocacy, participatory needs assessments)				

	Yes	Partly	No	Comments and action points
<p>9 - There is a plan for how to reach the most marginalized and deprived populations with clear target criteria and selection process that is shared and validated by the community</p> <p>10 - The CBMHC will be implemented with community members who will remain with the community for a certain period of times and ensure a sustainable involvement</p> <p>11 - A system is in place to identify, assess and refer people in need for further support including protection and specialized MH services.</p>				
SECTION 3: WHAT ACTIVITIES ARE REQUIRED?				
<p>12 - There is an interest and necessary commitment from relevant authorities, community members and groups to engage in the CBMHC activities</p> <p>13 - There is a plan on how to meaningfully support and engage community stakeholders and partners through a stakeholder analysis.</p> <p>14 - Community providers who will be trained on the CBMHC have previous experience in conducting MHPSS activities and have some level of facilitation skills.</p> <p>15 - There is a plan for staff and volunteers that outlines capacity-building needs in e.g., Facilitation techniques, communication and dealing with difficult emotions, gender equality and conflict management. The plan also outlines how to address those capacity building needs.</p>				

	Yes	Partly	No	Comments and action points
16 - There is a plan for supportive supervision for staff and volunteers who have completed any CB MHPSS				
SECTION 4: WHAT RESOURCES ARE AVAILABLE?				
17 - There is a clear monitoring and valuation framework that allows the follow up of the CBMHC during all levels of the project life cycles				
18 - There are available funds in place to carry the activities of the CBMHC				
19 - There is a clear exit strategy for the implementation at the beginning of the launching programme				
20 - Staff and volunteers are trained on the safeguarding, protection, gender and inclusion (PGI)				
Note to the trainer: Please adapt the question to the need of your organization				

Criteria for participating in a CBMHC training:

- Previous experience from facilitating the community workshops/meetings.
- Good understanding of community-based psychso-social support programmes and mental health care, including scalable psychological interventions.
- Dedication to become 'CBMHC focal point' and support the roll out of the programme in their country,
- Familiar with the context and key issues facing people in the area.
- Preferably being familiar with the mhGAP

ANNEX 2. COMMUNITY-BASED MHPSS ACTIVITY PLANNING TOOL

This is a general tool that can be used by staff and volunteers to collaboratively plan CB MHPSS activities with the community. This should be adapted as needed for any context. It may also be used as a standardized form that staff and volunteers fill in.

National Society or Branch:	Date of activity:
Location of activity:	Number of participants:
Activity Name:	
Participants:	
<ul style="list-style-type: none"> Who is being targeted for this activity? This could be groups of a specific age or gender or groups with similar background, interests, life experiences, or specific vulnerabilities or needs. 	
Community Needs, Interests, and Strengths:	
<ul style="list-style-type: none"> How was the community consulted and their needs and interests identified? What are the community's needs and interests? What are the community's resources and strengths that can be incorporated into the activity? Are there any individuals or groups who can be involved in planning or implementing the activity? 	
Activity Objective:	
<ul style="list-style-type: none"> How will this activity address the community's MHPSS needs? How will it improve the community's psychosocial wellbeing? 	
Activity Description:	
<ul style="list-style-type: none"> What is the activity? How many sessions will this activity be? Will this be an open or a closed group? How long will the activity last? 	
Preparations and Costs:	
<ul style="list-style-type: none"> What supplies and preparations are required for the activity? Are there any specific accommodations needed to ensure access? What procurements are needed? What are the costs for the activity? What staff, volunteers, or community members are needed to facilitate the activity? Are there any training considerations? 	

Important considerations for planning

1. Time and date

What time and dates work best for the community?

Find different options for times and dates that work for the community during activity planning. Specific groups, such as parents or caregivers, may have limitations due to their children’s school schedule (including school holidays). Others may feel comfortable with an evening activity while others may not feel safe going out at that time.

2. Location and venue

What location is convenient and safe for the community? What venue would work best for the activity?

Certain locations and venues may be more familiar and more easily accessed than others for the community. Some community members may not be able to afford transportation or know how to find certain locations. Certain venues may also be uncomfortable or unsafe for some community members. Take the time to understand what would be the best fit for the community members and the desired activity.

3. Accessibility and specific accommodations

Is the location and venue accessible? Are there any accommodations or venue specifications needed in order for all to participate?

Activity locations and venues should not just be affordable to access but also enable the full participation of the community. There may be people with mobility issues or physical disabilities who need wheelchair access or a building with an elevator. Some participants may need to bring their children with them due to lack of childcare; is there a space appropriate for the children to play in during the activity?

4. Language

What language will the activity be conducted in? Is interpretation or translation needed?

Depending on the facilitators and the backgrounds of the participants, there may be more than one language being spoken in the activity. Check if interpretation will be needed or if activities need to be planned based on language grouping in order to provide accessibility.

5. Format of the group

Will the activity be “closed” and limited to a set group? Or will it be “open” to new participants on an ongoing basis?

There are advantages and limitations for both closed and open groups. Some groups may benefit from being a closed group due to a very specific shared set of experiences, stressors, or interests. Other activities may be better suited for newcomers to join. Clarify this with the community when planning the activity.

6. Number of sessions

How many times will this activity be conducted?

It is important to have clear expectations on this for the community and also for programming purposes. Suddenly stopping an activity can be disruptive to the community and negatively impact relations. Program managers and other responsible persons need to have clear information for budgeting and program planning purposes as well.

7. Communication

What is the communication plan for the activity?

There should be an agreed upon method of communicating to the community for the activity. This could be approved messaging applications, announcements on the Red Cross National Society's social media, phone calls, or other options. Not all community members may have the same access to internet or familiarity with digital communication.

It is also good to have clarity on how often communication will happen for the activity and who will be communicating. Will there be reminders a day before the activity? Who will be the focal point for scheduling and announcements?

ANNEX 3. COMMUNITY MEETING GUIDE

The purpose of this guide is to meet with a group of community members to identify needs, interests, and relevant CB MHPSS activities. This guide is intended for implementing staff and volunteers at the branch level and is based on the [IFRC Community Engagement and Accountability toolkit](#).

Before the community meeting, consider the following:

- Meeting participants: Limit the number of participants to 12 maximum. While community leaders are a valuable source of information, they can also affect the answers of the other participants in a meeting. A good tactic is to arrange an individual key informant interview with the community leader separately.
- Facilitation: It is recommended that there be a facilitator and a notetaker.
- Language: Will an interpreter be required?
- Location: Is the location clear and easy to find for the meeting participants? Is it accessible for those with mobility issues (e.g. wheelchair accessible, elevator, etc.)? Is the meeting location private and comfortable for the participants?
- Refreshments: Consider providing refreshments if available and arrange ahead of time.
- Room arrangement: If possible, arrange the room with seats in a circle. Formal conference rooms with large tables can create an intimidating environment for some participants.

During the community meeting, consider the following:

- Provide a clear explanation of the purpose and duration of the meeting. Allow the participants to introduce themselves.
- Ask for people's consent to participate and permission to take notes.
- Explain clearly that part of this meeting's purpose is to identify potential activities of interest and relevance to the community but that not all activities can be guaranteed.
- Set ground rules for the discussion, such as one person speaking at a time, confidentiality, and different opinions being permitted.
- Encourage everyone to speak.
- Do not judge what people say – listen openly, even if you disagree.
- Avoid "yes/no" questions. Instead, ask open ended questions (example: Do you like football? vs. What sports are you interested in?).
- If people raise issues linked to protection or sexual exploitation and abuse, let them talk as much as they want to but do not press them for details in front of the group. Speak to them separately at the end of the meeting and ask their permission to follow up on the issue and take their contact details. You may need to refer to a Protection specialist or your manager.
- At the end, ask people if they have questions for you. Explain the next steps and when they will hear next from you about the outcomes of the meeting, while setting realistic expectations.

After the community meeting, consider the following:

- Review the notes and add any additional details so they are not forgotten.
- Communicate the results to your manager and other relevant staff or volunteers to begin the activity planning process.
- Set a clear date and reminder to communicate with the community in the coming weeks.

Community consultation questions:

These questions are intended for an initial community meeting to inform CB MHPSS activities. They are not a comprehensive needs assessment but should identify key needs and priorities. The questions should be adapted as needed depending on the community.

1. What are your main concerns right now?
2. What are the impacts of these issues on your daily life and wellbeing?
Note to facilitator: Depending on the participants, they may or may not be comfortable talking openly about their mental health. Instead, you can ask about how these issues affect them on some of the following: mood, social relationships, ability to do normal daily activities, sleep, etc.
3. How are you coping with them? What community practices (formal or informal) or associations are active and available in your community?
4. What kinds of activities would be helpful and interesting for you?
5. Are there any barriers to accessing or doing these activities?
6. Would you or anyone from your community like to be involved in planning and conducting these activities? Who would be important to involve?
7. What locations, days, and times are convenient for you to access future activities?
8. What is the best way for us to communicate with you after this meeting?

Feedback questions after a CB MHPSS activity:

These feedback questions are intended for a community meeting but can also be asked through other methods, including digital or paper forms or key informant interviews. Ultimately, the questions and method of feedback should be adapted to fit the community. One of the goals is to continue identifying ways to stay engaged with the community through these questions.

1. How was your experience with this activity?
2. Do you feel that this activity helped you cope with life's challenges? If yes, how?
3. Has this activity helped improve how you feel? If yes, how?
4. What went well during the activity? What did you enjoy?
5. What can be changed to improve this activity (e.g. date, location, size, content)?
6. Would you recommend this activity to others? Who else do you think should be invited to or involved in the activity?
7. What other activities would you like to have? What would be helpful or interesting for you?

ANNEX 4. THE SELF-ASSESSMENT TOOL

The self-assessment tool is for the training participants. It is to be completed on the first day of training and again on the last day.

The objectives of the self-assessment tool are:

- To help the training participant to evaluate their knowledge of CBMH and in which areas they need to learn more
- To reflect on their confidence to deliver CBMH care and activities
- To capture their perception of mental health issues.

The tool can also be used by the trainer in the last day of the training to monitor the progress and to assess the impact of the training.

GENERAL INFORMATION

1. Date: _____
2. Name: _____
3. Organization and position: _____

QUESTIONS TO ASSESS KNOWLEDGE	TRUE	FALSE
One in ten people will have a mental health condition in armed settings conflict		
Depression can lead to death		
Exposure to violence, inequality and environmental deprivation have an impact on people’s mental health well-being		
In many low-income countries, 40% of people living with a mental health condition do not have access to the mental health treatment they need or the access to specialized mental health services		

QUESTIONS TO ASSESS PERCEPTION	YES I THINK SO...	NO I DO NOT THINK SO...
If a person is living with a mental health condition, it means the person has low intelligence		
Perinatal depression is not a real mental health condition even though some women say they feel very sad, anxious and exhausted after birth		
Mental disorders are contagious		
In my community, a person living with any mental health condition is perceived as weak, "mad" and/ or inferior		
There is no hope for people with mental health conditions. Once a friend or family member develops mental health condition, he or she will never recover		

QUESTIONS TO ASSESS CONFIDENCE	YES / ALWAYS	SOMETIMES / DO NOT KNOW	NO / NEVER
I know how to talk about mental health in my community			
I feel confident to promote mental health and prevent mental health conditions			
I know how to provide support for people with mental health conditions			
I know how to plan for activities to reduce stigma, discrimination and social exclusion in my community			
I know how to involve people with mental health conditions and their families when planning activities in my community			
After this training, I will have enough knowledge about mental health conditions, and I will feel confident enough to promote and address mental health within my community			

If you answer "Always/YES" or "Sometimes/DO NOT KNOW", please give one example



Psychosocial Centre

**International Federation of Red
Cross and Red Crescent Societies**

Reference Centre for
Psychosocial Support
Blegdamsvej 27, DK-2100
Copenhagen, Denmark