

# Trainer's Manual Bharosa Intervention Nepal

PROMOTING TRUSTING RELATIONSHIPS, SOCIAL SUPPORT,  
MOBILISATION OF RESOURCES AND MENTAL WELLBEING IN  
HARWA-CHARUWA COMMUNITIES



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## Forward

Providing mental health support is one of the greatest gaps in the global response to modern slavery. There is insufficient understanding of slavery's lasting psychological impact on individuals and their communities, and how best to help survivors' emotional recovery.

The Freedom Fund has prioritised mental health as one of its global initiatives in the fight against modern slavery, investing in research to design and test possible solutions and drawing upon the knowledge and expertise of its hotspot partners.

Working in partnership with the University of York and the Centre for Mental Health and Counselling in Nepal (CMC), the Freedom Fund aims to directly address the mental health and psychosocial needs of Harwa-Charuwa agricultural bonded labourers in Nepal through the *Bharosa* intervention. The name *Bharosa* comes from a Nepali word referring to how people rely upon and support one another. The intervention builds upon the findings and recommendations from a clinical assessment undertaken in 2016 which found that 61% of Harwa-Charuwa reported suffering from clinical depression and 46% from suicidal intentions, primarily arising from their situation of bonded labour.<sup>1</sup>

Unlike the few existing mental health support programs around the world which support survivors of slavery, the *Bharosa* intervention targets communities who are still in bonded labour. Its purpose is to equip communities with another tool to help break the cycle of intergenerational bonded labour. Improving social relationships, and in turn, mental well-being, can build the resilience, confidence and strength needed for communities to claim their rights and live a future free from slavery.

Crucially, the *Bharosa* intervention is designed for contexts with limited mental health resources. Our hope is that this manual can be adapted and used by other organisations working in communities where bonded labour and other forms of modern slavery persist.

Pauline Aaron

Nepal Program Officer

The Freedom Fund

## Acknowledgements

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1 <http://freedomfund.org/wp-content/uploads/Understanding-the-mental-health-needs-of-the-Haruwa-Charuwa-in-SE-Nepal-5Jan17-FINAL.pdf>



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This training manual is the product of a collaborative effort between the University of York (UoY), the Freedom Fund (FF), and The Centre for Mental Health and Counselling (CMC) in response to an increasing need for psychosocial assistance to one of the most marginalised and vulnerable groups in Nepal, the Harwa-Charuwa people living in bonded labour. We would therefore like to acknowledge the valuable inputs and support given to this process, with special mention of all who work in support of the Harwa-Charuwa communities in south-eastern Nepal.

This exercise wouldn't have been possible without the precious contribution of the women and men who have participated in interviews and focus groups, and who have been part of the community freedom groups co-ordinated by our partner organisations in Saptari, Siraha and Dhanusa.

A very special thanks to Dr Pashupati Mahat, Karuna Kunwar, Rajesh Jha and Himal Gaire (CMC); Directors and staff at partner organisations involved in the pilot study (DSAM, JDS, Tapeswari and Mukti); Ginny Baumann and Pauline Aaron (FF); Hari Joshi, Bala Ram, Maria Horning (Geneva Global), Dr Kim Murray (King's College London affiliate), and Dr Martin Webber (UoY), for their support and contribution to this work.

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Please send copies of any translations to us so that we may make them available in future psychosocial programmes. Reports on use of this material and suggestions for improving it would be very much appreciated.

Send comments and copies of translations to:

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## Background

Bonded labour, a form of modern day slavery, is the subject of widespread international concern and action, yet it persists on an alarming scale, affecting more than 21 million people globally (International Labour Organization). Bonded labour causes significant psychosocial distress, a disintegration of communities and the ways people interact through human contact and trusting relationships. Amid a resource-limited system, there is an urgent call to address the psychosocial needs of individuals, families and communities living in bonded labour to help them move sustainably out of exploitation.

Mental health problems are often linked with social problems and the wider community. Research shows there are links between stronger social relationships and improved wellbeing and quality of life for adults with mental health problems. However, there is little evidence for effective mental health treatments that promote social engagement, particularly in low-income countries where mental health services have limited resources and infrastructure is weak.

This co-produced project with the University of York, anti-slavery organisation the Freedom Fund and the Centre for Mental Health and Counselling (CMC) in Nepal, will accelerate the impact of a mental health social intervention aiming to enhance social connections, engagement in social activities, social cohesion and trust, and draw upon existing resources in the community. This training programme and intervention study provides a platform and context to achieve the Freedom Fund's objectives of bringing strategic focus, co-ordination, and a measurable reduction in modern slavery; creating an enabling environment for systematic change and improved wellbeing of individuals' lives currently and for generations to come.

In the south-eastern Terai region of Nepal a traditional form of bonded labour termed 'Harwa-Charuwa' continues to exist despite being officially outlawed by the Nepalese government. In the local language of Maithili, 'Harwa' denotes a landless person who works on other people's land while 'Charuwa' refers to a landless person who grazes cattle—both terms are culturally linked with bondage. A recent survey found that 97,000 adults and 13,000 children are in forced labour through the Harwa-Charuwa system.

In the "hotspots" of the Terai, with high levels of bonded labour, the Freedom Fund formed and supports 276 community freedom groups with over 5,000 households impacted. The groups provide a platform for collective action, disseminating of rights-based knowledge, generating improved incomes and micro-credit schemes, and delivering important messages about migration, and education. With the introduction of this training programme and intervention study, the groups will add mental health support.

The Connecting People Intervention (CPI) was developed as a practice framework for social workers to support people with mental health problems to enhance their social connections by engaging in social activities, building trust with supportive people and drawing upon existing resources in their community. With our experience of developing and evaluating the CPI in the UK and a culturally sensitive version in Sierra Leone for nurses during the Ebola Outbreak, members of the research team are keen to understand how principles of co-production and enhancing social networks may be translated to other diverse contexts.

This training programme and intervention study, adapts the CPI to provide as practice framework for community facilitators and "social mobilisers" working in NGOs south-eastern Nepal. The Bharosa Intervention, coming from a Nepali word meaning how people rely on each other and get supported, evaluates how this community-based model of practice can to meet the needs of Harwa-Charuwa bonded labourers including those with mental health problems in south-eastern Nepal. We aim to build upon our initial advances with the CPI and co-productively work with local stakeholders in Nepal to adapt a culturally appropriate model and gather outcome data about the likely efficacy of the Bharosa Intervention amongst bonded labourers.

### **The Bharosa Intervention was designed with the following objectives in mind:**

1. To build capacity of partner organisation staff as part of the Freedom Fund's hotspot intervention\* for Harwa-Charuwa communities of Nepal's south-eastern Terai region
2. To establish an integrated knowledge base of mental health and psychosocial issues and strengthen support provided to participants by partner organisation staff
3. To ensure that community members have access to mental health support and psychosocial care in their communities
4. To pilot this programme and evaluate its impact so that an optimal programme can be designed and scaled up in other bonded labour or slavery settings

*\*Please note, this is not a stand-alone psychosocial programme. It is part of a comprehensive intervention delivered by partner organisations in Nepal which also includes livelihoods training, micro-credit programmes, adult literacy and child education courses, classes in citizenship rights and sanitation. It is not appropriate to use the manual in other communities without adaptation.*

### **Who is the intervention targeting?**

Formal counselling services are not well or widely established across Nepal. In such contexts, informal systems of support can be of great value to the people who need care. Informal care is also believed to be especially helpful to bonded labourers with limited social support resources as social relationships decrease feelings of isolation and encourage people to share their experiences to establish their own informal support networks.

Therefore, the focus of this training is on enhancing social relationships and emotional support in the community, as facilitated by trusted community workers. It assumes a holistic understanding of the often complex and unstable social environment bonded labourers are living in.

The Bharosa Intervention targets the community freedom groups for Harwa-Charuwa communities who are supported by the Freedom Fund. However, most of the suggestions and recommendations presented are relevant to stakeholders working in the field of psychosocial support, particularly in communities where bonded labour and other forms of modern slavery persist.

This intervention uses an integrated approach for both 'mental health' and 'psychosocial support' taking into consideration that mental health interventions must be broad and address issues within a larger socio-political and cultural context. The intervention is inspired by many sources. We have taken care to ensure that it is in line with recent international consensus documents such as the:

- The IASC Guidelines for Mental health and Psychosocial Support in Emergency Settings
- The WHO mhGAP Intervention Guide 2.0 for Mental, Neurological and Substance use Disorders in non-specialist health care settings.

### **Structure of the manual and handbook**

This training manual has been developed for psychosocial workers at CMC who have extensive education and experience delivering mental health training interventions in regions across Nepal, including in the south-eastern Terai.

This manual outlines a four-day training programme, delivered by CMC, that provides an introduction to mental health for facilitators of community freedom groups. It includes relevant background information for both the facilitator and course participants, and a range of associated participatory activities. The aim of the training is to enable the facilitators to feel confident in a particular intervention method that they can use within their community work.

The manual is broken down into five modules and 15 sessions, with learning objectives, narratives, discussion topics, tips for facilitation, activities and action plans. Modules or sessions can be adapted, modified and changed to suit either the levels of the participants or a particular context. Ongoing supervision should also be built into any adaptations of the intervention and training programme.

Each day consists of three sessions. Each session has its own objective and consists of presentations that are given by the trainer and activities that involve the whole group. A proposed timetable for the training is provided, but this can be adjusted if necessary. It is important that the trainer carefully monitors the timing of each session as it is easy for sessions to extend beyond the allocated time.

The training manual is accompanied by a handbook that will be delivered by community facilitators in their own community freedom groups over the course of the six-month piloting period. The handbook corresponds to the modules and sessions in the training manual, but is more appropriate for delivery with participants in the community freedom groups. The delivery of the intervention by community facilitators and supervisors requires ongoing supervision and support from someone more experienced, the supervision structure of the intervention is described in detail below.

For use outside the community-based organisations in the south eastern Terai region of Nepal the handbook also requires adaptation.

### **Supervision and refresher courses**

Two refresher trainings have been designed to be delivered after two and four months from the initial four-day training. These refresher trainings include time for evaluations and feedback discussions on how the community facilitators were able to implement the intervention in their groups. These secondary trainings combine one day for refresher and one day for learning a new module.

Capacity building is not sustainable unless training is followed up with an integrated and consistent supervision system as part of the longer-term strategy for mental health systems development. Supervision strategies can be found in the last module, a supervision supplement, which are specific to the structure of the partner organisations taking part in this pilot programme in Nepal.

A referral network has been established as part of this training programme, with facilitators providing group support and newly trained Psychosocial Counsellors providing most of the one-to-one support that is unavailable from formal mental health services in the region.

### **Teaching methods**

This training manual outlines a programme that uses a range of teaching methods:

- Presentations that are given by the trainer or a resource specialist to convey information, theories, or principles.
- Case studies that provide descriptions of real-life situations to be used for group discussions.
- Small group participatory activities in which participants share experiences and ideas or solve problems together, and then make a presentation to the larger group to stimulate further discussion and debate.
- Participatory role playing activities in which participants act parts in scenarios or assume roles to demonstrate and reinforce the learning.

## Abbreviations

CF	Community Facilitators
CHW	Community Health Workers
CMC	Centre for Mental Health and Counselling Nepal
CPI	Connecting People Intervention
DHO	District Health Officers
FCHV	Female Community Health Volunteers
FF	The Freedom Fund
GG	Geneva Global Inc
HC	Harwa-Charuwa bonded labourers
ICMHSR	International Centre for Mental Health Social Research
LMIC	Low and middle income countries
mhGAP	WHO's Mental Health Gap Intervention Guidelines
PFA	Psychological First Aid
PSS	Psychosocial Support
ToT	Training of Trainers
UofY	University of York
VDC	Village Development Committee
WHO	World Health Organization

## Visual elements and symbols

	<b>Tips for Trainers</b>
	<b>Large Group Discussion</b>
	<b>Work in Pairs or Threes</b>
	<b>Small Group Activity</b>
	<b>Module or Session Summary</b>
	<b>Short Presentation to share with the facilitators</b>
	<b>Background information for trainers</b>
	<b>Case Examples and Stories</b>

**Day 1** Participants: Community Facilitators, Assistant Supervisors, Supervisors, PSS Counsellors

SESSION	TIME
Introduction and Evaluations	9:00-10:30
Break	10:30-10:45
Module 1 Session 1: Stress and Coping	10:45-11:45
Lunch	11:45-12:15
Module 1 Session 2: Mental Health and Psychosocial Problems	12:15-14:15
Break	14:15-14:30
Module 1 Session 3: Looking After Each Other	14:30-16:30

**Day 2** Participants: Community Facilitators

SESSION	TIME
Short Review of Module 1	9:00-9:45
Break	9:45-10:00
Module 2 Session 4: Building Trust in Groups	10:00-12:00
Lunch	12:00-12:30
Module 2 Session 5: Communication Skills	12:30-14:30
Break	14:30-14:45
Module 2 Session 6: Talking about Problems Together	14:45-16:00

**Day 3** Participants: Community Facilitators

SESSION	TIME
Module 3 Session 7: Strengthening Social Support (PART 1)	9:00-11:00
Break	11:00-11:15
Module 3 Session 7: Strengthening Social Support (PART 2)	11:15-12:15
Lunch	12:15-12:45
Module 3 Session 8: Social Networks for Individuals	12:45-14:45
Break	14:45-14:30
Module 3 Session 9: Resource Mapping in the Community	14:30-15:30
Evaluations & Certificates	15:30-16:00

**Day 4** Participants: Assistant Supervisors, Supervisors, PSS Counsellors

SESSION	TIME
Debrief from the week, reflections	9:00-10:00
S-1 Introduction to Supervision	10:00-12:30
Lunch	12:30-13:00
S-2 Self-Care	13:00-14:00
Break	14:00-14:15
S-3 Monitoring and Reporting	14:15-15:45
Evaluations & Certificates	15:45-16:00

## Tips for CMC trainers



Throughout the training manual, look for this icon to learn tips for trainers. These helpful hints will guide you in training the Community Facilitators, Assistant Supervisors and Supervisors. The tips have also been adapted for the CF handbook to make it easier for them to run their own groups in the communities.

Before you begin the training session, here are a few helpful hints about discussions:

- Lay out easy to understand ground rules for the training programme to help have a smooth programme
- Use open-ended questions ‘*can you tell me about...*’ and do not force yes or no answers
- Ask people to answer the other member’s questions. For example, you can say to the whole group, ‘*that’s a good question, does anyone have an answer they can share with the group?*’
- Probe – ask things like ‘*can you elaborate or expand on that?*’ ‘*can you share an example of what you mean by that?*’
- Encourage everyone to speak and participate in the activities
- When one or two people seem to be doing most of the talking, ask if you can hear from other people who haven’t had a chance yet to speak up
- Summarise and paraphrase what people say to make sure you understand them correctly
- If you need to correct any wrong information, please GENTLY correct them. You can also ask others if they agree with the statement that another person has made to generate discussion
- When referring to activities that are also in the CF handbook refer to the *name* NOT the numbers as the numbers will be different
- Ensure group members rotate who acts as ‘facilitator’ in the small group discussions.

**Keep in mind, it’s important to be flexible when facilitating a group.** Sometimes it’s important to give information to the group. Other times it’s important to hear from the group and facilitate a discussion. If the group doesn’t want to do a particular activity, or they prefer to do it differently, then that’s fine. They’re adults and their opinions should be valued too. Even the process of agreeing to take a break could be as important for the group as anything that you can organise.

**Remember, you don’t have to carry the whole process yourself.** It’s OK to ask others to help, for example, to write points up on the board, or to move tables and chairs about. And if it’s not working, or what you’re doing is falling flat, ask the group why, or what they’d rather be doing. It is, after all, their training and their time.

**Your physical position has an impact on your effect in the group.** If you’re standing, and everyone else is sitting, you’re in a position of authority. If you need to tell the participants something, for example, explaining an activity, then stand up at the front of the room. If you want the group to discuss something without you leading the discussion, sit down or move to the back of the room.

**Use many creative methods** – drawings, songs, placing post-it notes on whiteboards, storytelling. This helps people to feel engaged in learning and they might walk away remembering one particular activity that will stay with them in their own groups.

## INTRODUCTION

### Welcome

1. Greet the group and have introductions from the trainers and participants.
2. Give a brief outline of the four-day programme and the topics you will be covering.

### *Logistics and Practical Issues*

Briefly discuss the practical and logistic elements of the training such as: any transport or accommodation arrangements needed; times of training; food arrangements; certifications etc.

### Icebreaker Activity (30 minutes)

#### STEP 1: Expectations

Hand out the illustrated cards found in Appendix A (each picture has been split in two). Each person gets one-half of a picture.

Instruct participants to find the person with the other half of their illustrated card.



#### STEP 2: Partner discussions

Allow five minutes for discussion in pairs. Participants share the following information with a partner:

- What is your favourite part of being a CF / AS / supervisor?
- How do you think this training will help you in your role as CF / AS / supervisor?



#### STEP 3: Group discussion

Participants should introduce their partner to the rest of the group and mention what their partner hopes to gain by participating in the training.

The facilitator writes the participants expectations of the training on a large piece of paper and sticks it up on the wall of the training room.

### Intervention and Training Overview (30 minutes)



*Trainers*, in your own words explain the Bharosa Intervention, aims of the training, and show participants the model below.

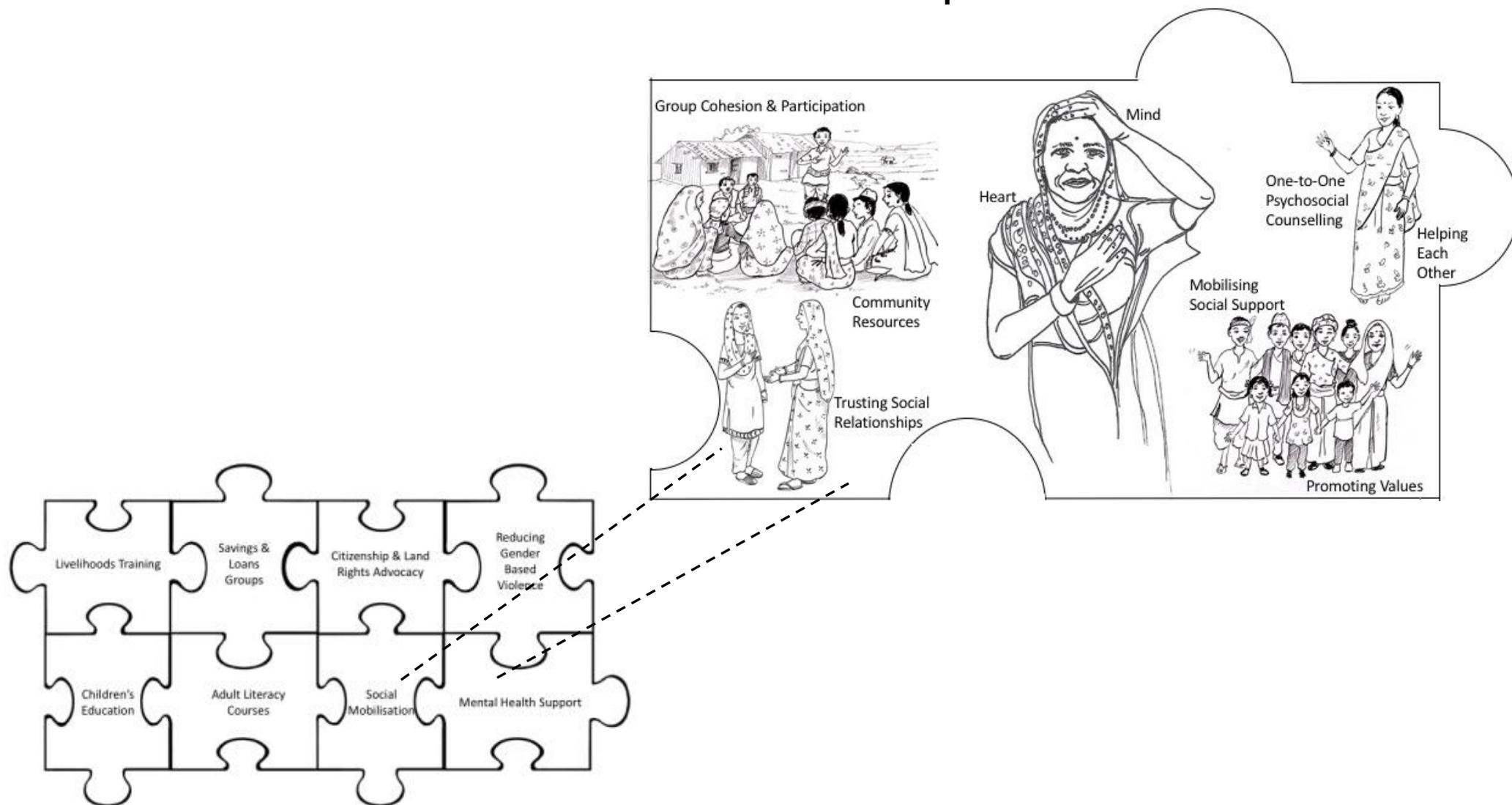
The Bharosa Intervention in Nepal is the mental health programme working alongside all other interventions implemented by the FF's partner organisations in the Terai. Just as the diagram below illustrates, it's one piece of the puzzle working towards improving the lives of Harwa-Charuwa and ultimately aiming to eradicate bonded labour. Other programmes include supporting livelihoods training, education courses, savings and loans groups, social mobilisation and advocacy for human rights and citizenship.

### *Aim of the training*

The overall aim of this training is to build the capacity of community facilitators, assistant supervisors and supervisors in the field of mental health so that they are able to effectively respond to the needs of their communities and encourage group members to support one another in times of emotional difficulties.

Specifically, by increasing social relationships and connections in their community—people's mental health and wellbeing can be improved. Where formal mental health services are unavailable, such as in the Terai, supporting people by connecting them to the people and resources available in the community is a low-cost and potentially effective way to improve mental health and wellbeing.

# The Bharosa Intervention in Nepal



## For the Community Facilitators / Assistants / Supervisors:



The training is not designed to prepare you as independent mental health practitioners – further training is required to achieve this goal. Instead, we would like you to learn how to refer people who you think might be having more serious mental health issues to the PSS counsellors.

The training does not tell you the solution to every problem you may face in your groups, but it will hopefully show you how to deal with most situations. It will also let you know when you need to get extra help from supervisors and the PSS Counsellors. This will mean that you can provide good, safe care to all the people you work with. We also hope it will prevent any worries they may have and will help you to enjoy your work.

### Questions for the group:

- So far, what is your role in the organisation?
- What do you think your role would be in the Bharosa intervention?
- What will you do to identify people with emotional problems?
- How will you refer people on for further support with emotional problems?

### Overview of staffing within the intervention

Staff Level	In DSAM / Mukti	In JDS
<b>Project Coordinators</b>	2	1
Role: Oversight of the intervention on a day-to-day basis. Monitoring progress of the counsellors, supervisors, assistants, CFs. Liaising with CMC on concerns raised by the PSS counsellors and with GG on any resource issues. Ensuring data collection is co-ordinated with CMC at baseline, post-training, three- and six-month follow-up, as well as ongoing process evaluation.		
<b>Supervisors</b>	2	3
Role: To supervise monitoring and process evaluations of the intervention, assessing weekly and monthly progress of groups. To facilitate self-care with CFs and implement changes at an organisation level to promote staff well-being. Arranging awareness raising sessions with the PSS Counsellors and community freedom groups. To reach out to participants to ask ' <i>have you thought about talking to a counsellor?</i> ' and ' <i>would you be OK with me asking a counsellor to contact you?</i> ' Provide an opportunity to prepare the person and family members for meeting with the PSS Counsellor as needed.		
<b>Assistant Supervisors</b>	5	10
Role: To support psychoeducation and identification of psychosocial problems by the CFs. To initiate basic helping skills and self-care principles for the CFs. To reach out to participants to ask ' <i>have you thought about talking to a counsellor?</i> ' and ' <i>would you be OK with me asking a counsellor to contact you?</i> ' Provide an opportunity to prepare the person and family members for meeting with the PSS Counsellor as needed. If a person has been seen by the PSS Counsellor and needs additional support from the mental health service centre in the district (Psychiatrist from Kathmandu visit monthly in one private medical institute in Lahan), it is the responsibility of the AS to escort that person to the treatment centre and continuously visit the person to support the individual as well as family members. Assist in compliance and connection with family and community.		
<b>Community Facilitators</b>	15	30



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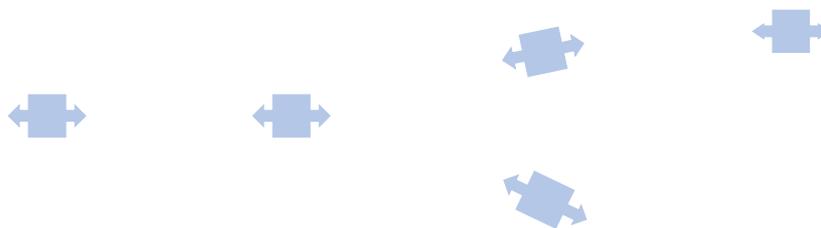
<p>Role: To provide psychoeducation and awareness raising in the groups; destigmatising mental health. To facilitate group sessions on mental health and wellbeing using the Bharosa Intervention curriculum. To build trust and cohesion in the groups to better support people to enhance their social relationships and access to resources in the wider community. To identify group members who might be experiencing psychosocial problems and need one-to-one support. Refer these individuals to supervisors and PSS counsellor as appropriate (e.g. <i>'she hasn't been coming to the group, how can we create circle of support around this person?'</i>).</p>		
# of self-help and adult NFE groups	15	30
<b>PSS Counsellors</b>	Name: Renu Karna Contact: 9842842123	Name: Chandrika Choudhary
<p>Role: To provide outreach in the community and home visits to build strong relationships and define role in the community. To conduct monthly group sessions on psychoeducation, advising supervisors and CFs on how to discuss mental health issues in their groups (administration of these groups is supported by the supervisors). When trust has built in the community, under the supervision of Dr Mahat, Karuna and Rajesh provide a 'safe space' in the two partner organisations for counselling of people with mild to moderate mental health problems. Hold one-to-one counselling sessions with people, assessing risk in the first instance. To refer severe cases to CMC unit or to the psychiatrist in Lahan, Siraha in private medical institute where psychiatrist from Kathmandu visits to see cases having mental health problems.</p>		

### Where to turn for more help?



This diagram shows the journey that an individual experiencing psychosocial problems might go through. Feedback loops illustrate the journey coming back to the CF, AS/supervisors for additional support and relationship building with family and community members around that person.

### Referral pathways in the Terai





## Ground Rules



Ask the group: *what do you feel are important ground rules to have in our training?*

Brainstorm ground rules together and make a list of these on a flip chart that is posted in front of the room. Some ideas might include...

- We will listen to everybody when they are speaking.
- We are committed to attending all the sessions and arriving on time.
- We will try to contribute to the sessions.
- We will respect everyone's opinions even when they are different from our own.
- We will respect confidentiality to safely discuss people we work with in the community.
- We will switch off mobiles during training.

## Evaluations (30 minutes)

*Trainers, explain the following to the participants:*

Before starting the training, we would like your help in completing a brief pre-training survey. There are no right or wrong answers, but this survey will help us to structure the training programme as we go, tailored to your needs at this time, and will give us something to compare after completion of the training, to evaluate the programme based on the skills you gain.

Please note that we will be discussing some difficult topics in the training course. If at any time you would like to stop to talk about how these discussions are affecting you emotionally, please find one of the trainers to discuss.

Please take 10 minutes to complete the first part of the survey on your own.

As a large group, we will have an exercise to help answer the following questions. For each question, please arrange yourselves in a line from 0-10, based on how confident you are.

1. How confident are you in recognising when one of your group members is having a difficult time or feeling tension?
2. How confident are you in helping your group members to build trust with each other?
3. How confident are you in helping your group members to talk about their problems?
4. How confident are you in linking your group members to help and support in the community (e.g. from trusting people or services)?

0 = No Confidence, 5 = Moderate Confidence, 10 = Completely Confident

## MODULE 1: HAAMAR MAAN: PSYCHOSOCIAL AWARENESS

### SESSION 1: STRESS AND COPING

### SESSION 2: APAAN MAAN: MENTAL HEALTH & PSYCHOSOCIAL PROBLEMS

### SESSION 3: SAHAYOGI HAAT: LOOKING AFTER EACH OTHER

#### Learning Objectives



At the end of Module 1, participants will:

- Understand terms “Stress,” “Coping,” “Mental Health,” “Mental Health Problems,” “Psychosocial” and “Emotional Problems”
- Discuss the local context and cultural expressions of distress / tension
- Better understand how our social lives relate to mental health and psychosocial needs
- Can explain how lifestyles, ways of living together, value systems, traditions and beliefs are all important to psychosocial wellbeing and quality of life.
- Recognise symptoms of mental health problems in family, friends or neighbours and who they can turn to for advice and help

#### Session 1: Stress and Coping (60 minutes)

##### Group discussion on Stress (15 minutes)

Write this on the flip chart or on post notes you can stick on the wall.



1. How do you feel when you have ‘tension’? What do you notice in yourself when you feel tension?
2. How do you recognise tension in other people?

##### Group discussion on Sahanu (15 minutes)

1. What do you do to overcome ‘tension’?
2. How does the community help those with ‘tension’?
3. What do you call it when people overcome tension?

#### Activity 1 (30 minutes)



The aim of this activity is to start having the group think about how to apply their knowledge of stress and coping using a story about a woman who is stressed but tends to feel better when involved with the group.

STEP 1: Read the following story aloud for the group to listen.

#### Story for Activity 1

*Suhana is stressed and always worried about her future. She is in poor health and constantly wonders, ‘how will I get money to go to the clinic, receive medication and buy food? What will happen to my children, Ram and Amita, if I die?’ At the same time, she is ashamed because of her health condition. She feels alone in the world and longs for the time when her husband was home, as he passed away last year. She finds her only comfort when she spends time with her neighbours in the group. Sitting together as friends, they talk about everything. When she leaves the group, she feels like stones have been lifted from her shoulders.*

STEP 2: In pairs, explore:



1. How as a Community Facilitator / Supervisor / Assistant supervisor can you help someone like Suhana to cope with her emotions AND to get practical help?
2. What are some ideas you have to help her?

STEP 3: Lead a group discussion and ask a few pairs to share the key points from Step 2.



*Trainers*, incorporate the background knowledge below if they're not mentioned or when appropriate.

- Consider the timing of Suhana telling you her story: sometimes it's important just to listen respectfully and provide comfort, rather than to try to problem solve.
- Providing solutions is often a natural response to people telling you about difficulties, but it's important to keep in mind, sometimes people aren't ready yet for action.
- Show her you care
- Provide information about how to cope (if she is ready to)
- Support activities and involvement in the group
- Social relationships seem to help Suhana to feel better, you can help to facilitate those relationships in your group
- Support her to express how she feels

**Final message:** Stress and tension are normal experiences in life and we all feel them at some point. There are ways that we cope with stress to “bounce back” after difficult times. We know that external social relationships help Suhana when she is feeling tension.

**As CFs, you are in a position to help people like Suhana to build resilience, and to help them in their journey to managing stress.**

## Session 2: Aapaan Maan: Understanding Mental Health & Psychosocial Problems (120 minutes)

*Group discussion to introduce mental health problems (5 minutes)*



Mental health is important for individuals, families and communities.

**Good mental health** is when an individual can think clearly, solve problems they face in life, enjoy happy relationships and feel spiritually at ease.

Mental health provides people with the energy for active living, achieving goals and interacting with other people in a fair and respectful way.

Mental health is a normal part of living healthy.

**A healthy person has a healthy mind and can:**

- think clearly
- solve problems in life
- work productively
- enjoy good relationships with other people
- feel spiritually at ease
- and contribute to the community



## Activity 2 (30 minutes)

The aim of this activity is to understand ideas about mental health problems held by the group, and then to lead into the discussion of mental health problems which is facilitated in Session 3.

#### STEP 1

Ask the participants what they think a person with **good mental health** looks like and begin to explore these ideas in a brief discussion with the group.

#### STEP 2

Following this, ask the participants to individually draw a picture of a person with a **mental health problem** (based on their current understanding) on a piece of paper. Allow 5-10 minutes for drawing.

Once completed ask a few of the participants to briefly talk about their drawings:

1. What do you think mental health problems look like?
2. How do they affect people?
3. What do you think causes people to have mental health problems?

**Final message:** We want to be sure that the participants understand “mental health” is a positive aspect of life that everyone experiences, and “mental health problems” are also normal and common.

**There will likely be some stereotypes brought up by this activity. It’s important to discuss these briefly but save the lengthy discussions for later in the day, when the participants have had a chance to learn more about the causes and symptoms of mental health problems.**

### Understanding mental health problems (15 minutes)

*For the trainer:* This is critical information to discuss with the group. Go through each section but you can summarise the bullet points or shorten based on their understanding.



They are common - about **1 in 5** adults experience a mental health problem at some point in their life.

- In our survey in the Terai with bonded labour communities, up to 50% of people were experiencing common mental health problems and had thoughts of ending their own lives.

Most people suffering from a mental health problem look the same as everyone else. It’s not always possible to tell that someone is experiencing a mental health problem just by looking at the person.

Mental health problems can affect both men and women, and can affect people from different age groups including the young and the elderly.

- Reasons women in Nepal may be more at risk of having poor emotional health include: poor treatment of daughters-in-law, preference for male children, multiple wives, lack of support systems, inadequate household food security, lower social status, less access to education and reduced rights.

People with mental health problems often experience stigma and discrimination. This creates distress and tension for the person and their families.

- In Nepal, personal or family social status may be impacted by the presence of mental health problems (*ijjat*)

Mental health problems are more than just the experience of stress. Although stressful life events often contribute to the development of mental health problems, stress itself is not considered to be a mental health problem.

- Some people may be more vulnerable to mental health problems than others but may not develop a mental health problem until they are exposed to stressful life events.
- Living in poverty and caste are factors associated with an increased risk of developing mental health problems in Nepal.
- Stigma leading to social, educational and economic insults within discriminated groups makes people more vulnerable to stress and tension.

Communities often have many false beliefs about mental health problems, including what they are, what causes them, and how to respond to a person experiencing mental health problems.

- Mental health problems are NOT the result of possession by evil spirits, curses, personal weakness, laziness, karma or black magic. These types of beliefs are common in Nepal and can delay help-seeking and appropriate support.
- Mental health problems include a variety of different conditions; some are common and others severe:

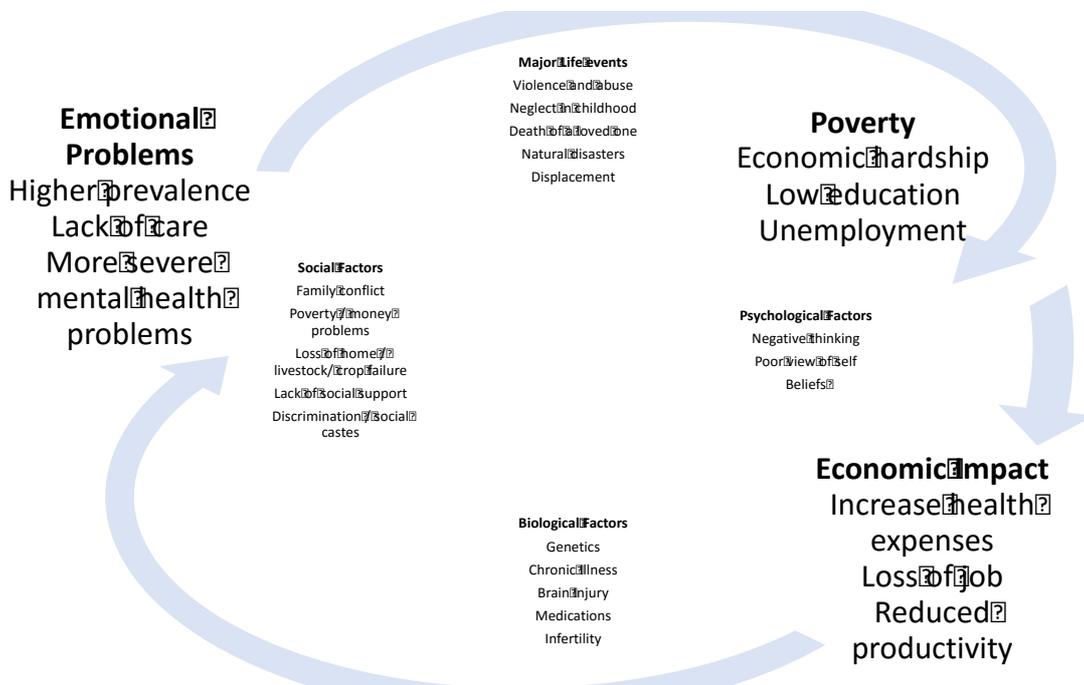


### What causes and keeps mental health problems going? (10 minutes)



**Group discussion:** 'What do you think causes and keeps mental health problems going?'

Then as participants respond use the model below to categorise their answers and fill in any information that is missing at the end.



#### Adapted from WHO Cycle of Poverty (2001)

Experiencing mental health problems is normal for people living in poverty and under extreme pressure.

Also, when people have a mental health problem they are less able to work and be active in the community.

### Activity 3 (30 minutes)

Many common emotional problems are caused and maintained by social problems that people have in their lives.

Sometimes depression or anxiety are the result of several psychosocial factors when people feel the stress and tension of life are too much for them to manage on their own, especially over a long period. By 'psycho' we mean emotions, thoughts and behaviours; by 'social' we mean wider social experiences (relationships, traditions, culture).



In this activity, we would like you to break off into six small groups. Each group takes one scenario to discuss and follow these steps.

**STEP 1: Summarise the scenario and share your thoughts on how this person's experience might lead to emotional problems.**

**STEP 2: If this person was a member of your group, how could you and the group help him/her?**



#### Story 1 (Migration)

Amita is a 28-year-old woman, married with three children. Her husband has been working abroad for many years and recently her eldest son went abroad too. She is at home, caring for the youngest daughter and her middle daughter is working. When her husband went to work in Qatar many years ago she found it very distressing, to be left at home alone. She had trouble eating and sleeping for months. But that was a long time ago and she managed to cope for many years without her husband as she had help from her sisters. But now that her son has gone abroad too she has been having headaches. She went to the village health post but was prescribed pain relieving medicine. She felt better immediately, because her sleep improved, but she was still having the terrible headaches.

#### Story 2 (Grief)

When Udaan was aged 46 he lost his wife after she was bitten by a snake. After a few weeks of deep sadness and shock, Udaan began to experience spells of fear. It would start when he was shopping in the market. He experienced a choking sensation and felt his heart beating fast. His father had a heart problem and he began to worry that he too had a problem with his heart. The health workers in health post/ district hospital completed some tests and showed that his heart was healthy. Udaan also started having nightmares, where he would see images of his wife surrounded by snakes. Sometimes, even when he was awake he would have these images in his head.



#### Story 3 (Violence)

Bishal is a 13-year-old boy. He has two little sisters, one little brother, and one older brother. He studied up to class 7 in the middle school. During class 7, he left school and became associated with a local rebel group. He was involved with political fighting on the border for two years before returning home. Since going home he has been fearful that the government forces will come find him and put him in prison. He heard many stories from other men about the torture they experienced in prison and he worries all the time of this happening to him. He has not been sleeping, eating, and has been staying at home to avoid people seeing him.

#### Story 4 (Reproductive Health and Postpartum)

Sunita is 22 years old, married and recently gave birth to her first child. Sunita was feeling tearful and confused for the first few days after the baby was born. Her mother reassured her that she was only passing through a short phase of emotional distress, experienced by many other mothers. Her mother suggested that Sunita get more sleep and eat well and said that her mood would improve. As

expected, Sunita felt better after a few days. Everything was fine until the next month. Then gradually, after one month, Sunita began to feel tired and weak as she used to feel previously. She started to think the negative thoughts about herself as well as the newly born baby. She had work to do at home but began to neglect her responsibilities and her husband became very angry as he thought Sunita had become lazy and uncaring for the baby.



#### Story 5 (Alcohol Misuse)

Sanjeev and Nahira are newly married and expecting their first child. Nahira asked her husband Sanjeev to save some money for the family's future. He didn't listen to her and spent all the money drinking *taari* (alcohol) and buying other things. Sanjeev is afraid he will not be a good father and that he cannot provide for this family, this is why he started drinking, to forget about his problems. Nahira pleaded with Sanjeev to save money during the pregnancy otherwise they would have to take a loan or borrow money from someone. Sanjeev took another 10,000 rupees loan on top of the 1 Lakh (100,000) rupees debt the family already owed. He left Nahira with her parents and she needs to work in the fields long hours to pay back the loans. Sanjeev only comes around every few days and usually smells of alcohol.



#### Story 6 (Children and Families)

Tama has four young children. She and her husband work hard in the fields but they have debt and struggle to make sure the children are fed. Their eldest daughter is in her teens and they are worried about how to pay dowry in the future. Two of the middle children are in school and the fourth child should be starting this year but there is no money for school fees, clothes and the books. There have been several times in the past two years that Tama and her husband could not afford the school fees so even the older children are behind in their studies and struggling to learn. Tama worries that her children will not be educated and will not have a better life than she has had. She wishes all the time for her children to have more than she did and she has

been losing sleep over it. She cries during the day and has no one to talk to about her problems.



#### Group Discussion (30 minutes)

**What do you think are the specific social issues facing Harwa-Charuwa that cause emotional stress?**

#### Other examples of Psychosocial Issues

- Family conflicts
- Unemployment or loss of job
- Security problems due to civil unrest
- Loss of a loved one
- Financial difficulties and exploitation
- Pressure and threats from landlords
- Long and difficult working hours
- Disagreement with others
- Homelessness
- A life-threatening illness
- Injury or health problems that stop you or family from working
- Reduced access to basic needs: Food, water, clothing, and medical facilities
- Community discrimination



### Session 3: Sahayogi Haat: Looking After Each Other (120 minutes)



In this session, we will talk about the following questions: ‘how do I know if someone is experiencing an emotional problem?’ and ‘how can I help someone I am concerned about?’ (10 minutes).

Community facilitators have an important role to play in relation to mental health. You can:

- Create a safe space in the groups so people can express their emotional needs
- Recognise when people in the community are experiencing symptoms of a mental health problem.
- Respond appropriately to people experiencing a mental health problem.
- Support people with emotional problems and their families.
- Promote mental health and wellbeing within the community.
- Refer people most in need of mental health support for appropriate care.

#### Finding Psychosocial Balance

<p>If there is <b>too little going on</b> in someone’s life with a mental health problem</p> <p style="text-align: center;"></p> <p>The person may slow down, withdraw socially, and may not get better</p>	<p>If there is the <b>right balance</b> in the life of someone with a mental health problem</p> <p style="text-align: center;"></p> <p>The person may get better and build a good life for themselves and with others around them</p>	<p>If there is <b>too much going on</b> in someone’s life with a mental health problem</p> <p style="text-align: center;"></p> <p>The person may get stressed/ tension and not be able to get better to manage everyday life</p>
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#### Symptoms of emotional problems (20 minutes)



Emotional problems can produce a negative effect on the lives of individuals, families and the community as a whole. It is important therefore to look out for and support such individuals and families.

*Trainers*, read out the symptoms and give the participants a moment to think about each one and where they might have seen it in the community.

Tiredness	Sadness	Excessive Worry	Crying	False Beliefs
Aches and Pains	Anxiety	Self-Blame & Criticism	Social Withdrawal	Hearing Voices
Weight Loss	Guilt	Unable to Make Decisions	Talking to self	Seeing Things Not There
Pounding Heart	Helplessness	Poor Concentration	Aggression	Smelling Things Not There
Sleep Disturbance	Loss of Emotion	Rapid Thinking	Avoidance of Activities	Tasting Things Not There
Feeling Short of Breath	Mood Swings	Thoughts of Death & Suicide	Rapid Speaking	Feeling Things Not There
Stomach Ache*	Hopelessness	Poor Judgement	Irritability	
Lack of Energy	Low Self-Esteem	Dwelling on Problems	Not Making Sense to Others	
Muscle Tension	Excessive Fear	Worry (‘What If’ questions)	Attempting Suicide	
Loss of Appetite	Loss of Motivation			

**\*Please keep in mind:** some of these symptoms, especially those that are physical, may also be related to other physical health problems such as malnutrition or gastrointestinal problems. It's important that group members seek help at the health post for physical symptoms but we want you to be aware that these symptoms MAY also be related to mental health problems.

When someone is experiencing these symptoms for more than two weeks and it is affecting their daily lives, it's important to check if the person wants support in dealing with these problems. If they do, it is a good time to speak with your Assistant Supervisor to see how we can help get more support.



### Activity 4: Noticing symptoms in others (45 minutes)

The CIDIT Tool which has been developed and validated in Nepal by Transcultural Psychosocial Organization Nepal (TPO). With the permission of TPO Nepal/PRIME project the CIDIT has been adapted and translated for the purpose of this training.

The aim of this activity is for participants to better understand signs of distress associated with mental health problems and be able to practice recognising them in the community.

STEP 1: Split up into five small groups around the room. Each group will have one CIDIT tool.

STEP 2: Ask each group to read the scenario on the left side of the page (one person who can read to the group). Ask all the group members to circle the signs of distress they notice from the story.

Discuss as a small group if you all recognised the same signs and what they might look like for people in the community.

STEP 3: Come back together as a large group and ask for one spokesperson from each small group to present the story and signs of distress they found.



**Tip for trainers:** Remind the participants not all the pictures match up to the character in the story i.e. women might be represented even though the story is about a man. The images might represent behaviour seen in the community from men or women.

For the purposes of this activity, we are not using the tool to diagnose.

Focus on identifying local expressions of distress and how they would recognise when someone has many of these signs from their behaviour.

**Alcohol use disorder**

Referred by (Name):  
 Teacher  Mother's Group  Traditional Healer  PCMV

**OBSERVATION**

Alcohol drinking around all the time, due to which, whenever someone goes near him, one can smell the strong stench of alcohol emanating from him. Because he always drinks alcohol, his speech is slurred and others find it very difficult to understand him. As he wakes for alcohol every day, he keeps consuming alcohol. After drinking alcohol, he speaks or does whatever he likes. Since he starts drinking alcohol, he cannot control himself and he always ends up drinking a lot. Due to heavy drinking, he has trembling limbs, sweats profusely, feels restless, and has reduced cooperation these days. He no longer finds pleasure in activities he used to enjoy. Since alcohol he has started to become irrevocable in drinking alcohol. From such behaviour, he is not able to complete his daily activities.

Circle the symptoms you have observed in the picture.

**Behavioral Problem**

Referred by (Name):  
 Teacher  Mother's Group  Traditional Healer  PCMV

**OBSERVATION**

Man, an eleven year old boy currently studying in class five, is obstinate and does not obey his parents. He has always been a difficult boy. Not only does he disrespect his family's and neighbor's possessions, he also steals things and sometimes to a man before. He gets angry with his hands without any apparent reason, and is involved in physical fights with his peers. Often when he sees cattle, he chases them and beats them. He cannot concentrate on his studies and while going to school, he runs away and goes elsewhere. He often lies to his family and sneaks around the village. At times, he runs away and doesn't even return home at night or for a very long time. As a result of this, Man is doing very badly in school and has no friends.

Circle the symptoms you have observed in the picture.

**Depression**

Since the last Dashain festival, Ram Bahadur hasn't celebrated and had. It seemed to have started when his wife died. Nowadays, along with the loss of interest in his work, he doesn't feel like doing anything, not even taking care of his little son. These days, he cannot get along at night and has difficulty sleeping. He feels exhausted fatigue. He has started to get angry and irritated with his family and himself over daily responsibilities. As he feels excited and not work, he has started thinking that he cannot do anything in his life. Since a few days, he has started feeling that his future is dark, anxious of which he does not want to live or feel that his situation. For 3 months he has hardly worked on the field anymore, he just sits at home all day.

Referred by (Name):  
 Teacher  Mother's Group  Traditional Healer  FCHV

**OBSERVATION**

**Psychosis**

Over a few months, some changes can be seen in Prakash's behavior. He thinks of himself as a very powerful and superior being. He tells everyone that he can do things that others cannot do. He keeps talking weird things and idiosyncrasy and during each time, even if his family members or neighbors ask him to stop, he doesn't stop. He says that while he is sitting alone or when there is no one around him, he hears voices that are talking or calling to him. He has slowly stopped showing interest in the household and community activities that he is supposed to do. The health worker is here to stop the work he was doing. Often he just wanders around the town, not washed and looking very dirty. Prakash needs different person care.

Referred by (Name):  
 Teacher  Mother's Group  Traditional Healer  FCHV

**OBSERVATION**

**Epilepsy**

One day when Rita was helping her mother in the kitchen, she suddenly got fits and fell off on the floor. Her whole body started to tremble. Soon then this happens once in a while. In the morning, her body starts to shaking, jerky movements and her mouth gets frothy and sometimes small blood always starts coming out from her mouth. In few minutes, everything stops and she opens her eyes and feels tired on the steps for a very long time. After she wakes up, her mother asks her what had happened to her but in reply she says that she is completely unaware of what happened. She had the same problem three times last year. Once when she had fits, she walked in her clothes. Because of her problem, Rita finds it very difficult to go outside of her home.

Referred by (Name):  
 Teacher  Mother's Group  Traditional Healer  FCHV

**OBSERVATION**

## Activity 5: Sahayogi Maan, help and support (45 minutes)



**STEP 1:** Split the group into small groups. Hand out one tool per group with just the 'observable signs of distress' pictures (case study removed). Invite the group members to discuss all the signs they see in the pictures.

Then ask a community member to share 'anonymously' if they have noticed many of these signs of distress occurring together in their community members e.g. 5 or more.



**Tip for trainers:** Confidentiality and anonymity are very important here so when sharing cases emphasise that it is very important to not name people or their families and be respectful when discussing cases.

**STEP 2:** In small groups, answer the following questions about **day to day activities**

- How would experiencing these observable signs of distress affect day to day tasks in their life and that of their family's life? (e.g. standing for long periods, taking care of household tasks, washing, dressing, taking care of children, working etc.)

**STEP 3:** In small groups, answer the following questions about **support**

- What kind of family support could they receive?
- How could the community respond to this person?
- Where could they seek treatment?
- If this person were a member of your group, how might you respond to their behaviour?



*Tip for trainers:* The CIDIT can be used to facilitate a discussion about what is troubling the individual based on observable signs of distress not about teaching the community stigmatized labels e.g. psychosis or madness etc.

**Final message:** When someone is experiencing many of these symptoms nearly every day and it affects their day-to-day lives and/or they want help with these symptoms it's important that you discuss this person with your AS/Supervisor and in the supervision groups with the PSS.

## Summary of Module 1



The Bharosa Intervention in Nepal is the mental health programme working alongside all other interventions delivered by the community freedom groups in the Terai. It is about providing holistic care of an individual, considering how the mind, heart, and body connect to the wider social world.

Good mental health is when an individual can think clearly, solve problems they face in life, enjoy happy relationships and feel spiritually at ease. It is a normal part of healthy living.

We all have ways of coping with stress in our daily lives. When we are unable to cope, sometimes this leads to mental health problems. Many factors may lead to people having mental health problems, including major life events and people's social environments.

Most people suffering from a mental health problem look the same as everyone else. Mental health problems can affect both men and women, people of all ages, and are very common. People with mental health problems often experience stigma and discrimination. This creates distress and tension for the person and families.

When people experience mental health problems you might be able to notice symptoms. If you notice someone in the community who might have a mental health problem, and their symptoms persist for more than two weeks, their day to day living tasks are being impacted and/or they want support it's important to talk with the CF/As/supervisors and see if support from a counsellor might be needed.

## Reviewing Module 1 on Day 2 (45 minutes)

We want to begin Day 2 by briefly reviewing what was learned in training on Day 1. We will take a few minutes to discuss as a group what you have learned, then split into small groups to practice using the CIDIT tool again using case stories from the community.

### Group discussion (15 minutes)



- What did you take away from yesterday's training?
- What did you learn?
- What was the most important message for you (and for your groups)?

## Activity 6: Practice Sahayogi Maan using stories (30 minutes)



Split group into small groups. Assign each group a tool. Try to ensure that group members are using a different tool from the one they used yesterday.

Ask each group to use the CIDIT to:

1. Identify the groups of observable signs of distress from the tool.
2. One group member to volunteer an example from the community that fits what has been identified.
3. Discuss how the person's day to day activities might be impacted by these signs of distress.
4. Discuss what kind of support could they receive from the group and/or family.

## MODULE 2: HAAMAR: RELATIONSHIP BUILDING

### SESSION 4: BUILDING TRUST IN GROUPS

### SESSION 5: COMMUNICATION SKILLS

### SESSION 6: TALKING ABOUT PROBLEMS TOGETHER

#### Learning Objectives



At the end of Module 2, participants will:

- Learn the importance of building trusting relationships
- Know how to encourage trust and relationship building within the community freedom groups
- Gain skills in communicating with friends, family members and others in the community
- Know where to refer people who need additional support

#### Session 4: Building Trust in Groups (120 minutes)

##### Group discussion on group cohesion (10 minutes)



**Group cohesion** is a sense of belonging, respect and trust.

Members of the group feel valued for their contribution and have meaningful relationships.

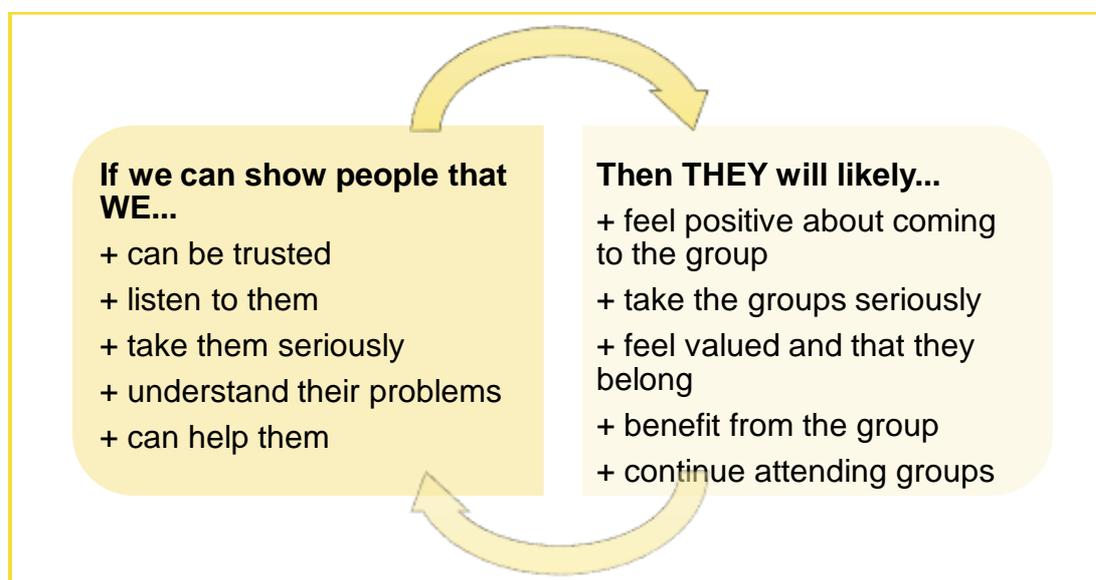
Being part of a social group can make a person feel cared for and important, it is empowering. Feeling valued by other people can increase self-esteem and self-worth.

Being part of a group may also make it easier to cope with whatever challenges people are facing.

A group can be a safe environment to share feelings, problems and encouragement. Groups give the opportunity for individuals to talk to others with similar problems and share their experiences. People may feel less isolated and intimidated than in a one-to-one situation.



#### The Role of the Community Facilitator in group cohesion:





*Tips for facilitators:* A group is not dependent on the skills of one person. In a group, individuals bring their own skills and strengths, and may take on different roles. Because everyone has unique skills, experience and knowledge that is pooled together in a group, there are greater resources to be drawn upon to help each other. Your role as a facilitator therefore, is to guide the group through discussions in a way that builds on everybody's strengths and skills so that the group feels supported and connected.

### Activity 7: Circle of Support (90 minutes)

The purpose of the Circle of Support activity, adapted from the *Psychosocial Support Source Book for Vulnerable Children in Malawi, Stop Aids Now*, is to visually represent how to support each other in the group by highlighting the message that we are **stronger as a whole**.



STEP 1: As a group, read the following story:

#### Story for Activity 7

Suraj is 24 years old and has just returned from two years working abroad in Qatar. Before going to Qatar he thought he would make good money abroad and bring honor to his family. He has been misled by his employers and has now returned home without being paid. He feels ashamed and fearful of the debts he owes to the landlord who lent him the money to travel abroad. He's been hiding in his mother's home and refuses to go out. He cries and feels pain in his stomach. When his mother tries to talk to him, he withdraws, saying he never should have returned home.

STEP 2: Ask a volunteer to represent Suraj in this role play, to stand in the middle of the room. Then ask the other participants to form a circle of support around Suraj. Appoint one person to be his mother, a few people to be his siblings, friends, and other community members. Ask 3-4 of these people to share a few kind words with Suraj, what they would say to him to show they care and are there to support him.

STEP 3: Suraj then tries to escape from the circle, but the group members hold hands and prevent him from leaving. He is unable to leave because the circle of support is so strong.

Then ask 3-4 people to denounce Suraj, reflecting the stigma in the community for being weak and foolish or that he has brought shame to the family. One or two people turn their backs to Suraj. A few other people remain silent. These people all need to leave the circle of support. The remaining members then try to hold Suraj from escaping (keeping their hands where they are) but they are unsuccessful in fewer numbers and he is able to get out because there are gaps in the circle.



STEP 4: Group discussion and an opportunity to ask questions.

- For the person playing Suraj, how did you feel when people treated you in different ways?

Allow 30 minutes for STEP 5 and 30 minutes for STEP 6.



STEP 5: Split group into small groups of 5. Invite participants to repeat steps 2-4 in their small groups with one CF facilitating the activity.



*Tip for trainers:* As the small groups are practicing, walk around the group and take notes on what the facilitators are doing well and areas of improvement.



STEP 6: Trainers to bring group back together and invite participants to share their experiences and discuss how they can use this exercise in their community groups in the Terai.

Trainers to offer feedback to the group members role playing the 'community facilitator'.

**Final messages:** People struggling with mental health problems need support from a caring and supportive community. People who face difficulties in their lives may make decisions that could lead them into trouble. When someone is stigmatised and discriminated against they will often feel worse. Such people need the support of the community.

### Activity 8: HOW TO build trusting relationships in your group (60 minutes)

This activity has been adapted from *Psycho-Social Support for Women Affected by HIV/AIDS: A Handbook for Communication Skills Training*. Its aim is to get the participants practicing role plays. "Learning by doing" is an effective way to practice real-world interactions the CFs will later use in their groups. It also creates an atmosphere where people feel safe and enjoy themselves.



STEP 1: Ask the participants to stand in two lines opposite to each other. Everyone needs one partner in front of them. Trainer assigns one row as 'community facilitators' and one row as 'SHG members'



**Role Play Topic RESPECT:** *You are facilitating your group and explaining why we should be open and accepting of people with mental health problems in the community.*

The trainers demonstrate the role play with one trainer acting as the CF and one acting as the SHG member. Importantly, the SHG actor can improvise what opinions may come up in the SHGs when discussing the topic of being open to people with mental health problems. The CF actor can then demonstrate showing respect to a range of different views and opinions even if they do not personally agree with them.

After the trainer acts out the role play, the other pairs follow: partners in the group repeat the situation one by one by stepping out of the line towards each other, playing out the meeting. Ask them to make variations and not to simply imitate the pair that went before. They can also show other ways to be respectful to group members. Everybody is different, so no situation would be exactly the same!

STEP 2: Repeat the practice role play with the trainers, and then ask the pairs to create their own role play.

**Role Play Topic LISTENING:** this time use the topic of '*listening to others*' in role play. For example, there is one member of the group who rarely talks, seems shy. You've noticed this person withdraw more over the past few weeks and you're worried about his/her engagement in the group. You are facilitating your group and would like to hear the views of everyone in the room, not only the elders or those who are more vocal. *How would you try to listen to this person? How might you speak to him/her in front of the other group members?*

STEP 3: Repeat the practice role play with the trainers, and then ask the pairs to create their own role play.

**Role Play Topic WARMTH:** this time use the theme of '*creating a warm and open group.*'

As a trainer, you can think of many variations of meetings for the group to act out and you can invite the participants to think of a variation, to describe and to play it and you can give feedback.



*Tips for trainers:* If the group is struggling you may want to provide examples.

Act out a group discussion around difficulties in this year's harvest. Provide encouragement and hope by highlighting how brave they were for sharing this difficult situation.



**STEP 4: Group discussion:** *What was difficult about the role play? Which situations did you find most challenging to be respectful and listen?*

**Final message:** Once the pairs have had a chance to practice role plays about respect, listening, and warmth, ask the group if they have any feedback. Keep in mind, building trust in the group is not easy! Communicating with people about important and sensitive topics will not always be a smooth process and this takes time with your groups.

## Session 5: Communication Skills (120 minutes)



### Brief introduction on good communication (10 minutes)

Good communication skills are essential tools for developing relationships and interacting with group members.

It is important not to pressure people to talk or share in the group. Some people might not want to share their experiences and that is OK too.

The way you communicate with people who are experiencing tension or who have had a distressing event in their life is very important. Being calm and showing understanding can help people to feel more safe and secure, understood and respected.

## Activity 9: Role play communication skills (30 minutes)

The aim of this exercise is to get people to start thinking about the importance of good communication and how it feels to be listened to by peers. This activity comes before the lesson on foundations of good communication to help participants to be willing to share when they feel they are being listened to.



### Role play in three

**Person ONE:** tell a story about something that is important to you. It can be about something personal, your job, or an event that happened to you recently. You have 3 minutes to tell the story.

**Person TWO and THREE:** Listen carefully to the story and try not to ask any questions, try to just gather as much information about the story as possible. If you notice your mind wandering around bring your attention back to what the person is saying. When person ONE has finished telling the story, person TWO summarises what has happened in 1 minute. Person THREE then summarises from his/her perspective.

### Large Group Discussion



- Person ONE, how did person TWO and THREE do in summarising your story? Was the summary accurate? Were you surprised by which pieces of information person TWO & THREE shared?
- Person TWO, how did you find that experience? Was it easy, difficult, did it challenge you to not ask any questions?
- Person THREE, did you say anything differently from person TWO?

## Foundations of good communication



Listening



Observing



Reflecting



Questioning



**Give a short presentation on the key parts of communication:** Trainers to print out the four images on A4 paper. Use the images to discuss how it is more important to listen, observe and reflect than question when facilitating groups.

### Listening

A good listener tries to understand how the speaker is feeling. Active listening means being fully present for the person – giving him/her your full attention with your eyes, ears and your heart.

### Observing

Observing helps you to understand how the person is feeling by watching their non-verbal behaviour such as eye contact, facial expression and body language. Observe how they are sitting, where they are looking, do they seem 'on edge' or relaxed. In the group, you can also observe how people interact with each other.

### Reflecting

This uses other skills such as observation and summarising and helps the person to recognise the feelings associated with events.

### Questioning

Helps you to get relevant information and can help the person to clarify what the problem is they are facing. Ask questions calmly and slowly. Don't push and avoid sounding like an interrogator.

## Activity 10: The mirror (30 minutes)

The aim of this exercise is to get the group thinking about how to observe and reflect, but doing so in a silent activity so they are made aware of body language and facial expressions.

**STEP 1:** First explain to the entire group that this will be a silent exercise, no talking. Split the group in half and ask ½ to come with you so you can give them instructions (it's important the other half of the group doesn't hear the instructions!).



Tell the ½ group that they are to pick a partner from the other side of the room and sit down facing each other, without talking start a "silent conversation." Imagine that your partner is a mirror, look him/her in the eye and imitate each action or movement your partner makes. This might make the other person frustrated as they don't know what is happening, try to remain calm and continue to mirror their actions.

**STEP 2:** Stop the exercise after a few minutes and ask the participants to sit in a circle and briefly talk about their experiences. *Was there a balance between taking initiative to start moving yourself and the following of your partner? Did you feel "pressed" to follow or to take initiative?*

**STEP 3:** Ask the participants to search a new partner in the room, give them time to concentrate on each other (wait for silence) and repeat the exercise. Let them change partner regularly to have different experiences.

## Session 6: Talking About Problems Together (75 minutes)

In the first module, we talked about *looking out for others*, and what feelings or behaviours you might see in the community that tell you a person could use some extra support.



**Short presentation (5 minutes):** For many people, speaking to someone other than a close relative about their problems may be very new and scary. They may be unsure about what to talk about, why it's important to share, whether it will affect how people view them or their family and if it can help. They may be thinking,

*"Who is this person and why do I need to talk to him / her?"*

*What will my family and friends think about me for talking to him / her?*

If we can build trust with people in the groups who are struggling, it may help to reduce these anxious thoughts so that instead the person is thinking:

*'What a relief to talk to somebody'; 'She seems to understand me'; 'He seems to know what he's talking about'.*



**Trainers, keep in Mind:** CFs are not being trained in counselling techniques, but they are a valuable resource to identify problems and help to support people in their communities or get additional help from PSS Counsellors when needed. Please review the referral pathway at the end of this discussion (found in the Introduction).

### Activity 11: Role play Haamar (60 minutes)



The aim of this exercise is to demonstrate good and bad examples of how to talk about problems in role play. It is also aimed at getting the participants to practice their own communication skills in groups of three.

#### STEP 1: Example Scenarios for role play by the trainers

- 1) Aarti: I'm feeling so tired and run down lately. I don't think I'll be able to go to fetch water with you today.  
**Heera:** OK that's fine, I'll ask my daughter to come with me instead.
- 2) Aarti: I'm feeling so tired and run down lately. I don't think I'll be able to go to fetch water with you today.  
**Heera:** It sounds like you're having a really tough day. I can go a bit later and stay to chat for a while, do you want to tell me why you're feeling so low?

#### Ask the participants:

- What is different about these two role plays?
- How did Heera respond to Aarti that lets us know she was listening and being supportive of her neighbour?
- Instead of just offering solutions (to go fetch the water herself, or with her daughter) what else might Heera ask Aarti to see if she is OK?

#### STEP 2: Role play in groups of three

Divide into groups of three and agree on roles. Refer people to the 'Do's' box in their booklet to help them throughout the task.

- **Person ONE:** One person in the group needs to be the 'facilitator'. Be thinking about communication skills that you can use in your role play with Vijaya. Also be thinking about how you can help make Vijaya feel comfortable to talk about her problems with you or someone else.

- **Person TWO:** One person needs to be Vijaya. Read the following scenario and act the part.

*“I’ve been feeling tired, even after a complete night’s sleep”. I feel I should take a nap every afternoon. I’ve always been an energetic person, and I’m frustrated with my lack of energy these days. I’m also having many muscle aches. Yesterday, I visited the doctor at the health post in our village who performed a physical examination which revealed nothing abnormal or sleep disorders. I recently stopped working because of my fatigue and my mother is worried that my condition is the reason that I’m unable to get pregnant. My husband is getting upset with me for being tired and not able to do the housework.”*

- **Person THREE** One person is the observer – to notice points about the conversation between Vijaya and the facilitator. Be thinking about what is important to notice in OBSERVING. Provide REFLECTIONS, summarise the story. Try to notice the quality of the help from the facilitator.



*Tip for facilitators:* When giving feedback, it is important to first say what went well, suggest an area of improvement and try to end with something positive you have learned from observing the facilitator.

### STEP 3: Group discussion:



Trainers to invite participants to share their experiences. Trainers to also provide feedback what they thought the ‘facilitators’ in the role play did well and areas for improvement.

## Summary Module 2



Being part of a social group can make a person feel cared for and important, it is empowering. Being part of a group may also make it easier to cope with whatever challenges people are facing.

A group can be a safe environment to share

feelings, problems and encouragement. If we can show people that we can be trusted and we understand their problems, they are more likely to come to the group and feel supported to share.

**Keep in mind, we are stronger as a whole...**

It is important not to pressure people to talk or share in the group. Some people might not want to share their experiences and that is OK too. Being respectful, listening, being warm and reflecting what people say are good ways of making them feel comfortable and supported.

**Do’s**

- Listen without judgement
- Remain calm
- Encourage self-help
- Ask if the person would like to have some help from someone else
- Offer to connect this person with others who might help
- Give emotional and practical support
- Help people to access basic needs
- Talk with (assistant) supervisor
- Help people to make decisions and to solve problems
- Act with the person but do not act for him/her

## MODULE 3: HATEMALO: HELPING EACH OTHER

### SESSION 7: STRENGTHENING SOCIAL SUPPORT

### SESSION 8: SOCIAL NETWORKS IN THE COMMUNITY

### SESSION 9: COMMUNITY RESOURCE MAPPING

## Learning Objectives

At the end of Module 3, participants will:



- Understand the importance of social support for emotional health and wellbeing
- Learn basic strategies for helping group members recognise the support they have around them and in the wider community,
- Learn very practical tools for one-to-one conversations or in groups, such as helping people to identifying at least one person they can trust
- At the core of the Bharosa model, know how to support group members in discussing their social networks and promote connections with others
- Compile a list and map of the community resources they have available to them
- Understand how to access community based resources by utilising their own networks and linking with other healing systems

## Session 7 (PART 1): Social relationships and support (120 minutes)

People who have relationships that are **caring** and **supportive** are more likely to have good mental health. For most people, close relationships with husbands/wives, parents, children, and friends provide joy when we are happy and support when we are distressed.



There are healthy and unhealthy relationships around us. A healthy relationship is one that brings us joy and makes us feel good. Unhealthy relationships might make us feel uncomfortable or scared. For example, a person who doesn't have kind words to share or someone who encourages you to do things you don't want to do.

### Social connections are good for you!

Social relationships help you to participate in activities, find work, live longer, improve your mental health and quality of life.



*Tip for trainers:* This session covers some very sensitive topics. At times, people might need to reflect on what is being discussed.

## Small group discussion on social relationships



Split the participants into five small groups. Assign one question to each group. Invite participants to assign one person in the small group to be the CF 'facilitating' the discussion. Ask this person to write the question and the group's responses on a piece of flipchart paper.

1. What does a good/ positive/ healthy vs. a negative/ bad/ unhealthy relationship look like in the community?
2. How are other people important to each other: What do others do for you and you do for them?
3. Why do you think social relationships are important to physical health and mental health?
4. Why do you think people become socially isolated from the rest of the community?
5. How might social relationships help when you feel tension?



*Tip for trainers:* As the small groups are practicing, walk around the group and take notes on what the facilitators are doing well and areas of improvement.

**Large group discussion (20 minutes):** Trainers, bring everyone back together and invite participants to share their experiences. Ask participants to discuss how they can use these points their community groups in the Terai.



Trainers to offer feedback to the group members role-playing the 'community facilitator' on what they did well and areas they can improve.

## Activity 12: "I have... I am... I can..." (90 minutes)

The "I Have... I Am... I Can" tool has been adapted from the *Psychosocial Support Source Book for Vulnerable Children in Malawi, Stop Aids Now*. The aim of this activity is to help people to identify their internal and external resources, skills and abilities, and to acknowledge people who can support them in their families and communities when they are experiencing difficulties.

**STEP 1:** Facilitators, divide the participants into three groups and ask each group to discuss one element of the tool. The small groups should take about 15 minutes to discuss the element and be prepared to summarise their discussion with the wider group. Also ask a few people to give practical examples of how they have used elements of the tool in their lives at home or in their communities.



**Group 1: "I Have"** The group working on this element should identify the external support and resources that they can use when facing difficult and stressful events. For example, the people they trust or services they are able to access.

**Group 2: "I Am"** The group working on this element should identify the strengths that are inside of them which they may be proud of, for instance, honesty, courage, hard-working etc.

**Group 3: "I Can"** The group working on this element should identify skills which they learn from others and from those who teach them. These are skills which they use very well, for instance, a person might say: "I can find ways to solve problems that I face. I can ask for help from my friends".



**STEP 2:** Stay in groups, but invite people to share what was discussed in the small groups. Allow about 5 minutes per group to share.

Allow 30 minutes for STEP 3 and 30 minutes for STEP 4.

**STEP 3:** Assign the group a new category e.g. if they were 'I can' before then they now discuss 'I have'. Invite one group member to act as the 'facilitator'. After 15 minutes of discussion invite the facilitator to lead a discussion on what the participants noticed in the exercise for 15 minutes.



*Tip for trainers:* As the small groups are practicing, walk around the group and take notes on what the facilitators are doing well and areas of improvement. *Trainers to offer feedback to the group members role-playing the 'community facilitator'.*

**STEP 4:** Trainers to bring group back together and invite participants to share their experiences and discuss how they can use this exercise in their community groups in the Terai.

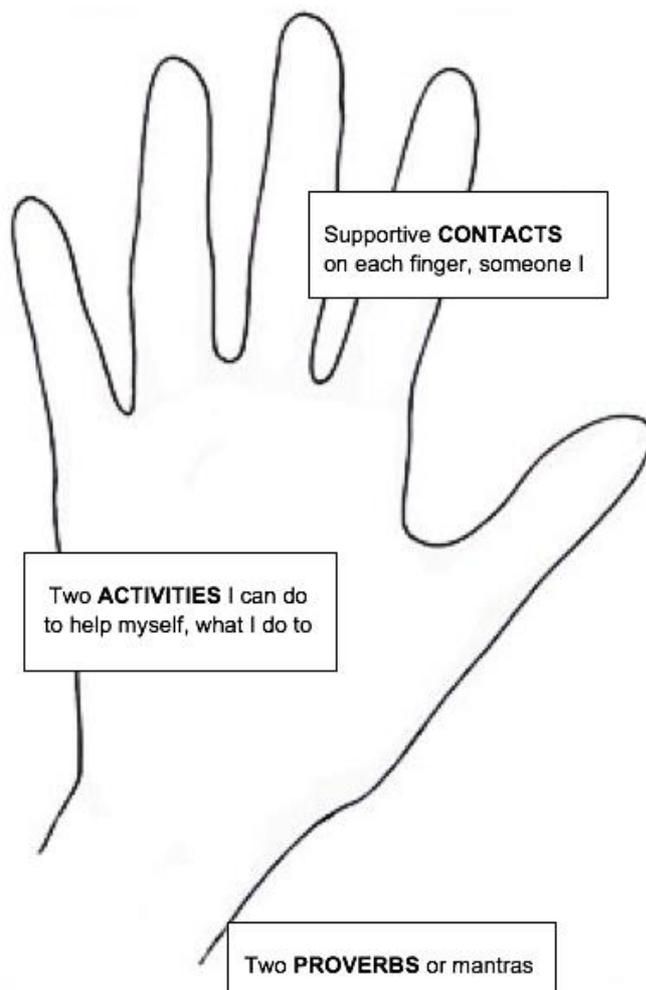
**Final message:** the above elements of the "I have, I am, I can" tool help to build a person's resilience which enables them to cope with the challenges they face in their daily lives.

## Session 7 (PART 2): Strengthening Social Support (120 minutes)

### Activity 13: Helping Hand Social Support (60 minutes)



The aim of this activity is to help people identify the trusting individuals they have in their social networks, to think about who they can turn to if they need help, and to explore activities / beliefs that make them feel better. This is a tool that we encourage you to use directly with people suffering emotional difficulties.



The hand exercise is a simple technique that can be used by anyone, anywhere, without requiring additional resources like pens and paper.

STEP 1: Role play the activity as trainers where one trainer acts as the CF and one as the participant. ,

*“Can you identify five people that you could go to if you needed help or advice?”*

*“What two activities do you do that make you happy and feel good about yourself?”*

Ask the participants to draw a line (with their finger) in the centre of their palm to represent those activities.

Lastly, pointing to the wrist, ask participant to think of mantras, proverbs or religious phrases that make them feel good. For example, “*Aafno Bhagya Aafai Le Banaunu Parcha*” meaning we

ourselves must create our destiny; or “*Ekta Nai Baal Ho*” meaning unity is strength; or praying to a trusted god.



Allow 20 minutes for STEP 2 and 20 minutes for STEP 3.

STEP 2: Break off into small groups and sit together around the room. Ask one individual practice being the facilitator and share the hand exercise with the group.



*Tip for trainers:* As the small groups are practicing, walk around the group and take notes on what the facilitators are doing well and areas of improvement. Trainers to offer feedback to the group members role-playing the ‘community facilitator’.



STEP 3: Trainers to bring group back together and invite participants to share their experiences and discuss how they can use this exercise in their community groups in the Terai.

#### Questions you could ask if there is little feedback:

1. How did it make you feel to think about trusting people in your life?

2. How would you offer to do this with participants in the groups and how would you follow up with them later?
3. What could you say if they can't identify five people?

### Short presentation (5 minutes)



For some people, social support means sharing their difficulties and feelings with other people they trust. Or it might just be helpful spending time with friends or family and not talking about problems. Sometimes, getting involved in activities with other people, such as attending the group, helps people to feel better. Social support can be very powerful in reducing difficulties and distress.



**STEP 1 (20 minutes):** Split the participants into three small groups. Assign one question to each group:

1. What are you doing with other people that makes you feel good?
2. If you were feeling tension, what could friends/family/group members do to make you feel more comfortable to say how you are feeling, if you wanted to share this with them?
3. How could you help your group member feel more comfortable talking with each other about mental health?



**STEP 2 (10minutes):** Trainers to bring group back together and invite participants to share their group's responses to the wider group.

## Session 8: Social Networks in the Community (60 minutes)



This module gives suggestions on how to conduct community-based psychosocial activities, and how to connect people with the communities around them. All aspects of people's lives are affected by the social and cultural norms and practices of their community. The ways of dealing with loss and grief, or effects of crisis events vary across cultures.

### Activity 15: Building trust (60 minutes)

Now that we have practiced identifying trusting relationships and supportive people, let's explore how we can help people to think about activities and ways to get involved in the community.



**STEP 1:** Trainer to take 5 minutes to read the following case.

*Kala is 17 years old. Her mother passed about when she was very young, her father more recently. Her father had remarried so in total Kala has 5 siblings, three are step-siblings. Her father became ill and was unable to seek treatment so he passed away last year.*

*Kala continued working for the landowner after her father passed away, but she felt she had little protection from the landowner, an angry man. He used to beat her if she did not wash the dishes the right way. She had help from the NGO to leave the landlord but her step-mother did not want her to live with them so she sent Kala to live with her uncle in the next village. She feels safe in the home of her uncle, but she explains that she often struggles for food, there is less food and less money now that she is not with the landowner.*

*She is working in the fields but doesn't earn enough money for herself and she still needs to do the rituals for her father's death. She has been increasingly worried about how she will pay for this. Lately she has been having nightmares about the landowner coming to find her and she wakes up sweating. She sometimes thinks that if she had a husband all her problems would go away, but when she*

considers who would pay the dowry she begins to cry. She has been having trouble working lately because she feels so sad and lonely. She often feels the worst in the morning, after a poor night's sleep.

Kala has an auntie who she sometimes talks to. When she has time, Kala helps her auntie to look after her two young children. Her auntie suggested she get involved at the NGO and go to some of the classes they offer for young women. She says she is too scared to go alone and worries that everyone will see how sad and miserable she feels and not want to include her in the group. Kala would like to learn how to read. She enjoys listening to music that her neighbour plays and she has a dream to one day write songs.



STEP 2 (15 minutes): Trainer to get the larger group into small groups, hand out a copy of the case study and discuss the following questions.

1. What do you think is the main problem?
2. What are some of her symptoms of distress?
3. Who does she have for social support?
4. Who does she trust?
5. What resources are available to her?
6. What activities does Kala enjoy doing?
7. What is she interested in?
8. What are her strengths and hopes?



STEP 3 (15 minutes): create a plan to build trust with Kala.

1. Which communication skills will you use with Kala (think back to Module 2)?
2. What do you think Kala needs or wants right now in the groups? What is important to her?
3. What might make her comfortable in the group?

How will you know that you've built trust with Kala?

STEP 4: Ask participants, 'what barriers do you think you might have in building trust with Kala in the groups?'



STEP: 5 As a large group, debrief from the activity and ask one member from the small groups to present their action plan to build trust with Kala and any obstacles they may have identified.

**Final message:** Let the group know you will work more on breaking down barriers in the follow-up training but it's important to recognise that this is not always an easy process. When experiencing difficulties in building trust it's good to go to your supervisors and ask for help.

**Stigma and discrimination towards people with mental health problems can also interfere with help seeking and can be a barrier for community members trusting community facilitators.**

## Session 9: Community Resource Mapping (60 minutes)

**Community engagement** works to improve communities by working together to identify and addressing local ideas, concerns, and opportunities affecting the health and wellbeing of members. It encourages ownership and responsibility from the community members themselves. It has potential to motivate people for change. And it is often more sustainable in the future (than trying to create new resources with few or limited funds).



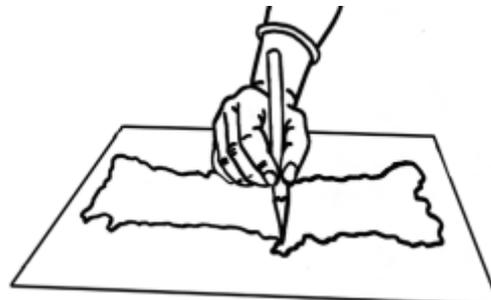
Any support provided to group members should be embedded in, and linked to, resources and services that already exist in the community.

## Activity 17: Mapping Community Resources (60 minutes)



**STEP 1 (20 minutes):** Break off into small groups and ask people from the same village or close surroundings to sit with one another. Invite one person to be the facilitator. Then using their CF handbook ask them to facilitate the group to draw a picture of their village or community and surrounding area. Include in the drawing all the community resources (places & people) in their area that group members have links to or could access.

- **Social services** (e.g., education, health post, politics/government)
- **Social spaces** (e.g., markets, football pitch, temples)
- **Diversity resources** (e.g., women, youth, age-related, groups and clubs, religious groups, tribal meetings)
- **People** (e.g., leaders, important people, traditional healers, individuals, families, neighbours)



**STEP 2 (10 minutes):** Once everyone has completed the initial drawings, invite the groups to swap who is facilitating. Then ask the new facilitator to lead the group discussion on indicating all the community resources in their area that the group think would be useful for people with emotional problems and/or their families.

Participants are to use green colour for those resources that they think are useful to people with emotional problems or their families directly or indirectly.

**STEP 3:** Invite the groups to change the 'facilitator' role. Ask participants to brainstorm any obstacles and how their resources can be used to start to overcome these.



*Tips for trainers:* Just acknowledging an obstacle may be enough at this point. Having a solution straight away may not be possible, but slowly people may be able to work towards overcoming it and starting that journey is important.

As the small groups are practicing, walk around the group, sit with them and take notes on what the facilitators are doing well and areas of improvement.



**STEP 4: (30 minutes):** Invite the groups to put their maps on the wall and participants to look at other group's maps commenting on parts they thought were thoughtful, clever and creative. Come back as a whole group. Feedback map by map and invite other group members to share what they thought was skilful and clever about their resource mapping.

## Summary of Module 3

In this Module, we talked about how the people around us, in our **social networks**, all offer different types of help or support. **Family members** play a central role in recognising distress, caring for distressed people, and determining when additional help may be needed. **Friends** and **neighbours** are also important, especially for people and groups who feel excluded from or isolated from the rest of their community.

Without close friends and family, people are more likely to feel lonely, isolated, and bored – this can increase risk for developing mental health problems such as depression. That is why helping people to keep relationships during difficult times is so important.

We identified ways helping people think about the trusting individuals around them to go to for support; how to get involved in activities; and identified resources to access in the community.

## Suggested Calendar for Delivering the Bharosa Intervention in Groups

Weeks	Refer to Module / Session in your handbook...	Activities	Completed? Y/N
1	TRAINING		
2	Module 1	Session 1 Stress and Coping	Activity 1 Story about Suhana
3		Session 2 (part 1) Mental Health	Activity 2 What does mental health mean?
4		Session 2 (part 2) Psychosocial Problems	Activity 3 Stories of Psychosocial Problems
5		Session 3 Looking After Each Other	Activity 4 Looking After Each Other, CIDIT
6	Module 2	Session 4 Building Trust in Groups	Activity 5 Circle of Support
7		Session 5 Communication Skills	Activity 6 Role Play Good Communication
8		Session 6 Talking about Problems Together	Activity 7 Mirrors
9	Catch-up or Review		
10	TRAINING		
11	Module 3	Session 7 Strengthening Social Support	Activity 8 I have... I am ... I can...
12		Session 8 Social Networks in the Community	Activity 9 Helping Hand Social Support
13		Session 9 Community Resource Mapping	Activity 10 Community Mapping
14	Module 4	Session 10 Social Mobilisation	Activity 11 TBD
15		Session 11 Community Participation	Activity 12 TBD
16		Session 12 Problem Solving	Activity 13 TBD
17	Catch-up or Review		
18	TRAINING		
19	Module 5	Session 13 Finding our Values	Activity 14 TBD
20		Session 14 Exploring our Values	Activity 15 TBD
21		Session 15 Trusting our Values	Activity 16 TBD
22	Catch-up or Review		

## EVALUATIONS

### Thank you and concluding remarks

Congratulations to all the Community Facilitators for completing the initial Bharosa Intervention training! We have worked hard this week and we hope you also feel you've learned a lot and enjoyed yourselves.

Again, this intervention works alongside your other programmes. We hope you enjoy delivering the activities in your groups over the coming weeks. In two months, we will come back together for a short refresher and new training. We will do this again after four months.

In the meantime, we are here to support you as Community Facilitators, and with the help of the Assistant Supervisors, Supervisor and PSS Counsellors we look forward to helping your group members to get extra support for emotional problems and distress.

If you have any questions about the training or the intervention, please do not hesitate to speak to us here today or with your supervisors.

### Evaluations

*"Before we handout your certificates for completing the training, we would like your help in completing a brief post-training survey. This is similar to the evaluation you completed before the training. There are no right or wrong answers, but this survey will help us to make important changes to the future trainings, tailoring the learning to your feedback from this week. We can also evaluate if the training has helped you in gaining new skills this week."*

Please take 10 minutes to complete the first part of the post-training survey on your own.

As a large group, we will have an exercise to help answer the following questions. For each question, please arrange yourselves in a line from 0-10, based on how confident you are.

1. How confident are you in recognising when one of your group members is having a difficult time or feeling tension?
2. How confident are you in helping your group members to build trust with each other?
3. How confident are you in helping your group members to talk about their problems?
4. How confident are you in linking your group members to help and support in the community (e.g. from trusting people or services)?

0 = No Confidence, 5 = Moderate Confidence, 10 = Completely Confident

## SUPERVISION SUPPLEMENT

### SESSION 1-S: INTRODUCTION TO SUPERVISION

### SESSION 2-S: TOOLS FOR SUPERVISION

### SESSION 3-S: MONITORING COMMUNITY FACILITATORS

*\*Note about attendees:* partner organisation co-ordinators and PSS counsellors are participating in Day 4 to observe and offer feedback throughout the activities.

#### Learning Objectives

At the end of the Supervision Module, participants will:



- Understand the importance of supervision for the Bharosa Intervention and have a set of tools for developing supportive supervision sessions with the community facilitators.
- Review the importance of self-care they learned in the last training (basic mindfulness) and be able to apply new methods for taking care of themselves and advising CFs to do the same
- Be able to monitor the progress of the intervention on a weekly and monthly basis with CFs

**Group discussion (10 minutes):** What do you hope to gain from the supervision day?

#### Activity 1-S: Organisation mapping: (60 minutes)



STEP 1: Trainers split into two groups, one for each organisation (DSAM and JDS). Each team is to draw their organisation (including the beneficiaries) so that each role is depicted and their relationship to one another represented. Groups can be imaginative and use 'flow diagrams' or 'pyramids' and are invited to use whatever diagram they think best captures the organisation's structure.

STEP 2: Define the current supervision structure and supervision roles in the partner organisations.

STEP 3: *Trainers*, review the different roles for AS/S/PC/PSS in the Bharosa intervention that was discussed on Day 1 of training. Start a discussion about how they're going to be embedded these roles within the current supervision systems (e.g. team meetings).

#### Session 1: Introduction to Supervision (150 minutes, suggested break after Activity 2-S)



**Supervision is essential (5 minutes).** Supervision promotes the professional growth of the facilitator and safeguards the support that participants are receiving in their groups. Supervisors help the facilitators to keep to their curriculum plans and enhance the awareness and reflection of the work they are doing. Supervisors demonstrate and encourage respectful, non-judgmental attitudes.

Supervision includes discussions about progress in the intervention and about difficulties facilitators are experiencing with delivering the intervention in their groups. The PSS Counsellors are also here to support this process.

Generally speaking, quality supervision has six core elements: Structure, Safety, Commitment, Encouragement, Modelling and Feedback. *Trainers*, see *background document for more information*.

#### Activity 2-S: Individual Supervision (60 minutes)

The aim of this activity is to role play different supervision strategies and to discuss which strategies are most helpful to the supervisee.

**STEP 1:** Ask the group to get into pairs, preferably someone they don't know well or haven't worked with before. In the pairs, ask for one person to volunteer to be the supervisor and the other person to be the supervisee. Supervisee, please choose a difficult and recent work situation you had with a group or community member and share this with the supervisor. Supervisor, your job is to listen to the story provide a summary of what the supervisee has told you, and then ask questions but only focus on the **negative** aspects of the work.



Take turns so that each person has a chance to be the supervisor and supervisee.

**STEP 2:** Now, switch pairs to find a new person. The new supervisee is asked to tell their own story of a difficult work situation. The new supervisor is to ask questions and provide a summary that is solely focussed on the **positive** aspects of what the supervisee has done well, ignoring any possible areas of improvement.



Take turns so that each person has a chance to be the supervisor and supervisee.



*Tips for facilitators:* Walk around and make notes and observe the facilitators regarding their facilitation skills. Note down both positive aspects and areas of improvement. At the end, trainers to offer feedback to facilitators including positive aspects and areas of improvement.

**STEP 3:** Get back in the pairs. Use the same scenarios as before, the same difficult work situations. The supervisor practices sharing **TWO** positive aspects of the workers' performance and **ONE** area that the supervisee could improve.



*Reflect as a group:* how did the different conditions affect how you felt speaking about difficulties with the person? How did it affect your confidence in resolving the work-related issue you discussed?

1. How did everyone find that activity?
2. What worked well for the supervisee?
3. Which approach did you appreciate having?
4. Which condition did you find most helpful?

**Final message:** Trainers to provide short presentation on ideas for Individual supervision.



- **Site visits by the supervisor**
- **Review of progress in the curriculum**
- **Discussion of potential cases to be shared with the PSS counsellors**
- **Promote CFs own self-care**

### Activity 3-S: Group Supervision (60 minutes)



The aim of this activity is to practice a group supervision session. We will create a "fish bowl" seating arrangement where half the group sits in a circle and works together on discussing mental health awareness raising. The other half sit outside this circle, observing the inner circle. The fish bowl is useful for listening, resolving conflict, discussion, observation and supervision exercises.

A good way to start a group supervision session is to pick one session from the CF curriculum and to discuss what the CFs understood from this session, how they are sharing their learning in their groups, how the group members are learning and reacting, and what challenges they are facing.



*Tips for trainers:* We would like to have “champions” who feel comfortable doing the role play in front of the group (four people in total, perhaps two from each partner organisation). Participants must be reminded that during group supervision meetings they will receive constructive feedback from the supervisor and the group in front of their peers. First check that all feedback will be respectful and that people are happy to proceed.

STEP 1: For this activity, the first group inside the “fish bowl” is asked to role play a discussion reviewing Session 2 in the CF curriculum: *What is Mental Health? Can we have TWO volunteers to be the supervisors in this role play?*

Using Activity 3 (Module 1, Session 2), the role play will explore the reactions of the people playing CF to understand the group beliefs about mental health problems. One of the assistant supervisors starts by saying, *‘what do you think a person with good mental health looks like?’*



You can go back to the drawings from Day 1 when we held this activity as a large group. Supervisors ask, *‘what kinds of mental health problems do the pictures show?’* and *‘what do you think is happening for this person? What might have led to this mental health problem?’*

STEP 2: Next, the supervisors want to understand how the participants reacted to CFs delivering this activity in their groups (this is where you will need to role play and use your imagination!). Possible questions:

1. *‘When you held this discussion in your groups, what were some of the reactions of the participants?’*
2. *‘How do you imagine the participants were understanding your discussion?’*
3. *‘What do you think the participants learned from the activity?’*
4. *‘What did you hope the participants had learned?’*

STEP 3: Now, ask the group inside the fish bowl to explain how they found this activity. Possible questions:

1. *What was helpful to the CFs and supervisors?’*
2. *What was challenging?’*
3. *Where did you get stuck in asking questions of the group?’*

STEP 4: Trainers ask the observers to share their reactions to what the supervisors did well and where they might improve.

STEP 5: Next, choose TWO new volunteer supervisors and switch out the CFs in the fish bowl and those observing. In this role play, the supervisors want to understand the challenges that the CFs faced in delivering this activity in their groups. Possible questions for the ‘supervisors’:

1. *‘Can you tell me about your experiencing delivering this activity in the groups?’*
2. *‘What was challenging?’*
3. *‘Did you feel able to answer questions of the participants?’*

4. 'What would you have done differently if you could give this activity again?'

STEP 6: Trainers, now ask the group inside the fish bowl to explain how they found this activity. Possible questions for group inside the fish bowl:

1. What was helpful to the CFs and supervisors?
2. What was challenging?
3. Where did you get stuck in asking questions of the group?

STEP 7: Trainers now ask the observers to share their reactions to what the supervisors did well and where they might improve.

STEP 8: Trainers to share their impressions of the people who role-played being the supervisors skills. Remember to include what they did well and where they could improve.

**Final message:** Trainers conduct a short presentation of ideas for group supervision include:



- No more than nine facilitators per group
- Going over CF curriculum and strengthen understanding of the basic concepts learnt in training. Be sure they feel confident delivering the activities in their own groups.
- Group activities to practice (e.g. role play) the skills learnt in training
- Receive and give constructive feedback to and from peers and the supervisor

### Activity 4-S: Barriers in Supervision



Split into two groups. One trainer to work with JDS and one with DSAM. Hold a brief discussion of barriers they might encounter in supervision using the sheet below and possible follow-up questions.

Some barriers that might come up in the discussion...

Barriers to Supervision	Possible Solutions?
Supervision is mandatory, I just go because someone else is telling me I need to go.	_____
It's not relevant to me, I don't need to improve.	_____
I like things the way they are.	_____
I don't want to think about the things that have been hard and gone wrong.	_____
I don't want to hear about everyone else's problems.	_____
I'm a professional, feelings don't come into it.	_____

- Have you experienced this in your supervision before?
- Who do you turn to when you have questions about how to work with the CFs?

## Session 2: Tools for Supervision (60 minutes)



After lunch, let's begin with a short breathing exercise and body scan. These exercises can be useful during times of stress or when you feel overwhelmed. They promote relaxation and wellbeing.



*Tips for trainers*, there are additional resources to the group and let them know how they can use audio clips on their mobile phones. You could also bring the audio downloaded on a USB stick to share with the partner organisations. They are repeated from the wellbeing training so they should be familiar.

We recommend you teach these exercises to the CF in group supervision. We will first demonstrate and then ask you to deliver these in small groups.

### Activity 5-S Tools for Supervision

#### Breathing exercise (20 minutes)

STEP 1: Trainers, first demonstrate in a role play (5 minutes).

1. **Explain the goal:** *I am going to teach you how to breathe in a way that will help relax your body and your mind. It will take some practice before you feel the full benefits of this breathing technique.*
2. **Describe why:** *The reason this strategy focuses on breathing is because when we feel stressed our breathing becomes fast and shallow, making us feel tense. To begin to relax, you need to start by changing your breathing.*
3. **Relax the body:**
  - *Before we start, we will relax the body. Gently shake and loosen your arms and legs. Let them go floppy and loose. Roll your shoulders back and gently move your head from side to side.*
  - *Now place one hand on your belly and the other hand on your upper chest. I want you to imagine you have a balloon in your stomach and when you breathe in you are going to blow that balloon up, so your stomach will expand. And when you breathe out, the air in the balloon will also go out. Remember, we start by breathing out until all the air is out; then breathe in. If you can, try and breathe in through your nose and out through your mouth.*
  - *Now the second step is to slow the rate of your breathing down. So we are going to take three seconds to breathe in, then two seconds to hold your breath, and three seconds to breathe out. I will count with you. You may close your eyes or keep them open.*
  - *OK, so breathe in, 1, 2, 3. Hold, 1, 2. And breathe out, 1, 2, 3. Do you notice how slowly I count? [Repeat this breathing exercise for approximately one minute]*



STEP 2: Split up into groups of four people. Ask two supervisors to practice delivering the breathing exercise to the other two participants in the group (5 minutes each, 10 minutes in total).

## Body Scan and muscle relaxation (25 minutes)

STEP 3: Trainers, first demonstrate in a role play (5 minutes).

1. Find a quiet place, sit comfortably, close your eyes
2. Breathe in and out slowly first to settle
3. Stretch/ tense and then relax the muscles in groups:
  - a. Face
  - b. Neck
  - c. Shoulders
  - d. Chest
  - e. Arms
  - f. Legs
  - g. Wrists and hands



4. Please ask the supervisors to be thinking about how the sensations (hot/cold, pressure) in their body feels. *There is a Nepali script in the Appendix.*

STEP 4: Small groups two supervisors practice delivering the body scan to the others in their group (10 minutes per person, 20 minutes total).

STEP 5: Come back together as a large group and ask a 2-3 people to reflect on their experience (15 minutes):

1. First, ask how it felt to receive the breathing exercise or body scan as a participant
2. Then, ask how it felt to deliver the exercises in your small groups

**Final message:** It's good that you could notice how your body is feeling, this is normal. Maybe over time you can see the changes in how this helps to relax you. Encourage practice at home. Please invite the PSS Counsellors to the group supervision sessions that you hold with the CF doing breathing and body scan exercises.

## Session 3-S Monitoring and Progress Evaluation (90 minutes)



Monitoring is essential to good supervision and is closely related to the process of evaluation. This session explains the concepts of monitoring and shows how monitoring tools are used in relation to the psychosocial intervention.

Particular attention is paid to the challenge of identifying issues and barriers to using this intervention in the self-help support groups. The session concludes by encouraging assistant supervisors and supervisors to use the monitoring questions to contribute to evaluating the effectiveness and impact of the intervention in the communities.

### What do we mean by Monitoring and Evaluation?



#### **Monitoring**

- is done continuously;
- collects programme inputs and outputs;
- is used to make immediate programme decisions.

#### **Evaluation**

- is done periodically;
- measures expected changes in intervention delivery and coverage;
- measures expected changes in health status;
- is used to review and strengthen programmes.

## Supervision and Monitoring Forms

### Individual Supervision: Monthly Progress Monitoring (60 minutes role play)

To be completed by the Assistant Supervisors / Supervisors every four weeks. This should be done after discussion with CFs about their progress. *PSS Counsellor monitoring form in the Appendix*

<b>Month / Year:</b> ____/____ <b>Organisation / Location:</b> _____				
	Yes	No	NA	Comments from Supervisor (REQUIRED) Please provide examples.
1. Community Facilitator is delivering the Bharosa Intervention in his/her group. Number of days spent on it _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. How many sessions from the CF curriculum have been completed in the group? _____ sessions				
3. CF has been able to balance mental health work with their other duties (e.g. education courses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any barriers?
4. The referral pathway for identifying patients in the community and referring to the PSS Counsellors is working well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any barriers?
5. Number of people referred to the PSS Counsellor in the past month. <AND> Number of people referred to district mental health clinic	Males ____/____ Females ____/____			
6. CF has experienced barriers to delivering the intervention in their groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Please describe.
7. Module 1: CF has been raising awareness of mental health problems in their groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How?
8. Module 2: CF has improved his/her relationships with participants and practised good communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Module 3: CF has enhanced social support for participants and linked people to community resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Example.
10. Module 4 (only after 2 <sup>nd</sup> training): CFs have been using problem solving strategies in their groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Module 5 (only after 3 <sup>rd</sup> training): CFs have been discussing their values within their groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Supervision: We have held regular supervision sessions with the CF in the past month ( <i>refer to Log</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Feedback?

## Group Supervision Records (30 minutes role play)

This is to be completed during each supervision session. Attendee names below.

Supervisor	Community Facilitators (1)
Assistant Supervisors (1)	Community Facilitators (2)
Assistant Supervisors (2)	Community Facilitators (3)
Assistant Supervisors (3)	Community Facilitators (4)
	Community Facilitators (5)

Summary of Discussion (content, not just “good”, include what went well and the needs for improvement, what skills should be practiced):

Plan of Action
----------------

Supervisor Name:	
Date:	
PSS Counsellor Present:	YES                      NO

## References and Resources

These references were used in the designing and developing of this intervention training manual. In some cases, the references were mentioned in-text, but mostly they were not. This was a deliberate decision to ensure the ease of reading and facilitating using the manual. We encourage CMC and others using this manual to also visit the websites and resources below for more information.

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6. Helen & Douglas House Supervision Toolkit [http://www.helenanddouglas.org.uk/get\\_information/useful-resources/](http://www.helenanddouglas.org.uk/get_information/useful-resources/)
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## Appendix

### A. Background information for trainers

## INTRODUCTION

### Intervention and Training Overview (30 minutes)



The Bharosa Intervention in Nepal is the mental health programme working alongside all other interventions implemented by the FF's partner organisations in the Terai. Just as the diagram below illustrates, it's one piece of the puzzle working towards improving the lives of Harwa-Charuwa and ultimately aiming to eradicate bonded labour. Other programmes include supporting livelihoods training, education courses, savings and loans groups, social mobilisation and advocacy for human rights and citizenship.

Research has shown that interventions which address the social needs of communities are not only more likely to be acceptable but also target the underlying causes which can lead to mental health problems. Enhancing the skills of the social mobilisers already in place and mobilising existing resources may also be particularly effective AND cost-effective in low-resource settings.

The Bharosa Intervention in Nepal reflects learning from prevalence and feasibility studies conducted in the region by our team, as well as the experience partner organisations had in previous mental health and wellbeing training. It is about providing holistic care of an individual, considering how the mind, heart, and body connect to the wider social world. The intervention includes:

- Building awareness and recognition of mental health symptoms
- Enhancing trusting relationships between group members and helping each other
- Improving skills in communication, group facilitation, problem solving
- Promoting sharing of emotional distress and providing psychosocial counselling as needed
- Enriching opportunities for social participation within and outside of groups

#### What are the core attitudes of someone who helps others?

1. Empathy – This means being able to 'put yourself in someone else's shoes' so you understand how he/she may be feeling.
2. Non-judgmental – This means accepting and respecting people for who they are without judging their behaviour.
3. Trustworthy – The community member should feel safe talking to you about their concerns. You are in a unique position to build trust in your groups. This also means keeping personal information confidential.
4. Patient – It takes some time for people to work out their own problems. You can be supportive during this time and encourage the person to talk about their problems at their own pace.
5. Observant – A lot can be said by actions and body language, a good facilitator can observe if a person is happy, tense, distracted or withdrawn.
6. Respectful – You acknowledge the rights of others and treat all individuals with respect.
7. Competent – You are knowledgeable but are also aware of your own limits and can ask for support if you cannot manage something on your own.
8. Respectable – The community respects you because you are an example of how to behave in the community.

#### What is your role in relation to mental health?

- As community facilitators, you are very well placed to recognise when a person in your group is experiencing emotional problems.
- With training, you can learn to respond appropriately to a person experiencing the symptoms of mental health problems, and can speak with your supervisor about referring this person to the Psychosocial (PSS) Counsellor.
- You are also ideally placed to support families who have a family member who is experiencing distress, and to promote mental health in the community more broadly.
- Creating a safe space for community members to talk about their experiences and a space where trusting relationships can be built.
- As assistant supervisors and supervisors, you are well placed to help supervise the community facilitators in identifying and referring group members to the PSS counsellor. You also have a role in supporting the emotional needs of the community facilitators.

### What do you gain from this training?

- You can make a difference in your groups.
- You can grow and learn new skills to help others.
- You will build leadership skills and serve as a focal point in your community.

### Where to turn for more help?



This diagram shows the journey that an individual experiencing psychosocial problems might go through. Starting in the community freedom group, the CF is to identify people who might need more support, contact the AS/supervisor who will reach out to see if the individual is willing to talk to the PSS counsellor who will assess risk and hold a one-to-one session. The counsellors are supervised by CMC and may need to refer more severe cases to the district services or CMC residential care. Feedback loops illustrate the journey coming back to the CF, AS/supervisors for additional support and relationship building with family and community members around that person.

## MODULE 1: HAAMAR MAAN: PSYCHOSOCIAL AWARENESS

### Session 1: Stress and coping (60 minutes)

#### Signs of stress

- **physical signs** e.g. stomach ache, tiredness, backache, low energy
- **mental signs** e.g. difficulty focusing, losing track of time, unable to solve problems
- **emotional signs** e.g. anxiety, being sad, feeling useless, feeling easily angered
- **spiritual signs** e.g. life seems pointless
- **behavioural signs** e.g. alcohol abuse
- **interpersonal signs** e.g. withdrawn, in conflict with others

#### How do you react to stress?

There are some 'common reactions' to long periods of stress, extreme stress (e.g. earthquake or ongoing violence at home):

- ✓ Anxiety
- ✓ Being constantly alert to things around you
- ✓ Being startled/surprised at many things (e.g. someone saying hello to might be frightening)
- ✓ Poor concentration
- ✓ Guilt
- ✓ Sadness
- ✓ Anger
- ✓ Withdrawal
- ✓ Disappointment
- ✓ Avoiding the problem or cause of the stress
- ✓ Grief (e.g. a family member's death)
- ✓ Reduced appetite

The ability to cope and understand distressing situations helps people to feel better when they experience psychosocial problems. This process involves both personal characteristics (a positive outlook on life, confidence or coping strategies) and social networks (such as the friends and family around us, or community people and services).

In this training, we focus on "coping" as an umbrella term to indicate the extent to which people can "bounce-back" from stress, using their personal characteristics and social networks.

Other examples of positive coping:

- ✓ Seeking help from others
- ✓ Offering help to others
- ✓ Being around people who care about you
- ✓ Hiding until the danger has passed

- ✓ Remaining fearful and alert to any other danger
- ✓ Burying the dead
- ✓ Acknowledging the event even when it is challenging
- ✓ Gathering remaining belongings
- ✓ Following religious practices
- ✓ Thinking a lot about what has happened
- ✓ Setting realistic goals and making plans to accomplish them
- ✓ Seeking information about loved ones
- ✓ Talking about your experiences when you're ready and to people you trust
- ✓ Beginning to repair damage from the past and moving forward with your life
- ✓ Learning from the past to create change in the present

### Coping with stress

The translation of “to cope” in Nepali (*saamanaa garnu*) means to confront a challenge. The phrase “to solve tension” (tension/*tanaab samaadhaan garnu*) may therefore be a more accurate translation of “coping” as it is applied in the mental health fields.

Coping is a way to prevent, delay, avoid or manage stress.

In Nepal, there is a cultural preference for problem-focused coping strategies to ACTIVELY address the problems that might be causing distress. For example, “Getting involved in a political movement,” has been locally identified as a “positive” and “active” way to cope with emotional problems.

Factors that promote coping include:

- belonging to a caring family or community
- maintaining traditions and cultures
- having a strong religious belief or political ideology which gives the feeling of belonging to something bigger than oneself
- For children, important protective factors include stable emotional relationships with adults and social support both within and from outside the family

Many Nepali people describe efforts to manage their distress internally, or “make one’s own heart-mind peaceful” (*aphno man shanta banaune*). This expression is related to a personal (and perhaps religious) approach to managing distress.

“Thinking too much” about problems is widely seen as a negative habit that puts people at risk of distress. Activities that keep the heart-mind busy or engaged (*byasta rahanhu*) may be highly valued. For example, watching children play and singing have been identified as positive coping strategies in previous research in Nepal.

Unless there is a current threat to your immediate safety where avoidant coping is helpful e.g. hiding or leaving the situation, generally coping that ‘approaches’ a problem promotes good health and wellbeing e.g. seeking help from others.

## Session 2: Apan Maan: Understanding Mental Health & Psychosocial Problems

On the other side of mental health, **mental illness, emotional problems or a mental disorder** is anything that affects a person’s thoughts, emotions or behaviour that results in:

1. A negative mood on the person or those around them.
2. An obvious change in their behaviour or personality.
3. Friends or relatives feel that what is happening to the person is strange and hard to understand.
4. Significant distress impairs daily tasks such as washing, eating, and sleeping.

**Key point:** everybody can experience unusual thoughts, emotions or behaviour at different times. For example, sometimes people experience strong spiritual feelings when praying or meditating. It is important to remember that these experiences are not a sign of mental health problem and are completely normal and are nothing to worry about. However, if these experiences had a negative

effect on the person, resulted in a change in their personality and seems confused to others, then this may be a sign of mental health problems.

## The World Health Organization Fact-sheet on Depression (available in Nepali)

Depression  
Let's talk

# Depression: what you should know

If you think you, or someone you know, might be suffering from depression, read on.

### What is depression?

- Depression is an illness characterized by persistent sadness and a loss of interest in activities that you normally enjoy, accompanied by an inability to carry out daily activities, for at least two weeks.
- In addition, people with depression normally have several of the following: a loss of energy; a change in appetite; sleeping more or less; anxiety; reduced concentration; indecisiveness; restlessness; feelings of worthlessness, guilt, or hopelessness; and thoughts of self-harm or suicide.
- Something that can happen to anybody.
- Not a sign or weakness.
- Treatable, with talking therapies or antidepressant medication or a combination of these.



**REMEMBER:**  
Depression can be treated. If you think you have depression, seek help.

### What you can do if you think you are depressed

- Talk to someone you trust about your feelings. Most people feel better after talking to someone who cares about them.
- Seek professional help. Your local health-care worker or doctor is a good place to start.
- Remember that with the right help, you can get better.
- Keep up with activities that you used to enjoy when you were well.
- Stay connected. Keep in contact with family and friends.
- Exercise regularly, even if it's just a short walk.
- Stick to regular eating and sleeping habits.
- Accept that you might have depression and adjust your expectations. You may not be able to accomplish as much as you do usually.
- Avoid or restrict alcohol intake and refrain from using illicit drugs; they can worsen depression.
- If you feel suicidal, contact someone for help immediately.



[www.who.int/depression/en](http://www.who.int/depression/en)



## What causes and keeps mental health problems going?

There is rarely one single cause of a mental health problem. Most mental health problems are caused by a combination of factors.

## Session 3: Sahayogi Haat: Looking After Each Other

The symptoms of emotional problems can produce a negative effect on the lives of individuals, families and the community as a whole.

You cannot always tell just by looking at a person whether or not they have a mental health problem. Symptoms can be physical or mental.

Some of the symptoms, such as feelings of sadness and worrying a lot, affect everybody from time to time. These symptoms only become a mental health problem when they prevent the person from leading a normal life and interfere with daily functioning for MORE THAN 2 WEEKS most days or nearly every day.

Symptoms such as hearing voices—when a person is preoccupied and distressed by them—are often a symptom of a mental health problem. However, many religious people and traditional healers hear voices and there is no distress, in fact this might be a positive experience for them.

Experiencing the symptoms of mental health problems does not mean the individual is weak or lazy, possessed by supernatural forces, or losing his/her mind and going crazy.

The following behaviours may be recognised as indications of psychosocial distress in Nepal: loss of appetite, remaining idle, staying in the home all day, isolating oneself, thinking too much, or being on the “wrong road” (usually implying deviation from cultural or religious values).

Let's take time to think about these types of symptoms and where we might have seen them in the community. This is an activity to be completed on your own. You will not be sharing this with anyone else, it is just for your own reference.

**Symptoms of emotional problems**

Trainers, read out the symptoms and give the participants a moment to think about each one and where they might have seen it in the community.

Tiredness	Sadness	Excessive Worry	Crying	False Beliefs
Aches and Pains	Anxiety	Self-Blame & Criticism	Social Withdrawal	Hearing Voices
Weight Loss	Guilt	Unable to Make Decisions	Talking to self	Seeing Things Not There
Pounding Heart	Helplessness	Poor Concentration	Aggression	Smelling Things Not There
Sleep Disturbance	Loss of Emotion	Rapid Thinking	Avoidance of Activities	Tasting Things Not There
Feeling Short of Breath	Mood Swings	Thoughts of Death & Suicide	Rapid Speaking	Feeling Things Not There
Stomach Ache*	Hopelessness	Poor Judgement	Irritability	
Lack of Energy	Low Self-Esteem	Dwelling on Problems	Not Making Sense to Others	
Muscle Tension	Excessive Fear	Worry ('What If questions)	Attempting Suicide	
Loss of Appetite	Loss of Motivation			

**\*Please keep in mind:** some of these symptoms, especially those that are physical, may also be related to other physical health problems such as malnutrition or gastrointestinal problems. It's important that group members seek help at the health post for physical symptoms but we want you to be aware that these symptoms MAY also be related to mental health problems.

When someone is experiencing these symptoms for more than two weeks and it is affecting their daily lives, it's important to check if the person wants support in dealing with these problems. If they do, it is a good time to speak with your Assistant Supervisor to see how we can help get more support.

**Below is an additional story, could be used in discussion of signs and symptoms**

Symptoms (*trainers*, keep this brief in the activity)

- Group discussion of the case's symptoms.
- What symptoms does Suzan have?
- How difficult was it to identify the symptoms of Suzan?

*Suzan is a man in his late 30s and lives in a village that has recently experienced a lot of violence. His wife was killed six months ago and he is now left to care for his two children on his own. His mother moved into the house to help him but now Suzan is refusing to leave the house. He no longer sees his friends. After his wife passed away his friends used to visit him at home but when the first 13 days of mourning had ended they stopped coming by to see him because he often didn't talk much with them. Most days he does not get out of bed. He has lost a lot of weight because he refuses to eat. He feels very lonely but he does not know how to go about getting help for himself.*

**MODULE 2: HAAMAR: RELATIONSHIP BUILDING**

**Session 4: Building Trust in Groups**

**RESPECT** is knowing that another person is worthy of care; has his or her own strengths and abilities. Engaging with group members as equals

**LISTENING** means allowing all the group members to talk if they wish to and to be heard. A good listener tries to understand the other person's feelings being expressed by their body language and not just their words.

**WARMTH** is about being open and friendly. Warmth shows willingness to 'be there' for the group members and is most powerful when it is genuine and sensitive. The way we greet people can show warmth – "Hello, I am glad you're here today", with a smile.

## Session 5: Communication Skills

### Group discussion



- How do you know someone is really listening?
- How does s/he look and sit and where is s/he looking?
- Has s/he taken care to keep the conversation private?
- What does the person say? How much does s/he talk?
- Does s/he ask relevant questions? When, how, what, where, why?
- Does s/he seem genuinely curious and want to know more?
- Can s/he cope with my feelings?
- Do I feel s/he cares about me? Are they warm?
- Am I being judged? Does he/she seem to accept me as I am?

**How would you show someone that you are listening? First let the group discuss and here are additional ideas you can mention...**

- Allow the other person to do most of the talking
- Maintain eye contact (if this is culturally appropriate)
- Avoid giving opinions, arguing or sympathising
- Avoid being distracted. Be awake and attentive – maintain high energy levels and bring your attention back to what is being said
- Focus on what the other person is saying, rather than preparing for what you will say next
- Use your own body language to convey your open to them and paying attention.
- Keep your posture relaxed, open and show with your body that you're listening e.g. by nodding your head to agree.
- Use words like 'yes', and 'hmm', and 'go on' when appropriate
- Be aware of your facial expression
- Allow time for silence and thoughts



### How to Reflect

- This skill involves reflecting back what is being said to the person e.g. '*it sounds like you're feeling very frightened just now*', or reflecting back to a past situation '*that must have made you feel quite angry*'.
- Use summarising statements, '*so let's recap what you've been telling me*' follow by checking in with the group member '*did I hear you correctly?*'.
- Provide encouragement and let him/her know you understand his/her point of view, e.g. '*you appear to be saying...*' This lets the other person know that you are listening, and is an opportunity to clarify understanding.

### How to ask appropriate questions

- Closed questions will give you only short or 'yes' or 'no' answers e.g. '*Are you comfortable?*', '*How old are you?*'
- Open questions encourage the person to talk and provide lots of information e.g. '*Could you tell me something about...*' '*Could you tell me a bit more...*'
- Use clarifying questions to be sure you've understand what the other person is saying, e.g. '*what was that like for you?*'
- Ask questions in a neutral and non-judgmental way
- Leave behind your own opinions and attitudes
- Remember that too many questions can make a person feel confused or defensive

## Session 6: Talking About Problems Together



In Nepal, where the formal mental health sector has not been well established and is not present in all the parts of the country, the community provides an important role in providing psychosocial support. This includes social relationships (e.g., with family, friends, neighbours), community-based groups (youth groups, child clubs, savings and loan groups) and support that emerges from traditional and cultural practices, including traditional healing.

Family members and neighbours play a central role in recognising distress, caring for distressed individuals, and determining when additional help-seeking is needed. For example, family members might notice the following symptoms: loss of appetite, staying in the home all day, isolating oneself, thinking too much, or being on the “wrong road” (usually implying going away from cultural or religious values).

Sometimes helping others can be very practical, such as offering to help your neighbour with childcare or to cook a meal together. Other times, the person may just need to feel heard by someone who cares about them. It is important not to try and ‘fix’ people’s lives.

People must be ready to make changes and helpers need to know their limits and where their responsibilities end.

### Group Discussion (30 minutes)



**What are the ways you can respond to a friend or neighbour who you notice is having emotional problems?**

*Trainers, keep in Mind:* CFs are not being trained in counselling techniques, but they are a valuable resource to identify problems and help to support people in their communities or get additional help from PSS Counsellors when needed. Please review the referral pathway at the end of this discussion (found in the Introduction).

## MODULE 3: HATEMALO: HELPING EACH OTHER

### Session 7 (PART 1): Social relationships and support

*For the trainer:* This session covers some very sensitive topics. Make sure to take pauses and time for people to reflect (10 minutes introduction).

People who have relationships that are **caring** and **supportive** are more likely to have good mental health. For most people, close relationships with husbands/wives, parents, children, and friends provide joy when we are happy and support when we are distressed.

There are healthy and unhealthy relationships around us. A healthy relationship is one that brings us joy and makes us feel good. Unhealthy relationships might make us feel uncomfortable or scared. For example, a person who doesn’t have kind words to share or someone who encourages you to do things you don’t want to do.

**Social connections are good for you!**

Social relationships help you to participate in activities, find work, live longer, improve your mental health and quality of life.

**Discussion questions to write on the flip chart (20 minutes for 4 questions, 5 minutes each)**

**1) What does a negative/ bad/ unhealthy relationship look like to you?**

Sometimes, relationships are even the source of distress. For example, when intimate partner relationships are stressful or partners behave with violence, hostility and/or criticism during conflict, there is a negative impact on mental health. When we experience conflict with the people we care about, it is especially distressing. Another important example is the relationship that people have with the landowners. These relationships may be characterised by power imbalances, pressure and coercion.

Write on the flipchart some examples of how negative relationships make people feel.

## 2) What does a good/ positive/ healthy relationship look like to you?

Write on the flipchart all the things people in healthy relationships do, think and feel when around each other.

Next, let's think about what other people do for us and how people can be helpful for each other.

## 3) How are other people important to you? What do others do for you?

The people around us, in our **social networks**, all offer different types of help or support. For example, you might have a friend who is a carpenter and can help you to build furniture for your home. You might have a friend who is politically connected or know someone who is a doctor. The people around us have **resources** that when shared can bring benefit.

### Examples of Resources that Strengthen Resilience

#### EXTERNAL

- A close and trusting relationship with a family member or friend
- Enough food, shelter, clothing and access to medical services
- Education or ways to learn new things

#### INTERNAL

- Ability to understand their own emotions and express them in words or actions
- Ability to recall positive relationships and moment of kindness of the past

## 4) Can you think of someone you trust and why? Who might you go to if you needed advice?

In Module 2 Session 4, we talked about trust. Trust is central to any good relationship and it is even more important when you are encouraging a person to share their problems with others. Trust can be built in your groups and between people, but it is built gradually over time. For example, you might start by sharing a little bit of information about yourself, and if that person doesn't tell others you might share something a little more personal next time.

### Connecting social relationships and mental health problems (15 minutes, 5 mins per question)

Write on the flipchart:

#### 1) Why do you think social relationships are important to physical health and mental health?

In Nepal, **family members** (including members of the extended family) play a central role in recognising distress, noticing behaviour change, caring for distressed people, and determining when additional help in the formal sector e.g. health post and hospital, may be needed. Within families, knowledge of mental health and perception that a member has mental health needs contribute to variation in levels of social support: they may be more accepting if they know about common mental health problems.

#### A Case Example Illustrating the impact of social relationships on mental health & wellbeing

A 15 years old girl is repetitively verbally criticized by a teacher during a class because of her unsatisfactory results at school. At the exit of the school a group of peers verbally abuses the girl blaming her in front of everybody.

**Friends** and **neighbours** are also important, especially for people and groups who feel excluded from the formal mental health sector. In Nepal, formal support is more regularly accessed by high-caste, urban, educated, and affluent populations. Therefore, people in the Dalit caste, ethnic minorities, women, youth, rural populations, and migrants may rely more on social support than any formal services.

People who are socially isolated are 2-5 times more likely than those who have strong social ties to die earlier. Social networks have a larger impact on the risk of death than on the risk of developing a disease. It is not so much that social networks stop you from getting sick, but that they help you to recover when you become unwell.

#### A Case Example Illustrating the impact of Grief

A man survived a traffic accident in which his wife and two children died. The family was riding the bus to the market and the bus was involved in a head-on collision with a truck. The truck driver did not see the bus. Imagine the man's feelings and reactions in the hours and days following the accident. Show how loss and grief can impact a person deeply

#### 2) How might social relationships help when you feel tension?

Without close friends and family, people are more likely to feel lonely, isolated, and bored – this can increase risk for developing mental health problems such as depression. Spending time focusing on helping people to strengthen their social supports may

have a big effect on their overall emotional health and wellbeing. That is why helping people to keep relationships during difficult times is so important.

#### 3) Why do you think people become socially isolated from the rest of the community?

**Grief** (*dukkha*) is an example of where **social isolation** is common. This is because many people grieving believe that they cannot spend time with others. They might think life is meaningless without their loved one around. In Nepal, this might be the case after the first 13 days of the rituals for the person who passed away. Social support from family and friends plays an important role in overcoming grief. It is essential to help people to continue with life after difficult losses.

**Before we go onto the next activity, would anyone like to share their reflections on the discussion and exercise we've just had?**

### Session 7 (PART 2): Strengthening Social Support



For some people, social support means sharing their difficulties and feelings with other people they trust. Or it might just be helpful spending time with friends or family and not talking about problems. Sometimes, getting involved in activities with other people, such as attending the group, helps people to feel better. Social support can be very powerful in reducing difficulties and distress.



**Group discussion, write on the flip chart (20 minutes)**

#### 1) What are you doing with other people that makes you feel good?

A good question to ask someone who needs emotional support: *'Is there an activity that you might want to get involved with?'*

#### 2) If you were feeling tension and you didn't want to talk about it, what could



## friends/family/group members do to make you feel more comfortable to say how you are feeling?

Many people feel unsure about talking with others about their problems or asking others for help. One reason is because they are worried they will burden the other person with their problems.

People will often share their own problems when they hear their friend tell them about their problems. Or they might ask for help in return. This might be because that friend is also experiencing similar problems. It can be helpful hearing other people's difficulties so you get some perspective on your own issues, especially if you think you are the only one experiencing a problem.

Another reason people do not get support from others is because they have no one they can trust. A good question to ask someone who needs emotional support: *'If you think you don't have anyone you can trust, shall we discuss more together on finding someone that you can trust?'*

### 3) How could you help your group member feel more comfortable talking with each other?

A third reason people may not feel comfortable sharing their problems is because of **stigma**. People with mental health problems face a lot of stigma and discrimination in their communities because they think and behave differently.

A person suffering from a mental health problem may be rejected by friends, relatives, neighbours and employers. That person may then feel more lonely and unhappy and this will make recovery even more difficult.

Stigma also affects the family and caretakers of a person with a mental health problem and may lead to isolation and humiliation. Stigma can cause delays in seeking treatment for a family member with a mental health problem.

## Activity Addressing Stigma



Let's think back to Module 1 when we learned about the common causes and symptoms of mental health problems.

STEP 1: Ask participants to divide into three groups and give each group one of the following topics to discuss:

1. Why is there stigma and discrimination against people with mental health problems?
2. What problems might a person with a mental health problem face due to discrimination?
3. How can discrimination be reduced for a person with a mental health problem in your community?

Ask one member from each group to write down the responses on sticky notes. Each group should have at least 5 sticky notes.

STEP 2: After 10 minutes, collect the ideas that the participants have written down and stick them on the wall. Ask participants to walk around and read the ideas from the other groups (Those who can read may be able to help the others who cannot).

## Session 8: Social Networks in the Community

**A community** is a group of people who have a common identity relating to certain factors: geography, language, values, attitudes, behaviour or interests.



*Give some examples of the way communities shape the individuals within it. It could be through religious beliefs; shared values; rituals such as weddings, funerals, school*

*graduation celebrations; how feelings are expressed; male and female roles in society, or the more negative aspects such as social control and discrimination etc.*

With the person next to you, define your own community: **who is part of it? What does it mean to the members to be part of a community?** e.g. family, village, sports-club, colleagues?



**Who are the vulnerable groups in your own communities? Who in the community is being isolated or discriminated against? What are the consequences for this person? (20 minutes)**

There are a few ways to promote inclusion of vulnerable people in your communities:

- Promoting community networks and harmony so that all people feel included.
- Reducing levels of violence in the community.
- Ensuring people are free from stigma and discrimination.
- Improving economic opportunities.

There are also barriers to community engagement and challenges in supporting people to connect with others in the community. We talked earlier about stigma being a barrier to group involvement. Sometimes people with mental health problems are not welcomed by others in the community or are prevented from accessing services.

**What other potential barriers do you see for people with mental health problems accessing resources in the community?**

Examples might include:

- Literacy
- Financial barriers to accessing formal services
- Distrust by other community members

**What are some of the ways that JDS & DSAM have overcome these barriers? What strategies have been successful?**

### Activity Sculpting exercise (40 minutes)

Briefly describe that *'we are going to arrange people in the room to visually represent an individual's community and social network/relationships they have around them'*.

Invite one member of the group to represent himself or herself and ask them to stand in the middle of the room - now referred to as the central person (CP). As a facilitator, imagine there are concentric circles growing out from where the CP is standing; the closer the circle the more important that relationship is.



Invite the CP to think of people who are most important to them (usually family and old friends). Then invite members of the group to represent each one of these individuals stated by the CP. It is important to pose the individuals in a way that captures their relationship to the CP e.g. how close they are to the CP, are they facing towards them/facing away, their body language and facial expression.

Then invite the CP to think of other relationships that they have in order of importance – neighbours, community members, community leaders, landlords etc. Once the sculpt is complete there are

a number of options.

- 1) Ask the CP to reflect on what they notice when doing the exercise.
- 2) The facilitators can pick up on themes e.g. is everybody really close or is everybody really far?
- 3) What might be some of the areas of tension? Why might some people be closer than others?
- 4) How could you change this network to feel more connected or supported?
- 5) Add the necessary supports as individuals and then ask the CP and the system what they noticed as a result of the change.

## Session 9: Community Resource Mapping

Importantly, mental health support should link with non-mental health services. This is where your organisations play an important role: you have many diverse programmes to offer someone support (land rights, education, sanitation, livelihoods, gender based violence courses, etc). All these programmes help to link people in their communities.

You may not be able to create jobs for people but as Community Facilitators your views are respected in the community. You might be able to connect group members to people or places that could offer help with practical support.

Keeping people engaged and active is an important way to prevent mental health problems and also support recovery for people to feel better. For example, income generating activities and involvement in the savings and loans groups offer a valuable role for people in their community; teach skills in managing their own daily life and money, and boost confidence and self-esteem.

## SUPERVISION SUPPLEMENT

**Good supervision includes:**

### STRUCTURE

- Regular – How often are you holding supervision? In the last session today we will talk about suggested frequency for supervision.
- Protected – Do you allocate time for supervision, that is uninterrupted?
- Organised – Do participants develop a mutually agreed agenda and stick to it?
- Free from distractions – Do you have rules about phones being switched off; location is as quiet as possible and other team members do not interrupt the session?
- Size – What would be the ideal number of CFs per group supervision? e.g. There are five supervisors and 20 assistant supervisors who each oversee three CFs, for a total of 45 facilitators across JDS and DSAM. A good size might be two assistants and six CFs, for example (ideally no more than 9 CFs).

### SAFE BASE

- The community members you work with are living in extremely difficult situations. How do you ensure the emotional needs of CFs are discussed and supported?
- Do the CFs feel comfortable to talk about challenges and difficulties without the fear of criticism? Have you had any issues with CFs not sharing the challenges they face?
- Supervisors feedback is constructive and builds on facilitators' strengths
- How do you ensure the information discussed in supervision is kept confidential?
- Can anyone share an example of "open communication" that allows CF to address issues?

### COMMITMENT

- What are the essential skills you have been helping CFs to develop? Can you give an example of skills you've noticed improving?
- Do you also observe the CFs delivering programmes in their groups?
- How accessible are you as supervisors, how do you maintain regular communication and when can CFs get in touch with you about any issues they face?

### ENCOURAGEMENT

- How will you be able to identify the CF level of understanding for the Bharosa Intervention?

- How do you encourage CF skill development? What about ways to build their confidence?
- Do you encourage the CF to ask questions?

### ROLE MODEL

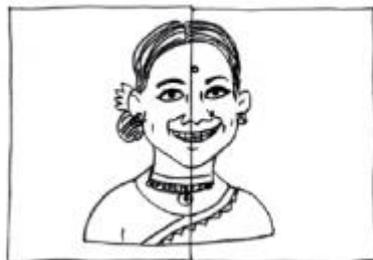
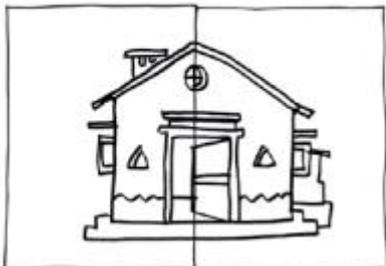
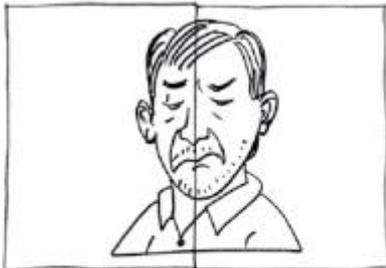
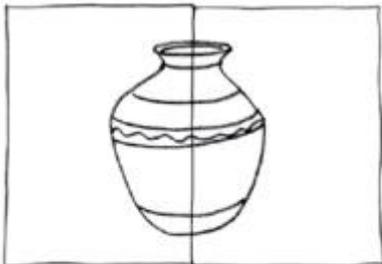
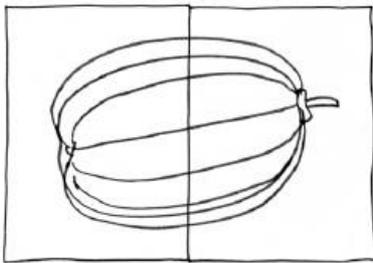
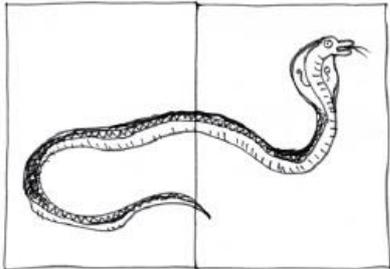
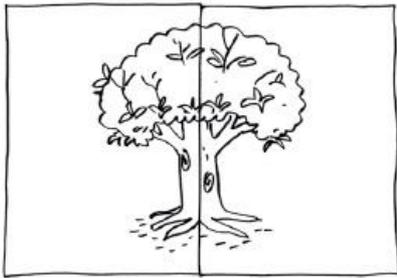
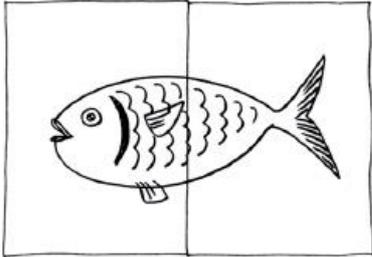
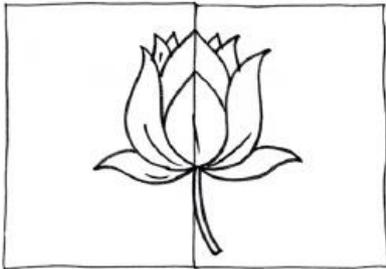
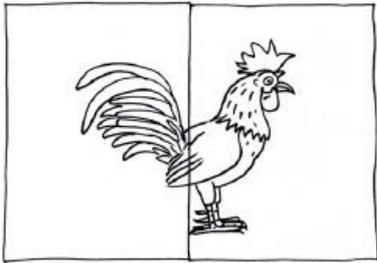
- You serve as role models to the CFs, and reflect what you are teaching e.g. warmth, respect,
- How will you link what was learned in training to the work in the groups?
- What do you think the CF's learns in the process of supervision?

### FEEDBACK

- Do you assess both the strengths and weaknesses of CFs? How?
- Are there needs for translation in your supervision, so that guidance and feedback are clear?
- How do you tailor supervision to the learning needs of the group?
- How do you provide feedback in a useful and respectful way?
- Do you provide balanced feedback e.g. both negative and positive reflections on their work?

Type and Characteristics	Advantages	Disadvantages
<b>Individual Supervision</b> <input type="checkbox"/> Supervision provided to community facilitators individually.	<input type="checkbox"/> Can provide intensive and personalised feedback <input type="checkbox"/> Allows more flexible scheduling <input type="checkbox"/> Easier to establish good relationship <input type="checkbox"/> Enables confidential, personal support	<input type="checkbox"/> Human resource intensive <input type="checkbox"/> Limited opportunity to learn from peers
<b>Group Supervision</b> <input type="checkbox"/> A group of community facilitators from the same or multiple facilities meet with a supervisor(s).	<input type="checkbox"/> Opportunity for facilitators to share and learn from each other <input type="checkbox"/> Increase motivation <input type="checkbox"/> Can help establish more collaborative and supportive relationship among facilitators <input type="checkbox"/> Less resource intensive	<input type="checkbox"/> Cost to gather the facilitators and supervisor <input type="checkbox"/> Intensive, personalised feedback may not be possible <input type="checkbox"/> May reduce opportunity for personal support; participants unwilling to share private concerns <input type="checkbox"/> May disrupt the regular working of the facility <input type="checkbox"/> May be difficult to use group format in remote supervision.

**Appendix B. Icebreaker activity cards from BasicNeeds “AN INTRODUCTION TO MENTAL HEALTH: Facilitator’s Manual for Training Community Health Workers in India”**



## **Appendix C. Scripts for Session 2-S Tools for Supervision**

### **Additional breathing exercise**

Settle into a comfortable sitting position. If you use a chair, it is best to use a firm, straight-backed chair (rather than an armchair), so you can sit away from the back of the chair and the spine can be self-supporting. If you sit on a cushion on the floor, it is helpful if your knees can actually touch the floor, although that may not happen at the beginning. Feel free to experiment with the height of cushions or stool until you feel comfortably and firmly supported. If you have a disability that means that sitting in this way or lying on your back is uncomfortable, find a posture that is comfortable for you, and which best allows you to maintain your sense of being fully awake for each moment.

Allow your back to adopt an erect, dignified posture; neither stiff nor tensed up, but comfortable. If sitting on a chair, have your feet flat on the floor with your legs uncrossed. Allow your eyes to close if that feels comfortable. If not, lower your gaze so it falls, unfocused, a few feet in front of you.

Bring your awareness to physical sensations by focusing your attention on the sensations of touch in the body where it is in contact with the floor and with whatever you are sitting on. Spend a few moments exploring these sensations. (Pause)

Now bring your awareness to the changing patterns of physical sensations in the abdomen as the breath moves in and out of the body. (When you first try this practice, it may be helpful to place your hand on the abdomen and to become aware of the changing pattern of sensations where the hand makes contact with the abdomen. Having "tuned in" to the physical sensations in this area in this way, you can remove the hand and continue to focus on the sensations in the abdomen) (Pause)

Focus your awareness on the sensations of slight stretching as the abdomen rises with each in-breath, and on the sensations of gentle deflation as the abdominal wall falls with each out breath. (Pause)

As best you can, follow with your awareness the changing physical sensations down in the lower abdomen, all the way through as the breath enters the body on the in-breath and all the way through as the breath leaves the body on the out breath, perhaps noticing the slight pauses between one in-breath and the following out-breath, and between one out-breath and the following in-breath. (Pause)

There is no need to try to control the breathing in any way - simply let the breath breathe itself. As best you can, also bring this attitude of allowing to the rest of your experience - there is nothing to be fixed, no particular state to be achieved - as best you can, simply allow your experience to be your experience without needing it to be other than it is. (Pause)

Sooner or later (usually sooner), the mind will wander away from the focus on the breath in the lower abdomen to thoughts, planning, daydreams, drifting along – whatever. This is perfectly OK - it's simply what minds do - it is not a mistake or a failure. When you notice that your awareness is no longer on the breath, gently congratulate yourself - you have come back and are once more aware of your experience!

You may like to briefly acknowledge where the mind has been ("ah, there's thinking"). Then, gently escort the awareness back to a focus on the changing pattern of physical sensations in the lower abdomen, renewing the intention to pay attention to the ongoing in-breath or the ongoing out-breath, whichever you find. (Pause)

However often you notice that the mind has wandered (and this will quite likely happen over and over and over again), each time, as best you can, congratulate yourself on reconnecting with your experience in the moment. Gently escort the attention back to the breath, and simply following in awareness the changing pattern of physical sensations that come with each in-breath and with each out-breath. (Pause)

As best you can, bring a quality of kindness to your awareness, perhaps seeing the repeated wanderings of the mind as opportunities to bring patience and gentle curiosity to your experience.  
(Pause)

Continue with the practice for 10-15 minutes, or longer if you wish, perhaps reminding yourself from time to time that the intention is simply to be aware of your experience in each moment. As best you can, using the breath as an anchor to gently reconnect with the here and now each time that you notice that the mind has wandered and is no longer following the breath.

## Deep Breathing Nepali

### गहिरो श्वास प्रश्वास विधिको अभ्यास (Deep Breathing, Audio)

- नमस्कार, यस गहिरो श्वास प्रश्वासको अभ्यासमा यहाँलाई स्वागत छ ।
- सर्वप्रथम, यो अभ्यास गर्नका लागि आफूलाई पायक पर्ने, शान्त र सुरक्षित महसुस हुने कुनै ठाउँ छान्नुहोस् ।
- यो अभ्यास कुर्सी, भुइँ वा चकटीमा बसेर गर्न सकिन्छ अथवा ओछ्यानमा पल्टेर पनि गर्न सकिन्छ ।
- यस विधिमा श्वास फेर्दा बिस्तारै पेटसम्मै हावा पुग्ने गरी श्वास लिने र बिस्तारै छोड्ने गरिन्छ जसले गर्दा शरीरभित्र अक्सिजनको मात्रा बढ्न गइ तुरुन्तै आराम महसुस हुन्छ । तनाव, डर, चिन्ता भएको बेला यो अभ्यास गर्दा निकै राहत अनुभव हुनसक्छ । यो अभ्यास एक दिनमा आवश्यकता अनुसार चार/पाँच पटकसम्म गर्न सकिन्छ ।
- यो अभ्यासका लागि अब तयार हुनुहोस् ।
- बिस्तारै दुवै आँखा बन्द गर्नुहोस् । आँखा बन्द गर्न गाह्रो हुन्छ भने आँखा खुल्लै राखेर पनि यो अभ्यास गर्न सकिन्छ ।
  - (५ सेकेन्ड जति चुप लाग्ने)
- शरीरका प्रत्येक अङ्गहरूलाई खुक्लो पार्दै आफूलाई सजिलो हुनेगरी बस्नुहोस् र आराम महसुस गर्नुहोस् ।
  - (५ सेकेन्ड जति चुप लाग्ने)
- आफ्नो एउटा हात पेटमाथि र अर्को हात छातीमाथि राख्नुहोस् ।
  - (५ सेकेन्ड जति चुप लाग्ने)
- एक चोटि आफ्नो श्वास प्रश्वासमा ध्यान दिनुहोस् । भित्र आइरहेको श्वास र बाहिर गइरहेको श्वासमाथि ध्यान दिनुहोस् ।
  - (५ सेकेन्ड जति चुप लाग्ने)
- एक पल्ट याद गर्नुहोस् त, तपाईंले श्वास लिँदा नाक, घाँटी र छाती भएर हावा भित्र आइरहेको छ र श्वास छोड्दा त्यही बाटो भएर हावा बाहिर गइरहेको छ ।
  - (५ सेकेन्ड जति चुप लाग्ने)
- अब श्वास लिँदा बिस्तारै पेटसम्मै हावा पुग्नेगरी लिनुहोस् र श्वास छोड्दा बिस्तारै सबै हावा बाहिर निस्कने गरी छोड्नुहोस् ।
  - (५ सेकेन्ड जति चुप लाग्ने)
- यस प्रकृत्यानुसार तिन चोटि लामो गहिरो श्वास लिँदै छोड्नुहोस् ।
  - (८ सेकेन्ड जति चुप लाग्ने)
- अब कल्पना गर्नुहोस्, हरेक चोटि भित्र आएको श्वास संगसंगै तपाईंको शरीरभित्र पनि सकारात्मक ऊर्जाहरू प्रवेश गर्दैछन् र तपाईं शान्त र आराम महसुस गर्दै हुनुहुन्छ ।
  - (५ सेकेन्ड जति चुप लाग्ने)
- कल्पना गर्नुहोस्, प्रत्येक क्षण बाहिर गइरहेको श्वास संगसंगै तपाईंको मनमा भएका चिन्ता र तनावहरू पनि बाहिर गइरहेका छन् ।

ध्यान केन्द्रित (एकत्रित) गर्ने अभ्यास  
(Mindfulness Activity- Body Scan, Audio)

- नमस्कार, यस ध्यान केन्द्रित गर्ने अभ्यासमा यहाँलाई स्वागत छ ।
- यो अभ्यास गर्नका लागि आफूलाई पायक पर्ने, शान्त र सुरक्षित महसुस हुने कुनै ठाउँ छान्नुहोस् ।
- यस विधिलाई नियमित रूपमा साँझ बिहान गरेर एक दिनमा दुई चोटिसम्म गर्नु उपयुक्त हुन्छ । सुत्नु अगाडि एक पल्ट यो अभ्यास गर्दा निन्द्रा राम्रोसँग पर्न सक्छ ।
- यो अभ्यासले गर्दा जिउ, हात र शरीरका अन्य भाग दुखेको, चिन्ता र डर लागेको तथा निन्द्रा सम्बन्धी समस्या भएको अवस्थामा फाइदा पुग्न सक्छ ।
- यो अभ्यास गर्नुको मुख्य उद्देश्य आफ्नो शरीरका अङ्गहरूमा भइरहेका अनुभवहरू थाहा पाउँदै आफ्ना भावनाहरूप्रति पनि सचेत हुनु हो जसमा सकेसम्म त्यस्ता अनुभवहरूप्रति तटस्थ रहने प्रयास गरिन्छ ।
- यो अभ्यास पलेटी कसेर, कुर्सीमा बसेर वा ओछ्यानमा पल्टेर पनि गर्न सकिन्छ ।
- यो अभ्यास गर्दा अपठ्यारो भएको खण्डमा केही बेर आफ्नो श्वास प्रश्वासमा मात्रै ध्यान केन्द्रित गर्न सक्नु हुन्छ ।
- अब यो अभ्यासका लागि तयार हुनुहोस् ।
- आफ्ना हातखुट्टा लगायत सम्पूर्ण शरीर केही खुकुलो पार्नु होस् र आराम अनुभव गर्नुहोस् ।
  - (५ सेकेन्ड जति चुप लाग्ने)
- विस्तारै अब आफ्नो श्वासप्रश्वासमा ध्यान दिनुहोस् । भित्र आउने श्वासलाई ध्यान दिनुहोस् । बाहिर जाने श्वासलाई ध्यान दिनुहोस् ।
  - (५ सेकेन्ड जति चुप लाग्ने)
- तपाईंले आफ्नो ध्यान अन्तै गएको चाल पाउनु भयो भने कृपया आफ्नो ध्यानलाई फेरि श्वासप्रश्वासमै केन्द्रित गर्नुहोला ।
- प्रत्येक श्वास प्रश्वाससँगै तपाईं अनुभव गर्दै हुनुहुन्छ, तपाईंको पेट पनि फुल्ने र खुम्चिने गर्दैछ ।
  - (५ सेकेन्ड जति चुप लाग्ने)
- आफ्नो देब्रे खुट्टाका औंलाहरूमा ध्यान दिनु होस् । तिनीहरूले एकअर्कालाई कहाँकहाँ छोइराखेका छन् थाहा पाउनुहोस् । प्रत्येक औंलाहरूमा तातो, चिसो वा कस्तो अनुभव हुँदै छ त्यसप्रति ध्यान दिनुहोस् ।
  - (५ सेकेन्ड जति चुप लाग्ने)
- देब्रे खुट्टाको पाइतालामा ध्यान दिनु होस् र त्यहाँ तातो, चिसो वा कस्तो अनुभव हुँदैछ महसुस गर्नुहोस् ।
  - (५ सेकेन्ड जति चुप लाग्ने)
- अब देब्रे खुट्टाको पिँडुलामा ध्यान दिनु होस् र कस्तो अनुभव हुँदै छ महसुस गर्नुहोस् ।
  - (५ सेकेन्ड जति चुप लाग्ने)



**Appendix E. PSS Counsellor Monitoring Form**

**Annex 1 – Case manager/ PSS counsellor’s competency and skill framework**

**Name of case manager/ PSS counsellor:**

**District:**

**Date:**

S.No.	Indicators for competency measurement	Indicators	Yes	No	Remarks
<b>1. Materials and equipment necessary for counselling –(client friendly environment)</b>					
		Counselling space with curtain to ensure confidentiality			
		Comfortable sitting arrangement for client and others –adequate number of chairs and cushions			
		Safe environment for the client (GBV victim and affected case)			
		Clean room for counselling			
		Adequate ventilation and light in the room			
		Place of visible notice about service			
		Mattress for exercise in the floor			
		Counselling materials- documentation forms (session plan, session note, case analysis form, case file, pen, pencil, drawing materials, crayons, marker pen or sign pen, print paper, meta cards etc)			
		Play materials for children –drawing and other play materials			
		Reading materials are kept in visible place			
		First aid box including sanitary pad for female			
		Filing cabinet with lock system for safety of case files			
		Toilet and drinking water			
<b>2. Behavior to client in the service centre (activities for trust, introduction, confidentiality assure, consent form for psychosocial counselling service, documentation of incident related information)</b>			<b>Yes</b>	<b>No</b>	<b>Remarks</b>
		Welcome of client with courtesy			
		Assure client sit comfortably			
		Closing the door of counselling room with permission of client			
		Introduction of counsellor, work of counsellor,			

		introduce available service of OCMC			
		Assure confidentiality of information shared in counselling room			
		Assure where and why some information may need to share with agreement of client (e.g. information for court, for police office, women development office)			
		Explain why counsellor will write some important information, how it will be helpful for the benefit of victims			
		Collect identification information- name, address			
		Check the objective of visiting OCMC			
		Prepare client why counsellor may ask information of GBV incident even it is not easy for client (Wh questions- what, who, where, when, why etc)			
		Assessment of reliability of information shared by client and by the relatives about GBV incident			
		Explain client for her/ his cooperation while interviewing about incident (whether client moving here and there or going in and out)			
<b>3. Registration process of case</b>			<b>Yes</b>	<b>No</b>	<b>Remarks</b>
		Registration of victim and affected person visited for service			
		Creating individual case file for each affected person and victim			
		Preparation of quick report analysing the situation of client information, initiate action plan what needs to be done immediate for the safety of client (e.g. medical treatment, legal process, counselling service)			
		Maintain confidentiality of information of GBV victims			
		Complete session note			
		Use of code number for each case for daily official purpose			
<b>4. Case analysis</b>			<b>Yes</b>	<b>No</b>	<b>Remarks</b>
		Analyse the reliability of the information provided from client, if possible collect information from parent or other witness			
		Analyze safety condition of client and initiate			

		necessary step			
		Analyse support network and resources of the client			
		Encourage client to ask questions			
		Answering of questions and worries or concern of client			
<b>Psychosocial counselling service plan</b>			<b>Yes</b>	<b>No</b>	<b>Remarks</b>
		Explore the problems of client and prioritizing the problems together with client			
		Discuss on the possible and desired solution from client on her problem			
		Encourage for counselling service to achieve emotional stability if client is distress emotionally			
		Provide information services provided from the OCMC, provide other relevant information as per need and develop counselling session plan accordingly			
<b>Implementation and referral for necessary service in right place</b>			<b>Yes</b>	<b>No</b>	<b>Remarks</b>
		Provide relevant services based on resources and capacity available in the service centre (counselling service at individual, family and group)			
		Referral for necessary services with written referral slip (health facilities, police, safe house etc)			
		Held coordination meeting with concerning stakeholders to share the seriousness of the problem of the client and support for necessary help to the client.			
<b>Follow up for monitoring of situation of client</b>			<b>Yes</b>	<b>No</b>	<b>Remarks</b>
		Advice to come for follow up at two weeks or as per necessary			
		Informed that client may come for service at any time if necessary			
		Collect information about the progress in legal intervention (justice), what effort has happened, share the progress in justice and safety related information of client with concerned stakeholder with permission from client			
		Collect information whether concerning stakeholders visit at the home of client to monitor the situation of the victims time to time if client is			

		living in own home			
		Monitoring of access of service and its' management as per need of client			
		Monitoring whether CPSW and other actors of GBV are meeting victims and provide support as per need.			
<b>Documentation</b>			<b>Yes</b>	<b>No</b>	<b>Remarks</b>
		Use of code for documentation of client			
		Safely keeping case registration form and case documents			
		Information filled in the case analysis form properly			
		Careful to maintain confidentiality of the individual identity of the client (victim) so that information are not disclosed to others			
		Regularly updating of case information, decisions taken and achievements in the case			
		Timely submit updated case information as per given format including progress note, service provided and decisions implemented.			

Name of case manager/ counsellor:

Date of submission of report: