The training program outlined in this manual is designed to help ATMIYATA champions help people in their communities in the Peth block who are in distress or are experiencing mental health problems. Training for ATMIYATA champions is organised as follows: Training Session 1 consists of two days of training, Training Session 2 consists of two days of training (for a total of 4 days of training). These two training sessions will be followed by booster training for champions which will be spread over a period of 8 months into 6 different booster sessions, each of half a day.

**Training Session 1**

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<tr>
<td>Session 1</td>
<td>10am-12pm</td>
<td>Introduction to ATMIYATA Introduction to distress and wellness</td>
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<td>Session 2</td>
<td>1pm-4pm</td>
<td>Introduction to identification of mental health problems</td>
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<td>Session 4</td>
<td>2pm-4pm</td>
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Training session 2 (15 days after Training Session 1)

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<th>DAY THREE</th>
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BROAD TIPS FOR TRAINING FACILITATORS:

- Lay out easy to understand ground rules for the training programme to help have a smooth program
- Use open-ended questions (“can you tell me about”….) and do not force black or white answers
- Ask others if they agree with the statement that another participant has made
- Ask participants to answer the other member’s questions
- Probe – ask things like ‘can you elaborate on that?’ ‘can you explain where you are coming from with that’ ‘can you share an example of what you mean’?
- Encourage everyone to speak
- Summarise and paraphrase what participants say to make sure you understand them currently
- If you need to correct any wrong information, please GENTLY correct them
- Use many creative methods – drawings, songs, videos, placing post-its on whiteboards, storytelling

DAY 1: INTRODUCTION TO ATMIYATA

What is the ATMIYATA project? What do we want to do? KAUSTUBH TO WRITE

Why are you here?

We have selected you to become ATMIYATA champions – to be seen as community mobilisers to help your fellow community members in distress and help them informally so that they prevent the development of mental health problems. We also would like you to learn how to refer people who you think might be having more serious mental health issues to the PHC or to social care, but we will work together on all of this.
SESSION 1: GETTING TO KNOW EACH OTHER

Session objectives: To welcome participants to the training, provide an overview of the course objectives and timetable, and tell them the end/goal vision for ATIMIYATA Champions.

Session time: 30 minutes
Purpose: To introduce participants to each other and the training program
Facilitator introduces themselves to the class after greeting
Briefly describe the topics you will be covering in the two days

**Activity 1: Introductions**

**OPTION A: BALL TOSS (5- minutes)**
Form a circle with participants and toss a soft ball around the circle. Participants state their name as they catch the ball. After a few minutes, when catching the ball, ask them to call out the name of the person who tossed the ball to them. This activity can also be used throughout the course by substituted a quick information exchange for names. For example, the facilitator may ask ‘what is ATMIYATA’?

**OPTION B: FAVOURITE THINGS (5 minutes)**
Divide the group into pairs or triplets and ask participants to tell each other their favorite food or name the animal they think represents them best and why. Participants introduce their partner to the group (plenary). Also encourage people to discuss their name and village, one positive thing about themselves.

**Expectations for becoming an ATMIYATA champion** *(make sure someone is also documenting what is being said – for evaluation purposes/qualitative information later)*

- Ask the group members what their motivation has drawn them to accept the invitation to become an ATMIYATA champion.
- What do they expect to be able to give to others as a champion?
- What do you personally hope to get from doing this work?

**Why should you want to be an ATMIYATA Champion?**

- You can make a difference in your village.
- You can grow and learn new skills to help expand your life.
- You will build leadership skills and serve as a focal point in your village
- ATMIYATA Champions are needed in every village!

**Core attitudes of at ATMIYATA champion:**

- Empathetic – this means being able to ‘put yourself in someone else’s shoes’ so you understand how he/she may be feeling.
- Non judgemental – this means accepting and respecting people for who they are without judging their behaviour.
— Trustworthy — the community member should feel safe talking to you about their concerns
— Patient — it takes some time for people to work out their own problems
— Observant — a lot can be said by actions and body language, a good champion can observe if a person is happy, tense, distracted or withdrawn.

Ground Rules

With the group, develop some ground rules for the training programme and ask for a volunteer participant to write these on a large sheet of paper as they are identified and agreed on by the group. These may include:

✓ We are committed to attending all the sessions and arriving on time.
✓ We will listen to everybody when they are speaking.
✓ We will try to contribute to the session.
✓ We will respect each others opinions even when they are different from our own.
✓ We will maintain people’s confidentiality when reflecting on our own experiences of mental health and mental disorders.

SESSION 2: ATMIYATA AND DISTRESS

What is ATMIYATA?

What are signs of stress?

Open question to the group: What is the first thing that comes to your mind when you hear the word ‘distress’ or ‘stress’?

Write this on the board or on post its you can stick on the wall. After everyone has exhausted the words come to your mind. Mention that they were good suggestions and add these signs:

Signs of stress

✓ Headache
✓ Backache
✓ Disturbed sleep
✓ Fatigue
✓ Feeling irritable
✓ Bodily aches and pains
✓ Less able to solve problems
✓ Low energy
✓ More likely to drink alcohol

How do you react to stress?
There are some ‘common reactions’ to long periods of stress, extreme stress (e.g. earthquake):

- Anxiety
- Being constantly alert to things around you
- Being startled/surprised at many things (e.g. someone saying hello to you might frighten you)
- 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

Activity 1.

Work in groups of three to four.

Discuss the following situation: A friend or a colleague is very stressed – how do you see it? How do people you know usually cope with stress?

What is coping?

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

Story:

Preetha is stressed and constantly worried about her future. She is in poor health and constantly wonders how will she get the money to get to the clinic and receive her medication and buy food? What will happen to her children, Nilesh and Lakshmi, if she dies? At the same time she is ashamed because of health condition. She feels alone in the world and longs for the time when her husband was alive, as he is dead. She finds her only comfort when she spends time with her community members in a baithak. Sitting together as friends, they laugh and talk about everything. When she leaves the group, she feels like stones have been lifted from her shoulders.
Coping strategies

Imagine yourself in one of the following situations:

There is a flood in your community. Your family’s income is based on farming, and you lose all your crops and livestock.

Write down at least three actions, thoughts, beliefs, personal characteristics or strengths that would help you cope with or get through the situation.

Examples of coping

- Seeking help from others
- Offering help to others
- Trying to make sense of what happened
- Hiding until the danger has passed
- Remaining fearful and alert to any further danger
- Burying the dead
- Using defenses like denial to reduce the impact
- Gathering remaining belongings
- Following religious practices
- Setting goals and making a plan to accomplish them
- Seeking information about loved ones
- Talking about experiences
- Beginning to repair the damage and get on with life
- Thinking a lot about the event to learn from it

How as an ATMIYATA champion can you help someone cope?

- Provide comfort and reassurance
- Provide information
- Support activities
- Support emotional adaptation
Now, let's talk about what having a village with wellbeing means.

Who can tell me the first things that come to their head when they think about their village being well?

So, what is a healthy, resilient village?

- Information
- Expression of experience sharing
- Emotional and practical support
- Sense of safety
- Calm
- Connectedness
- Hope

When there is stress, some communities might stick together and some might take distance. In every community there are some people who are more vulnerable than others. Before you conduct baithaks, if you don't already know this in your village it is helpful to understand who is vulnerable so that you can identify them in your baithaks and support them:

Can you tell me in your community, who are the vulnerable groups?

What are the most important things for my village?

We know that there are many things we contribute to ATMIYATA, but the following things are very important to have a 'well' village:
• 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

HOW DO I GIVE AN ATMIYATA BAITHAK?

There is no ‘normal’ approach to giving a baithak – each village is different and should decide what the priorities are to discuss at each baithak.

BEFORE THE BAITHAK

• You know your village best.
• Note down any people in your village who might be vulnerable (e.g. mental retardation, mental health problem, widow, elderly)
• Note down a place which might be best to hold the baithak – a place where people can speak freely, a place where you can show the videos on your phone to the community members, and a place which is easy for everyone to get to (particularly the vulnerable people you have already made note of). Ask permission if the meeting place requires so.

STARTING THE BAITHAK

Baithak 1: Introductions and understanding the community

1. Introduce yourself
2. Welcome the baithak participants and thank them for coming to the meeting
3. Explain what this first meeting is about
4. Emphasise why meeting together is important to collectively solve problems in the village (Use stick game: see below)
5. Explain the ATMIYATA project and talk about BAIF and ILS briefly (i.e. what will they do)
6. Explain what an ATMIYATA champion does (see below) and tell your village you are here to help make the village a healthy one. Through a number of baithaks you will together as a community determine problems in the village, prioritise problems to address, and come up with solutions to deal with these problems.
7. If any one you identified as vulnerable is in the group, make sure you get a chance to talk to them after the baithak or ensure that they participate in the baithak.
8. Introduce the concept of wellness (atmiyata) that you learned on day 1 of the training and help people to understand that a person who is in
If you are working with a NEW group of people (different from your FC or SHG)

1. Find out the characteristics of people in your baithak – what do they do day to day? What do they do for work? Who do they live with? What events in their lives happen (e.g. harvest, floods) which may affect their attendance at the baithaks? How do people currently communicate with each other in your village?

2. Encourage attendance at future baithaks. Explain why it's important to attend the baithaks and the benefits they can get (e.g. discuss problems and find solutions, talk with others about strategies, get information on social entitlements)

3. Set a time and place for the next baithak. Make sure it is convenient for everyone. Allow for some flexibility in time frame especially in case of upcoming festivals, harvesting, weddings, funerals, rains.

Some overall tips:
- Talk informally to baithak members!
- Encourage baithak members to sit in a circle
- Use simple words
- Sit at the same level as everyone else in the group
- Give everyone a chance to speak
- Find a creative and fun way to introduce the phones to the group

Baithak 2: Finding out problems and discussing them

Identify problems – use the videos and/or symptom cards for this

1. Try to counter negative stereotypes (if any) through raising awareness
i. Having a mental disorder is not a character weakness or a result of being deliberately lazy or difficult.
ii. Anyone can suffer from a mental disorder.
iii. People with a mental disorder often need help to recover.

2. Raise awareness on distress and mental health problems
3. Make an inventory of social entitlements that people in your baithak have.

Baithak 3: Prioritise problems in your village to be addressed

1. Mention the problems that were discussed in Baithak 2 and ask how people have dealt with these problems so far

Baithak 4 and 5: Strategies for dealing with problems Part 1

1. Find out existing strategies

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**DAY TWO**

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SESSION 4: HOW CAN I HELP SOMEONE I AM CONCERNED ABOUT?

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**HOW DO I KNOW IF SOMEONE IS EXPERIENCING A MENTAL ILLNESS**

**What comes to your mind when you think about mental illness?**

**Activity:** Champion views of mental illness  
**Time:** 30 minutes  
**Materials:** Paper, pens/pencils, whiteboard

**Step 1:**

Facilitator asks: What does someone who is ‘well’ look like? What does someone in good mental health look like? [Discussion proceeds]

- Do you know someone who is well? What are they like?
- What does someone who is ‘unwell’ look like? What does someone in poor mental health look like?

Activity: Ask the champions to individually draw a picture of a person with a mental disorder or who is ‘unwell’ (based on their current understanding of mental illness) on a piece of paper. Allow maximum 10 minutes for the drawing.

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

What kind of illness does your picture show and why did you draw it that way?
Give a short presentation about mental disorders covering the information below:

- Mental disorders can negatively influence your personal life, your families, and your communities.
- You cannot tell just by looking at a person whether they have a mental disorder. Symptoms can be either physical or in your head (mental). (use visual to point to head)
- Physical symptoms are those that involve the physical functioning of the body e.g. aches and pains, weakness, tiredness, sleep disturbance, and increased or decreased appetite.
- Psychological symptoms are those that involve the mental functioning of the body (use visual)
- Feeling symptoms are those that involve our feelings e.g. sadness, fear and worry.
- Thinking symptoms are those that affect the way a person thinks e.g. problems in understanding, concentrating, memory, and taking decisions. Thinking about ending your life (suicide) or thinking that someone else is going to harm you are examples of thinking symptoms.
- Behavioural symptoms are those that affect the way people act or what they do. Behaviours are what we actually see others doing e.g. being aggressive, increased or decreased talking, withdrawal from family and friends, self-harm e.g. cutting the skin, and attempting suicide.
- Imagining symptoms are those that involve the person perceiving or experiencing things that are not actually real (although they seem very real to the person experiencing them). For example, the person may be hearing voices or seeing things that are not actually present.
- Some of these symptoms (like feeling sad, worrying) affect all of us as times. These symptoms only become a problem when they are constant (too much) and stop you from living a normal life.
- Other symptoms such as hearing voices are nearly always a symptom of a mental disorder.
- Experiencing the symptoms of mental disorders does not mean the individual is weak or lazy, possessed by supernatural forces, or losing his/her mind.

**Activity 4**: Symptoms of mental disorder  
**Time**: 30 minutes  
**Purpose**: To help participants recognise symptoms associated with mental disorders.  
**Materials**: Paper and marker pens, black/white board and SYMPTOM CARDS.
Write the symptom group headings (physical, feeling, thinking, behaving, imagining) on five separate sheets of paper (one heading per sheet) and place these in different parts of the room.

Ask the participants to stand next to the symptom group that best reflects the type of symptom depicted on the card they are holding.

The facilitator can demonstrate this activity by selecting a symptom card and moving to stand in the area of the room with the related heading, for example, if the card says “tiredness” stand in the physical symptom area of the room.

Step 3

Focus attention on the ‘physical symptom group’ and discuss with all participants:

- What symptoms do they have in their group?
- Why does this symptom belong in that group?
- Write the symptoms in a table (like the one below) on the board or a large piece of paper.
- Repeat these steps with the other symptom groups.

If participants place their symptoms in the incorrect symptom group e.g. a person with the sadness symptom card stands next to the thinking symptom label, gently correct the mistake.

Complete the ‘Symptoms of Mental Disorders’ table using the participant’s suggestions, and the information in the table below.

Step 2 – Case study and group work: the symptoms

Divide the participants into four groups.

Ask each group to identify a member of the group who will make notes to feed back to the whole group at the end of this activity.

Case study

Manik is a 31 year old woman whose husband is worried because she has

Note for the facilitator: Manik is experiencing the following symptoms of a Severe Mental Disorder:

Physical symptoms – not sleeping

Emotional symptoms – irritability, anger

Behavioural symptoms – restlessness, excessive talking, spending a lot of money

Imagining symptoms – saying that she can heal others and that she comes from a wealthy family (when she does not).

Manik is possibly experiencing a manic phase of Bipolar Disorder.
started behaving in an unusual manner. She is sleeping much less than usual and is constantly on the move. Manik has stopped looking after the house and children as efficiently as before. She is talking much more than normal and often says things that are unreal and grand e.g. that she can heal other people and that she comes from a very wealthy family (even though her husband is a farmer). She has also been spending all their money on things they can not afford. When Manik’s husband tries to bring her to the clinic she becomes angry and irritable.

Ask the groups to think of as many ways as possible of responding to the person in their case study using the steps in the MHFA action plan.

Allow 20 minutes for this task.

Ask each group to present their work to the rest of the participants, mentioning the following:

- The symptoms experienced by the person in the case study.
- What they would do to help the person.

**Worry and Panic – How to respond?**

Sometimes, there are things that happen in life which may make us very scared, worried, or even panic. Sometimes, periods of stress make us worry more, for example:

- big arguments with neighbours or family members
- death of someone close
- financial problems
- physical and sexual violence
- physical illness
- excessive use of alcohol

Negative thinking can also lead to excess worry. So, people sometimes think in ways that make their worries worse. For example:

- You can think of an unpleasant situation and then make it worse by dwelling on it.
- You can spend a lot of time worrying about things that may never happen.
- You can misinterpret the behaviours and thoughts of other people around you in a negative way.
- Being scared of specific situations can lead to panic
- Most people are scared of something such as lizards or spiders, but some people have excessive fear of such things.
- Some people are scared of everyday situations such as getting on a crowded bus.
✓ When people avoid these situations because they might cause a panic attack it can severely affect the quality of their life.

Case study
Ask participants to get into groups of four people. Read out Nisha’s story:

Nisha seems generally happy when at home but when asked to go out starts to shake and gives a number of reasons why she cannot go out and must stay at home e.g. her heart isn’t working properly and she can’t breathe so needs to lie down. It is now weeks since she has left the house. About half an hour later she will get up and once again seems okay until her mother asks her to go out again, and the same thing happens.

Ask the champions to think of:
- possible explanations for Nisha’s symptoms
- possible ways of responding to Nisha.

Ask each group in turn to give one explanation for Nisha's actions and one way of responding to help her.

Step 4 – Role play

The aim of this exercise is to demonstrate that different types of interactions with people who have a mental disorder can have different effects. Some make the situation better and some will make it worse. Role Play 1 (below) should take about 5 minutes. Make sure you ask the champions:

- Watch the actions of the person trying to help Nisha.
- Ask participants to watch how Nisha responds.
- After the role play is finished ask the group to discuss how the person trying to help Nisha behaved and what happened to Nisha. Write the answers on the white/black board.

ATMIYATA champion: Good morning Nisha how are you feeling?
Nisha appears distracted and doesn’t answer
ATMIYATA champion: (louder) Nisha, I said how are you feeling today?
Nisha: I feel frightened, my mother has suggested we go to visit my sister and her children but I don’t want to go.
ATMIYATA champion: What are you frightened of?
Nisha looks fearful and says, I’m not sure.....my heart is beating very quickly and I don’t think I can cope with going outside.
ATMIYATA champion: (appearing irritated) Nisha you certainly don’t look ill to me, I think you’re pretending to be unwell.
Nisha begins to look more distressed
Nisha: No! My heart is beating too fast and I feel shaky. I don’t think I could breathe if I went outside. ATMIYATA champion: (shouting) I think you are just being lazy, you don’t like the children and you want to stay here....you should just get up and go.
Nisha becomes even more anxious
THEN

Role play Script 2. This role play also requires the facilitators and should take about 5 minutes.

- Ask the participants to note the actions of the person trying to help Nisha.
- Ask participants to note how Nisha responds.
- After the role play is finished ask the group to discuss how the person trying to help Nisha behaved and what happened to Nisha this time. Write the answers on the white/black board.

| ATMIYATA champion: | Good morning Nisha how are you feeling?  
Nisha appears distracted and doesn’t answer  
| ATMIYATA champion (speaking softly) Nisha you appear to be a little distracted are you feeling okay?  
Nisha: I feel frightened, my mother wants us to visit my sister and her children but I don’t want to go.  
| ATMIYATA champion: | (again speaking softly) What are you frightened about Nisha?  
Nisha looks fearful and says, I’m not sure…..my heart is beating very quickly and I don’t think I can cope with going outside.  
| ATMIYATA champion: | Nisha it sounds as though you’re feeling very worried about something, what do you think will happen if you go outside?  
Nisha looks upset  
Nisha: I am worried that I will feel worse, last time I went out I started to feel faint and my heart was beating so fast I thought I would die.  
| ATMIYATA champion: | You are not going to die Nisha. You have a problem, but it won’t cause you to die. You are experiencing feelings of fear and panic, but you can learn to control these feelings so that you can safely go outside once again without feeling your heart pounding.  
Nisha: Yes the doctor has told me about panic attacks but I’m still scared. What do you think I should do?  
| ATMIYATA champion: | How about coming outside with me for just a short period of time. We will only go a short way from the house, and wait until the symptoms go away.  
Nisha: OK, although I’m still worried that my heart will explode.  
| ATMIYATA champion: | I know that’s how you feel at the moment but I will go with you. If you stay here it will be harder to go out tomorrow.  
Nisha and the champion go outside and tomorrow they go a little further from the house.  

Finally, ask the participants:

- Which seemed to be the most helpful way of responding to Nisha and why?
Conclude this role play by stressing that the most helpful things to do when someone is experiencing excessive fear, worry or panic is to:

- Listen to them
- Remain very calm yourself
- Talk calmly and provide reassurance
- Help the person identify what might be contributing to the excess worry or fear
- Recognise that excess worry is a symptom of a Common Mental Disorder and help from a professional may be needed
- Recognise that avoiding fearful situations can severely affect the person’s life and he/she may need professional help to confront the fear gradually.

Relaxation techniques are helpful for controlling stress and worry. Guide the participants through the following example of a relaxation technique:

- Should take about 5-10 minutes.
- Many people with stress often breathe shallowly. The following breathing technique introduces a better way of breathing that can be used when feeling anxious, and can help the person to feel calmer:

1. Find a comfortable position either lying flat on your back or sitting comfortably in a chair.
2. Place your hands on your stomach area.
3. Breathe as you normally would and notice whether your hands on your stomach rise or your chest rises as you breathe.
4. To breathe properly your stomach should rise
5. Begin by slowly breathing in through your nose for five counts. Watch your hands to help you see if your stomach is rising when you breathe in.
6. Gently hold your breath and count to five. When learning you may only be able to count to three but after practice you can increase to five.
7. Slowly breathe out through your mouth for a count of five while gently pushing down on your stomach.
8. Repeat this process for three to five minutes.

This can be practiced first thing in the morning or just before sleeping. Stress that you shouldn’t be upset with yourself if you don’t do this right the first time – it takes practice!

COMMON MENTAL HEALTH DISORDERS
Common mental health disorders are disorders which happen to many of us at different points in our lives. Some of the symptoms will be very familiar to everyone here, the first one I will talk about is someone who is tired all the time.

Being tired all the time and constantly is one of the most common complaints of CMHDs. It is stressful because our families, friends, neighbours and colleagues can misinterpret us feeling this way.

Tiredness can be felt in different ways:

- feeling tired all the time
- getting easily tired while performing everyday tasks
- finding it difficult to recover from being tired, despite rest.

Tiredness becomes a problem when:

- it goes on for too long
- you do not know the cause
- it interferes with your day-to-day activities.

What are the causes of tiredness? Many things, like:

- Low iron, diabetes, high blood pressure
- depression, stress or anxiety
- having poor sleep
- overwork or doing too much

Tiredness and fatigue may lead to other symptoms such as:

- wanting to sleep all the time
- poor concentration
- problems in making decisions
- irritability and frustration
- withdrawal from contact with family and friends
- increased risk of accidents and injury.

How to help a person who is tired all the time

1. Assess the risk of harm to self or others
   - Make sure the person is not suffering from a physical illness by referring them to see the local doctor.

2. Listen without judgement
   - Recognise that chronic tiredness is a symptom of a problem rather than laziness.
   - It is important to identify the possible reasons why a person feels tired.
Once the problem is identified it will be possible to work out a solution to help overcome feelings of being tired.

3. Give reassurance and information

- If having poor sleep is the problem, refer to the section below.
- Encourage the person to gradually increase activity levels.
- Regular contact with friends and relatives can help.
- There is no specific medication that by itself will cure tiredness, taking tonics or vitamins is not helpful for people who do not have anaemia or malnutrition.

4. Encourage the person to get appropriate help

- Refer the person to a doctor if you suspect tiredness is due to a physical illness.
- Refer the person to a doctor if he/she might be depressed.

5. Encourage self-help treatments

Step 2; case study

Ask participants to get into groups of five, read Case study F and give possible explanations for why Vijaya is staying in bed and not helping the rest of the family. Allow 5 minutes for this.

Vijaya is a 28 year old woman whose main complaint is tiredness. She describes “feeling tired all the time, even after a complete nights sleep”. She often sleeps during the daytime. She has always been an energetic person, and is frustrated with her lack of energy. She also complains of muscle aches. She visited the doctor recently who performed a physical examination, which revealed no abnormal findings. Vijaya recently stopped working because of her symptoms and is increasingly worried that her condition is the reason that she is unable to get pregnant.

Ask each group in turn to call out one of their explanations until all suggestions have been voiced. In their groups, ask participants to think of as many ways as possible to respond to Vijaya. Allow 5 minutes for this.

Ask each group in turn to call out one of their suggestions until all suggestions have been voiced. Write the responses on the black/white board.

Conclude this session by highlighting that helpful things to do for Vijaya are:

- Making sure she does not have a physical illness.
- Listening to Vijaya.
Talking to Vijaya even if she is not saying much, try and engage her in conversation about how she is feeling.

Recognise that Vijaya staying in bed is a symptom of a problem rather than laziness.

Encourage Vijaya to try a simple activity like preparing the vegetables for dinner. When she can manage this she can try something more demanding like walking to the shop. When she can manage this she may be ready to return to work.

Sleep is essential for life and wellbeing; it gives the body and mind time to rest. Most adults sleep around 7 -8 hours each night. Poor sleeping is sometimes a common symptom of a mental illness.

Poor sleep leads to:
- tiredness
- poor concentration
- feeling irritable and short tempered
- problems in thinking clearly.

It is important to tell people that sleeping tablets will NOT cure sleeping problems, and using them for a long time is actually harmful.

**How to help the person with a sleeping problem**

Identify possible causes of the sleeping problem:
- physical disorders such as pain, chronic infections or heart problems
- emotional disorders such as depression or anxiety
- lifestyle factors such as alcohol misuse.

Reassure the person and provide information about how to sleep better:
- keep to a regular sleep routine
- do not use alcohol or sleeping tablets to get to sleep
- have some time to relax before going to sleep at the end of the day
- avoid sleeping during the day
- make sure you are comfortable, reduce the noise around you, sleep in a dark room
- do not lie in bed worrying about not sleeping – if unable to sleep get up and return to bed when feeling sleepy.

Ask two or three participants to share a story about someone they know with a sleeping problem?

- What factors contributed to the person having problems sleeping?
- Did anything help the person to sleep better?
Severe mental health problems

**Activity 15: Responding to a person who is hearing voices, suspicious of others, or expressing unusual beliefs**

**Time:** 1 hour

**Materials:** Case study A (found in Appendix E) and Role plays 3 and 4 (found in Appendix F). This exercise requires two facilitators to perform role plays that are watched by the participants. Black/white board and marker pens.

Symptoms like hearing voices, suspicious of others of showing unusual beliefs might mean that the person has a severe mental health problem.

Hearing voices that are not really there is often a symptom of a Severe Mental Disorder:

- These voices are often saying unpleasant things about the person.
- The person hearing voices may be quite frightened because the voices are very real to him/her.
- People who hear voices can appear to be talking to themselves, but they are actually answering the voices.
- Occasionally the voices may instruct the person to inflict self harm or to harm others.
- The person hearing voices may also be very suspicious of others and have unusual beliefs e.g. believing that people are spying on them.
- The person who is hearing voices may not be taking good care of themselves.
Excessive suspiciousness and unusual beliefs are symptoms of a Severe Mental Disorder:

- Unusual beliefs that are obviously false are called delusions.
- These false beliefs cannot be altered through reason.
- The false belief is very real to the person who is experiencing it.
- Examples include a person thinking:
- Others are talking about them, trying to hurt them, plotting to harm them or interfering with their thoughts
- That they have great wealth, talent, power, influence and beauty
- That they are incredibly ugly and their appearance disgusts others
- They are dead, dying or no longer exist.

How to help a person who is hearing voices, suspicious of others, or expressing unusual beliefs

1. **Assess the risk of suicide and harm to self or others**
   - Try to determine if there is any risk of self-harm or any threat of harm to others.
   - A person who is hearing voices may be frightened and suspicious and needs to be approached in a very unthreatening way.
   - If the person is suicidal, respond as outlined as we discussed.
   - If the person threatens violence to others try to restore calm and safety

2. **Listen without judgement**
   - Speak calmly, clearly and in short sentences.
   - Introduce yourself and let him/her know that you want to help.
   - Don’t be critical of the person.
   - Avoid confrontation and arguments.
   - Don’t tell him/her that there are no voices or that his/her beliefs are wrong.
   - Don’t pretend that you can hear the voices or agree with false beliefs.

3. **Give reassurance and information**
   - Try to talk to the person when he/she is calm and thinking clearly.
   - Be honest and try to win the persons trust.
   - Do not make promises you can not keep and do not lie to the person.
   - Explain to the person and his/her family that hearing voices is a symptom of a mental disorder (or a problem in the brain) and treatment is available.

4. **Encourage the person to get appropriate help**
   Encourage the person to see a doctor to be assessed for antipsychotic medication, which is usually the best treatment for this disorder.

5. **Encourage self-help treatments**
– Visit the person regularly once he/she has started to recover.
– Assist the person to reintegrate into the social life of the community and into employment or other family duties.

Step 3 – Role play

The aim of this exercise is to show that the type of response can make a difference for the person with a mental disorder. Some can make the situation better and some will make it worse.

Role play using Role play Script 3. The role play requires two facilitators and should take about 5 minutes.

Role Play 3 – Unhelpful response

**ATMIYATA champion:** Good morning Amal how are you feeling? Amal appears distracted and doesn’t answer

**ATMIYATA champion:** (louder) Amal, I said how are you feeling today?

**Amal:** I feel frightened, he’s trying to harm me again.

**ATMIYATA champion:** Who is trying to harm you Amal? I don’t see anyone.

**Amal** looks fearful and says,

**Amal:** You know who it is, everyone knows who it is, he’s just told me so.

**ATMIYATA champion:** (appearing irritated) Amal I don’t have a clue what you are talking about, who told you they are going to harm you, I can’t hear anyone. Stop talking like this people will think you are mad.

Amal begins to look distressed

**Amal:** Of course you know what I am talking about you can hear him, everyone can hear him, they must be able to he is shouting so loud.

**ATMIYATA champion:** (shouting) I have had it with you Amal and your stupidity, you pretend to hear voices and you say they are trying to harm you when anyone can see that nobody is trying to harm you. Just stop being silly and pull yourself together.

Amal becomes distressed and begins to cry and gets up and leaves.

– Ask the participants to watch the actions of the person responding to Amal.
– Ask participants to watch how Amal responds.
– After the role play ask the group to discuss how the person responding to Amal behaved and what happened to Amal.
Now role play using Role play Script 4. This role play also requires two facilitators and should take about 5 minutes.

### Role Play 4 – Helpful response

ATMIYATA champion: Good morning Amal how are you feeling?
Amal appears distracted and doesn’t answer
ATMIYATA champion: (speaking softly) Amal you appear to be a little distracted are you feeling ok?
Amal: I feel frightened, he’s trying to harm me again.
ATMIYATA champion: (again speaking softly) Who is trying to harm you Amal?
Amal looks fearful and says,
Amal: You know who it is, everyone knows who it is, he’s just told me so
ATMIYATA champion: Amal are you hearing the voices of someone other than me talking to you at the moment?
Amal looks puzzled
Amal: yes I am and he is threatening to kill me! Can’t you hear him?
ATMIYATA champion: No Amal I can’t hear the voice but I do believe that you can hear it and it sounds as though the things that the voice is saying to you are very frightening.
Amal: Yes they are frightening! I try to tell myself that he can’t hurt me but sometimes the voice is so loud I feel certain that he is going to get me.
ATMIYATA champion: That must be very distressing Amal, you know it isn’t uncommon for people to hear voices when there is nobody there talking to them.
Amal: Isn’t it? I thought I was the only one that heard voices like this.
ATMIYATA champion: No Amal I have met lots of people that have heard voices like yours and many of them have been able to learn ways of making the voices less distressing.
Amal: I wish I could stop this voice from bothering me, can you help me to do that?
ATMIYATA champion: I can’t promise that I can make the voices stop completely but I can help you to cope with the voices to make it less distressing, would you like me to tell you more about how we might be able to do this?
Amal appears less tense and more hopeful. Amal: Yes, I’d like you to tell me more about that.

- Ask the participants to note the actions of the person responding to Amal.
- Ask participants to note how he responds.
- After the role play ask the group to discuss how the person responding to Amal behaved and what happened to Amal.
- Ask participants which seemed to be the most helpful way of responding to Amal and why?

**CONCLUSION:**
Conclude this session by highlighting some helpful things to do when someone is hearing voices, suspicious of others or expressing unusual beliefs:

- Listen to him/her.
- Talk calmly to him/her.
Recognise that hearing voices and having strange beliefs are symptoms of a Severe Mental Disorder, and can be very distressing for the person involved.

- Encourage the person to do something that makes him/her feel more relaxed such as moving to a quieter place.
- Refer him/her to professional help.

**DAY THREE**

HOW SHOULD I APPROACH SOMEONE, HOW CAN I BE SUPPORTIVE?

The following skills will encourage people to discuss their symptoms and problems with you as a champion.

1. Questioning Skills
2. Active listening skills

**Questioning skills:** help you to obtain relevant information and can help the person being to clarify the problem.

- Closed questions only invite a ‘yes’ or ‘no’ answer or ask for specific information e.g. ‘Are you comfortable?’, ‘How old are you?’ Closed questions are useful and appropriate at times, but during counselling mostly opened-ended questions are appropriate.
- Open-ended questions encourage the person to talk and provide lots of information e.g. “Could you tell me something about....”
- Probing questions can be used if answers are very brief and you would like more information e.g. ‘Can you tell me a little bit more about that?’
- Ask questions in a neutral non-judgmental way
- Leave behind your own opinions and attitudes.
- Remember that too many questions can make a person feel confused or defensive.

**Observation:** helps you to understand how the person is feeling by watching their non verbal behaviour such as eye contact, facial expression and body language.
Reflecting feelings: this uses other skills such as observation and summarising and helps the person to recognise the feelings associated with events. This skill involves reflecting back the feeling content of 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’.

Cut up the (translated) counselling skills cards (found in Appendix H) and put them in a container before the participants arrive. Arrange the participants in pairs and ask each pair to select one counselling skills card from the container (these include Active Listening, Open-ended Questions, Probing Questions, Reflecting Feelings, Attending Behaviour, Encouragement).

Ask each pair of participants to develop a very brief role play that demonstrates that particular skill in action. They can ask the facilitator for clarification of the skill if they do not fully understand how to implement it in practice.

Allow 5 minutes for preparing the role play, and then ask each pair to firstly describe the counselling skill on their card to the rest of the group, and then act out the role play. This final step should take 10-15 minutes.

Active Listening Skills

Active listening skills is one of the most important skills you as champions can learn and use with your community members.

This involves allowing the person who you are with to do most of the talking, and actually processing what he/she is saying as you are listening. Active listening means being fully present for the person – giving him/her your undivided attention. Active listening involves the following:
– Allow the other person to do most of the talking.
– Be aware of your own body language – e.g. nodding your head
– Provide encouragement by letting the person know that you understand his/her point of view.
– Summarise or paraphrase what the other person is saying from time to time, and feed it back to him/her e.g. 'you appear to be saying…….' This let’s the other person know that you are listening, and is an opportunity to clarify understanding.

How to listen actively

- Maintain eye contact (if this is culturally appropriate).
- Focus on the help-seeker and give them room to talk.
- Use clarifying questions and summarising statements.
- Avoid giving opinions, arguing or sympathising.
- Avoid being distracted.
- Focus on what the help-seeker is saying, rather than guessing or preparing for what you will say yourself next.
- Use your own body language to convey your attention.
- Use words like ‘yes’, and ‘hm’, and ‘go on’.
- Use appropriate facial expressions.
- Keep your posture relaxed and open.
- Be awake and attentive – maintain high energy levels.
- Allow time for silence and thoughts.
- Stay close - being near is a sign of care
- Accept feelings – accept the affected person’s interpretation of the event
- Provide general care and practical help – this is also a way of showing care

Some additional points to keep in mind:

Activity

Divide into groups of three, and read the scenario and agree on roles:

**Manisha needs mental health first aid [story to be written]**

One person in the group needs to be the ‘helper’

One person needs to be Manisha

One person needs to be the observer – to notice points about the interaction and the quality of the help (in a supportive way)

✓ Respect for the other will allow you to listen without making assumptions about their life
✓ Do not make judgements about their life
Remember that how you react physically (non-verbal communication) is just as important as the words that you say.

- So it’s a good idea to:
  - Face the speaker
  - Show openness (do not cross your arms or look impatient with the way that you are standing).
  - Be calm
  - Avoid saying things like ‘get it together’ ‘just forget about it’ or refer to weakness, laziness, etc.

What are the steps to helping?

Five basic steps to helping someone who you think might have a mental health problem.

1. Assess the risk of suicide and harm to self or others
2. Listen without judgment
3. Give reassurance and information
4. Encourage the person to get appropriate professional help
5. Encourage self-help treatments

Introductory activity:

Ask three or four champions to share with the whole group examples of actions or strategies they might have used in the past to help a person from their community. What did they do? Did it benefit the person?

What kind of strategies do you think would NOT be helpful?

Do’s as an ATMIYATA champion

- give emotional and practical support
- listen and provide comfort to distressed people
- facilitate self-help
- give the information that is needed by the help-seeker
- help people to access basic needs
- refer to more specialised care if needed
- help people to make decisions and to solve problems
- act with the help-seeker but do not act for him/her
DAY FOUR

TECHNIQUES CHAMPIONS CAN USE

BASIC SUPPORTIVE COUNSELLING

The specific steps of a counselling:

- Provide reassurance
- Provide explanations
- Teach relaxation and breathing exercises
- Offer advice for specific situations like panic or sleeping problems
- Teach problem solving skills.

Problem solving

People with mental disorders sometimes feel overwhelmed by everyday problems. Unresolved problems can get bigger and bigger and lead to more stress. Problem solving is a method that helps people to overcome their everyday problems in a constructive way.

Helping people identify and manage their problems allows them to feel better about themselves and gives them the skills to help themselves.

The aim of problem solving is not to solve people’s problems for them, rather it is to help them to solve their own problems.

Steps in problem solving include:

- Identify the problem/s through discussion
- Explore the problem/s and how it/they relate to any symptoms such as excessive fear and worry.
- Select one problem only (select a problem that has an achievable solution) and a goal for overcoming this particular problem.
- Think of solutions together and then make a plan
- Encourage the person to try out the solution and review the outcome. Did it help?
- Let them take some time to think if they need to.
- Break problems AND solutions into small steps, this is often easier for the person.
Ask participants to arrange themselves in pairs to practice counselling.

In pairs, participants listen to each others everyday problems and identify one that has a potential solution and that they are willing to talk about.

One member of the pair acts as a counsellor and helps the other person to think about their problem, find a solution, and come up with a plan to carry out the solution.

The facilitator should try and observe participants during this exercise and provide feedback to each pair engaged in the exercise.

Allow 10-15 minutes for this exercise and then ask the pairs to swap roles and repeat the exercise for a further 10-15 minutes.

Then ask the participants to reform the larger group to discuss:

- The strategies they used as a counsellor to talk to the other person.
- The strategies they used as a person with a problem to overcome the problem (but they don’t have to mention the problem itself).

WHAT DOESN’T HELP?

Don’t as an ATMIYATA champion:

- Tell other people the things the community member tells you (confidentiality)
- Tell another person what to do or how to solve problems
- Probe too deeply
- Show disrespect
- Act as a psychologist
- Give promises you cannot keep

SHOULD I ENCOURAGE THE PERSON TO SEEK PROFESSIONAL HELP?

WHEN TO REFER?

When to refer to PHC or higher?

- Severe sleep problems
- Strong emotions
- Talk of suicide
- Persistent physical symptoms
- Alcohol or drug abuse
- Behaviour that is a risk to self or others
- Enduring depression or other disorders
- Inconsistent behaviour
- Indication of abuse or criminal activity or violence

**Give reassurance and information**

Provide hope for the person and their family and talk about a good outcome for that person.

Tell the person that he/she has an illness that can be treated, and it doesn’t mean that he/she is a bad person.

Let them know that you want to help.

**Encourage self help treatments**

Suggest actions that the person can perform him/herself that can help relieve the symptoms of mental disorder such as:

- getting enough sleep
- eating a healthy diet
- regular exercise
- relaxation and breathing exercises e.g. yoga
- avoiding alcohol
- joining support groups for women, men or youth.

**Encourage the person to get appropriate professional help**

As a champion, if you feel that your help is not working for this person, encourage them to consult with the PHC doctor, or go to secondary care to a psychiatrist, or to a social worker.

**WHAT IF THE PERSON DOESN’T WANT HELP?**

- Think about a situation where a person you know had a problem.
- How did you know there was a need for help?
- How did you or others meet those needs?
- Share your experiences with the person next to you afterwards.
HOW DO YOU KNOW IF SOMEONE IS SUICIDAL? "WARNING SIGNS"

1) Talking about killing or harming oneself
2) Saying they feel hopeless or trapped
3) Obsession with death or dying
4) Acting recklessly or foolishly
5) Calling or visiting people to say goodbye
6) Giving away their possessions
7) Saying things like ‘everything would be better off without me’ or ‘I don’t want to live anymore’

1. Assess the risk of suicide or harm to self or others

People with mental disorders sometimes feel so overwhelmed and helpless about their life, that the future appears hopeless.

2. Engage the person in conversation about how they are feeling and let them describe why they are feeling this way.

3. Ask the person if they are having thoughts of suicide. If they are, find out if they have a plan for suicide.

This is not a bad question to ask someone who is mentally unwell. It is important to find out if he/she is having these thoughts in order to refer him/her for help.

If you believe the person is at risk of harming him/herself then:

- don’t leave the person alone
- seek immediate help from someone who knows about mental disorders
- try to remove the person from access to the means of taking their own life
- try to stop the person continuing to use alcohol or drugs.

If the person is very unwell i.e. you think they are suicidal or psychotic, and he/she is refusing to get any help from a doctor, encourage the family to consult with the doctor so that they can explain the situation and get professional support.
WHERE DO I FIND IMMEDIATE ASSISTANCE?

REFERRING TO MENTAL HEALTH PROFESSIONALS

Question 1 to the champions: Who in your community do you know who helps people in your village? If nobody, what about in other villages or cities? If you don’t know anyone, who do you think helps?

Write their answers on the board in a schematic/algorithm format.

Answer: There are different types of mental health professionals

- Psychiatrists – are doctors specialised in the treatment of mental disorders who are able to prescribe medication.
- Psychologists – ‘talking’ treatments.
- Nurses – specialists in psychiatric training who can help with rehabilitation and counselling
- Social workers: work in both hospitals and community settings to help with life difficulties faced by people with mental disorders.
Counsellors – are trained to listen to people talk about their lives, and to help them solve any problems that may be negatively affecting their mental health and well being.

Access to mental health services

- Alternative, religious and traditional health care providers can also provide care and support for people with mental disorders.
- The family or traditional healer may be the main route of access to formal primary care for a person with a mental disorder.
- **However, it is also important to recognise that some local beliefs regarding mental disorders, such as thinking that the cause is black magic or evil spirits, may delay early recognition of illness, and prevent appropriate treatment and follow-up.**
- A primary health care doctor can refer a patient to a mental health specialist if required, although specialist mental health trained personnel are quite limited in rural areas.14

Activity: Divide the participants into three groups. Ask each group to identify one member of the group who will make notes to feed back to the whole group. Explain the three cases out loud to each of the groups (one facilitator can do this for each group)

Questions within the group:

- What type of mental disorder is the person in the case study experiencing?
- Does this person need to be referred to another health care provider?
- Who would you refer this person to and why?

Ask participants to return to the large group and discuss their responses to the different case studies – did they refer to the right person?
Accessing other community resources (social entitlements)

If someone does not need medical help, but needs help to achieve ATMIYATA, what can you as a champion offer them?

Well, at the Taluka and District level there are a number of social entitlements (government schemes) which can help families and individuals in distress. You as a champion cannot give these schemes to your village members but you can help them get the forms, fill out the forms and facilitate the submission of the forms and follow-up to make sure that they get the schemes.

List of social entitlements present at Taluka and District Level

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Case study A

Amal is a 25 year old student who, many months ago, started locking himself in his room. Amal used to be a good student but failed his last exams. His mother says that he often spends hours staring into space. Sometimes he mutters to himself as if he were talking to an imaginary person. He was forced to come to the clinic by his parents. At first he refused to talk to the nurse. After a while he admitted that he believed that his parents and neighbours were plotting to kill him and that the devil was interfering with his mind. He said he could hear his neighbours talk about him and say nasty things outside his door. He felt as if he had been possessed, but did not see why he should come to the clinic since he was not ill.

Case study B

Nisha seems generally happy when at home but when asked to go out starts to shake and gives a number of reasons why she cannot go out and must stay at home e.g. her heart isn’t working properly and she can’t breathe so needs to lie down. It is now weeks since she has left the house. About half an hour later she will get up and once again seems okay until her mother asks her to go out again, and the same thing happens.

Case study C

Rita is a 58 year old woman whose husband died last year. Her children are all grown up and have left the village for better employment opportunities in a big city. She started experiencing poor sleep and loss of appetite soon after her husband died. The symptoms worsened when her children left the village. She experiences headaches, backaches, stomach aches and other physical discomforts, which have led her to consult the local clinic. There she was told she was well, but was prescribed sleeping tablets and vitamins. She felt better immediately, particularly because her sleep improved. However within two weeks her sleep has got worse again. She went back to the clinic and was given more sleeping pills and injections. This has been going on for months, and now she can no longer sleep without the sleeping pills.
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<tr>
<th>Scheme Name</th>
<th>Description</th>
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<tr>
<td>Sanjay Gandhi Niradhar Yojna (For homeless / people without family support)</td>
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<td>Indira Gandhi National Widow Scheme</td>
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<td>Indira Gandhi RAshtriya Apang Nivrutti Veten Yojna (Disability Pension)</td>
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<td>Vima Yojna LIC Yojna (Insurance scheme for BPL)</td>
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