

FIELD TEST VERSION

mhGAP Community Toolkit

Mental Health Gap Action
Programme (mhGAP)



World Health
Organization

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Programme (mhGAP)**



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Organization**

mhGAP community toolkit: field test version

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Read me first: About the mhGAP Community Toolkit

Thank you for your interest in the mhGAP Community Toolkit. We hope that you find the material in this toolkit useful as you seek to promote and address mental health in your community.

Mental health conditions are common in all regions of the world and have a significant impact not only on the health and well-being of those affected but also on their families, friends and the communities they live in. At the same time, communities contain a wide range of resources that can be used to promote mental health and to support the recovery of people with mental health conditions.

This toolkit has been developed as part of WHO's mental health Gap Action Programme (mhGAP), which aims to ensure that people with mental health conditions receive high-quality, evidence-based mental health services that promote human rights, dignity and equity. It also aims to achieve universal health coverage through integration of mental health services throughout primary, secondary facility-based and community-based care. In service of these aims, WHO's mhGAP provides a set of guidelines, tools and training packages to help countries and regions build up and expand their mental health services.

Purpose of the toolkit

The purpose of the mhGAP Community Toolkit is to promote the expansion of mental health services beyond the primary health-care setting by doing the following:

- highlighting the opportunities that exist within communities to promote mental health, prevent mental health conditions and expand access to mental health services;
- providing guidance on how to identify local mental health needs and match them with activities that build on available resources and opportunities while engaging the local community;
- providing practical tips on delivering mental health activities, programmes and interventions in the community;
- combatting stigma, discrimination, social exclusion and human rights abuses that affect people with mental health conditions.

Who the toolkit is for

The mhGAP Community Toolkit is intended for all persons who wish to promote and address mental health in their community. If you are a programme manager or service planner in the governmental or nongovernmental sectors, the toolkit will assist you to identify possible settings, activities and providers to meet the mental health needs of the local population and support training programmes in the community. If you are a community provider (e.g. teacher, social worker, police officer, community health

worker), you will find this toolkit useful in your daily work. You may also seek to use this toolkit in your position as a member of the community (e.g. as a village elder, faith group member or youth group leader) or in your personal role as a carer, family member or friend of a person with a mental health condition.

How to use the toolkit

This toolkit is divided into two parts:

Part 1 is an informational guide for programme managers or service planners in either the governmental or nongovernmental sectors who are interested in developing community-level mental health services.

Part 2 is a practical manual for anyone wishing to promote and address mental health within their community.

It is not anticipated that any one agency or person working in a community will use all the activities or interventions described in this toolkit. Rather, community providers and service planners responsible for organizing community mental health programmes should focus on the needs of community members and the gaps that exist in the services available, which will be different for each community. Part 1 contains a useful framework for understanding the needs of a community, a service mapping exercise, guidance on building cross-sectoral collaboration and conducting training and supervision of community providers. Part 2 provides practical tips for carrying out community-level mental health activities and interventions.

You are encouraged to read the mhGAP Community Toolkit and to use the information in it for your day-to-day work or planning in your community. The authors welcome users' comments or suggestions to improve this toolkit.

Part 1

GUIDE FOR PROGRAMME MANAGERS



Part 1

Guide for programme managers

This part is an informational guide for programme managers or service planners in either the governmental or nongovernmental sectors who are interested in developing mental health services at community level. The guide can be used to consider the needs of your community and the gaps that exist in the current services. At the end of Part 1 you will find a framework for understanding the needs of your community, a service mapping exercise, and guidance on cross-sectoral collaboration, training, and supervision to help plan your programmes. Part 2 provides practical tips for carrying out community-level mental health activities and interventions. You can use this to train community providers who you work with.

Introduction

Defining mental health and mental health conditions

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 the typical stresses in life. Mental health and mental health conditions exist on a continuum that ranges from mental well-being to illness, and most people move up and down this continuum as they go through life and have various positive or adverse experiences (see Figure 1).

Figure 1. **Continuum of mental health and mental health conditions**



Many factors are known to affect mental health. Healthy lifestyles – including regular exercise, good-quality sleep, nutritious diets, strong social connections and stress reduction – promote mental health and prevent mental health conditions. Early life development can have huge impacts, both positive and negative, on a person’s mental health later in life.¹ Factors known to increase the risk of developing mental health conditions include exposure to adverse events, especially in childhood or on a large scale, limited social supports or connections, genetic factors, exposure to environmental pollutants, substance use, poor nutrition, some infections and other physical health conditions.²

Every person has different strengths and abilities to help them cope with life’s challenges. 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 experiences. They can range in severity and can cause significant disability. Keep in mind that a person may struggle with one aspect of their mental health (e.g. anxiety or depression) but may have enormous resilience in other aspects. For more information and common signs of mental health conditions, see Part 2: 3.2: Identifying mental health conditions.

Mental health conditions are very common, with over 970 million people having a mental health condition according to Global Burden of Disease estimates in 2017.³ Mental health conditions can have a significant impact not only on the health and well-being of those affected but also of their families, friends and the communities they live in. Stigma against mental health conditions is widespread in all sectors of society. People with these conditions often face discrimination, violations of their rights and social exclusion by members of the general public, social welfare or educational systems, and even at times the health-care system. As a result, many people with mental health conditions find themselves excluded from education, employment or housing opportunities and may have difficulty accessing health care. (See Part 2: 1.2: Reduction of stigma, discrimination and social exclusion). With access to the right care and support, most people with mental health conditions can recover and live meaningful and productive lives in their communities.

The mental health treatment gap and the role of communities

The gap between people who could benefit from care and support for mental health conditions and those who are actually able to access evidence-based interventions is wide. An estimated two thirds of people affected by a mental health condition globally receive no treatment, even in the countries with the most resources.⁴ In countries with fewer resources, the situation is far worse. In low- and middle-income countries (LMICs), financial and human resources are often not sufficient, unevenly distributed and inefficiently used.⁵ According to data in WHO’s *Mental health atlas 2017*, for example, fewer than one in every 5000 people with depression were treated in low-income

countries, compared with roughly one in every 3000 people in LMICs and one in every 300 people in high-income countries.⁶ Moreover, access to quality, rights-based care is even more scant, with resources weighted heavily towards inpatient care (rather than primary care or community-based care) in the poorest areas.

Universal Health Coverage (UHC) aims to provide all people with access to high-quality, effective health services at costs that do not create financial hardships for people who use those services, no matter where they live. It is a central focus of the United Nations Sustainable Development Goals (SDGs), reflecting the vital role that good health (including mental health and well-being) has on the economic and social development of a nation or community. UHC is also one of the three main priorities in WHO's 13th General Programme of Work (2019–2023).⁷

WHO's mhGAP supports the goals of UHC 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. Box 1 contains a list of key WHO mhGAP resources to date.



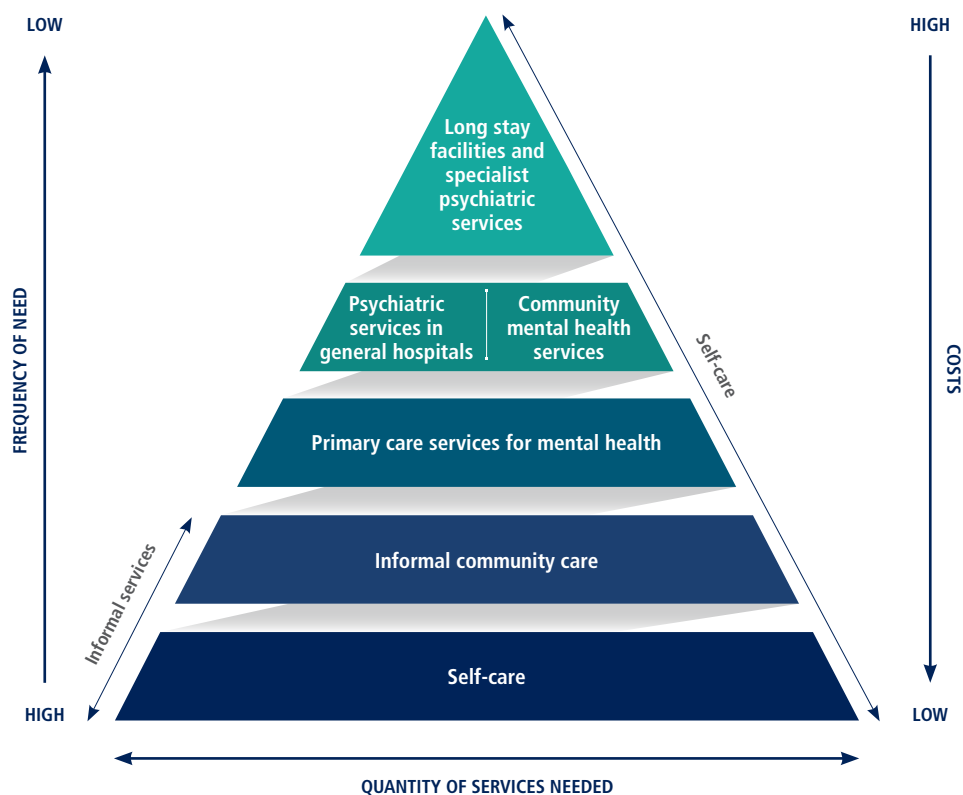
Box 1. Key WHO mhGAP resources

- WHO mhGAP Evidence Resource Center (2009) – A clearing house of evidence-based guidelines for mental and neurological health
- WHO mhGAP Intervention Guide, version 1.0 (2010) and version 2.0 (2016) – An intervention guide for priority mental health conditions and neurological disorders for use in non-specialized health settings.
- WHO mhGAP Humanitarian Intervention Guide (2015) – An intervention guide specifically for use in humanitarian settings.
- WHO mhGAP Intervention Guide, Version 2.0, online application (2017).
- WHO mhGAP Training manuals (2017).
- WHO mhGAP Operations manual (2018).

The full list of WHO mhGAP resources, plus links, can be found online at: https://www.who.int/mental_health/mhgap/en/ (accessed 4 September 2019).

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 pyramid for an optimal mix of services for mental health.⁸ 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 (see Figure 2).

Figure 2. WHO service organization pyramid for an optimal mix of services for mental health



Source: *Integrating mental health into primary care: a global perspective.*

The community platform is being increasingly recognized as an important way to deliver mental health promotion, prevention, and service activities and interventions. The purpose of the mhGAP Community Toolkit is to promote the expansion of mental health services beyond the primary health-care setting. The toolkit describes the role of communities in providing mental health services, defines the dimensions of the community platform – including settings, providers and types of activities or interventions – and discusses how to plan mental health services in the community.

The community platform

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.

Benefits of providing mental health services in the community include:

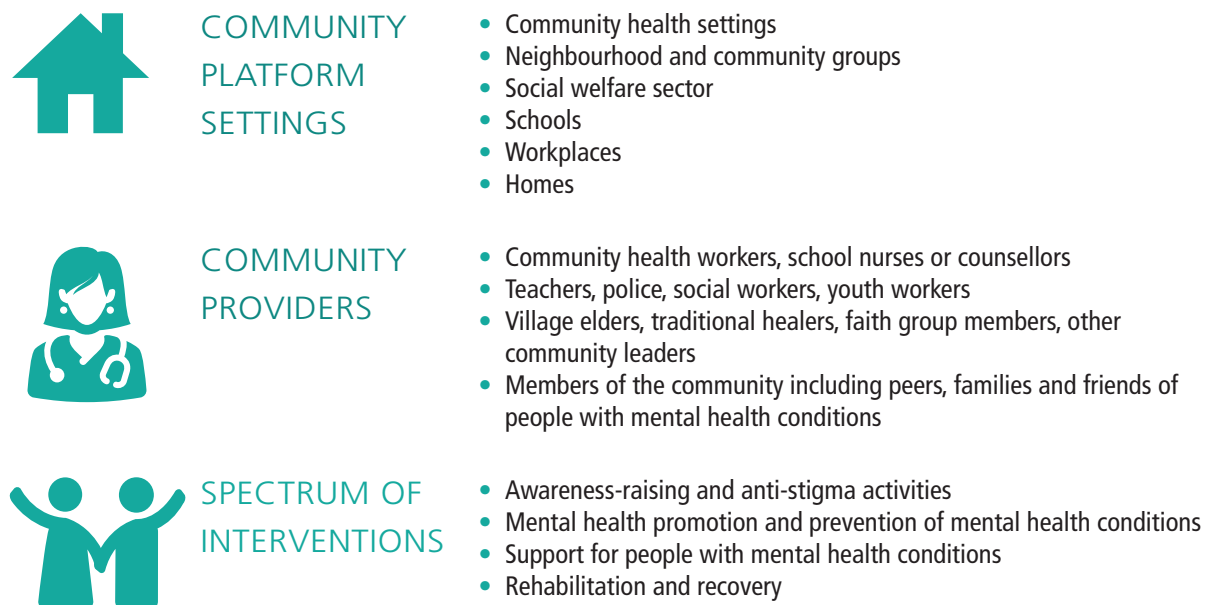
- Community services can reach people where they live and work, thereby increasing access to mental health-related activities and interventions, as well as to other social support services.

- 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 provide accessible entry points and referral pathways (where available) 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

Defining the community platform

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 system⁹ (see Figure 3). Settings considered within the community platform include health settings below the level of primary care (including village health clinics and community outreach teams) and non-health settings within the community such as neighbourhood and community groups, the social welfare sector, schools and workplaces.

Figure 3. **Dimensions of the community platform**



Types of activities and interventions appropriate for the community platform include those aimed at awareness-raising, mental health promotion and prevention of mental health conditions, support for people with mental health conditions, and recovery and rehabilitation services. Promotion and prevention activities may be aimed at the whole community or can target people who are at increased risk of developing a mental health condition. For example, life skills trainings may be provided to all children and adolescents at a primary school or caregiver skills training may be provided specifically to a new parents group.

Because of this broad range of settings, types of activity, interventions and providers, 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.

Community platform settings

As discussed above, the community platform includes settings that are below the level of primary care and may include health or non-health settings. Different community platform settings are described below.

Health settings: The community platform can include health settings and services that sit below the level of primary care such as village health clinics, mobile health clinics, or community outreach teams. These community services can both increase the likelihood that community members can seek and access help, as well as provide referral pathways for higher levels of care when needed.

Neighbourhood and community groups: The community platform can include settings where community members come together socially around shared interests, experiences or needs. These settings may include local neighbourhood groups, faith communities, youth or caregiver groups, disabled person's organisations, or men and women's groups. These settings can be used to deliver information, hold group-based activities or deliver interventions (such as caregiver interventions), and also to access groups (such as men or new mothers) that may be harder to reach via the health system.

Social welfare sector: Organizations in the social welfare sector – including those focused on housing, employment, child protection, domestic abuse and violence prevention, disability and legal services – are important sites for community platform activities. Such activities can be aimed at mental health promotion, prevention of mental health conditions, and supporting people with mental health conditions, including promoting recovery and rehabilitation. Activities provided by the social welfare sector (e.g. vocational, educational and housing support) are often not aimed at improving mental health directly although they may have that effect. Furthermore, some specific mental health activities or interventions (e.g. psychological interventions) can be delivered by staff in this sector (depending on the provider's skills and training).

Schools: Schools are valuable settings for a number of activities and interventions delivered by teachers, school health workers (including school nurses and counsellors) and local youth workers. Activities and interventions in schools can reach children and adolescents who may otherwise not present to the health system. Schools are good locations for mental health promotional activities focused on healthy lifestyles and life skills, as well as for early identification of mental health conditions and activities that support children and adolescents who develop such conditions. Community providers in schools such as teachers can accompany children and adolescents throughout their

school years and developmental stages and can support referrals to health services when needed and on an ongoing basis.

Workplaces: Workplaces can be valuable settings for activities and interventions focused on promoting mental health and preventing mental health conditions, as well as for supporting people with mental health conditions. Services in the workplace are ideally situated because of their potential to reach a large percentage of the adult working population. Services can be directed at an individual level and for different purposes (e.g. for mental health promotion and prevention of mental health conditions for all employees, for employees specifically at risk of developing mental health conditions – such as those working in high-risk sectors – or for employees showing signs of distress, as well as to provide support for employees with mental health conditions). Services can also be directed at a team level (e.g. training of managers and leadership in reduction of stigma and discrimination) or at the organizational level (e.g. identification and management of work-related risk factors for developing mental health conditions). The early identification of mental health conditions in the workplace is important as it can help facilitate referrals and pathways for care and support services, as needed.

Community platform providers

There are many possible providers in each setting within the community platform, both within and outside the health sector. Within the formal health sector and below the level of primary care, community providers may include community health workers, school nurses or counsellors, or workplace health providers. Community health workers are typically defined as health workers without formal qualifications but who have been selected and trained and are working in the communities where they live.¹⁰ Outside the health sector, providers may include community members who carry out a formal role with a specific group of people – such as teachers, social workers, youth workers, or police officers – and other providers including village elders, traditional healers, faith group members, other community leaders, peers, and friends or family members of people with mental health conditions¹¹ (see Figure 4).

Figure 4. **Community providers across health and other sectors**

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

Community providers of all backgrounds, whether they provide mental health services in formal or informal roles, share the common characteristics of being known and often trusted members of the community. This is an important factor in improving access to care as it can reduce stigma and discrimination, as well as providing a more acceptable initial pathway into the health system.¹¹

It is not expected that all possible providers of mental health services in the community will be able to provide all types of activities or interventions. The choice of which activities and interventions are carried out by which provider will depend on a range of factors – such as the experience, skills and training of the provider; the roles that providers play in the community; the settings where they live and work; the people whom they work with or meet; and their own personal interests. For example, community health workers may be in a better position to deliver structured and/or targeted interventions given their formal roles as health providers, whereas teachers may be in a better position to carry out mental health promotional activities, such as life skills training, with young people.

Spectrum of interventions

Mental health activities and interventions that can be carried out in the community platform cover a spectrum to address the continuum of mental health (see Figure 1). These include some activities and interventions that are relevant to the whole community and some which are aimed at people or groups at higher risk of developing mental health conditions or people who have already been identified as having a such a condition. Examples include activities and/or interventions that: address stigma around mental health; promote mental health and prevent mental health conditions; provide support for people with mental health conditions, their carers and families; and promote recovery and rehabilitation for people with mental health conditions. A brief description of these activities and interventions follows (see Table 1). For practical information on how to carry out these activities and interventions, as well as related tools and resources, see the relevant modules in Part 2: mhGAP Community Provider Manual.

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 both 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.

Mental health promotion and prevention: 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.

Support for 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.

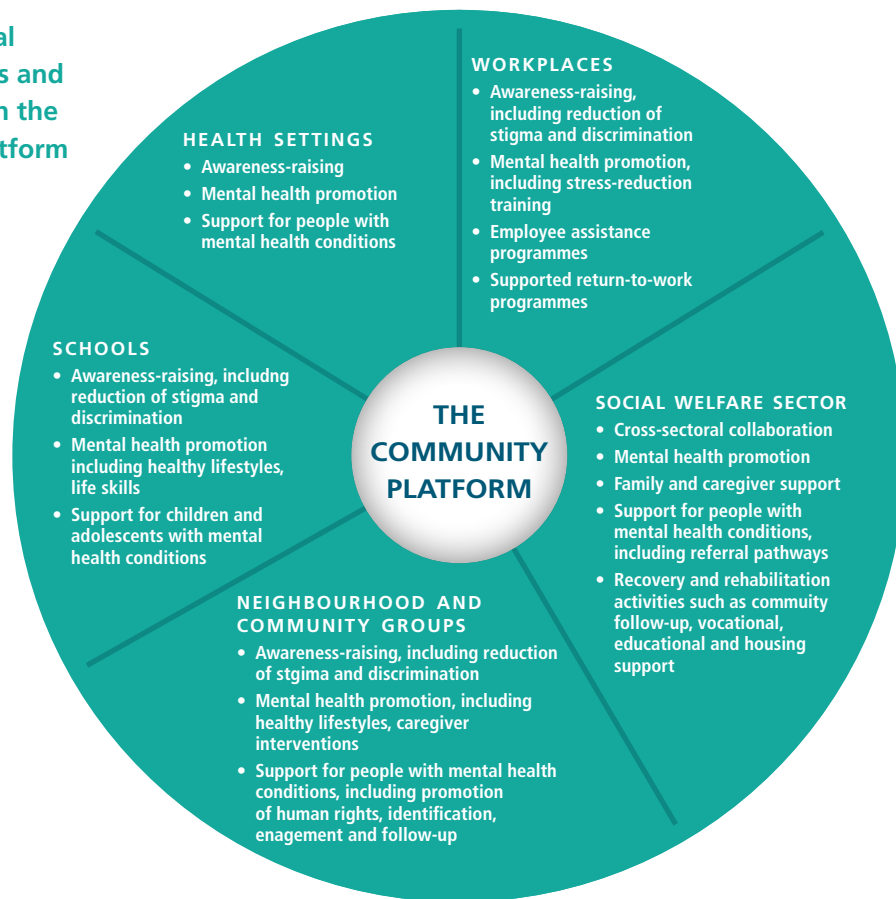
Recovery and rehabilitation: These activities and interventions aim to promote recovery and rehabilitation within the community for people with mental health conditions to enable them to live fulfilling, meaningful and productive lives. Activities and interventions include community follow-up; vocational,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

Table 1. Summary of the spectrum of activities and interventions that can be undertaken 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

These activities and interventions can be carried out in different settings and by different types of community providers within the community platform (see Figure 5).

Figure 5. Mental health activities and interventions in the community platform

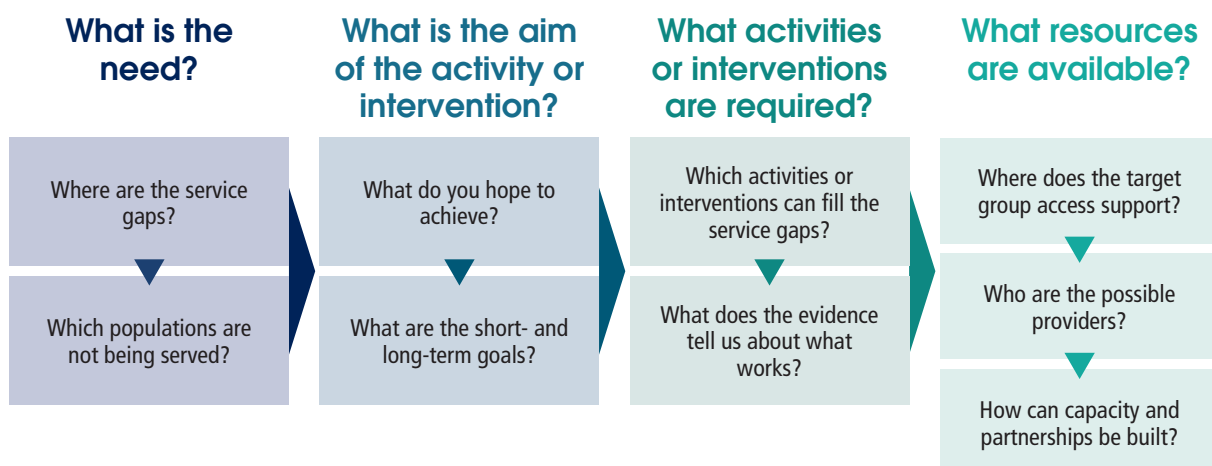


Planning mental health services in your community

Community mental health services framework to assess need and availability

The framework shown in Figure 6 can be used to help make decisions regarding the types of activities and interventions that are appropriate for your community, depending on the local context and needs, current service gaps and resources available.

Figure 6. Community mental health services framework



The answers to the questions posed in the framework will be different for every community and will depend on the characteristics, strengths, needs and resources of the community and its members. For example, an intervention aimed at reducing adolescent substance use may be successfully implemented by school teachers in a community where the majority of adolescents attend school. However, it may be better implemented in local community centres, markets or faith groups in a community where a large percentage of adolescents are not enrolled in school (or are unable to access school due to fees or other barriers). See Table 2 for two examples of how to use the community mental health services framework.

Table 2. **Examples using the community mental health services framework**

Framework questions	Example 1	Example 2
What is the need?	High rates of adolescent substance use	Lack of access to mental health services for people with mental health conditions (primary care and specialist services are far from the community)
What is the aim of the activity or intervention?	Improve mental health of adolescents in the community Reduce the rates of adolescent substance use	Improve local access to mental health support Improve the ability of community providers to support people with mental health conditions
What activities or interventions are required?	Awareness-raising and community education Mental health promotion and prevention of mental health conditions (e.g. promotion of healthy lifestyles and life skills)	Awareness-raising and community education Training of community providers on how to provide support for people with mental health conditions
What resources are available?	Teachers, social workers, youth workers, faith group members Schools, community centres, markets, places of worship	Community health workers, village elders Village health clinic, community centres

For your own practice, there is a practice framework exercise at the end of this part (page 17).

Service mapping in your community

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 also important to capture all of this activity, so that you can share information and pathways for referral in your community. Additionally, the mapping of current service provision will help you to identify where the gaps are and to plan strategically for developing further services.

Additionally, it is very important to understand and map available protection services in your area for people facing intimate partner violence or for children or older persons facing neglect or abuse. As you map these services, you should clarify what the appropriate referral pathways are in your community for each scenario and

which agencies or authorities should be contacted. For children in particular, it is very important to establish clear pathways for both reporting and referral to protection services. This information should be integrated into trainings for all community providers. (See Additional tools and resources for WHO Guidelines for the health sector response to child maltreatment.)

In conducting service mapping, you may choose to partner with others working in your community, or you may decide to add to the service mapping that another person, group or agency has already done. Service mapping can be documented and shared in multiple ways; for example, you can compile a 1–2 page document or small booklet of contacts and referral information, you can set up a group of contacts and numbers in a social messaging application (e.g. WhatsApp, Viber, etc), or you can create more comprehensive spreadsheets or online systems.

Strategies for conducting service mapping include:

- Start broadly. Generate a list of all health and non-health services you can find that may benefit people with mental health conditions – including general health services, mental health services and social services. Write down the names and contact details of people who represent these services.
- Ask others in the community to help you fill in information if you are unsure about what services exist in a specific sector.
- Once you have generated a list of all relevant services, ask questions (in person, via telephone, or mail or email questionnaires) to individual providers who represent these services – including what kinds of care and services they provide, types of providers offering these services, and how to refer people to these services.
- Categorize these services according to type (health versus non-health service etc), location (health centre versus school etc) and age group targeted (children, adolescents, adults, older adults etc).

Once you have undertaken service mapping, prepare a list of services and referral pathways through which people with mental health conditions can receive support. Also identify where the key gaps in service provision are. This process can help you plan and develop further services in your community. For your own practice, there is a service mapping exercise at the end of this part (page 20).

Cross-sectoral collaboration

Partnerships and collaboration are very important as you undertake planning of health services in your community. It is valuable to bring people and organizations from all sectors together to increase the quality, appropriateness and reach of mental health activities and interventions. This includes involving health and non-health sectors, as well as people with mental health conditions and their carers and families, in the development, delivery and improvement of activities and interventions. For more practical guidance on how to involve people with mental health conditions at all stages

of the planning process, see Part 2: 1.3: How to involve people with mental health conditions and their families when planning activities in your community.

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

- Multiple groups working together 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 roles they can play to have a positive impact on mental health is important.
- Cross-sectoral collaboration and communication can be 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.
- Community providers across various sectors can feel more confident in identifying mental health conditions and supporting people with mental health conditions with appropriate services and referrals when needed.

Strategies for encouraging cross-sectoral collaboration include:

- Set up regular community networking meetings to bring together different agencies and community providers to share expertise and coordinate efforts. (See Box 2).
- Establish and formalize referral pathways so that community providers know how to refer people they work with to other agencies.
- Share expertise through meetings, talks or workshops to enhance the awareness and skills of community providers across different sectors (e.g. providers working in the housing sector may run a workshop for police officers on how to access services for homeless people).
- When appropriate, organize joint meetings for community providers involved in the care of a person to coordinate efforts, if the person agrees. (See Box 3).



Box 2. Cross-sectoral networking meetings

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 with mental health conditions.



Box 3. Coordinating efforts when supporting an individual

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 providers 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.

Training and supervision

After conducting service mapping and identifying gaps in service provision in your community, you can collaborate with others to develop mental health services to fill these gaps. To do so, you will need to build capacity among community providers through training, ongoing supervision and support. You will need to identify facilitators to conduct the training and provide supervision and support. A master/expert facilitator can start by training a group of facilitators in a “training of trainers” session. Master facilitators should ideally have experience in mental health as well as in training others, and should also be good communicators and problem-solvers. After the “training of trainers” is completed, facilitators can train – and provide ongoing supervision and support to – community providers who offer mental health services (see Figure 7).

Figure 7. Approach to capacity-building for community mental health services



Source: Adapted from: WHO toolkit for the care and support of people affected by complications associated with Zika virus. Manual for public health planners and managers (Figure 3). Geneva: World Health Organization; 2017.

Part 2 of this toolkit provides detailed practical information about the interventions and activities that community providers can use to address mental health. This information can be used to train community providers in various aspects of mental health promotion, prevention, treatment and support.

Materials that are used to train facilitators and community providers should be adapted to the local context. The adaptation process is a valuable opportunity to involve members of the community in developing both training and subsequent services. Adaptation also ensures that:

- training materials can be used efficiently within the local system;
- training materials are culturally sensitive and locally acceptable;
- training materials can be understood (i.e. by using the local language and terminology);
- referral pathways for any local services are accurately described;
- training materials remain consistent with relevant national and international guidelines on mental health.

Training alone is insufficient. It is becoming increasingly clear that community providers need ongoing supervision and support. Supervision reinforces the initial training and strengthens the skills of the community provider to deliver the interventions to support mental health. A supervisor can be a mental health specialist or trainer or a non-specialist health-care provider with experience in mental health.

It is also important to monitor and evaluate your programme continually. Indicators for monitoring and evaluation should be consistent with national and international systems because these will allow you 1) to ensure that your programme is effective and 2) if it is effective, to make a case for continued or additional resources for the programme (see Box 4).



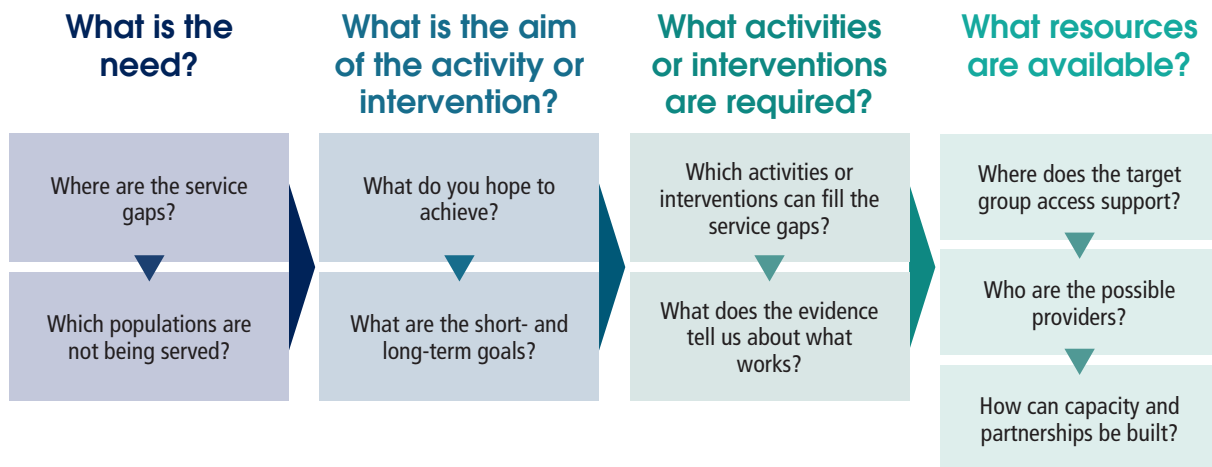
Box 4. **Steps for training and supervision of community providers**

1. Identify a master or expert facilitator to conduct the “training of trainers” for facilitators.
2. Identify facilitators to participate in the “training of trainers” and serve as supervisors.
3. Identify community providers to be trained by these facilitators.
4. Adapt training materials to the local context and language. Enlist community leaders to help with this process.
5. Plan training sessions and ongoing supervision with monitoring and evaluation.

Practice exercises

Practice exercise: Community mental health framework

Figure 6. Community mental health services framework



Keeping the Community mental health services framework in mind, fill in the following table.

Community mental health services framework – Questions

Question	Please complete
What are some of the mental health needs in your community? Where are the service gaps?	The mental health needs in my community are the following: <div style="border: 1px solid #ccc; height: 80px; margin-top: 5px;"></div>
	The service gaps in my community are the following: <div style="border: 1px solid #ccc; height: 80px; margin-top: 5px;"></div>

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 data-bbox="574 343 1409 576" style="border: 1px solid #ccc; height: 100px;"></div> <p>Short-term goals:</p> <div data-bbox="574 634 1409 866" style="border: 1px solid #ccc; height: 100px;"></div> <p>Long-term goals:</p> <div data-bbox="574 936 1409 1168" 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 data-bbox="574 1238 1409 1468" style="border: 1px solid #ccc; height: 100px;"></div>

Community mental health services framework – Questions (continued)

Question	Please complete
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>Resources available to carry out the activities or interventions:</p> <div data-bbox="574 343 1405 576" style="border: 1px solid #ccc; height: 100px;"></div>
	<p>Settings where the activities or interventions can take place:</p> <div data-bbox="574 634 1405 866" style="border: 1px solid #ccc; height: 100px;"></div>
	<p>Providers who can carry out the activities or interventions:</p> <div data-bbox="574 936 1405 1157" style="border: 1px solid #ccc; height: 95px;"></div>
	<p>Who I can partner with:</p> <div data-bbox="574 1227 1405 1461" style="border: 1px solid #ccc; height: 101px;"></div>

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>

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>

References and further reading

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Additional tools and resources

Inter-agency referral form and guidance note. Geneva: Inter-Agency Standing Committee (IASC) Reference Group for Mental Health and Psychosocial Support in Emergency Settings; 2017.

Service Availability and Readiness Assessment (SARA) reports 2010-2016. Geneva: World Health Organization (https://www.who.int/healthinfo/systems/sara_reports/en/, accessed 5 September 2019).

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WHO mhGAP Operations Manual. Geneva: World Health Organization; 2018 (Section 2.4: Coordinate care pathways: (<https://apps.who.int/iris/bitstream/handle/10665/275386/9789241514811-eng.pdf?ua=1>, accessed 26 August 2019) (See section 2.4: Coordinate care pathways).

WHO mhGAP Operations Manual. Geneva: World Health Organization; 2018 (Annex A3: mhGAP tools for situation analyses: (<https://apps.who.int/iris/bitstream/handle/10665/275386/9789241514811-eng.pdf?ua=1>, accessed 26 August 2019) (See Annex A3: mhGAP tools for situation analyses).



Part 2

mhGAP COMMUNITY PROVIDER MANUAL

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



Part 2

mhGAP Community Provider Manual

Introduction

What this manual is for

This manual is intended to help people understand how to address mental health in their communities. This includes promoting mental health, preventing mental health conditions and providing support for people with mental health conditions.




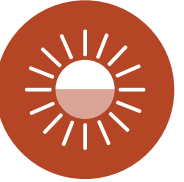

Please note: this manual is not intended to replace the treatment for people living with serious mental health conditions. For treatment, the manual directs you to further resources and discusses how to refer someone to health services.

Who this manual is for

This manual is for any persons who wish to address mental health within their community. These may include community health workers, teachers, social workers, police officers, village elders, faith group members, youth group leaders, carers, or other interested members of the community. The manual is also useful for people who plan community mental health programmes and would like to train groups of community providers.

Manual format

This manual consists of five modules:

Module 1	Module 2	Module 3	Module 4	Module 5
How to talk about mental health	How to promote mental health and prevent mental health conditions	How to provide support for people with mental health conditions	How to promote recovery and rehabilitation for people with mental health conditions	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

The modules contain information in the following general format:

- Why is it important?
- What can you do?
- Now it's time to practise! Exercises
- Additional tools and resources.

You will find further reading at the end of this Part.

How to use this manual

It is not expected that any one person will use all of the information and perform all of the activities described in this manual. Depending on your role in the community, you will find some information more useful than others.

The activities described in this manual can be integrated into your daily work. For example, if you are a teacher, you will find the information on health promotion activities useful – particularly the topics of life skills training, caregiver interventions, suicide and substance use prevention (Module 2). You will also find information on working with children and adolescents (Module 5) useful.

If you are a community provider focusing on maternal and child health care, you will find the information on how to talk about mental health, the identification of mental health conditions, psychoeducation and information on working with pregnant women or those who have recently given birth useful in your work with mothers and families (Modules 2, 3 & 5).

You are encouraged to use the information in this manual in your day-to-day community activities.

Module 1

How to talk about mental health



This module covers how to talk about mental health in your community. First it discusses how to talk about mental health generally and how to plan educational activities. Then it discusses ways to reduce stigma, discrimination, and social exclusion. This module will also cover how to include people with mental health conditions and their carers or families when planning educational or other activities in the community.

1.1 How to talk about mental health in your community

WHY IS IT IMPORTANT?

It is important to talk about mental health in our communities because:

- Although mental health conditions are very common, people often have limited information about mental health or mental health conditions.
- Many commonly-held myths about mental health are not true, and this leads to stigma and discrimination towards people with mental health conditions.
- Stigma and discrimination can make it hard for people to seek help when they need it.
- More mental health awareness in a community makes it more likely that people who need support for their mental health will receive it early.

Community providers can play a vital role in providing accurate information about mental health to the public. They can also dispel myths about mental health conditions. In doing so, community providers can fight stigma and discrimination and can encourage people to seek help when they need it. With more knowledge and awareness, people in a community are more likely to be understanding and supportive of persons with mental health conditions, and persons with mental health conditions may feel safer and more comfortable in seeking support. Community education can help lead to:

- awareness of factors that generally have positive or negative impacts on mental health;
- understanding of mental health conditions;
- identification of signs of common mental health conditions;
- stigma reduction, compassionate and nonjudgemental attitudes to mental health care and to people with mental health conditions;
- practical knowledge of how and where to find support for oneself or a loved one.

WHAT CAN YOU DO?

You can talk about mental health and raise mental health awareness in informal or formal ways.

Informal awareness-raising: Talk about mental health in your community with any member of the community that you meet. Examples of informal awareness-raising within the community include:

- If you see someone treating, or talking about, a person with a mental health condition in an unkind or unfair way, intervene and encourage a more compassionate and nonjudgemental attitude. (See 1.2: Reduction of stigma, discrimination and social exclusion.) You can also answer questions that people around you may have about mental health.
- If you are a teacher, after reading this manual, pass on your knowledge of mental health and mental health conditions through informal discussions with your colleagues, students and students' families.
- If you are a police officer, after reading this manual, improve awareness of mental health and mental health conditions among your colleagues and others in the community whom you may meet in your daily work.

Formal awareness-raising: You may wish to educate members of your community about mental health in a more formal way. If you are interested in planning community education on mental health, decide: 1. *How do you want to reach members of your community?* 2. *What topic would you like to teach to them?* 3. *Who might you want to partner with?*

How to reach members of your community:

- **Workshops.** Plan a 1-hour or 2-hour interactive workshop which can be delivered in schools, community centres, places of worship, libraries, women's centres, child- and youth-friendly spaces, mother-baby spaces or workplaces.
- **Community forums.** Organize a community forum or "town hall meeting" where anyone interested in the community can gather. Give a short talk or have guest speakers give short talks and then facilitate discussion. Consider inviting people with mental health conditions and their families to share their experiences, if they feel comfortable.
- **Flyers or factsheets.** Develop a one-page flyer or factsheet with information about mental health, and distribute it in health centres, schools, community centres, places of worship, libraries, marketplaces or other community spaces.
- **Radio advertisements or campaigns.** You may be able to work with local radio stations to plan short advertisements or campaigns about mental health.

- **Newspaper or magazine advertisements.** You may be able to work with a local newspaper or magazine to devote a page or half-page to a mental health campaign.

Topics to consider focusing on while you teach your community include:

- What is mental health? (See Module 2: How to promote mental health and prevent mental health conditions.)
- How to promote positive mental health and prevent mental health conditions. (See Module 2: How to promote mental health and prevent mental health conditions.)
- Information about different mental health conditions. (See 3.2: Identifying mental health conditions; and 3.3: Engaging and relationship-building.)
- Identifying different mental health conditions. (See 3.2: Identifying mental health conditions.)
- How to support people with mental health conditions, including self-help strategies. (See 3.3: Engaging and relationship-building.)
- Knowing when and how to refer someone to other supports, whether peer support, health or social welfare services. (See 3.5: Referring for more care and services.)

Who you can partner with:

Consider working with others in your community while planning an awareness-raising activity. This can help share your workload and keep you motivated.

- Partner with a friend, local teacher, faith group leader, health-care worker or other interested community member.
- **Also consider partnering 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. (See 1.3: How to involve people with mental health conditions and their families when planning activities in your community.)

1.2 Reduction of stigma, discrimination and social exclusion

WHY IS IT IMPORTANT?

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 full citizenship.

Examples of stigma and discrimination that people with mental health conditions may face include:

- being rejected by peers, friends, employers and even family;
- being denied equal participation in family life, community life or 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).

Potential consequences that stigma and discrimination have on people with mental health conditions are:

- 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;
- avoiding social activities or work because of fear of how others may react and judge them.

What causes stigma? Stigma usually results from a lack of information about mental health conditions or from misinformation.

Some of the most common false (and harmful) ideas about mental health conditions are:

- ✗ People with mental health conditions are violent or have no self-control.
- ✗ Having a mental health condition is somehow the person's fault.
- ✗ People with mental health conditions are difficult or incapable of making decisions.
- ✗ Mental health conditions are untreatable.
- ✗ Mental health conditions are caused by supernatural powers or a curse.
- ✗ You should not talk to a person with depression because it will make you depressed.
- ✗ You should not ask a person if they are suicidal as this may trigger self-harm.

Stigma can be effectively combatted by correcting myths, misconceptions and prejudice and replacing them with correct information. Studies show that we can reduce stigma and discrimination by using social contact interventions, either in person or virtually (e.g. over the Internet/social media). Specific actions you can take to combat stigma in your community include:

- Change negative attitudes about mental health conditions. Educate people about mental health conditions by offering the right information. (See Box 1; and information on psychoeducation in 3.3: Engaging and relationship-building.) When the public or policy-makers know the facts about mental health conditions, they can contribute to a better understanding in society.
- Speak up when you see discrimination or poor treatment. For example, stop jokes and unpleasant or inappropriate comments about mental health conditions or comments which are directed at people with such conditions. Ask for help from others if you are in a situation where you feel unsafe to speak out on your own.
- Lead by positive example. Show compassion when you speak about mental health conditions or about people with these conditions.
- Avoid using stigmatizing language and encourage others to do the same. Use people-centred language such as “a person with a mental health condition” or a “person with lived experience of mental health conditions”.
- Treat people with mental health conditions with respect and positivity. Listen non-judgementally when people share their experiences about mental health conditions or recovery. Praise those who choose to seek help and support for mental health conditions.
- Consider volunteering for an organization that supports people with mental health conditions and encourage others to do the same.
- Work actively with the media. For example, if you have the resources, consider hosting annual prize ceremonies for the best reporting and coverage of mental health.
- Encourage celebrities to speak publicly about their experience of mental health conditions.



Box 1. Key facts about mental health conditions

- Mental health conditions are common all around the world.
- Adverse events in the community (such as war, disasters or other humanitarian crises) or to the individual (violence, abuse or other adverse events) can have an impact on a person's mental health and sense of well-being.
- Physical health conditions can increase the risk of mental health conditions, and mental health conditions can increase the risk of physical health conditions.
- Stigma and discrimination make it harder for people with mental health conditions to seek and have access to high-quality care.
- Human rights violations of people with mental health conditions are reported all around the world.

Work with people with mental health conditions, their carers and families to combat stigma and discrimination. Specific actions include:

- Support them in developing their own knowledge and understanding of mental health conditions, as this will increase their self-confidence and trust. (See 3.3: Engaging and relationship-building.)
- Help them to find and participate in self-help and support groups so that they may feel more informed. (See 3.6: Supporting carers and families.)
- Encourage them to talk openly about their condition and experiences with people they trust.
- Arrange direct social contact experiences for the staff you work with. For example, invite people with mental health conditions to describe their experience and recovery.
- Involve them in community education programmes and training about mental health. (See 1.3: How to involve people with mental health conditions and their families when planning activities in your community.)

1.3 How to involve people with mental health conditions and their families when planning activities in your community

WHY IS IT IMPORTANT?

For far too long and in too many places, people with mental health conditions have been excluded from the planning and decision-making of mental health activities, even though the activities concern them. (See 3.1 Promoting human rights.) One of the best ways to make sure that a mental health-oriented activity is genuinely helpful and meets the needs of the people it is designed for is to actively involve people with mental health conditions in the design, delivery and improvement of the activity.

Why is it important to include people with mental health conditions and/or their carers and families when planning educational or other activities in your community (see Box 2)? The reasons are:

- People with mental health conditions have valuable insights and experiences that can help to shape and improve mental health activities in the community. They can provide feedback about their experience of accessing and being involved in a certain programme or activity. What felt most helpful, and what could be improved?
- Including people with mental health conditions in your activities can be an effective way to combat stigma and change attitudes towards mental health in your community.
- It is also helpful to ask for input and feedback from carers and family members of people with mental health conditions about how they felt during a certain programme or activity. Did they feel supported, how useful was the specific information, and what changes would they like to see to improve the programme?

WHAT CAN YOU DO?

If you are planning mental health activities in your community, here are ways that you can meaningfully involve people with mental health conditions and/or their families and carers:

- Invite people with mental health conditions and/or their families and carers to join planning meetings to discuss and exchange ideas about activities in the community.
- Conduct surveys, interviews or focus group discussions in your community to find out the needs of people with mental health conditions.
- Invite people with mental health conditions and/or their families and carers to be involved in or lead the activities.
- Ask for feedback from people with mental health conditions and/or their families and carers for any activities that you plan (via forms, surveys, advisory groups or informal discussions), and use their feedback to improve these activities.



Box 2. **Ways people with mental health conditions and/or their families and carers can support mental health activities in the community**

- providing social support or “befriending”;
- running groups – with or without other community providers;
- sharing with others about their own experience of illness, treatment, recovery or caring;
- helping people identify (and try out) strategies for managing their symptoms or disability;
- basic counselling;
- visiting people in their homes or providing transport to community activities.



Now it's time to practise!

PRACTICE EXERCISE

What can I do to talk about mental health in my community?

① **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.

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② **List three actions you can take to combat stigma in your community.**

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③ **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

④ **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
- Mother-baby spaces Workplaces

⑤ **If you were to print flyers or fact sheets, where would you be able to place them?**
✓ (check all that apply)

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

⑥ **If you were to plan a formal educational activity, what are one or two topics that you would want to focus on?**

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Tools and resources for Module 1

WHO mhGAP Intervention Guide for mental, neurological, and substance use disorders in non-specialized health settings, Version 2.0. Geneva: World Health Organization; 2016 (https://www.who.int/mental_health/mhgap/mhGAP_intervention_guide_02/en/, accessed 26 August 2019).

WHO mhGAP Operations Manual. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/bitstream/handle/10665/275386/9789241514811-eng.pdf?ua=1>, accessed 26 August 2019) (See section 3.3: Raising awareness of mental, neurological and substance use conditions, and services available).

WHO Mental Health fact sheets. Geneva: World Health Organization (<https://www.who.int/campaigns/world-health-day/2017/fact-sheets/en/>, accessed 26 August 2019).

EBCD: Experience-based co-design toolkit. London: Point of Care Foundation (<https://www.pointofcarefoundation.org.uk/resource/experience-based-co-design-ebcd-toolkit/>, accessed 26 August 2019).

CBM Disability-Inclusive development toolkit. Bensheim: CBM International (https://www.cbm.org/fileadmin/user_upload/Publications/CBM-DID-TOOLKIT-accessible.pdf, accessed 26 August 2019).

WHO QualityRights Initiative. Geneva: World Health Organization 2019. (https://www.who.int/mental_health/policy/quality_rights/en/, accessed 26 August 2019)

Promoting human rights in mental health: WHO QualityRights training to act, unite, and empower for mental health (pilot version). Geneva: World Health Organization 2017 (See Topics 1,6, and 7). (<https://apps.who.int/iris/bitstream/handle/10665/254802/WHO-MSD-MHP-17.2-eng.pdf;jsessionid=DD744DC511A743139BA81E17B58DAE29?sequence=1>, accessed 26 August 2019).

Module 2

How to promote mental health and prevent mental health conditions



This module describes how to promote mental health and prevent mental health conditions. First, it shows how to promote a healthy lifestyle, which is very important for both physical and mental health. Second, it outlines training in life skills for children and adults, as well as ways to strengthen caregiver skills. Third, it discusses ways to prevent substance use and suicide in the community. Lastly, but no less important, the module outlines how to prioritize self-care for community providers.

2.1 Healthy lifestyles

WHY IS IT IMPORTANT?

A healthy lifestyle means regular exercise, good-quality sleep, a nutritious diet, social connection and stress reduction when needed. It also means avoiding things that negatively affect health and well-being – such as smoking, harmful use of alcohol and other psychoactive substances. A healthy lifestyle is important for all people at all stages of their lives because it helps them to feel strong, to be proactive and to achieve both physical and mental health. A healthy lifestyle can help to reduce the risk of developing many chronic physical and mental health conditions. It also helps manage the symptoms of mental health conditions (for example, regular exercise can improve one's mood and concentration).

The mind and body are connected. People who take good care of their physical health will also benefit their mental health and vice versa.

WHAT CAN YOU DO?

Finding ways to promote healthy lifestyles and support people to make healthier choices can have a positive impact on individuals and the whole community (see Box 3). You can do this in a number of ways, either informally or formally. For example:

- You can raise awareness informally with your friends, family and colleagues.
- Public awareness campaigns can 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 or reducing alcohol consumption).

Here is some information you can provide to help people maintain healthy lifestyles.

Physical activity

Regular physical activity and exercise are vital for both physical and mental health, as they have been shown to improve heart health, reduce stress, relieve symptoms of anxiousness and sadness, boost energy levels and improve sleep. While exercise can improve mental health, poor mental health can lead to inactivity and the lack of motivation to exercise. It is often helpful to encourage people to exercise, even if they do not feel like doing so, as they may feel better afterwards. Physical activity and exercise can be done almost anywhere and do not necessarily require any equipment. Exercise can take many forms, including walking up stairs, running or cycling, swimming or group-oriented sports activities. When encouraging physical activity, things to keep in mind include:

- People who are not used to being very active should start slowly – with small amounts of physical activity and, as they are able, gradually increasing the duration, frequency and intensity of exercise over time.
- People should be supported in choosing physical activities that are suitable for them, depending on the context of their daily life and ongoing activities relating to their family, school, work or community.
 - For children and young people, physical activity may include play, games, sports, transportation (e.g. walking or cycling), chores, recreation, physical education or other planned exercises.
 - For adults, physical activity may include the duties relating to their job, transportation (e.g. walking or cycling), household chores, or leisure activities such as play, games, sports or other planned exercises.
 - For older adults, physical activity may include transportation (e.g. walking or cycling), duties relating to their job (if the person is still engaged in work), household chores, or leisure activities such as play, games, sports or planned exercises.
- Some exercises can be used for all age groups (e.g. stretching exercises, dancing, yoga, Tai chi).
- People should be supported in deciding how intensive their physical activity should be. Depending on the person's age and relative level of fitness, the intensity that is suitable for them may vary. For example:
 - Mild physical activity may include gentle stretching, walking or swimming.
 - Moderate physical activity may include brisk walking, dancing, gardening or household chores.
 - Vigorous physical activity may include running, fast cycling, fast swimming or moving heavy loads.

The benefits of exercise on mental health can come from even moderate exercise. While exercising every day is best, even as little as one hour a week has been shown to have benefits. It is never too late to start!

Healthy, nutritious diet

Eating healthy, nourishing food is essential to maintaining good physical and mental health. What constitutes a healthy, nutritious diet may vary according to the cultural context and the foods that are locally available and affordable. If someone is experiencing financial hardship or if there is a shortage of foods in the area, it may be difficult to eat a healthy diet. Additionally, some physical or mental health conditions may affect a person's appetite by decreasing it or increasing it, and this may also make it harder to eat a healthy diet. For pregnant women or those who are breastfeeding, healthy diets are especially important.

Healthy diets generally include mainly unprocessed foods (where available) such as:

- plenty of vegetables and fruits;
- pulses (or legumes);
- whole-grain cereals;
- lean meats and fish;
- moderate amounts of dairy food.

Healthy diets also involve:

- clean drinking water;
- limiting foods that are high in saturated fats, added salt or added sugar;
- avoiding smoking, harmful use of alcohol and other psychoactive substances.
(See 2.5: Substance use prevention.)

Community providers can play an important role in raising awareness about healthy diets and in supporting people to make positive changes to their diets. For example, consider encouraging groups to get together to prepare healthy meals (using ingredients based on what is available and consistent with the local culture). This helps people learn how to cook healthy foods at home and increases social connection and support. Also consider working with caregivers to help them learn how to prepare healthy meals for their children in quick and affordable ways.

Community providers can also work individually with people who have physical or mental health conditions and support them in choosing healthy foods. You can partner with a nutritionist or other health-care provider for complicated health conditions where someone has specific nutritional needs. Here are some tips for working with people who may have low motivation for eating (or reduced appetite):

- Help the person plan a daily or weekly routine that involves shopping for food and preparing simple meals. Encourage the person to keep meals simple and regular.

- Encourage the person to get help from friends or family with shopping or preparing meals if possible.
- Encourage the person to have small, healthy snacks throughout the day.

Good-quality sleep

Getting good-quality sleep on a regular basis is vital for good physical and mental health. Good-quality sleep means enough sleep, during regular hours (i.e. generally at the same times) and without interruption. Most adults need 7–9 hours of uninterrupted sleep per night. Sleep can be disrupted for many reasons – including physical illness, pain, worry or stress, or some lifestyle factors. Promoting the benefits of sleep for health can raise awareness and encourage people to aim for a healthy amount of sleep each night. Strategies for maintaining and improving good sleep include:

- Wake up and go to bed at around the same times each day.
- Avoid caffeine (found in coffee, tea and some soft drinks) in afternoons and evenings.
- Limit the use of alcohol or other substances that can affect the quality of sleep.
- Avoid the stimulation of television, computer or telephone screens before bedtime.
- Avoid daytime naps.
- Create a calm sleeping environment with a comfortable temperature and minimal noise and light, where possible.

Social connection

Meaningful social connection is very important for both physical and mental health. Social connection helps people live longer and healthier lives, while social strain or isolation harms people. Having positive and regular connections with other people – including family, friends and co-workers – can help to maintain and improve mental health. By encouraging people to take part in more social activities, you help them to build a safety net of social supports. This is especially important for people who are experiencing a lot of stress or who currently have a mental health condition because both of these may make people try to avoid social situations. Additionally, social exclusion and stigma may be barriers to joining social activities for people with mental health conditions. Community providers can encourage more social inclusion and connection by helping a person find appropriate activities and by facilitating inclusion. (See also 1.2: Reduction of stigma, discrimination and social exclusion; and 4.3: Social recovery and connectedness.)

Some activities you may encourage people to take part in, if they are interested, are:

- seeing one's family, friends and co-workers socially on a regular basis;
- making time to get to know neighbours or other people in the community;
- joining a group with which they share interests (such as a book club, art group, or musical or singing group);
- joining a place of worship or connecting with a faith group;
- joining a sports club, volunteer group, women's or youth group;
- connecting to groups online with shared interests.

Stress reduction

One aspect of a healthy lifestyle is having good strategies to manage and reduce stress. Stress is a normal response to difficult or upsetting situations. However, if stress is chronic and is not managed, it has been shown to have negative impacts on a person's physical and mental health.

You can encourage people to maintain a good balance between their work and personal life as far as possible, so that they try to avoid being overworked. Of course, it is not always possible to avoid stressful situations and our lives can hold many challenges. Encourage people to use strategies that can help them manage their stress, have a positive sense of well-being and feel less overwhelmed. Some of the activities already described – including physical exercise, restorative sleep and spending quality time with loved ones – are not only good activities for maintaining a healthy life but are also useful for managing stress. Additional strategies that are useful specifically for coping with stress include relaxation techniques and pleasant activities. (For more information on these strategies, specifically relaxation techniques, see 2.6: Self-care for community providers.)

As you support people in making healthy lifestyle choices, keep in mind what challenges or barriers they may face in trying to do so. The community can play a role in dealing with some of these challenges. As a community provider, consider holding discussions with community members on what barriers they face. You can help find out how to address these barriers and you can work with others to try to implement solutions. For example, people who wish to be more physically active need access to safe places for physical activity (e.g. local play facilities and parks or walking trails). If there are no safe spaces for physical activity nearby, you may be able to work with others to create them (e.g. by creating walking trails). Other ideas to encourage community-driven solutions for increasing physical activity include local media campaigns to raise awareness of the benefits of physical activity or organizing groups for physical activity.



Box 3. How to support people to begin and sustain changes in their lifestyle

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 to larger goals.
- Support the person to make a plan with a specific goal in mind and to come up with detailed steps for achieving the goal. 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 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.

2.2 Life skills

WHY IS IT IMPORTANT?

“Life skills” are positive and adaptive behaviours that empower people to be able to deal with the many challenges of life. Having good life skills promotes mental health and can also help to prevent mental health conditions by reducing a person’s stress in response to these challenges.

Studies show that life skills programmes can be effective as part of programmes that educate people about health-related issues such as nutrition; tobacco, harmful use of alcohol and other psychoactive substances; pregnancy prevention; and preventing HIV/AIDS or other sexually transmitted infections. Life skills programmes are often delivered to young people. However, life skills programmes can also be helpful to adults, especially when adults are facing stressful or life-changing situations.

For young people, life skills programmes have been successful in reducing school dropouts and violence, as well as preparing them with skills needed for jobs. Young people in particular face new challenges today. For example, in many contexts young people spend a lot of their time online, which may have positive or negative effects. Young people need to be equipped to accomplish everyday activities online while maintaining their personal safety, respecting other people’s rights and keeping their information secure.

In general, 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 the people to whom the training will be delivered. However, there are some universal skills that improve well-being and functioning, and that help people become more fulfilled and

meaningfully productive in their communities. 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).

WHAT CAN YOU DO?

As a community provider, you may wish to provide life skills training for people in your community. Life skills training should ideally be offered to all children and adolescents as a part of health promotion. Life skills training can also be useful for adults, especially when they are coping with life changes or difficult situations.

This manual does not give details of how to conduct life skills training. For more information, see Tools and resources for Module 2 on page 61. Some examples of life skills are listed below.

Decision-making: Learning effective decision-making skills helps people to better assess their options in life and the effects that different decisions may have. Techniques to improve decision-making include considering the benefits, drawbacks and costs of each possible choice a person faces.

Creative thinking and critical thinking: Creative 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. Interpersonal skills are strategies people can use to get along with other people and navigate social situations. These skills allow us to make and keep friendly relationships, keep good connections with family members, and to end relationships constructively when necessary.

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: Assertiveness is needed in order to stand up for oneself and other people and to remain firm even when provoked. Assertiveness allows people to express their points of view and priorities in a way that is not aggressive or reactive.

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. (See also 2.1: Healthy lifestyles; and 2.6: Self-care for community providers.)

Emotional regulation: Emotional regulation involves learning to control one's emotions, rather than letting emotions control one's behaviour 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 and both this and critical 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. Life skills programmes should also provide lots of opportunities for people to practise what they have learned.

2.3 Strengthening caregiving skills

WHY IS IT IMPORTANT?

Caregiving is one of the most powerful influences on mental health and well-being during childhood and has a profound impact on the person's later life. The term "caregiving" as used here refers to care given to a child by any adult who is primarily responsible for looking after the child – whether biological parents or nonbiological parents or other caregivers who may include grandparents, aunts or uncles.

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. (For more information on early childhood development, see 5.2: Working with children and adolescents.)

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 has several essential components, including:

- protection of the child or adolescent from harm wherever possible;
- meeting survival needs and promoting physical and emotional health;
- setting and enforcing boundaries to ensure 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, which allows them to develop empathy.

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. (See 1.2: Reduction of stigma, discrimination and social exclusion.) As a result, caregivers of children or adolescents 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.

WHAT CAN YOU DO?

Most caregivers simply want what is best for their child. Sometimes, because of challenging life situations or perhaps because of the way that caregivers themselves were raised, caregivers may have behaviour patterns that are less than ideal.

Community providers can play an important role in helping caregivers to cope with their situation and use better skills. It is important to build a collaborative relationship with caregivers when addressing caregiving. No one is more of an expert on their family than caregivers and no one can be a perfect caregiver. Community providers can speak with caregivers and guide them to help make improvements in their caregiving skills for the benefit of their family.

Community providers can encourage caregivers to do the following, which include strategies to respond to a child's behaviour in ways that engage in sensitive, reciprocal interactions with children:

- Spend time with your child doing enjoyable activities and playing.
- Communicate with and listen to your child. Show understanding and respect for your child. Ask your child about their feelings, thoughts and behaviours, and ask questions in a way that allows the child to feel safe and learn more about themselves.
- Protect your child 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 their children.
- Give loving attention. Provide opportunities for your child to talk with you.
- Be consistent about what your child is and is not allowed to do.
- Give clear, simple and short instructions about what your child should or should not do.
- Give your child simple daily household tasks or activities to do.
- Praise or reward your child when you notice good behaviour.
- Find ways to avoid severe confrontations. Be firm but kind and try not to shout because this may cause the child to feel scared or may escalate any conflict.
- Avoid criticizing your child or calling them names.
- Do not use threats or physical punishment and never physically abuse your child. Using physical punishment sends the message that physical violence is OK.

Some of the strategies outlined above can help caregivers build their child's confidence and self-esteem. Praising a child is very important, as it shows the child that their

positive efforts are appreciated. Avoiding harsh comments or excessive criticism is also important. For example, if a child loses a game or fails a test, a caregiver can find out how the child feels about the situation and discuss what they can do differently next time, rather than criticize them. If a child's behaviour is challenging, encourage caregivers to focus on the behaviour itself rather than criticizing the child. It is also important for the child to have time for play and positive interactions. Children should have playmates and these can include siblings, peers and caregivers.

Where relevant, caregivers should also be encouraged to monitor the use of television, smartphones, tablets and other devices that have access to messaging, social media and the Internet. Children and adolescents need to learn to engage responsibly with these technologies, and caregivers can help set an example as to how to do this.

Interventions to strengthen caregiving skills can be delivered in groups, or one-on-one. Caregivers can be reached through schools, at community gatherings, during individual home visits, during medical visits and in group training sessions. **It is important to recognize and refer to the appropriate agencies or authorities any cases where neglect or abuse is involved.** (See 3.5: Referring for more care and services.)

2.4 Suicide prevention

WHY IS IT IMPORTANT?

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

How common is suicide? Globally, close to 800 000 people die from suicide each year, Suicide occurs throughout the lifespan and was the second leading cause of death among 15–29 year-olds globally in 2016. Additionally, these numbers may be falsely low, as suicide tends to be underreported in many countries because of stigma, fears about legal consequences, and the lack of monitoring and reporting systems. Moreover, for every suicide, there are many more people who attempt suicide every year.

What are the risk factors for suicide? The known risk factors for suicide include social, cultural and psychological factors. Many suicides happen impulsively in moments of crisis when someone feels unable to deal with major life stressors such as financial problems, relationship break-ups, chronic pain or physical illness. Experiencing and surviving conflict, natural disasters, violence, abuse, loss of a loved one or a sense of social isolation are also strongly associated with suicidal behaviour. Some mental health conditions (especially depression and alcohol use disorders) can increase the risk for suicide. It is also known that having attempted suicide in the past is the single biggest risk factor for suicide in the future.

Suicide is a serious but preventable problem. 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, defence, politics and the media.

What is self-harm?

Self-harm includes any type of intentional injury to one's own self which may or may not have a fatal intent or outcome. Types of self-harm behaviour may include scratching, cutting or burning oneself. While the intent of these behaviours may not be to kill oneself, there can still be serious physical and psychological consequences.

WHAT CAN YOU DO?

Community providers can play a really important role in suicide prevention at the individual and community levels. At the individual level, you can provide support to people who may currently feel vulnerable and to those who have already made an attempt to end their life. You can also provide comfort to people who have lost a loved one to suicide. At the community level, you can help improve your community's knowledge and awareness, help address stigma related to seeking help and reduce social isolation.

How you can help at the individual level

It is important to recognize acute signs that may mean a person is currently at risk for suicide and needs further support. The person's risk is greater if these feelings or behaviours are new or have increased or seem related to an acutely painful event, loss or change in life. The signs include:

- talking about wanting to die or kill oneself;
- looking for a way to kill oneself, such as doing research online or buying a gun;
- obtaining and having access to substances or items that can be used in suicide attempts (e.g. ropes, fertilizers, pesticides, bleach and other poisons);
- feeling acute emotional distress, extreme hopelessness or despair;
- feeling there is no reason to keep living or no sense of purpose in life;
- feeling trapped or experiencing unbearable physical or emotional pain;
- feeling one is a burden to others;
- feeling socially isolated, withdrawing from others, or stopping usual activities;
- changes in sleep habits (sleeping too little or too much);
- changes in mood (e.g. seeming anxious or agitated, having extreme mood swings);
- increasing the use of alcohol or other substances or other reckless behaviour;

- showing rage or talking about seeking revenge;
- putting one’s life affairs in order as if preparing to leave permanently (such as completing or revising one’s will).

When you meet someone who is experiencing any of the acute signs listed above, or who otherwise seems unable to cope with severe stressors in their life, you should ask about thoughts of self-harm or suicide. It is also a good idea to ask about thoughts of self-harm or suicide in less acute situations, such as when you meet someone with any mental health condition or someone who is experiencing chronic physical pain (see Box 4).

First, offer your support and, second, ask if they are having any thoughts or plans about self-harm or suicide (and if they have had such thoughts or plans in the past). It is important to establish a good relationship with the person before asking them questions about self-harm or suicide. People are more likely to answer honestly if they feel safe with you and can trust you.



Box 4. How to speak with someone about self-harm and suicide

Remember: Do not be afraid to ask about self-harm or suicide. Asking about self-harm or suicide does not provoke it. On the contrary, asking about self-harm or suicide may actually reduce the feelings of anxiety or embarrassment a person may have at discussing these thoughts. It may also help the person feel more understood and relieved to be able to discuss things openly.

First, it is important to express that you understand that the person is going through a difficult time and explain that you want to help. Sample questions to ask include:

- “It seems really stressful what you are going through. I want to be helpful and I want to understand how you are feeling. Do you ever feel like it’s too much and that you want to give up?”
- “Have you been having any feelings of wanting to end it all or take your life?”
- “Have you ever had feelings before that you wanted to end your life or have you ever done anything to try to make that happen?”

If the person you are speaking with answers yes to any of these questions, do not leave the person alone. See below for urgent actions and specific suggestions on how to offer support to the person and their carers.

What can you do when someone expresses suicidal thoughts or plans?

When the risk of suicide or self-harm seems imminent, you should act urgently:

- 1) Start (or continue) a conversation with the person.
- 2) Listen to the person, acknowledge their feelings, express your concern and reassure them that you are there to help.
- 3) Accompany the person while they are feeling this way. Do not leave them alone.
- 4) Remove any lethal means (such as guns, ropes, fertilizers, pesticides, bleach and other poisons) if it seems safe to do so. Always make sure that you are not in danger yourself.
- 5) Get help from others in the community. Continue to offer support to the person and their carers or family. See below for specific suggestions.

Offer support to the person in the following ways:

- Do not leave the person alone while they are having these thoughts. Mobilize family, friends, concerned colleagues or other individuals, faith group leaders and available community resources to ensure close monitoring of the person concerned so that they feel safe and supported.
- Link the person to community resources – which include informal resources (such as family, friends, concerned colleagues or other individuals and faith group leaders) or, where available, formal resources (such as crisis centres, local mental health centres, suicide help lines, or emergency rooms).
- Remove access to means of self-harm and suicide.
- Talk with the person about reasons and ways to stay alive.
- Help the person to focus on their strengths by encouraging them to talk about how they have resolved problems earlier in life.
- Stay in regular and frequent touch and check how the person is doing.

Offer support to the person's carers or family:

- Inform carers and family members that it is OK to ask about thoughts of suicide and self-harm and that doing so can often help a person feel relieved, less anxious, less embarrassed and better understood.
- Advise carers and family members to try and either get rid of or restrict access to means of self-harm and suicide.
- Keep in mind that carers and family members of people at risk of self-harm and suicide may experience severe stress themselves. Provide emotional support to carers and family if they need it.
- Carers and family members may also feel frustrated or angry with the person at risk of self-harm. Help them understand that, while they may feel this way, they should avoid hostility or harsh criticism towards the vulnerable person. Encourage them to seek out emotional supports to be able to process their feelings.

How you can help at the community level

You can increase community awareness about suicide risk factors and suicide prevention so that more community members can play an active role in helping to identify people who may be at risk of suicide and providing timely and effective help. Community level measures to prevent suicide include reducing access to the means of suicide (e.g. pesticides, firearms, certain medicines); reporting by media in a responsible way; school-based interventions; and introducing alcohol policies to reduce the harmful use of alcohol.

Specific ways to help at community level include:

- **Community forums to talk about stressors in the community and suicide risk:** Similar to what was discussed in 1.1 (How to talk about mental health in your community), consider organizing a community forum or “town hall meeting” where anyone interested in the community can gather. Consider the following:
 - Give a short talk or have guest speakers and afterwards facilitate discussion. Some topics to consider include: discussing ongoing stressors in the community, brainstorming ways to restrict access to the means to suicide (e.g. safe storage of pesticides) and going over ways to seek help if a person feels hopeless or suicidal.
 - Consider inviting, if they feel comfortable with it, someone who has personal experience with suicidal thoughts or actions in the past, whether relating to themselves or a friend/family member. (See 1.3: How to involve people with mental health conditions and their families when planning activities in your community.) It may also be helpful to host a short discussion of writings by authors who have written about suicidal thoughts and how to combat them.
 - Consider planning a talk or workshop about suicide risks and suicide prevention for interested people in schools, places of worship, workplaces or community centres.
- **Life skills training:** Life skills training for children and adolescents can help young people cope with stresses they may be experiencing without turning to self-harm. (See 2.2: Life skills.)
- **Addressing media reporting of suicide:** Consider talking with media outlets about how best to talk sensitively about suicide if one has occurred in the community. It is important not to sensationalize suicide and always to emphasize ways to seek help.

2.5 Substance use prevention

WHY IS IT IMPORTANT?

The use of substances such as alcohol, and drugs such as cannabis, heroin and cocaine is associated with significant health risks and can lead to dependence. This results in a strong desire to take the substance, difficulties in controlling its use, tolerance to its effects and persistence in using it despite harmful consequences. As this continues, a higher priority is given to substance use than to other activities and responsibilities, and sometimes a state of withdrawal with physical symptoms can occur.

Substance use can cause many problems for the individual, people around them and society at large. For example:

- Many injuries, including those caused by road traffic crashes, violence and suicide are linked to substance use. Most alcohol-related injuries occur in relatively younger age groups with adolescents and young people being the most vulnerable.

- A range of health effects such as heart and lung disease, hepatitis and HIV infection are also connected with substance use. Mental health conditions are more common and have worse outcomes in people in who use substances.
- Alcohol consumption by an expectant mother may cause harmful effects to the fetus and complications during the birth.
- The harmful use of substances can also harm other people, such as family members, friends and co-workers. Moreover, the harmful use of alcohol results in major health, social and economic losses to society.

WHAT CAN YOU DO?

Individual prevention efforts should be supported nationally by policy-level efforts (e.g. increased taxation and reduced availability of substances) as well as health-system efforts to address substance use and associated physical health conditions.

Community providers can take a number of actions to prevent the start of substance use and its associated harms as well as to contribute to identification and management of substance use disorders. A range of factors (some of which can differ according to age) can make people vulnerable to starting substance use. For example:

- A lack of knowledge about substances and the consequences of their use can increase any person's vulnerability to substance use. Community education is therefore very important in preventing substance use. (See 1.1: How to talk about mental health in your community.)
- Caregiving and attachment to school are factors that have been identified as affecting vulnerability towards substance use during infancy, childhood and early adolescence.
- At later ages, schools, workplaces, entertainment venues and media are all influences that may contribute to making individuals more or less vulnerable to drug use and other risky behaviours.

Here are some prevention strategies you may consider specifically for children:

- Caregiver skills programmes support caregivers in very simple ways. A caregiving style – whereby caregivers set rules for acceptable behaviour, monitor free time and friendship patterns, help in acquiring personal and social skills and are role models – is one of the most powerful protective factors against substance use and other risky behaviours. (See 2.3: Strengthening caregiving skills.)
- Early childhood education programmes can prevent risky behaviours and support mental health, social inclusion and academic success later in life.
- Life skills training provides opportunities to learn skills that enable one to cope with difficult situations in daily life in safe and healthy ways. (See 2.2: Life skills.)

- Classroom environment improvement programmes that consist of strategies that support school attendance, prohibit substance use in schools, promote attachment to school, and the achievement of age appropriate language and numeracy skills are important protective factors against substance use among children.
- Addressing other mental health conditions (e.g. behavioural or emotional conditions) in children as early as possible is an important prevention strategy.

Prevention strategies for adolescents and adults include:

- All strategies mentioned above on caregiving skills, life skills and addressing mental health conditions are applicable to adolescents as well.
- Screening and Brief intervention and referral to treatment. Screening instruments (AUDIT, ASSIST)^{1,2} can be used to structure and facilitate discussion aimed at identification of substance use and substance use disorders. Brief intervention using motivational interviewing is an approach to discussing substance use in a nonjudgemental way. Brief intervention encourages a person to reflect on their own substance use choices and can be used as part of a very brief encounter for addressing risky or harmful substance use. During the conversation, the substance use is discussed and the person is supported in making decisions and setting goals about his/her substance use (see Box 5).



Box 5. Brief intervention: examples of questions to ask

Non-judgementally elicit from the person their own thoughts about their substance use by asking the following questions:

1. Reasons for the person's substance use. (Ask: "Have you ever thought about why you use [substance]?")
2. What the person perceives as the benefits of substance use. (Ask: "What does [substance] do for you? Does it cause you any problems?")
3. What the person perceives as the actual and potential harms from the substance use. (Ask: "Has [substance] use caused you any harm? Can you see it causing harm in the future?")
4. What is most important to the person. (Ask: "What is most important to you in your life?")

Source: WHO's mhGAP-Intervention Guide, Version 2.0, Substance use module.

- **Identification and support for mental health conditions:** This is important since these conditions are linked to, and may coexist with, substance use. (See 3.2: Identifying mental health conditions.)
- **Advice to pregnant women:** Alcohol and drug use during pregnancy poses potential health risks to pregnant women and to their babies. All pregnant women should be asked about use of alcohol and other psychoactive substances and advised of

¹ AUDIT: The Alcohol Use Disorders Identification Test. Guidelines for use in primary care (second edition) Geneva: World Health Organization; 2001 (https://www.who.int/substance_abuse/publications/audit/en/, assessed 19 September 2019). The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST: manual for use in primary care. Geneva: World Health Organization; 2011 (https://www.who.int/substance_abuse/activities/assist/en/, accessed 19 September 2019)

² The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST: manual for use in primary care. Geneva: World Health Organization; 2011 (https://www.who.int/substance_abuse/activities/assist/en/, accessed 19 September 2019).

the potential health risks to themselves and their babies. (See 5.3: Working with pregnant women or those who have recently given birth.)

Community providers can also help promote community-based initiatives to prevent substance use. Community-based initiatives normally have multiple components and take action in different settings (e.g. schools, families, media, law enforcement etc.). Activities that can bring together different groups of people to address substance use in the community include:

- **Community mobilization:** Communities can be mobilized to prevent the selling of alcohol to, and consumption by, under-age drinkers and the development and support of alcohol-free environments, especially for young people and other at-risk groups (see Box 6).



Box 6. Substance use and young people

- Because substance use typically begins in adolescence, targeted prevention and public outreach towards young people, their families, teachers and other community members is very important.
- Support children and adolescents throughout their development and particularly at critical transition periods where they are most vulnerable (e.g. infancy, early childhood and at the transition between childhood and adolescence).
- Address both individual and environmental factors of vulnerability and resilience.
- Reach the population through multiple settings (e.g. families, schools, communities and the workplace, etc).

- **Media campaigns:** Exposure to media has a profound influence on the psychosocial development of young people. In particular, popular culture (e.g. celebrities, film, music) can strongly influence the start of risky behaviours such as the use of alcohol and tobacco.
- **Entertainment venues** (including bars, clubs and restaurants, as well as outdoor or special settings where large-scale events may occur): These venues can have both positive and negative impacts on the health and well-being of citizens. They provide social meeting spaces and support the local economy, but at the same time they are identified as high-risk settings for many risky behaviours, such as alcohol and drug use, drugged driving and aggression. Staff and management should be trained in responsible serving and the handling of intoxicated clients.
- **Mutual help groups:** Groups such as Alcoholics Anonymous can be helpful referrals for persons with harmful substance use. These groups provide information, structured activities and peer support in a nonjudgemental environment. Find out what mutual help groups are available locally and link people to these groups.
- **Additional support** might be needed for people with dependence and therefore referring them to specialized settings is critical (e.g. for management of emergency conditions or substance withdrawal).

2.6 Self-care for community providers

WHY IS IT IMPORTANT?

Working in one's own community can be rewarding because you are working with people you care about and you can often see that you have had a positive impact on people's lives. However, this work can also be emotionally challenging and stressful at times. In order to cope with the stress of this work, it is important to prioritize your own physical and mental health. Community providers who do not prioritize their own self-care are at risk of:

- **Burnout.** You can face burnout, which is characterized by a general sense of feeling defeated and losing motivation in one's work. This can affect your ability to work safely and competently.
- **Chronic stress.** You can also face chronic stress, which can have negative impacts on your own physical or mental health – i.e. developing or worsening stress-related conditions (both physical and mental).

When a lot of work has to be done or if you feel under a lot of pressure, you may find yourself not paying attention to your own health and needs. However, in the long run it is much better to pay attention to your health – in order to make sure you are both feeling well yourself and are able to continue providing services in your community.

WHAT CAN YOU DO?

It is important to keep in mind 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. **As noted in 2.1 (Healthy lifestyles), this means regular exercise, good-quality sleep, a nutritious diet, social connection and also stress reduction when needed.** This section reviews all these components of a healthy lifestyle and describes relaxation techniques and other coping strategies for stress.

Maintaining a healthy lifestyle is important to improve your overall health and well-being. Additionally, you can adopt some of these strategies as needed when you are experiencing more stress.

! **The mind and body are interlinked, so taking care of your physical well-being is an important way to support your mental health and vice versa. If you are physically well, you will have better capacity to manage the physical and mental demands of your work.**

Physical activity and exercise: Regular physical activity and exercise are vital for both physical and mental health. Exercise can take many forms, including walking or, where

possible, more vigorous exercise such as cycling and running. This can be particularly useful if you rely on transport for your work duties.

Exercise has been shown to improve heart health, reduce stress, relieve symptoms of anxiety and sadness, boost energy levels and even improve sleep.

Nutritious diet: Eating a healthy, nutritious diet of mainly unprocessed foods (such as vegetables, fresh fruit, legumes, whole grains, lean meats, fish and moderate amounts of dairy foods) will help reduce the risk for chronic physical illnesses and also helps to protect mental health. Limit foods that are high in saturated fats, added salt or added sugar. Drink clean water. Avoid tobacco use, harmful use of alcohol and other psychoactive substances, all of which tend to worsen stress over time. Alcohol or drug use while working will also significantly affect your ability to work safely with vulnerable people and may affect whether you remain employed.

Good-quality sleep: It is important to get enough sleep each night at regular hours and without interruption. Most adults need 7–9 hours of sleep per night. If you find it difficult to fall asleep or stay asleep, try the following strategies:

- Wake up at around the same time each day.
- Avoid caffeine in the afternoons and evenings.
- Limit alcohol or other substances that can affect the quality of sleep.
- Avoid the stimulation of television, computer or telephone screens before bedtime.
- Create a calm sleeping environment with a comfortable temperature and minimal noise and light, if possible.

Social connection: Meaningful social connections are very important for both physical and mental health. We know that social connection help us to live longer and healthier lives, while social strain or isolation harms us. No matter how busy our work may make us feel, it is very important to prioritize meaningful social connection with our friends, family and other social groups we may belong to.

Coping strategies for stress: Some of the activities described above – including physical exercise, restorative sleep and spending quality time with loved ones – are not only good activities for maintenance of a healthy life but also useful activities to help manage stress. Two more strategies that are useful to cope with stress are **relaxation techniques and pleasant activities**.

Relaxation techniques: Relaxation exercises such as deep breathing and stretching and muscle relaxation techniques are quick and effective ways to reduce the physical and psychological impact of stress. Practising relaxation techniques every day will help you to be better prepared to use these strategies during times of stress. Examples of easy relaxation exercises that can be practised every day are:

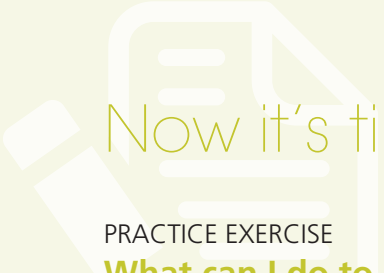
- **Breathing techniques:** The aim of a relaxation breathing exercise is to breathe both deeply and slowly. This should be attempted only if you do not have existing breathing difficulties.
 - Sit upright in a comfortable position and put both of your feet flat on the floor.
 - Keep breathing as usual and try to feel how you breathe.
 - Put one hand on your stomach and one hand on your chest.
 - You may notice that your hand on your chest rises more than the hand on your stomach. This is normal.
 - Now, when you breathe in (through either your nose or mouth), expand your stomach more than your chest. The hand on your stomach should rise more than the hand on your chest.
 - When you breathe out (through your mouth may be easier but you can also breathe out through your nose), pull your stomach back in.
 - It can help to imagine a balloon expanding in your stomach (when you breathe in) and deflating in your stomach (when you breathe out).
 - To breathe slowly, count in your head or use a ticking clock to breathe in for 3 seconds and breathe out for 3 seconds
 - Practise this type of breathing for approximately 2 minutes. The aim is not to be perfect but to breathe slowly and deeply (as much as you can) in order to increase relaxation.
 - It is normal to experience some physical sensations, such as feeling dizzy, during this practice. If these feelings persist, stop this activity and try an alternative relaxation strategy.
- **Stretching and muscle relaxation techniques:**
 - *Stretching:* Stretching your muscles can help decrease tension. These exercises are especially helpful if you stay in one position for long periods of time during the day (e.g. sitting at a desk). Stretch your muscle groups one at a time until you feel the stretch, but not pain.
 - *Gentle neck movements:* Bend your neck forwards and backwards. Turn your chin from side to side. Drop your right ear towards your right shoulder and then repeat on the other side. Inhale and exhale with each movement.
 - *Progressive muscle relaxation:* This exercise helps you relax by tensing and relaxing your muscles and can be an alternative for slow deep breathing. To do this, find a comfortable seated position or lie down if you are able to. Tighten one part of your body for approximately 5 seconds, then relax the muscles and keep it relaxed for approximately 10 seconds. Then repeat with another part of your body. Ideally start from one of your feet and work your way up each part of your body until you reach your forehead.

Pleasant and meaningful activities: It is important for your mental well-being to make time for pleasurable and meaningful activities. It can also be very rewarding to do these activities together with friends or loved ones. Activities will vary according to your context. Some example activities (though the list is not exhaustive) are:

- Take part in social activities such as visiting with others, sharing a meal or talking with friends and family.

- Take part in creative activities such as listening to music or doing craft activities.
- Take part in physical activities such as going for a relaxing walk or watching or participating in a sport.
- Take part in individual activities such as reading, listening to stories or cooking.

! If you are feeling overwhelmed or unable to cope with the stressors in your work or in your personal life, reach out to family, friends or other members of the community for support. Consider seeking help from a health-care provider or a mental health specialist, if needed. You are not alone and there is always help available.



Now it's time to practise!

PRACTICE EXERCISE

What can I do to promote mental health and prevent mental health conditions in my community?

① What are five components of a healthy lifestyle?
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.....
.....

② What are two ways in which you might be able to promote healthy lifestyles with the people you come across in either your daily work or interactions in the community?
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③ List the urgent steps you can take if you meet someone who expresses suicidal thoughts or plans.
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④ What is one way you might be able to prevent substance use in your community?
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.....

⑤ List 5 self-care activities you might practise for yourself as a community provider.
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.....
.....
.....



Tools and resources for Module 2

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Module 3

How to provide support for people with mental health conditions



This module discusses how to provide support for people with mental health conditions. First, this module stresses the importance of human rights in the context of mental health. Next, it describes how to identify mental health conditions and how to engage and build relationships with people who have mental health conditions. The module then discusses psychological interventions, how to refer someone for more services and how to support carers and families.

3.1 Promoting human rights

WHY IS IT IMPORTANT?

As discussed in 1.2 (Reduction of stigma, discrimination and social exclusion), people with mental health conditions are often subjected to stigma and discrimination, which means they may have to deal with inequalities in all aspects of their lives. For example, they may be denied opportunities to live where they choose, marry, have families, have an education, seek employment, or even enjoy social activities in the community. People with mental health conditions are often exposed to inhumane living conditions and harmful treatment practices. In addition, they are at higher risk of neglect or abuse and of having their rights violated – emotionally, physically and sexually.

International standards for human rights exist. One key example is the United Nations Convention on the Rights of Persons with Disabilities, which has been ratified by most nations of the world and which establishes specific obligations on countries to promote and protect the rights of people with mental health conditions. All sectors of society must work together to stop the human rights violations of people with mental health conditions and community providers can play an important role in this.

WHAT CAN YOU DO?

People with mental health conditions deserve equal recognition before the law. As a community provider, there are many steps you can take to make sure that the rights of a person with mental health conditions are respected, protected and fulfilled and that the person is free from exploitation, violence and abuse. These steps include:

- 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).

- If appropriate, ensure that people can access formal or informal support and supported decision-makers of their choosing (such as trusted friends or family).
- If a person 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 (e.g. on strategies for avoiding crises and conflicts or on managing behavioural challenges).
- If you witness abuse or if you feel people 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 or independent advocacy groups 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. (See 1.1: How to talk about mental health in your community.)

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

3.2 Identifying mental health conditions

WHY IS IT IMPORTANT?

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 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. (See 1.2: Reduction of stigma, discrimination and social exclusion.) 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. People may also not understand why a person with a mental health condition is feeling or behaving a certain way and this may lead others to falsely label them as “lazy” or “odd”.

Community providers can play an important role in identifying mental health conditions and are uniquely positioned to do this for a number of reasons:

- People with mental health conditions may feel more comfortable speaking to community providers than to a formal health-care provider.
- Community providers are often familiar with their community and may be the first to hear about someone in an acute mental health crisis.
- Community providers have a strong knowledge of the local population's needs and resources and thus may be able to mobilize resources for someone in crisis quickly (or get them connected with health-care services).

WHAT CAN YOU DO?

As a community provider, it is important that you familiarize yourself with the signs of mental health conditions, so that you can identify them easily. Mental health conditions include:

- conditions that affect mood and sadness called depression;
- unusual behaviours and thinking called psychoses;
- convulsive movements or seizures called epilepsy;
- developmental conditions and problem behaviours in children and adolescents;
- extreme forgetfulness and confusion called dementia;
- substance (alcohol and drug) use;
- self-harm and suicide.

Everyone experiences sadness, anger, worry or fear 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).

Box 7 describes common signs of mental health conditions.



Box 7. 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 or odd behaviour (e.g. it is difficult to understand what the person is trying to say; he/she has an unusual appearance, is agitated, shows a marked decrease or increase in activity)
- Showing 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

- Problems with emotions or behaviour, including frequent tantrums, wanting to be alone too much, lack of attention or being easily distracted, over-activity, 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.

You may identify someone with a mental health condition in your daily work. For example, if you are a teacher, you may notice a child with a problem in the classroom. If you are a social worker, you may identify a family struggling to care for a person during a home visit. You may use stories (or vignettes) and pictures to ask the person about common signs and, if so, these stories and pictures should reflect the local culture and should use locally acceptable terms.

If you identify someone who you consider may possibly have a mental health condition, refer them to a health-care provider for further assessment. This may be at a community health centre, a primary care clinic, or another health-care facility where a clinical assessment can be carried out. (See 3.5: Referring for more care and services; and 4.1 Community follow-up.)

3.3 Engaging and relationship-building

This section discusses engagement and relationship-building with people with mental health conditions and includes psychoeducation and goal-setting.

WHY IS IT IMPORTANT?

Engagement is a way in which people get to know each other and feel connected with each other. For people with mental health conditions, engagement generally refers to the process of connecting with people who support their treatment and recovery, including community providers. Successful engagement can be expressed in many ways, including being able to seek and accept support from providers, attending appointments, actively participating in treatment sessions and consistently working towards defined goals.

Successful engagement is especially important for people who are experiencing mental health conditions for the first time. A positive first experience of receiving mental health support can make it more likely that someone will seek help in the future if needed.

! **Successful engagement is vital to making sure that people with mental health conditions feel supported in accessing and maintaining their involvement with activities and interventions that promote recovery.**

Psychoeducation involves providing information to people about their mental health condition, including information about their symptoms, factors that may have positive or negative impacts on their condition and options for treatment. This information:

- helps improve a person's knowledge about their condition;
- may help the person feel more in control, empowered and less anxious about what is happening to them;
- helps the person make informed decisions about treatment options;
- provides hope for recovery by explaining why symptoms occur or worsen and what can be done to reduce them;
- provides an understanding of why and how treatment can be helpful, thus encouraging people to engage actively and continue with treatment over time;

- provides realistic expectations of benefits and possible risks of treatment;
- can also improve carers' and family members' knowledge of mental health conditions, thus helping them to better understand and to support the person.

Goal-setting: Setting goals for the future – both short-term and long-term – is beneficial for maintaining positive mental health. Goal-setting helps motivate people's actions, giving them something to look forward to. When goals are achieved or progress is made, self-confidence improves.

Some mental health conditions can have a negative impact on a person's motivation, energy and interest in things they may have previously enjoyed. This may make it difficult to set and achieve goals. Having too few goals or too little structure in one's day can actually maintain or worsen low mood and lack of motivation over time. Having enough goals can give people something to look forward to and work towards and also provides structure during the day.

Supporting people with mental health conditions to set goals and to work towards achieving them can be a powerful intervention to escape the cycle described above and to start building motivation and confidence. It can also help people feel more in control by allowing them to guide their own mental health care through goals they identify for themselves.

WHAT CAN YOU DO?

Engagement: There are many practical ways to engage and build a supportive relationship with people who have mental health conditions, as well as with their families. Many of these engagement strategies are intended to tackle the barriers to using mental health services – including the stigma and discrimination around mental health conditions, concerns for privacy and the fear of hospitalization and involuntary treatment. Some strategies aiming to improve engagement are outlined below.

Where to meet

- Meet people in places where they feel safe and comfortable and of their choosing. This may be their home, a neighbour's home, a community centre or a marketplace.
- Respect the person's privacy and be aware of concerns that others may be able to hear you, especially when meeting in public places.

When to meet

- Be flexible. Meet people and schedule activities at times that are convenient for them.

Communicate clearly

- Use simple, clear and easy-to-understand language that is appropriate for the person's age and level of education. Avoid technical terms.
- Explain why you want to speak with the person and what you are offering. Make sure that you have the person's consent before continuing. Make it clear that this is a voluntary process. The person should never feel forced to speak with you.
- Be clear and honest about your role and the limits of your time, availability and confidentiality. It is important to share with people how their confidentiality will be protected and how any information they tell you may be shared with others.
- Give as much information as possible about treatment options. Provide choices wherever possible regarding types of treatment, how they are provided and who provides them.

Always treat people with respect and dignity

- Set a positive example in your community. Do not discriminate against someone because they have a mental health condition. Do not judge people for how they look or behave. Ensure that a person's human rights are protected at all times. (See 3.1: Promoting human rights.)
- Answer questions as honestly as you can and be clear when you do not know the answer. Do not make promises that you cannot fulfill.
- Do not try to make decisions for people or tell them what you think they need. Support the person as they learn about their condition and the factors that will have an impact (positive or negative) on their mental health and as they set their goals for recovery.

In addition to your work with individuals, some strategies can be implemented at the community level to improve engagement with people with mental health conditions. These strategies apply not only to the health system but also to organizations across a variety of sectors – including social welfare, education and justice – as well as different community groups. Such strategies can involve:

- Including people with mental health conditions in the planning, delivery and evaluation of programmes and activities (see also 1.3: How to involve people with mental health conditions and their families when planning activities in your community);
- Offering culturally-appropriate and sensitive services and translated educational materials or visual aids (such as storyboards for people who speak a different language or for people who are not able to read printed material).

Psychoeducation: It is important to gain as much knowledge as you can about mental health, mental health conditions and treatment options. With better knowledge you can provide accurate and helpful information to people you are working with and you can answer any questions they may have. Some types of information you may be able to provide include:

- the nature of the mental health condition and its signs;
- the treatment options that are available, how long these treatments may take and the expected benefits or drawbacks;
- the importance of continuing with treatment, including what a person can do (e.g. take medicines regularly or participate in psychological treatment, if relevant) and what their carers can do to support them;
- the importance of speaking to their doctor or health-care provider if they experience side-effects with medicines prescribed for their mental health condition;
- information about potential supports by other providers within the community, including community health workers, nurses, case managers and social workers.

The type of information and the level of detail you provide may change over time and will depend on the condition, age, educational level and individual needs of the person concerned.

Tips to keep in mind while you deliver psychoeducation include:

- Provide brief amounts of information at a time.
- Use simple language with examples that are relevant.
- Check the person's understanding of the information you have provided. Allow the person to ask questions and seek clarification.

Psychoeducation can be provided in many different settings, including with an individual, with families or with other groups.

Goal-setting: Support people with mental health conditions to choose goals, make a plan to achieve these goals and review their progress. All this is important to promote recovery. When someone finds it difficult to identify goals or lacks the motivation to work towards them, you can help by providing structured, step-by-step support.

Choosing goals

It can be overwhelming for someone to choose goals, especially if their self-confidence and motivation are low. Strategies to support someone in choosing goals include:

- Support the person in thinking about goals in different aspects of their life (e.g. goals relating to family, friends, education or hobbies).

- Ask the person what is important to them right now and then develop goals to support that. For example, if someone wants to feel more connected with their peers, a good goal might be to spend time regularly with friends. Or if someone wants to eat more healthily, an appropriate goal might be to learn how to cook healthy meals.
- Help the person match goals to their strengths and interests (e.g. if a person wants to resume work activities, help them plan this).
- A key question to get the person to think about their goal is: “What can we work on together to make your life better?”

Making a plan to achieve goals

You can help a person make a plan to achieve their goals by helping to break down the goal into manageable steps. Here is one example – if a person’s goal is to join a local youth group, it might involve smaller steps, including:

Step 1: Identifying an appropriate youth group to join

Step 2: Contacting the group’s organizer to find out when they meet

Step 3: Working out how to get to the group meetings (e.g. on foot, by bus, bicycle, car)

Step 4: Practising how to get there with a supportive person.

Consider barriers that may be faced at each step and think about possible strategies to overcome these barriers. Help the person think about any times in the past when they may have tried to achieve a goal and the factors that were helpful or unhelpful at that time. This can help in identifying possible future barriers and addressing them early. For example, if a person has tried to use a public bus or train alone in the past and found it very stressful, it might be helpful to spend some time practising catching the bus or train with a friend or other supportive person before trying to do it alone.

Reviewing progress on goals

After supporting someone to choose a goal and making a plan for achieving that goal, help the person to review their progress regularly. You can do this informally – e.g. when you meet the person at a marketplace or, if you are a teacher, when checking in with a student at the end of a school day. Reviewing progress can help build a person’s confidence even if they have not yet fully achieved their goal, as it can highlight even small, positive steps that the person has taken so far and encourage them. Reviewing progress also allows for the plan to be modified if something in the person’s situation has changed or if they have experienced unexpected barriers or challenges. The review process may even reveal that the goal that was identified earlier is no longer a high priority for the person and that a new, more relevant goal may be needed. Taking time to review progress regularly ensures that goals remain meaningful and relevant for the person. Regular review also allows the person to feel in control of the process – and their progress.

3.4 Providing psychological interventions

WHY IS IT IMPORTANT?

Psychological interventions are the informed and intentional use of clinical techniques developed from psychological principles to help people modify their thoughts, feelings and actions. Typically, these interventions involve counselling or talking with people.

Although we know that psychological interventions work well for many mental health conditions, people with mental health conditions in most parts of the world do not often have access to these treatments. For example, psychological interventions can be as effective as medicines for depression, which is a very common condition. In fact, psychological interventions by community providers are widely seen as a key strategy for addressing the lack of care for many people with depression.

Community providers can be trained in psychological interventions that have been proven to be effective and have a clear protocol. On average, the training takes 8–10 days. Continuous supervision of community providers while delivering interventions is essential.

WHAT CAN YOU DO?

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

- You will need formal training in the psychological intervention. 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, community providers use the same basic communication skills that they use when providing community education (see 1.1: How to talk about mental health in your community) or when engaging with people with mental health conditions (see 3.3: Engaging and relationship-building).
- Psychological intervention manuals which are evidence-based often have information about the requirements for community providers in terms of training, number of days needed for the training, and the extent of supervision required.
- Organizers of the training: A local organization with a programme manager would need to facilitate the training and supervision. This may be an organization you are already a part of or you may join training activities conducted by another organization.
- Financial and time considerations: 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 you are working with.

- After you receive training from clinical experts in the psychological intervention, it will be important for you to practise the intervention together with your clinical supervisor. These “practice cases” are very important for your learning.
- After receiving training and doing practice cases, you will be able to provide interventions in the community. However, you will still need to have ongoing supervision by a clinical expert to ensure both the quality of service and your own well-being as a community provider. (See 2.6: Self-care for community providers.)
- As you deliver psychological interventions, there must be referral processes in place in case someone needs a higher level of care. (See 3.5: Referring for more care and services.) It will also be important to be able to monitor and document people’s progress with the intervention to assess whether it is helping or not. Your clinical supervisor will be able to advise you in this process.

As a community provider, you can also help to inform your community about psychological interventions and the mental health conditions they can address. For example:

- Consider holding community gatherings or forums to talk about the purpose and benefits of psychological interventions. You may also consider printing flyers, fact sheets, or using print media to increase awareness of psychological interventions. (See also 1.1: How to talk about mental health in your community.)
- As always when you organize events to raise awareness of mental health conditions and/or psychological interventions, consider how to combat stigma and discrimination. (See also 1.2: Reduction of stigma, discrimination and social exclusion.)
- Encourage involvement from members of your community, including people who have mental health conditions and/or their carers. (See also 1.3 How to involve people with mental health conditions and their families when planning activities in your community.)

3.5 Referring for more care and services

WHY IS IT IMPORTANT?

Community-based care for people with mental health conditions is a valuable part of services for mental health and should be supported by other health and social care services. Primary care services, secondary care services and specialist services in hospitals or health facilities can support community care and vice versa. For example, if a person has additional social care needs – such as education, job support or housing – the person may be referred to community agencies that can provide them with the support they need. Additionally, if a person with a mental health condition needs specialized counselling or medical treatment, they may need to see a higher-level health professional. On the other hand, a specialist or primary care provider may refer a person

to the community provider for additional support within the community. Ideally, there will be efficient and effective referrals back and forth between community-level and higher-level care services.

WHAT CAN YOU DO?

Community providers can play an important role in referring people for care at other levels of the health-care system or for other social services when needed. It is important to recognize who needs extra help and what kind of help they may need, so that the person and/or their carers can be supported in accessing and receiving additional services. Stay alert to situations that may need referral for immediate help, specialist care or other services in the community. Obtain the necessary information on how to access such help or services. If the relevant service is not available, you may consider working with others to advocate for more services in your community.

Situations where you would need to refer someone for additional care include:

- If someone is at imminent risk of self-harm or suicide, seek help as soon as possible. (See 2.4: Suicide prevention.)
- 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 the mental health condition, side-effects with 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 noncommunicable diseases (e.g. heart disease, diabetes) or communicable diseases (e.g. tuberculosis). Additionally, if an older person is showing signs of acute or increasing confusion, refer them to a clinic or emergency centre immediately.
- 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. If you are concerned about an adult facing 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 it, refer them to the appropriate agencies or authorities which may involve complaints mechanisms or legal help if they need it.

It is very important to know what protection services are available in your area for people facing intimate partner violence or for children or older persons facing neglect or abuse. Mapping these services will help you clarify what the appropriate referral pathways are in your community for each scenario and which agencies or authorities can be contacted. For children in particular, it is very important to establish clear pathways for both reporting and referral to protection services.

Steps for making a referral:

- Discuss your concerns with the person and/or their carers and involve them in making a referral plan.
- When the referral is urgent (e.g. a person is in immediate danger of self-harm or suicide), seek help as soon as possible (e.g. call an emergency number, mental health specialist, or suicide hotline). You can also take the person to the emergency centre or hospital, if appropriate. (See 2.4: Suicide prevention.)
- It is useful to have a list of organizations, individuals and phone numbers in case a referral is needed. You can add to and change this list over time as services change in your area (see Box 8).



Box 8. Examples of community services that can be helpful to map or list

- Health services, including primary, secondary or specialist services
 - Resources for finding housing or shelter
 - Protection services for people facing intimate partner violence or children or older persons facing neglect or abuse
 - Other social services (e.g. food aid, vocational and employment assistance)
 - Mutual help groups or addiction services
 - Education services
 - Recreational activities.
-
- With the consent of the person needing referral, establish prior contact with the organization or individual to which you are seeking a referral. You can do this by making a phone call in advance, providing a referral note, or accompanying the person. If you write a referral note, state the reason for referral, the help required and your contact information if further communication is needed.
 - Follow up with the person to ask about how things went after referral, so that you can provide more support if needed.

3.6 Supporting carers and families

WHY IS IT IMPORTANT?

Who are “carers”? Carers are typically family members, loved ones, or friends who provide support to people with mental health conditions (see Box 9). Carers can be informal or formal (paid). If the person with a mental health condition allows and feels comfortable with it, carers should be involved in the treatment. 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. As carers typically spend a lot of time with the people they care for, they 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.



Box 9. Carers’ roles in supporting a friend or family member with a mental health condition

- Being a contact point while the person is receiving treatment;
- Being involved in conversations about treatment options and supporting the person in making choices about their treatment;
- Receiving and helping to explain information about the person’s condition and course of treatment;
- Helping the person get to appointments, take medicines (if relevant) and receive support services such as care and counseling;
- Providing other supports such as helping with the person’s daily routines, cooking, laundry, personal hygiene, budgeting, transportation and social activities;
- Helping the person to identify and respond to early signs of mental health crises and supporting them in following their treatment and recovery plans.

While carers often have rewarding and positive experiences of providing support to a loved one with a mental health condition, caring can also be a stressful and often a long-term role. Caring can lead to financial hardships, disruption of daily routines and less time for relaxation or social activities. The stresses of caring over time can negatively affect the carer’s own physical and mental health, including through feelings of burnout, self-blame, social isolation, or feelings of anxiety or sadness. Carers often face stigma and negative attitudes from community members, as does the person with mental health conditions.

Carers may turn to substance use as a coping strategy. Community providers can help carers to find effective ways to cope with their stress (see Box 10), thus allowing carers to continue to provide care and support to their friend or family member and also improving their own mental health.

WHAT CAN YOU DO?

Ways that to involve and support carers in the treatment of people with mental health conditions include:

- 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. (See 3.2: Identifying mental health conditions; and 3.3: Engaging and relationship-building.)
- Provide carers with the knowledge to educate their support networks in the main issues that the person with the mental health condition is facing.
- Identify any misunderstandings about mental health and give correct 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.
- Find local carer support groups, if available, or online carer forums and connect carers with them so that they can exchange experiences, tips and support with others. Find out about respite care services in the community that can provide short-term relief for carers.



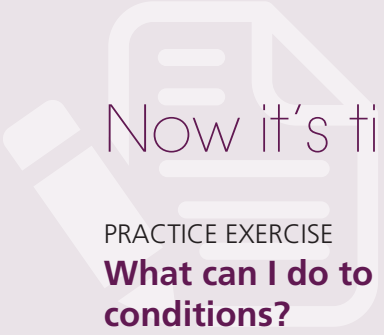
Box 10. Self-care tips for carers

Community providers can assist carers to cope with the stress of caring for people with mental health conditions. Community providers should:

- Encourage carers to pay attention to their own physical and mental health. Support the carer and listen to his/her concerns. Help carers to understand and accept their own feelings and mixture of emotions, which may include concern, compassion, love, disbelief, anxiety, fear, anger, grief or guilt. All of these emotions are understandable.
- Encourage carers to seek help for any signs of depression, anxiety or other mental health conditions. (See 3.2 Identifying mental health conditions.)
- Support carers in recalling what they found helpful in dealing with tough times in the past and encourage them to try and use these coping methods again.
- Encourage carers to maintain a healthy lifestyle which includes physical activity, nutritious diets, good-quality sleep and social connection. (See 2.1: Healthy lifestyles.)
- Promote healthy coping strategies for stress reduction – such as physical activity, relaxation techniques and pleasant activities. (See 2.1: Healthy lifestyles; and 2.6: Self-care for community providers.)

You can also support carers to address the stigma that they or their loved ones may face:

- Remind carers that they are not alone and that many others face similar situations. As above, encourage carers to join support groups locally or online.
- Promote optimism and hope about treatment. Safe and effective psychological treatments and medicines are available.
- Encourage carers to surround themselves with supportive people and remain active in their community. Social isolation puts a carer at high risk for burnout.



Now it's time to practise!

PRACTICE EXERCISE

What can I do to provide support for people with mental health conditions?

① In your own words, why is it important to protect the human rights of people with mental health conditions?

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② What are two ways you can help make sure that the rights of a person with a mental health condition are respected, protected and fulfilled?

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③ Practise making a plan to achieve goals. If someone you are working with has a goal to do more physical exercise, what steps might you help them with to achieve this goal? (List up to 4.)

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④ Practise making a map of resources for referrals in your community. What resources, if any, exist in your community for protection services (i.e. for persons facing intimate partner violence or children facing abuse)?

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⑤ List two ways you might be able to provide support for carers and families of people with mental health conditions.

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Tools and resources for Module 3

WHO QualityRights Initiative. Geneva: World Health Organization (https://www.who.int/mental_health/policy/quality_rights/en/, accessed 28 August 2019).

WHO QualityRights toolkit. Geneva: World Health Organization (https://www.who.int/mental_health/publications/QualityRights_toolkit/en/, accessed 28 August 2019).

WHO QualityRights guidance and training tools. Geneva: World Health Organization (https://www.who.int/mental_health/policy/quality_rights/guidance_training_tools/en/, accessed 28 August 2019).

Problem Management Plus (PM+): Individual psychological help for adults impaired by distress in communities exposed to adversity. Chapter 7: Managing problems. Geneva: World Health Organization; 2016 (https://www.who.int/mental_health/emergencies/problem_management_plus/en/, accessed 28 August 2019).

Psychological treatment implementation guide (in preparation). Geneva: World Health Organization.

Preventing suicide: a community engagement toolkit. Geneva: World Health Organization; 2018.

WHO mhGAP Operations Manual. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/bitstream/handle/10665/275386/9789241514811-eng.pdf?ua=1>, accessed 26 August 2019) (See Annex A8, page 94: Referral forms).

Inter-agency referral form and guidance note. Geneva: Inter-Agency Standing Committee (IASC) Reference Group for Mental Health and Psychosocial Support in Emergency Settings; 2017.

Module 4

How to promote recovery and rehabilitation for people with mental health conditions



This module discusses how to promote recovery and rehabilitation for people with mental health conditions. First, the module details how to follow up with people with mental health conditions in the community. Next it addresses how to offer vocational, educational, and housing support. It also discusses how to promote social recovery and connectedness, as well as self-management and peer support.

4.1 Community follow-up

WHY IS IT IMPORTANT?

Consistent follow-up can be helpful to people with mental health conditions for many reasons. For example:

- It is a good opportunity for people with mental health conditions to stay connected with someone who cares about them and whom they can check in with.
- It is an opportunity to assess whether any treatments the person is receiving are helpful and, if not, to support the person in finding a more suitable treatment.
- If any new or worsening problems arise, you can support the person in coming up with strategies to deal with them, as well as seeking additional support when needed.

WHAT CAN YOU DO?

Follow-up visits: To establish regular follow-up, it is helpful after the first meeting to suggest a follow-up visit or meeting. After each visit, schedule follow-up visits as needed; the frequency will depend on the needs of the person and their carers or family. Choose times and places that are mutually acceptable.

Follow-up can also be done informally, depending on the situation. As a provider living in the community, you may make visits by stopping by a neighbour's house or by meeting them at a market. If you are a teacher, you may check in with a child whenever needed. If you are a faith group leader, you may check in with people after weekly prayers, etc.

What to do during follow-up: Useful tips to keep in mind include:

- Ask about the person's general health and mental health. How are they feeling physically and mentally? Are they experiencing any new or worsening problems?
- Ask about the person's lifestyle and self-care routine. How are their diet and sleep? Are they physically active and exercising regularly? Are they feeling socially connected? (See 2.1: Healthy lifestyles.)
- Check with the person about any ongoing stress and their coping strategies. (See 2.1: Healthy lifestyles; and 3.3: Engaging and relationship-building.)
- If the person is currently receiving mental health treatment from a health-care provider or a mental health specialist and if the person is comfortable discussing it:
 - Ask for the details of the type of treatment (whether medicines, psychological treatment, or both).
 - Ask how the treatment is going. Is it helpful for the person? If it is not helpful, support the person in finding a suitable alternative treatment.
 - If the person is prescribed medicines but is not taking it, explore the reasons why. Is the medicine too expensive or otherwise difficult to obtain? Is the person experiencing side-effects? Does the person have any fears or worries about the medicine? In discussing these questions, see if you can support the person in taking the medicine as prescribed or help them find a suitable alternative.
 - Work with the person, and possibly with their carers or family, both to identify signs that their mental health condition may be getting worse and to come up with a plan together of who to contact and what to do if this happens.
- After each visit, discuss what the plan will be for follow-up visits, if needed. Maintain regular contact with the person (and their carers or family, when appropriate).
- If additional help is needed, offer support to the person in seeking more care from health-care providers in your community.
- Always inspire hope in people you work with and support (see Box 11).

For recommendations on follow-up for people at risk of self-harm or suicide, see 2.4: Suicide prevention.



Box 11. How can we inspire hope in people we work with and support?

- Value the person for who they are and value their dreams and aspirations.
- Believe in the person's worth.
- Have confidence in the person's skills, abilities and potential.
- Listen and pay attention to what people say.
- Believe in the authenticity of the person's experience.
- Accept and actively explore the person's experiences.
- Tolerate uncertainty about the future.
- See problems and setbacks as part of the recovery process and help the person to learn from these and build on them.
- Connect individuals with others who have gone through similar experiences.

Source: Promoting recovery in mental health and related services – WHO QualityRights training to act, unite and empower for mental health (pilot version). Geneva: World Health Organization; 2017.

4.2 Vocational, educational, and housing support

WHY IS IT IMPORTANT?

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 improves 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 and in an inclusive manner.

WHAT CAN YOU DO?

Community providers can play an important role in helping people with mental health conditions (and especially people with severe conditions) to find safe and affordable housing, supported employment, pre-vocational training or education.

Most people, including people with mental health conditions, would like to be educated and to work. People with mental health conditions are able to work and learn like everybody else but some may need support in finding a job or going back into education. 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 placement in competitive employment as soon as possible, followed by support and training on the job.

Vocational and educational support is a process that requires a collaborative approach. Suggested activities include the following:

- 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. This can help in petitioning authorities who may have a legal obligation to provide education or employment.
- Support the person in accessing specialized training or services if needed and available (e.g. occupational therapy, physiotherapy, speech therapy) to help develop skills that may be useful in their future employment.
- Support the person in accessing mutual help groups and peer support networks. (See 4.4: Self-management and peer support.)

Community providers can also help in supporting a person to access safe and affordable housing:

- First, make sure you know the different rights that relate to housing in your area. Support the person you are working with to make sure they are aware of these rights.
- Obtain information about agencies or organizations that support people in finding housing.
- Connect the person with available resources in your community and continue to support them as they try to find housing.

4.3 Social recovery and connectedness

WHY IS IT IMPORTANT?

Social inclusion is a vital part of recovery for people with mental health conditions. As noted in 2.1 (Healthy lifestyles), meaningful social connection is important for both physical and mental health. Social connection helps people live longer and healthier lives, while social strain or isolation harms people. Unfortunately, people with mental health conditions are often subjected to stigma and discrimination which leads to social exclusion.

Social recovery refers to a person's ability to lead a meaningful and contributing life as an active community member while living with a mental health condition. Helping people with mental health conditions to have more positive and regular connections with people in the community, thereby forming a social support network, can help improve mental health and is vital for overall recovery.

Stigma, discrimination and social exclusion may be barriers to joining social activities for people with mental health conditions. As a community provider, you can encourage more social connection by helping someone find appropriate activities and by facilitating inclusion. (See 1.2: Reduction of stigma, discrimination and social exclusion; and 4.3: Social recovery and connectedness.)

WHAT CAN YOU DO?

You can support people with mental health conditions to maintain their existing social connections, broaden their social network and enhance their sense of belonging in the community. Suggested activities include:

- Take the time to get to know people. If someone has felt socially excluded in the community, show empathy and understanding of their experience.
- Encourage people to take part in more social activities, thus helping them build a safety net of social supports. (See 2.1: Healthy lifestyles.)
- Identify supportive people who may already be in the person's network and support the person in identifying ways to connect or reconnect with them.
- Identify welcoming social spaces and places, both indoor and outdoor, where people can meet and enjoy each other's company.
- Help to build supportive networks within the community to empower people to help themselves and one another.

- Encourage people with mental health conditions to become volunteers within the community and to act as positive role models. Identify their interests and skills and encourage sharing them with others.

4.4 Self-management and peer support

WHY IS IT IMPORTANT?

Self-management is a very important part of the recovery process. It involves empowering people with mental health conditions to be in more direct control of managing their conditions by relying on their own resources. Self-management approaches include problem-solving, goal-setting, identifying signs and triggers for mental health crises, and responding to these signs with self-management strategies before relying on a health-care provider. This process empowers a person to be more aware of changes in their mental health and to be in control of choosing an initial response to these changes.

Peer support builds on this approach by encouraging mutual support and enabling people to draw on each other's experiences. Peer supporters, by virtue of their first-hand experience, are often able to relate to, connect with and support people with mental health conditions. Peer supporters can be volunteers or paid, and peer support can be provided in many different settings, including in people's homes, libraries, health clinics and even in online forums.

Stigma and discrimination can be major barriers to social inclusion for people with mental health conditions, leaving them feeling helpless and frustrated. Peer support offers a different experience in a safe and secure environment; it can reduce feelings of isolation, contribute to recovery through enhanced social connection and mutual empowerment and restore hope and optimism.

WHAT CAN YOU DO?

There are many actions you can take to support people with mental health conditions with self-management. For example:

- Help a person set goals for self-management. Identify barriers to these goals and support a person in developing a plan to tackle these barriers. (See 3.3: Engaging and relationship-building.)
- Support a person in learning self-management in order to:
 - identify signs of mental health crises;
 - understand triggers for mental health crises;
 - identify whether any early actions can prevent a crisis from developing;
 - try out coping strategies to understand which ones help during a crisis and which could help in the future;
 - link the person to peer supports who can be helpful during times of crisis.

You can support people with mental health conditions in receiving support from peers. A community provider can help identify peer supporters and link the person with them. Peer support can be offered by an individual or in a group setting. A person's rights, dignity, privacy and confidentiality should always be respected. Examples of peer support actions include:

- sharing experiences and stories of hope and recovery;
- encouraging people to take responsibility for their own life and recovery;
- encouraging people without doing things for them;
- helping people to access relevant information about their health and rights;
- helping people to build social networks in the community.



Now it's time to practise!

PRACTICE EXERCISE

What can I do to promote recovery and rehabilitation in my community?

① List two reasons why consistent follow-up can be helpful for people with mental health conditions.

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② What are two ways you can inspire hope in people you work with and support?

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③ What is the difference between pre-vocational training and supported employment?

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④ What resources, if any, exist in your community for housing support?

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⑤ List two ways in which you might be able to promote social recovery and connectedness for people with mental health conditions.

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Tools and resources for Module 4

WHO QualityRights guidance and training tools

Improving mental health and related services environments and promoting community inclusion (training module). Geneva: World Health Organization; 2017 (<https://apps.who.int/iris/bitstream/handle/10665/254803/WHO-MSD-MHP-17.3-eng.pdf?sequence=1>, accessed 29 August 2019).

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Promoting recovery in mental health and related services: handbook for personal use and teaching (training module). Geneva: World Health Organization; 2017 (<https://apps.who.int/iris/bitstream/handle/10665/254811/WHO-MSD-MHP-17.11-eng.pdf?sequence=1>, accessed 29 August 2019).

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Module 5

Additional considerations when working in the community

This module discusses additional considerations to keep in mind when working in the community.



5.1 Working with people with co-morbid physical and mental health conditions

What does “co-morbid” mean? Co-morbid refers to health conditions that occur together or at the same time. Mental health conditions often occur together with other health conditions, including physical illnesses, and can even contribute to or develop from these conditions. For example, depression increases the likelihood of developing heart disease, and heart disease increases the likelihood of depression.

People with mental health conditions, especially severe mental health conditions, may die 10–20 years earlier than the general population. This is mostly because of co-morbid physical health conditions, including noncommunicable conditions such as diabetes and heart disease and infectious illnesses such as HIV, hepatitis and tuberculosis.

The unfortunate reality is that due to stigma, discrimination and social exclusion, many people with mental health conditions do not have access to health-care services such as screening, prevention and treatment. People who have both physical and mental health conditions would benefit from increased health and social support and access to affordable and rights-based care that is free from stigma and discrimination.

It is important for community providers to support people with mental health conditions in taking care of their physical health. You can do this as follows:

- 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. (See 2.1: Healthy lifestyles; and 2.5: Substance use prevention.)
- Address stigma and discrimination. (See 1.2: Reduction of stigma, discrimination and social exclusion.)
- Encourage prompt follow-up and evaluation with a health care-provider for any physical pain, discomfort or other health concerns.
- Provide information about where to access services, including linking to health-care services and social services (e.g. housing, employment services). (See 4.2: Vocational, educational and housing support.)

- Promote peer support and self-help. (See 4.4: Self-management and peer support.)

You can also help in identifying and providing support for mental health conditions in people with physical illness. For example, if you are providing care for someone with a non-communicable disease such as heart disease or a communicable disease such as HIV or tuberculosis, be aware of the signs of mental health conditions. If you suspect this may be present, provide support and referral for further care if needed.

5.2 Working with children and adolescents

Most mental health conditions start before the age of 14 years. If untreated, mental health conditions can have a severely negative impact on the life of a child or adolescent, including their development, educational achievement, employment prospects, resilience, and potential to live fulfilling and productive lives in their community. It is important to do the following:

- 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.

Early life development: Early life development can have a huge impact, both positively or negatively, on a person's future life. Studies have shown that the brain changes in response to both positive and negative influences in early life. What happens to a person in the early years of life can affect their cognitive abilities, emotional responses and social functioning later on. If a child is exposed to negative influences (such as abuse, neglect or other adverse experience), this can make them vulnerable to mental health conditions. Early life circumstances that can put a child at higher risk for developing mental health conditions include:

- sexual, physical or psychological abuse;
- separation from caregivers, neglect;
- family history of mental health conditions;
- low socioeconomic status;
- parental unemployment or low education;
- single-parent households or reconstituted families.

For more information on promotion and prevention of mental health conditions in children and adolescents, see 2.2: Life skills and 2.3: Strengthening caregiving skills.

Once a child or 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 (see Box 12).



Box 12. Common features of mental health conditions in children and adolescents

Developmental conditions

- Poor feeding, delays in developmental milestones (smiling, sitting, walking, talking, toilet training)
- Delays in reading, writing and self-care
- Difficulties of functioning in school and with social interactions
- Difficulties carrying out age-appropriate daily activities.

Behavioural conditions

- Excess over-activity such as running around, difficulty remaining seated, excessive talking or moving restlessly
- Excessive inattention, absent-minded or stopping tasks before completion
- Excessive impulsivity and frequently doing things without thinking beforehand
- Repeated and continued behaviour that disturbs others.

Emotional conditions

- Excessive crying, clinging, freezing and tantrums
- Excessive fear, anxiety or avoidance
- Difficulties with sleeping or eating
- Less initiation of play and social interaction
- Extreme shyness or changes in functioning
- Refusing to go to school
- Recurrent unexplained physical symptoms such as stomach aches or headaches
- Self-harming behaviours, or talking about death or suicide.

Children and adolescents with mental health conditions may require the expertise of a mental health professional. However, there are also ways in which community providers can support the caregivers of children and adolescents with mental health conditions and the children or adolescents themselves.

Support caregivers of children and adolescents with mental health conditions by encouraging them to do the following:

- 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 the child. Show understanding and respect for the child. Ask the child about their feelings, thoughts and behaviours. Ask questions in a way that allows the child to feel safe and learn more about themselves.
- Protect the child from any form of maltreatment, bullying or 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 own physical and mental health so that they can adequately provide care to their child.

Offer guidance to caregivers for improving the behaviour of children or adolescents with mental health conditions

- Give loving attention. Provide opportunities for your child to talk with you.
- Be consistent about what your child is and is not allowed to do.
- Give clear, simple and short instructions about what your child should or should not do.
- Give your child simple daily household tasks or activities to do.
- Praise or reward your child when you notice good behaviour.
- Find ways to avoid severe confrontations or predictably difficult situations.
- If a child or adolescent has challenging behaviour, try to find out the reasons for this behaviour and decide how to respond on the basis of these reasons.
- Avoid criticizing your child, calling them names, or yelling.
- Do not use threats or physical punishment and never physically abuse your child.

Support children or adolescents with mental health conditions by encouraging them to do the following:

- Get enough sleep. Promote regular bedtime routines. Remove electronic screens from the bedroom.
- Eat healthy foods at regular intervals.
- Be physically active.
- Participate in school, community, home and other social activities that they enjoy.
- Spend time with trusted friends and family.
- Avoid the use of nicotine, harmful use of alcohol and other psychoactive substances.

It is important to recognize and refer to the appropriate agencies or authorities in any cases where neglect or abuse is involved. (See 3.5: Referring for more care and services.)

5.3 Working with pregnant women or those who have recently given birth

Pregnancy and childbirth can affect the mental health of some women. Studies show that with effective treatment, the health of the mother and the child's growth and development can be improved.

Many barriers may make it difficult for a woman who is currently pregnant or recently delivered to seek mental health care. For example:

- Stigma and discrimination may make someone feel unsafe in acknowledging how they feel.
- Limited resources, either financially or in terms of access to transport or nearby specialist services, may make it difficult to seek care.

Most women who are pregnant or recently delivered – regardless of whether or not they are currently experiencing a mental health condition – can benefit from added support to make sure they have all the help they need during this time.

Community providers can help a woman who is currently pregnant or recently delivered to feel socially included, supported and empowered to seek mental health help if she needs it. You can do this as part of your work – especially if you are involved in maternal and child health services, child nutrition services, social work or community health.

Community providers can do the following:

- Look out for signs that the woman may be experiencing stress or a mental health condition. (See 3.2: Identifying mental health conditions.)
- 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. This may be done with you, with someone else, or with a peer support group.
- 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 if appropriate, to the baby).
- If the woman is in moderate-to-severe distress, encourage and facilitate access to health-care services. This may include helping her feel empowered to seek health-care services, helping her to make an appointment or find out how to access services, or even accompanying her to see a health-care provider.

- Encourage a healthy diet. If the woman finds it difficult to access enough (or nutritious) foods, try to connect her with supports within the community that can help her to do so.
- If the woman is struggling with a substance use condition, encourage her to seek help from a health-care provider in order to stop using the substance in a safe manner.

5.4 Working with older persons

Healthy ageing is the process of enhancing opportunities for health, participation and security, as all of these factors can affect quality of life as people get older. As a person ages, there may be a progressive decline in the functioning of their body systems, putting the person at risk of age-related illnesses (see Box 13). However, the ageing process is different for everyone and depends on a person's individual risk factors, including genes, environmental exposures and lifestyle. Although most older persons have good mental health, many people are at risk of developing mental health conditions or substance use problems as they grow older. Mental health conditions are usually underidentified by health professionals, community providers and families because some symptoms may be nonspecific (e.g. tiredness, pain). Additionally, the stigma and discrimination linked to mental health conditions may make it harder for older people to seek help.

Community providers can help promote healthy ageing in older people by doing the following:

- Help people to stay active as they age. This can help maintain and improve their physical and mental health. It may involve helping to make changes to the person's home environment so that it is more comfortable and suitable for them.
- Help people to seek help when they are in physical or mental distress.



Box 13. Risk factors for mental health conditions in older persons

Older people can experience risk factors similar to those of younger people – such as family history of mental health conditions, exposure to adverse events in childhood or later in life, or financial difficulties. However, specific risk factors to keep in mind when working with older people include:

- significant ongoing loss in capabilities and decline in functional abilities;
- reduced physical mobility, chronic pain, frailty or other physical health conditions;
- grief due to the loss of loved ones;
- changes in socioeconomic status;
- social isolation or loneliness;
- elder abuse (including physical, verbal, emotional, financial or sexual abuse);
- abandonment, neglect, loss of dignity or respect.

Mental health conditions among older people

Older people may be living with mental health conditions that they developed earlier in life – such as depression, anxiety, psychosis or substance use conditions. Additionally, some mental health conditions may develop for the first time later in life. Among these, depression and dementia have higher rates among older people. (See 3.2: Identifying mental health conditions.)

Common features of 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, domestic or social activities.

Common features of 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.

If you suspect that an older person may have depression or dementia, you can refer them to a health care provider for assessment and management of the condition. You can also work with the person to provide psychoeducation, as well as to support them and their carers or family and continue to follow up. Support may include helping address social stressors and promoting functioning in daily activities and community life. (See 3.2: Identifying mental health conditions; 3.3: Engaging and relationship-building; 3.5: Referring for more care and services; and 3.6: Supporting carers and families.)

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 – including shopping, doing housework, managing money and preparing food, as well as using the telephone and transportation.

- Make sure the person has continuing access to training and educational opportunities. This will help them manage their health better, adjust to the changes that ageing brings, maintain their sense of identity and social connections, keep interested in life, allow contact with other generations and participate in the community.
- It may be appropriate to support a person with dementia in choosing a carer if and when their condition has progressed. Provide social support and psychoeducation to the carer and family, including making sure that the carer has some time off from caring duties to attend to their own well-being. You can also help carers and family members to adjust to the gradual loss and changes caused by dementia.
- 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.

! Having a good understanding of the person's background and baseline, and maintaining good communication with the person's carers, will help you to identify any changes in the person's condition.

5.5 Working in emergencies and conflict settings

Every person has strengths and abilities to help them cope with life's challenges. However, people facing large-scale humanitarian emergencies such as natural disasters or armed conflicts often have to cope with difficult experiences such as loss of loved ones, violence, hardship, displacement, and uncertainty. Almost all people affected by emergencies will experience psychological distress, which for most people will improve over time. However, emergency affected populations are at higher risk of developing mental health conditions, such as depression, anxiety, or post-traumatic stress disorder. People with severe mental health conditions (e.g. psychotic disorders) are especially vulnerable during emergencies and need access to mental health care and other basic needs.



Box 14. Helping people who have experienced humanitarian emergencies

Community providers can provide Psychosocial First Aid (PFA)¹ to help persons who have experienced stressful events to access needed services, feel supported and seek mental health care if they need it. PFA describes a humane, supportive response to a fellow human being who is suffering and who may need support and includes the following (see PFA Guide for Field Workers for further details):

- Provide practical care and support, which does not intrude. Provide a safe space for the person to express their distress 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 supports if needed.

Work closely with other emergency workers (e.g. camp managers, humanitarian health workers) to coordinate services and support. This also 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.

¹ Information about PFA is available in many different languages at: https://apps.who.int/iris/bitstream/handle/10665/44615/9789241548205_eng.pdf?sequence=1 (accessed 2 September 2019).



Tools and resources for Module 5

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Glossary

Assertiveness: A quality that allows people to express their points of view and priorities in a way that is not aggressive or reactive.

Befriending: A supportive relationship in which one-to-one companionship is provided on a regular basis

Burnout: A general sense of feeling defeated and losing motivation in one's work, which can affect someone's ability to work safely and competently.

Caregiving: Care given to a child by any adult who is primarily responsible for looking after the child; this may include biological parents, nonbiological parents, grandparents, aunts, uncles or other caregivers.

Carers: People who provide support to people with chronic health conditions, including mental health conditions. Carers can be informal or formal (paid) and may include family members, loved ones or friends.

Co-morbid: Health conditions that occur together or at the same time.

Community health workers: Health workers typically without formal qualifications but who have been selected and trained and are working in the communities where they live.

Creative thinking: A way of thinking that helps people explore alternatives to, and consequences of, their actions (or non-action). Creative thinking can help people respond flexibly and adapt to things that happen to them.

Critical thinking: 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.

Discrimination: Unfair treatment or negative behaviour towards a group of people.

Empathy: The ability to imagine what life is like for another person, even in unfamiliar situations.

Emotional regulation: The ability to control one's emotions, rather than letting emotions control one's behaviour or actions.

Engagement: The way in which people get to know each other and feel connected with each other. For people with mental health conditions, engagement generally refers to the process of connecting with people who support their treatment and recovery.

Goal-setting: Involves the development of an action plan designed to motivate and guide a person towards a goal. Goal-setting can be both short-term and long-term.

Harmful use of alcohol: A pattern of alcohol use that is causing damage to health. The damage may be physical (e.g. liver cirrhosis) or mental (e.g. episodes of depressive disorder secondary to heavy consumption of alcohol). However, harm associated with the use of alcohol goes beyond direct health consequences and includes also social consequences for the drinker, the people around the drinker and society at large, as well as being associated with increased risk of adverse health outcomes.

Healthy lifestyle: Behaviours that are beneficial for one's health, including regular exercise, good-quality sleep, a nutritious diet, social connection and stress reduction when needed. It also means avoiding things that negatively affect health – such as smoking, harmful use of alcohol or other substances.

Interpersonal skills: Strategies people can use to get along with other people and navigate social situations.

Life skills: Positive and adaptive behaviours that empower people to be able to deal with the many challenges of life.

Mental health: A state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.

Mental health conditions: Conditions that are characterized by a combination of abnormal thoughts, perceptions, emotions, behaviour and relationships with others. They 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 experiences, can range in severity and can cause significant disability.

Motivational interviewing: A structured therapy, typically lasting four sessions or less, to help people who practise harmful use of substances. Motivational interviewing involves an approach aimed at motivating change by engaging a person in a nonjudgemental discussion about their substance use and how they feel about it, including the perceived benefits and harms in relation to the person's own values, avoiding arguing with the person if there is resistance, and encouraging the person to decide for themselves what their goal may be.

Peer support: Mutual support provided by peers, enabling people to draw on each other's experiences. Peer supporters can be volunteers or paid, and peer support can be provided in many different settings.

Post-traumatic stress disorder: A mental health condition characterized by a specific set of symptoms lasting for more than a month after a potentially traumatic event and causing considerable difficulty with daily functioning. These symptoms can include re-experiencing the event (through nightmares, flashbacks or intrusive memories), avoidance (of thoughts, memories or situations connected with the event) or a heightened sense of current threat (excessive concern and alertness to danger).

Prejudice: Unfair, negative attitudes directed towards a group of people.

Pre-vocational training: An approach that can help people obtain employment in a competitive setting by offering a period of preparation before someone enters competitive employment.

Problem-solving: Skills that help people to understand problems, find solutions and put those solutions into action.

Psychoactive substances: Substances that, when taken in or administered into one's system, affect mental processes such as cognition or affect (thinking or feelings).

Psychoeducation: The process of providing information to people with mental health conditions and their carers/family members about the nature of the condition, including its likely causes, progression, consequences, prognosis, treatment and alternatives.

Psychological interventions: The informed and intentional use of clinical techniques developed from psychological principles to help people modify their thoughts, feelings and actions. Typically, psychological interventions involve counselling or talking with people.

Respite care: Services in the community that can provide short-term relief for carers. It can involve the provision of temporary health-care facilities to a person normally cared for at home.

Recovery: Typically involves a person regaining control of their identity and life, having hope for their life, and living a life that has meaning for them whether through work, relationships, community engagement or some or all of these. The meaning of recovery can be different for each person.

Rehabilitation: A set of interventions needed when a person is experiencing or is likely to experience limitations in everyday functioning due to ageing or a health condition, including chronic diseases or disorders, injuries or traumas.

Resilience: The ability to recover from stressful situations and to treat them as opportunities to learn or simply as experiences.

Screening and brief intervention: An approach to screening for risky or harmful substance use and discussing it in a nonjudgemental way. A brief intervention encourages a person to reflect on their own substance use choices. During the conversation, the substance use is discussed and the person is supported in making decisions and setting goals about his/her substance use.

Self-awareness: Knowing oneself and understanding one's character, strengths, weaknesses, desires, likes and dislikes.

Self-harm: Any type of intentional injury to one's own self which may or may not have a fatal intent or outcome.

Self-management: The ability of a person to be in more direct control of managing their conditions by relying on their own resources before going to a health-care provider. This process empowers a person to be more aware of changes in their mental health and to be in control of choosing an initial response to these changes.

Social recovery: A person's ability to lead a meaningful and contributing life as an active community member while living with a mental health condition.

Stigma: A distinguishing mark establishing a demarcation between the stigmatized person and others attributing negative characteristics to this person. The stigma attached to mental illness often leads to social exclusion and discrimination and creates an additional burden for the affected person.

Supported decision-makers: People whom a person with a mental health condition chooses (such as trusted friends or family) to support them as they make decisions. Support provided may include helping the person to understand information that is relevant for them, consider the possible consequences of different choices and communicate their choices to others.

Supported employment: An approach that can help people to obtain employment in a competitive setting by offering placement in competitive employment as soon as possible, followed by support and training on the job.



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